CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel
26 November 2015

Time 2.00 pm **Public Meeting** YES **Type of meeting** Scrutiny

Venue Committee Room 3 - Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

Membership

Chair Cllr Milkinderpal Jaspal (Lab)
Vice-chair Cllr Mark Evans (Con)

Labour	**Conservative**
Cllr Harbans Bagri	Cllr Wendy Thompson
Cllr Craig Collingswood	
Cllr Val Evans	
Cllr Jasbir Jaspal	
Cllr Peter O'Neill	
Cllr Stephen Simkins	

Health Watch Co-optees
Mrs Jean Hancox
Mr David Hellyar
Mr Ralph Oakley

Quorum for this meeting is three Councillors.

Information for the Public

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Tel/Email Tel: 01902 551250 or Deborah.breedon@wolverhampton.gov.uk
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Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

Agenda

Part 1 – items open to the press and public

Item No. *Title*

MEETING BUSINESS ITEMS

1 **Apologies**

2 **Declarations of Interest**

3 **Minutes of previous meeting** (Pages 5 - 12)
To approve the minutes of the previous meeting as a correct record.

4 **Matters Arising**
To consider any matters arising from the minutes.

DISCUSSION ITEMS

5 **Draft Budget 2016/17** (Pages 13 - 18)
To consider the Draft Budget 2016//17 including the related Savings and Redesign and Income Generation Proposals, Financial Transactions and Base Budget Revisions and underlying Medium Term Financial Strategy (MTFS) assumptions.

6 **Public Health contracting of Services - Consultation** (Pages 19 - 36)
To consider the engagement plan for Public Health Community Services and the procurement approach set out for the re-commissioning of Public Health Community Services post April 2016.

7 **A Health Workforce for the Future - University of Wolverhampton** (Pages 37 - 52)
To receive a presentation from Linda Lang, University of Wolverhampton and to consider 'A Health Workforce for the future'.

8 **Francis report update - CCG** (Pages 53 - 58)
Manjeet Garcha, CCG to provide an update on the progress and outcomes arising from the implementation of the Francis Report recommendations.

9 **Exclusion of press and public**

To pass the following resolution:

> That in accordance with Section 100A(4) of the Local Government Act 1972 the press and public be excluded from the meeting for the following items of business as they involve the likely disclosure of exempt information falling within paragraph 3 of Schedule 12A to the Act relating to the financial or business affairs of any particular person (including the authority holding that information)/ paragraph 5 relating to legal professional privilege.

10 **Future Mental Health Provision**

To consider the future mental health provision.

Information relating to the financial or business affairs of any particular person (including the authority holding that information) Para (3)

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CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

Minutes - 24 September 2015

Attendance

Members of the Health Scrutiny Panel

Cllr Harbans Bagri
Cllr Craig Collingswood
Cllr Jasbir Jaspal
Cllr Milkinderpal Jaspal (Chair)
Cllr Peter O'Neill
Cllr Stephen Simkins
Cllr Wendy Thompson

Employees

Ros Jervis	Service Director, Public Health & Wellbeing
Deborah Breedon	Scrutiny Officer

In attendance

Joyce Fletcher	Deputy Director of Nursing
Jeremy Vanes	Chair of the Royal Wolverhampton NHS Trust
Debbie Hickman	Deputy Chief Nurse

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies**
Apologies were submitted on behalf of Cllrs Mark Evans, Val Evans, Mr Ralph Oakley, Mrs Jean Hancox and Mr David Hellyar

2 **Declarations of Interest**

3 **Minutes of previous meeting**
Resolved:

That the minutes of the meeting held on 16 July 2015 be approved as a correct record and signed by the Chair

4 **Matters Arising**
There were no matters arising

5 **Francis Report Update - Black Country Partnership NHS Foundation Trust (BCPFT)**
Joyce Fletcher, Deputy Director of Nursing provided a synopsis of the progress within BCPFT in the implementation to the Francis Report in relation to the specific areas as requested by the Health Scrutiny Panel:

- How Duty of Candour Requirements are being met
- Dignity Champions
- Complaints Management
- Staffing / Apprenticeships
- National Nursing Strategy ' Care and Compassion'
- Freedom to speak up

The Deputy Director of Nursing advised that the implementation of the Francis Report has been incorporated into the core clinical and quality strategies of BCPFT and not reported separately. She highlighted several outcomes arising including:

- Duty of Candour – About how it links into the value of the organisation
- Dignity Champions – 'In my shoes' how does it feel as a service user, different wards, listening to service users
- Monitoring of Staffing – ensuring staffing agencies are safe, triangulating the planned staffing level with clinical incidents to ensure staffing levels are safe. She advised that retention of staff is important and it is important to streamline DBVS tests. Also important here is the marketing campaigns to attract staff, when to launch, how long to get into post in line.
- She advised that there are 50 apprentices across the organisation and that they have recently won a national award for giving local people opportunities.
- A video has been developed for you tube to share the six 'C's' – Staff are very proud to promote the freedom to speak out about things.

She advised that there are challenges related to training, when doctors have to take annual leave to carry out staff training and capacity for training is a challenge. Ros Jervis, Service Director Public Health welcomed the sign off of actions and suggested that it would be useful for Health Scrutiny Panel to receive evidence to highlight what has changed as a result of the Francis Report in terms of improving quality of care at BCPFT and New Cross, with some examples of the improvements and how they have become embedded in day to day process.

Cllr Mrs Wendy Thompson reported some concerns about nurses and midwifes leaving the profession due to reporting mechanisms and indicated that retention may depend on the leadership and management.
The Deputy Director of Nursing advised that executive officers were actively encouraged to walkabout within the trust to speak to staff and those in a guardian role. She advised that the 'Freedom to Speak' was quite new but is very welcome by everyone to improve services. During discussion about parity of esteem and funding equality in mental health the panel considered the accumulative effect of public and health services and need for Health Scrutiny to look at suicide prevention.

Resolved:

1. That the Health Scrutiny Committee received the report and noted the contents.
2. That the Panel noted the actions arising from the Francis report are now embedded.

6 **The Royal Wolverhampton NHS Trust - CQC Inspection Report and Francis Report update**

Cllr Milkinder Jaspal welcomed Jeremy Vanes, Chair of the Royal Wolverhampton NHS Trust and Debbie Hickman, Deputy Chief Nurse. He advised that scrutiny of the CQC inspection report is important to hear what the issues are and the problems are and to understand the relationship between the two.

Jeremy Vanes introduced the CQC Inspection Report; he informed the Panel that the person responsible for the CQC report is the Chair of the organisation and that the Deputy Head Nurse will respond to specific questions. He gave a brief background about CQC inspections, explaining that CQC Commission was created 2009-10 to replace three other regulatory bodies based on the lessons learnt from Mid Staffordshire Hospital NHS Trust. The commission was established as a single, integrated regulator for England's health and adult social care services by the Health and Social Care Act 2008.

The CQC inspects Hospitals, Social Care, General Practitioners (GPs) and others the Royal Wolverhampton NHS Trust (RWT) was inspected in the first wave of inspections in November 2013. The rationale for undertaking this 2015 inspection was to rate the trust because the initial inspections did not receive a rating due to being in the early wave one pilot programme. The RWT Chair advised that there had been significant changes at RWT since 2013. The RWT Chair advised that 64% of all hospitals inspected in the Country had received a rating of 'requires improvement' and RWT had tried proactively to prepare for the inspection which was carried out only seven months after RWT had taken over Cannock Hospital.

The RWT Chair outlined the methodology of CQC inspections; he highlighted the five domains as follows:

- Safe
- Effect
- Caring
- Responsive
- Well led - three levels Ward; Middle management and Senior level

He advised there are eight core group services inspected and that the inspection can also go to place which may be of interest, such as a ward, where the team may be there all day reviewing data and observing staff to evaluate against the five domains of the inspection and that there are 85 different areas of judgement in the report on RWT, which is one of the largest undertaken by CQC. He added that the visits to ward can be unannounced, at weekends, at night, anytime and anywhere.

The RWT Chair informed the Panel that the draft report was sent to RWT to read and send back inaccuracies. He advised that there were almost 300 factual inaccuracies identified and returned to CQC; of these some 200 were accepted and revised in the final report, however none of the rankings changed. The next step was a quality summit, a meeting attended by RWT, the Local Authority, Trust Development Authority, several CCG's and Health Watch to discuss the final report before the report was press released.

The RWT Chair informed Panel that RWT is one of the largest acute and community providers in the West Midlands providing its services from New Cross Hospital, West Park Hospital, more than 20 Community sites and

(since November 2014) Cannock Community Hospital. He indicated that it is a very integrated organisation with three completely different levels to provide integrated healthcare – community, secondary and tertiary services.

With regard to the inspection report the RWT Chair advised that the outcome was a disappointing overall requires improvement. He encouraged the Panel to read the detail of the report and informed them that out of 85 different sections 64% were judged to be good and highlighted good for caring; effectiveness; being responsive; surgery; maternity and gynaecology; community services and good for the new accident and emergency (A&E) at New Cross being a great step forward. He highlighted outstanding for caring domain as giving great heart and spirit to the RWT, however voiced disappointment with the overall outcome as requires improvement. He acknowledged that an inadequate for safety in medical care and care in the same area as inadequate was disappointing and were a stimulus for the appeal on process. He accepted the criticisms in several parts of the report, particularly focussed on some findings in radiology and critical care. He advised that as issues were identified by CQC in June much remedial action was put in place immediately. He informed the Panel that the CQC identifies nursing vacancies as a concern in relation to patient safety, but acknowledges nurse staffing levels are a national problem and require a national solution. RWT has made significant in-roads in recruiting additional nursing staff and the Trust manages the issue well and will continue to address the issue.

The RWT Chair informed the Panel that an appeal of the overall rating has been submitted and RWT will wait for the CQC to respond which may take weeks.

