

Health Scrutiny Panel

16 November 2017

Time 1.30 pm **Public Meeting?** YES **Type of meeting** Scrutiny
Venue Training Room, Ground Floor, Civic Centre, St Peter's Square, Wolverhampton
WV1 1SH

Membership

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

Labour

Cllr Greg Brackenridge
Cllr Hazel Malcolm
Cllr Elias Mattu
Cllr Peter O'Neill
Cllr Phil Page
Cllr Martin Waite

Conservative

Cllr Patricia Patten

Quorum for this meeting is two Councillors.

Information for the Public

If you have any queries about this meeting, please contact the Democratic Services team:

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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 - 10)
[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 **Draft Budget and Medium Term Financial Strategy 2018-19 to 2019-20** (Pages 11 - 16)
[To consider the draft budget and medium term financial strategy for 2018/19 to 2019/20 and to provide feedback for the Scrutiny Board to consider]
- 6 **Public Health Service - presentation** (Pages 17 - 30)
[John Denley, Director of Public, to give presentation on the role of local authorities in public health, current and future challenges and proposals for developing a new service model.]
- 7 **The Royal Wolverhampton NHS Trust – Quality Accounts 2017/18 (report to follow)**

Attendance

Members of the Health Scrutiny Panel

Cllr Greg Brackenridge
Cllr Hazel Malcolm
Cllr Peter O'Neill
Cllr Patricia Patten
Cllr Wendy Thompson (Vice-Chair, in the Chair)
Cllr Martin Waite
Shelia Gill
Dana Tooby

In Attendance

Steven Marshall
Jeremy Vanes
Madeline Freewood
David Watts

Wolverhampton CCG
The Royal Wolverhampton Hospital
City of Wolverhampton Council
City of Wolverhampton Council

Witnesses

Karen Evans

Wolverhampton CCG

Employees

Earl Piggott-Smith
Katie Spence

Scrutiny Officer
Consultant in Public Health

Part 1 – items open to the press and public

Item No. *Title*

- 1 **Apologies**
Apologies for absence were received from Councillors Jaspal and Malcolm, and Elizabeth Learoyd
- 2 **Declarations of Interest**
Councillor Malcolm declared an interest in item 7 Update on Black Country Sustainability and Transportation Plan as a NHS employee
- 3 **Minutes of previous meeting**
Agenda 5: Care pathways for the frail elderly

Steven Marshall suggested a change to paragraph 5 as follows:

Firstly, stabilising the local care sector, secondly relieving **pressure** on the NHS locally by getting more people home safely and quickly, and thirdly helping to deliver the challenges for health.

Healthwatch Wolverhampton Annual Report

Elizabeth Learoyd, Wolverhampton Healthwatch, suggested the following para is redrafted

In respect of priorities and timescales for activities, delayed transfers and GP access were top of the list. The draft document would be shared with the Board after it had been considered by the Healthwatch Board next week.

Priorities for 2017/18 have been identified by the public as being CAMHS, Oral Health/ Dentists, Acute Care, Social Care Assessments and Mental Health continues to be an ongoing priority. Establishing a Youth Healthwatch is also a strategic priority.

That the minutes of the meeting held on 20.7.17, subject to the agreed changes, be approved as a correct record and signed by the Chair.

4 **Matters Arising**

There were no matters arising from the minutes.

5 **Briefing report on the use and control of New Psychoactive Substances (NPSs) - report to follow**

Neeraj Malhotra, Consultant Public Health, outlined the background to the report on new psychoactive substances (NPS) and the range of work done locally since the Act was passed in 2016. The Act prohibited shops from openly selling NPS in shops and on the internet. The Act has presented several challenges to public health and other agencies to enforce the legislation. A key difficulty was a view that the Act did not provide enough clarity about the prohibited compounds used in NPS, which are rapidly changing in response to changes in user demand.

