

Time 1.30 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 Paul Singh (Con)

Labour

Cllr Obaida Ahmed
Cllr Milkinderpal Jaspal
Cllr Asha Mattu
Cllr Phil Page
Cllr Martin Waite

Elizabeth Learoyd Healthwatch Wolverhampton
Shelia Gill Healthwatch Wolverhampton
Dana Dooby Healthwatch Wolverhampton

Quorum for this meeting is three voting members.

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 - 8)
[To approve the minutes of the previous meeting as a correct record.]
- 4 **Matters Arising**
[To consider any matters arising from the minutes.]

DISCUSSION ITEMS

- 5 **Black Country Partnership NHS Foundation Trust - 2018/19 Quality Account Priorities** (Pages 9 - 12)
[Lesley Writtle - Chief Executive, Black Country Partnership NHS Foundation Trust, to present report]
- 6 **Disbandment of Transforming Care Together - What next?** (Pages 13 - 16)
[Lesley Writtle - Chief Executive, Black Country Partnership NHS Foundation Trust, to present report]
- 7 **Red Bag Project Evaluation Briefing** (Pages 17 - 20)
[Sarah Smith, Head of Strategic Commissioning, will give a briefing on the evaluation of the Red Bag Project scheme]
- 8 **Healthwatch Wolverhampton Annual Report 2017/18** (Pages 21 - 56)
[Elizabeth Learoyd, Chief Officer, Healthwatch Wolverhampton, will present the annual report]
- 9 **Oral Health Needs of Older Adults - update** (Pages 57 - 60)
[Dr Majel McGranahan, Public Health Registrar, to present update on future developments aimed at improving oral health in older adults]
- 10 **The Royal Wolverhampton NHS Trust reviews 'never events' (report to follow)**
[Ann-Marie Cannaby, Chief Nurse, Deputy Chief Executive, to present a briefing paper on the work done by The Royal Wolverhampton NHS Trust on reviews of 'never events']

Attendance

Members of the Health Scrutiny Panel

Cllr Obaida Ahmed
Tracey Cresswell
Shelia Gill
Cllr Jasbir Jaspal (Chair)
Cllr Milkinderpal Jaspal
Cllr Asha Mattu
Cllr Paul Singh (Vice-Chair)
Cllr Martin Waite

In Attendance

David Loughton CBE
Jeremy Vanes
Stephen Marshall

Royal Wolverhampton Hospital NHS Trust
Royal Wolverhampton Hospital NHS Trust
Wolverhampton CCG

Employees

John Denley
Lina Martino
Earl Piggott-Smith
Ankush Mittal

Director of Public Health
Consultant in Public Health
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 the following:

Cllr Caroline Siarkiewicz
Dana Tooby
- 2 **Declarations of Interest**
There were no declarations of interest recorded
- 3 **Minutes of previous meeting**
The minutes of the previous meeting were approved as a correct record and was signed by the Chair.
- 4 **Matters Arising**
Agenda Item 5: Winter Planning Report 2017/18 – Update Report

Scrutiny Officer advised the panel that Dr Odum's briefing paper on the evaluation and effectiveness of winter preparedness plans will be presented to the panel on 19 July 2018.

Agenda Item 7: Update on the work of the suicide prevention stakeholder forum.

Scrutiny Officer advised the panel that information requested was sent in April – further copies available on request.

5 **Health Scrutiny Panel Work Programme**

Earl Piggott-Smith, Scrutiny Officer, presented the work programme report and invited comments on the plan. The panel were advised to submit any ideas for future agenda items and they will be considered by the Chair and Vice Chair.

The panel were advised that a visit to West Midlands Ambulance Service had been suggested. The panel were asked to advise the scrutiny officer if they are interested in attending.

Tracey Cresswell advised the panel that the Healthwatch Annual report will be ready for the panel meeting on 19 July 2018. The panel agreed to revise the draft work programme.

Resolved:

The panel work programme to be updated.

6 **The Royal Wolverhampton NHS Trust Quality Account 2017/18 report**

Jeremy Vanes, Chair – The Royal Wolverhampton NHS Trust (RWHT), presented a draft of the Quality Accounts 2017/18 report. The Chair outlined the background to the purpose of the document and commented on progress made against priorities set at the start of the year and the plans for 2018/19.

The Chair advised the panel that a formal report will be published on NHS website and a paper version of the draft would be available. The Chair added there have been further changes made to the draft since the report was sent to the panel. The Chair advised the panel that the draft report is externally audited to check the accuracy of the content before it is published. The Chair added that the deadline is 7 June 2018 for health scrutiny to comment on the document.

The Chair commented that the hospital is awaiting the results of a recent Care Quality Commission inspection report on the use of hospital resources and overall efficiency which will give a different view of its overall performance.

The Chair highlighted key sections of the document to help panel members understand the progress made by the hospital in meeting key priorities and performance against national measures.

The Chair invited panel members to comment on the draft report. A summary of the comments is given below:

- The vision and values section have no details – Chair advised that this section has been completed and included in the latest draft document.

- The panel share concerns about staff vacancy rates and acknowledged the work done to fill gaps to deliver safe and effective care to patients. The Chair advised the panel that progress made to stabilise staffing levels and that 50 nurses from the Philippines had been trained to meet shortages.
- The panel discussed the issue of the number and type of serious and reportable incidents during the year and the reasons. The panel wanted assurance about the impact of actions taken to reduce the likelihood of them happening again in the future. The Chair commented on safety thermometer – harm free care chart which shows current progress towards the target and how the hospital coped during the winter period.
- The panel noted the progress on improving infection control and reducing the number of pressure injuries. The Chair advised the panel of initiatives aimed at helping staff to maintain safety critical systems and to continue functioning at an optimal level during periods of high stress.
- The panel discussed the advice given to people help them get ready for discharge as part of efforts to reduce delays. The Chair commented on work done to encourage people to declare their ethnic origin to help the hospital compare its performance against published standards. RWHT provide mandatory training package on diversity to both existing staff and as part of the induction programme for new staff.
- The panel discussed progress since the introduction of vertical integration – which involves GP practices being integrated with the RWHT through sub-contracting arrangements. The panel discussed the results detailed in the Live GP Dashboard and the implications for improving future practice and policy.
- David Loughton, Chief Executive, RWHT, commented on the high risk to the hospital of achieving workforce planning targets and that despite extra funding from NHS there is a national shortage of staff with the necessary mix of skills and experience.
- The panel queried the reason for the placement of a young person on adult ward following treatment and lack of information in the hospital about where the public can get advice. The Chief Executive accepted that the situation is not ideal for the person and agreed to meet separately to discuss further. The Chief Executive commented on the work of PALS service and positive feedback on the quality of the service. The members of the panel were advised that information about the service is advertised across the hospital and there are leaflets which explain their role. The Chief Executive asked members of the panel to contact him if there are concerns about the service and agreed to review how the service is publicised.
- The panel discussed the idea of extending visiting times but accepted the need to have times when visiting times. The panel discussed the issue of parking and problems caused for patients, visitors, residents and staff. The delays cause problems for WMAS .The Chief Executive commented on the delay in reaching an agreement with CWC to get planning permission to build extra car park capacity to help relieve pressure on service. John Denley, Director of Public, agreed to follow this issue up and report back to a future meeting.
- The panel discussed the impact of the removal of the student bursary on efforts to create the workforce to meet future demands. The Chief Executive agreed that the changes had been a false economy and had created problems in recruitment and retention across the health sector. The Chief Executive had raised the issue with the Secretary of State for Health and the staff shortages across a range of health professions

- The panel discussed the benefits of having and sharing information about the performance of the GPs working in vertical integration and how it could be used to improve the patient experience.
- Stephen Marshall, Director of Strategy & Transformation, WCCG commented on the issue of reaching an agreement about the sharing of patient data following Health Act 2012 and the work being done to achieve equity of service.

The Chair asked the panel that any comments on the draft quality accounts should be sent to scrutiny officer asap so that it can be included in the response.

Resolved:

1. The panel agreed that a response to draft quality accounts will be sent to RWHT before the 7 June 2018.
2. The Chair and Vice Chair to agree a final draft which will be shared with the panel.

7 **Wolverhampton Hot Food Takeaway Supplementary Planning Document Consultation**

Lina Merino, Consultant in Public Health, introduced the report on revised guidance on appropriate locations for new hot food takeaways. The Consultant in Public Health explained the background to the consultation document and gave highlights to the representations received.

The Consultant in Public Health gave a short presentation which gave details about the proposal and added that the guidance only applies to new applications to open hot food takeaways

The panel queried the data which gave a summary of the link between the number of children assessed as being obese in Year 6 and the number of hot food takeaways within 400m of school gates. The panel queried strength of the link when results for Fallings Park and Oxley are compared.

John Denley, Director of Public Health, commented that the proposals are aimed at reducing access and consumption of unhealthy foods as part of the wider vision for the service. The Consultant in Public Health added they plans are aimed at encouraging people to make better health choices and to improve their health. The panel commented on the issue of concentration of hot food takeaways outside the 400m limit but located on the walking route to schools. The panel queried if this issue will be considered by planning when granting planning applications.

The Director of Public Health commented that the plans have had a good media coverage and led to local businesses to discuss their plans for opening hot food takeaways and change their offer to more healthier options. The Chief Executive commented on the changes in the food offer introduced at Greggs and the positive discussions and added that the location is now used to test new healthy products and profits have increased.

Resolved:

The panel endorse the proposed changes to the planning guidance and would like its comments considered in the final draft before it is approved.

- 8 **Black Country Partnership NHS Foundation Trust Quality Accounts 2017/18**
The panel agreed to note the response to the Quality Accounts report.
- 9 **West Midlands Ambulance Service Quality Accounts 2017/18**
The panel agreed to note the response to the Quality Accounts report.