Debbie Hickman, Deputy Chief Nurse advised the Panel that there was disappointment with the overall rating from CQC. She advised that the process has been followed, factual inaccuracies had been taken into account and now the process will be challenged, focusing on how the ratings have been weighted and triangulated. She indicated that the 60% of factual inaccuracies had been accepted but not translated into the report or the overall rating. She advised that the CQC had ten days to appoint an assessor and would have to respond to the Trust within 30 days relating to the appeal.

The Health Scrutiny Chair, Cllr Milkinder Jaspal asked if there would be a financial cost to appeal the decision and was advised that the appeal would be quite inbedded in paperwork and that the assessor would advise if there will be a financial implication.

Cllr Peter O'Neill indicated how the inspection underlines attention to recruitment of nurses. He referred to sections of the report where systems could be improved relating to drugs handling and the system for storage of drugs; the record of fridge temperatures, where equipment had broken down and the transport of blood. The RWT Chair advised that in the vast organisation there would inevitably be equipment failures, he advised that the out of date drugs were in fact on a training trolley in the critical care unit which was not used on the ward, but he acknowledged the need to build in more rigorous systems and checks. Cllr Peter O'Neill asked if there had been a pre-assessment before the inspection date. The Deputy Head Nurse advised that there had been a matrix, she and the RWT Chair clarified that as part of the pre-assessment RWT had raised issues with the inspection team which they had

acknowledged, he advised that all hospitals had prepared and that they had learned a lot from the process.

The RWT Chair indicated that the next scheduled inspection is likely to be two and a half years away; however there may be unannounced visits before that date. He advised that part of the action plan will be to ensure process and mechanisms are in place. The Health Scrutiny Chair suggested that the aim should be continuous improvement.

Cllr Stephen Simkins voiced concern that the RWT had grown too quickly and that more than half of the services required improvement relating to safety, he asked what the processes and plans are to improve the services. He indicated that the credibility of New Cross Hospital was low with residents in his area and asked what more could be done to address the lack of nursing staff. The RWT Chair responded that the safety ratings 'inadequate' and 'requires improvement' had been adversely affected by the lack of staff; he advised that this is a national problem but reported that RWT has been working with the University to ensure that every nurse coming out of the University is welcome to apply at RWT, and other initiatives like the University Technical College (Health) offered long term hopes. He advised that modern nursing is a technically and emotionally hard job and that the decision that every nurse is a graduate was a national decision.

In response to the point about the rapid growth of RWT the RWT Chair advised that in order to prevent the demise of Stafford hospital timetables were set to transfer the services and that in doing that several vacant posts were also transferred. In such situations, there is an inevitable time lag in refilling vacancies. He advised that the Trust Service Administrator (not RWT) determined the plan, which was difficult in that it is not very often a hospital is pulled apart and redistributed; the Ministers were grateful that Stoke and Wolverhampton could respond. The more recent addition of Cannock Community hospital is an opportunity to move some of the elective surgery there (relieving the pressure at New Cross), and there was a reasonably good report even though not all of the works to new operating theatre in Cannock are complete.

In response to a question from Cllr Milkinder Jaspal about the due diligence process, The RWT Chair advised that there was an exhaustive "double lock" assurance process and a clinical assessment too. The Deputy Head Nurse confirmed that there is an action plan and that work commenced on the actions as soon as the CQC inspectors walked through the door, she advised that some of the actions are complete.

The RWT Chair acknowledged public concerns about services in the community and travelling distance for an operation but advised that with it is important to have specialist services at one centre of excellence, and elective operations in New Cross has previously been subject to cancellation when overflows of medical patients needed extra beds.

Ros Jervis, Head of Public Health acknowledged the comments made about staffing levels and nursing impacting on the safety domain and asked what were the other big issues raised during the inspection that are now included on the work programme. The RWT Chair advised that there were 15 must do items why the service was deemed inadequate prior to the quality summit, none of which directly

focussed on medical care, and he had questioned the CQC on this in the quality summit, then some of the should do's were changed to must do's later; staffing vacancies were the main underlying source of harsher judgements. The Deputy Head Nurse advised other big issues related to radiology and a few other issues that were identified on the day and put right with immediate effect.

Cllr Craig Collingswood asked if training issues should be looked at I the hospital. The RWT Chair advised that the staff had been extremely responsive to issues raised during the inspection. Cllr Craig Collingswood asked why staff needed to be told when they could self-prevent if trained. The RWT Chair agreed with this view and suggested that a contact is provided outside the meeting to discuss specific training matters.

The Deputy Head Nurse responded to a question about the breast care unit and advised that there were no clear plans at the time of inspection but that things have moved on and that from an operational level there is no change but that consideration is being given to expanding services and including at Cannock Hospital. She clarified that currently both sites are being looked at relating to utilisation for all services.

Cllr Wendy Thompson referred to Stafford NHS Trust and that it was clear major change had to happen, she was grateful to RWT as the service at Cannock hospital had to improve and she referred to instances of people actively choosing RWT Heart and lungs unit as the service is so good, she welcomed the good service at New Cross Hospital. She referred to staffing issues and indicated that it is right to have well qualified nurses; she asked if enough trainee nurses are coming through the system with the required maths and English GCSE qualifications. The Deputy Head Nurse responded that in terms of applications there were 300% in terms of work force planning and confirmed that this has increased. She suggested that funding may be an issues when it becomes a national scheme, she confirmed there is a good working relationship with the University and that there is still a post Francis report effect. The Panel indicated support of the forward plan and any actions to increase staffing, the Deputy Head Nurse agreed to forward detail of turnover of staff to the Panel for information. The Health Scrutiny Chair indicated that many nurses live in area around New Cross Hospital but work in Birmingham and asked if pay was a factor in attracting nursing staff to other hospitals. The Deputy Head Nurse advised that there is a national pay grade for nurses but that other hospitals offer different opportunities in terms of speciality pathways and that there is an element of choice. She confirmed that RWT have vacancies and that pathways with neighbouring authorities are being explored. Cllr Stephen Simkins asked if schools are visited to talk to young people about nursing careers, he suggested a more proactive approach and a strategic plan for management and strategy.
The Chair suggested that the Panel receive information about staff retention policies and strategy in a further report to staffing later in the year.

The RWT Chair advised that he is liaising with Heath Park (adjacent to New Cross site) and RWT has good interactions with numerous other schools about work with young people; the University Technical College in West Bromwich already has 300 young people, with the first cohort of 30 youngsters from Wolverhampton attending. The UTC provides work experience and the first pupil from Heath Park to gain a place at medical school went last year from the academy.

The Chair thanked the RWT Chair and Deputy Head Nurse for presenting the CQC Inspection report and responding to questions from the Panel.

Resolved:

1. That a progress report be requested relating to the CQC Inspection Action Plan and outcome of the appeal submitted to CQC.
2. That the update report includes details of timelines for actions to be completed and if there are any financial implications arising from the appeal to CQC.

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Agenda Item No: **5**

CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel
26 November 2015

Report title	Budget Review - Draft Budget 2016/17	
Cabinet member with lead responsibility	Councillor Sandra Samuels Public Health and Wellbeing	
Wards affected	All	
Accountable director	Keith Ireland, Managing Director	
Originating service	Strategic Finance	
Accountable employee(s)	Mark Taylor	Director of Finance
	Tel	01902 554410
	Email	Mark.Taylor@wolverhampton.gov.uk
Report to be/has been considered by		

Recommendation(s) for action or decision:

The Panel is recommended to:

1. Provide feedback to Scrutiny Board for consolidation and onward response to Cabinet on the Draft Budget 2016/17, in particular those elements that are relevant to this Scrutiny Panel, including specifically:

    a. the Financial Transactions and Base Budget Revisions summarised at Appendix A.

2. Approve that the Scrutiny Panel response be finalised by the Chair and Vice-Chair of the Scrutiny Panel and forwarded to Scrutiny Board for consideration.

1.0 Purpose

1.1 The purpose of this report is to seek the Panel's feedback on the Draft Budget 2016/17 including the related Savings, Redesign and Income Generation Proposals (referred to herein as Savings Proposals), Financial Transactions and Base Budget Revisions (referred to herein as Base Budget Revisions) and underlying Medium Term Financial Strategy (MTFS) assumptions that was approved by Cabinet to proceed for formal consultation and scrutiny stages of the budget process, as appropriate, on 21 October 2015.

2.0 Background

2.1 At its meeting on 21 October 2015, the Cabinet considered the Draft Budget for 2016/17. Cabinet approved this as the basis for budget consultation and scrutiny over the forthcoming months.

2.2 The Cabinet report identified that due to the uncertain financial future, a full update of the MTFS 2016/17 – 2018/19 would only be conducted once the Spending Review and the Provisional Local Government Finance Settlement have been announced on 25 November and mid-December 2015 respectively.

2.3 The Cabinet report recommended that Savings Proposals amounting to £14.1 million in 2016/17 proceed to the formal consultation and scrutiny stages of the budget process. There are no specific Savings Proposals that fall within the scrutiny remit of this Panel.

2.4 The Cabinet report further identified that £7.1 million of Base Budget Revisions be incorporated into the 2016/17 Draft Budget. The Base Budget Revisions that fall within the scrutiny remit of this Panel are shown at Appendix A.

2.5 As detailed in the Cabinet report, the 2016/17 Draft Budget will be considered by Scrutiny Panels during the November/December round of meetings and the feedback from those meetings will be reported to Scrutiny Board on 15 December 2015, which will consolidate that feedback in a formal response to Cabinet on 13 January 2016. The feedback provided to Scrutiny Board will include questions asked by Panel members, alongside the responses received. These arrangements have been endorsed by the Chair and Vice-Chair of the Scrutiny Board. Cabinet will take into account the feedback from Scrutiny Board when considering the final budget setting report in February 2016, for approval by Full Council in March 2016.

2.6 It is important to note that any savings proposals approved as part of prior year budget setting processes have already been scrutinised and approved by Cabinet and are therefore, already included in the MTFS.

