

MINUTES

meeting: **HEALTH SCRUTINY PANEL**

date: **13 DECEMBER 2012**

PRESENT:-

Councillor Darke (Chair);
Councillors Ian Brookfield, M S Jaspal, Shah, P Singh and Turner

BY INVITATION:-

Councillor Mrs Samuels - Chair, Shadow Health and Well Being Board

OFFICERS IN ATTENDANCE:-

G Carson - LIFT Programme Manager, Black Country PCT Cluster

W Ewins - Joint Commissioner, Learning Disabilities, Health, Well Being and Disability Division Community Directorate

S Fellows - Health, Well Being and Disability Division, Community Directorate

V Griffin - Assistant Director, Health, Well Being and Disability, Community Directorate

M Gough - Service Delivery Director – Operations, West Midlands Ambulance Service NHS Trust

Dr H Hibbs - Chief Operating Officer, Wolverhampton City Clinical Commissioning Group

A Lawley - Head of Estates and Facilities, Black Country PCT Cluster

D Lee - Deputy Chief Executive, West Midlands Ambulance Service NHS Trust

D Loughton CBE - Chief Executive, Royal Wolverhampton NHS Trust

E Piggott-Smith - Scrutiny Officer, Governance Services Division, Delivery Directorate

Wolverhampton
City Council



- Z Young - Head Nurse, Division One, Royal
Wolverhampton NHS Trust
- C W Craney - Democratic Support Officer, Governance
Services Division, Delivery Directorate

APOLOGIES FOR ABSENCE:-

Apologies for absence had been received from Councillors Paula Brookfield and M Evans together with R Jervis, Interim Director of Public Health, Wolverhampton City Primary Care Trust.

PART I - OPEN ITEMS
(Open to the public and press)

Declarations of Interest

47 Councillor Paul Singh declared a personal interest in Agenda Item No 13 (Shadow Health and Well Being Board) as a Member of the Shadow Health and Well Being Board.

Councillor M S Jaspal declared a personal interest in Agenda Item No 14 (Royal Wolverhampton NHS Trust – Application for Foundation Trust Status – Update) inasmuch as he had relatives who were employees of the Trust.

Minutes – 25 October 2012

48 Resolved:-
That the Minutes of the meeting held on 25 October 2012 be confirmed as a correct record and signed by the Chair.

Matters Arising

49 There were no matters arising from the Minutes of the meeting held on 25 October 2012.

Minutes – 13 November 2012

50 Resolved:-
That the Minutes of the meeting held on 13 November 2012 be confirmed as a correct record and signed by the Chair.

Matters Arising

51 There were no matters arising from the Minutes of the meeting held on 13 November 2012.

Schedule of Outstanding Minutes (Appendix 25)

52 Resolved:-
That the report be received and noted.

Legislation Affecting the National Health Service

The Chair, Councillor Darke, suggested that the title of this report should now be changed given that the main piece of legislation which it had been intended to cover, the Health and Social Care Act 2012 had now been enacted. Dr H Hibbs, Chief Operating Officer, Wolverhampton City Clinical Commissioning Group, suggested that the report could be included within the update report in respect of the Wolverhampton City Clinical Commissioning Group.

Dr Hibbs advised the Panel on the ongoing health and social care legislation and reminded the Panel that the transformation of the

National Health Service was not merely relating to the changes in organisational shape but also such major issues as fluoridation of water and the procedures for certification of death. She advised on the impact of the Mental Health Improvement Act insofar as it affected the retrospective approval of Officers to undertake sectioning responsibilities.

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Resolved:-

That the report be received and noted and in future to be incorporated into the update report on the Wolverhampton City Clinical Commissioning Group.

Wolverhampton City Clinical Commissioning Group – Update (Appendix 26)

Dr H Hibbs presented a report which updated the Panel on developments within clinical commissioning in Wolverhampton including feedback in relation to the authorisation site visit by the National Health Service Commissioning Board (NHSCB) on 22 November 2012 where positive feedback had been received. With regard to appointments, Councillor P Singh enquired as to the current position. Dr Hibbs undertook to circulate a list of appointments to the key positions within the internal structure of the CCG and in particular, the Secondary Care Clinician.