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Health Scrutiny Panel

19 July 2018

Report title

Black Country Partnership NHS Foundation Trust - 2018/19 Quality Account Priorities

Report of:

Lesley Writtle - Chief Executive, Black Country Partnership NHS Foundation Trust

Recommendation(s) for action or decision:

The Health Scrutiny Panel is recommended to:

To receive a response to the request the Health Scrutiny Committee made for additional information in respect of the Annual Quality Report 2017/18 published by Black Country Partnership NHS Foundation Trust.

1.0 Introduction

- 1.1 The report is in response to the Panel's requests for further information when the Chair on behalf of the Panel, provided feedback on 19 April 2018 to Black Country Partnership NHS Foundation Trust on their draft Annual Quality Report 2017/18.

Under The Health Act 2009 and supporting regulations, there is a legal requirement for all providers of NHS services to produce an annual Quality Report. Quality Reports are annual reports to the public about the quality of services they deliver and their priorities for improvement.

2.0 Background

- 2.1 Regulation 5 'Written statements by Other Bodies,' sets out the requirement for a Quality Report to include any written statements sent to the provider from appropriate stakeholders. Local Authority Health Scrutiny Panels are invited to comment but are not obliged to do so. On behalf of the Trust, I very much appreciate the Panel's comments and I would like to take this opportunity to thank them for their positive and constructive feedback.

3.0 Impact on Health and Wellbeing Strategy Board Priorities

Which of the following top five priorities identified by the Health and Wellbeing Board will this report contribute towards achieving?

- | | |
|--|-------------------------------------|
| Wider Determinants of Health | <input type="checkbox"/> |
| Alcohol and Drugs | <input type="checkbox"/> |
| Dementia (early diagnosis) | <input type="checkbox"/> |
| Mental Health (Diagnosis and Early Intervention) | <input checked="" type="checkbox"/> |
| Urgent Care (Improving and Simplifying) | <input type="checkbox"/> |

4.0 Decision/Supporting Information (including options)

The HOSC Panel wanted a user-friendly section added to the front of the document which gives a summary of areas for improvement and details about how performance will be measured and monitored during the year.

However, NHS Improvement determines the content of our Quality Report and there was no requirement to include it in the Quality Report. However, the Trust takes seriously the feedback given from the Health Scrutiny Panel.

Within BCPFT CAMHS we have developed several specific services that ensure that we meet national best performance standards for providing 24 hour crisis cover to Children

and Young People (C&YP) in mental health distress. These include:

- The development of a dedicated CAMHS Crisis Intervention Home Treatment Team that works with acute hospitals, street triage, Local Authority and education provisions to respond to crisis referrals in a timely manner. This team works from 8.00am to 8.00pm 7 days a week and offers an out of hours rota for mental health act assessments.
- This team is supported by a CAMHS psychiatrist on call service from 8.00pm to 8.00am overnight.
- This team is constantly reviewed by Wolverhampton CCG and our young people's participation group to consider future developments.

As well as developing specific services to ensure access when young people are in mental health crisis we are also working on our core CAMHS provision to ensure that all children and young people can access mental health services. Work undertaken this year includes:

- Wolverhampton CAMHS Local Transformation Plan identified the need for an initial assessment team to be developed to provide dedicated support for Children and Young People (C&YP) referred to specialist CAMHS. Agreement was reached in May that we can start developing this team. This team will offer quick access to initial assessment for C&YP.
- Last year Wolverhampton City Council and Wolverhampton CCG developed a service specification to deliver early intervention mental health provision for C&YP within Wolverhampton. This is the first time specifically commissioned early intervention services for C&YP with mental health problems has been commissioned in Wolverhampton. The tender was awarded to The Children's Society in April and they are setting up drop in centres and structured support within the community under a service called BEAM. BCPFT are working with BEAM to ensure there is just one referral system for C&YP in Wolverhampton when they present with mental health problems via our BCPFT Single Point of Access. We are also ensuring that young people who self-refer at the drop in centres and require specialist mental health or even CAMHS crisis provision can access this via a seamless pathway.
- We are working with NHS innovations to review our systems around referral to treatment. As an external organisation we have asked them to review the demand and capacity within CAMHS and offer advice as to whether we can make this even more efficient.

The Trust has operated Crisis and Home Treatment Team service for many years to provide access to mental health care 7 days a week, 24 hours a day for people facing a crisis. However, there was no specific requirement to comment on this in the 2017/18 Quality Report and as stated previously, the performance indicators and content in the Quality Report are determined by NHS Improvement.

The Trust is currently working with its Commissioner to ensure future planning and provision is improved.

Pages 50-51 of the Quality Report provides this information as it is a performance indicator required by NHS Improvement.

5.0 Implications

Please detail any known implications in relation to this report:

- Financial implications - none
- Legal implications – considered
- Equalities implications - none
- Environmental implications - none
- Human resources implications - none
- Corporate landlord implications - none
- Risks – noted within Trust’s risk process

There are no known implications in relation to this report.

6.0 Schedule of background papers

6.1 The background papers relating to this report can be inspected by contacting the report writer:

Lesley Writtle
Chief Executive

Black Country Partnership NHS Foundation Trust
Contact: 0121 612 8083



Health Scrutiny Panel

19 July 2018

Report title

Disbandment of Transforming Care Together – What next?

Report of:

Lesley Writtle - Chief Executive, Black Country Partnership NHS Foundation Trust

Recommendation(s) for action or decision:

The Health Scrutiny Panel is recommended to:

Note the report.

1.0 Introduction

This report is in response to HOSC asking the Trust to explain what had occurred in the disbandment of Transforming Care Together (TCT). This report will explain what has happened and how future plans are focused on developing a clinically driven Black Country strategy, which aligns to the Black Country Sustainability and Transformational Partnership (STP) delivered at a pace that supports effective engagement with all stakeholders.

2.0 Introduction

This report provides an update on the disbandment of Transforming Care Together (TCT), the learning from the process and how that will influence the clinically led collaboration across the Black Country to sustain and improve services for our communities.

3.0 Background

3.1 The Transforming Care Together (TCT) partnership combined Dudley and Walsall Mental Health Partnership NHS Trust (DWMH), Black Country Partnership NHS Foundation Trust (BCPFT) and Birmingham Community Healthcare NHS Foundation Trust (BCHC).

It was formed in January 2016 in response to Black Country Partnership NHS Foundation Trust's call to establish a provider partnership to secure the sustainability of its service provision in the future.

The work from TCT showed clear benefits for Mental Health and Learning Disability services being developed and provided more collaboratively across the Black Country. This had already been identified within the Black Country Sustainability and Transformation Partnership (STP) work programme, which also took into account the aims of the Mental Health Five Year Forward view.

In the early Autumn of 2016, the three organisations agreed that they should merge to become one organisation, and agreed to develop a business case. The work programme built on the established work streams with a view to ensuring a smooth and safe transition of services from three organisations into one.

Just over one year on in November 2017, it became apparent that further work was required in the following key areas:-

- A review of the financial business case
- A review of the proposed clinical leadership structures within the new organisation; and
- Assurances of how the proposed organisation would support the development of STP's in both the Black Country and Birmingham areas.

In February 2018 the Board of Directors of each organisation reviewed progress against these areas and considered the views of the Regulator. It was then resolved, independently of each other, not to complete the planned merger and end the Transforming Care Together Partnership.

In arriving at that decision, it was recognised that the future sustainability of service provision for both DWMH and BCPFT remained a strategic priority. The Boards of each Trust recognised the strong clinical narrative for the development of a proposal for Mental Health, Learning Disability and Children's Services to be developed at a Black Country Level. Both organisations are committed to continue to work collaboratively to develop solutions that are clinically led.

3.2 What we have learned?

The two Trusts have taken time to look at what we have learned from the TCT process and believe it is vital that we recognise the behaviours and approaches that didn't and don't work. The key learning is that it is not what we do, but how we do it. There were some positive impacts and the partnership generated good working relationships at all levels of the organisations. This learning is critical and is, and will continue to, influence the way we work collaboratively in the delivery and development of good quality services.

3.3 What are we here for, what is our core business?

BCPFT and DWMHT are leading providers of comprehensive mental health, specialist and community learning disability services in the Black Country area, and BCPFT is a respected and credible provider of universal children's services in Dudley. Some of these services are delivered specifically in local place-based models, some are Borough wide and other services are delivered across the Black Country. The legacy work from TCT showed the potential services that could be developed and delivered for a population of c.1 million and would address the continuing challenge of service users having to seek care out of the Black Country.

Both Trusts have played a proactive role in the STP Mental Health work stream, which has worked with the commissioners to shape a future strategy that should support the ambition of the Trusts. Planned work during May 2018 brought clinicians together from primary care, provider Trusts and the CCG's to shape a Black Country strategy, and commissioning intentions for 2019/20.

The Learning Disability provision across the Black Country has already been shaped for 2018/19 under the Transforming Care Programme (TCP); there is potential to deploy the same methodology for other services.

In the period following the decision not to proceed the priority has been to deliver stability within each of the organisations, focusing on renewed leadership, priorities, culture and communication.

3.4 What next for BCPFT?

Both DWMH and BCPFT are working collaboratively within the STP framework and identifying further opportunities to align clinical strategies, and plans outside of the STP. BCPFT is developing a forward plan which will improve the underlying financial position to breakeven within 3 years and currently considering alternative strategies that will support delivery of clinically and financially sustainable services long into the future.

3.0 Impact on Health and Wellbeing Strategy Board Priorities

Which of the following top five priorities identified by the Health and Wellbeing Board will this report contribute towards achieving?

- | | |
|--|--------------------------|
| Wider Determinants of Health | <input type="checkbox"/> |
| Alcohol and Drugs | <input type="checkbox"/> |
| Dementia (early diagnosis) | <input type="checkbox"/> |
| Mental Health (Diagnosis and Early Intervention) | X |
| Urgent Care (Improving and Simplifying) | <input type="checkbox"/> |

4.0 Decision/Supporting Information (including options)

Currently Black Country Partnership NHS Foundation Trust (BCPFT) and Dudley & Walsall Mental Health NHS Trust (DWNH) are working collaboratively to look at how we can work together in the future for service users in Wolverhampton and the wider Black Country. This could improve resilience off current services, develop new services and also ensure service users are cared for in the borough or the Black Country rather than out of area. HOSC will be kept informed of this work.

