

Health Scrutiny Panel

Minutes - 15 September 2016

Attendance

Members of the Health Scrutiny Panel

Cllr Craig Collingswood
Cllr Jasbir Jaspal (Chair)
Cllr Peter O'Neill
Cllr Phil Page
Cllr Wendy Thompson (Vice-Chair)

Employees

Ros Jervis – Service Director
Neeraj Malhotra – Consultant Public
Health
Julia Cleary – Democratic Services

Part 1 – items open to the press and public

Item No. *Title*

- 1 **Apologies**
Apologies were received from Cllr Martin Waite, Cllr Photay, Cllr Rowley, Dana Tooby, and Tracey Taylor.
- 2 **Declarations of Interest**
There were no declarations of interest.
- 3 **Minutes of Previous Meeting**
Resolved: That the minutes of the previous meeting be agreed as a correct record.
- 4 **Matters Arising**
The Chair informed the Panel that she has recently attended the first meeting of the Black Country Health and Overview Scrutiny Committee. The terms of reference were still being considered and would be shared with the Panel once agreed.
- 5 **Health Scrutiny Partners and Work Planning 2016-17**
The Panel received a number of informative presentations from Partner organisations to help inform the future work programme.
 1. Ros Jervis: Service Director Public Health & Wellbeing, City of Wolverhampton Council

The presentation highlighted the holistic approach that the Council was taking in relation to Health and Wellbeing and the input that each Scrutiny Panel could have.

The presentation also highlighted how this approach linked back to the Council's Corporate Plan and objectives.

The presentation showed that in many cases there was an overlap between the different Scrutiny Panels when considering Health and Wellbeing issues such as bed blocking where there might also be issues for the Adult and Safer Scrutiny Panel to consider.

Councillors queried recent news reports regarding the rationalisation of the Health Service and Officers stated that all areas were facing financial constraints and that this highlighted the importance of collaborative working and a whole system approach to service delivery. The Chief Executive of the Royal Wolverhampton Trust stated that there were no plans for the sharing of services in Wolverhampton and that the CCG and the Trust were currently in good financial health.

The Panel queried what was happening in relation to the Sustainable Transformation Plan for the area and it was stated that the deadline for submissions for the Plan was 16th September and that it was constantly changing which made scrutiny difficult.

The Chair queried whether something would be available on the STP for the next meeting of the Panel but this could not be confirmed and work that could be done regarding the Plan was very limited. It was however confirmed that there were areas of the Plan that would in the future have to be subject to and agreed to by the Scrutiny Panel.

The Chair considered that the Panel may be interested in carrying out a piece of work in relation to the roll out of the Adult Multi Agency Safeguarding Hub (MASH) in the future once it had been up and running for a little while.

2. Debra Hickman Deputy Chief Nurse, Royal Wolverhampton Trust

Mrs Hickman outlined elements of the Board Assurance Framework which was a Simple but comprehensive method for effective and focussed management of the principle risks that arose in meeting the Trust objectives.

The Panel queried how significant risks were escalated and it was noted that there were currently 7 highlighted risks with staffing as a major concern. Members also expressed some concern in relation to understanding whether or not apparently vague objectives such as 'Creating a culture of compassion, safety & quality' were being met. Mrs Hickman stated that the objectives were regularly monitored against both regional and national benchmarking.

The Panel also considered never events and the fact that there had been many iterations of these since 2009, it was noted that the top 2 never events in the RWT paralleled the top 2 nationally and that a large piece of work would be needed in order to understand these fully. The Panel considered that the list of never events was alarming and it was stated that the main area for improvement was the human factor when it was shown that a failure to follow proper procedures and processes had led to the event. There had been a lot of investment in training to try and reduce this area of risk.

3. Trisha Curran , Interim Chief Officer - Wolverhampton Clinical Commissioning Group

The CCG was responsible for buying health services to meet the health needs of the local population. There were currently in the region of 250,000 people registered in the Wolverhampton area and the CCG had a budget of £341.742 million. From 1st April 2017 the CCG would have fully delegated authority for commissioning primary care, at the moment this was done jointly with NHS England.

