

# MINUTES

meeting: **HEALTH SCRUTINY PANEL**

date: **28 MARCH 2013**

**PRESENT:**

Councillor Darke (Chair);  
Councillors P Singh and Turner

**BY INVITATION:**

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

**OFFICERS IN ATTENDANCE:**

W Aston - Divisional Manager for Acute Services,  
Black Country Partnership, NHS  
Foundation Trust

C Etches, OBE - Chief Nursing Officer, Royal  
Wolverhampton NHS Trust

V Griffin - Assistant Director, Health, Wellbeing and  
Disability, Community Directorate

R Jervis - Director of Public Health, Community  
Directorate

S Kumari - Commissioning Officer, Older People,  
Health, Wellbeing and Disability Division,  
Community Directorate

D Loughton, CBE - Chief Executive, Royal Wolverhampton  
NHS Trust

Dr J Odum - Medical Director, Royal Wolverhampton  
NHS Trust

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

- K Roper - Joint Head of Commissioning – Young Adults and Housing Related Support, Health, Wellbeing and Disability Division, Community Directorate
- A Viner - Wolverhampton LINK
- R Young - Director of Strategy and Solutions, Wolverhampton City Clinical Commissioning Group
- C W Craney - Democratic Support Officer, Central Services Division, Delivery Directorate

**APOLOGIES FOR ABSENCE:**

Apologies for absence had been received from Councillors Ian Brookfield, Paula Brookfield, M Evans and Shah together with Dr H Hibbs, Chief Officer, Wolverhampton Clinical Commissioning Group

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

**Declarations of Interest**

- 72 No declarations of interest were made relevant to items under consideration at the meeting.

**Minutes – 7 February 2013**

- 73 Resolved:-  
That the Minutes of the meeting held on 7 February 2013 be confirmed as a correct record and signed by the Chair.

**Matters Arising**

With reference to Minute No. 67, E Piggott-Smith, Scrutiny Officer, Central Services Division, Delivery Directorate, reported that there had been a delay in the timetable in relation to advising the public of the new 111 National Helpline for advice and guidance on health issues in the West Midlands Metropolitan area. The soft launch proposed for 19 March 2013 had been postponed and further information in relation to this matter would be circulated as and when it became available.

With reference to Minute No 71 (b), the Chair, Councillor Darke, advised that the Health and Wellbeing Board was arranging for an “Away Day” in relation to the various responses to the Francis Report into the mid Staffordshire Trust (Appendix 38). D Loughton CBE, Chief Executive, Royal Wolverhampton NHS Trust suggested that the Government’s response, which had been published on 26 March 2013 be considered also at this event.

**Wolverhampton City Clinical Commissioning Group Authorisation Update (Appendix 39)**

R Young, Director of Strategy and Solutions, Wolverhampton City Clinical Commissioning Group, (WCCCG), presented a report which provided an update on the progress on the current status in relation to authorisation. He advised that the National Health Service Commissioning Board Local Area Team had authorised the WCCCG from 1 April 2013 subject to four conditions. He advised that the CCG Board was confident that a full compliance would have been achieved by 30 June 2013.

The Chair, Councillor Darke, enquired as to the proposed relationship between the WCCCG and the Health Scrutiny Panel. R Young suggested that periodic reports be submitted to the Health Scrutiny Panel. Furthermore, he believed that there was also a role to consider achievements on a quarterly basis against the Integrated Commissioning Plan and how the next strategy was developed and

promoted. He advised on aspirations to develop a Communications Plan for the whole health economy of the City of Wolverhampton.

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Resolved:-

(i) That the report be received and noted;

(ii) That periodic reports be requested from the Clinical Commissioning Group including quarterly reports and achievements against the Integrated Commissioning Plan and proposals for developing and promoting the next strategy.

**Penn Hospital – Developments and Update (Appendix 40)**

W Aston, Divisional Manager for Acute Services, Black Country Partnership NHS Foundation Trust, presented a report which advised the Panel on the redevelopment of Penn Hospital, Wolverhampton. She advised that the proposed Social Enterprise Café would also include an Exhibition Space.

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Resolved:-

That the report be received and noted and that arrangements be made for a further visit to the Penn Hospital site.

**Development of a Joint Urgent Care Strategy for Wolverhampton City**

Dr J Odum, Medical Director, Wolverhampton NHS Trust, presented a report and gave a PowerPoint presentation in relation to the future vision for Urgent and Emergency Care for Patients using services in Wolverhampton and the development of strategic options. He outlined the seven options currently under consideration and emphasised that the purpose of the Strategy was to attempt to ensure that an appropriate service was available for all citizens of Wolverhampton and to remove the current duplication of services. Furthermore, the Strategy would also seek to prevent unnecessary use of secondary care facilities.