5.0 Implications

Please detail any known implications in relation to this report:

- Financial implications – no immediate financial implications. BCPFT is currently in deficit with plans in development to deliver financial balance within the next 3 years.
- Legal implications - none
- Equalities implications - none
- Environmental implications - none
- Human resources implications - none
- Corporate landlord implications - none
- Risks – if financial plans are not achieved it could impact on the quality of and access to services. To mitigate this the Trust does has a robust Quality Impact Assessment (QIA) process in place.

6.0 Schedule of background papers

- 6.1 The background papers relating to this report can be inspected by contacting the report writer:

Lesley Writtle

Chief Executive

Black Country Partnership NHS Foundation Trust

Contact: 0121 612 8083

Briefing Note

Title: Red Bag Project Evaluation Session

Prepared by: Susan Eagle -
Commissioning Officer

Date: 20 June 2018

Intended audience: Internal Partner organisation Public Confidential

Purpose or recommendation

To provide an overview of the Red Bag Project and highlight the findings of a snapshot evaluation of the project to date.

Background

The City of Wolverhampton Council People Commissioning team, wrote a successful business case and received funding from the CCG, through the A&E Board, to implement the Red Bag Project Wolverhampton.

The project was initiated in September 2017 and was launched 31st October 2017. Delivery commenced in December 2017 with partner representation from the:

- CCG
- Royal Wolverhampton NHS Trust
- West Midlands Ambulance Service
- Care Home Reps

The Red Bag Project was based on the Sutton Vanguard project, which was a successful pilot implemented in Sutton (London). The project supports the implementation of NICE Guidance 27 for Safe Transfer of Care. It has been implemented in a small number of areas nationally, but we are not aware of local schemes.

The project aims are:

- Safe, efficient, and effective transition between inpatient hospital settings and community or care home settings, for adults with social care.
- Reduced length of stay in hospital.
- Targeted care and support through improved communication

This is largely achieved through the implementation of standardised paperwork and the use of the Red Bag to collate the paperwork with any personal belongings. The bag is kept with the patient at all times.

The project commenced due to:

- Poor communication
- Loss of personal belongings
- Inefficient use of staff time chasing documents, toiletries, and belongings
- Delays in treating patients due to lack of supporting care information
- Improving outcomes and delivering person centred support

Local Implementation

Wolverhampton were able to employ a part time project officer to support the implementation of bags in care home settings which was part of the original business case.

The team initially targeted 62 care homes, however 5 care homes were unable to participate due to staff, head office or internal staff challenges.

Project Status

- 55 care homes are using Red Bags for admissions
- 25 of the engaged homes have implemented the project for all residents in their home
- Care homes were asked to pilot the bags based on minimum 10% occupancy.
- 9 care homes are currently unable to participate. The team will continue to engage with all care homes.
- Participating homes have received education sessions and support on implementing the Red Bag
- 11 homes in Phase 1 received End of Life Care Advance Care Plan Training from CCG

Early indicators of the project

Early indicators of the project based on 16 care homes:

- 57% (9) of the homes had reduction or no increase in attendances to A & E
- 50% (8) of the homes had reduction or no increase in admissions to hospital
- 64% (10) of the homes saw length of stay reduce by up to 3 days
(Compared to 18 months relevant data. Based on care homes using bags from Dec 17 or January 18)

Phase 1 homes who have been using bags longest reflected:

71% reduction in attendances and 57% reduction in admissions (7 care homes)

These overall figures are based on 16 homes who started using Red Bags in Dec 17 and Jan 18, and is data compared to an average over the previous seven quarters. There are seven Phase 1 homes which started working on the project in November and recorded uses of bags began in December.

West Midlands Ambulance data suggests that the comprehensive paperwork has led to a reduction in conveyances to hospital.

- Conveyance rates have decreased by 33% (186 to 125)
- Calls to Ambulance Service have decreased from (28%) 281 to 201

Data from West Midlands Ambulance Service for 16 care homes using the Red Bag from Dec 17 to Feb 18 - Direct comparison from the same period last year.

Wolverhampton has exceeded the Sutton Pilot – please see PowerPoint slides for further information. We are currently working on bed day cost.

The commissioning team have successfully obtained qualitative feedback from all key stakeholders and compiled a video to play as part of the evaluation.

Early indicators highlight the success of the project when the paperwork and bag are used. The project echoes the positive findings from the original Sutton Vanguard pilot.

Best practice

The NHS patient collaborative has approached Wolverhampton to share the good practice with other authorities.

The project is now mandatory for all Better Care Fund workstreams across the country with an implementation date of March 2019.

Next Steps

- The commissioning team will continue working with care homes to implement the project across the City.
- The team will continue to monitor and obtain feedback to embed the project.
- The project will comply to the Better Care Fund requirements.
- A further evaluation will take place next year to analyse the impact after 12 months.

Attachments:

PowerPoint slides

Link to website on WIN for further information

[Wolverhampton Red Bag Project - public information](#)

For further information please contact:

Sarah Smith - Head of Strategic Commissioning

Tel 01902 555021

Email sarah.smith@wolverhampton.gov.uk

Susan Eagle - Susan Eagle Commissioning Officer

Tel. Office: 01902 555344

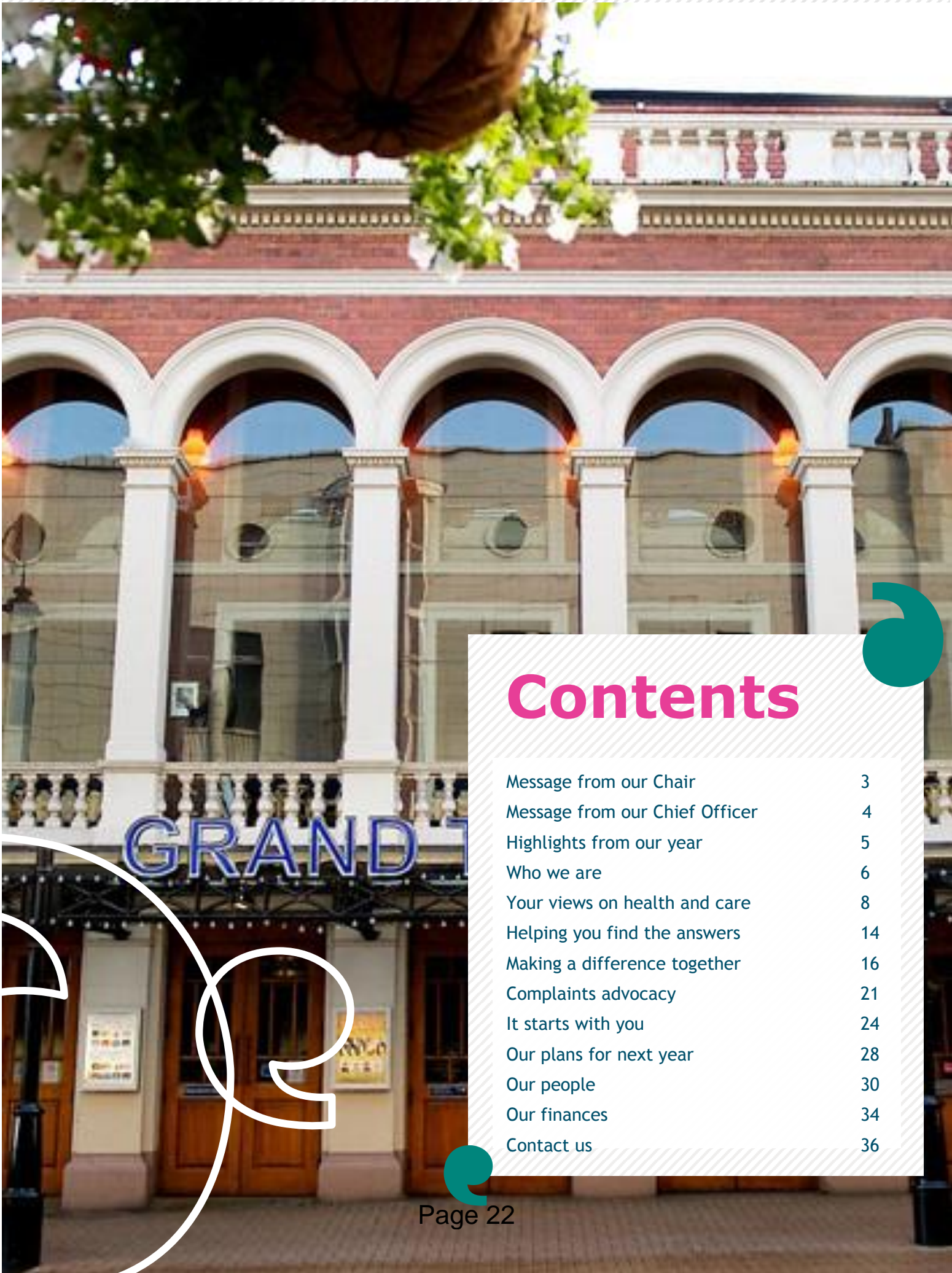
Email susan.eagle@wolverhampton.gov.uk

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healthwatch
Agenda Item No. 8
Wolverhampton

Annual report 2017/18



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Message from our Chair

Following the departure of Dr Isobel Gillis the previous Chair of Healthwatch I assumed the role of Chair on an interim basis until a permanent replacement could be appointed. My term of office was from September 2017 until January 2018.

During this period I oversaw 3 main projects: - a review of dental services, a review of the application of the Red2Green initiative in local hospitals and a mental health project which was ongoing when I relinquished the role of Chair.

