

Health Scrutiny Panel

24 November 2016

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 Jasbir Jaspal (Lab)
Vice-chair Cllr Wendy Thompson (Con)

Labour

Cllr Craig Collingswood
Cllr Peter O'Neill
Cllr Phil Page
Cllr Judith Rowley
Cllr Stephen Simkins
Cllr Martin Waite

Conservative

Cllr Arun Photay

Quorum for this meeting is two Councillors.

Information for the Public

If you have any queries about this meeting, please contact the democratic support team:

Contact Julia Cleary
Tel/Email Tel: 01902 555046 or julia.cleary@wolverhampton.gov.uk
Address Democratic Support, Civic Centre, 2nd floor, St Peter's Square,
Wolverhampton WV1 1RL

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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 3 - 8)
[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 **West Midlands Cystic Fibrosis Services** (Pages 9 - 20)
[To receive a report in relation to Cystic Fibrosis services]
- 6 **Draft Budget and Medium Term Financial Strategy 2017/18 - 2019/20** (Pages 21 - 24)
[To consider the draft budget and medium term financial strategy for 2017/18 to 2019/20 and to provide feedback for the Scrutiny Board to consider]
- 7 **Update on Vertical Integration** (Pages 25 - 38)
[To receive a presentation from David Loughton, Chief Executive of the Royal Wolverhampton NHS Trust].
- 8 **CCG Mental Health Strategy 2017/19**
[To receive a verbal update from Sarah Fellows - Mental Health Commissioning Manager, Wolverhampton CCG]
- 9 **The 100,000 Genomes Project** (Pages 39 - 40)
[To receive a briefing in relation to the 100,000 Genomes Project from Charlotte Hitchcock - Genomics Ambassador 100,000 Genomes Project]
- 10 **The Black Country Sustainable Transformation Plan**
[This report will be sent to follow once the Black Country Sustainable Transformation Plan has been published on 21st November 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.

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Thursday 24th November 2016

Introduction

Cystic fibrosis is an inherited condition in which the lungs and digestive system can become clogged with thick, sticky mucus. It can cause problems with breathing and digestion from a young age. Over many years, the lungs become increasingly damaged and may eventually stop working properly. Most cases of cystic fibrosis in the UK are now identified through screening tests carried out soon after birth. It's estimated that 1 in every 2,500 babies born in the UK has cystic fibrosis

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

Due to the specialised nature of the service, relatively small number of patients, standards that need to be met and very specific environmental requirements for patients, there are only a small number of hospital trusts across the Midlands who provide both inpatient and outpatient care. One of the challenges for Cystic Fibrosis services is that two patients can never be in the same room or area as the risk of cross infection is too great. This means that for outpatient and inpatient care, specially designed facilities are required.

Several years ago, commissioners 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. However, the Trust has concluded it is unable to develop the facilities required for an inpatient service and so we are still in need of a new inpatient provider in the West Midlands.

Implications for Wolverhampton Patients

On 1st September 2016 there were 21 adult patients accessing CF services at RWT. If no inpatient stays were required they were seen for all their care at Wolverhampton. If they had more complex care needs they received elements of their care including inpatient stays at the longest established CF centre at Heart of England Foundation Trust (HEFT). Owing to capacity issues it has not been possible to transfer all patients to the centre at HEFT but patients receiving care across the two units have been offered the option of transferring all their care, both inpatient and outpatient to HEFT. Patients accessing all their care at Wolverhampton have been offered the possibility of having inpatient care at Royal Stoke Hospital whilst continuing to access outpatient care at Wolverhampton. This option is also available to patients identified as potentially transferring to HEFT. Moving to an alternative CF centre with capacity, the closest being in Nottingham and Leicester is an option for all patients but may have implications for the range of community input available to patients. Current indications suggest that 17 patients are choosing to move to the adult centre at Stoke with outpatient services close to home whilst 4 have moved to sole care at HEFT. All patients have had face to face discussions with the clinical team at Wolverhampton backed up by written

communications and the option to meet with the Stoke clinical team and to visit the facilities in Stoke.