With regard to the authorisation process, Councillor Ian Brookfield enquired as to whether the “red areas” were process driven. Dr Hibbs explained that many related to systems or processes, for example patient and public engagement and that the Clinical Commissioning Group anticipated that these would be achieved shortly. Councillor Paul Singh enquired as to the likely impact on the Clinical Commissioning Group in relation to reductions in funding and any possible staff cuts. Dr Hibbs explained that the reduction in funding was likely to affect clinical networks and that the Department of Health was reconfiguring services which made cutbacks and attempts to achieve greater efficiency more likely.

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Resolved:-

That the report be received and noted and that a list of appointments to the key positions within the internal structure of the Clinical Commissioning Group and in particular the Secondary Care Clinician be circulated to all Members of the Panel.

Make Ready System and Winter Pressures

M Gough, Service Delivery Director – Operations, West Midlands Ambulance Service NHS Trust, gave two PowerPoint presentations in relation to “Performance and Winter Planning” and “Black Country Make Ready”.

M Gough explained to the Panel that where the ambulance service had previously had a station which was now closed there would still be a service available in the locality but from an alternative location,

for example in Bilston, ambulances would be co-located at Bilston Fire Station. Councillor Ian Brookfield enquired as to whether ambulances would operate from Fallings Park Fire Station when the second appliance had been removed. He also enquired as to whether it was possible to eliminate all unproductive hours, for example, the time spent on vehicle inspections. A Gough acknowledged the point now made but assured the Panel that there would be a reduction in the number of unproductive hours. Councillor Ian Brookfield referred to the creation of hubs at Dudley and Willenhall and enquired as to whether all ambulances were operational from the Hubs. A Gough explained that only double crewed ambulances returned to the hubs; they were not working from the Hubs but were just garaged there overnight.

Councillor Turner referred to the delays in turnaround times from hospitals. D Loughton CBE, Chief Executive of the Royal Wolverhampton NHS Trust, explained that the system was still not working satisfactorily albeit that the New Cross position was in the middle of the "local league table". Furthermore, he explained that currently there was too much pressure on the whole system and that it was necessary for patients to be kept waiting in corridors rather than delaying ambulances returning to operational duties. He reminded the Panel that only 50% of ambulance borne patients to the hospital were admitted for treatment but that it had been necessary to reopen the majority of the beds at New Cross which had been closed previously. He suggested that there was an opportunity in Wolverhampton for all health partners to work together to achieve a good death for patients but that this was not necessarily in a hospital. Councillor M S Jaspal commented that he accepted the pressures at New Cross but stressed the need for these to be addressed whilst the public at large were very keen to make complaints in relation to public sector efficiency, he had never heard a complaint in relation to the ambulance service. D Loughton CBE drew to the attention of the Panel the percentage of patients who were now over 85 years of age and whose demands were complex which added pressure to the system. Dr Hibbs commented on the need for all health partners to work together to address the issues now raised.

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Resolved:-

That the presentations be received and noted.

West Midlands Ambulance Service NHS Trust – Application for Foundation Trust Status – Update

D Lee, Deputy Chief Executive, West Midlands Ambulance Service NHS Trust presented a report which informed the Panel of the current position with the Application for Foundation Trust Status.

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Resolved:-

That the report be received and noted.

**Joint Commissioning – Mental Health Strategy – Progress
(Appendix 27)**

S Fellows, Head of Service, Joint Commissioning, Mental Health, Well Being and Disability Division, Community Directorate, presented a report which informed the Panel of the progress in respect of the implementation of the Joint Commissioning Mental Health Strategy (2010-15). The report included the Mental Health Strategy Implementation Plan which had been reviewed to reflect changes and progress to date.

Councillor M S Jaspal welcomed the strategy and the way forward but referred to the financial pressures now experienced. He expressed concern in relation to the proposals to release mental health patients from consultant care with no tracking arrangements of the patient in place and of the inability to access the help of that consultant easily. Furthermore, he suggested that with no monitoring plan and the financial pressures on other organisations the situation could be compounded. S Fellows assured the Panel that those discharged as Cluster II patients were those who had been in a stable condition for at least two years and that the shared care agreement included a fast track referral back into the Mental Health Service. Councillor M S Jaspal enquired as to whether it would be possible to receive details on the time taken to access the service on steps to health given that a request made to a GP for admission to the service was likely to be met with a lengthy waiting list. S Fellows advised that when such a referral was made, in the case of an urgent referral the patient would be expected to be seen within six hours, with a less urgent case within 48 hours and that a normal referral system required a patient to be seen within 28 days. She assured the Panel that these referral rates were monitored carefully.