The level of usage of NPS across Wolverhampton is difficult to estimate and more research is needed to get a clearer picture of the situation locally. It is also difficult estimate patterns of usage as NPS are no longer sold in shops - the drug is often taken recreationally and in some cases with other substances such as heroin or cocaine. The Consultant Public Health advised the panel that there is an increased risk of harm to people using NPS in prison and street homeless people.

The panel discussed the challenges to enforce the ban on the sale of NPS because of not having a clear definition and the work of members of the Tobacco and Substance Misuse Alliance who are leading a co-ordinated strategic approach to reducing harm from tobacco, drugs and alcohol across the city. The Consultant Public Health commented on the need to raise awareness about the impact of NPS. A training programme had been developed and the take up had been positive – 80 people attended the last training session.

The Consultant Public Health commented that work is being done with the police to map drug and alcohol misuse to help triangulate current levels of usage.

The police have been proactive in responding to the challenges presented and the issue of how to deal with it will be part of the new overall drugs and alcohol commissioning strategy. The panel discussed the impact of the planned restructure of the public health service on the future approach to efforts to reduce harm from drugs and alcohol.

The panel queried the work being done to learn from best practice elsewhere to get better intelligence on the scale and extent of the use of NPS in Wolverhampton. The Consultant Public Health commented that Wolverhampton is part of a wider information network and will share intelligence and information between the key agencies involved. The Consultant Public Health added that changes in legislation has moved the sale of NPS underground and as a result the service does not have an accurate picture.

The discussed the market for NPS and the challenge facing the agencies working to reduce the level of harm. The Consultant Public Health commented that NPS are sometimes used as a 'stepdown' drug as it is cheaper than heroin – the low costs make it a challenge.

The panel accepted the report.

Resolved:

The panel to receive a progress report on the issues discussed at a future meeting of the panel.

6 **Re-commissioning of Drug and Alcohol Services in Wolverhampton - consultation and engagement findings.**

Neeraj Malhotra, Consultant Public Health, presented a briefing on the consultation on the commissioning plans for drug and alcohol service. The Consultant Public Health outlined the background to the plans and the timeline for commissioning the new drug and alcohol service. A summary of the key points is given below:

- There has been extensive public consultation and community engagement to get a range of views about the new service during the drafting of the plan – the responses have helped to shape the final commission model plan that was sent out for consultation. The panel commented on the difficulty in trying to engage with the intended beneficiaries and wider impact of deprivation and poverty.
- The Consultant in Public Health commented that the successful provider will be expected to develop plans to engage with key groups. A series of stakeholder consultation events were held at different local venues to get a wider range of views about the proposed plans for the new service. The Consultant in Public Health advised the panel that an estimated 35,000 people in Wolverhampton were using drugs at a harmful level.
- The Consultant Public Health, commented on the impact of proposed cuts in the level of public health funding and the need to work in a co-ordinated way with other agencies, but also important to offer the necessary challenge to encourage organisations to take appropriate action

The panel queried the budget for the new service and reduction in previous funding from £5.1 million to £4 million for commissioned drug and alcohol services in Wolverhampton.

The Consultant Public Health commented the new model will be focused on co-ordinating efforts with other agencies and increased involvement of local GPs.

The panel welcomed the report

Resolved:

1. A copy of the full equalities impact assessment to be sent to members of the panel.
2. The panel to receive a further report on the plans following the restructure of the public health service.

7 Update on Black Country Sustainability and Transformation Plan - report to follow

Andy Williams, Accountable Officer, Black Country Sustainability and Transformation Plan, thanked the panel for the invitation to give an update on progress of the current work since the plan was published. The Accountable Officer explained the reason why the area was not co-terminus as it covers four CCGs and a variety of NHS providers. The plan covers 1.4 million people. The Accountable Officer explained that the partners work collectively and stressed that the STP Board has no statutory powers which presents several different challenges which had been outlined in the report. The STP includes 18 different organisations.