Ten of the 45 young people aged 0-17 in the paediatric service at Wolverhampton will be moving into adult services over the next couple of years. The initial suggestions for these patients will be inpatient care at Stoke and outpatient services at Wolverhampton. The option of transferring to alternative CF centres with space remains an option for all patients.

Recommendations

- That the board reviews that the actions undertaken by commissioners in partnership with providers and the CF Trust to secure services for the Wolverhampton including future updates as required
- That the board considers the preferred model of future CF delivery for the West Midlands including the development of a new adult centre.

HOSC Chairs
Healthwatch Chairs
Health and Wellbeing Board Chair

cc. HOSC members
HOSC officers
Healthwatch members
Health and Wellbeing Board
members
Cystic Fibrosis Trust

Specialised Commissioning
Midlands and East
NHS England
St Chad's Court
213 Hagley Road
Edgbaston
Birmingham
B16 9RG

Email address Kieren.Caldwell@nhs.net

13 October 2016

West Midlands Cystic Fibrosis services

Dear Chair

I am writing to let you know about some long term developments we are starting to think about to meet a rising demand for adult Cystic Fibrosis services in the West Midlands, and also some short term changes we are having to make to address some immediate challenges. We are working closely with the Cystic Fibrosis Trust on both these matters and I would welcome your views on how best we can engage you and your members.

Background

Cystic Fibrosis (CF) services in the West Midlands are commissioned by NHS England's specialised commissioning team. There are currently two adult CF centres in the West Midlands; one based at Heartlands Hospital in Birmingham and one at the Royal Stoke University Hospital; and an adult outpatient service at New Cross Hospital in Wolverhampton. There are 487 patients currently in adult care and 392 patients in paediatric care across the West Midlands who will need to transfer to adult care in the future. These figures include those who have not yet needed inpatient care. They include patients from outside the West Midlands being treated in a West Midlands unit but do not include a very small number of West Midlands patients travelling to areas outside the West Midlands.

Due to the specialised nature of the service, relatively small number of patients, standards that need to be met and very specific environmental requirements for patients, there are only a small number of hospital trusts across the Midlands who provide both inpatient and outpatient care and are designated as CF centres. One of the challenges for CF services is that two patients can never be in the same room or area as the risk of cross infection is too great. This means that for outpatient and inpatient care, specially designed facilities are required.

Long term

Life expectancy for patients living with Cystic Fibrosis has been improving and we anticipate we will need a new adult CF centre within the next few years to meet rising demand for the service.

Several years ago, commissioners began working with the Royal Wolverhampton Hospitals NHS Trust (RWT) which opened a new, specially designed outpatient unit in April 2016. However, the Trust has concluded it is unable to develop the facilities required for an inpatient service and so we will still need a new inpatient provider in the West Midlands.

We have issued an expression of interest to gauge the interest from providers and want to ensure key stakeholders, patients and local people have the opportunity to have their say in the selection and planning of this service over the coming months and years.

Short term

In order to cope with rising demand in the intervening time before a new specialised CF centre can open, we are increasing capacity at our other CF centres in the Midlands.

- Working with providers, we have ensured that although the RWT will not now develop inpatient services and become a CF centre, outpatient clinics at the New Cross site will continue, and will be provided by the University Hospitals of North Midlands (UHNM) as an outreach from the CF centre in Stoke.
- This means that **13** adult patients who have had their care provided solely at New Cross Hospital because they have not needed inpatient care, will continue to have their outpatient care at New Cross but provided by UHNM. Any future inpatient care would be delivered at the CF centre in Stoke.
- The **8** adult patients at New Cross who also have some of their care provided at Heartlands Hospital will become the full responsibility of the Heart of England NHS Foundation Trust (HEFT).
- We are also increasing the capacity of the East Midlands CF centres at Leicester and Nottingham by a small amount in order to give patients more choice of provider, recognising that these might be preferable options to patients living in the north-eastern part of the region.

However, due to the specialist facilities required for adult CF services, it is not possible to increase capacity at Heartlands Hospital without refurbishing the unit. Longer survival has increased the demand on the HEFT service to the point that they have informed us they do not have the capacity to admit new patients until an upgrade to their facilities, including a much needed modernisation of their negative pressure rooms, can take place. The eight patients from New Cross that already receive some of their care at Heartlands are considered as existing Heartlands patients.

