

Health Scrutiny Panel

Minutes - 25 February 2016

Attendance

Members of the Health Scrutiny Panel

Cllr Harbans Bagri

Cllr Val Evans

Cllr Jasbir Jaspal

Cllr Milkinderpal Jaspal (Chair)

Cllr Peter O'Neill

Cllr Stephen Simkins

Deborah Breedon

Viv Griffin

Ros Jervis

Dr Helen Hibbs

Sarah Fellows

Jo Cadman

David Loughton

Jeremy Vanes

Sue McKie

Scrutiny Officer

Service Director - Disability and Mental Health

Service Director - Public Health and Wellbeing

Clinical Commissioning Group (CCG)

Mental Health Commissioning Manager

Associate Director Strategy, Black Country Partnership

Foundation Trust (BCPFT)

Chief Executive of the Royal Wolverhampton Hospitals NHS

Trust (RWT)

Chairman RWT

Health Improvement Principle

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies**

Apologies for non-attendance were submitted on behalf of Cllrs Craig Collingswood, Mark Evans and Wendy Thompson, and Health Watch Members Jean Hancox, David Hellyar and Ralph Oakley.

2 **Declarations of Interest**

There were no declarations of interest.

3 **Minutes of previous meeting**

Resolved

That the minutes of the previous meeting 26 November 2015 be approved and signed as a correct record.

4 **Matters Arising**

There were no matters arising.

Chairmans Announcement

The Chairman advised that item 9 would be considered at this point on the agenda due to the reporting officers need to attend an urgent meeting.

5 **Wolverhampton CCG Primary Care Strategy**

Dr Helen Hibbs, Clinical Commissioning Group (CCG) presented the Wolverhampton CCG Primary Healthcare Strategy 2016-2020. She advised that a strategy was needed because health knowledge and technology was changing; the people they serve are changing; demands are changing and the workforce and some buildings are not fit for purpose.

She advised that plans include current practices developed and nurtured but that there are not enough staff to wrap around each service. She advised that access for GPs has been arranged through modern technology and the clinical network uses a shared back office function. She advised that when GP's retire the new GP's are moving onto one system which makes it more likely that the seven day services will be achievable.

The National Health Service England (NHSE) has developed the five year forward view which envisages a number of new models of care to which this strategy is Wolverhampton CCGs response. The Primary Health Care Strategy strategic roadmap 2015/16- 2020/2021 demonstrates the following streams:

- GP Practices as providers
- Integrated Community Teams
- Development of Other Out of Hospital Services
- GP Practices as Commissioners
- Contract Management

The Chair highlighted the importance of the Primary Care Strategy and indicated that this was why the document had been circulated early enough for councillors to examine. Dr Helen Hibbs highlighted the importance and sensitivity of some of the issues to be looked at during in the next five years. The Chair recommended that councillors forward any key questions to the Scrutiny team to pass on to the CCG and that CCG is invited back to a future meeting to provide progress report and to respond to any questions raised.

Resolved

1. That councillor's forward any key questions arising from the Wolverhampton CCG Primary Care Strategy to the Scrutiny team to pass on to the CCG.
2. That CCG is invited back to a future meeting to provide progress report and to respond to any questions raised.

6 **City of Wolverhampton Council and Wolverhampton Clinical Commissioning Group Mental Health Strategy 2014-2016**

Sarah Fellows Mental Health Commissioning Manager provided the report, outlining the progress against the priorities outlined in the report.

In response to a question the Commissioning Manager advised that co-morbid substance misuse could be reworded to reflect that the substance misuse is co-occurring and not related to morbidity.

In relation to the financial implications in the report the panel requested an indication of funding available this year including allocation for eating disorders. Panel were

advised that £560,000 funding was available and in addition £30 million was available for eating disorders nationwide. Cllr Milkinderpal Jaspal asked how that figure tallied with the number of people using the service and if there was a shortfall. The Commissioning manager acknowledged the lack of funding for CAMHS and the need to get more children into care, she advised that there had been slightly more money than expected and that there should be money available to help some more.

Dr Helen Hibbs outlined that there was an area of unmet need where young people were not accessing services early enough and that there would be an additional 20,000 children and young people requiring CAMHS services by 2020. She advised that she was trying to get some funding to address the unmet need. She advised that part of the problem was the stigma related to mental health and how important it is to get the right services to the right places, such as accessing services in school or near to home and not having to go to specialist services such as the GEM Centre. Dr Helen Hibbs advised that the CAMHS strategy is about getting young people early at age 12-13, if capture them early they may not go into crisis. She advised that 8-18 crisis care is available between the hours of 8-8 however the additional funding may be 24-7 crisis care. She advised that this is where the work with the schools comes in.

Cllr Stephen Simkins referred to the prevention plan and the forums that are the key strategic drivers in terms of delivery of the plan. He asked if it was possible to streamline the number of panels.