R Jervis, Director of Public Health, Community Directorate, enquired as to whether the various options had been costed at this stage. Dr Odum advised that it had not been possible to cost the options at this point in time but that the existing costs were being analysed by the Commissioning Support Unit. Councillor Mrs Samuels enquired as to whether the removal of “Walk-In” clinics would increase the usage at the Accident and Emergency Unit. Dr Odum acknowledged this possibility but advised that some users of the “Walk-In” facilities would also make use of the Accident and Emergency Unit in any event, especially those patrons of the Showell Park Centre. With regard to the Phoenix Centre, users were more dispersed and the use of this Centre was also made by General Practitioners who conducted out-of-hours surgeries with patients making use of this facility rather than either Showell Park or the Accident and Emergency Unit.

In response to a question from Councillor P Singh, Dr Odum advised that of the 30,000 patients per year who used the Showell Park facility, 15% went on to attend the Accident and Emergency Unit. J Viner, Wolverhampton LINK, advised that the report had recently been considered by the LINK Board, when it had been felt that the biggest issue was access to GP surgeries and that if this service was improved, patients would not need to use either the "Walk-In" facilities or the Accident and Emergency Unit.

D Loughton CBE, Chief Executive, Royal Wolverhampton NHS Trust, emphasised that the purpose of the report was to engage with partners on the proposals and that the consultation process would follow when further consideration had been given to the options and the prioritisation. He emphasised the need to move forward at the earliest opportunity given that the Final Business Case for a new Accident and Emergency Unit at New Cross Hospital needed to be submitted as a matter of urgency.

R Young, Director of Strategy and Solutions, Wolverhampton Clinical Commissioning Group, advised that he supported the strategy with some qualifications given that the A&E Unit would be at the heart of the service and on the need for the Clinical Commissioning Group and the National Health Service Commissioning Board to do further work on access to GP services albeit that it was acknowledged that it was impossible to satisfy the demand for health services for all citizens. He suggested that the current discussion was in relation to the preferred direction of travel rather than the identification of a preferred option. The Clinical Commissioning Group viewed the construction of a modern A&E Unit to be at the centre of the service with further work to be conducted in the forthcoming period of time given that the existing service was not sustainable.

The Chair, Councillor Darke, enquired as to whether there had been a mapping exercise in respect of patient flow and catchment areas. Dr Odum advised that this work had been undertaken and that copies of the findings could be provided if requested. E Piggott-Smith, Scrutiny Officer, Central Services Division, Delivery Directorate, enquired as to the proposed timetable in relation to the Joint Urgent Care Strategy. Dr Odum advised that this was the first stage of the engagement process but reminded the Panel of the urgent need for a new Accident and Emergency Unit to open as soon as possible and that this was currently programmed for late 2015 with enhancements to the existing Unit in the interim period. Councillor Mrs Samuels sought clarification as to whether the consultation exercise would be conducted prior to the identification of a preferred option. Dr Odum confirmed this to be the case. R Young suggested that the debate should not revolve around the estate but on the need to redesign how GP surgeries / "Walk-In" centres and the Accident and Emergency Unit work together.

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Resolved:-

(i) That the proposed consultation exercise and the ambitions of the Royal Wolverhampton NHS Trust with regard to the construction of a new Accident and Emergency Unit at New Cross Hospital, including the implications associated with achieving this project outcome, be supported;

(ii) That a report on the outcome of the consultation exercise be submitted to the Panel in July 2013.

**Royal Wolverhampton Hospitals NHS Trust 2011/12 Quality Accounts – Progress Update**

C Etches OBE, Chief Nursing Officer, Royal Wolverhampton NHS Trust, presented a report which provided the Panel with an update on progress against the priorities identified by the Trust in the 2911/12 Annual Report and Quality Accounts. She drew to the attention of the Panel the three priorities, namely:

- (i) Urgent Care
- (ii) Care of Older Person
- (iii) End of Life Care

and on the work undertaken to date with regard thereto.

R Jervis drew to the attention of the Panel the success of the Royal Wolverhampton NHS Trust in combating infections and this had recently been acknowledged with the presentation of the NHS Achievement Award. E Piggott-Smith enquired as to the timetable for the identification of the 2012/13 priorities. C Etches OBE advised that it was intended that this would be completed by the beginning of June 2013 when it would become a public document and undertook to arrange to consult with the Health Scrutiny Panel at its May 2013 meeting with regard thereto.