We are working with the Trust to resolve this issue but anticipate they will be unable to admit new patients before summer 2017 once the refurbishment has been completed. This includes young people who are due to transition from paediatric into adult care.

Working closely with clinicians, the CF Trust, and discussing options with individual patients, we are able to offer young people due to transition during the next few months, and new patients, the choice of the alternative providers in the Midlands, with outpatients at New Cross Hospital for those opting to be cared for by UHNM:

- Between now and summer 2017 when a refurbished unit can open at HEFT, **27** young people under the care of the lead paediatric CF centre at Birmingham Children's Hospital (BCH) are due to transition into adult care. Of these,
 - There are **10** young people who live in or around Staffordshire and the Black Country and will transition to the adult CF centre at UHNM with the option of outpatient clinics at New Cross Hospital.
 - From the Coventry / Hinckley area, there are **6** young people expected to transition to care at the adult CF centre in Leicester and **1** young person to the adult CF centre at Nottingham.
 - In addition, **10** young people who are due to transition into adult care are expected to remain under the care of BCH until the HEFT refurbishment is completed, if they prefer to. This is based on clinical assessment and the age of the young person, the oldest of whom turned 18 in September 2016.

Patient Choice

Engagement with the CF community has to take place on an individual patient basis as patients are unable to meet each other for clinical reasons described earlier. The care of each of these adults and young people has been individually reviewed with their clinician and in each case patients are being offered a choice of any Midlands centre, with the temporary exception of HEFT, and are able to discuss options beyond the Midlands if they wish. We have involved the CF Trust in the development of the long and short term options for patients.

The numbers contained in this paper relate to the choices patients either have or are expected to make following initial discussions.

Patients will also be able to discuss moving their care in future if they wish to move to the new CF centre when it opens, or if HEFT have sufficient capacity following the refurbishment.

Future Engagement

The following pages provide further detail about these plans, including clinical and patient engagement, patient choice, timescale and an overview of the current service. The purpose of this letter is to ensure that you are aware of the challenges we are facing, engaged in helping to identify and develop a long term solution, and understand the measures we have taken to ensure patients receive safe care in the interim.

We would be grateful if you could provide us with an indication of how best to engage with you as we develop these plans. Please could you respond in writing to confirm your support

or otherwise to the approach we are taking and indicate how best to involve you.

Please do not hesitate to contact me if you have any questions, or if you would like me, or a colleague to attend one of your meetings.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Kieren Caldwell', with a small number '2' written below the end of the signature.

Kieren Caldwell
Head of Service and Supplier Management
Specialised Commissioning (West Midlands)
NHS England

Table of providers:

Adult care			
Provider name	Inpatients 1 st Sept	Outpatients 1 st Sept	Total patients
Heart of England NHS Foundation Trust	Yes	Yes	376
Royal Wolverhampton Hospitals NHS Trust	No	Yes	21
University Hospitals of North Midlands	Yes	Yes	90
University Hospitals Leicester	Yes	Yes	81
Nottingham University Hospitals	Yes	Yes	tbc
Paediatric care			
Provider name	Inpatients 1 st Sept	Outpatients 1 st Sept	Total patients
Lead provider: Birmingham Children's Hospital			298
	<i>These patients also receive care at:</i>		
Birmingham Children's Hospital	Yes	Yes	112
Heart of England NHS Foundation Trust	Yes	Yes	42
Sandwell and West Birmingham Hospitals	Yes	Yes	13
University Hospitals Coventry and Warwickshire	Yes	Yes	43
Royal Wolverhampton Hospitals	Yes	Yes	45
Wye Valley Trust (Hereford)	Yes	Yes	11
Worcester Acute Hospitals Trust	Yes	Yes	32
Lead provider: University Hospitals of North Midlands			94
	<i>These patients also receive care at:</i>		
University Hospitals of North Midlands	Yes	Yes	65
Shrewsbury and Telford Hospitals	Yes	Yes	29

Clinical and patient engagement

We have been working with clinicians from the existing providers of Cystic Fibrosis services across the Midlands to establish how much scope there is to expand our current services. The local Clinical Reference Group for Cystic Fibrosis met on 12th September 2016 and went through the challenges we were facing and resolved some of the issues. This group is continuing with this work and we are supporting clinicians to come together to go through patient lists and planning the next steps.