2.7 In order to limit the volume of paper used as part of the budget reporting process, the Cabinet report has not been appended to this covering report. Panel members are instead requested to bring their copy of the 2016/17 Draft Budget report, which was circulated with the 21 October 2015 Cabinet agenda. Detail of all the Council's individual

savings proposals, including the latest to be considered by Cabinet on 21 October 2015, can be found on the council's website at:
http://www.wolverhampton.gov.uk/budgetsavings

3.0 Proposals relating to the work of this Panel

3.1 Included in the Draft Budget strategy are base budget revisions relating to the remit of this Panel. These are listed at Appendix A. The Panel is requested to provide and record its comments on these proposals, for submission to Scrutiny Board and then Cabinet.

3.2 In addition to commenting on these specific proposals, the Panel may also request additional information or clarification in relation to the budget and MTFS. Any such requests will be noted separately, either for consideration by the Panel at a future date, or for information to be forwarded to the Panel members concerned.

4.0 Financial implications

4.1 The financial implications are discussed in the body of the report, and in the report to Cabinet. [MH/16112015/E]

4.0 Legal implications

5.1 The legal implications are discussed in the report to Cabinet. [RB/18112015/W]

5.0 Equalities implications

5.1 The equalities implications are discussed in the report to Cabinet.

6.0 Environmental implications

6.1 The environmental implications are discussed in the report to Cabinet.

7.0 Human resources implications

7.1 The human resources implications are discussed in the report to Cabinet.

8.0 Schedule of background papers

9.1 Draft Budget 2016/17, report to Cabinet, 21 October 2015

Appendix A

Financial Transactions and Base Budget Revisions

Public Health and Wellbeing

Details	Cabinet Member	Directorate	2016/17 £000	2017/18 £000	2018/19 £000
Use of Public Health funding to support service areas with positive impact on public health outcomes Whilst ensuring strict adherence to the rules for spending the public health grant, this proposal seeks to utilise ring-fenced public health monies generated through efficiency savings from recommissioning/decommissioning activity relating to public health commissioned services. The objective is to support council services that make a positive impact on public health outcomes in order to reduce health inequalities and/or improve health. This will be achieved by identifying those services that will make the biggest impact on health improvement and/or reducing health inequalities in those areas with public health funds.	Councillor Sandra Samuels	People	(948)	-	-

Appendix A

Financial Transactions and Base Budget Revisions

Details	Cabinet Member	Directorate	2016/17 £000	2017/18 £000	2018/19 £000
Further review of utilisation of Public Health funding - Community Safety, Resilience, Healthier Schools It is proposed that the Community Safety team, the Resilience team and the Healthy Schools team are fully integrated into the Public Health & Wellbeing service and resourced (both staffing and running costs) from the public health allocation.	Councillor Sandra Samuels	People	(652)	-	-

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Agenda Item No: **6**

CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

26 November 2015

Report title	Public Health Community Services
Cabinet member with lead responsibility	Councillor Sandra Samuels Cabinet Member for Public Health and Wellbeing
Wards affected	All
Accountable director	Ros Jervis – Service Director Public Health and Wellbeing
Originating service	Public Health
Accountable employee(s)	Juliet Grainger Commissioning Manager 01902 551028 Juliet.grainger@ Wolverhampton.gov.uk Michelle Smith Commissioning Officer 01902 550154 Michelle.marie-smith@wolverhampton.gov.uk
Report to be/has been considered by	

Recommendation(s) for action or decision:

The Panel is recommended to:

1. Consider the engagement plan for Public Health Community Services and offer comments.

Recommendations for noting:

The Panel is asked to note:

1. The procurement approach set out for the re-commissioning of Public Health Community Services post April 2016.

Executive Summary

Public Health's Contracting Strategy 2014 report to Cabinet Resources Panel in December 2014 outlines the proposals for how inherited Public Health contracts would be commissioned, procured and managed post March 2016.

Public Health Community Services have been categorised into seven programmes:

No	Service	Provider	Expiry date
1	Sexual Health Primary Care (phase 2 of sexual health model)	GP	31.05.2016
2	NHS Health Checks	GP	31.03.2016
3	Shared Care Substance Misuse	GP	31.03.2016
4	Smoking Cessation	GP	31.03.2016
5	Nicotine Replacement Therapy (NRT)	Pharmacy	31.03.2016
6	Needle Exchange	Pharmacy	31.03.2016
7	Supervised Consumption	Pharmacy	31.03.2016

The current arrangements for these services come to an end in March or May 2016. Under our financial regulations and contract procedure rules we are obliged to re-commission for these services.

Re-commissioning these services also provides us with an opportunity to update services and align service specifications to reflect new national standards, guidance and best practice. It also enables us to ensure services are fit for purpose in meeting local needs, and ensure delivery against our Public Health priorities.

The development of a new model for sexual health services (service no. 1) has been widely consulted and developed with the public, service users and stakeholders and will be procured as a separate tender process to provide an extended sexual health offer within a number of GP practices.

Engagement with service providers for the remaining public health community services (services 2-7) has been an on-going over during the last two years. Formal engagement with current providers started 12th October and ran for four weeks until 8th November 2015. Going forward, these services will be procured under a Public Health Framework Agreement.

1.0 Purpose

1.1 This report aims to update the Health Scrutiny Panel on the engagement activity for the re-commissioning of the city's Public Health Community Services. It will outline the plan for engagement and present the engagement paper in appendix 1, which has been made available to service providers and stakeholders.

1.2 The report also provides an overview of how Public Health intends to re-commission these services under a Community Services model.

2.0 Background and overview

2.1 There are several drivers which require us to commission for enhanced community services to improve the health and wellbeing of residents in Wolverhampton which include statutory duties, the requirements of the public health grant, the procurement procedure rules and corporate priorities.

2.2 In line with the transfer of public health responsibilities to the Local Authority from Primary Care Trusts the table below outlines services currently commissioned in the community known as Local Enhanced Service agreements.

No	Service	Current Provider	Expiry date	Q3 14/15 – Q2 15/16 Activity	Contract spend based on activity £
1	Sexual Health Primary Care (phase 2 of sexual health model)	GP	31.05.2016	2237 (insertions/removals/ refits/reviews)	67,178
2	NHS Health Checks	GP	31.03.2016	2056 (health checks)	51,400
3	Shared Care Substance Misuse	GP	31.03.2016	829 (quarterly reviews)	88,703
4	Smoking Cessation	GP	31.03.2016	323 (4 week quits)	17,765
5	Nicotine Replacement Therapy (NRT)	Pharmacy	31.03.2016	Breakdown unavailable	31,240
6	Needle Exchange	Pharmacy	31.03.2016	23,495 packs issued 4645 returned	28,140
7	Supervised Consumption	Pharmacy	31.03.2016	68,596 supervisions	180,132

2.3 Public Health is responsible for re-commissioning these services to ensure interventions which will reduce inequalities across the local population. They are targeted either towards specific population groups, or designated geographical areas.

2.4 In accordance with Public Health's Contracting Strategy (2014-2017) and corporate procurement regulations the seven services listed above are to be re-commissioned in line with the Council's Contract Procedure Rules. Approvals have been gained from Cabinet Resources Panel in order to proceed with our contracting and procurement activity.

3.0 Procurement Strategy

3.1 Primary care sexual health services (service 1) will provide an extended sexual health offer within a number of GP practices across the city. This forms phase 2 of the integrated sexual health model which has previously been reported to the Health Scrutiny Panel. Contract duration is in line with the contract for the main sexual health specialist service, which is 1st June 2016, for three years.

3.2 Services 2-7 listed above will be procured via an open tendering process. This will enable six key public health services to be tendered simultaneously as individual 'service lots'.

3.3 Dividing the tender into lots will reduce costs to bidders and the Council when compared to separate exercises being undertaken. The resulting contract will be established for two years, during which time the contract will be reviewed and future procurement process determined.

3.3 Evaluation of service providers' suitability will be based on the Council's standard tender questionnaire in addition to specific competence requirements.

3.4 Needle Exchange (service no. 6) will be subject to a competitive evaluation process. This is a direct response to significant and on-going concerns regarding needle litter from members of the public and several Councillors.

3.5 **Timetable**

Action	**Timescale**
Review and redesign service specifications	June – September 2015
Commence provider engagement	June – September 2015
Service specification development with providers	12th October—8th November 2015
Engagement event with providers	5th November 2015
Marketplace event with providers	26th November 2015
Tender opportunity published	1st December 2015
Tender return date	15th January 2016
Review tender submissions	February 2015
Contracts awarded	February 2016
Public Health Community Services commence Sexual Health Community Services commence	1st April 2016 1st June 2016

4.0 Engagement Activity

4.1 The substantial redesign and remodelling of sexual health services (service no. 1) has been consulted widely with the public, workforce and stakeholders during a three month engagement period in November 2014 to January 2015.

4.2 Health Scrutiny Panel received the engagement plan for the re-commissioning of sexual health services on 11 December 2014. The engagement ran between 1 November 2014 and 31 January 2015 and covered a wide range of groups including young people, General Practitioners (GP's), pharmacists, existing workforce, stakeholders, and the general public. A further report was taken back to Health Scrutiny in May 2015 to report on the outcomes of the engagement and next steps.

4.3 Based on the engagement feedback, particularly from GP's it was felt that further development work was needed in order that an effective primary care sexual health offer could be established in partnership with GP's. In order to do this, the decision was made to commission in two phases. Phase 1 included Contraceptive and Reproductive Services, Genito-Urinary Medicine (GUM), HIV prevention and Chlamydia Screening Programme. Phase 2, comprises GP's delivering sexual health services which is a component of the Public Health Community Services portfolio.

4.4 Engagement with providers on the remaining community service programmes (services 2-7) commenced on 12th October 2015 and was held for four weeks (until 8th November) to ensure services were shaped in conjunction with current and prospective service providers, that they were fit for purpose and secure buy in from the provider market.

4.5 On-going engagement on needle exchange services during the past two years has provided us with feedback regarding suggestions on how to improve needle equipment return rates and reduce litter in hotspot geographical areas. As a result of this we have engaged with service providers and service users regarding minor changes to way needle exchange services are delivered in community pharmacies. This process has been supported by the Local Pharmaceutical Committee (LPC), PACT residents meetings, the specialist treatment service Recovery Near You, St Georges Hostel, The Good Shepherd soup kitchen and the Service User Involvement Team.

