

Health Scrutiny Panel

Minutes - 25 January 2018

Attendance

Members of the Health Scrutiny Panel

Cllr Greg Brackenridge
Cllr Jasbir Jaspal (Chair)
Cllr Peter O'Neill
Cllr Patricia Patten
Cllr Wendy Thompson (Vice-Chair)
Cllr Martin Waite
Shelia Gill, Healthwatch Wolverhampton
Dana Tooby, Healthwatch Wolverhampton

Witnesses

Margaret Court
David Loughton CBE
Jeremy Vanes
Dr Helen Hibbs
Dr Jonathan Odum

Children's Commissioning Manager
Royal Wolverhampton Hospital NHS Trust
Royal Wolverhampton Hospital NHS Trust
Wolverhampton CCG
Royal Wolverhampton Hospital NHS Trust

Employees

John Denley
Kate Warren
David Watts
Majel McGranahan
Earl Piggott-Smith

Director of Public Health
Registrar in Public Health
Director of Adult Services
Public Health Registrar
Scrutiny Officer

Part 1 – items open to the press and public

Item No. *Title*

- 1 **Apologies**
Apologies for absence were received from Councillors Malcolm, Mattu and Page and Elizabeth Learoyd.
- 2 **Declarations of Interest**
There were no declarations of interest.
- 3 **Minutes of previous meeting (16 November 2016)**
Correction: The minutes to be amended to show that David Watts, Director of Adult Services and Dana Tooby as having attended the meeting. The minutes were approved as correct record of the meeting, subject to the above change.

4 **Matters Arising**

There were no matters arising from the minutes of the meeting.

5 **CAMHS Transformation Plan Refresh 2017-20**

Margaret Court, Children's Commissioning Manager, presented the CAMHS Transformation Plan. The Children's Commissioning Manager explained the background to the development of the plan and the progress made against the original performance targets. The plans were submitted to NHS England to show progress made and was approved.

The Children's Commissioning Manager commented that the figures detailed in para 3.2 were incorrect and a revised table would be sent to members.

The Children's Commissioning Manager explained how funding detailed in para 3.3 of the report would be used improve the access young people should mental health support services.

The panel thanked the Children's Commissioning Manager for the presentation

The panel discussed the digital counselling offer. The Children's Commissioning Manager explained that this offer is currently available in Dudley, Walsall and Sandwell and the plan is to introduce the scheme in Wolverhampton. The Children's Commissioning Manager advised the panel that the £262,500 funding will only be used for specific training of staff and not for the commissioning of services. The funding of £197,000 has not been committed and will be held for 2020/21 to respond to changes in needs of young people in the future – the idea is that the fund will be used to help meet the mental health needs of young people.

The panel queried the existence and use of research about the impact of bullying on mental health when developing programmes. The Children's Commissioning Manager commented on the important role of schools in meeting their responsibilities for pastoral care. The panel discussed the need for schools to improve the quality of care to young people and the high rates of suicide and self-harm among young people. The panel discussed the work of the Suicide Prevention Stakeholder Forum which had looked at the issue of provision of support to young people with mental health issues and queried the role of schools.

The Children's Commissioning Manager advised the panel that the schools had become better at dealing with mental health issues but accepted there was level of inequality in support available across schools. The Children's Commissioning Manager commented on the support provided by the street triage scheme and the plans to roll out the scheme city wide.

The Children's Commissioning Manager commented on the work being done in Sandwell MBC with schools and the charter scheme it had introduced as evidence of the quality of mental health support. The Children's Commissioning Manager advised the panel that there were early discussions about doing something similar in Wolverhampton and improving the quality of crisis care provision across the Black Country Region. The Children's Commissioning Manager advised the panel that a new service specification is being drafted which is aimed at integrating the street triage service.

The Children's Commissioning Manager added Wolverhampton does not have high numbers of young people needing specialist treatment.

The panel discussed the merger of mental health providers and the risk that quality of service will be based on the lowest common denominator in order to plan services. Dr Hibbs commented on the preventative work being on the Black Country CAMHS strategy and reassured the panel of the work of the WCCG to improve the current offer.