Councillor Shah commented that with community services being closed down, he enquired as to whether the patients in question would be referred back to GP surgeries which was likely to be unsatisfactory in terms of patient safety. S Fellows explained that only recovered patients were discharged and that it was not proposed for such services to be delivered from GP services with the exception of the prescription of drugs. The Well Being Service would provide the support service for discharged patients. Councillor Ian Brookfield enquired as to whether GPs were happy to administer depot injections. S Fellows explained that full consultation had been undertaken with the relevant GPs albeit that in normal circumstances the administration of any injections would be undertaken by practice nurses and that all necessary training would be provided. In the event of a relapse, there would be a fast track process back into secondary care.

The Chair, Councillor Darke, commented that the outcome of the public consultation had been considered at the last meeting of the Panel. S Fellows advised that the particular report now referred to had been in relation to the Primary Care Trust's proposals in relation to where community services would be delivered from with three Mental Health Teams now combined into one Complex Care Team thus

providing a more integrated and responsive service. A review would also be undertaken as to where patients could access drop-in facilities.

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Resolved:-

(i) That the report be received and noted;

(ii) That a Briefing Note be circulated to all Members of the Panel in relation to the urgent admissions process.

Shadow Health and Wellbeing Board (Appendix 28)

Councillor Mrs Samuels, Chair of the Shadow Health and Well Being Board, attended the meeting in connection with this item. Councillor Mrs Samuels reminded the Panel that this was the second report to be submitted in relation to progress on the work of the Shadow Health and Well Being Board and explained that the Public Health Team was now based in the Civic Centre. Ros Jervis, the Interim Director of Public Health, had been appointed to the permanent post on 12 December 2012. She referred to the two "Away Days" which had been held by the Shadow Health and Well Being Board which had been useful in moving its work plan forward. It was anticipated that the Health and Well Being Board would work closely with Public Health England.

V Griffin, Assistant Director, Health Wellbeing and Disability, Community Directorate, reported that further guidance on the operation of Health and Well Being Boards was expected from the Department of Health in January 2013. Councillor Mrs Samuels commented that at this stage it was not known what the public health budget settlement from Government was and this was expected on 17 December 2012. The Chair, Councillor Darke, enquired as to the proposed relationship between the Health and Well Being Board and the Health Scrutiny Panel. Councillor Samuels advised that the Health Scrutiny Panel would receive regular reports on the progress of the work of the Health and Well Being Board.

The Chair, Councillor Darke, enquired as to the Health and Well Being Board's relationship with the Clinical Commissioning Group. Councillor Mrs Samuels and Dr Hibbs confirmed that all health partners were interdependent and had aligned their respective strategies. V Griffin reminded the Panel that there was clear line accountability between the Health and Well Being Board and the Cabinet and also between the Health and Well Being Board and the Clinical Commissioning Group. The Chair, Councillor Darke, enquired as to whether if the Health and Well Being Board was responsible for the oversight of the Clinical Commissioning Group and as Clinical Commissioning Group members sat on the Health and Well Being Board as to whether there was a conflict of interest. Dr Hibbs undertook to provide a diagrammatic representation of the membership and reporting arrangements to all Members of the Panel. V Griffin commented that the interrelationships would be much clearer when the final guidance had been received from the Department of Health. She

reminded the Panel that the Health and Well Being Board could overrule the Clinical Commissioning Group on commissioning matters.

The Chair, Councillor Darke, enquired as to the arrangements for joint working to identify priorities. Councillor Mrs Samuels reassured the Panel that whilst the Health and Well Being Board was a fairly new creation, good progress had been made in the past 12 months and on the commitments and strategies which were in place.

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Resolved:-

- (i) That the report be received and noted;
- (ii) That a diagrammatical representation of the membership and reporting arrangements be circulated to all Members of the Panel;
- (iii) That a further report on the work of the Shadow Board be submitted to a future meeting of the Panel.