The Accountable Officer outlined the triple challenges facing the health sector in terms of gaps in care quality, health outcomes and financial sustainability

The Accountable Officer commented on the challenge in meeting demand with the resources available and the pressure to achieve the savings target detailed in the plan. The Accountable Officer commented about the work being done to help people stay independent and reduce demand on secondary care to give better health outcomes – there will be different approaches depending on the needs of each area within the STP footprint area. The panel discussed the work being done to address the wider determinants of health and the need for key agencies to work collaboratively.

The panel queried the level of co-operation between the different agencies involved the aims of STP and impact of changes outside the footprint area. The Accountable Officer commented on the health challenges from Walsall and Staffordshire which is adding pressure in services and the work being done to improve performance. The Accountable Officer commented on the discussions to look at possible reconfiguration of hospital services to reduce the current number to four sites which may be more sustainable in the future.

The Accountable Officer explained that the STP does not have a legal status and each area has sovereignty about the provision of health care and is not a mandatory forum for consultation about planned changes to the provision of services. The panel queried if there should be concern that leads have not been named in the governance structure for Wider Determinants of Health structure chart. David Watts explained that work is ongoing and that he one of the leads for one of areas listed.

The Accountable Officer responded to a question about the impact of not achieving the budget savings target detailed in the STP document and explained how the figure had been estimated. The estimate gap will depend on the outcome of discussions with RWHT about the cost of medical procedures and shifting spending to community care by offering alternatives to hospital.

The panel discussed the issue of a lack of public awareness about the STP and implications for the delivery of services in the future. The Accountable Officer commented that publicity about the STP had been attempted in the past but it was agreed that individual organisations would be responsible for this area. Furthermore, it had been agreed at early stage that the STP would not lead to the creation of new regional decision-making structure. The panel commented that it was important that the public get a clear message about the implications of the STP.

The panel queried how issue of wider determinants of health were being considered as part of STP work and how it linked with other areas outlined in the presentation. The Accountable Officer explained that the issue of the wider determinants of health are shaped by individual councils to reflect their local issues. Furthermore, there are plans to identify leads in discussions with directors of adult social care to deal with health challenges that affect the region, for example, infant mortality rates. The STP is a 'vehicle' that can support the changes that can tackle the wider detriments that influence this.

The Accountable Officer thanked the panel for the opportunity to present a briefing today and offered to attend future meetings if requested to give an update on progress.

Resolved:

The panel agreed to receive the report and note the progress made to take forward the Black Country STP.

- 8 **Wolverhampton Integrated End of Life Care Strategy - update on progress**
Karen Evans, Solutions and Transformation Manager, Wolverhampton CCG, gave an overview of the Wolverhampton Integrated End of Life Care Strategy and the key elements of plan, for example, early identification of the dying person to ensure patients are receiving appropriate care.

The Solutions and Transformation Manager gave an update on the progress and achievements made to date since the strategy was published. The Solutions and Transformation Manager commented on the work done with a steering group to develop a more person-centred Advance Care Plan which details what a person would like to happen to them in terms of their treatment and other important details to them – the document also includes funeral plans.

The Solutions and Transformation Manager added the scheme is being piloted across the care sector. A bid is being prepared to secure funding to rollout the document and has been supported by a range of training events throughout the year.

The Solutions and Transformation Manager commented on the range of work being done with managers in the care home sector about having the 'difficult conversation' as part of the overall care offer. The Solutions and Transformation Manager commented on the need to involve parents and relatives in the discussion based on the wishes of the residents.

The Solutions and Transformation Manager commented on the work being done with end of life patients at RWHT and the use of palliative care supported by district nurses.

The Solutions and Transformation Manager commented on the positive response received from different agencies to taking forward the strategy.

The panel discussed the importance of [Advance Care Plans](#) in helping to start conversations about making decisions for their end of life. The panel discussed the specific issues of cases involving people who have been diagnosed as having dementia, children and adults who lack capacity. The panel discussed the importance of ensuring the appointment of a Lasting Power of Attorney in avoiding delays.

