Health and Wellbeing Board
Minutes – 31 July 2013

Attendance

Cllr Sandra Samuels (Chair) – Cabinet Member for Health and Wellbeing
Dr David Bush – NHS Wolverhampton
Maxine Bygrave – Chair, Wolverhampton Healthwatch
Dr Helen Hibbs – Chief Officer, NHS Wolverhampton
Cllr Val Gibson – Cabinet Member for Children and Families
Ros Jervis – Director of Public Health, Community Directorate - Wolverhampton City Council
Bob Jones – West Midlands Police and Crime Commissioner
Sarah Norman – Strategic Director- Community – Wolverhampton City Council
Cllr Paul Singh – Shadow Cabinet Member for Health and Well Being

Staff

Viv Griffin	Assistant Director, Health, Wellbeing & Disability, Community Directorate, Wolverhampton City Council
Anthony Ivko	Assistant Director, Older People and Personalisation, Community Directorate, Wolverhampton City Council
Carl Craney	Democratic Support Officer, Delivery Directorate, Wolverhampton City Council

In attendance

Dr Julian Morgans	Wolverhampton Clinical Commissioning Group (WCCG) Board Member and WCCG Urgent Care Lead, NHS Wolverhampton
Dr Jonathan Odum	Medical Director, Royal Wolverhampton NHS Trust
Richard Young	Director of Strategy and Solutions, NHS Wolverhampton

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Part 1 – items open to the press and public

Item No. *Title*

1. **Apologies for Absence**
Apologies for absence had been received from Cllr Steve Evans (Cabinet Member for Adult Services), Professor Linda Lang (University of Wolverhampton) and Les Williams (Operations and Delivery Director, Local Area Team, NHS England).

2. **Notification of Substitute Members**

No notifications of any substitute Members had been received.

3. **Declarations of interest**

No declarations of interest were made relative to items under consideration at the meeting.

4. **Draft Urgent and Emergency Care Strategy**

The Board considered a PowerPoint presentation and a report from Dr Julian Morgans, Wolverhampton City Clinical Commissioning Group (WCCG) Board Member and WCCG Urgent Care Lead, Richard Young, Director of Strategy and Solutions, WCCG and Dr Jonathan Odum, Medical Director, Royal Wolverhampton NHS Trust and Chair of the Joint Urgent and Emergency Care Strategy Board. The advised that the Draft Joint Urgent and Emergency Care Strategy had been developed to provide a cohesive response to the significant pressures which had been experienced within the Urgent and Emergency Care system. The existing system had not been designed to cope with the levels of current and predicted activity and under this system access to the most appropriate care facility was too confusing and complex for patients. This had been evidenced through discussions which had been held with patients who had confirmed that they were unclear as where they should go for urgent care needs. The Draft Strategy had been developed since the meeting of the Board held on 1 May 2013 and had taken into account the feedback received.

Ros Jervis suggested that the Draft Strategy should be revised further to reflect the incorporation of elements of prevention in order to encourage changes in patterns of behaviour if a “whole system” approach was to be adopted. She explained that this was not meant to deflect responsibility back to the patient but to emphasise the responsibility for preventative action. Dr Morgans advised that information and suggestions with regard to preventative measures would be included in all sub sets to the Strategy.

Bob Jones questioned as to whether the impending announcement from the Special Trust administrators at Mid Staffordshire Hospital and, in particular, the likely future operation of the Cannock Hospital had been factored into the Draft Strategy. He raised a series of further questions in relation to the Monitor Review of the role of “Walk In Centres”, the Review currently being undertaken by Bruce Keogh of NHS England into Accident and Emergency Departments and also whether the Strategy would communicate to the public at large “what this review means to me?” Furthermore, he enquired whether alternative provision to the service provided through the Phoenix Walk In Centre, via General Practitioners was affordable in the current economic climate.

Sarah Norman welcomed the revised Draft Strategy but queried as to whether sufficient data analysis had been undertaken to establish the conditions with which patients were presenting at the A&E Department and, conversely, what conditions they were presenting with when alternative options were available. She emphasised the need for the data to be based on analysis of data held rather than anecdotal evidence. She suggested that all parties would be in a better position to move forward if such analysis were to be undertaken, presented and discussed.