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Resolved:-

(i) That the report be received and noted;

(ii) That a report in connection with the priorities for the 2012/13 Quality Accounts be submitted to the May 2013 meeting for consideration and comment.

**Developing Dementia Friendly Wolverhampton (Appendix 41)**

S Kumari, Commissioning Officer, Older People, Health, Wellbeing and Disability Division, Community Directorate, presented a report which outlined the developments relating to Dementia Friendly Wolverhampton.

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Resolved:-

(i) That the report be noted;

(ii) That arrangements be made for reports submitted to the Wolverhampton City Clinical Commissioning Group in relation to Dementia Care to be submitted also to the Health Scrutiny Panel.

**Wolverhampton Local Involvement Network (LINK) – Annual Report (Appendix 42)**

J Viner, Wolverhampton LINK, presented the Wolverhampton Local Involvement Network (LINK) Membership and Work Programme Progress Report. She reminded the Panel that this would be the last meeting to be attended by LINK which was to be superseded by Wolverhampton Healthwatch by 1 April 2013. With regard to the various issues identified by Link and the failure, to date, of the Royal Wolverhampton NHS Trust to implement the actions agreed in the various Action Plans, she reported that these issues were now being reviewed by C Etches OBE, Chief Nursing Officer, Royal Wolverhampton NHS Trust.

On behalf of the Panel, Councillor Mrs Samuels expressed her thanks to Jane Viner and to the Wolverhampton LINK for the work undertaken in relation to health issues in Wolverhampton and assured the Panel that the live issues would be picked up by Wolverhampton Healthwatch. R Young commented on the good work which had been undertaken by Wolverhampton LINK and that this must not be lost at any cost. With regard to GP appointments he requested that a copy of the report and associated paperwork be forwarded to the WCCCG as it may have been overlooked during the transfer between the Primary Care Trust and the WCCCG.

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Resolved:-

(i) That the report be noted;

(ii) That a copy of the report be forwarded to Dr Helen Hibbs, Chief Officer, Wolverhampton City Clinical Commissioning Group.

**Healthwatch Wolverhampton - Progress Report (Appendix 43)**

K Roper, Joint Head of Commissioning – Young Adults and Housing Related Support, Health, Wellbeing and Disability Division, Community Directorate, presented a report which informed the Panel on the progress in developing Healthwatch Wolverhampton in line with Department of Health guidance. She reported that two Directors had now been appointed, namely Brian Griffiths and Maxine Bygrave, and that twelve of the existing LINK Board Members would transfer on to the Healthwatch Board. The official launch would be held in the Mayor's Parlour at the Civic Centre, Wolverhampton on 30 April 2013. The Healthwatch web site has currently been populated by the Wolverhampton Voluntary Services Council which would continue to provide support services for the next nine months.

- 80 Resolved:-  
That the report be noted and that an update report be submitted to a future meeting with the newly appointed Chair, Maxine Bygrave, being invited to attend.

**Transition of Public Health Services to the Local Authority**

R Jervis, Director of Public Health, Community Directorate, presented a report which outlined details of the key functions of the Public Health Service together with information relating to ring fenced funding for public health functions which would become the responsibility of the City Council from 1 April 2013.

- 81 Resolved:-  
That the report be noted and considered further at the next meeting of the Panel to enable items for inclusion in the 2013/14 Work Programme to be identified.

**Current Position with Capital Programme and Identification of Sites for Development**

The Minutes of the meetings of the Health Scrutiny Panel (Capital Programme) Sub Group held on 4 February and 4 March 2013 were presented and considered.

- 82 Resolved:-  
That the Minutes of the meeting of the Health Scrutiny Panel (Capital Programme) Sub Group held on 4 February and 4 March 2013 be noted and that no action be taken with regard to a meeting of the Sub Group in April 2013.

**Black Country Partnership NHS Foundation Trust – Quality Account**

(In accordance with Section 100b (4) of the Local Government Act 1972, the Chair admitted this item as an urgent.)

The Chair, Councillor Darke, reported that the Black Country Partnership NHS Foundation Trust had invited the Panel to submit comments on its Quality Account Statement but that the request had been received at very short notice prior to the meeting and that no representative from the Black Country Partnership NHS Foundation Trust was available to attend the meeting to explain the various elements of the Statement.

- 8 Resolved:-  
That, in view of the short notice given and the inability of the Black Country Partnership NHS Foundation Trust to be represented at the meeting, the Panel decline to comment on the document but suggest that alternative methods be given to the methods of considering similar documents in future years be given by the BCPNHSFT including staging public meetings in the relevant areas.