CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

2 March 2017

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	**Conservative**
Cllr Craig Collingswood	Cllr Arun Photay
Cllr Peter O'Neill	
Cllr Phil Page	
Cllr Judith Rowley	
Cllr Stephen Simkins	
Cllr Martin Waite	

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

Copies of other agendas and reports are available from:

Website http://wolverhampton.moderngov.co.uk/mgListCommittees.aspx?bcr=1
Email democratic.support@wolverhampton.gov.uk
Tel 01902 555043

Please take note of the protocol for filming and recording of, and use of social media in, meetings, copies of which are displayed in the meeting room.

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 - 12)
[To approve the minutes of the previous meetings as correct records]

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

DISCUSSION ITEMS

5 **Impact of recent cuts on pharmacies** (Pages 13 - 32)
[Katie Spence, Consultant in Public Health and Jeff Blankley, Chair of Wolverhampton LPC to present a report in relation to the impact of recent pharmacy cuts]

6 **Proposed engagement and consultation plan for the re-commissioning of Substance Misuse Services in Wolverhampton.** (Pages 33 - 42)
[To consider a report in relation to the proposed engagement and consultation plan for the re-commissioning of Substance Misuse Services in Wolverhampton.]

7 **Beacon Centre for the Blind** (Pages 43 - 54)
[Helen Brown and Katie Jobling, to present report]

8 **WMAS Quality Account 2016/17** (Pages 55 - 72)
[Sue Green, Deputy Director of Nursing & Quality, WMAS, to present report]

9 **Work Plan** (Pages 73 - 76)

CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

Minutes - 12 January 2017

Agenda Item No: 3

Attendance

Members of the Health Scrutiny Panel

Cllr Craig Collingswood
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)
Cllr Martin Waite
Elizabeth Learoyd (Healthwatch)
Dana Tooby (Healthwatch)
Sheila Gill (Healthwatch)

Partners Organisations

Trisha Curran – Wolverhampton CCG
David Laughton – Royal Wolverhampton NHS Trust
Sarah Fellows – Wolverhampton CCG
Jeremy Vines – Royal Wolverhampton NHS Trust

Employees

Ros Jervis	Service Director
Julia Cleary	Scrutiny and Systems manager

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies**
There were no apologies for absence.

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 confirmed that as referred to on page 6 of the minutes that an update would be provided later on the agenda in relation to the Mental Health Strategy.

The Chair also confirmed that she was working with Officers to produce a training session and that further information would be provided to members in due course.

5 **Governance Review of the Royal Wolverhampton NHS Trust**

The Chair welcomed Jeremy Vanes , Chair of the Royal Wolverhampton NHS Trust to the meeting. Mr Vanes introduced the Deolitte Report and outlined the context within which the review had been carried out. Mr Vanes explained that the Trust was run by a unitary board which consisted of 7 voting non-executive directors and 5 voting executive directors. The purpose of the Board was to set strategy, influence the culture, deal with higher level accountability and intelligence gathering. A review was carried out approximately every 2 to 3 years.

The recent report showed that performance was considered to be sound at the Royal Wolverhampton NHS Trust but that following an inspection by the QCC the previous year that improvement could still be made in some areas. Mr Vanes confirmed that the Trust was still making a surplus. The Trust currently employed over 8000 staff, covered over 20 sites and 3 hospitals and had a turnover in excess of half a billion pounds.

Mr Vanes stated that several of the directors had been interviews more than once and that he had faced around 5 hours of interviews. External stakeholders had also been interviewed including MPs, representatives from Health Watch and previous Trust employees.

The report was on the whole very positive and included good feedback in relation to both the Chairman and the Chief Executive. Mr Vanes highlighted the fact that the report praised the high level of clinical involvement and engagement in the trust which was not seen across other organisations and which influenced the overarching culture, strategy and awareness. The report also highlighted the extensive training opportunities and awareness training carried out by the trust.

Regarding weaknesses the report did refer to the fact that the non-executive members were not as visible across the organisation as the executive members. Mr Vanes stated that this was in part because the non-executive members were often part time but that he was looking into this matter.

Mr Vanes stated that the Trust was also looking to include more non executive members on sub committees to increase their participation in policy development and that the Trust was looking to keep non executive members for longer terms and looking to create some new associate non executive posts (including a post for a GP if possible). Mr Vanes did consider that the Trust needed to consider succession planning as the current Chief Executive was one of the longest serving in the country.

Members thanked Mr Vanes for his presentation.

A comment was raised in relation to page 49 of the report which referred to partnership working and training. Mr Laughton stated that the trust was currently dealing with 2 STP plans and therefore there needed to be partnership working. Mr Laughton stated that his primary concern was for the people of Wolverhampton and

that some of the criticism in the report stemmed from the fact that this priority could be seen as detrimental to residents in other areas. Mr Laughton stated that he was not prepared to move resources to other areas if it would be detrimental to residents of Wolverhampton.

The Panel also considered the reference in the report to the robustness of the Chief Executive (David Laughton) and considered that this was a positive given the difficult times we were facing.

A question was raised as to the diversity of the members of the Trust and whether it was reflective of the community it represented. Mr Vanes stated that it depended on where you were looking and that if you looked at Cannock then the Trust makeup was more diverse than the population and that in Wolverhampton it was not too dissimilar. Mr Vanes did however state that there was a lack of diversity in relation to the Board including the age of many of the Board Members who were largely over 50 years. Mr Vanes did however state that the gender makeup of the Board was no longer male dominated and that areas such as ethnicity were being looked into.

Members considered the work of the Quality Sub Committees and queried where the hospital stood in relation to levels of care including cancer care and how this compared to other areas.

Mr Laughton stated that the hospital carefully monitored its cardiac surgeons of which there were 8 and that the hospital was placed with first of second out of 29 hospitals in relation to this. The main issue regarding cancer care was currently not in the hospital but in relation to delayed referrals coming from primary care and single handed GP practices in particular.

The Panel questioned whether the Hospital Board had adopted all of the recommendations in the report and it was confirmed that it had and was responding immediately where possible and that the NHS Improvement Agency would be monitoring all progress against the recommendations.

A question was raised in relation to the Trusts approach to Partnership working and that fact that the Sustainability and Transformation Plan project was not fully engaged with the Trust. Mr Laughton stated that the STP was not fit for purpose as it would not be able to bridge the financial gap and cater the increased workload. There were also concerns regarding possible hospital closures which had yet to be confirmed.

The Panel then queried the knock on effect that any closures might have on Wolverhampton and Mr Laughton confirmed that there would certainly be an impact for Wolverhampton residents. Mr Laughton did however also make clear that at the moment only 40% of the income for the hospital came from inside of the City with the majority of the income coming from external patients.

The Vice Chair expressed her concern regarding this and the uncertainty of the future of the hospitals in Telford, Shrewsbury and Walsall. Mr Laughton stated that the biggest concern was the short notice that he was often given when a hospital closed its doors as had happen in Stafford which then had an effect on his clinicians in Wolverhampton due to an inability to plan ahead.

Cllr Simkins requested that the Panel write to the Secretary of State regarding the closures of the hospitals mentioned requesting clarity as to the future. The Panel considered this but agreed that any such activity might be best considered following the joint meeting with the County Council on 13 February.

The Panel requested that a copy of the action plan relating to the Report be provided at the first meeting in the new municipal year.

Resolved:

a) That the Panel consider whether to submit a motion to Full Council regarding writing to the Secretary of State following the joint meeting on 13 February 2017

b) That a copy of the action plan relating to the Governance Review be brought to the first meeting of the Panel in the new municipal year.

6 **NHS Learning Disability In-patient provision at Pond Lane Hospital**

The Panel received a report from Sarah Fellows, Wolverhampton Clinical Commissioning Group, to provide members of the Health Scrutiny Panel with an update regarding the NHS Learning Disability In-patient provision at Pond Lane Hospital including the outcome of the consultation and agreement by Wolverhampton Clinical Commissioning Committee and Governing Body to relocate services.

A Report relating to Pond Lane had originally been considered by the Panel in April 2016 prior to the commencement of the consultation.

Formal consultation had then taken place between 4th July 2016 and 22nd August 2016, following a period of pre-engagement. The recommendations arising from the consultation centred on the need to consider transport and support families to be able to make appropriate arrangements when visiting their family member.

Following the outcome of the consultation, it was recommended to Wolverhampton CCG Commissioning Committee and Governing Body that Wolverhampton did not continue to offer a local inpatient service. This recommendation was formally agreed by the CCG on 8 November 2016.

Resolved:

That the Health Scrutiny Panel note the outcome of the consultation regarding the closure of inpatient services on the Pond lane site, and the relocation of the inpatient services to alternative provision in Dudley, Sandwell and Walsall.

7 **Update on Adult Mental Health Strategy**

The Panel received a presentation from Sarah Fellows, Wolverhampton Clinical Commissioning Group in relation to the Mental Health Strategy.