We are also working with the Cystic Fibrosis Trust (CF Trust) to develop these plans and ensure the most appropriate patient communication and engagement. Two representatives from the CF Trust sit on our project board, one of whom is a CF patient. There are particular challenges associated with engaging this group of patients and so clinicians have taken the lead in discussing the situation with individual patients and identifying with them the services they might prefer to access. We are using their feedback to help in our planning with providers. After these conversations, letters are being sent to patients to inform and reassure them and their families about their ongoing care situation and to confirm the options available to them. The CF Trust has been involved in developing these letters.

As a result of this work, we believe we are now in a position to put forward interim solutions that will meet the demand until a permanent new service is established.

The CF Trust and wider CF community will be central to the planning and commissioning of a new centre and to working with Heart of England NHS Foundation Trust to enable them to take on new patients early next year.

Proposed solutions

Ultimately the solution will be the resolution of the capacity constraints at Heartlands hospital and the development of a new CF centre within the West Midlands. However, there are four main groups of patients who need a more immediate solution. Our proposed solution is described in the table below. This table does not include alternative options that patients will have the opportunity of selecting.

Group of patients		Proposed change of service, prior to long-term solution					Alternatives available under patient choice
		Number of patients affected	Adult inpatient care 1 st Sept 2016	Adult outpatient care 1 st Sept 2016	Proposed adult inpatient care	Proposed adult outpatient care	
Group 1	Adult patients who have not yet needed any inpatient care and have received all their outpatient care at the Royal Wolverhampton Hospitals NHS Trust.	13	None	New Cross	Stoke (if needed)	New Cross	<ul style="list-style-type: none"> • Move all care to Stoke • Move all care to Leicester • Move all care to Nottingham • Consider moving their care to a centre outside the Midlands
Group 2	Adult patients who currently have their care shared between the Royal Wolverhampton Hospitals NHS Trust where they receive outpatient care, and Heart of England NHS Foundation Trust where they go should they need inpatient care.	8	Heartlands	New Cross	Heartlands	Heartlands	<ul style="list-style-type: none"> • Move inpatient care to Stoke and continue outpatient care in Wolverhampton • Move all care to Stoke • Move all care to Leicester • Move all care to Nottingham • Consider moving their care to a centre outside the Midlands

Group of patients	Proposed change of service, prior to long-term solution	
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		Number of patients affected	Adult inpatient care 1 st Sept 2016	Adult outpatient care 1 st Sept 2016	Proposed adult inpatient care	Proposed adult outpatient care	Alternatives available under patient choice
Group 3	Young people due to transition into adult services where the Royal Wolverhampton Hospitals NHS Trust was expected to be the new service provider, had the inpatient service been able to be delivered (this mainly consists of patients living around Staffordshire and the Black Country)	10	(not currently using adult service)	(not currently using adult service)	Stoke	New Cross	<ul style="list-style-type: none"> • Transition their care to Stoke with outpatient care in Wolverhampton • Transition all their care to Stoke • Transition their care to Leicester • Transition their care to Nottingham • Consider transitioning their care to a centre outside the Midlands
Group 4:	Young people due to transition into adult services where the Heart of England NHS Foundation Trust was expected to be the new service provider (mainly patients from the Coventry / Hinckley side of Birmingham)	6	(not currently using adult service)	(not currently using adult service)	Leicester	Leicester	<ul style="list-style-type: none"> • Transition their care to Stoke with outpatient care in Wolverhampton • Transition all their care to Stoke • Transition their care to Leicester • Transition their care to Nottingham • Consider transitioning their care to a centre outside the Midlands • Remain under the care of Birmingham Children's Hospital until Heartlands can accommodate them*
		1			Nottingham	Nottingham	
		10			Remain BCH patients*	Remain BCH patients*	

*If appropriate based on clinical assessment and their age, some patients have the opportunity to have their care retained at Birmingham Children's Hospital until Heartlands Hospital can increase its capacity (not before April 2017). The oldest of these patients turned 18 in September 2016.

Patient Choice

In looking at where we can expand capacity and how we can minimise the impact on patients, we have given considerable thought to patient choice.