The findings of the dental project were that finding a dentist local to where patients live was an issue for some people as was access to some dental practices for disabled patients. A major issue was identified with the cost of dental treatment even when it was undertaken as an NHS patient. Our findings replicated a national study undertaken by Healthwatch England. We issued a report which is published on our website and forwarded our recommendations for further action to local commissioners.

The Red2Green initiative has been led by NHS Improvement and is basically a graphical representation of a patient's stay in hospital. Red depicts a negative result for a patient and represents for instance a patient suffering delayed transfer for various reasons. Green represents a positive outcome for the patient, an example being the early discharge from hospital with an appropriate care package. We undertook a review of the local hospitals performance on this initiative and found them to be adopting the principles and producing positive "green" results.

During my time as, Interim Chair we were constantly seeking a permanent Chair. I am pleased to report that following a competitive process Sheila Gill was appointed and commenced her duties on the 9 January 2018.



Robin Morrison, Chair September 2017-January 2018

As I have been a member of Wolverhampton Healthwatch Advisory Board since July 2016, I have gained a good understanding of the changing health and social care landscape. Since my appointment as Chair in January 2018, I have worked with Healthwatch Advisory Board members and staff to deliver Healthwatch priorities and core functions of engagement, monitoring, challenge and influence. We are trying to drive up the quality of local health and social care services and ensuring the views and experiences of local residents are considered by commissioners and service providers. Although we have achieved a lot this year, there is still a lot to do!



Page 23
Sheila Gill, appointed Chair January 2018

Message from our Chief Officer

Healthwatch will ensure that residents voices are heard through service design and deliver.

The ongoing challenge across health and social care is around the Black Country Sustainability and Transformation Plans and how the services are going to be delivered locally for Wolverhampton residents

Healthwatch have engaged with the public around our priorities, summaries can be found further on in this report and the full report can be found on our website:

www.healthwatchwolverhampton.co.uk.

I would like to say “Thank you” to all our staff and volunteers that have worked to ensure that residents of Wolverhampton had an opportunity to engage in the priorities that they have chosen.

Healthwatch have continued to increase the number of volunteers that are working with Healthwatch Wolverhampton

Healthwatch have joined up with Compton Care and Black Country Neurological Alliance to start a Café Neuro in Wolverhampton, this is a monthly meet for a chat and a coffee with other carers, users, staff of people who have a neurological condition. The café runs the third Thursday of every month for 2 hours in the afternoon.

Healthwatch having been working with the University of Wolverhampton and Wolverhampton College to provide placements for students within Healthwatch to gain additional experience / knowledge around Health and Social Care. The University nurse student that was placed with us found the placement informative. The college students gained more knowledge of Healthwatch but also how to work in an office environment.

Healthwatch will continue to work with both the university and the college to support students.

We have a very busy year ahead but the focus is still the same; ensuring that patients have a voice within the Health and Social Care settings



Elizabeth Learoyd, Chief Officer

Highlights from our year

32,700

The number of people we have reached on social media



Our volunteers have carried out

14

Enter and View Visits, as well as surveys and other engagement activities



We've visited

224

local events



Our reports have tackled issues ranging from

Sign Language Interpreters

to

Dental charges



We've spoken to **4100** people

We've given

2723

people information and advice



Who we are



Healthwatch Wolverhampton exists to make sure health and social care services in the city work for the people that use them.

Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages and backgrounds who use services and to speak out on their behalf.

Our role is to ensure that local decision makers and health and social care providers put the experiences of people at the heart of their work. We believe that asking people more about their experiences can identify issues that, if addressed, will make services better.

Our vision

Healthwatch Wolverhampton acts as an independent voice for local people, championing quality health and social care services. It is our job to argue for consumer interests for all those who use health and social care services in the city. Through effective engagement to gain service user feedback, we can raise awareness of key issues affecting our local health and social care services and recommend improvements.

Our mission is to:

- Monitor service delivery through concerns raised and feedback received
- Analyse service user feedback and data to produce evidence and insight reports
- Challenge commissioners and providers on the quality, access and delivery of health and social care services
- Develop services through public involvement and engagement to ensure local residents have their voices heard

Working in partnership

We are continuing to work hard to raise our profile with local decision makers and developing strong working partnerships throughout the city to enable us to have influence and impact in the work that we do for residents of the city.

Some of the decision making forums where we have a voice include:

- Health and Wellbeing Board
- Systems Delivery Board
- Wolverhampton Health Scrutiny
- Wolverhampton Safeguarding Adults Board
- Wolverhampton Clinical Commissioning Group Board
- Local Pharmaceutical Network
- NHS England Quality Surveillance Group
- Integrated Care Alliance

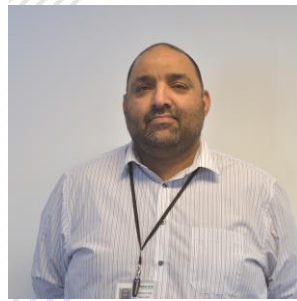
Meet the team



Elizabeth Learoyd
Chief Officer



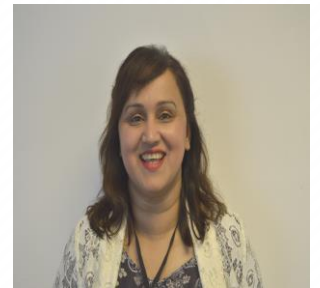
Tracy Cresswell
Engagement / Volunteer
Manager



Rasham Gill
Community Engagement
Outreach Officer



Sam Hicks
Research and Evidence
Officer



Shooky Devi
Operations Co-ordinator



Danny Cope
Information / Signposting
Officer



Judith Stroud
Advocacy Officer



Eve Aston
Information / Administration
Officer

Your views on health and care





Listening to people's views

In 2017/18, we engaged with local residents through a variety of methods, ensuring our outreach work reached people at the grass roots level with a focus on localism and community empowerment.

- Our Community Outreach Officer uses a collaborative approach to engage with individuals, voluntary groups and community organisations.
- We develop capacity through the recruitment of Healthwatch volunteers to support projects and activities locally throughout the city
- Our engagement events enable us to raise awareness of Healthwatch and the services we offer
- We gather feedback from local people so that we can influence health and social care services design and delivery
- We offer opportunities for real involvement for local people
- By conducting Enter and View visits into services, we observe and gather patient experiences so that we can help bring about service improvements



What we have learnt from visiting services

The Enter and View Programme provides Healthwatch Wolverhampton with an opportunity to see how a service is run. It also gives an opportunity to hear the views of patients, relatives, carers and staff at the point of service delivery.

“An Enter and View Visit is not an inspection”

Healthwatch offers a laypersons perspective rather than an in-depth formal inspection conducted by the regulatory body, the Care Quality Commission (CQC). Our Enter and View Programme is not a standalone activity; it is just one tool available to use for collecting evidence and feedback and is part of a wider engagement strategy.

We have 24 trained Authorised Representatives who support the Enter and View programmes. During 2017/2018 we carried out 14 Enter and View visits across GP Practices, Care homes, Nursing homes and hospital these visits were both announced and unannounced.

MGS Medical Practice: Lowhill Branch

Healthwatch had been contacted in 2016 from a patient who was having problems with their prescriptions. Healthwatch with the support of the business manager and main GP partner carried out drop in sessions across the practices in June 2017, the report was shared with the GP and business manager and a number of recommendations were made.

These recommendations were used as a guideline for the announced visit that took place in December 2017.



MGS Medical Practice, Lowhill

The following key observations and comments were made during our visit:

- There were still issues with patients getting appointments, and prescriptions not being ready
- No clear guidance on how to complain.
- Patient Participation Groups ensure patients are engaging with the practice, however there was no notification of these meetings in the practice. The Authorised Representative met with the chair of the group, who had not been aware of a meeting that had taken place earlier on in the year at the practice
- Patients did not know how or who to complain to.
- The notice boards were far too busy, needs to be a lot easier for patients to read, and they are all in English

Update March 2018:

Prior to the practice joining Royal Wolverhampton Trust Vertical Integration programme, the average appointment per 1000 patients was 56 per week, through the data collected since the beginning of the programme in June 2016. Royal Wolverhampton Trust can now show that they are providing an average of 66 appointments per 1000 patients per week. This is a total of over 7000 appointments additionally available to the practice population since June 2016.

Oxley Lodge Care Home

Authorised Representatives carried out the visit after Healthwatch Wolverhampton received concerns from members of the public. The visit took place in April 2017. The visit received both positive and negative reviews from the residents.

A number of recommendations were put to the home as listed below:

- To ensure all staff have confidentiality training on a regular basis, not just on induction
- Encourage residents to sit in the 'pass over', more stimulating for the residents who can sit and watch what is going on outside, they can watch the birds, rather than just sitting in the chairs in the lounge, looking at the walls etc
- Ensure that the notice board is free of clutter and residents, visitors, carers and relatives can view the information without having to search for it
- The lift was out of order due to a part being ordered, the home to chase up the part
- Ensure that the carpets are fitted correctly before the residents are allocated the rooms
- Ensure that the rooms are appropriate for the needs of the residents, for example if you have a resident who has fallen or is prone to falls, do not place them in a room where the floor is uneven or the carpet is coming away from the door
- Re-iterate to staff the importance of putting signs up after cleaning, i.e. Wet Floor by the bathroom
- The management to enquire on who can support them with falls prevention in the home

Other observations included:

- There seems to be confusing evidence with regards to who communicates with the relatives / carers when a resident has had an accident / incident / fall. Better communication from the management is required on who needs to contact the relatives / carers
- If a patient has a fall and it is alerted by the mat, what is the procedure for dealing with the residents?



Oxley Lodge Care Home

There was no provider response because shortly after the visit from Healthwatch the home was put up for sale and has closed.

Royal Wolverhampton Trust: Ward C16 Diabetes

Healthwatch Wolverhampton receives feedback on a range of services and treatments received by patients at the Royal Wolverhampton Trust. This visit was unannounced and was responding to recently received concerns to Healthwatch in respect from a patient. These were primarily around care received on Ward C16.