The Panel praised the current Street Triage Service and concerns were reinforced regarding the links between people drinking and suffering a crisis. The concerns centred on the fact that the Triage Service was not able to treat people who had been drinking and that in most cases patients were taken to Newcross Accident and

Emergency until they were sober following which they often left before any additional treatment could be provided. The Panel agreed that it was very hard to assess a person when they had been drinking and were pleased to hear that additional beds were being considered in the area.

The Panel were pleased that the Strategy presented appeared to be ambitious and good and hoped that the resources would be provided for it to be delivered.

Miss Fellows stated that the CCG would have to be able to show NHS England how the money was being spent and prove that the priorities were being met including in relation to parity of esteem. Trisha Curran from the CCG agreed that the Strategy was aspirational but also manageable, effective and would help to transform the service.

The Panel agreed that they would need to monitor the implementation of the Strategy and requested that an update be brought back in 12 months. Miss Fellows agreed and stated that there were many performance measures that could be provided in order for the Panel to assess progress. Miss Fellows stated that she could also provide information in recruitment and appointments and provide some case studies where appropriate.

Members queried progress in relation to concerns previously raised regarding mental health crisis incidents affecting people whilst in police custody. Miss Fellows stated that she was only aware of one such incident and that there was currently a very good relation with the Police.

The Director for Public Health stated that substance misuse and mental health was a very hard issue to crack but that they continued to try and support people and provide a seamless treatment. It was however still debatable as to whether the mental health problem or the substance abuse problem should be treated the first instance and that a pathway between the two services needed to be put into place. A steering group had been set up to look at this issue.

Resolved:

That an update report including performance measure and indicators be brought back to the Panel in 12 months.

8 **Work Plan**

A copy of the updated work plan was circulated and Members were requested to feedback any ideas for future topics to the Scrutiny Manager.

This page is intentionally left blank

CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

Minutes - 25 January 2017

Attendance

Members of the Health Scrutiny Panel

Cllr Craig Collingswood
Cllr Jasbir Jaspal (Chair)
Cllr Peter O'Neill
Cllr Wendy Thompson (Vice-Chair)
Cllr Martin Waite
Sheila Gill - Healthwatch

Representatives from Partner Organisations

David Laughton – Royal Wolverhampton NHS Trust
Steven Marshall – Wolverhampton CCG
Helen Hibbs – Wolverhampton CCG

Employees

Ros Jervis	Director of Public Health
David Watts	Service Director, Adults
Brendan Clifford	City of Wolverhampton Council
Julia Cleary	Systems and Scrutiny Manager

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies**
Apologies were received from Cllr Rowley, Cllr Page and Elizabeth Learoyd.

2 **Declarations of Interest**
Cllr Waite declared that he had a personal interest in the agenda item as he was employed by the West Midlands Ambulance Service.

3 **The Black Country Sustainable Transformation Plan**
The Chair and Panel welcomed Helen Hibbs back to the Panel meeting.

Steve Marshall (Wolverhampton CCG) outlined the background and context for the Sustainable Transformation Plan and explained that one issue and driver behind the plan was to bridge the financial gap. It was estimated that the local NHS would be facing a £512 million financial gap by 2020/2021 as increased funding was outstripped by rising demand and demographic changes. There was also a similar £188 million deficit being faced by Social Care Services. Mr Marshall highlighted the impact of the political cycle on policy and that there was now a 2 year timescale to implement the changes before the 2020 elections. Mr Marshall stated that doing nothing was not an option as this could result in a deficit of £800 million across health

and social care by 2020. Mr Marshall highlighted that not all of the recommendations in the STP linked directly with financial matters including those relating to infant health and mental health where the driver was to standardise and improve services.

Mr Marshall provided an overview of place based care and stated that the partners needed to address issues at both a local and a cross boundary level
to make the plans a reality. At the moment there were a number of hospitals providing parallel services and that some of these services could be standardised along with some services at an acute level. At the moment Wolverhampton had a shortage of acute beds whilst there was a surplus of such beds in Sandwell and Dudley. There was a need for better collaboration with community care to help to reduce demand on hospital services and a need for better bed utilisation to bend the demand curve and provide better local primary care whilst reducing the costs associated with acute care.

The CCG was currently engaging with partners and communities on an informal basis. It was confirmed that if a major reconfiguration of services was required that formal consultation would then be required.

The Panel queried which facilities would need to be closed to enable the financial savings to be met. Mr Marshall stated that there were no plans to stop any services but it might be that some services had to be run from different locations. The Panel queried whether there might be additional pressure on Wolverhampton services and facilities due to the fact that there were issues facing neighbouring authorities where more radical plans were being suggested. Mr Laughton stated that there was a need to close West Park Hospital as soon as possible as there were now only three wards there. Mr Laughton also stated that demand needed to be managed at Newcross to free up approximately four wards to allow for a possible influx from neighbouring authorities. Mr Laughton stated that the required financial savings were not achievable with the current plan and would at most amount to 50% of the necessary amount.

Mr Marshall agreed and stated that West Park currently had 2 frail wards, 1 stroke rehabilitation ward and 1 neuro bed ward. Mr Marshall stated that one of the wards had not been used this year and it was the intention where possible to have people in their own homes first with the wards becoming redundant rather than services ceasing. The Panel also considered how GP practices were being reconfigured to create new models of care such as those based around vertical integration. New ways were being considered to help to bring GPs on board with the new models which were evolving over time.

The Panel queried whether there was a shortage of GPs currently. Mr Marshall stated that he was not sure but could provide the information following the meeting and that there were approximately 4 to 5 vacancies across the City at any one time. Mr Marshall stated that the biggest challenge was recruiting new GPs and that it was hoped that allowing them to specialise in specific areas under the new models would make the profession more attractive.

Concerns were voiced in relation to the rapid response teams in Walsall and Wolverhampton and issues relating to capacity. The Panel queried whether the new models of care (including vertical integration) would be able to handle this. Mr Marshall stated that the rapid response service covered from 8 am until 8 pm seven days a week but that there was only a finite amount of money allocated to the

service. Mr Marshall stated that the most critical element was alignment between the different parties regarding treating people at home in the first instance where possible, collaboration was crucial and provision would have to be made in the community.

The Panel noted that the West Midlands Ambulance Trust had recently been rated as outstanding and offered its congratulations.

Mr Laughton stated that the biggest issue was the recruitment of staff and that future health professionals needed to be trained today in order for them to be in jobs by 2020. Mr Laughton stated that it was important to allow GPs to focus on what they were good at and what they were trained to do and that other forms of first contact needed to be used more such as pharmacies.

The Panel stated that it was good to see the expansion of Walsall Manor Accident and Emergency in time for the catchment change but queried whether this would lead to more work for Russells Hall Accident and Emergency and queried whether this had been taken into consideration. Mr Marshall stated issues such as these were probably of a higher level of consideration that had not yet been addressed. Mr Laughton stated that in order to address the staffing issues a 4 shift system would be crucial in allowing staff to manage their hours.

Members queried whether a risk register or any risk analysis had yet been carried out. Mr Marshall stated that this would probably be the next stage of the planning process along with an equality impact assessment.

Members also considered whether the health profession did enough to promote itself in schools. Mr Laughton stated that school children were invited into the hospital twice a year and were introduced to all of the different types of medical professionals including physicists. Mr Vanes stated that around 60 6th form students spent a day at the hospital and that the UTC facility in West Bromwich was run by Wolverhampton University and catered for children from secondary school age in a purpose built facility preparing them for a health career.

David Watts, Service Director for Adults stated that the vehicle to help realise place based care was the Better Care Fund and a query was raised regarding how this would work in relation to local delivery if it was centralised. Mr Watts stated that we could not be any better engaged at a senior level and that he would be ensuring that the right pathways to and from hospital were put in place.

Ros Jervis, Director of Public Health stated that her teams were also engaging with the STP and were particularly interested in plans to bridge the health and wellbeing gap. The Public Health Team sat within the Local Authority and was part of the engagement process regarding the Better Care Fund and also part of a forum that covered four other local authority areas where there was a common prevention framework. The Forum would be looking to offer advice and information on key preventative steps and actions, ensure that preventative approaches were being included as the details and the evidence base was worked through and that a consistent message was being communicated. Mrs Jervis stated that prevention could have different meanings for different professions and that her team was looking to find some commonality that could then be fitted into the STP plan.

The Panel queried what Plan B was should the STP not deliver what was required. Mr Marshall confirmed that at the moment there was no Plan B. Mrs Hibbs stated that the next stage of the Plan was to rationalise how the required savings would be made both nationally and locally and that there was no alternative to making the savings.

It was stated that at some point soon the Plan would need to be discussed in much wider forums and that the Transition Board was currently working on future engagement events. The Panel were clear that the messages communicated during the engagement were crucial and needed to focus on the salient issues and not just complaints about access to services etc. It was also made clear that this engagement was not consultation but information sharing.

The Chair thanked all of the attendees.