The Commissioning Manager advised that lots of money could be swallowed up if partners do not work closely. She suggested that this should be monitored quarterly with key indicators at the Children's Trust Board and that this is the time to think about a Black Country Model as this is the first steps of a major change.

In response to questions from Cllr Peter O'Neill relating to the time taken for referrals, the Commissioning Manager said that the nine weeks from referral to treatment in Wolverhampton was quite good; she advised that 18 weeks was more the normal time taken. She advised that there is also an emergency referral route and an appointment can be offered within five days.

The commissioning manager advised that the time taken from referral to treatment would also depend on the individual's circumstances and on the nature of the issue. She advised that a self-harm issue may take less than 24 hours and that there would be quite a specific language around it and the assessment depends on the nature of difficulty, assessment and the type of therapy needed. She advised that more information can be brought as they begin to monitor each case. The commissioning manager advised that many of the types of problems in CAMHS have changed and are becoming more aligned to adult issues on a local and national level, such as a large percentage of psychosis is related to smoking 'skunk'.

Viv Griffin, Service Director Mental Health and Disability advised that other work was being conducted in tandem with that outlined, including a bid being submitted for additional funding to look at preventative CAMHS work with schools and that this would be quarterly joint reports from Health and Social Care.

Cllr Stephen Simkins indicated that scrutiny could play a role in looking at the governance arrangements and considering a list of targets. He voiced concerns that 500,000 would be eaten up very quickly. There followed a discussion about the need

to build targets into delivery to prevent this occurring, to aim for a strategy and achievable targets.

The Panel were advised that there is not parity of esteem between children and adult mental health services but that it was intended that by 2020 there would be. Panel considered that this finite amount of money would not change things significantly.

Cllr Sandra Samuels, Cabinet Member Public Health and Wellbeing referred to the CAMHS in crisis and the mental health commissions that had been set up. The Service Director confirmed this and indicated that never had mental health been so important; she clarified that the national commission had met quickly hence the additional money coming through. She advised that there were a whole stream of commissions on-going; the bigger health commission was looking at mental health and its impact on employment.

The Service Director advised that bidding is non-recurrent funds potentially £5 million can change the system and that there is a whole range of sources because mental health is on the national agenda.

Resolved:

1. That Health Scrutiny Panel receive the Wolverhampton CCG CAMHS transformation plan including next steps.
2. That Health Scrutiny Panel note the development and implementation of the Wolverhampton CCG CAMHS Transformation Plan.

7 **BCPFT - mental health commissioning**

Jo Cadman, Associate Director Strategy, Black Country Partnership Foundation Trust (BCPFT) provided a verbal presentation of the proposed partnership arrangements. She advised that there was an aim for partnership prospectus by September 2016 and that there was a detailed options appraisal on the horizon.

She advised that the prospectus will include opportunity to develop for the larger population. New services should include mothers and babies, eating solutions and isolation. She advised that the partnership wanted to deliver the best solution and value for money and would allow us to reduce back office costs. Panel were very conscious that a key part of the changes would be culturally and value driven in terms of stakeholders and that in the new year work between the Chief Executive Officers (CEOs) would put in place the appropriate governance arrangements. She advised that the first formal Partnership Board was due to take place on Monday 29 February 2016 to agree the structure, with a formal launch in April 2016.

Panel was advised that there would be five clinical work streams in the early stages of development at the moment:

1. CAMHS
2. Children's Services including Health visitors
3. Learning disabilities
4. Adult mental health
5. Older people services

She encouraged people to attend the forums and agreed to send the Health Scrutiny Panel the new structure for the whole partnership and for the five work streams.

In response to questions the AD Strategy touched on the merger and confirmed that it was not yet agreed. She advised that there were three organisations that have

their own budgets. She advised that there would be the same amount of money (approximately £450 million) but that it would be shared differently, with different ways of discussing how to share it differently.

Resolved:

1. That the verbal update is noted
2. That the new structure for the whole partnership and for the five work streams is circulated to panel members.

8

Royal Wolverhampton NHS Trust

David Loughton, Chief Executive of the Royal Wolverhampton Hospitals NHS Trust (RWT) and Jeremy Vanes Chairman, RWT were in attendance to provide a verbal update on the Accident and Emergency (A&E) site opening and progress report.