Upon arrival the Authorised Representatives noted that the ward was very busy, with a number of staff around the Nurse station and the immediate area. The Ward Sister had recently left the Ward to carry out other duties and therefore was not available for us to introduce ourselves and inform her of the nature of the visit. However the member of staff who we spoke with made us welcome and sought to locate the Ward Sister.

The following key observations and comments were made:

- The ward was mixed gender made up of four bays and two side rooms
- Two of the bays were single gender
- The Authorised Representatives were able to speak to nine patients and one relative. The majority of whom said that they had no complaints about the care they were receiving. However they did observe staff were under considerable pressure as noted that they did not attend promptly when the buzzer was pressed
- A patient in the side room raised concern of sleep disturbance, which we believe the noise was coming from the TV monitor, also the bed was too small for the patient which meant being uncomfortable when in bed
- The majority of patients arrived onto the ward via accident and emergency upon which a care plan would be produced
- Those patients who were referred from a nursing home would arrive with a care plan which would be integrated with one produced by the ward

- Visiting times are flexible which both patients and family members appreciated
- There had been some recent management changes on the ward which were still settling in
- Overall we found that the ward appeared to be somewhat cluttered with equipment and chairs in the corridors leading to the bays



New Cross Hospital, Royal Wolverhampton Trust

Provider feedback

Thank you for your positive feedback of your observations during your visit on 21 December 2017. During the time of your visit 09.55 - 11.30 nursing and healthcare staff were washing patients, changing clothing and bed linen; all the necessary equipment required is stored on trolleys which are located outside each bay during this period in accordance with Infection Prevention advice. Unfortunately this may have resulted in the “cluttered” appearance outside each bay. However this is temporary as once patient washes and bed making has been completed the trolleys are dismantled and returned to the linen store.

Our Authorised Representatives

We would like to thank our Authorised Representatives (listed below) for their time and commitment given to the Enter and View programme to make it a success.

❖ Anita Kainth	❖ Donald McIntosh	❖ Kerry Southall	❖ Mary Brannac	❖ Roger Thompson
❖ Anu Sandhu	❖ Elizabeth Learoyd	❖ Kirpal Bilkhu	❖ Matthias Katanga	❖ Rose Urkovskis
❖ Beverley Davis	❖ Jane Emery	❖ Louise Omekoko	❖ Pat Roberts	❖ Sheila Gill
❖ Dana Tooby	❖ Janice Edwards	❖ Maggie Makombe	❖ Raj Sandhu	❖ Tina Richardson
	❖ Judith Stroud	❖ Marlene Lambeth	❖ Rasham Gill	❖ Tracy Cresswell

The Enter and View Visits undertaken in 2017/2018 are listed below:

- **Arbour Lodge Residential Care Home**
- **Aspen Lodge Residential Care Home**
- **Atholl House Nursing Home**
- **Eversleigh Care Centre**
- **MGS Medical Practice**
- **Mountfield House Care Home**
- **Outpatients – Fracture and Orthopaedics**
- **Oxley Lodge Care Home**
- **Ward A8 – Geriatric Medicines**
- **Ward A21 – Childrens**
- **Ward C16 – Diabetes**
- **Ward C24 – Renal**
- **Woodfields Residential Home**
- **Wulfrun Rose Nursing Home**

Provider and Commissioner Information **healthwatch** Wolverhampton

Enter and View visits

www.healthwatchwolverhampton.co.uk Phone: 0800 470 1944

INVESTING IN RELATIONSHIPS | experience exchange | MINDFUL EMPLOYER | Engaging Communities

Our Enter and View leaflet for providers and commissioners is available upon request.

If you would like to join our team of Authorised Representatives, contact a member of the Healthwatch Wolverhampton team for more information on 0800 470 1944.

Helping you find the answers



How we have helped the community get the information they need

We are often contacted by members of the public who do not know where to get the information that they need, and we help to point them in the right direction, here are some examples of how we have helped people find the answers they need.

A Recovery Support Worker required information on how they could register their homeless clients with a GP. Healthwatch signposted them to 2 GP's in their local area.

Healthwatch was contacted by an individual who wanted a list of Home Care Agencies near Essington. Healthwatch e-mailed over the name of some of the care agencies (and CQC reports) that were local to the home address,

An individual had an issue with a dentist over dentures. The individual had had some new dentures made however was unable to wear them due to the thickness of them. The individual had raised it with the dentist who had not been very helpful, Healthwatch contacted NHS England to see what the options were for the individual. NHS England explained that the individual needed to go back to the practice and explain to them again, however, the individual was unable to go as they felt uncomfortable and they had no one to support them. Healthwatch left the individual with NHS England contact number alongside the number for WHACs in case they wanted to pursue it further.

Citizens Advice Bureau (CAB) had sent an individual to Healthwatch as they had an issue with a GP. On listening to the individual around the issues, it was clear that they wanted to go down the complaint route. Healthwatch passed their information with their consent onto WHACs.

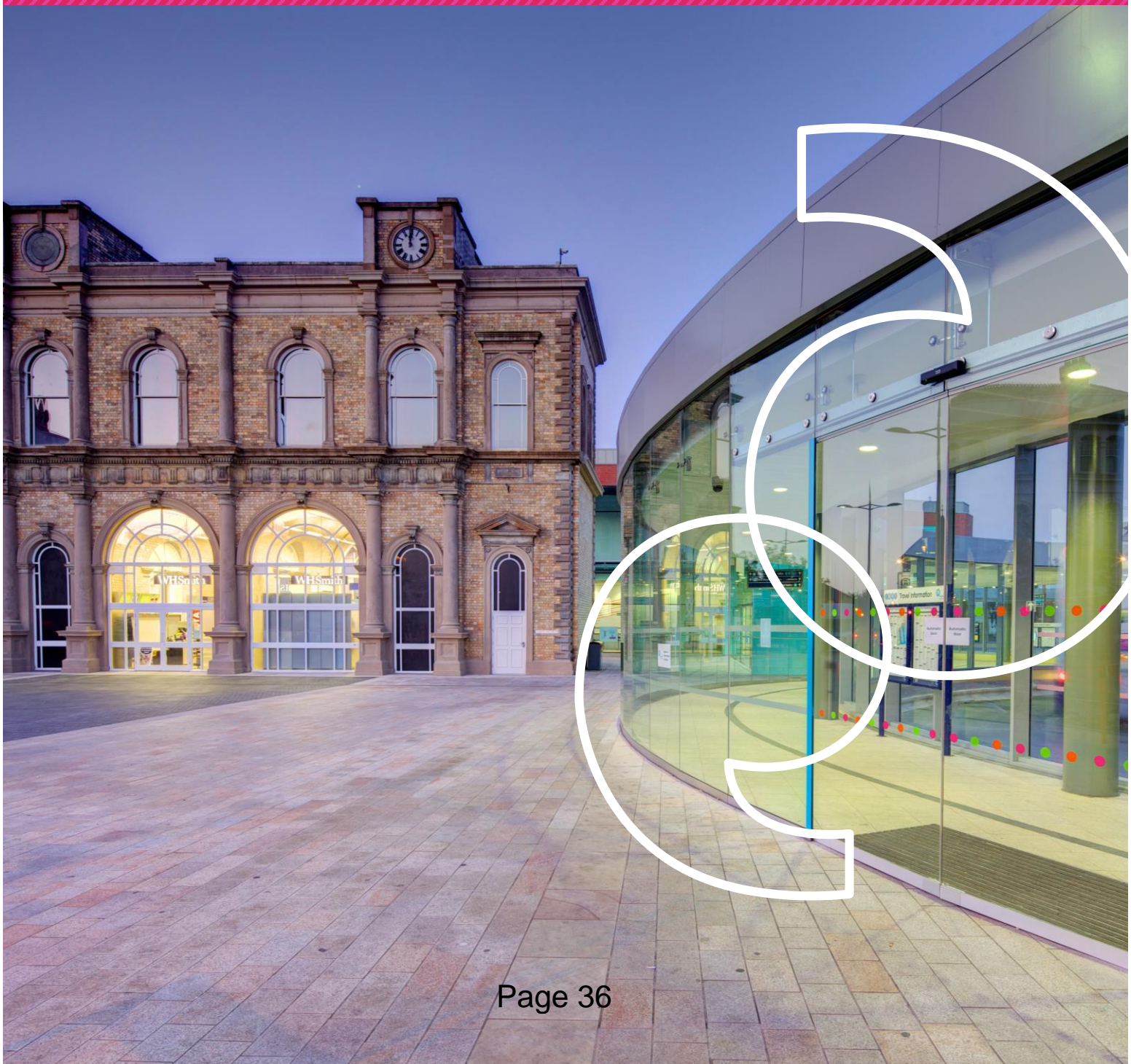
An individual contacted the office seeking support with some conditions they were suffering from. The individual had Fibromyalgia, so they were signposted to Rheumatology Support Group. The individual also had anxiety and depression and were signposted to Healthy Minds and Starfish.



Tracy Cresswell, providing contact details for to local services at an event.



Making a difference together



How your experiences are helping to influence change

In 2017/18 Healthwatch Wolverhampton's priority areas included:

- Red 2 Green
- Dental
- CAMHS
- Accident and Emergency Department

Red 2 Green

Healthwatch Wolverhampton were invited to take part in a trial project that was being led by Emergency Care Improvement Programme (ECIP) around a hospital discharge process called Red 2 Green. The idea behind the project is reducing the number of days patients are in the hospital without having any interventions.

Healthwatch engaged with 107 patients across 10 medical wards at New Cross Hospital. There were several questions that the patients answered ranging from "do you know why you are in hospital?" to "do you know when you are going home?".

One of the aims of the project is to encourage patients to ask the following questions: -

- "What is the matter with me?"
- "What is going to happen today?"
- "When am I going home?"
- "What is needed to get me home?"