Agenda Item No: 5

CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

2 March 2017

Report title	Update on Funding Reductions to Community Pharmacies	
Cabinet member with lead responsibility	Councillor Paul Sweet Public Health and Well-being	
Wards affected	All	
Accountable director	Linda Sanders, People Directorate	
Originating service	Public Health and Well-being	
Accountable employee(s)	Ros Jervis	Service Director Public Health & Well-being
	Katie Spence	Consultant in Public Health
	Tel	01902 558674
	Email	Ros.jervis@wolverhampton.gov.uk Katie.Spence@wolverhampton.gov.uk
Report to be/has been considered by		

Recommendation(s) for action or decision:

The Panel is recommended to:

1. Receive the update report as requested and identify any further opportunities to support community pharmacy services across Wolverhampton

Recommendations for noting:

The Panel is asked to note:

1. The good joint working on community pharmacy between the City of Wolverhampton Council, the Local Pharmaceutical Committee, Wolverhampton CCG and NHS England
2. Identify any further opportunities to support the community pharmacy offer
3. Receive future updates on developments

1.0 Purpose

1.1 Health Scrutiny Panel have requested an update on the funding reductions to community pharmacy, as announced by the Government in October 2016.

2.0 Background

2.1 There are 74 community pharmacies in Wolverhampton providing a range of services, from dispensing medicines, self-care support through to public health promotion. NHS England commissions community pharmacies, with CCGs, public health departments and others commissioning specific additional services.

2.2 In December 2015, the government announced that funding for community pharmacy in 2016/17 would be reduced by £170 million. The cut would be a reduction of more than 6% in cash terms.

2.3 It had been expected that the reduction would be implemented in October 2016, however after the change of Government (post-Brexit), pharmacy minister David Mowat announced that the proposed funding reduction would not be implemented.

2.4 The government announced on 14 October 2016 that it would be reducing funding to community pharmacies by £113 million in the four months December 2016 – March 2017, equating to a loss on average of £8,000 per Wolverhampton pharmacy, representing a 12% reduction. There would be a further reduction of £208 million in 2017/18, which is an anticipated additional loss of, on average, £14,500 per Wolverhampton pharmacy.

2.5 In addition to this announcement, the Department of Health have outlined a Quality Payment scheme of up to £75 million as part of the overall funding sum in 2017/18 to pharmacies meeting certain quality criteria.

2.6 To qualify for quality payments, pharmacies will have to meet four criteria including provision of at least one Advanced Service; their NHS Choices entry must be up-to-date; the pharmacy must be able to use NHS mail; and they must utilise the Electronic Prescription Service (EPS).

2.7 Pharmacies meeting these criteria can then receive a Quality Payment if they meet certain criteria which are weighted and assigned points. The points are expected to be equivalent of £64 so a maximum of £6,400 per pharmacy per year.

3.0 Update and Discussion

3.1 Since the announcement there has been one closure of a community pharmacy in Wolverhampton, that is Boots in Bilston. However it is unclear if this was due to the funding reductions. Amongst other pharmacies a more immediate impact is likely to be a reduction in the provision of additional services, which contribute to the health and well-being of local communities.

3.2 This is in part due to the fact that community pharmacies in Wolverhampton have developed to provide good coverage without over-provision of services, as was highlighted in the Pharmaceutical Needs Assessment of 2015. This may not be the case in neighbouring areas where closures may therefore be a higher risk.

3.3 Future possible impacts of these reductions on community pharmacies in Wolverhampton are therefore:

- Reduced investment by business owners in premises, staff and stock
- Focus on core dispensing services and thus reduction in the provision of locally commissioned Enhanced Services, e.g. Public Health commissioned services, minor ailments services
- Closure of pharmacies in the longer term, leading to a reduction in accessible healthcare for vulnerable communities and increased pressure on other parts of the health and social care systems

3.4 One way in which some of the local services could be maintained is through the development of other initiatives, such as the Healthy Living Pharmacy (HLP) Programme that we are developing with partners across Wolverhampton.

3.5 The HLP concept is becoming more established as a recognised quality mark, with over 1000 pharmacies across England now accredited to display the HLP logo. To become a HLP, a pharmacy has to demonstrate:

- At least one Health Champion, usually a healthcare assistant who has undertaken and passed the Royal Society for Public Health's Understanding Health Improvement Level 2 Award

- The pharmacist (or manager) to have undertaken leadership training so that they understand what is required to lead implementation and are able to engage and motivate their team in the HLP concept

- Evidence from the pharmacy that they have achieved the HLP Quality Criteria and are proactively engaging with their community in health promotion activities

3.5 On 29 November 2016, Wolverhampton Public Health, Wolverhampton Local Pharmaceutical Committee, Wolverhampton CCG and NHS England launched the HLP initiative to community pharmacies in Wolverhampton with a view to engaging those that wish to actively pursue the programme.

3.6 To support this a number of training events have been organised. By the end of March 2017 Wolverhampton will have:

- 120 trained health champions
- 55 pharmacists or managers leadership trained
- 74% of Pharmacies able to qualify as HLP accredited

- 66 Health champions undertaking stop smoking training and delivering a city wide HLP smoking campaign

3.7 With the changing landscape of health and social care, community pharmacies will continue to be important in prevention and early intervention. Despite the challenging financial environment, there are significant opportunities to develop other services through community pharmacy, such as alcohol early intervention, oral health promotion, falls prevention, diabetes prevention and mental well-being. In Wolverhampton, HLP is the start of developing a longer term partnership between community pharmacy, CCG, primary care, social care and the voluntary and community sector.

4.0 Financial implications

4.1 There are no financial implications of the funding reductions to community pharmacy for City of Wolverhampton Council. [GS/22022017/J]

5.0 Legal implications

5.1 There are no legal implications of the funding reductions to community pharmacy for City of Wolverhampton Council - TS/22022017/D

6.0 Equalities implications

6.1 A reduction in access to services via community pharmacies could adversely affect those that are the most disadvantaged, i.e. those without access to a car, who are immobile or do not access the internet may find it more difficult to access alternative services.

7.0 Environmental implications

7.1 None

8.0 Human resources implications

8.1 None

9.0 Corporate landlord implications

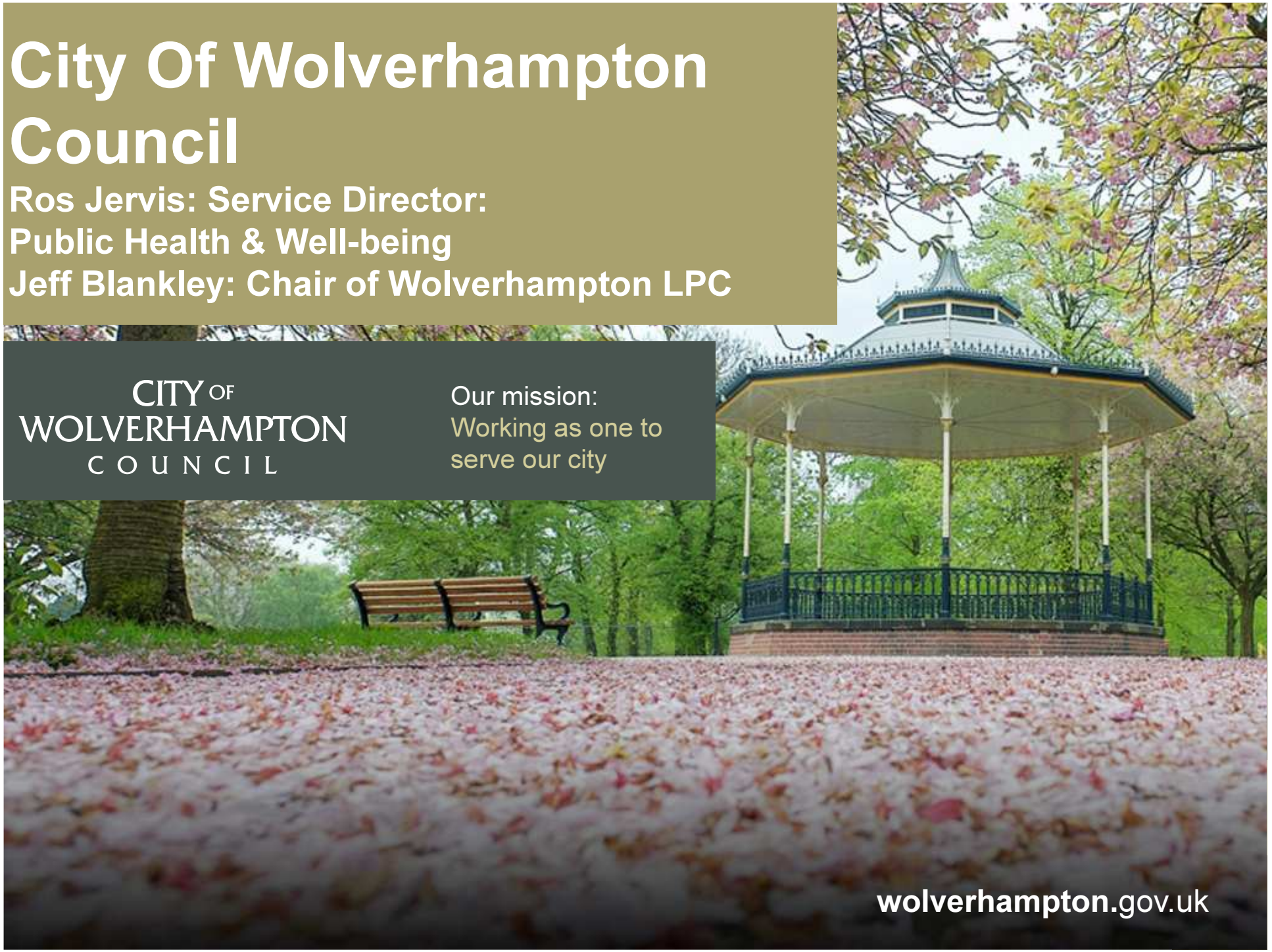
9.1 None

10.0 Schedule of background papers

10.1 None

City Of Wolverhampton Council

Ros Jervis: Service Director:
Public Health & Well-being
Jeff Blankley: Chair of Wolverhampton LPC



