

Health Scrutiny Panel

Minutes - 24 November 2016

Attendance

Members of the Health Scrutiny Panel

Cllr Jasbir Jaspal (Chair)
Cllr Peter O'Neill
Cllr Phil Page
Cllr Arun Photay
Cllr Judith Rowley
Cllr Stephen Simkins
Cllr Wendy Thompson (Vice-Chair)

Employees and Officers

Ros Jervis	Service Director
David Loughton	Chief Executive – Royal Wolverhampton NHS Trust
Trisha Curran	Chief Officer Wolverhampton CCG
Kieran Caldwell	Head of Service and Supplier Management (NHS England)
Sarah Freeman	Service Specialist (NHS England)
Dominic Kavanagh	Cystic Fibrosis Trust
Sarah Fellows	Mental Health Commissioning Manager – Wolverhampton CCG
Brendon Clifford	Public Health and Wellbeing
Claire Nye	Chief Accountant
Julia Cleary	Scrutiny and Systems Manager

Part 1 – items open to the press and public

Item No. *Title*

- 1 Apologies**
Apologies for absence were received from Cllr Collingswood and Cllr Waite.
- 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**
There were no matters arising.
- 5 West Midlands Cystic Fibrosis Services**

The Chair welcomed Kieran Caldwell – Head of Service and Supplier Management (NHS England), Sarah Freeman – Service Specialist (NHS England) and Dominic Kavanagh from the Cystic Fibrosis Trust.

Mr Caldwell stated that the services relating to cystic fibrosis were highly specialised and that it was deemed sensible to try and centralise expertise across the West Midlands.

Mr Caldwell explained that Cystic Fibrosis services in the West Midlands were commissioned by NHS England's specialised commissioning team. There were 487 patients currently in adult care and 392 patients in paediatric care across the West Midlands, including those that did not yet need inpatient care.

Commissioners had identified a growing demand for services and the need for another Cystic Fibrosis (CF) inpatient unit in the West Midlands. This led to work being undertaken with the Royal Wolverhampton Hospitals NHS Trust (RWT) which opened a new, specially designed outpatient unit in April 2016 (Heart of England Foundation Trust (HEFT)). However, the Trust was unable to develop the facilities required for an inpatient service in Wolverhampton.

It was stated that there would be some capacity at the University Hospital North Midlands and that outpatient care was being negotiated for Wolverhampton with additional capacity in Leicester and Nottingham whilst work was being undertaken at the Heart of England facility.

Dominic Kavanagh from the Cystic Fibrosis Trust stated that he attended the Heart of England facility following a double lung transplant. Mr Kavanagh stated that members of the Trust had been consulted and he had been involved in a peer review of other cystic fibrosis services which had provided him with a good understanding of what good care was. Mr Kavanagh stated that people with cystic fibrosis were generally very aware of what was required to maintain good health and were often not adverse to travelling longer distances to receive the required levels of care.

Inpatient care was currently provided at the Royal Stoke Hospital and the model used was similar to what was wanted for Wolverhampton with all but 2 patients moving to this model.

The aim was to continue to expand services at the Heart of England Foundation Trust and Royal Stoke but it was also realised that an additional centre was needed and that expressions of interest were being sought from existing respiratory centres.

Mr Caldwell agreed that resources would always be a concern but that there had been a good response from the hospitals regarding bringing a plan together. This plan included the development of existing wards at Heartlands to create wards with a negative air pressure and the use of more outpatient treatment and individual clinic rooms.

A question was raised regarding what steps were taken to ease the transfer of children into the adult services which could be traumatic if not handled correctly. It was stated that this was a familiar process and that there were transition clinics for those due to transfer in the next 6 months and visits were made to the Birmingham Children's Hospital to help identify any future Wolverhampton patients.

The query was raised as to whether cystic fibrosis was tested for automatically and it was confirmed that for the last 5 years all new babies were tested soon after birth.

The Panel thanked Mr Caldwell, Mrs Freeman and Mr Kavanagh for their presentation.

6 Draft Budget and Medium Term Financial Strategy 2017/18 - 2019/20

A report was present by Cllr Sweet, Cabinet Member for Public Health and Wellbeing. The report sought the Panel's feedback on the Draft Budget 2017/18 including the related Budget Reductions and Income Generation Proposals, Financial Transactions and Base Budget Revisions and underlying Medium Term Financial Strategy (MTFS) assumptions that were approved by Cabinet to proceed for formal consultation and scrutiny stages of the budget process, as appropriate, on 19 October 2016.

Members recommended that if Officers were struggling to get hold of any data required to feed into the budget process that the Health and wellbeing Board might be able to assist.

The Panel also considered that the Department for Health Annual Report could also be used to gather statistical information or at least comparative information in relation to previous years (a report in relation to this was due to be considered at the next Health and Wellbeing board).