4.6 Current providers have been informed of the intention to re-commission services and associated contracting processes. Public Health representatives have presented at the Local Pharmaceutical Committee, the Local Medical Committee and at Clinical Commissioning Group (CCG) meetings. Service specifications have been distributed to these groups with the opportunity to comment and revise.

4.7 Market engagement events with existing and potential providers have been arranged during November 2015 (5th November and 26th November) and the outcome of the events and responses received will be incorporated into service specifications where appropriate. A summary report pulling all information from the events and activities will be made available in December 2015.

5.0 Anticipated improvements to service delivery:

Specific

5.1 In response to feedback during consultation it was proposed that a lead provider for primary care sexual health services to work closely with GP's and Practice Nurses would deliver a consistent and high quality sexual health offer within GP practices, that includes health prevention and promotion. The approach needs to be coordinated, flexible, innovative and work very closely with the integrated sexual health service which was tendered in August 2015.

5.2 As a result of great levels of previous engagement with service stakeholders we have proposed to improve the way the needle exchange service operates. This is a direct response to significant and on-going issues with needle equipment wastage and litter severely affecting residents living in the areas where the services have been offered. Therefore we are proposing:

- To cease giving out universal packs with pre-determined equipment
- To offer a bespoke service whereby clients would only select the equipment they need based on their personal requirements by picking and mixing the products they require, alongside access to health promotion advice and the treatment services offer.

We anticipate this will help to:

- Reduce the amount of unused equipment wasted and disposed of in public areas
- Will offer an improved service with higher levels of engagement between the pharmacist and client.

General

5.3 Service specifications have been revised in accordance with national research, new standards and local need. Revisions are intended to deliver a continued focus on quality of care, service user experience, service outcomes, improved data collection and increasing the uptake of each service and ensuring greater coverage across the city.

6.0 Potential risks and benefits

6.1 Procurement of these services is the best way to ensure service models are aligned to achieving improvements to public health outcomes, to secure value for money and ensure quality and consistency of services. However we are not able to currently predict the level of interest in applications to deliver the services.

6.2 These unknown effects have been counterbalanced by stakeholder engagement and communications which have set out the rationale for change, i.e. to increase performance activity and improve services to ensure greater fit with local needs.

7.0 Financial implications

7.1 The Public Health grant for 2015/16 is £19.3 million excluding Health Visitor transfer in year and the amount of grant allocated for 2016/17 will be determined in the Spending Review in November 2015. These contracts will be funded from Public Health contracts budget then set for 2016/17. There are no savings reflected in the contract value specified but quality and output improvements will be specified. The pricing reflects current activity tariffs which may increase to achieve performance improvements in nationally monitored smoking quit rates and NHS health check attendances. [GS/13112015/I]

8.0 Legal implications

8.1 These arrangements are consistent with the proper administration of the Council's financial affairs and procurement procedures, contained within the Council's constitution and comply with the Public Contract Regulations and other legislative requirements. [RB/11112015/M]

9.0 Equalities implications

9.1 An initial equalities impact screening analysis has been carried out and has not highlighted any adverse impacts however it may be necessary to conduct a full equalities impact assessment should adverse equalities impacts be identified during the engagement process.

10.0 Environmental implications

10.1 The future delivery of needle exchange services in the City have been revised due to hotspots being identified where a sustained and disproportionate level of needle litter is being found. A pilot is underway in one of the current delivery pharmacies to evaluate the success of a new model aimed at reducing needle litter and paraphernalia in the community. This has informed the service specification for needle exchange services available under the framework.

11.0 Human resources implications

11.1 There are no human resources implications.

12.0 Corporate landlord implications

12.1 There are no corporate landlord implications.

13.0 Schedule of background papers

13.1 Cabinet Resources Panel Public Health Contracting Strategy – 09.12.2014.

13.2 Cabinet Resources Panel Strategic Procurement – award of contracts for works, goods and services – 15.09.2015.

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Wolverhampton City Council

Your Services...your say

Information Document

Public Health

Wolverhampton Public Health Community Services

Engagement Paper

12th October—8th November 2015

1. Introduction and background

1.1 This engagement document sets out Wolverhampton's Public Health intentions to commission Community Services under a new Public Health Community Services Model. The model will consist of a Public Health Community Services Framework and separately commissioned Enhanced Sexual Health Services.

1.2 Public Health currently commissions lifestyle services to improve the health and wellbeing of the residents of Wolverhampton (formally known as Primary Care Services) through what were known as Local Enhanced Service agreements.

1.3 These services include community provision of:

- NHS Health Checks
- Supervised Consumption of medicines
- Needle Exchange Service
- Shared Care – Substance Misuse
- Smoking Cessation Support Services
- Nicotine Replacement Therapy
- Primary Care Enhanced Sexual Health Services

1.4 The current services (delivered by GP's and community pharmacies) are all due to expire on the 31st March 2016 with the exception of enhanced sexual health services which expire on 31st May 2016.

1.5 Public Health has a key responsibility to re-commission for these services. All of these contracts are targeted at interventions which aim to reduce inequalities across the local population. They are targeted either towards specific population groups, or designated geographical areas.

1.6 These services directly impact on delivering independence, early intervention and prevention. Particularly in terms of enhancing the capacity of individuals to self-help and preventing lower level need escalating to become eligible for specialist social care.

2. The proposals

2.1 It is proposed the contracting routes used to commission these Public Health Community Services from 1st April 2016 will be via Phase 1 of the Public Health Community Services Framework. However enhanced sexual health services will be contracted under a separate tender process under the same timeline.

2.2 Procuring under a Framework has the advantage of removing the need for conducting a full procurement process for individual service contracts. It is essentially an agreement where one or more suppliers are selected to provide a particular set of goods or services following standard terms and conditions.

2.3 Standard terms and conditions will be established and will govern each contract let under the Framework. In addition each service contract will have set criteria specific to the nature of the service being delivered.

2.4 The tender process will be an open process under OJEU. Potential providers will be invited to register to provide services (under lots) through a minimum of a two part process:

Part One; Legal and Business assurances
Part Two; Service specific competence requirements
Part Three; Additional competition criteria will apply to Needle Exchange.

2.5 Evaluation will be based on providers successfully completing the registration process at part 1 and part 2. For most services (see part 3 exception below) all providers that meet the criteria specified in part 1 and part 2 will be selected. Providers may reapply if an initial registration fails and they subsequently demonstrate how they will meet the required standards.

2.6 The Framework process will open for phase 1 (annual registration) and phase 2 (year 2 annual registration) throughout the period of the agreement (two year term).

2.7 Needle exchange services will also be contracted under the Framework however a competitive process (part 3) will be used to ensure targeted provision with clearer measures of control.

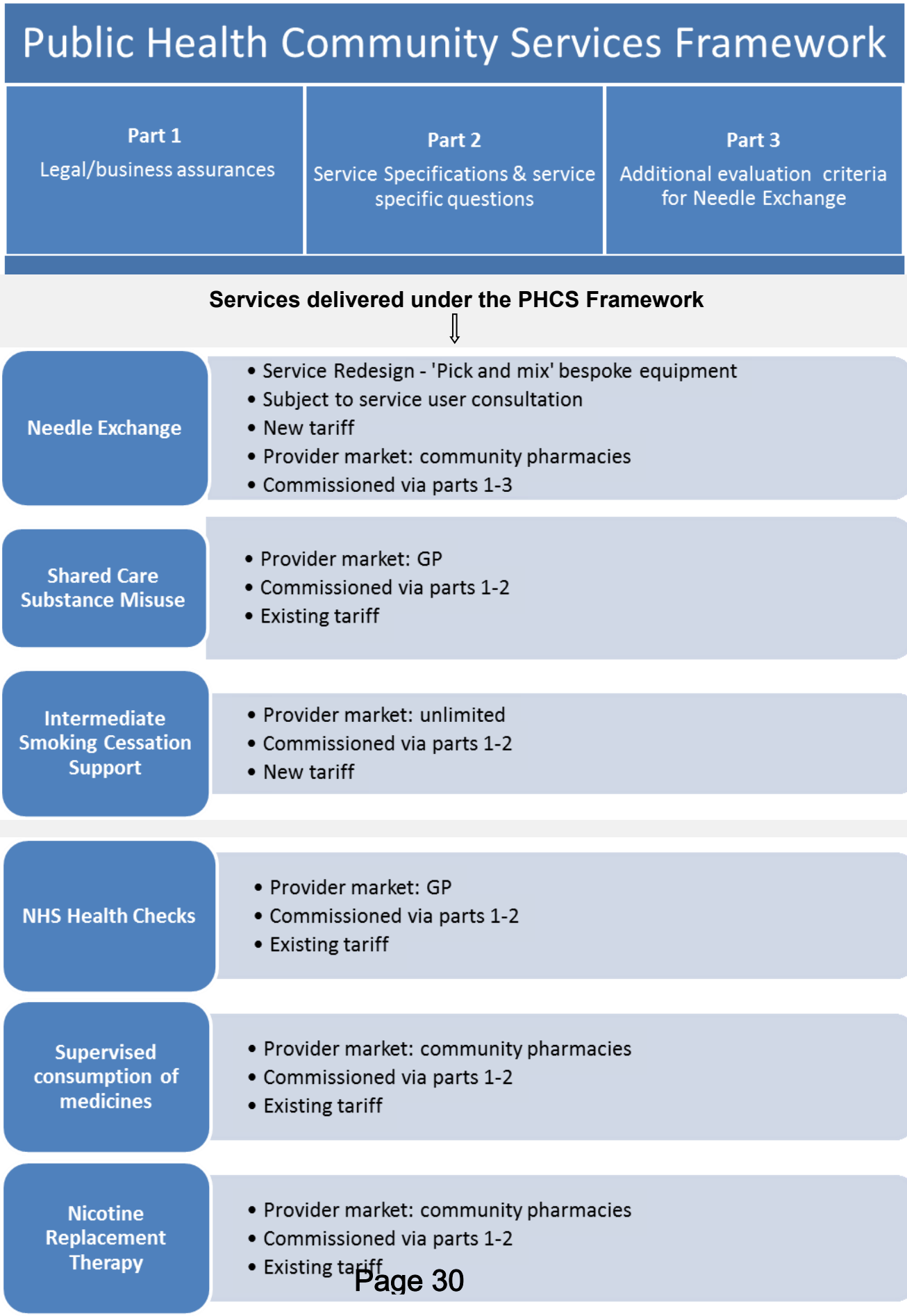
2.8 The contract evaluation will be based on scoring criteria based on;

- A specified plan to promote the service offer
- Identification and engagement of problematic drug users
- Needle and injecting paraphernalia distribution and return rates
- Dedicated IT and HR capacity to monitor and manage the scheme

2.9 This will be an open process under OJEU and will be advertised as an opportunity to provide a targeted pick and mix needle exchange scheme in hot spot locations across the City with measures to manage and restrict needle litter.