Background: current provision

- There are 74 community pharmacies in Wolverhampton providing a range of services, varying from small independent pharmacies through to the bigger chains of pharmacies

- Public Health Departments are required to publish a Pharmaceutical Needs Assessment every three years, which describes the current provision of community pharmacy services and explore whether this meets the needs of our population. The most recent assessment was published in 2015 and concluded that there is adequate provision of community pharmacies which is well spread across the city.

Valuing Community Pharmacy

- From our Pharmacy Needs Assessment we know community pharmacy is highly valued by residents, provide a wide range of services, have flexible opening times and is accessible in venues across the city

- All provide invaluable services, including dispensing of medicines, safe deposal of medicines, and supporting self care

- But also provide a significant role in supporting public health through the promotion of healthy lifestyles and participation in health promotion campaigns

Public Health Services

- Many community pharmacies in Wolverhampton are commissioned to provide the following public health services:

- Needle Exchange Service – supply of clean needles for drug users, reducing the incidence of Blood Borne Viruses and accept used needles to ensure safe disposal

- Supervised Consumption Service –supervision of the consumption by drug users of Methadone and/or Buprenorphine to ensure adherence to the medication regime and ensure that prescribed drugs do not enter the 'black market'

Public Health Services

- Smoking Cessation Services – the provision of Stop Smoking services in a pharmacy setting with the supply of Nicotine Replacement Therapy products if required

- Sexual Health Services – the free provision of Emergency Hormonal Contraception, free condoms and free chlamydia testing kits are available in a number of pharmacies

Reductions in Funding

- December 2015, the government announced that funding for community pharmacy in 2016/17 would be reduced by £170m. The reduction, from £2.8bn to £2.63bn, represented a reduction of more than 6% in cash terms.

- It had been expected that the reduction would be implemented in October 2016

- After the change of Government (post-Brexit), it was announced that the funding reduction would not be implemented as planned

Final announcement on reductions

- Government announced on 14th October 2016 that funding for community pharmacies would be reduced by £113m in the four months from December 2016 - March 2017.

- This equates to an average loss of £8,000 for each pharmacy in Wolverhampton, representing a 12% cut

- In addition a further cut of £208m, equating to, on average, £14,500 per pharmacy in Wolverhampton, will be imposed next year.

Anticipated impacts

The cuts were required to be delivered in a very short time scale, leaving local pharmacies very little time to plan or implement.

Local discussions highlighted the funding reductions may result in the following impacts in Wolverhampton:

- Reduced investment by business owners in premises, staff and stock
- Focus on core dispensing services and thus reduction in the provision of locally commissioned Enhanced Services
- Closure of pharmacies, leading to a reduction in accessible healthcare for vulnerable communities and increased pressure on other parts of the health & social care systems
- Important clinical services and care the pharmacy teams provide could be in doubt in the future

Impact to date

Impacts in Wolverhampton to date have been minimal:

- One pharmacy has closed, Boots in Bilston, (not necessarily due to the reductions)
- Vacant posts seem to be being re considered
- Owners report working longer hours and therefore reducing the use of locums

However,

- There is the potential for pharmacies to close in the longer term, with pharmacies needing to make further efficiencies and savings with the funding reductions 2017/18, and as leases on properties come up for renewal

New funding streams?

- After the reductions were announced the following new funding streams were unveiled:
- Extra money for Emergency Repeat Medicines services: overall budget is £2m, therefore negligible per pharmacy, and it is only a pilot until end of March 2018. This is coming out of the new pharmacy integration fund
- The Access scheme: would effect one pharmacy in Wolverhampton. This is not new money, but will come from the Global Sum.
- The Pharmacy Integration Fund: will go to support clinical pharmacy roles working in primary care, which is a very different role.

New Funding Streams

- £6,300 max per year for improving the quality of services that are provided in community pharmacy: supports the work we are doing on developing the Healthy Living Pharmacy scheme across Wolverhampton. It is asking pharmacists to work in a different way.

- Therefore local pharmacies will still lose the funding as identified and that could result in a loss of services. Below average item volume pharmacies are likely to be the most vulnerable

Healthy Living Pharmacy(HLP)

- HLP is a quality mark given to pharmacies that meet a defined set of criteria, and that proactively engage with the public to support health and wellbeing.

- Healthy Living Pharmacies are a great resource for supporting self-care, promoting good health and signposting into relevant local services.

- Wolverhampton Public Health, Wolverhampton LPC, NHS England and Wolverhampton CCG had commenced a programme of work to develop HLP across Wolverhampton prior to the announcements on cuts

What is it?

To become an HLP, a pharmacy has to demonstrate:

- They have at least one Health Champion, usually a healthcare assistant. who has passed the Royal Society for Public Health's Understanding Health Improvement Level 2 Award
- The pharmacist (or manager) has undertaken leadership training so that they understand what is required to lead implementation and are able to engage and motivate their team in the HLP concept
- Evidence from the pharmacy that they have achieved the HLP Quality Criteria and are proactively engaging with their community in health promotion activities and are signed up as Antibiotic Guardians

Progress to date

- Wolverhampton HLP was launched November 2016, with over 100 pharmacy staff and supporting organisations attending the launch event.
- We have identified 40 pharmacy staff are already qualified as health champions
- A number of training events are planned before the end of March. To date we have an additional 57 staff signed up to be trained as health champions, and 45 signed up to attend the Leadership training
- With some of the national chains undertaking their own training we anticipate we will have a total of:
    - 120 Health Champions
    - 55 Leadership trained, equating to 74% of all pharmacies HLP accredited

HLP Activity

The first campaign we have launched is on Smoking with 66 health champions trained, and activity in pharmacies to be completed during February and March. Other campaigns for this year include:

- Diabetes
- Sexual health
- Winter preparedness
- Wound Care
- Falls prevention

Future potential

- With the changing landscape of health and social care community pharmacies will continue to be important in prevention and early intervention

- There are significant opportunities to develop other services through community pharmacy, such as alcohol early intervention, oral health promotion, falls prevention, diabetes prevention and mental well-being

- HLP is just the start of developing a longer term partnership between community pharmacy, CCG, primary care, social care and the voluntary and community sector.

Agenda Item No: 6

CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny

2 March 2017

Report title	Proposed engagement and consultation plan for the re-commissioning of Substance Misuse Services in Wolverhampton.
Cabinet member with lead responsibility	Councillor Paul Sweet Public Health and Wellbeing
Wards affected	All
Accountable director	Ros Jervis , Public Health and Wellbeing
Originating service	People – Public Health and Wellbeing
Accountable employee(s)	Neeraj Malhotra Consultant Public Health Tel 01902 558667 Neeraj.Malhotra@wolverhampton.gov.uk Michelle Smith Commissioning Officer Public Health Tel 01902 550154 Michelle.marie-smith@wolverhampton.gov.uk

Report to be/has been considered by		
	Commissioning Senior Management Team	01/02/17
	Public Health Senior Management Team	02/02/17
	PLT	06/02/17
	Health Scrutiny	02/03/17

The Panel is recommended to:

1. Note background information and commissioning plans for Substance Misuse services
2. Provide feedback on the proposed engagement and consultation process
3. Endorse the proposed engagement and consultation process, subject to any changes relating to the feedback provided.

1.0 Purpose

1.1 This report sets out the engagement and consultation plans to inform the re-commissioning of the city's substance misuse system (including primary care, the voluntary sector, specialist and acute services) by the Public Health and Wellbeing team.

1.2 The report provides members with an opportunity to inform the process prior to commencing the engagement and consultation period in late March.

2.0 Background

2.1 Substance Misuse services support people with drug and/or alcohol problems who may also have additional complex needs around mental health, offending or other health issues. These services play a key role in promoting recovery and reducing the harm caused by alcohol and drug misuse which are significant causes of morbidity and mortality in Wolverhampton.