There were 209 CCGs across the Country and only 10 had been classed as outstanding including Wolverhampton. The Chair offered her and the Panel's congratulations to the CCG regarding this.

The situation regarding GPS was highlighted as an area for possible future scrutiny as many GP surgeries had not changed and were no longer sustainable. Some consisted of a single practitioner still in comparison to the larger more sustainable big practices and there were also issues regarding the fact that some practices were still in people's houses and therefore closed when the GP retired.

Members queried why becoming a GP was not attractive as it appeared to pay a high salary and it was thought that there were issues in relation to people actually obtaining the required grades (3xA*) and there being a large fall out rate from this. Members considered whether a greater interface was required between nurse practitioners and junior doctors or whether the nurses could not take an additional qualification to move up to GP level. It was considered that Dentistry was to some extent taking over and that there needed to be some reconsideration of the selection process for Doctors and Surgeons to include a whole range of expertise and not just the sciences.

There were different ways in which Primary Care could be reorganised including inviting practices to become part of the Trust thus allowing them to just be clinical, the CCG stated that it would buy in the best model of care that would cater for the population. It was therefore considered that scrutiny of this future model of care could form part of the Panel's work programme in the future.

It was also highlighted that there was a rising tide in approximately 40% of the population where it was thought that without intervention in lifestyles, 10% of these would be in the top user element in the future. The issue facing the Health Service was how to find these people and how to intervene in their lives to stop them becoming that 10%.

4. Deborah Cadman, The Black Country Partnership NHS Foundation Trust

The Trust was a major provider of mental health, learning disability and community healthcare services for people of all ages in the Black Country. Mrs Cadman outlined the five key priorities of the Trust which included - Transforming Care Together; Mental Health Alliance for Excellence, Resilience, Innovation and Training and Emerging collaboration across Wolverhampton.

One aim of the Trust was to try to reduce the reliance on anti-psychotic medication by moving into more therapeutic areas. This was hoped to be achieved by working in partnership with Dudley and Walsall Community Services and having two clinical work streams (recovery and crisis care) that would align better with other

organisations and would benefit from commissioners working collaboratively across the Black Country.

The Chair stated that she would look forward to receiving updates.

Resolved: That the presentations be received and noted and attendees thanked.

6 **Update from Health Watch**

Health Watch was now being delivered by Engaging Communities Staffordshire and work had been undertaken to identify priorities including:

- the transfer of services to Cannock Hospital;
- mental health concerns;
- GP services;
- Urgent care
- Proposed changes to pharmacies

Resolved: That the update be noted and received

7 **Healthy Child Programme Update**

A report was submitted to Panel on the findings of the engagement and consultation with stakeholders for the re-commissioning of the city's 0-19 Healthy Child Programme (HCP) by Public Health. The report provided Members with an opportunity to consider some of the key findings of the engagement and emerging feedback regarding the proposed service model for the Healthy Child Programme.

The paper also provided information about the proposed future service model for the Healthy Child Programme. The service model had been developed following the formal engagement process and took into account wherever possible the views of key stakeholders.

There had been an 8 week engagement process with links into many services in the City and workshops with a good cross section of services. It was thought that in the region of 450 people had taken part in the engagement process including GPs and the Royal Wolverhampton Trust. Feedback from this engagement process had been used to inform the new service model which was now going out for consultation. Feedback to the consultation appeared to be positive so far.

The Panel thanked and congratulated Officers for comprehensive report and a good piece of work.

Resolved:

That the Panel:

1. Considered the findings from the recent engagement that had informed the development of the proposed new service model for delivery of the Healthy Child Programme.
2. Considered the findings of the six week formal consultation on the proposed service model and comment on these.
3. Noted the findings of the engagement with stakeholders as detailed in the report attached in Appendix One.

2. Noted the proposed new service model for the Healthy Child Programme as attached in Appendix Two.
3. Noted that this report had also been submitted to Children, Young People and Families Scrutiny Panel for comments.