Resolved:

The panel thanked Solutions and Transformation Manager for the presentation and agreed to receive a report on future progress and the joint work being done with Age UK.

Resolved:

1. The panel welcomed the report and noted the progress of the work done to implement the Wolverhampton Integrated End of Life Care Strategy.
2. The panel agreed to receive a progress report on the strategy in 2018.

9 **Walsall Clinical Commissioning Group - Consultation on changes to hospital stroke services**

The panel accepted the recommendation that the Chair and Vice Chair meet and consider panel comments on the proposed changes to stroke services in Walsall. A formal response to submitted on behalf of the panel.

Resolved:

The Chair and Vice Chair to draft a response to the consultation document on proposed changes to hospital stroke services in Walsall.

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Health Scrutiny Panel

16 November 2017

Report title	Draft Budget and Medium Term Financial Strategy 2018-2019 to 2019-2020	
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)	Claire Nye Tel Email	Director of Finance 01902 550478 Claire.Nye@wolverhampton.gov.uk
Report to be/has been considered by		

Recommendations for decision:

The Panel is recommended to:

1. Provide feedback to Scrutiny Board for consolidation and onward response to Cabinet on the Draft Budget 2018-2019.
2. Provide feedback to Scrutiny Board for consolidation and onward response to Cabinet on the approach to Budget Consultation for 2018-2019.
3. Provide feedback to Scrutiny Board for consolidation and onward response to Cabinet on progress on key budget reduction targets as detailed in the report.
4. 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 2018-2019 that was approved by Cabinet to proceed for formal consultation and scrutiny stages of the budget process, as appropriate, on 18 October 2017. Furthermore, the Panel's feedback is also sought on the approach to budget consultation and key budget reduction proposals that are built into the Council's Medium Term Financial Strategy (MTFS).

2.0 Background

- 2.1 In March 2017, Full Council approved that work started immediately to identify £14.8 million of budget reductions and income generation proposals to address the projected deficit in 2018-2019.
- 2.2 An update was presented to Cabinet on 19 July 2017. The Council had identified a total of £12.5 million budget reduction opportunities towards the strategy of identifying £14.8 million for 2018-2019. Of the £12.5 million budget reductions proposals identified for 2018-2019, £5 million are ongoing budget reductions whilst £7.5 million are one-off budget reductions. The projected budget deficit was reported as £2.3 million for 2018-19.
- 2.3 Over the summer period, detailed work continued to take place and a further update was provided to Cabinet on 18 October 2017. At this meeting, Cabinet approval was sought to reprofile the previously approved Waste and Recycling budget reduction targets totalling a cumulative £2.1 million to 2019-2020, to reflect the anticipated implementation date. As a result of this, the remaining budget deficit to be identified for 2018-2019 increased from £2.3 million to £4.4 million. However, Cabinet approval was also sought to implement a further three financial transaction proposals in 2018-2019 totalling £4.4 million, which it is projected will enable the Council to set a balanced budget for 2018-2019.
- 2.4 As in previous years, the budget consultation process for the 2018-2019 budget will include four evening meetings at various venues in Wolverhampton, as well as a breakfast meeting with business representatives and other meetings with community groups. Furthermore, an online and paper survey will be used to support the consultation process. The 2018-2019 budget consultation focus is on how the Council and the community can Work Smarter Together. Details of the Council's budget consultation and the online survey can be found on the Council's website at: <http://www.wolverhampton.gov.uk/budgetconsultation>
- 2.5 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 (MTFS) 2018-2019 – 2019-2020 report, which was circulated with the 18

October 2017 Cabinet agenda. Detail of all the Council's individual proposals, including the latest to be considered by Cabinet on 18 October 2017, can be found on the Council's website at:

<http://www.wolverhampton.gov.uk/financialstrategy>

- 2.6 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.
- 2.7 As detailed in the Cabinet report, the 2018-2019 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 5 December 2017, which will consolidate that feedback in a formal response to Cabinet (Resources) Panel on 16 January 2018. 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 2018, for approval by Full Council in March 2018.