2.2 Delivery of such services contribute to a number of national and local priorities and support the achievement of outcomes within the Public Health Outcomes Framework, National Drug and Alcohol Strategies and City of Wolverhampton Council corporate plan priorities. These include:

- Promoting and enabling healthier lifestyles, by having fewer people with harmful drinking habits in the city through earlier identification and intervention
- Increasing the number of successful completions from treatment
- Reducing re-presentations to structured treatment within six months of successfully completing treatment
- Increasing the number of clients engaged in education and training and voluntary and paid work
- Reducing criminal behaviour, anti-social behaviour and reoffending
- Increasing the proportion of clients that achieve abstinence from their primary problematic substance at treatment exit
- Improving physical and psychological health.

2.3 Key requirements of the new system will be to deliver a safe and effective service to all Wolverhampton residents and will incorporate the core treatment functions plus the prescribing function, supervised consumption, needle exchange service, community and residential detox and rehabilitation, aspects of dual diagnosis client pathways and drug testing.

2.4 The system works with people who are vulnerable with complex needs around substance misuse (for instance mental health, pregnant women etc.) therefore quality, partnership working and safety are key considerations.

3.0 Commissioning arrangements

3.1 Substance Misuse Services are currently commissioned by the Public Health and Wellbeing team and are funded via the Public Health Grant. The current contracts were

retendered during 2012 commencing on the 1 April 2013 and will expire on 31 March 2018. Legally, it is not possible for the Council to extend the contract beyond this date.

3.2 In line with Council and European Union Contracting Rules, the City of Wolverhampton Council now intend to re-commission Substance Misuse Services with a service start date of 1 April 2018.

4.0 Progress

4.1 The Local Authority in conjunction with the Clinical Commissioning Group (CCG) and key Council partners are undertaking a co-commissioning approach to this tender. The CCG is the principle commissioner of clinical services impacted by drug and alcohol issues e.g. primary care and acute services. Working together will ensure the total budget available is put to the best possible use.

4.2 A Substance Misuse Commissioning Steering Group has been established with representation from the Public Health and Wellbeing team, the CCG, Local Authority commissioners and other key teams e.g. Children's Services and Housing services, Royal Wolverhampton NHS Trust, West Midlands Police, Healthwatch and Public Health England. This group will be responsible for overseeing the engagement and consultation process as well as the development of the re-commissioning process.

5.0 Development of commissioning process

5.1 Based on significant changes in drug trends over the last five years and with the emerging evidence of prescribed/over the counter medication, the acknowledgement of alcohol related harm as well as awareness regarding New Psychoactive Substances (NPS formerly known as legal highs), there is a need to commission services which seek to continually innovate, meet emerging needs and are flexible to the changing landscape.

5.2 We must however not lose sight of the strengths from the current system and the excellent joint work undertaken with key services such as the Council's Children's Services that has developed over the last few years. We will therefore continue to recognise the need for effective commissioning of early interventions, Information and Brief Advice (IBA) and preventative services which will seek to engage at an early stage. We will continue to develop a shared care model which recognises how effective primary care settings can be in delivering services.

5.3 Effective care/aftercare services and access to mutual aid need to continue to be developed as we recognise the need for post treatment services to promote peer led activity which supports on-going abstinence, harm reduction and reintegration into the community.

5.4 The future service specification will be informed by:

- National guidance
- Analysis of local needs

- Review of the evidence base and examples of best practice
- Current service delivery and performance
- The priorities of the Health and Wellbeing Strategy and Corporate Plan
- The views of our key stakeholders

6.0 Engagement and Consultation

6.1 We will employ the principles of co-production and work together with key stakeholders and service users at the start and throughout the process to ensure that the system is jointly designed by and for people who use services and people who run services. This approach will also be embedded into the specification and monitored as part of the contract review process.

The engagement and consultation process is formed of two phases:

- Phase One: Eight weeks engagement with professional stakeholders and service users which shapes an intended model of delivery.
- Phase Two: Four weeks consultation with all key stakeholders and the general public on the intended model.

This approach has been adapted from the recent and highly effective Healthy Child Programme engagement and consultation. At that time, advice was taken from key Council officers and well received by Health Scrutiny, Children Young People and Families' Scrutiny and Scrutiny Board panels.

6.2 Engagement

6.2.1 Our engagement will provide insight into what service users, providers and stakeholders expect of a new system, views on current services, any gaps in service provision that are identified or areas for improvement and views on future priorities. This will be conducted within a framework which draws on the latest national guidance.

6.2.2 We will hold a partnership engagement event which will be used as an opportunity to invite feedback on the current model as well as suggestions to inform the design of a new model for the substance misuse system.

6.2.3 At the initial multi-agency steering group four key themes were identified:

1. Dual diagnosis (substance abuse and mental illness)
2. Toxic trio (children and young people at risk of domestic abuse, substance abuse and mental illness)
3. Criminal Justice (pathways linking criminal justice to community services)
4. Primary Care (GP/pharmacy led treatment interventions).

6.2.4 We will be carrying out service visits/questionnaires to the current treatment providers under the themes above.

6.2.5 We have visited treatment services in other Local Authority areas that are regarded by Public Health England as delivering best practice to obtain their recent experience of

commissioning in this area and explore different models of delivery. We have found a range of commissioning approaches are underway from integrated services to separate treatment and recovery services delivered by different providers.

6.2.6 Engagement activities will also include:

- Attendance at the Local Medical Committee, the Local Pharmacy Committee and Clinical Commissioning Group Board meetings
- Questionnaires for previous and current service users and those misusing substances who are not engaged with services
- Actively seeking participation from groups identified by equality strands in the initial Equalities Impact Screening Process.

6.2.7 A market engagement survey is currently being developed to engage with prospective providers and understand the level of interest in the provider market. These findings will inform the Councils tendering approach.

6.2.8 Information collected throughout the engagement period will inform and shape the development of the model followed by a formal four week period of consultation on the intended model.

6.3 Consultation

6.3.1 Consultation will be via an initial generic questionnaire aiming to reach as wide an audience as possible.

6.3.2 Further targeted consultation may take place with priority groups identified throughout the process.

6.3.3 We will run the consultation for four weeks via the City of Wolverhampton consultation portal on the website. The opportunity to consult will be promoted and encouraged throughout the engagement period. Findings will be reported back to Health Scrutiny at the end of the consultation period.

6.3.4 The target audience for the consultation includes (please see Appendix 1 for a defined list):

- Those in treatment
- Those engaged with the Service User Involvement Team (SUIT)
- Young People
- Parents, family members, partners and carers
- People who are misusing substances but not engaging with services
- Those who have successfully completed treatment
- Providers currently delivering substance misuse services
- Stakeholder groups, including, public health, health services, probation service, social care services, children's services, police and the voluntary sector.
- Members of the public will also be able to have their say on the proposals through the city council's website.

7.0 Next steps

7.1 Next steps are to:

- Consider the views and comments of the Health Scrutiny panel before commencing the formal engagement and consultation processes.
- Report back to the Substance Misuse Steering Group.
- Feedback engagement and consultation findings to Health Scrutiny.

8.0 Financial implications

8.1 There are no direct financial implications arising from this report. Any costs as a result of the re-commissioning of the substance misuse system in Wolverhampton will be met from the Public Health ring fenced grant contracts budget, which is £16.6 million for 2016/17. [GS/07022015/C]

9.0 Legal implications

9.1 The Council has a statutory responsibility for improving the health and well-being of its population. There is a legal requirement to conduct a formal consultation.
The steering group will receive legal advice as required. [RB/31012017/D]

10.0 Equalities implications - Initial Equality Impact Screen

10.1 An initial equality analysis has been undertaken and findings will be shared with the Programme Steering Group and Equalities Team. There is no preliminary evidence that the proposed consultation and engagement process is discriminatory across the equality strands and therefore it is not proposed to conduct a full equality impact assessment on the engagement and consultation process. We intend to collect equality data from respondents to the online survey and from participants taking part in any further focus discussion groups. We intend to proactively promote the on-line surveys to organisations working across the equality strands for e.g. disability forums, Lesbian, Gay, Bisexual, Transgender and Black and minority ethnic communities.

We intend to conduct a further initial equality impact screen on the future service model once the consultation is closed.

