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 (STP) 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 New Cross Hospital 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 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.

Resolved: The panel comments on the Black Country System Transformation Plan (BC STP) to be considered as part of the consultation process.