The response from the patients regarding these questions was mixed, several of them were happy to ask and are regularly asking, however several of the patients did not feel comfortable asking and felt it was up to the doctors and nurses to decide.

Whilst carrying out the surveys Healthwatch was invited to listen in on the Multi-Disciplinary Team Meeting (MDT), these are where consultants, social workers, nurses, OT, Physio's discuss the progress of the patients. These meetings take place daily.

In addition to the surveys, patients were asked if they wished to take part in an interview once they were discharged home, several of the patients agreed to this. The overall feeling from the patients that were interviewed was there should be better communication between the staff and the patients, as some of the patients were having tests but did not know why. Some were given medication but did not know why. There was also miscommunication between different doctors, changing medication without discussing with the patients.

Respondents offered a few suggestions for ways in which patients could be encouraged to ask questions. These included:

- A patient pack on admission to hospital, which could include an information leaflet about Red 2 Green and a prompt card with the four questions.
- Information on the ward noticeboards and posters on the walls.
- Staff be trained to welcome the questions and support patient confidence to speak up.
- Dementia friendly information.

Access to Health and Social Care Services for Deaf and Hard of Hearing People in Wolverhampton.

In July 2017 we held two public events at the University of Wolverhampton, this attracted over 60 attendees. The events provided a rich source of information about what it is like to be deaf or a hard of hearing service user of health and social care in Wolverhampton. The events gave the attendees an opportunity to share their experiences on the following subjects:

- GP Surgeries / GP Provision
- Hospitals
- Dentists
- Urgent Care / NHS 111 / 999
- Opticians / Pharmacists
- Community services
- Nursing homes / care homes

Some of these experiences were positive for individuals who had used health and social care services, however there were some negative responses. Some of the themes that came out of the events are:

- Lack of clear communication
- Trained and Qualified British Sign Language interpreters
- Deaf awareness training for front line staff in health and social care settings
- More opportunities for Deaf parents to socialise with other parents in child - based forums
- Degree of frustration with voicing concerns for a considerable time, yet very little has been done to remove barriers

There were several recommendations for local partners to consider. Healthwatch to meet with the partners to work together on considering these recommendations and producing an action plan.

Recommendations:

- Patients decide if an interpreter is required not the staff
- Deaf patients are involved in the commissioning process for interpreting services
- All health and social care services with waiting areas have non-verbal communication methods in place.
- CCG and local authority commission sufficient interpreters to meet the demand and they have the required recognised qualifications



To view the report and all the recommendations visit our website at:

www.healthwatchwolverhampton.co.uk

CAMHS (Children Adolescents Mental Health Services)

Mental Health Support and CAMHS (Children Adolescent Mental Health Services)

CAMHS was one of Healthwatch priorities. The project was split into two parts, with the first part engaging with senior staff in secondary schools and colleges, and the second part engaging with the users of the service.

Part 1

A survey was electronically sent out to 46 secondary schools and colleges, with 17 responding. The questions asked ranged from training the staff, knowledge of the service, referrals into the service to support for the staff and students.

The responses identified that some of the staff had received training, however there were still a number that had not received any training. The staff that had received the training expressed that they would have benefitted from having the following:

Awareness of Mental Health conditions
Understanding on how to support the students
Specialist training
Knowledge of resources to help young people
Cognitive Behaviour Therapy

The respondents had heard of CAMHS and several of the schools had made referrals into the service, even though the referral criteria is “very medically orientated” and was reliant on a diagnosis being in place.

There were several respondents that experienced accessing CAMHS for certain groups was restricted.

The length of time averaged between 1 to 3 months from referral to assessment and between 3 to 6 months from assessment to treatment. There had been issues where the referrals had been closed for vulnerable students, even though it had been agreed to keep it open due to their vulnerability.

There were a number of solutions that were offered, these can be found in the full report on our website

www.healthwatchwolverhampton.co.uk

Part 2

An electronic survey was sent out to users of the service, however there were no responses received. Further work needs to be carried out with these users.

Recommendations:

- Review the provision of children’s advocacy services in Wolverhampton and provide signposting information
- Develop a range of different therapeutic approaches, either within CAMHS or other service providers
- Review the referral process to allow it to be more inclusive of non-medical professionals
- More face to face meetings between CAMHS, psychologists and school staff

To view the report and all the recommendations visit our website at:

www.healthwatchwolverhampton.co.uk

Dentistry in Wolverhampton

One of our priorities was around the dentists in Wolverhampton.

Healthwatch carried out a survey engaging with over 500 people, the report highlighted that there were mixed feelings around registering with a dentist, the majority who are not registered expressed that “they did not have the time”, there was a small number who were frightened / scared of the dentist, or who did not know how to register.

Over 50% of patients that are registered with a dentist go on a regular basis (every 6 months), mainly for routine check-ups.

Not all patients can attend the dentist due to work or other commitments, 45% of these would like more appointments to be available in the evening, 15% of patients would like more appointments available at weekends, however over 38% of patients would not know where to go for emergency treatment.

These findings were similar to the report that Healthwatch England carried out last year.

There were several recommendations that came out of the report and these can be found on the website www.healthwatchwolverhampton.co.uk

Evolution of Transfer of services from New Cross Hospital

One of our priorities was around the patient experience following on from the Transfer of Services between New Cross Hospital and Cannock Chase Hospital.

Healthwatch conducted surveys with patients in the specialist services affected by the Transfer of Services at both sites. The specialist services are Orthopaedics, Obstetrics and Gynaecology, Acute Medicine, Cardiology, Paediatrics, Acute Surgery, General Surgery and Oncology.

213 patients participated in the survey with 66 patients from Cannock Chase Hospital, 137 patients from New Cross Hospital and the remaining 10 not stating which hospital they had used.

There were several patients that had not been offered choice of hospital by their GP, however the quality of care received was rated positively by over 94% of the patients that responded.

Over 90% of patients at New Cross and 95% of patients at Cannock Chase Hospital would recommend the hospital to their friends and family.

The information that was given to patients when they were discharged was different across the 2 sites, with Cannock being rated a lot higher than New Cross, some of the patients at New Cross did not know who to contact if they needed support.

There were a number of recommendations that arose from the report and they can be found in the full report on www.healthwatchwolverhampton.co.uk

Complaints advocacy



NHS complaints advocacy service

Wolverhampton Health Advocacy Complaints Service (WHACS) provides Wolverhampton residents with direct access to information and support when making a complaint about the NHS.

Over the last 12 months, we have received **109** new referrals for advocacy support. Our dedicated advocacy Freephone number is answered by advocates, so people have access to someone who is trained to answer questions, give advice, understand individual needs, signpost to other services and provide continuing support. We work closely with other community and voluntary sector organisations and have an established database of contacts to refer clients on to additional support services.

We are pleased to provide a high quality, person-centred service that is recognised through our achievement of the Quality Performance Mark (QPM) accreditation, which is a nationally recognised advocacy accreditation for delivering high standards of advocacy support.

Our advocates have helped people to achieve positive outcomes with their NHS complaints. Through supporting people to make complaints, we have helped to highlight where problems exist in NHS services across Wolverhampton and ensure people get their voices heard when things go wrong to ensure that they can bring about positive change and service improvements. We have also been able to use anonymised data and insight from the advocacy service to inform our other Healthwatch functions, including our Enter and View programme.

Through advocacy support, we have been able to empower people and ensure people have their voices heard.

Our advocates provide resources and support to help people to self-advocate by using one of our specially designed Self Help Information Packs. Where people do need more intensive support, advocates give tailored one to one support in person.



Wolverhampton Health Advocacy Complaints Service

Do you have a complaint about the NHS?

Talk to us. Make your voice count.

Freephone 0800 161 5600

FREE, CONFIDENTIAL and INDEPENDENT

Advocacy QPM AWARD | MINDFUL EMPLOYER | Engaging Communities

What our clients say:

With our clients being at the heart of everything that we do, we continually ask for feedback on our advocacy service to help us improve and develop the service to meet people's needs. Here are a few examples of what our clients have said about the advocacy service:

“My advocate went above and beyond to support me to progress my complaint. She kept me updated at every single step and is an asset to your team”

“My advocate’s support and understanding of my issues was reassuring. She was reliable and informative, guiding me through the complaints procedure”

“I was supported throughout, and my advocate assisted me to draft my complaint letter, and helped me to review the responses I received. My advocate helped me to prepare for a meeting with the hospital, and as a result I achieved my desired outcome, and the hospital provided me with an Organisational Learning Action Plan. This was always my aim, and I am satisfied that the hospital listened to me and made changes to benefit other patients. I have recommend the advocacy service to others”

Advocacy case study

WHACS supported Mr K to make a complaint regarding the care and treatment of his late wife, who was receiving cancer treatment in hospital. Mr K was unhappy about the manner in which his wife was discharged home for end of life care. Her pain relief medication was dispensed by the hospital pharmacy, but when the District Nurse arrived at Mr K’s home she was unable to administer pain relief as it was dispensed as oral medication instead of medication to be administered by injection. Some medication was also missing.

Mrs K was left in pain, which was distressing for the family. A new prescription had to be obtained from the hospital, with the help of the District Nurse. Mr K spent 2 hours driving around various local pharmacies to collect the correct medication once the correct prescription had been issued, as the hospital was unable to dispense at the hospital pharmacy as it had closed.

Mr K drafted a complaint letter with the support of his advocate and received a response which Mr K was unhappy with. The hospital confirmed that the prescription for pain relief had been changed from injection to oral for discharge, and that the correct procedure had not been correctly followed by the hospital pharmacy. However, there was no clear indication within the response about what action the hospital intended to take to prevent the same situation arising in the future. Mr K decided to ask for a meeting with the hospital.

Mr K’s advocate supported him to prepare his questions for the meeting and attended the meeting with him.

Following the meeting the hospital produced an action plan with completion dates which would address the issues as follows:

Measures would be taken to ensure adequate stock control within the pharmacy
Electronic prescribing system to be introduced.