11.0 Environmental implications

11.1 No environmental implications have been identified relating to the consultation and engagement process.

12.0 Human resources implications

12.1 No human resource implications have been identified relating to the consultation and engagement process.

13.0 Corporate landlord implications

13.1 No corporate landlord implications have been identified relating to the consultation and engagement process.

Appendix 1 – List of key stakeholders to consult

The Portfolio Holder for Health and Wellbeing	
Service Director of Public Health and Wellbeing	
Service Director of Children and Young People	
Service Director of Adult Social Care	
Head of Safeguarding	
Ward Councillors	
Homelessness Team	
Young Persons Homeless Service	
Sheltered Housing	
Safer Wolverhampton Partnership	
Royal Wolverhampton NHS Trust	
NHS England	
Healthwatch	
Wolverhampton City Clinical Commissioning Group	
Wolverhampton Homes	
JobCentre Plus	
Wolverhampton Voluntary Sector Council	
West Midlands Police	
Office of the Police and Crime Commissioner	
Local Pharmaceutical Committee	
Local Medical Committee	
Pharmacies	
Shared Care GP's	
GP's	
Wolverhampton Domestic Violence Forum	
Relate Wolverhampton	
Citizens Advice Bureau	
University of Wolverhampton	
West Midlands Ambulance Service	
Youth Offending Team	
National Probation Service	
West Midlands Fire Service	
Wolverhampton Interfaith Regeneration Network	
Age UK	
BME United	
Ethnic Minority Council	
Emerging Communities Network	
St Georges Hub	
Soup Kitchen Darlington Street Methodist	

Church	
Terrance Higgins Trust	
Equality and Diversity Forum	
LGBT Network	
One Voice	
Headstart	
City of Wolverhampton Council – disability service	
Refugee and Migrant Centre	
Youth Council	
Women of Wolverhampton	
The Haven	
The Way	
Foster Carers Forum	
Wolverhampton Healthy Minds	
Mencap	
Public Health England	
Voice 4 Parents	
Base 25	
Service User Involvement Team	
CAMHS	
ACCI	
Hospital Youth Work Service	
Befriending Service	
Neighbourhood Safety Co-ordinators	
Health Visiting Service	
School Nursing Service	

This page is intentionally left blank

“Beacon has given me the confidence to get my life back.”

“Coming to Beacon has transformed my life, now I get out and about, try new things and I am happier than before.”

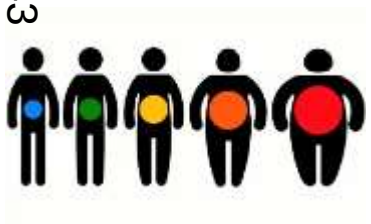
Beacon
Making a visible difference for people with sight loss

Sight Loss in Wolverhampton

Prevention

In Wolverhampton 3.1% of the population live with sight loss, 7,700 in 2015, that will rise to over 10,000 by 2030, 3.8% of the population. Wolverhampton have a number of key risk factors contributing to this rise *

Obesity



28.5% of the adult population are obese – that > diabetes risk

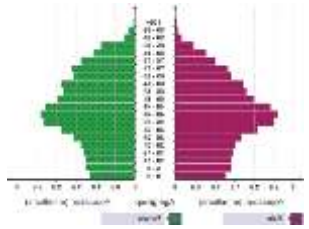
Smoking

22% of the population smoke - a causal factor of macular degeneration

Stroke

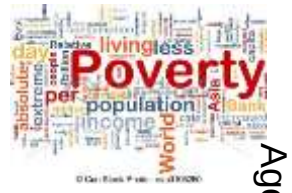
30% of strokes result in long term sight loss.

Ageing Pop



33% of the population are over 50 yrs old – Age related macular is biggest cause of UK sight loss

Deprivation



75% of visually impaired live in or on the margins of poverty. Wolverhampton ranked as 21 in DCLG deprivation rankings 2015.

Direct Costs 2014 : NHS Wolverhampton - **£9.37m**
Indirect costs : Wolverhampton - **£21.9m** (lower employment / unpaid care / absenteeism)

* Data from RNIB sight loss data tool v3.

Wolverhampton City Council Priorities	How Beacon can help
Promoting independence for people with disabilities	**Over 40% of people with sight loss suffer depression.** Early intervention with people diagnosed with sight loss via our pathway will help to reduce isolation, empower and re-able them and provide peer support to mitigate depression.
Promoting and enabling healthy lifestyles	**50% of sight loss is preventable** Promoting the importance of eye health as part of broader public health campaigns is an essential part of reducing sight loss and early detection of other conditions. .
Enabling communities to support themselves	Beacon is evolving and investing in a stronger community outreach model to support those living with sight loss in their communities.

Technology Enablers : Beacon is working with Wolverhampton University and other providers and consortia on solutions that can support visually impaired, ranging from Virtual Reality, to activity trackers, connected autonomous vehicles, and wayfinding beacons that can connect to smart devices and guide people around.

Our Solution

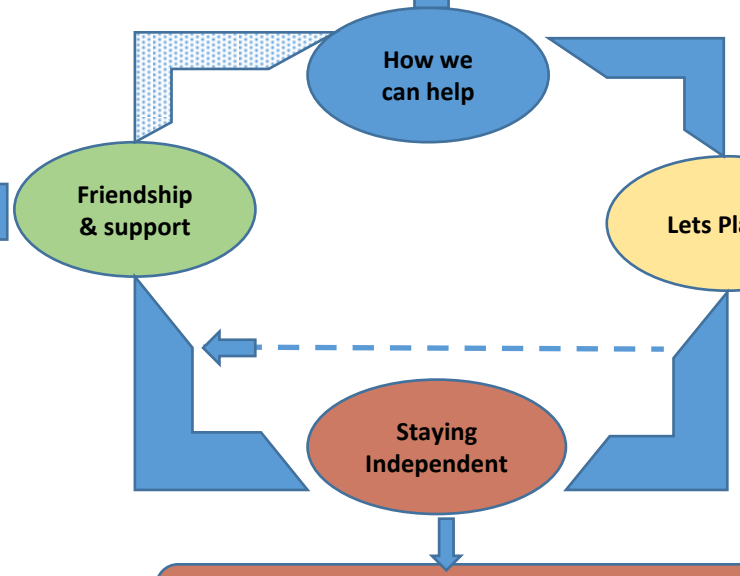
We can improve your outcomes – 50% of sight loss is preventable. Using our specialist knowledge we can help target messages to high risk groups and can through our pathway support people who are diagnosed to help reduce pressure on statutory services.

Your Challenge
Early intervention to ensure right support at the right time.

Our Solution

Our peer support and low vision advice services can help build emotional resilience and support families to better cope with the overall sight loss journey of their loved one.

Your Challenge
Over 40% of people diagnosed with sight loss report significant depressive symptoms. Potential cost at £3,100 p/p is £10m



Your Challenge
Rehabilitation is critical to maintain independence and reduce future issues.

Our Solution
Our expert team will work with individuals and their families to develop and agree a tailored plan to meet their needs. This is a cost effective way of providing support at the right time in the right way.

Your Challenge
In 2015 3,631 people over 65 had a fall directly attributable to their sight loss.

Our Solution

With our bespoke and tailored health and wellbeing programme we can reduce the risk of falls through building core strength and improve overall fitness and mental wellbeing. We can also provide expert advice on home living on issues such as lighti8ng, trip hazards, general life skills and adaptations.

Who are Beacon Centre : Beacon Centre was established in 1875 to support blind and visually impaired (VI) people living across the Black Country. A range of services are provided, including low vision assessments, re-ablement, living with sight loss programmes, employment support, along with advice and guidance to a client base age ranging from 8 - 100+.

Beacon

Making a visible difference for people with sight loss

Why Work with Beacon

- Expert, local knowledge
- Targeted & needs led approach, focussed on independence and self care
- Sector leaders on technology and innovation for visually impaired
- Wide range of collaborating partners

Beacon will work with you to

- meet your obligations to visually impaired under the Care Act 2014
- Improve your sight loss indicators in the Public Health Outcomes Framework
- Help mitigate costs on statutory services through preventative, early interventions.

Contact us : Katie Jobling, 01902 880111

Beacon

Making a visible difference
for people with sight loss

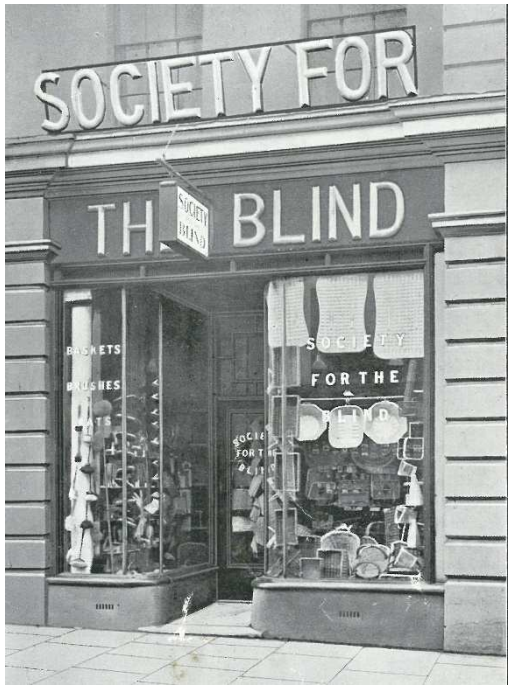
Wolverhampton City Council South Health Scrutiny Committee