The Panel were satisfied with the proposals set out in the report provided that officers ensure that every precaution was taken to guarantee that all statutory duties were met and fulfilled; officers confirmed that this would be the case.

Resolved: That the recommendations be agreed and comments be fed back to the Scrutiny Board for consideration. .

7 Update on Vertical Integration

The Panel received a presentation from David Loughton, Chief Executive of the Royal Wolverhampton NHS Trust. The presentation updated the Panel on progress regarding vertical integration and the RWT VI Accountable Care Organisation pilot which had gone live on 1st June 2016

An Accountable Care Organisation (ACO) brought together the different component parts of care for the patient – primary care, specialists, hospitals, community services, etc, and ensured that all of the parts worked well together. An ACO was a network of doctors and hospitals that shared financial and medical responsibility for providing coordinated care to patients in hope of limiting unnecessary spending. At the heart of each patient's care was a primary care team.

The Panel considered that it was fortunate that Wolverhampton had not gone down the PFI route and it was agreed that the current biggest issue was that of manpower and trained doctors. The Panel considered that the issue of hubs had been looked at previously and questioned how the decision would be taken as to where to put them.

Mr Loughton stated that there would need to be negotiations and possible compromises regarding this with planners and landowners but that speed in setting the hubs up was very important. Mr Loughton stated that there was considerable

support from GPs regarding the project as it would help to free them up to focus on the medical rather than the business side of the profession.

Mr Loughton stated that scrutiny would be formally consulted prior to any changes being made alongside less formal discussions which were starting already.

The Panel queried whether there would be any scope to provide chemists and pharmacies with a more involved role. It was agreed that yes this would be considered and staff would need to be used in different ways to make use of their strengths and that clinical pharmacists could be encouraged to specialise in an area thus freeing up GPs (similar to nurses taking on responsibility for diabetes clinics). It was also confirmed that there was a lot of work going on in relation to multi-disciplinary teams.

Resolved: That the update be noted and that a further update be provided in 6 months.

8 **CCG Mental Health Strategy 2017/19**

A verbal update was provided by Sarah Fellows, CCG Mental Health Commissioning Manager regarding the Mental Health Strategy for 2017/2019.

Mrs Fellows stated that this was a Joint Strategy and was lined to the CAMHS transformation agenda. Mrs Fellows explained that she was unable to provide a full report at this time as the NHS had moved contract negotiations forward regarding a new set of standards, possible developments regarding the Better Care Fund and the as yet unknown impact of the Sustainable Transformation Plan which was also currently being consulted on.

Mrs Fellows confirmed that the services did continue to be developed especially in relation to urgent and planned care pathways to try and bring care closer to home and avoid the current bottleneck.

Members thanked Mrs Fellows and requested that a more comprehensive report be provided in January along with a timeline.

Resolved: That a further update (including a timeline) be provided to the next meeting.

9 **The 100,000 Genomes Project**

A report was provided by Charlotte Hitchcock, Genomics Ambassador. The report sought to inform and update the Health Scrutiny Panel about the 100,000 Genomes Project and the work of the Royal Wolverhampton NHS Trust in implementing this innovative initiative.

The Royal Wolverhampton NHS trust was making a substantial contribution to the work of the 100,000 Genomes Project as one of the West Midlands' Genomic Medicine Centre's Phase 2 Trusts. Mrs Hitchcock stated that there were 13 Genomic Medicine Centres in England of which the West Midlands Genomic Medicine Centre (WMGMC) was the largest with 18 Local Delivery Partner Trusts. Supported by the West Midlands Academic Health and Science Network, the WMGMC had 3 Genomic Ambassadors to cover the region. Mrs Hitchcock was the Ambassador for the Black Country and Worcester and was based at The Royal Wolverhampton NHS Trust and covered Wolverhampton, Dudley, Walsall and Worcestershire Trusts.

Wolverhampton had achieved “go live” status for Rare Diseases in April of this year and Cancer “go live” status had followed in June.

To date there had been 70 participants including patients with rare diseases and their relatives and there were 20 people enrolled for the Cancer project. Mrs Hitchcock stated that at the moment she was the only person recruiting for the project and that it could only become sustainable if it became a service. Mrs Hitchcock did however confirm that nurses had been recruited and an assistant and that buy in from nurses was crucial in making the project a success.

The Panel agreed that this was an excellent project but queried how feedback was provided to participants if a rare disease or cancer was found to be genetic as this could be distressing for the patient and their family members and that excellent counselling services needed to be in place. Mrs Hitchcock agreed and stated that by identifying any genetic illnesses through this project tailored treatment could then be provided for each family member. Mrs Hitchcock also confirmed that counselling services were in place along with advice from a geneticist.

The Panel thanked Mrs Hitchcock for an excellent presentation.

10

The Black Country Sustainable Transformation Plan

Resolved: That this item be deferred.