2.10 Primary Care enhanced sexual health services will be issued as a separate tender at the same time as the services detailed above. However, a prime provider is required to work closely with GP's and Practice Nurses to deliver a consistent, and high quality sexual health offer within GP practices. The approach needs to be coordinated, flexible, and innovative and work very closely with the integrated sexual health service which was tendered in August. 2015. See page 6 for further information regarding the sexual health model for primary care.

Figure 1. Public Health Community Services Framework



2.12 Specifications for each service are available upon request.

2.13 Revisions to all service specifications include:

- clarifications to service delivery and roles and responsibilities
- accreditation and competency criteria
- clinical governance
- key performance indicators and minimum datasets
- minimum activity levels to maintain competences
- ethnicity monitoring.

2.14 Key elements of individual services (in addition to points outlined in 2.13):

Needle Exchange:
- Pharmacy provision
- Change in model of service delivery from universal packs to giving out bespoke equipment tailored to individual service users.
- Emphasis will be on returning used equipment safely and increased engagement levels with service users.
- Two models of tariffs being consulted on - payments either per contact or based on volume of equipment given out.
- Service users are being invited to consult via focus groups and drop-in sessions on the proposal to change to a pick and mix bespoke service during 12th October—8th
- November.
- Proposed introduction of web based monitoring system
- Separate standalone service under new proposals.

Shared Care:
- GP provision
- IT systems capability requirement
- Retain existing tariff

Intermediate smoking cessation:
- Open provider market
- Separate standalone service under new proposals
- New tariffs proposed

NHS Health Checks:
- IT systems capability requirement
- Separate standalone service under new proposals.
- Provider market currently GP only in phase 1 however engagement event will explore opportunities, challenges and issues of widening provider market ready for phase 2.
- Retain existing tariff

Supervised Consumption:
- Pharmacy provision
- Proposed introduction of web based monitoring system
- Separate standalone service under new proposals.
- Retain existing tariff

Nicotine Replacement Therapy:
- Proposed introduction of web based monitoring system
- Retain existing tariff

Primary Care Enhanced Sexual Health Services

2.15 With sexually transmitted infections continuing to rise in Wolverhampton and people still wanting to choose their GP to consult with, there remains a need for GPs to deliver these enhanced services because practices are established, GP's provide anonymity, stakeholders want to visit their GP's and there remains an interest to deliver sexual health services from both GP's and Practice Nurses.

2.16 As part of the overall 'sexual health system' primary care is an integral component. Therefore, through a prime provider model working closely with GP's and Practice Nurses to deliver a consistent, coordinated and high quality sexual health offer within GP practices we would like to focus on:

- Establishing a partnership with the sexual health integrated service so that a unified method can be adopted to delivery
- Joint governance and partnership through a written agreement will be required to be developed and established
- Identification of training needs to support GP's and Practice Nurses that deliver sexual health interventions
- Building capacity so that coverage reflects the epidemiology of Wolverhampton
- Promotion of nurse-led provision where appropriate
- Promotion of sexual health and prevention of poor sexual health within primary care

PRIMARY CARE- Enhanced Services

LEVEL 2A GP'S-

STI management and treatment (partner notification), IUD and implant insertion, management and referral of pycho-sexual problems, Targeted HIV testing, condoms and lubricants

LEVEL 2

Sexual history/risk assessment, IUD/IUS, and implant insertion, management & referral of psycho-sexual problems, targeted HIV testing, STI triple swabbing, condoms and lubricant

3. The case for change

3.1 There are practical reasons for remodelling and procuring current services – Wolverhampton is a changing city, our population has changed and we have better information about treatment, technology and good practice. Therefore we have a duty to ensure services reflect these changes.

3.2 Key focuses of the changes are to improve outcomes for both individuals and the whole population. Variation exists between service providers; some is unwarranted and adversely impacts on outcomes. The Public Health Community Services Framework focuses on reducing inequality and inequity within our population.

3.3 Retaining the status quo is not an option as the Council is bound by a number of regulations, not least its own Constitution and EU Procurement Laws. The principles of these ensure we must be open, fair and transparent in all contracts we authorise. Therefore we will be re-tendering for these services through a competitive process.

3.4 During the last two years each of these services has undergone some form of review to ascertain current service provision, performance and consideration of necessary changes in line with future service delivery.

3.5 The planned changes to service specifications are based on national research, new standards and local need and are intended to deliver:

- Continued focus on enhancing quality of care, service user experience and achievement of intended service outcomes
- Improvements in consistency and quality of services received
- Increasing the uptake of each service and ensuring greater coverage across the city
- Improved data collection and contract monitoring
- Meet local demand.

4. Why are we consulting?

4.1 Engagement forms an integral part of the commissioning process and will help us further plan our approach and service Framework.

4.2 Public Health Wolverhampton is committed to developing its service specifications in an open and transparent way and that specifications developed by us are informed by as wide a range of views as possible. We seek to remain open, engaged and transparent throughout the process for discharging its responsibilities for the commissioning of specific healthy lifestyle services.

4.3 Public Health is committed to promoting equality and reducing health inequalities throughout the population. Engagement provides the opportunity to gain information about any potential impact on health inequalities which might arise as a result of new or changed processes for making decisions about health services that are directly commissioned by Public Health. This information will feed into an Equality and Health Inequalities Analysis on this programme of work.

4.4 We would like to hear from providers with an interest in delivering public health community services. Engagement will also enable us to stimulate the provider market to ensure providers have the capacity and capability to deliver against the service specifications.

5. Engagement

5.1 The engagement on the proposed Public Health Community Services will be open for 28 days. The engagement will run from 6th October—8th November 2015. Wolverhampton City Council Public Health department will then collate all the responses received and this will further inform the development of the specifications.

5.2 A engagement event will be held on 5th November where current and prospective providers will be invited to hear about planned changes and take part in themed engagement discussions in relation to the proposals.

5.3 The outcomes of the engagement will be reported at the market place event on 26th November 2015. This event will outline each service for tender and the tender process to be followed.

5.4 All feedback received during engagement will be considered by the Community Services Commissioning Oversight Group. A short report, setting out the engagement feedback, will be distributed to the relevant boards and committee's.

5.5 A final decision about the development of the service specifications will be made by the Community Services Commissioning Oversight Group and communicated at the Marketplace event.

5.6 Timeline

Action	Timescale
Engagement on service specifications	12th October—8th November 2015
Engagement event	5th November 2015
Marketplace event	26th November 2015
Tender opportunity published	1st December 2015
Tender return date	15th January 2016
Review tender submissions	February 2015
Contracts awarded	February 2016
Public Health Community Services commence Sexual Health Community Services commence	1st April 2016 1st June 2016

5.7 To book on to the engagement event on 5th November and/or the marketplace event on 26th November please contact (please specify which event(s) you would like to attend) :

Jan Huntbatch

E-mail: janette.huntbatch@wolverhampton.gov.uk

Or telephone: (01902) 556220

Public Health Community Services

Further information

For more information contact:

Michelle Smith

Public Health Commissioning Officer
Wolverhampton City Council
(01902) 550154

Email: E-mail: phcommissioning@wolverhampton.gov.uk

Faculty of Education Health and Wellbeing

Health Scrutiny Panel

26 November 2015

Aims

Range of health courses, research & CPD

Quality and innovations

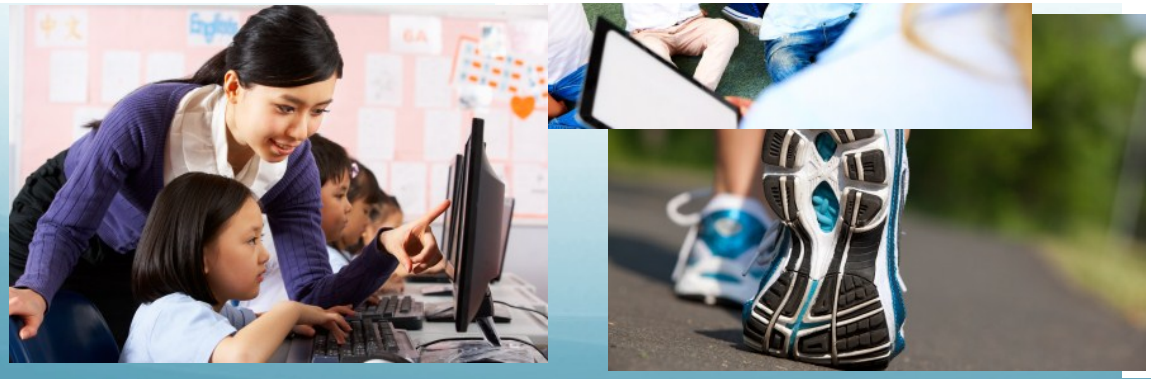
New developments

Horizon scanning

Partnerships

Enjoy


AA
MEETING



FEHW Mission

An innovative and inclusive learning and research community

working in productive partnerships with

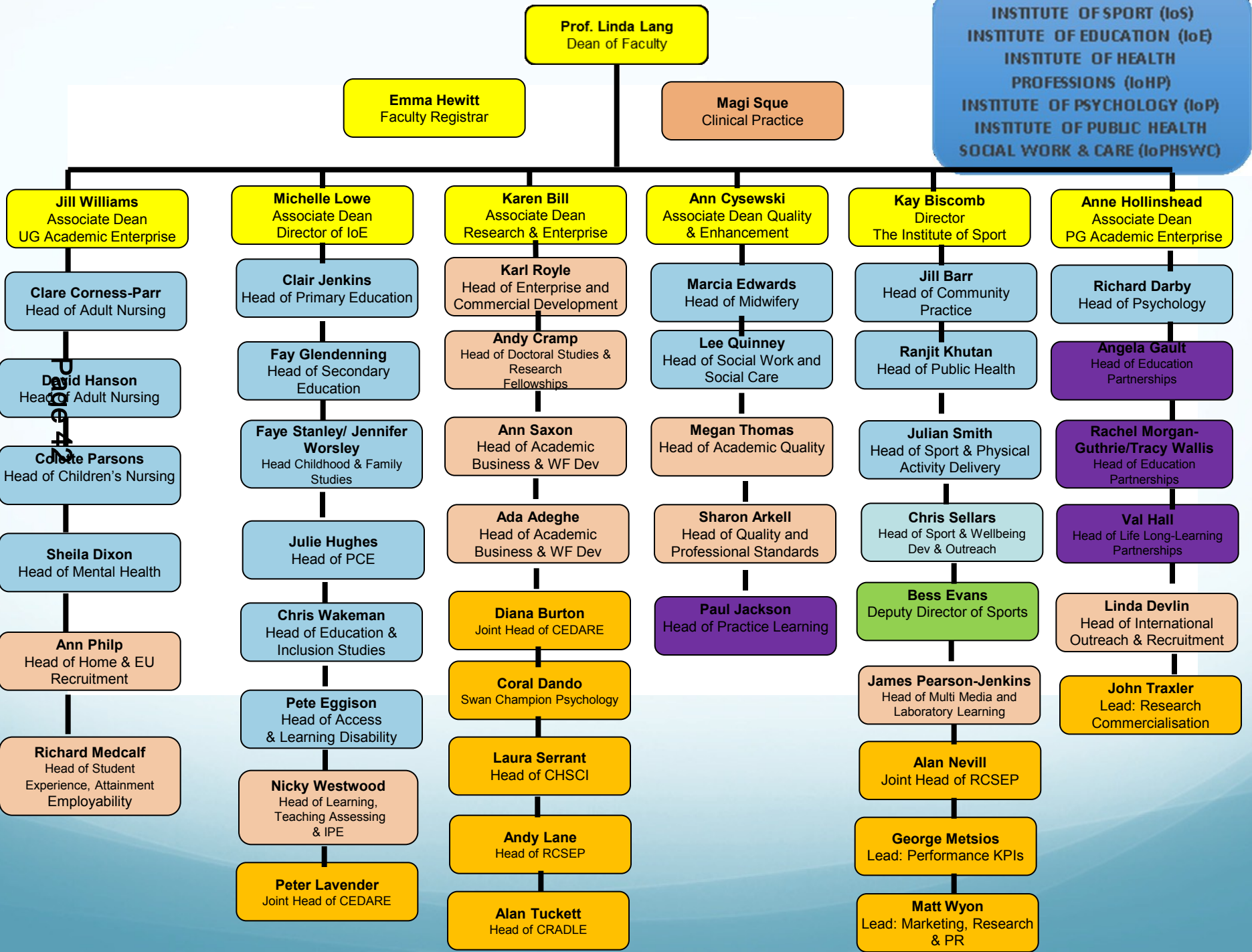
students and organisations to

improve life outcomes, quality and wellbeing for people locally,

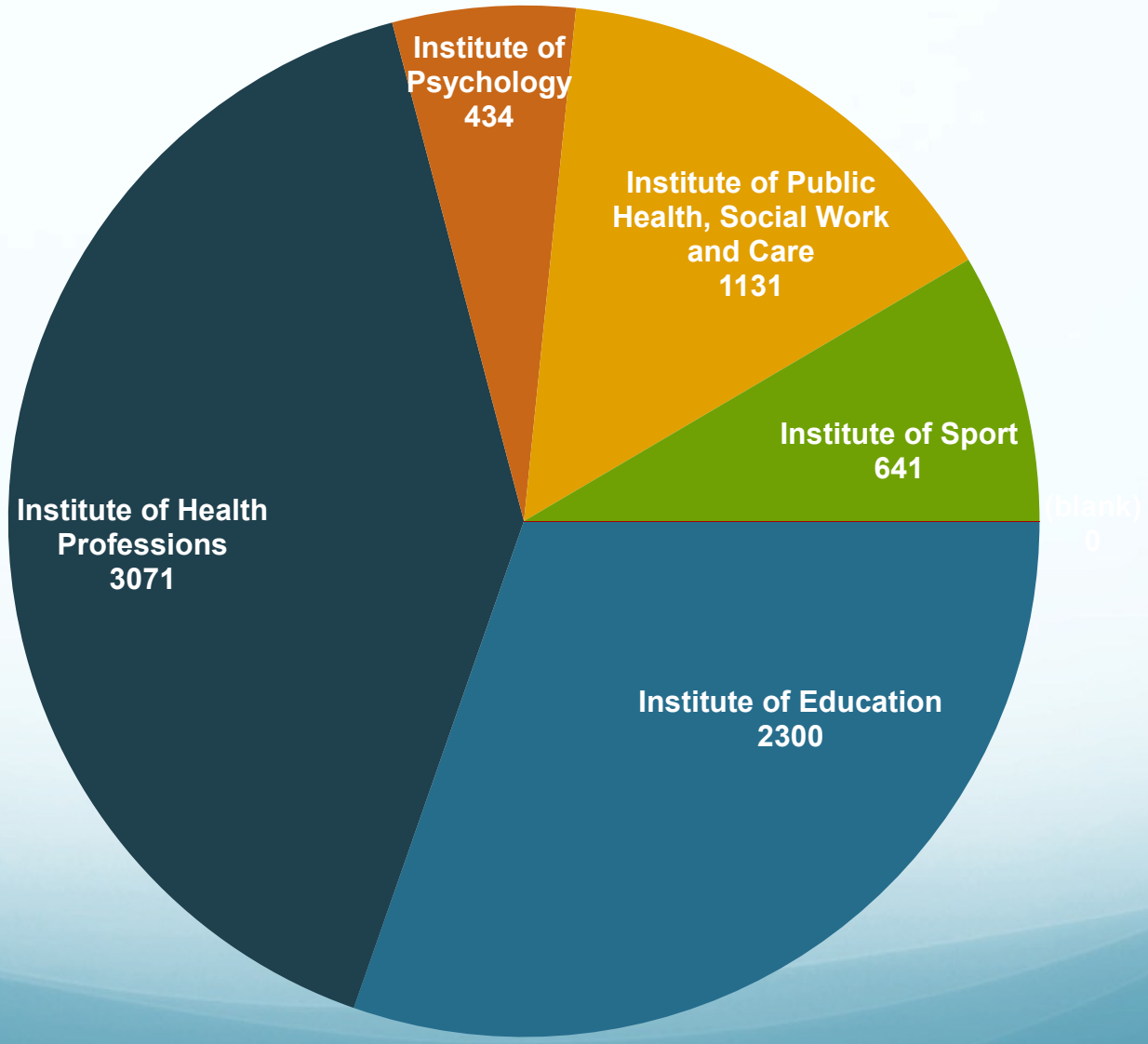
nationally and internationally.

Strategic Priorities

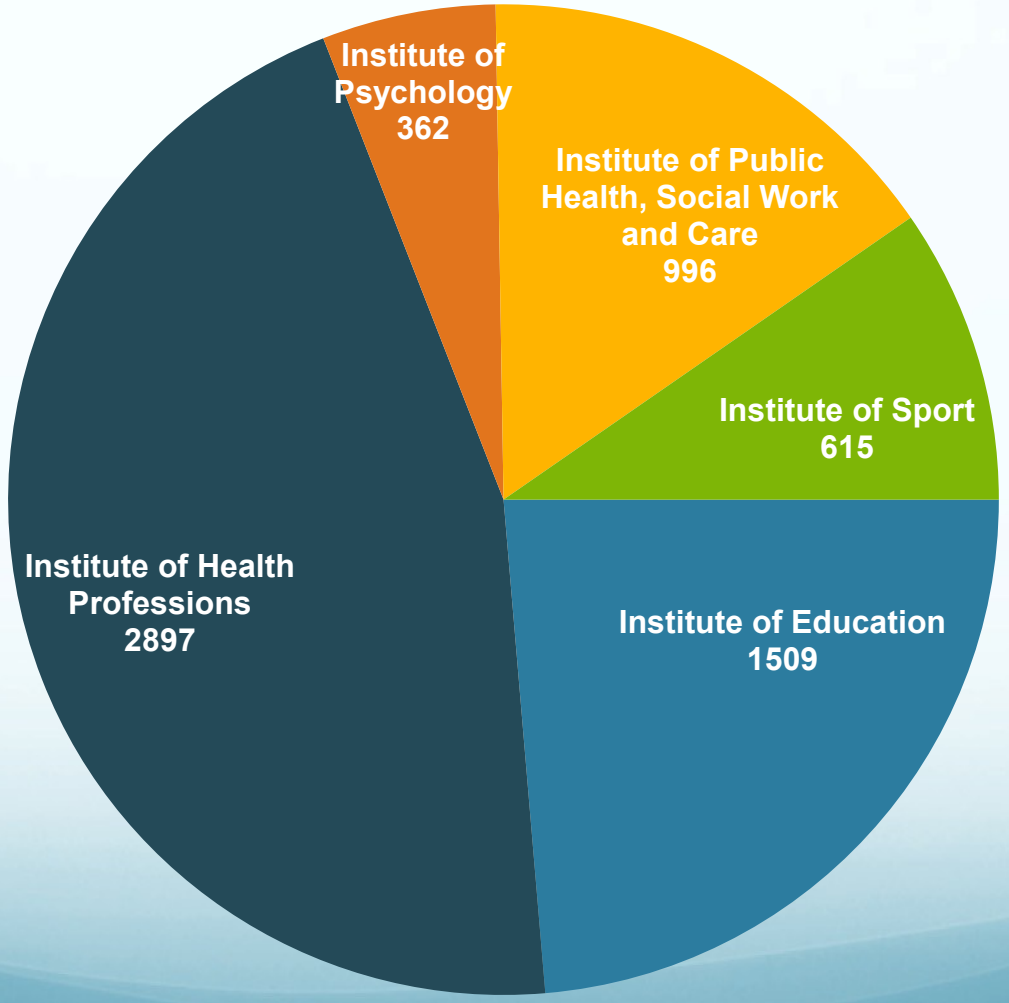
- Enhance student experience, built on high quality learning, teaching and research
- Harness our own expertise by releasing talents of our staff
- Enable all members of the Faculty to play their part in achieving success
- Model our culture on shared values and new integrated ways of working
- Develop a reputation for partnership working, locally, nationally, internationally
- Grow our sphere of influence nationally and internationally
- Develop a sustainable financial model to support growth
- Develop, communicate and celebrate our USPs