Who Are we

- Established 1875 operating in Wolverhampton
- First charity shop in 1895
- Evolved, adding Dudley, Seisdon and districts
- Re-located to Sedgley in 1961
- Re-branded in 1991 to Beacon Centre for the Blind
- Provide a range of on-site and off-site services
- Proven track record of LA delivery / ISO 9001 / projects
- Long term strategy : Ambition 2025
- Social enterprise development – Care / Opticians / Retail
- Partnerships at local, regional and national level

Beacon

Beacon



Beacon

Operating Context – Sight loss data

Data / Area	Sight Loss 2015 / Prevalence	Sight loss 2020 / prevalence	Sight loss 2025 / prevalence	Sight loss 2030 / prevalence
England	1.7m / 3.1%	1.89m / 3.4%	2.1m / 3.7%	2.4m / 4.1%
West Mids	80,000 / 2.8%	86,700 / 3.0%	95,500 / 3.2%	105,750 / 3.4%
South Staffs	**4,220 / 3.9%**	**4,860 / 4.4%**	**5,610 / 5.0%**	**6,400 / 5.7%**
Wolverh'ton	7,700 / 3.1%	8,360 / 3.3%	9,120 / 3.5%	10,000 / 3.8%
Dudley	10,720 / 3.4%	11,900 / 3.7%	13,270 / 4.1%	14,700 / 4.5%
Shrops	12,120 / 3.9%	13,780 / 4.3%	15,850 / 4.9%	18,250 / 5.5%

Source : RNIB Sight Loss Data Tool v3. 2016.

Additional data

Dual sensory : 1500

Hearing loss : 24,362 moderate / severe. Some 544 profound

Dementia : 3167

Beacon

Beacon & Partners = Added Value

- Mobile advice Services / adaptations advice
- Information points in retail outlets
- Community programmes such as Activeyes
- Link Line – befriending support
- Talking newspaper / audio transcription
- Employment programmes
- Activity clubs (all ages)
- New to sight loss courses

Beacon

Opportunity……

- Demand will increase, but resources constrained
- Take the best of public and third sector and create resilient and targeted services
- Use sight loss (sensory) pathway as framework

Referral >>>> Assessment >>>> Service Delivery

Beacon

What does that look like ?

- Multi-sensory provider
  - Host register(s)
  - Undertake assessments and triage needs
  - Deliver some / all services, incl Rehab
  - Economies of scale
- Added value services as a wrap around
  - Advice / adaptations / befriending / courses
  - Raise awareness & promote importance of eye health
  - Accessible information / audio transcription
- Leverage in new income
  - Grants & trusts
  - Social investment

Beacon

Next steps

Medium - term

- Explore demand – create a local vision strategy
- Understand scale of long term conditions (JSA)
- Explore co-production of service offer

Short – term

- Support for mobile advice & adaptation service
- Consider venues for courses – low vision drop-in / re-ablement classes
- Accessible information / audio transcription
- Promotion of eye health
- Commission sight awareness training courses

Beacon

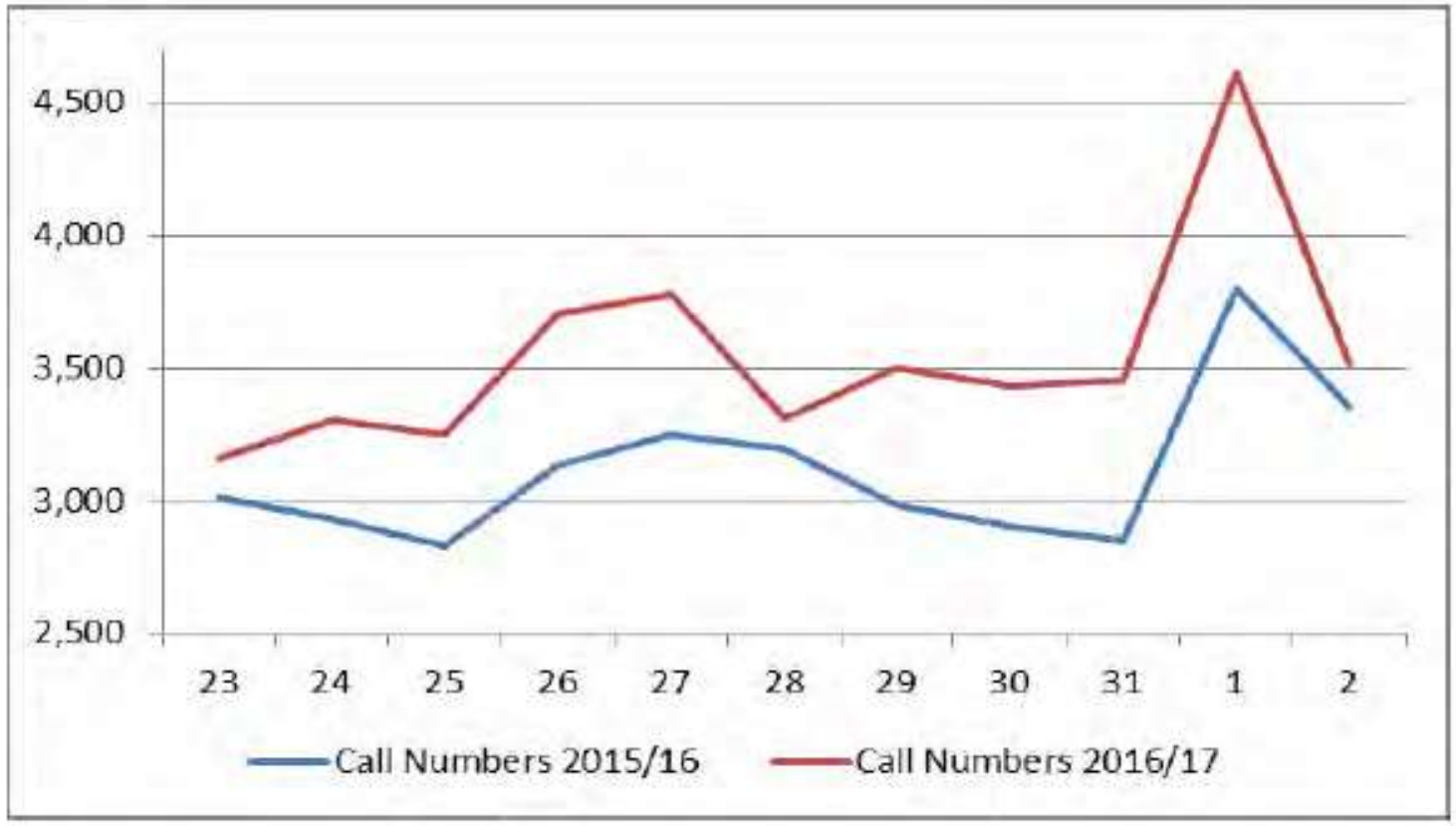
CQC Report and Quality Account

Sue Green
Deputy Director of Nursing & Quality

Rob Cole
Consultant Paramedic – Vulnerable People

Martyn Scott
Area Manager

Increased Activity



The Care You Give To Patients Is

Across all areas staff consistently demonstrated kindness, compassion and respect towards patients, relatives and carers. All patients, relatives, and callers were treated as individuals and given support and empathy in often the most difficult circumstances.

www.cqc.org.uk/provider/RYA

The National Picture

Trust Name	Overall Rating
West Midlands	Outstanding
North East	Good
South Central	Good
Yorkshire	Requires Improvement
East Midlands	Requires Improvement
East of England	Requires Improvement
North West	Requires Improvement
South West	Requires Improvement
London	Inadequate
	Inadequate

Outstanding ☆

The CQC also said:

- *Staff recognised when patients required further information and support and this was provided at all times.*
- *Callers who were distressed and overwhelmed were well supported by staff. Staff used their initiative and skills to keep the caller calm, and provide emotional support in often highly stressful situations.*
- *There were systems to support patients to manage their own health and to signpost them to other services where there was access to more appropriate care and treatment. Staff involved patients in decisions about their care and treatment. When appropriate, patients were supported to manage their own health by using non-emergency services such as their GP*

The Ratings In Detail

	Safe	Effective	Caring	Responsive	Well Led	Overall
Emergency & Urgent (E&U)	Good	Outstanding	Outstanding	Good	Requires Improvement	Good
Patient Transport Services (PTS)	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Emergency Operations Centre (EOC)	Good	Good	Good	Good	Outstanding	Good
Resilience	Good	Outstanding	Not Rated	Outstanding	Outstanding	Outstanding

Overall	Good	Outstanding	Outstanding	Good	Good	Outstanding

Outstanding ☆

- *Staff took time to interact with patients and supported them and their relatives and carers. They treated patients with dignity and respected their privacy at all times.*

- *Feedback from people who use the service, those who are close to them and stakeholders were consistently positive about the way staff treated people.*

- *There was a strong, visible person centred culture. Staff and management were fully committed to working in partnership with people and find innovative ways to make it a reality for each person using the service.*

The CQC recognised the following as Outstanding ☆ practice:

- The trust was shortlisted in 2015 for two national awards including; Enhancing Care by Sharing Data and Information and Improving Outcomes through Learning and Development.