The Chairman RWT advised that just under £38,000 had been invested in equipment in the new A&E. He advised that the contract started in June 2014 and that the new A&E at New Cross hospital was three times as big as the old A&E. He confirmed the following:

- The contract was completed in October on time on price or just under and that the first patient had been seen at 4am 24 November 2016 right on the timetable.
- The bed capacity is improved and additional facilities including an eye emergency waiting room, rooms to talk to relatives, a better ambulance bay, separate entrance for paediatrics and a café by the new entrance.
- The benefits of the shared primary care area, the ten bed clinical support unit, seminar rooms set ups and the command centres.
- The branch links the heart and trauma unit.
- The build is of high quality and has solar panels on the roof.
- The turnover in A&E is on average two and a half hours.
- There are 300 staff work in A&E, staff training, new teams and new approach are resulting in some teething issues and staff morale has dipped.
- Patient demand is really high.
- The gains from the A&E refurbishment are:
 - More space
 - Separation – more single bays are working much better.
 - Senior service decisions are working well with junior staff seeing the senior staff in action and gaining invaluable insight.
- The number of people attending A&E is on the increase:
 - 2013-14 : 293 people a day
 - 2014-15 : 321 people a day
 - 2015-16 : people a day
- 18 % increase last year, this year to date 422 people.
- Vacancies are high and have to use locums.
- Continuously advertising for Doctors and nurses.
- Staff sickness levels have gone up slightly.

The Chairman RWT advised that Clinical Commissioning Group (CCG) did an announced visit recently resulting in some amendments and adjustments. He advised that the urgent care centre is due to open 1 April 2016, it is expected that it will take the pressure off A&E as the model designed for not very sick patients is designed to do. He invited the panel to visit the facility and have a look around.

- Staff and consultants are working well.
- 67 people waited for over four hours.
- 97% of ambulances released within 15 minutes.

The Chief Executive RWT advised that the buildings were very new and functional. He advised that 170 ambulances were passing through the hospital every day.

The clinical model works brilliantly throughout the whole hospital and meetings with Social Services to turn around some issues around discharge problems had been productive. He advised that bed blocking was not a problem. He advised that the biggest problem was nursing staff shortage; he advised that of the two hundred nurses appointed abroad only three had arrived in the country. The panel considered there was a need to address the issue of speeding up access for nurses into the Country.

The Chief Executive RWT referred to the National shortage of A&E staff; he advised that A&E was not an attractive speciality and that doctors who do start in A&E often move on to other specialities. Panel considered the number of locums working in hospitals, the impact on the team they work with and the career choice many make to be a locum because the re-numeration is higher on a day rate and there is choice of where they work. Dr Helen Hibbs added that a similar situation exists with General Practitioners (GP), Locum GP day rates are more attractive.

The Cabinet Member Health and Wellbeing referred to consultant assistants and secretaries in the A&E department, panel were advised that there are around 11 applicants for every nurse post but that up to 50% of the applications can be dismissed immediately due to lack of qualifications. There followed a discussion about the reduction in training and training costs.

The Chair thanked everyone for their attendance and contribution to the discussion.

Resolved

1. That the update is noted
2. That a paper advising of training costs for nursing staff and doctors at RWT New Cross hospital be submitted to the June 2016 scrutiny panel.

9

Smoking and Alcohol in pregnant mothers

Ros Jervis, Service Director Public Health and Well Being and Sue McKie, Health Improvement Principle (NHS Facing) outlined the report which had been previously circulated. The Service Director advised that the report was in addition to the Infant Mortality update report due to be considered by Scrutiny Board in the near future.

The Health Improvement Principle informed the Panel that there had been a reduction in the number of women smoking during pregnancy for three successive quarters. She advised that this may be due to the increase in numbers of women using vaporisers to replace tobacco smoking. She informed them that the effect of using e-cigarettes was not yet known however anecdotal evidence indicated that using e-cigarettes is better for baby than smoking tobacco. She advised that the picture was not as clear in relation to alcohol consumption during pregnancy and that there is some work to be done in this area. She advised of the recent appointment of

a tobacco control manager to lead on new developments and to link into the recently developed Substance Misuse Alliance working with partners including Regulatory Services to tackle illicit tobacco and alcohol.

In response to questions relating to e-cigarette usage the Service Director advised that we do know that smoking tobacco does cause harm and that there is some evidence from Health England to suggest that e-cigarettes are better than tobacco, however abstinence is preferable.

Cllr Stephen Simkins welcomed the decrease in numbers of women smoking during pregnancy, he referred to the need for a strategy for the City to include a plan for educating young people in schools and for enforcing no-smoking areas on the Royal Wolverhampton Trust (RWT) New Cross hospital site and near schools.

In response to points raised the Service Director advised that there was no strategy but that the action plan included actions to the RWT and about working to educate young people in schools about smoking. Cllr Milkinderpal Jaspal advised that no smoking policies on or near school premises is at the discretion of the individual school establishment. Jeremy Vanes agreed to take comments back to the RWT Board.

In response to further questions the Service Director advised that the former alcohol strategy for the City has come to an end and a Substance Misuse Alliance has been formed with partners to bring all addictions into one alliance including alcohol, legal highs and smoking.

Resolved

That the update report is noted