- We have secured an agreement between University Hospitals of North Midlands and the Royal Wolverhampton Hospitals that those patients whose care transfers to UHNM will be offered outpatient appointments at New Cross Hospital in Wolverhampton. These patients will only need to travel to Stoke if they need inpatient admission to a specialist CF centre. Some patients may choose to attend outpatient clinics at Stoke, particularly if they live equidistant or the travelling is easier. We will support this.
- Whilst we have made planning assumptions based on the centre that is geographically nearest to each patient's address, we will be offering every patient the opportunity to make an alternative choice.
- The choice will be between University Hospitals of North Midlands, University Hospitals Leicester and Nottingham University Hospitals; although we will support any patients who wish to travel to the adult CF centres in Oxford or Bristol if it is clinically appropriate for them and suits their personal circumstances.
- Some young people from Birmingham who would ordinarily transfer to adult services at Heart of England NHS Foundation Trust may have the option of remaining a paediatric patient for a few months longer than planned if it is clinically appropriate.
- As part of our patient engagement, some informal discussions between clinicians and patients have taken place and we already understand that one patient is likely to choose Nottingham over Stoke, and a small number of Heartlands patients may choose to have their care provided by University Hospitals of North Midlands in Stoke.
- We have held discussions with each of the Midland trusts to establish how far we can increase their capacity and believe that we should be able to accommodate patient choice. We will need to review this if one centre is unexpectedly overwhelmed with demand.

Timescale:

Formal clinical discussions between patients and their consultants are taking place, through joint clinics wherever possible. In order to resolve the pressure in the system, new pathways will be implemented within the next few weeks.

Group 1 patients: (Adults receiving outpatient care at the Royal Wolverhampton Hospitals NHS Trust and no inpatient care who we anticipate would have their care transferred to University Hospitals of North Midlands)

- We anticipate that we will be able to increase capacity at University Hospitals of North Midlands within the next few weeks. Ahead of transferring the care of these patients, we will be holding joint clinics between UHNM and the Royal Wolverhampton Hospitals and patients will be able to visit the CF centre in Stoke if they wish. Most patients will notice no difference as their outpatient care will continue in the new outpatient centre at New Cross Hospital, unless they choose to go to Stoke for their outpatient appointments.

Group 2 patients: (adults receiving outpatient care in Wolverhampton and inpatient care at Heartlands Hospital who we anticipate would have their care provided fully by Heart of England NHS Foundation Trust)

- Again, due to the urgent need for additional capacity, we would like to have everything in place within the next few weeks. Some informal discussions between patients and clinicians have taken place and we understand one person has expressed that they would prefer to go to Nottingham and a small number to Stoke.

Group 3 patients: (young people due to transition to adult services no longer possible at Wolverhampton, who are now expected to have their inpatient care at Stoke)

- Formal clinical discussions with these patients and their parents will take place during the next few weeks, although the date they move to the adult service will vary depending on their age and clinical status.

Group 4 patients: (young people due to transition into adult services at Heartlands hospital, but will now be offered care provided by services in Leicester or Nottingham, or wait until the Heartlands service can be expanded)

- Formal clinical discussions with these patients and their parents will take place during the next few weeks, although the date they move to the adult service will vary depending on their age and clinical status. Clinicians are in the process of identifying which patients may be appropriate to remain under the care of Birmingham Children's Hospital until the Heartlands service is able to admit new patients. It is expected that following a refurbishment which includes upgrading the negative pressure rooms, the earliest this will be is April 2017.

Health Scrutiny Panel

24 November 2016

Report title	Draft Budget and Medium Term Financial Strategy 2017/18 - 2019/20	
Cabinet member with lead responsibility	Councillor Paul Sweet Public Health and Wellbeing	
Wards affected	All	
Accountable director	Keith Ireland, Managing Director	
Originating service	Strategic Finance	
Accountable employee(s)	Mark Taylor Tel Email	Director of Finance 01902 554410 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 2017/18, 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 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 was approved by Cabinet to proceed for formal consultation and scrutiny stages of the budget process, as appropriate, on 19 October 2016.