- HALOs across all divisions had developed innovative and forward thinking ideas to reduce hospital admissions and ambulance call outs which proved to be very effective.

- The functions within the Regional Co-ordination Centre provided effective support for complex incidents within the trust's geographical region and externally through the Midlands Critical Care Network

- Paramedic availability throughout the service, and plans to increase this further meant that highly qualified staff could provide emergency care to patients.

The CQC recognised the following as Outstanding ☆ practice:

- Finding innovative ways of engaging with the local population, for example, the Youth Council, and the Youth Cadet scheme , the aim of which encourage commitment to young people who wish to have a career in the NHS including the WMAS.

- During 2015 the MERIT team were peer reviewed by the Trauma Network; and they were graded as providing recognised best practice in nine out of ten criteria, which is a recognition of best practice.

The CQC report identified many areas of best practice within the Emergency Preparedness functions of the Trust.

Update on 2016/2017 Priorities

Patient Experience

Priority	Progress	Update
Deliver Making Every Contact Count (Public Health) Education	**On track**	Education provided to all Clinical Team Mentors who have provided 49% of clinical staff with a supervision shift where MECC is addressed. The remaining staff are booked to have supervision shifts before the 31 March 2017.
Continue to work with Public Health to reduce health inequalities	**On track**	The Trust now provides non patient identifiable data to Public Health England on a daily basis which is assisting them to determine planning and priorities for the future. Once fully analysed and reported on this may be progressed nationally.
Engage with Rural Communities	**In progress with areas for improvement**	The Trust engagement vehicle and team has visited all counties within the Trust to attend local events and talk with public. The CEO and Director of Nursing have met with local community representatives from rural areas of Staffordshire. Community First responders have agreed to speak with their local communities and have been provided with feedback documentation. Work with Healthwatch has not been progressed as much as the Trust hoped and therefore work will continue in this area as part of the Trusts Engagement Plans for

Update on 2016/2017 Priorities

Patient Safety

Priority	Progress	Update
Reduce the risk of falls that result in harm when assisting with mobilising patients in our care	**On track**	Education provided to Patient Transport Staff as part of Mandatory training. All staff have either attended Mandatory training (61%) or are planned to attend before 31 March 2017.
Reduce the risk of harm that occurs to patients in wheelchairs (skin tears, bruises etc.)	**On track**	Education provided to Patient Transport Staff as part of Mandatory training. All staff have either attended Mandatory training or are planned (61%) to attend before 31 March 2017. Trust wheelchair provision has been reviewed and improved.
Reduce the risk of harm by utilising the most appropriate safety restraints	**On track**	The Trust has worked with providers of child safety restraints to ensure a more appropriate system for babies under 5kg in weight. New restraints have now been purchased to ensure restraints are now available for under 5kg to Adult. The Trust has introduced new signage for ambulances that reminds staff and parents that child restraints need to be used.

Update on 2016/2017 Priorities

Clinical Effectiveness

Priority	Progress	Update
Deliver an Improved Model of Clinical Supervision	**On track**	The model consists of reflective practice as • Part of Group sessions – 75% completed YTD • Part of Personal Development Review with manager – 99% completed • A full supervision shift with a Clinical Team Mentor – 89% completed
Safe on scene project is completed.	**On track**	Reviews / case studies have taken place to ensure the most appropriate time on scene. Information has been shared with staff via Trust publications. This will continue as routine work for the Trust.
Improve Clinical Performance - specifically those areas reported on nationally to include management of single limb fractures	**On track**	The national Clinical Performance Indicators including management of single limb have ceased due to variances in the original reporting criteria. The Trust identified a need for change in equipment to ensure the most appropriate care and this has now been agreed and new equipment purchased.

Patient Experience

- Educate Trust clinicians and implement the *ReSPECT form in order to improve understanding and treatment of patients with specific careplans such as those people at the end of their life
- Work with partner agencies to provide improved care pathways for patients ie mental health, maternity and end of life (Joint partners patient satisfaction surveys)
- Increase Friends and Family Test feedback in order to identify patient satisfaction.

Patient Safety

- Improve timeliness of response based on clinical need
- Reduce the risk of harm that occurs to patients whilst in our care
- Deliver the objectives set within our Sign up to Safety pledge (specific to top 5 risks identified through learning)

Clinical Effectiveness

- Improve the level of care delivered as measured by national Ambulance Quality Indicators
- Use the learning from external regulator reports to improve further
- Work with Higher Education Institutions to provide a skilled workforce able to provide for the changing needs of the community.

Thank You
Any
Questions?

This page is intentionally left blank

CITY OF WOLVERHAMPTON

HEALTH SCRUTINY PANEL WORK PLAN

Members: Councillors Jasbir Jaspal (Chair), Peter O'Neill, Phil Page, Arun Photay, Judith Rowley, Stephen Simkins, Wendy Thompson (vice Chair).

Portfolio Holder: Cllr Paul Sweet – Cabinet Member for Health and Wellbeing.

Cllr Sandra Samuels – Cabinet Member for Adults

Cllr Val Gibson – Cabinet Member for Children and Young People

Date of Meeting	Item	Reason for undertaking	Key Officer	Outcome	PI / Evaluation
12 January 2017	• Governance Review) (RWHT) • Pond Lane • Update on the Adult Mental Health Strategy • Work Plan				
25 January 2017 (agenda dispatch 17 January 2017)	• Additional Meeting of the Panel to consider the Black Country STP.	To consider the Black Country STP			
13 February 2017 (agenda dispatch 3 January 2017)	• Joint meeting with the Staffordshire County Council Health Select Committee to consider issues in relation to Cannock and Newcross Hospitals.	To consider issues and concerns relating to Cannock Hospital and Newcross Hospital.	Julia Cleary / Nick Pountney		

2 March 2017 (agenda dispatch 22 February 2017)	• Arwyn Jones – Chief Executive, Beacon Centre for the Blind	To receive a presentation in relation to the Beacon Centre for the Blind	Arwyn Jones		
	• Impact on of recent cuts on pharmacies		Ros Jervis		
	• Proposed engagement and consultation plan for the re-commissioning of Substance Misuse Services in Wolverhampton.	To set out the engagement and consultation plans to inform the re-commissioning of the city's substance misuse system (including primary care, the voluntary sector, specialist and acute services) by the Public Health and Wellbeing team.	Neeraj Malhotra Consultant Public Health and Michelle Smith Commissioning Officer Public Health		
	• WMAS Quality Account		Sue Green, Deputy Director of Nursing & Quality, WMAS, to present report		
27 April 2017 (agenda dispatch 19 April 2017) **Agenda Setting 21 Feb.**	Dental Care and Oral Health Needs and inequalities		?		
	• Cleaning at the new hospital	Complaints received (CCG); Infection rates; What contract is in place? How is cleanliness	Hospital CCG		

		monitored.			
	• Understanding issues arising from the use and control of New Psychoactive Substances (NPSs)		Neeraj Malhotra Consultant in Public Health		
	• Open Spaces	tbc	tbc		
	• Access to GP Surgeries/A&E/Urgent Care		Steven Marshall CCG		

Scrutiny Review Groups	
The City's Suicide Strategy	**Joint meeting with Adult and Safer Scrutiny**
Planning and Public Health	
Suggestions for Potential Future Items	
CAMHS Transformation Partnership Board presentation	**Steven Marshall, Emma Bennett, Fred Gravestock**
Update on progress regarding governance review report	**Royal Wolverhampton NHS Trust – Jeremy Vanes**

Remit:

- The scrutiny of health provision in accordance with the Health and Social Care Act 2001 and subsequent relevant legislation and Government guidance.
- All health related issues, including liaison with NHS Trusts, Clinical Commissioning Groups, Health and Wellbeing Board and Health Watch.
- All functions of the Council contained in the National Health Service Act 2006, to all regulations and directions made under the Health and Social Care Act 2001, the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, the Health and Social Care Act 2012 and related regulations.
- Reports and recommendations to relevant NHS bodies, relevant health service providers, the Secretary of State or Regulators.
- Initiating the response to any formal consultation undertaken by relevant NHS Trusts and Clinical Commissioning Groups or other health providers or commissioners on any substantial development or variation in services.

- Participating with other relevant neighbouring local authorities in any joint scrutiny arrangements of NHS Trusts providing cross-border services.
- Decisions made by or actions of the Health and Wellbeing Board.
- Public Health – Intelligence and Evidence
- Public Health – Health Protection and NHS Facing
- Public Health - Transformation
- Public Health – Commissioning
- Healthier City
- Mental Health
- Commissioning Mental Health and Disability
- Headstart Programme

Relevant Corporate priorities:

- People live longer, healthier lives Promoting physical activity and healthier lifestyles
- Promoting Independence for older people
- Promoting independence for people with disabilities
- People and communities achieve their full potential
- Enabling communities to support themselves (Disability and Mental Health)