



# Health Scrutiny Panel

## Minutes – 7 November 2013

### Attendance

#### Members of the Panel

Cllr Claire Darke (chair)  
Cllr Ian Claymore  
Cllr Susan Constable  
Cllr Milkinder Jaspal  
Cllr Paul Singh

#### Other Councillors

Cllr Sandra Samuels

### Employees

|                    |   |
|--------------------|---|
| Earl Piggott-Smith | Scrutiny Officer                            |
| Ros Jervis         | Director of Public Health for Wolverhampton |
| Juliet Grainger    | Public Health Commissioning Manager         |
| David Kane         | Head Of Finance, Delivery                   |

### Other attendees

|                  |   |
|------------------|---|
| Richard Young    | Director of Commissioning, Strategy & Solutions - NHS<br>Wolverhampton City Clinical Commissioning Group (NHS WCC<br>Group) |
| David Loughton   | Chief Executive (The Royal Wolverhampton Hospital NHS Trust)  |
| Dr Jonathan Odum | Medical Director (RWHFT)  |
| Dr Helen Hibbs   | RWHFT   |
| Maxine Bygrave   | Chief Officer (NHS WCC Group)   |
| Roxanna Modri    | Healthwatch Wolverhampton   |
| Helen Kilgallon  | Service Manager NACRO   |
| David Watson     | Head of Offender Management NACRO   |
| Julian Morgans   | NHS WCC Group   |
| Noreen Dowd      |   |

## Part 1 – items open to the press and public

| <i>Item No.</i> | <i>Title</i> | <i>Action</i> |
|-----------------|--------------|---------------|
|-----------------|--------------|---------------|

The Chair referred to the very sad loss of Councillor Neil Clarke, who was a dedicated and valued member of the panel. The panel stood for one minute's silence as a mark of respect for Councillor Clarke.

### MEETING BUSINESS ITEMS

1. **Apologies**

Apologies for absence were received from Cllr Zahid Shah and Cllr Thomas Turner

2. **Declarations of interest**

There were no declarations of interest received.

3. **Minutes of the previous meeting (18 September 2013)**

Resolved:

That the minutes of the meeting held on 18 September 2013 be approved as a correct record and signed by the Chair.

4. **Matters arising**

There were no matters arising from the minutes.

### DECISION ITEMS

5. **Budget Review Draft Budget 2014-15 and medium term financial strategy** [Ros Jervis, Cllr Sandra Samuels and David Kane]

Ros Jervis outlined the key areas of the budget savings proposals relating to remit of the panel.

Questions were raised and comments made on the proposals for investment in services and the savings proposals detailed in the report. A summary of the panel feedback on the proposals is detailed in Appendix 1.

Resolved:

The panel agreed to receive further information about the specific issues detailed in their comments made in response to the budget proposals.

Ros Jervis

6. **A Joint Strategy for the Provision of Urgent and Emergency Care for Patients using Services in Wolverhampton to 2016/17**  
[Dr Morgans WCCG and Dr Odum, RWHFT]

Dr Odum briefed the panel on the background to the development of the proposals for the strategy. Dr Odum confirmed that representatives of CCG and RWHFT and other agencies were supportive of the strategy. The plans were also considered by the Health and Wellbeing Board twice and was well received. Discussions have also been held with employees and West Midlands Ambulance Service.

Dr Odum outlined the work done to consult with the public about the strategy – for example at the City Show. There will be a phased approach to the implementing the strategy. Dr Odum commented on the impact of new unit will have on reducing demand on accident and emergency by providing improved access and being able to refer people to most appropriate service. Dr Odum estimated a reduction in accident and emergency activity by 3.8%, if the new centre is approved.

The panel commented on the important role of GPs and the problems caused by how people currently use the accident and emergency service. David Loughton commented on the good performance of dealing with patients under 16 years old, but repeated previous concerns about current accident and emergency building which is not suitable for delivering highest level of quality patient care.

Maxine Bygrave supported the new strategy, but commented on the difficulty patients have in accessing the GP service, which add the difficulties in the accident and emergency service.

Maxine commented on the reference in the consultation document regarding Eye hospital patients and the fact that there was not a planned change in this area. Based on past experience the process can be a challenge with patients moving between Accident and emergency and the Eye Hospital. Dr Odum confirmed they would be looking at this and David Loughton stated he would work with Healthwatch on this area.

**Resolved:**

The panel welcomed the report and supported the proposal set out in the strategy document. The panel supported the consultation document and engagement plan and the commitment to include Healthwatch in developing the plan.

7. **The Royal Wolverhampton NHS Trust Quality Accounts 2012 – 13 - End of Life Care** [David Loughton, Chief Executive, The Royal Wolverhampton NHS Trust]

David Loughton briefed the panel on progress on improving the quality of the end of life care delivered within the hospital. David outlined the range of work done in response to the recommendations of the national review of Liverpool Care Pathways. David reported that good progress in improving the service, but acknowledged the situation needs to be kept under review.