3.0 Existing Budget Reduction Targets

- 3.1 The Draft Budget and Medium Term Financial Strategy 2018-2019 does not include any new Budget Reduction proposals which fall within the remit of this panel. Existing targets are included in the MTFS for 2017-2018 for Public Health and Wellbeing totalling £1 million. There are no targets currently in the MTFS for 2018-2019 and beyond.

4.0 Public Health and Wellbeing Update

- 4.1 Public Health services are funded from a ring fenced grant from Department of Health (DoH). Funding is use in line with the conditions of grant and the 2017-2018 allocation is £21.3 million. The Public Health grant has been reduced year on year and the projected grant allocation for 2018-2019 is expected to be in the region of £20.8 million. Reductions are projected for future years but beyond 2019-2020 the level of grant and whether the ring fence will remain is uncertain.
- 4.2 The primary purpose of the conditions is to ensure that the grant is used to assist the Council to comply with its public health duties and mandatory services. Mandatory commissioned services include:
- Specialist and primary care sexual health services
 - National Child Measurement Programme
 - NHS Health Check Programme
 - Mandated elements of the health visiting service.

- 4.3 The grant is used to support the Public Health and Wellbeing workforce and associated costs; commissioned services and other services across the council that meet the outcomes of public health.
- 4.4 The forecast out-turn position for 2017-2018 as reported to Cabinet (Resources) Panel on 25 July 2017 identified a potential cost pressure of £376,000 across Public Health and Wellbeing. This forecast overspend took into account the use of £1.7 million from the Budget Contingency Reserve.
- 4.5 In order to deal with the recurrent cost pressures projected against Public Health a review has been undertaken across Public Health to determine how the grant should be utilised. The restructured service will prioritise the major contributors to poor health and wellbeing across the life course and promote the development of a public health focused organisation using a business partnering approach
- 4.6 The Public Health and Wellbeing workforce and associated costs account for around £5 million. A restructure on the workforce has been drafted and staff are currently being consulted.
- 4.7 Commissioned services account for around £15 million of the 2017-2018 allocation. A review of commissioned services has also been undertaken with the priority on the mandated element of the grant. Cabinet on the 29 November 2017 will receive a paper seeking authorise to undertake public consultation on its commissioning intentions with the aim that the reduced funding should be prioritised to ensure improvement in the health of the population.

5.0 Scrutiny Panel Recommendations

- 5.1 The Panel are recommended to provide feedback to Scrutiny Board for consolidation and onward response to Cabinet on:
- the Draft Budget 2018-2019;
 - the approach to Budget Consultation for 2018-2019;
 - the progress on key budget reduction targets as detailed in the report;
 - any other comments.
- 5.2 The Panel are also recommended to 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.

6.0 Financial implications

- 6.1 The financial implications are discussed in the body of the report, and in the report to Cabinet. [MH/08112017/F]

7.0 Legal implications

7.1 The legal implications are discussed in the report to Cabinet. [TS/08112017R]

8.0 Equalities implications

8.1 The equalities implications are discussed in the report to Cabinet.

9.0 Environmental implications

9.1 The environmental implications are discussed in the report to Cabinet.

10.0 Human resources implications

10.1 The human resources implications are discussed in the report to Cabinet.

11.0 Schedule of background papers

Draft Budget and Medium Term Financial Strategy 2018-19 – 2019-2020, report to Cabinet, 18 October 2017.

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Agenda Item No: 6



Health Scrutiny Panel

16 November 2017

Date 8.11.2017

Briefing Paper

To: The Chair, Councillors of Health Scrutiny Panel

Title: Public Health Service Briefing

a) Background

The attached presentation outlines the role of local authorities in public health, current and future challenges and proposals for developing a new service model.