2.0 Background

- 2.1 At its meeting on 19 October 2016, the Cabinet considered the Draft Budget for 2017/18. Cabinet approved this as the basis for budget consultation and scrutiny over the forthcoming months.
- 2.2 The Cabinet report recommended that Budget Reduction and Income Generation Proposals amounting to £13.5 million in 2017/18 proceed to the formal consultation and scrutiny stages of the budget process. There are no proposals that fall within the scrutiny remit of this Panel.
- 2.3 The Cabinet report further identified that £10.0 million of Financial Transaction and Base Budget Revisions be incorporated into the 2017/18 Draft Budget. The Revisions that fall within the scrutiny remit of this Panel are shown at Appendix A.
- 2.4 It is important to note that any budget reduction and income generation 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.
- 2.5 As detailed in the Cabinet report, the 2017/18 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 13 December 2016, which will consolidate that feedback in a formal response to Cabinet on 18 January 2017. The feedback provided to Scrutiny Board will include questions asked by Panel members, alongside the responses received. Cabinet will take into account the feedback from Scrutiny Board when considering the final budget setting report in February 2017, for approval by Full Council in March 2017.
- 2.6 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 Draft Budget and Medium Term Financial Strategy 2017/18 - 2019/20 report, which was circulated with the 19 October 2016 Cabinet agenda. Detail of all the Council's individual proposals, including the latest to be considered by Cabinet on 19 October 2016, 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 budget reduction and income generation proposals and financial transaction and base budget revisions. Those relating to the remit of this Panel 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 the specific proposal, 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/1112016/P]

4.0 Legal implications

- 5.1 The legal implications are discussed in the report to Cabinet. [TS/1112016/C]

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 and Medium Term Financial Strategy 2017/18 – 2019/20, report to Cabinet, 19 October 2016

Appendix A

Financial Transactions and Base Budget Revisions

Public Health and Wellbeing

Details	2017/18 £000	2018/19 £000	2019/20 £000
Use of public health funding to support service areas that make a positive impact on health outcomes	(1000)	-	-

The Royal Wolverhampton

NHS Trust



Health Scrutiny Committee November 2016

David Loughton CBE
Chief Executive



Agenda Item No: 7

Contents



Headwinds Facing RWT

Accountable Care Organisation (ACO)

RWT Vision

Current State of Play

RWT ACO priorities

Key Enabling Factors

Questions

Headwinds Facing RWT



Unprecedented National Financial Gap

Fragmented Care Delivery

Funding Gap- particularly in Primary Care

System Leadership

Challenged Health Economies

- **Walsall,**
- **Sandwell**
- **Dudley**
- **Staffordshire**

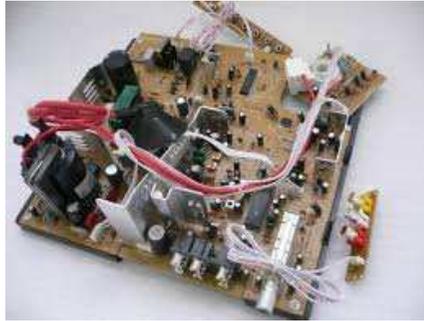


Accountable Care Organisation (ACO)



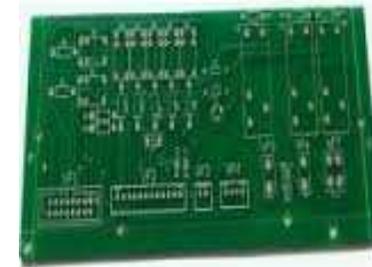
An ACO is a provider led organisation responsible for the delivery of healthcare for a defined population under a capitated budget

Fragmentation



Acute Care

Primary Care



Community
Care

Public Health



Social Services

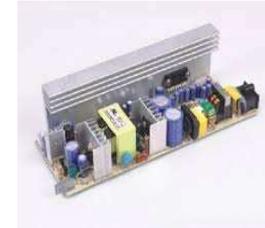
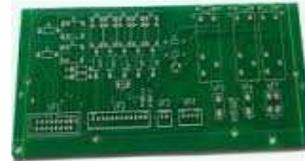
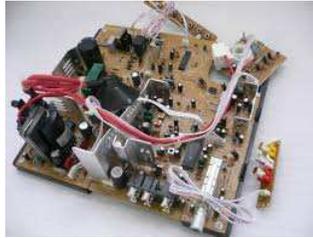
Accountable Care Organisation (ACO)



An ACO brings together the different component parts of care for the patient – primary care, specialists, hospitals, community services, etc. – and ensures that all of the “parts work well together.”