Prof. Linda Lang
Dean of Faculty
Emma Hewitt
Faculty Registrar
Magi Sque
Clinical Practice
INSTITUTE OF SPORT (IoS)
INSTITUTE OF EDUCATION (IoE)
INSTITUTE OF HEALTH PROFESSIONS (IoHP)
INSTITUTE OF PSYCHOLOGY (IoP)
INSTITUTE OF PUBLIC HEALTH SOCIAL WORK & CARE (IoPHSWC)
Jill Williams
Associate Dean
UG Academic Enterprise
Clare Corness-Parr
Head of Adult Nursing
David Hanson
Head of Adult Nursing
Colette Parsons
Head of Children's Nursing
Sheila Dixon
Head of Mental Health
Ann Philp
Head of Home & EU Recruitment
Richard Medcalf
Head of Student Experience, Attainment Employability
Michelle Lowe
Associate Dean
Director of IoE
Clair Jenkins
Head of Primary Education
Fay Glendenning
Head of Secondary Education
Faye Stanley/ Jennifer Worsley
Head Childhood & Family Studies
Julie Hughes
Head of PCE
Chris Wakeman
Head of Education & Inclusion Studies
Pete Eggison
Head of Access & Learning Disability
Nicky Westwood
Head of Learning, Teaching Assessing & IPE
Peter Lavender
Joint Head of CEDARE
Karen Bill
Associate Dean
Research & Enterprise
Karl Royle
Head of Enterprise and Commercial Development
Andy Cramp
Head of Doctoral Studies & Research Fellowships
Ann Saxon
Head of Academic Business & WF Dev
Ada Adeghe
Head of Academic Business & WF Dev
Diana Burton
Joint Head of CEDARE
Coral Dando
Swan Champion Psychology
Laura Serrant
Head of CHSCI
Andy Lane
Head of RCSEP
Alan Tuckett
Head of CRADLE
Ann Cysewski
Associate Dean Quality & Enhancement
Marcia Edwards
Head of Midwifery
Lee Quinney
Head of Social Work and Social Care
Megan Thomas
Head of Academic Quality
Sharon Arkell
Head of Quality and Professional Standards
Paul Jackson
Head of Practice Learning
Kay Biscomb
Director
The Institute of Sport
Jill Barr
Head of Community Practice
Ranjit Khutan
Head of Public Health
Julian Smith
Head of Sport & Physical Activity Delivery
Chris Sellars
Head of Sport & Wellbeing Dev & Outreach
Bess Evans
Deputy Director of Sports
James Pearson-Jenkins
Head of Multi Media and Laboratory Learning
Alan Nevill
Joint Head of RCSEP
George Metsios
Lead: Performance KPIs
Matt Wyon
Lead: Marketing, Research & PR
Anne Hollinshead
Associate Dean
PG Academic Enterprise
Richard Darby
Head of Psychology
Angela Gault
Head of Education Partnerships
Rachel Morgan-Guthrie/Tracy Wallis
Head of Education Partnerships
Val Hall
Head of Life Long-Learning Partnerships
Linda Devlin
Head of International Outreach & Recruitment
John Traxler
Lead: Research Commercialisation