The panel queried the issue of evidence of long waiting times between a mental health assessment and statement for young people and the person getting the specialist treatment needed where is considered as appropriate.

Dr Hibbs advised the panel of the work done directly with doctors to improve the situation – there are plans to launch a new strategy in February 2018. The strategy will look at gender issues and their different needs. The Children's Commissioning Manager added this is an area of concern for the service about lengthy waiting times and the need for provision between low level support and specialist support - the aim would be to provide a referral to a service within a week. The Children's Commissioning Manager added that there is a need to review the current provision.

The panel discussed concerns about the provision of support in schools to young people who are victims of bullying and the argued for the need for the current offer to be monitored. The Children's Commissioning Manager responded that work is being done with schools and colleges to improve the situation and co-ordination of services and staff are committed to make a positive difference to young people needing support. The panel agreed to receive an update on the progress against action plan key performance indicators for the CAMHS transformation plan.

The panel thanked the Children's Commissioning Manager for her presentation.

Resolved:

The Children's Commissioning Manager to present update report on progress to the panel meeting on 15 November 2018.

6

Oral Health Needs of Older Adults

Kate Warren, Consultant in Public Health, introduced the report on oral health to the panel. Kate Warren introduced Majel McGranahan who gave a presentation of the main points of the report and invited panel members comments.

The panel discussed concerns about the poor state of dental health of people prior to moving into a care setting and the work done by staff to identify any problems at an early stage before the situation worsened. The Consultant in Public Health responded that when compared to other areas Wolverhampton achieved 98% of people who had dental care plans included as part of their assessment and there were other examples of good practice.

The Consultant in Public Health commented on the work of the Care Quality Commission (CQC) monitoring team to check on the quality of care provided in establishments.

The Consultant in Public Health added that the quality of care provided in this area is affected by staff turnover and encouraging people with different care needs to have dental checks done.

Shelia Gill, Healthwatch Wolverhampton, commented on the findings from recent 'inspect and views' and highlighted concerns about residents getting routine access dental hygiene and care.

The organisation was not aware of the findings of the West Midlands Care Home Dental Survey in Care (2011) and would like to receive further information. Majel McGranahan explained that the report is on the agenda for a future meeting of Health Wellbeing Board meeting.

The panel discussed the issue of the accuracy of the database and the sharing of information to better understand gaps in service provision. The panel discussed the reliability of data based on self-reported information and expressed concern about the lack of data about the state of oral health in adults with learning disabilities.

The panel discussed the plans for future developments listed in section 4 of the report. The panel requested a progress reports against the areas for improvement presented to a future meeting of the panel.

David Watts, Director of Adult Services, agreed to share information on the findings from Care Quality Commission on state of oral health in care homes among residents.

Resolved:

1. Dr Kate Warren, Consultant in Public Health, agreed to present a report on future developments in areas listed in the report to improve the oral health in older adults in Wolverhampton to panel meeting on 19 July 2018.
2. David Watts, Director of Adult Services, to share with the findings of oral health survey of residents produced by the Care Quality Commission with the panel.

7 Update report on the Public Health Outcomes Framework and changes to the Public Health Service

John Denley, Director of Public Health, outlined the report which set out the future vision for how the service will work in the future. The Director of Public Health outlined the Public Health Outcomes Framework and the areas that the service intends to focus on in the future. The Director of Public Health commented that the service will be working on getting the basics rights and work with other agencies, such as Wolverhampton Homes, on tackling the factors that impact on wider determinants of health.

The Director of Public Health explained the proposed restructure of the service will be mean a reduction from 108 to 45 posts. The consultation on the plans will end on 19 February 2018.

The Director of Public Health, explained how existing services funded and or delivered will be affected by the plans. The service has received 300 responses and the target is to get 1000 responses by the end of the consultation.

The Director of Public Health, explained the reasons for needing to change how services are delivered and the desire to reduce variations in the quality of care received and health outcomes between different wards across the city.

The Director of Public Health wanted the panel to support the proposed way forward for the reasons stated in the report. The Director of Public Health, wanted to improve position of Wolverhampton in the national performance tables for key health outcomes in the future.