An ACO is a network of doctors and hospitals that shares financial and medical responsibility for providing **coordinated** care to patients in hopes of limiting unnecessary spending. At the heart of each patient’s care is a primary care team.

Accountable Care Organisation (ACO)



CCGs/NHSE are buying individual circuit boards, not the whole TV.

PbR and the current contracting model rewards **more care not better care.**

Where are we at?



RWT VI pilot went live on 1st June 2016

**5 Practices and a population base of circa 23,500 patients
(10% of population)**

- **RWT providing list based services**
- **Full Staff and Business Transfer**
- **GPs part of Trust Management Team**
- **Waves 2 and 3 in process**
- **Wave 4 discussions**



Early Wins



- ✓ **Communication/Changing Perceptions- Learning to work together**
- ✓ **Data Driven Clinical Model**
- ✓ **5 Day services- 10% increase in primary care access**
- ✓ **Social Prescribing – in all practices**
- ✓ **Better Data , Better Care- Data Sharing Agreement**
- ✓ **Enhanced use of Pharmacists, Physios and other Allied Health Professionals**
- ✓ **Released Savings from back office rationalisation**
- ✓ **Public Health VI Practice Profiles and practice action plans for obesity, smoking, alcohol and diabetes in development**

Our Vision:



Staying Well At Home

- Healthy Lifestyles
- Better Prevention
- Self care
- Patient Activation

More Care Closer to Home

- Integrated Community, Primary Care Teams and Acute Teams
- Local Urgent Care
- Access to Specialists/Diagnostics in the community
- Data Driven Care Delivery

World Class Hospital Care

- Co-ordinated planned care, integrated with Primary and Acute Teams
- Upper Quartile Performance
- Black Country Designated Specialist Centre
- Black Country Designated Emergency Centre

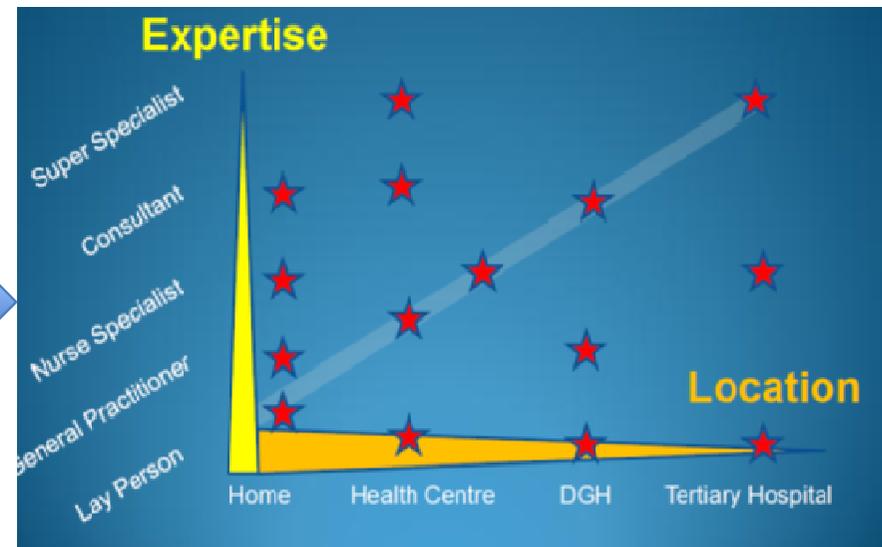
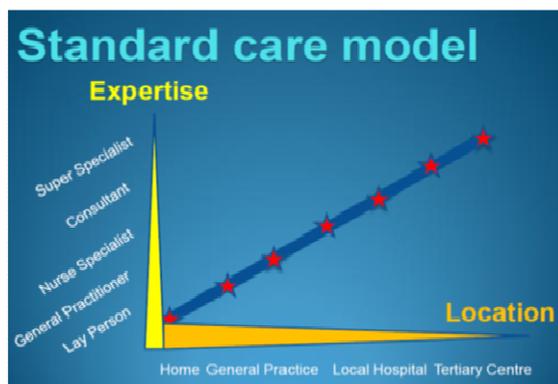
Integrated Care Hubs (ICH)



Working with patients, the public, our staff and all health and social care partners we want to develop 5-6 Integrated Care Hubs.