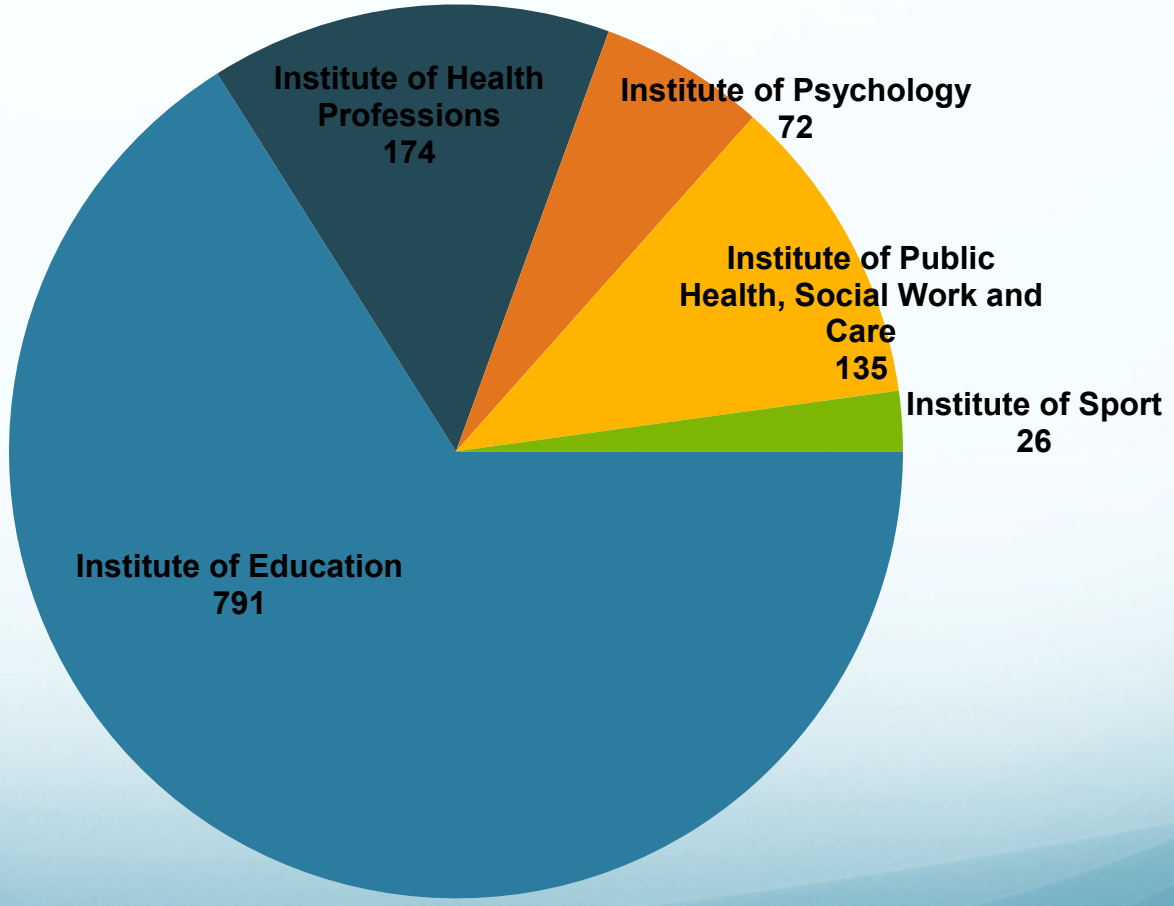
Our Student Community



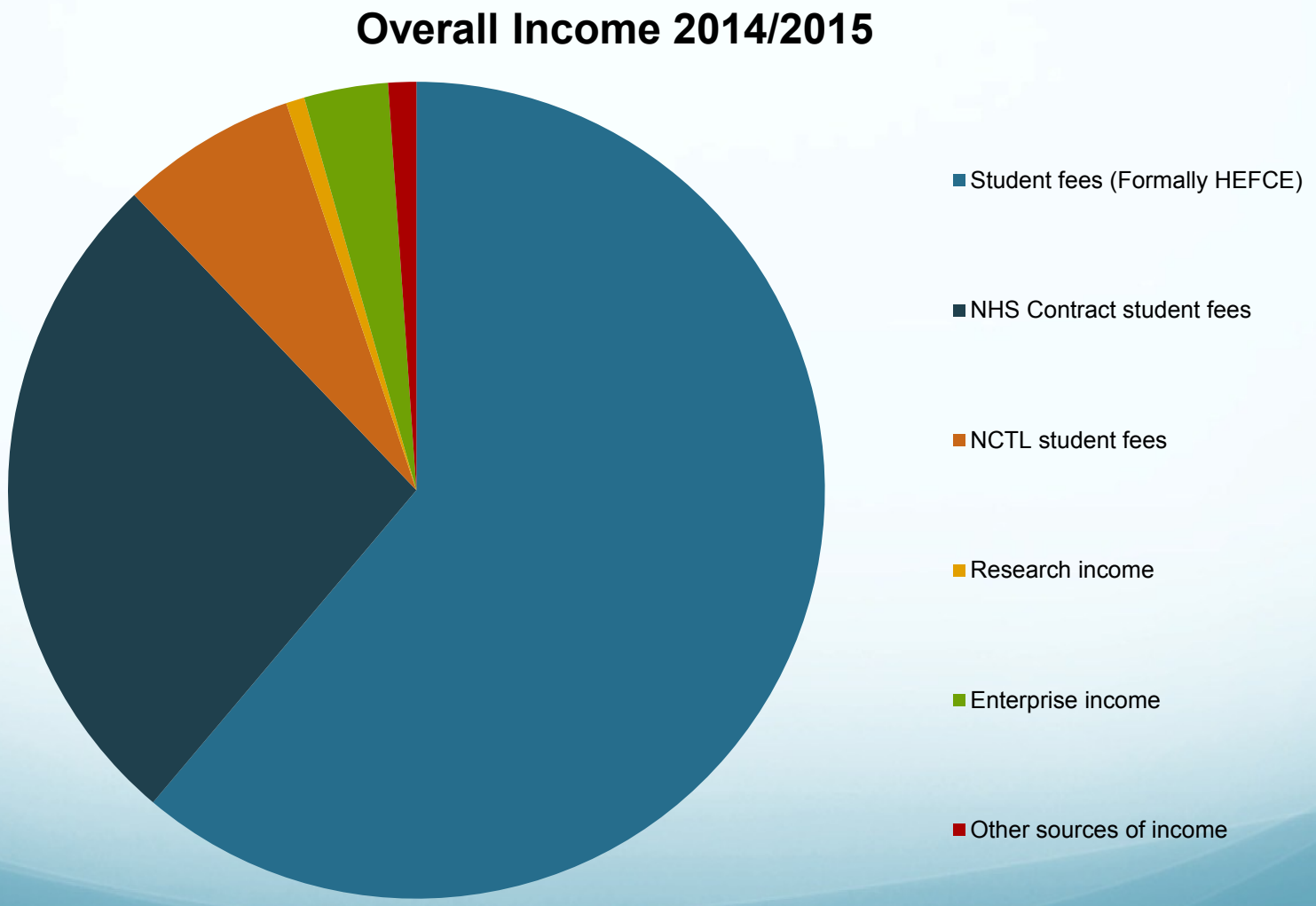
FEHW 2014-2015 Undergraduate Students



FEHW 2014-2015 Postgraduate Students



FEHW


Overall Income 2014/2015
Student fees (Formally HEFCE)
NHS Contract student fees
NCTL student fees
Research income
Enterprise income
Other sources of income

Research Centres

- Health and Social Care Improvement
- Psychology
- Dementia
- Education
- Sport

Examples of current health research:

Dementia, organ donation, end of life, impact of social policy.

2014-2015

What we achieved

Growth

Quality

Research

Innovation

Reputation

Quality & Partnerships

- Recruitment
- Internal surveys
- NSS
- Degree Classification
- DLHE
- REF
- QAA
- PSRB Reviews
- Periodic Reviews
- ECQ
- HEA
- ……*Ofsted*

- Schools…
- NHS…
- LA...
- NCTL
- HEWM
- DfE & DoH
- Research Collaborations
- PSRBs…
- Sports Clubs…
- International…

New Innovations

- LEAP
- SUCCESS
- Joint Appointments
- UTC
- Paramedics
- Innovative routes into nursing
- International CPD
- PG Academic Institute of Medicine
- Masters & CPD Framework
- Allied Health Professions .....

Horizon Scanning

- CSR
- Health student fees and bursaries
- TEF
- REF
- Opportunities for co-production
- EU bid writing for funding to support innovation and impact on the City of Wolverhampton.

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Agenda Item No: **8**

Health Scrutiny Panel

26th November 2015

Report title	Update from the Wolverhampton Clinical Commissioning Group in response to the Francis Inquiry
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Well Being
Wards affected	All
Accountable director	
Originating service	Wolverhampton Clinical Commissioning Group
Accountable employee(s)	Manjeet Garcha — Executive Director of Nursing and Quality Tel — 01902 442476 Email — manjeet.garcha@nhs.net
Report to be/has been considered by	N/A

Recommendation(s) for action or decision:

The Panel is recommended to note and comment on the work undertaken so far.

1.0 Purpose

1.1 Sir Robert Francis was commissioned in July 2009, to chair a non-statutory inquiry into the happenings at mid Staffordshire. A recommendation was made that there needed to be an investigation into the wider system to consider why issues had not been detected earlier and to ensure that the necessary lessons were learned. The report of the Mid Staffordshire NHS Foundation Trust Public Inquiry made 291 recommendations, grouped into themes. It was recommended that all commissioning, service provision, regulatory and ancillary organisations in healthcare should consider the findings and recommendations and decides how to apply them to their own work. The first update of progress was presented to the Health Overview and Health Scrutiny Panel in September 2013, further updates were requested in January 2015 and this is the third and anticipated to be the final update. It is recommended that future reporting will be by exception or on specific request from Health Scrutiny Panel.

2.0 Action Plan Progress

2.1 Wolverhampton Clinical Commissioning Group can report that significant progress has been made against the recommendations and as per Robert Francis, QC's intention; many of the recommendations have by now been incorporated into established ways of working.

2.1 Included in the CCGs completed actions are:

- Review and update of Quality Strategy
- Development and implementation of a Being Open Policy including the 'duty of candour'
- Review of all materials for complaints, quality matters service
- Regular meetings between commissioner and provider patient experience and engagement teams to facilitate collaborative working
- Implementation of Friends and Family Test in Primary Care
- Lay representative attends PPGs and Locality Team Meetings
- Design and introduction of a trigger and escalation model at Governing Body level
- Establishment of joint care home quality monitoring documentation and process with local authority
- Primary development of quality web page on CCG website
- Extensive design and development of dashboards for quality barometers in the acute, MH, primary and care home sector
- Establishment of quality support visits to primary care
- Established a public facing page; Talk to Us, including: how to complain, becoming a patient partner and you said, we did.

3.0 Key Changes

3.1 The CCG has a role in not only ensuring that we ourselves implement the recommendations but that we actively seek assurance from providers with whom we commission services. A number of recommendations continue to be reliant on action by national bodies and the CCG remains vigilant to new and updated guidance with

appropriate response. A log of all reports is maintained including adding new ones and presented to quarterly CCG Quality and Safety Committee for assurance. Due to this vigilant work I can report on the following improved scrutiny which is changing the patient safety culture for all WCCGs commissioned services.

Report	Update as of October 2015
Francis	Freedom to Speak Up discussed at CQRM agendas with both providers. Confirmations that whistleblowing policies are procedures have been updated. The CCG have undertaken Team Stress Assessments, a Health and Wellbeing Policy is being developed with implementation training for all staff. Audits in place to monitor compliance. **Next review April 2016**
Winterbourne View (Transforming Care)	Care and Treatment Reviews completed for first cohort and underway now as business as usual including children with learning disabilities. To ensure patients are placed in the most appropriate setting. Reviews are within tolerance level, action tracker in place and packages of care being explored where alternative provision has been deemed appropriate. Monitored at CCG Q&SC assured at NHSE. **Next review April 2016**
Improving Safety- a promise to learn	All actions applied to the CCG Quality Assurance Framework. The CCGs 2 Year Operational Plan and 5 Year Strategic Plan seek to ensure all reasonable actions are realised in future care provision in collaboration with health and social care colleagues across the city. **CLOSED- Quarterly within Q&SC**
Morecombe Bay	Provider assurance is sought on an on-going basis via: Monthly governance meetings, duty of candour. Serious Incident and National Reporting data received and considered within divisional governance reports, quality visits, collaboration with public health as partners of maternity services commissioning. Friends and Family Test, safer staffing, supervision, revalidation, medicines safety officer reports. NHSE Quality Surveillance Group is planning a deep dive, on-going assurance from CQC, Monitor, TDA, and NHSE. **CLOSED-** monthly quality, performance, contract and governance meetings
Sir Bruce Keogh- review of 14 NHS Hospitals	Patient Stories at all Gov. Body meetings, junior doctor concerns captured and addressed via CQRMs, Patient Safety Improvement group, Dr appraisal rates. CCG attend Mortality meetings, quarterly mortality assurance reports, CCG internal mortality group established with membership from PHE, scrutiny of SHMI, HED data. NHSE medical director mortality leads group attended by exec nurse. Primary care mortality to be introduced from Q3 2015/16 planned case note audits. Commissioning intentions and service redesign informed by all above. **CLOSED-** business as usual in monthly governance reports.

Complaints	Audit of CCG complaints completed in May 2015, incidents, patient feedback and claims with substantial assurance in place to manage and learn from complaints. **CLOSED**- being aligned to forthcoming policy review.
Cavendish Review	Care certificate launched at national level, both providers have plans in place to deliver this training. Care home sector aware of availability and independent provider employers choosing whether to pursue. Practice Nurse Development in place and RGN Revalidation plan to go live in April 2016. **Review April 2016**
Hard Truths	Culture and safer staffing monitored monthly, information triangulated with other quality and safety data. CQC new model inspection in June- Improvement Plans in place. **Current Review**
Lampard/CSE Rotherham & other safeguarding	Safeguarding- CCG and provider DASM role in place, collaborative working with LA for MCA/DoLs Safegaurding issues. All commissioner statutory roles in place, including LAC nurse- External Placement Panel Reviews undertaken Jan-Nov 2015. Child Sex Exploitation (CSE) Coordinator role supported by CCG, CSE victims well supported however more work in place to ensure interviews within 72 hours are being completed as per statutory requirement. PREVENT agenda on all CQRMs. CCG PREVENT Policy in place and PREVENT Board in place. Female Genital Mutilation- statutory data collection commenced 1st Oct 2015 Recommendations from Lampard for volunteers and celebrity attendance, stronger HR policies for vetting in place. **Review November 2015**

4.1.2 Summary

In summary, there has been a plethora of reports and recommendations and the CCCG have been working with the providers to nurture a culture of change of behaviour which is not only sustainable but becomes the new way of working. There is robust monitoring of all plans and all exceptions are managed via the agreed governance avenues. The CCG continues to work with all providers of NHS services to improve outcomes for all staff and service users.

5.0 Financial implications

5.1 There are no financial implications arising from this report.

6.0 Legal implications

6.1 There are no legal implications arising from this report, the CCG continues to meet its statutory responsibility and seeks assurance from providers of demonstrable evidence to support this.

7.0 Equalities implications

7.1 There are no equalities implications arising from this report.

8.0 Environmental implications

8.1 There are no environmental implications arising from this report.

9.0 Recommendations

- To **NOTE** actions taken
- To **AGREE** recommendation to archive all 'spent' action plans and monitor in business as usual activity
- To **AGREE** frequency of future presentations

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