Dr Odum explained the circumstances under which Liverpool Care Pathway would be implemented. David confirmed that there was no evidence to suggest hospital patients approaching the end of life receiving poor quality care. David reported that there is a working group review current working arrangements.

Maxine Bygrave commented on the feedback Healthwatch received about the delay in certification of a death at home, waiting for a GP. David agreed to include this issue during the review.

Resolved:

The panel welcomed the report and progress made.

8. **The Royal Wolverhampton NHS Trust Quality Accounts 2012 – 13 - Older People** [David Loughton]

David Loughton briefed the panel on progress on improving the quality of care to older people delivered within the hospital. David commented on the challenges in reducing the number of falls. David stated that after looking at previous seven years of data there is no pattern to the causes which could help reduce the number of accidents. David reported success in reducing the number of pressure ulcers and work done within the hospital and with staff in nursing staff which had led to major impact on performance. David commented on the success of introducing protected meal times to help reduce the number of patients experiencing weight loss. David the importance of the good partnership working with staff in other agencies which will provide a firm foundation to build upon.

David commented on the progress in improving performance in meeting targets for nutrition and infection prevention.

Resolved:

The panel welcomed the report and progress made.

9. **The Royal Wolverhampton NHS Trust - Patient Misuse of Hospital Services** [David Loughton]

David Loughton briefed the panel on work done to reduce the number of re-attenders and the impact that they have on demand of accident and emergency service. David gave the example of person attending accident and emergency service on 53 consecutive days. David highlighted the work done to encourage people to use the most appropriate care, but also an acceptance of the scale of the challenge in tackling a complex problem and changing people's behaviour. David reported that 10 per cent of people (approximately 40 people) could be treated more appropriately elsewhere. The current healthcare system was developed many years ago and provides easy access to the service, which causes many of the difficulties of high demand experienced in accident and emergency.

There was a detailed discussion about the different factors which contribute to numbers of people currently using accessing accident and emergency services.

The panel commented on the complaints received from the public about the problems in getting GP appointments within a reasonable time. The panel discussed the different systems operated by GPs across the city and the problems caused by operating different systems for booking appointments

Dr Odum

Resolved:

The panel recommended that the issue of the difficulties in patients getting GP appointments within a reasonable period be considered as part of the proposal for urgent and emergency care and outcome reported to a future meeting of the panel.

10. **Substance Misuse Service – six months progress report** [Juliet Grainger, Ros Jervis, NACRO representatives]

Ros Jervis briefed the panel on the background to the newly commissioned service and the work done to develop new care pathways. A key part of the service is offering people a single point of contact.

Juliet provided an overview of the service transition in the first 6 months of the contract which included a staff management of change process involving over 100 employees. The introduction of and new IT based case management system and the implementation of a new, integrated model of service delivery for children, adults and families has also had a major impact.

Due to the size and scope of these changes, initial progress against performance targets has been challenging. The primary focus of the service has been to encourage and support existing service users through the changes to ensure they remain engaged in treatment.

The panel asked for further clarification on the reasons for current performance being below target figure and the plans for improving the situation. Helen explained the plans being put in place to market the new service and support service users more proactively to access wrap around services and set goals that will help them to achieve recovery. As a result of the changes the service has focused on maintaining performance, but there will be a focus on improving this activity over the next six months.

The panel queried the age profile of people with alcohol dependency. Juliet commented in the figures for males and females – higher number of women drinking alcohol compared to men – approximately 3:1 difference. Males have higher levels of drug misuse compared to women in the age profile 20-30 years.

White males aged 25 -35 were most prevalent group in drug treatment. However, the causes of drug use are multi-faceted and ranged of response are needed. Juliet outlined the range of facilities offering support to people with drug or alcohol problems.

The panel queried the experiences of NACRO to date. David Watson explained that is a very challenging contract. The contract is based on payment by results – the payments are small during the first year, but the increase significantly in years two and three. There is a financial incentive to do well and the organisation is very focused on the work they need to do. The service is reaching new users not previously known – they are getting 20 new referrals every week.

Juliet  
Grainger

The relationship with the Council was very positive. David explained how the budget of £5.5 million was allocated to the different agencies involved in delivering the service.

Maxine Bygrave commented on the work done to capture the experiences of service users. Juliet explained that a report could be provided in six months that could include their experiences.

Helen Kilgallon explained the work being done to actively involve service users in the development of services and also to mitigate the number of users dropping out of service.

Resolved:

That welcomed the report and the progress to date. The panel agreed to receive a further progress report on performance in six months.