Locality-based, integrated teams of community nursing, mental health and home care staff, working together with medical leadership from GPs and / or consultants

Page 35



Accountable Care Organisations



RWT's ACO Priorities

- Continual Improvement of Patient Outcomes and Experience
- Ensuring local decision making and accountability remains in Wolverhampton
- Ensuring Local easy access to top quality health care
- Modernised Fit for Purpose Primary Care, Secondary and Community Care
- Rapid access to specialist opinion using a shared IT record
- Enhanced co-ordination between health ,social services & public health
- Reduced bureaucracy and transactional costs
- Flexible use of collective resources
- Continual Innovation

ACO- What is needed to Deliver



- Cultural Change
- Data Driven Clinical Model
- Contractual Framework to support ACO delivery
- Alignment of financial interests
- Clinical integration across primary/secondary/community care
- Comprehensive Organisational Development Strategy
- Local and National Stakeholder Support
- Resources, Legal and Governance

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Health Scrutiny Panel

24th November 2016

Report title	The 100,000 Genomes Project
Author	Charlotte Hitchcock - Genomics Ambassador 100,000 Genomes Project

The Panel is recommended to:

Note the report.

1.0 Purpose

- 1.1 The Royal Wolverhampton NHS trust is 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. This report is 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.

2.0 Background

- 2.1 The 100,000 Genomes Project is a Department of Health led initiative which commenced in 2013. Its aim is to sequence 100,000 Genomes from NHS patients with certain cancers and rare disease patients (and their relatives) by the end of 2017. By doing this, NHS England hope to help patients, establish a genomic medicine service in the NHS, carry out research and develop new treatments. There are 13 Genomic Medicine Centres in England of which the West Midlands Genomic Medicine Centre (WMGMC) is the largest with 18 Local Delivery Partner Trusts. Supported by the West Midlands Academic Health and Science Network, the WMGMC has 3 Genomic Ambassadors to cover the region. The Ambassador for the Black Country and Worcester is Charlotte Hitchcock, based at The Royal Wolverhampton NHS Trust and covering Wolverhampton, Dudley, Walsall and Worcestershire Trusts. Wolverhampton achieved "go live" status for Rare Diseases in April of this year and Cancer "go live" status followed in June.

3.0 Progress, options, discussion, etc.

- 3.1 The Royal Wolverhampton NHS Trust has proven to be one of the most proactive trusts involved and that commitment and enthusiasm is reflected in the recruitment and uptake by clinicians and is being noticed by both our regional GMC and nationally by Genomics

England and NHS England. At the time of writing, we have recruited 70 Rare Disease participants and 15 Cancer patients. The cancers we are open to at present are: Breast (initially with only 1 consultant but now with all the service), Bladder, (opening to testicular and renal in the New Year), Colorectal (1 consultant to start) and Lung Cancers.

4.0 Financial implications

4.1 Whilst there has been no financial input to implement this project there is remuneration for samples which pass quality control. However, this is not a vast sum. The pathology department in particular has invested in the project and its sustainability by investing in Liquid nitrogen and specific equipment for the 100,000 genomes specimens. The recruitment has been undertaken for the most part by the Genomic Ambassador and discussion is taking place about the potential for investing in more staff to create a genomics team which would enable more recruitment, and involvement of more specialties as well as ensuring the future of a genomic service to the population served by The Royal Wolverhampton NHS Trust. The WMGMC have funded a Band 2 post at the Trust which will enable the Ambassador to free up time for engaging with more specialties, the community and other Trusts.

5.0 Human resources implications

5.1 The on-going success of the project and its implementation will rely upon the availability of staff who will be able to engage with patients and take consents. The Ambassador will be carrying out fact finding to see if there has been any impact on clinic times. At present there have been no knock on problems.

6.0 Schedule of background papers

6.1 For information:
www.genomicsengland.co.uk