The Director of Public Health, commented on the vision for public health and the objectives that will be used to measure progress. The aim is for Wolverhampton to be in the top quartile for performance for local authorities. The panel discussed possible quick wins that could show evidence of progress towards achieving this.

David Loughton, RWHT, supported the approach to delivering public health in the future and the lack of evidence about the effectiveness of services aimed at encouraging and supporting behaviour change. David Loughton highlighted the issue of lack of success with work to encourage women to stop smoking in pregnancy and the evidence of women who do not attend ante natal clinics – it is reported that 18% of women smoke during pregnancy and the costs of providing services.

The panel welcomed the report and supported the plans for reconfiguring public health services in the future.

Resolved:

The panel agreed to note the report and support the proposed changes to the delivery of public health services in Wolverhampton.

8 **Dementia Friendly Community - Briefing Paper**

The panel agreed to note the briefing paper. The Chair encouraged panel members to attend the event to celebrate the City of Wolverhampton being granted Dementia Friendly Community Status.

9 **Patient Mortality Rates**

Dr Jonathan Odum, Medical Director, RWHT, presented a report on published hospital mortality statistics and analysis of the results for the panel. Dr Odum explained the method for calculating individual hospital mortality rates which is used to compare performance of hospitals in England.

Dr Odum explained that the calculation of standardised mortality rate is based on a complex formula, as detailed in the report. Dr Odum added that the reported results of increased mortality rates for RWHT do not show evidence of poor quality care or 'avoidable' deaths at the hospital. However, the results are being analysed to identify deaths that may have been avoidable and any learning used to improve future practice.

Dr Odum explained that Wolverhampton traditionally had a Standardised Mortality Rate(SMR) of 100 – however this figure has increased to 115 since the opening of the new emergency department which may explain why there have been more deaths than expected. The death rate figure is based the count of adults over the age of 18 years. The hospital has the lowest death rate in the West Midlands region.

The panel queried the impact of the opening of new emergency department on the increase in mortality rate. Dr Odum explained that a new triage and assessment procedure has been introduced which had been very successful in managing patient flows – the changes had led to a reduction of 2000-3000 admissions to hospital a year.

Dr Odum explained that the Swan end of life care model had been introduced at the hospital which has resulted in fewer people being referred to the palliative care team and increased the hospital mortality rate. The Swan programme offers dedicated support to patients in the last days of life and to their families into bereavement and beyond.

Dr Odum reassured the panel again there was no evidence to suggest that the increase in mortality rates for RWHT was due to poor quality care, but work will continue to be done to review procedures to see what further changes are needed to improve the situation.

The panel thanked Dr Odum for his presentation.

The panel queried if the increase in the number of people who needed hospital admission after being assessed was a factor as they would be at higher risk of death.

Dr Odum explained the patients are managed in a different way following the opening of the accident and emergency centre and figures are affected by the fact that the hospital has a high percentage of people who die in hospital rather than being discharged to a hospice or home.

The panel discussed that given the reasons for the increase in death rates and the value in dedicating time and resources in trying to understand when there was no evidence to suggest that they were due to poor quality care.

David Loughton, RWHT, explained that changes in SMR and Summary Hospital-level Mortality Indicator (SHMI) referenced in the report act as 'smoke alarm' and that it was important that it should not be ignored. David added that it is important for the hospital to investigate if there are any common factors to explain changes in death rates by carefully analysing the data and whether any were avoidable.

Dr Odum explained that the hospital will also investigate death within 30 days of a patient being discharged to investigate the reason. Dr Odum explained the challenges facing the hospital in caring for patients who are elderly and frail.

The panel discussed the hospital policy of end of life care. Dr Helen Hibbs, WCCG, commented on the number of people with cancer diagnosis and the work being done with GPs to improve early diagnosis and appropriate referrals to hospital for treatment. Dr Hibbs added that the CCG is expecting to see improvements in the next year.

David Watts commented on the introduction of 'red bag' which contains important information about the patient and their wishes for future care. David agreed to present an update report on progress of the scheme to the panel in March 2018.

Resolved:

The panel agreed to note the findings and agreed to monitor the performance of standardised mortality rates at RWHT against national standards and receive an update on progress at a future meeting.