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Public Health Service

16 November 2017

John Denley Director of Public Health

CITY OF
WOLVERHAMPTON
COUNCIL

Our mission:
Working as one to
serve our city

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Public Health Service

- How should the specialist Public Health Service support the public health role of the City of Wolverhampton Council?
- Developing a new service model.

The Role of Local Authorities in Public Health

- The starting point for this new approach is the public health responsibility of the whole organisation not the small specialist public health service.
- Local Authorities were originally set up to promote and protect the health and wellbeing of their communities. They pioneered the development of public services to ensure clean water supplies, waste disposal, sewage treatment and disposal, regulated food production, supply and retail, provided safe housing and welfare to those in need.
- Local authorities still undertake these duties today in one form or another.
- Local authorities have been given back the local leadership role for public health and that makes sense as it is the local authority that controls the key socio-economic determinants of health such as education, housing, employment opportunities, the physical and cultural environment, transport and planning infrastructure.

What influences the health of a population?

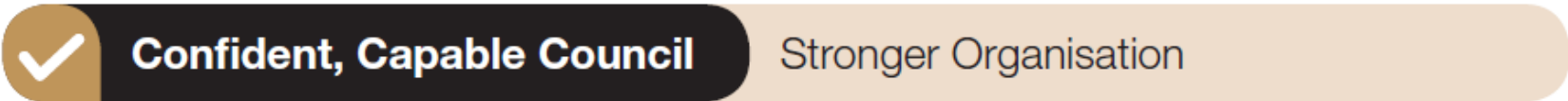
- 40% Lifestyle choices, e.g. smoking, diet, exercise, alcohol, etc.
- 40% Socio-economic factors, e.g. employment, income, education, housing, environment, etc.
- 10% Health service provision
- 10% Genetics

- We must support all 3 directorates to deliver the statutory public health responsibilities of the authority
- We must offer public health advice and support to **all** parts of the authority and external partners (esp NHS) through a business partnering arrangement to key services.
- The specialist public health service should provide the necessary expertise and technical advice to help the organisation maximise health gain and minimise health harms in **all** elements of its business.
- What is the 'business' of the council? - Captured in our strategic corporate objectives and future vision.

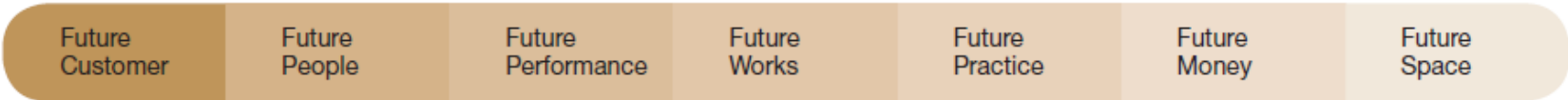
Vision

Our Corporate Plan

Working as one to serve our city



Future Council - stronger council ready and able to deliver change



Stronger Economy

- Which jobs are better for health?
- Health and economic productivity – how are they related?
- What's the 'healthiest' type of night time economy?
- How does transport policy impact on health?
- What does a healthy housing policy look like?
- How can we use 'planning' to improve health?

Stronger Communities

- Education Education Educationbest form of health promotion.
- Aspiration The best form of contraception.
- Gentrification – friend or foe?
- How do we create a resilient community?
- How do we reduce social isolation?
- Tackling fear of crime as a way of promoting health.
- How do we make the ‘healthier’ choices the ‘easier’ choices for our residents to make?

What About Health Services

Cost a lot of money yet contribute a small amount to population health.

- Do our residents get safe evidence-based services?
- Who gets the best services (the Inverse Care Law)?
- Are clinical outcomes as good for our hospital as other hospitals?
- Do more people die in our hospitals at the weekend?
- How many A/E departments do we really need?

QUESTIONS?

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