Supply of palliative care drugs to be available, if needed in the community, and this is to be raised with NHS England.

Pharmacy to liaise with community nursing teams to make them aware of the pharmacy support available out of hours.

Mr K was satisfied that the hospital had taken his complaint seriously, and had identified where practice and procedures needed to be revised.

it starts with
YOU



“With the help of Healthwatch Wolverhampton I was able to have my operation which was a success.”

#ItStartsWithYou

Healthwatch Wolverhampton receives hundreds of calls throughout the year from people needing support, information and advice. We also receive requests for support when we are out and about in the community during our outreach work. Here are a few examples of the issues we have supported people with.

Case study one

Healthwatch was contacted by a lady who had been refused funding for a Hernia operation under the Procedures of Low Clinical Value (POLCV), this was having an effect on her health and she was losing weight. Healthwatch met with this lady and obtained her consent to engage with the Clinical Commissioning Group (CCG), and Royal Wolverhampton Trust (RWT). This lady had complex needs not just the hernia.

Healthwatch contacted the CCG regarding the commissioning of this operation and explained that it was not just a hernia operation. The CCG informed Healthwatch that they had not received the information that had been requested from RWT, that was why the operation had been refused.

Healthwatch contacted RWT regarding this, they were not aware of any information being requested, the operation request was resubmitted.

The lady contacted Healthwatch to say that she had got a date for early December 2017 for her operation and thanked Healthwatch for their input.

Healthwatch were contacted in January 2018 by the lady who informed Healthwatch that the operation was successful, and she was waiting for a follow up appointment with the consultant.



“You were one of the few people who have listened to me.”

Case study two

Following a presentation from Healthwatch Wolverhampton, a lady contacted the team regarding her friend who was at the ripe old age of 90. There were a number of issues that the gentleman had they were:

- Couldn't get a medical professional to sign his documentation for a blue badge as they had not known him for 2 years.
- He had been on the waiting list for approximately 3 ½ years waiting for a hip operation.
- This gentleman had never been in hospital and had lived independently without any support from carers etc. His family had ensured that his house was adaptable to his needs as they did not live in the country.

Healthwatch carried out some research with regards to his blue badge and found that this could be checked at a local library. Healthwatch contacted the library to see what the procedure was for this individual and explained the issues that the gentleman was having.

The library carries out all the checks, including taking the photograph, click here for more information about this service:

<http://www.wolverhampton.gov.uk/article/1720/Blue-Badge-Scheme>.

Healthwatch contacted the gentleman and gave this information which he was grateful to Healthwatch as he finally felt he had been listened to.

The second issue was that he was waiting for a hip operation and he informed Healthwatch that he felt that it was due to his age.

With his consent Healthwatch contacted the consultant's secretary, She explained that even though this gentleman had been to see the consultant in Cannock the operation would be taking place in Wolverhampton. She also explained that this gentleman was top of the list, and they would be contacting him as soon as a theatre had been booked.

Healthwatch explained to her that the gentleman had said that they were not doing it because of his age which she disagreed as it was due to waiting for theatre space at the hospital. This was relayed back to the gentleman. In the meantime, his family contacted Healthwatch from America for guidance on the services that would be supporting him after his operation. They were signposted to a number of organisations and the discharge co-ordinator within the hospital.

Within a week the gentleman phoned Healthwatch to say that he had got a date for his operation and said “you are one of the few people that have listened to me”

The gentleman contacted Healthwatch to say he had had his operation and it had all gone well, he was recovering well in Bradley before going home. Healthwatch visited him at home and he was walking independently without any aids. He shared his experience in hospital as being mixed as he had to have a catheter fitted even though he felt he did not need one, and it took him a few months to have it removed. He was given supplies but not told how to re-order.

The communication around the services that would be going in to support him whilst at home was poor, as the organisations did not look at him as an individual, they just saw a 90-year-old gentleman and assumed that he had care at home, he was unaware of district nurses and other services that would be able to support him.

“The recommendations were taken onboard by the GP practice. They are now looking in to other patients who may be affected.”

Case study three

Healthwatch was contacted via e-mail regarding Methotrexate medication. There was difficulty in getting blood tests to coincide with the repeat prescription which was delaying the patient on getting their medication on time.

Healthwatch met with the GP regarding this issue, the patient was currently having their blood tests at the hospital, the results were not getting through to the practice in a timely manner which resulted in delays in the prescription. Not all clinical staff have access to the trust portal which relays the results.

A number of things were suggested from this meeting:

- More clinical staff have access to the portal.
- Improve the communication for staff.
- Patients where possible to have blood tests at the surgery rather than the Trust.
- Patients to be encouraged to order their repeat prescriptions on line.
- Practice to look at prescribing the medication over a longer period.

This was taken on board by the practice and the patient that had the issue with the medication. The practice was going to look at other patients who are on this medication.

#ItStartsWithYou

Feedback from patients and services users is vital to allow Healthwatch Wolverhampton to champion peoples experiences of health and social care services. Without people sharing their experiences of these services it is highly likely that issues would not be identified and that they would continue.

Healthwatch not only use feedback to try and get a resolution to individual problems, but this information is used to see if there are wider problems in the services.

Our work and the ability of Healthwatch Wolverhampton to improve services starts with you.



Our plans for next year 2018/19



What next?

Throughout the year, we received thousands of contacts from residents across Wolverhampton outlining concerns, and providing us with feedback and insight into peoples experiences of local health and social care services.

We rely on people to talk to us and have their say on services as this information helps us to prioritise our work programme for the year ahead, ensuring that we can focus our limited resources to create the biggest impact.

To help support our decision making process Healthwatch Wolverhampton conducted a “listening tour” between January and March 2018. We spoke to over 500 people across Wolverhampton and talked to people about their experiences of health and social care. This helped to build a picture of what services are working well and where there are problems. It also allowed people to share what they are really concerned about.

The information collected from local peoples feedback as well as the information gathered during our listening tour helped the Healthwatch Advisory Board to set our 6 key priority work areas for 2018/19.

Strategic priorities have also drawn our focus onto ensuring that we are providing a voice for young people of Wolverhampton, and continue to develop a young persons Healthwatch, for people up to the

age of 25.

With the complex and ever changing landscape of health and social care services, and the move towards integrated services, Healthwatch has an important part to play in ensuring that people understand what developments and proposals are being made to ensure that they have a say on how services should be designed and commissioned in the future.

Wolverhampton is part of the Black Country Sustainability and Transformation Plan (STP) and our strategic focus for the year ahead is to ensure that there is meaningful and ongoing public engagement on the STP plans for Wolverhampton, to give people a voice and ensure they are at the heart of all decisions being made about the future of health and social care service.

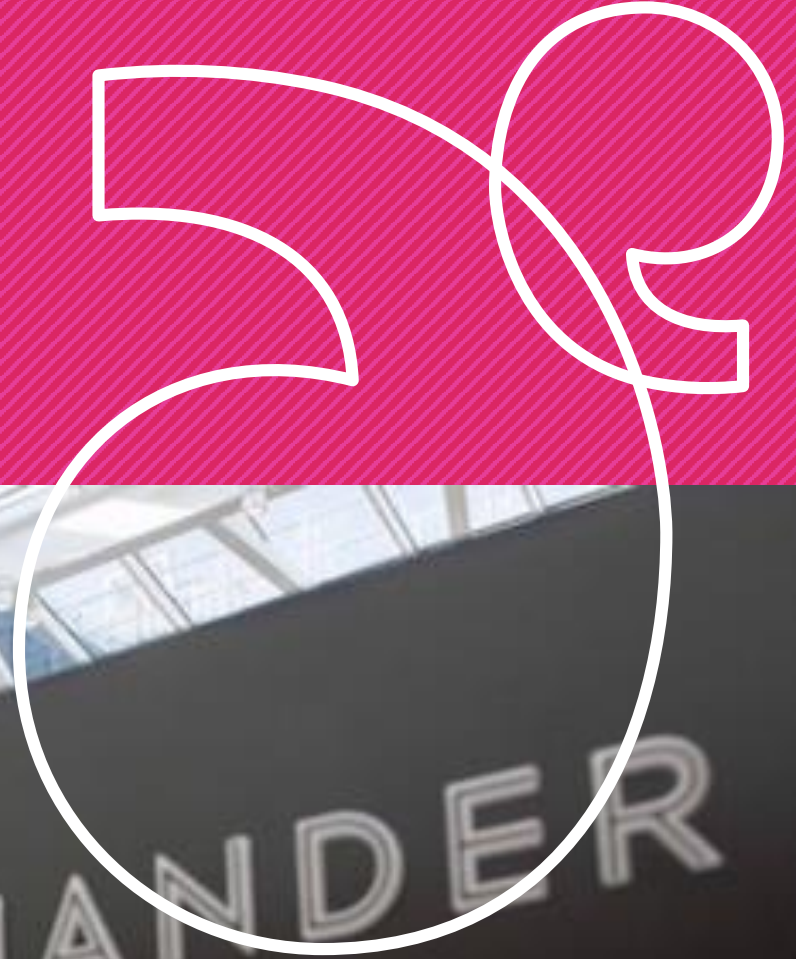
In addition to our priorities, Healthwatch undertakes a range of other research projects and activities into a wide variety of other topics based on the feedback of people using the service. We continually listen and respond to the views and experience of the public to help inform our ongoing work plan throughout the year.

We welcome input from local residents who wish to put forward a priority work proposal.

Our top priorities for next year

1. Hospital Discharge
2. Cancer services
3. Domiciliary care
4. GP services
5. Loneliness and isolation
6. Drugs and alcohol

Our people



Decision making

Healthwatch Wolverhampton is delivered by Engaging Communities Staffordshire (ECS), a not for profit Community Interest Company (CIC) which was set up to help provide a voice for the public in the delivery of public services and using our expertise and industry knowledge to maximise our impact on engagement with the shared ethos to:

- Always support the voice of the community and to offer an effective way for people to be involved in the services that provide for their health and social care needs.
- Enable better decisions to be made by health and social care organisations based on the experiences and views of the public and the collection and analysis of city wide data.
- Involve people in ways that are both efficient and effective.
- ECS is governed by the ECS Board which holds ultimate accountability for the delivery of the Healthwatch Wolverhampton contract and wider portfolio of service delivery.
- The ECS Board is led by our Chair, Robin Morrison and supported by Non-Executive Directors namely: Lloyd Cooke, Frances Beatty MBE, Will Taylor and Yvonne Buckland.