**11. Health Scrutiny Panel Draft Work Programme 2013/14**

Earl Piggott-Smith presented to a report detailing the agenda for future meetings of the panel. The Panel were invited to suggest topics they would like added to the work programme.

Resolved:

That the report is received and the work programme revised to take account of comments at the meeting about future topics.

Earl Piggott-  
Smith

**INFORMATION ITEMS**

**12. Development of Vascular Services Hub - Russells Hall Hospital**

Resolved:

That the report is noted.

| <b>Inflationary Pressures</b> |   |                 |
|-------------------------------|---|-----------------|
| <b>Reference</b>              | <b>Budget Pressure</b>  | <b>Comments</b> |
| <b>Community</b>              |   |                 |
| PI-Com01                      | Leisure & Communities, Leisure PFI utility pass through costs anticipated to rise in line with energy costs nationally. The increased costs are not as a result of greater use or an increase in facilities provided. A 3% inflation figure has been used to calculate costs going forward. | No comment made |



### Summary of Savings Proposals 2014-2015 - Efficiency

| Ref. | Saving Proposal Title  | Comments  |
|------|--|---|
|      | <b>Community</b>   |   |
| 0010 | Renegotiation of funding for Independent Living Service              | The panel was advised that the there was a national push on prevention to reduce pressure on the health care system |
| 0027 | Subsume the Sports Development Team into the Public Health workforce | The panel was advised that the proposal will bring into team a new skills mix.                                      |
| 0045 | Reduce Staffing in Carers Support Team                               | The panel was advised that the proposed changes would reduce staffing numbers from 13.5 to 11.5 FTE.                |

### Summary of Savings Proposals 2014-2015 - Efficiency

| Ref. | Saving Proposal Title                               | Comments  |
|------|---|---|
| 0071 | Review of Jointly-Funded Services (Council and NHS) | <p>A question was raised regarding the effect of this proposal on service users and staff.</p> <p>The panel was advised that there are issues about the dividing line between the medical care and social care and who is responsible for meeting the cost. Dr Odum commented that the proposals for development of urgent care will involve a look at services in a more streamlined and will lead to clarity about the situation.</p> <p>It was clarified that this pressure related to intermediate care services. It was agreed that further information on the detail of the proposal would be circulated to the Panel</p> |

| Summary of Savings Proposals 2014-2015 - Efficiency |  |   |
|---|--|---|
| Ref.  | Saving Proposal Title  | Comments  |
| 0080  | Restructure of Mental Health Care Management - Social Work Teams     | <p>A question was raised regarding the transformation fund</p> <p>The panel was briefed about the purpose of the Integrated Transformation Fund</p> <p>The effect of this proposal on service users and staff. It was noted that this proposal would not be implemented until 2016/17 and would follow from a review of care packages.</p> <p>The panel requested further information on the Integrated Transformation Fund.</p>  |
| 0083  | Explore options to reduce costs of Mental Health in-house provision  | The panel was advised that there cheaper alternatives to delivering the service were being considered.  |
| 0087  | Mental Health Care Assessment and Care Management - Packages of Care | <p>A question was raised about stating a savings figure, while at the same time undertaking a review of the service.</p> <p>The panel was advised that this proposal related to a review of care packages especially a renegotiation of contracts with external providers. In addition, there has already been some work done on this area. The aim would be to provide more supported living packages rather than residential care which could deliver the savings. The saving proposal was a starting point and additional savings were anticipated and would involve a review of individual care packages.</p> |

### Summary of Savings Proposals 2014-2015 - Efficiency

| Ref. | Saving Proposal Title  | Comments   |
|------|--|--|
| 0137 | Commissioning of Early Years and Children's Services using Public Health funding | <p>A question was raised about the use of use of the budget for this service.</p> <p>The panel was advised that there are robust rules about ring fenced allocations and also that nationally funding for early years has been reduced.</p> <p>Councillors suggested that ward based information would be helpful for the accurate delivery of services.</p> |

### Summary of Savings Proposals 2014-2015 – Growth Avoidance

| Ref. | Saving Proposal Title   | Comments   |
|------|---|--|
|      |   |  |
|      | <b>Community</b>  |  |
| 0068 | Review the Care Packages of People Leaving Hospitals More Quickly | The panel was advised that work had been to manage demand on the service – for example in terms of provision of step down beds and spot purchases – to ensure that people are discharged in the most appropriate and timely way. |

## Summary of Savings Proposals 2014-2015 – Growth Avoidance

| Ref. | Saving Proposal Title   | Comments  |
|------|---|---|
| 0183 | Management of demographic growth through NHS Partnership for Adult Services | The panel were advised integrated transformation fund and that the Council contribution of £2 million annually. There was a need for clarity about how the fund can be used. The panel were advised that new national guidance on the use of the fund had recently been issued. |