Dr Jonathan Odum responded that such data was not easily available and that local statistics indicated that only 15% of patients presenting to the A&E Department were admitted to Hospital. Given the range of services available across the city meaningful comparisons were difficult to make. National statistics indicated that 25% of presentations to A&E Departments should receive care in the community, but at NEW Cross Hospital this figure was believed to range between 10% - 25%. He assured the Board that further audit work on this area of concern would be undertaken. He suggested that a combined Accident and Emergency and Primary Care Centre was a possible solution with the patient being directed to the most appropriate Care Pathway. Dr Julian Morgans expressed the opinion that he believed that the figures presenting at the A&E Department at New Cross were more likely to be in the region of 25% who would be Primary Care cases. He reminded the Board of the propensity of patients to present at the most convenient health care facility rather than the most appropriate. Education of patients in relation to the most appropriate access point was paramount. Sarah Norman acknowledged the point now made but suggested that this needed to include reference to the interventions required.

Richard Young opined that it was virtually impossible to prevent patients presenting at A&E Departments and cited an example of a single patient presenting on over 500 occasions in a calendar year, with such presentations avoiding certain television programmes. The need to encourage a change in behaviour including patients taking responsibility for condition management was the ideal outcome but that this would be difficult to achieve. With regard to the question from Bob Jones on “what does this mean for me” he commented that it would be necessary to finalise the vision before such detail could be provided.

Maxine Bygrave commented on the need for behavioural change and that some patients would progress through the various healthcare stages, from Primary Care to Walk In Centre and then to the A&E Department. She drew to the attention of the Board the contents of the NHS Constitution insofar as it related to accessing services and of the need to ensure this was captured in the Strategy Document. Dr Julian Morgans responded that there was a need to transform the way in which services were delivered and that data was

available on where patients presented.

Anthony Ivko welcomed the manner in which the Draft Strategy had been produced but suggested that there was a need to identify the pressure points within the system. He suggested that with more rigorous analysis of data held this could be achieved. He also suggested that "Quick Wins" in areas such as early intervention were achievable and could be used to demonstrate that the system was being improved.

Cllr Val Gibson referred to the complexity of accessing the most appropriate service and opined that further work was required to develop clear pathways. She also suggested that the Draft Strategy was too wordy and should be edited to be more comprehensible to the general public. Dr Julian Morgans assured the Board that an Executive Summary of the final document would be produced for the consultation exercise. Richard Young reported that the Draft Strategy had been produced for consideration by such Forums as the Health and Wellbeing Board and would not be used for the consultation exercise.

Cllr Paul Singh suggested that a culture change was required and enquired as to whether, if this could not be achieved, whether the system could cope with the status quo. Dr Julian Morgans replied that continuation of the present system was not sustainable and of the need to improve access to the most appropriate care pathway in order to improve the service offered. Richard Young acknowledged the comments in terms of resource implications but stressed the requirement to consider also patient care and clinical outcomes. If the current system was not changed the quality of the service would suffer and stressed the need for difficult choices to be made.

The Chair, Cllr Mrs Sandra Samuels enquired as to the effect of an additional influx of patients if the A&E Department at the Mid Staffordshire NHS Foundation Trust Hospital was closed before any new facility was constructed and open to the public. Richard Young advised that an Emergency Care Sustainability Plan had been submitted to NHS England on 30 July 2013 but that this had been undertaken as a separate piece of work. He reminded the Board of the success of the local healthcare economy on doing more with fewer resources over a sustained period but commented that this could not continue indefinitely.

At this juncture Sarah Norman informed the Board of the outcome of the announcement of the Special Trust Administrators with regard to the future of the Mid Staffordshire Hospital NHS Foundation Trust and the implications for the Royal Wolverhampton NHS Trust. Dr Jonathan Odum explained his understanding on the reasoning behind the division of duties between Wolverhampton and Stoke on Trent Hospitals. He commented that there was an expectation that the position would change further over the coming years.

Dr Helen Hibbs advised that, in her opinion, the outcome was positive insofar as the capacity of New Cross Hospital would be expanded through the access to bed spaces at Cannock Hospital.

Resolved:

i) That the report be received;

ii) That a further revised iteration be submitted to the meeting of the Board scheduled to be held on 6 November 2013 taking into account the comments now made including;

- The need for behavioural change from patients;
- The need to explain fully the “Patient Journey”;
- The implications of “What this means to me” from the perspective of the patient;
- The need to explain why change to the existing system is required;
- The preparation of an Executive Summary including timescales for implementation of the various stages of the Strategy;
- The inclusion of reference to resources, both in terms of finance, staff, clinical care and clinical outcomes.