How we involve the public and volunteers

There are a range of ways for the public to get involved with Healthwatch Wolverhampton, these include:

- Completing surveys
- Talking to us when we are out and about
- Message us on social media
- Experience Exchange
- Email or call
- Attend Healthwatch events

We also offer a number of volunteering opportunities for people that want to support the work of Healthwatch, these include:

- Office support
- Enter and View
- Reading Panel
- Community Engagement

People can also sign up to be a Healthwatch volunteer within their own organisation to promote Healthwatch to colleagues, as well as share any information of Healthwatch activities.



“When I see changes take place due to our intervention that makes me happy and I really enjoy meeting new people listening and learning about their journey in life.”

Our volunteers

“I just wanted to say a massive THANK YOU to you all for allowing me to commence my practice placement with you.

You all have made me feel very welcome and the range of experience you have shared with me has been very interesting.

I particularly enjoyed working with a community on International Women's Day, looking at both complaints and positive experiences people have had using services. I also enjoyed home visits with the advocacy service, completing surveys with patients using the Emergency Department, and being able to support an Enter and View visit with the team. I have also been able to format the briefings and reports in your office.

Now that I have had the pleasure of learning all about what Healthwatch offers I will champion your service both with my professional peers and patients/service users. I am sure the work you do will enhance services, inform and improve Nursing practice.

Once again Many Thanks, I wish you all the best for the future.” - **Tracy Jackson, Volunteer**

“In my day job as Service Development Manager for Action on Hearing Loss (formerly the RNID), I am involved in various meetings around the country and hear about new and exciting things that are coming into play.

When Healthwatch was in its shadow state a few years back now, I took a keen interest in how this service would develop around the country.

I encounter a lot of issues that I felt were not really being addressed in health services and social care and thought a good route to express my thoughts/feelings and to make a difference is to get involved. Although I held a busy schedule I decided I would sign up to Healthwatch so I contacted Healthwatch Walsall where I was born and at the same time Healthwatch Wolverhampton where I now reside (Bilston), Wolverhampton came through first so I opted to work with them.

I want to help organisations that support people who may be deemed vulnerable to improve their services so that people accessing them will receive a first class delivery. I get much joy from volunteering with Healthwatch Wolverhampton. When I see changes take place due to our intervention that makes me happy and I really enjoy meeting new people listening and learning about their journey in life and also sharing mine in the hope that someone will take note and do better.” - **Roger Thompson, Volunteer**

Healthwatch Advisory Board (HAB)

The remit of the Healthwatch Advisory Board is to support the ECS Board to ensure good governance in the delivery of our Healthwatch service and ensure there is a robust voice for the community.

Members of the Healthwatch Advisory Board comprise of local Wolverhampton residents.

In 2017/18 board members were:

- **Dr. Isabel Gillis** (Chair 01/04/17-01/09/17)
 - **Robin Morrison** (Interim Chair 1/9/17- 9/1/18)
 - **Sheila Gill** (Chair- effective from 9/1/18)
-
- Dana Tooby
 - Michaila Tope
 - Yusuf Shafi
 - Jane Emery
 - Rose Urkovskis
 - Maggie Makombe
 - Vivienne Douglas-Watson

The Healthwatch Wolverhampton Advisory Board has grown and developed over the last 12 months. We have seen some new faces and said goodbye to old friends who have moved on to pursue new opportunities.

We were sad to say goodbye to our Chair Dr. Gillis who left us in September but want to thank her for her valued contribution throughout her time as Chair. We also said goodbye to Michaila Tope, Vivienne Douglas-Watson and Yusuf Shafi who we want to thank for all their commitment and input over the last 12 months

We started 2017/18 with a new Chair, we were delighted to appoint Sheila Gill as our new Chair in January 2018 and she continues to lead the board from strength to strength.

We thank Robin Morrison for acting as interim chair and are pleased to confirm that he will remain on the Board as a valued member.

The Healthwatch Advisory Board has a specific remit set out below:

- Decides on Healthwatch priorities, and Healthwatch activity such as the Enter and View programme, informed by public feedback and consultation
- Advises the Healthwatch representative to the Health and Well Being Board
- Receives reports on community engagement and communications activity, and decides future plans
- Is consulted on Wolverhampton based income generation work to ensure there is no unmanageable conflict of interest
- Steers and signs off the production of the Healthwatch annual report and any Healthwatch response to consultations
- Represents Healthwatch at public engagement and strategic meetings
- Acts as a spokesperson for Healthwatch, agreeing press releases as appropriate
- Follows up on Healthwatch reports to ensure impact

During our public meetings we have seen presentations from Jeremy Vanes from the Royal Wolverhampton Trust regarding the future of West Park Rehabilitation Hospital.

Other Public Healthwatch meetings were attended by Compton Care, Vocare Urgent Care Centre, and Connect regarding Musculoskeletal services.



Sheila Gill, Healthwatch Wolverhampton Chair and Jeremy Vanes, Royal Wolverhampton Trust Chair, discussing West Park Rehabilitation Hospital.

Our finances





Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	194,289
Additional income	10,020
Total income	204,309
Expenditure	£
Operational costs	32,624
Staffing costs	159,613
Office costs	9,499
Total expenditure	201,737
Balance brought forward	2,572

healthwatch
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Health Scrutiny Panel

19 July 2018

Date 19/7/2018

Briefing Paper

To: The Chair, Councillors of Health Scrutiny Panel

Title: Oral Health in Older Adults Update

a) Background

This briefing provides an update on the progress we have made to improve oral health in older adults in Wolverhampton, and outlines ongoing plans to improve oral health in older adults.

Oral health in older adults

- Older adults are more susceptible to poor oral health. With an aging population, and more people retaining their teeth into older age, the need for dental care is increasing.
- Care homes or those receiving care at home are particularly at risk of poor oral health.
- When someone moves into a care home, their oral health tends to get worse.
- Care home residents in the West Midlands are twice as likely to have dental caries compared to non-care home residents, but half as likely to brush their teeth twice daily.
- Oral health is fundamental to ensuring people can talk, eat and remain independent.
- Poor oral health affects general health, and can increase the risk of diabetes, cardiovascular disease, stroke, respiratory disease, cancer and dementia.

NICE guidelines for Oral Health for Older Adults in Care Homes were published in July 2016, and the NICE Quality Standard was published in June 2017.

b) Key Issues

A report on oral health in older adults in Wolverhampton was given to Health Scrutiny in January 2018. The panel requested a progress report against the recommendations for improvement presented to a future meeting of the panel. Our recommendations included to

- Support vulnerable adults to access mainstream services if they do not qualify for the Special Care Dental Service
- Ensure care homes are aware of resources and support
- Ensure low sugar foods in care homes are available in care homes
- Encourage GPs to prescribe sugar-free liquid medications if applicable
- Liaise with social care to introduce regular oral health assessments and education for staff and residents as part of contracts for care homes and domiciliary care

What are we doing to improve oral health in older adults in Wolverhampton?

1. Care home oral health improvement pilot project

In Wolverhampton, together with the CCG, we introduced a pilot oral health improvement project across five care homes in March 2018, and initial feedback from care homes has been positive. This will be expanded over the next few months. The project includes

- Baseline audit/questionnaire
- Discussions with care homes
- Awareness raising
- Training on oral health
- Re-audit
- Improvements and extension

1.1 Baseline review/audit

A baseline review of oral health care in a sample of Wolverhampton care homes as part of this project, undertaken in April-May 2018, revealed variations in oral health care training and monitoring between care homes:

- Most care homes (77%) had an oral health care plan in place
- 71% of care home staff felt confident in giving some oral health care

However

- More than half of care homes (62%) had no oral health risk assessments
- Only a third of staff had received some form of training on oral health

Staff comments included that they would like resource packs, information about how to assist residents with behavioural or non-concordance issues and those with swallowing difficulties, and information about equipment. Staff also wanted oral health care included as part of induction training. Comments were used to inform the development of the oral health training.

1.2 Oral health training

Oral health training is being delivered to representatives from care homes, and resource packs provided. Training includes raising awareness of the importance of oral health and common oral health conditions, prevention of poor oral health including healthy food choices, oral health hygiene (tooth brushing and denture cleaning) and techniques for providing oral health care to residents that have difficulty cooperating. In addition, information on access to dental care is provided, and the potential to ask GPs to prescribe sugar free medication to vulnerable residents. Certificates are issued to participants. Evaluation by participants has been positive.

1.3 Re-audit/review

Following oral health training provision to representatives from all care homes in the project, a re-audit/review will be undertaken to identify whether improvements have been made and highlight any areas where further support/improvements are needed.

2. Liaison with Social Care Commissioning

We are working with Social Care Commissioning to improve oral health, and are considering the possibility of introducing oral health into contracts for care homes and domiciliary care.

3. Awareness Session at Domiciliary Care Forum

As mentioned, adults receiving care at home are also vulnerable to poor oral health. We held an awareness raising session to providers of domiciliary care at the Domiciliary Care Forum in May 2018. Further collaboration with domiciliary care is being developed, with the possibility of introducing a requirement for oral health care into domiciliary care contracts.

Recommendations and next steps

- We will extend the oral health improvement pilot, ensuring that staff at care homes across Wolverhampton are trained to provide oral care.
- We will work with domiciliary care to introduce staff training on oral health, and identify any barriers to oral health care provision in this environment.
- We will continue to liaise with Social Care Commissioning to introduce oral health into care home and domiciliary care contracts.

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