Royal Wolverhampton NHS Trust – Application for Foundation Trust Status – Update (Appendix 29)

D Loughton CBE presented a report which outlined the current position with the application for Foundation Trust Status submitted by the Royal Wolverhampton NHS Trust following the decision of the Monitor Board in September to defer the Trust's application for up to 12 months. He outlined the steps that were being taken to move forward on this issue including the recruitment of a new Chair and Non-Executive Directors (led by the Strategic Health Authority) and an external review of quality governance. He explained the recruitment process to the post of Chair and Non-Executive Directors and on the transition from the Appointments Commission to the NHS Transitional Development Authority. Councillor Mrs Samuels enquired as to whether the possibility of "buddying up" with another organisation which had achieved Foundation Trust status had been considered. D Loughton CBE advised that this had been suggested by Monitor but had been discounted. He also explained the impact on the Mid Staffordshire enquiry on the process for the approval of Foundation Trust status for hospitals throughout the country with only one having been authorised in the last 12 months and another 102 applications currently in the pipeline.

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Resolved:-

- That the report be received and noted.

Wolverhampton City Council's Response to the Winterbourne View Case (Appendix 30)

W Ewins, Joint Commissioning Learning Disabilities, Health, Well Being and Disabilities Division, Community Directorate, presented a report which informed the Panel about the Serious Case Review into care provided at Winterbourne View and outlined the work to date to respond to the key findings and recommendations locally.

The Chair, Councillor Darke, enquired as to the number of Wolverhampton patients with learning disabilities. W Ewins explained that there were currently 74 patients with learning disabilities in Out of City placements but the majority of the patients were looked after locally through the Black Country Partnership Foundation Trust as part of the Mental Health Contract. All Out of City placements were being reviewed and a list of supported living providers had now been compiled albeit that additional capacity might be required once the review was complete. The Chair, Councillor Darke, referred to the concerns expressed both locally and nationally on the failure of the Care Quality Commission to identify the problems at Winterbourne View at an earlier date and enquired as to whether such a situation could occur in Wolverhampton. Dr Hibbs assured the Board that there were a number of local systematic quality monitoring systems and schemes in place which would make the occurrence of a similar situation most unlikely. W Ewins assured the Panel of the quality of the monitoring systems in place in Wolverhampton and on the need to work with all other health agencies on relevant information and data.

- 60 Resolved:-
That the report be received and noted.

Current Position with Capital Programme and Identification of Sites for Development (Appendix 31)

A Lawley, Head of Estates and Facilities, and G Carson, LIFT Programme Manager, Black Country PCT Cluster Group, presented a report which provided the Panel with an update on progress with three Primary Care Centre developments in Heath Town, The Scotlands and Bradley together with a verbal report in relation to the proposed Primary Care development at Bilston Urban Village. The Panel discussed the progress with the four schemes and the various sticking points which had been encountered.

- 61 Resolved:-
- (i) That the report be received and noted;
 - (ii) That an urgent report within seven days with regard to the progress on the four schemes be requested from the NHSCBLAT;
 - (iii) That the Chair in liaison with D Loughton CBE, Chief Executive of the Royal Wolverhampton NHS Trust, be requested to contact the Black Country PCT Cluster on how best to progress The Scotlands scheme through the Strategic Health Authority and NHSCBLAT;
 - (iv) That the Officers from the Black Country PCT Cluster be requested to liaise with Councillor Turner in relation to the Bradley scheme, in order to make best use of his local knowledge;
 - (v) That a Sub-Group comprised of the Chair, Vice-Chair and Councillor Turner together with the Chair of the Shadow Health and Well Being Board and representatives of the Royal Wolverhampton

NHS Trust, the Wolverhampton City Clinical Commissioning Group, the NHS Commissioning Board (LAT Team) and the Black Country PCT Cluster be established to meet on a regular basis to consider methods to progress the schemes at Heath Town, The Scotlands, Bradley and Bilston Urban Village as a matter of urgency.

Work Programme 2012/13 (Appendix 32)

E Piggott-Smith, Scrutiny Officer, Governance Services Division, Delivery Directorate presented a report which provided an update of the 2012/13 Work Programme which invited suggestions for items for consideration at future meetings.

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Resolved:-

That the Work Programme be received and noted.