

Health Scrutiny Panel

Minutes - 20 September 2018

Attendance

Members of the Health Scrutiny Panel

CLlr Obaida Ahmed
Tracey Cresswell
Sheila Gill
CLlr Jasbir Jaspal (Chair)
CLlr Asha Mattu
CLlr Paul Singh (Vice-Chair)
Dana Tooby
CLlr Martin Waite

In Attendance

CLlr Sue Roberts MBE
David Loughton (Chief Executive RWHT)
Dr Jonathan Odum (Medical Director RWHT)
Dr Helen Hibbs (Chief Officer - CCG & Senior Responsible Officer - STP)
Hafsha Ali (Programme Director Black Country TCP)
Susan Bailey (Head of Nursing Black Country Partnership)

Employees

Martin Stevens (Scrutiny Officer) (Minutes)
John Denley (Director of Public Health)
David Watts (Director for Adult Services)
Lina Martino (Consultant in Public Health)
Kate Warren (Consultant in Public Health)

Part 1 – items open to the press and public

Item No. *Title*

- 1 **Apologies**
An apology for absence was received from CLlr Milkinder Jaspal.

- 2 **Declarations of Interest**
There were no declarations of interest.

- 3 **Minutes of previous meeting**
The minutes of the previous meeting were approved as a correct record, subject to Tracey Cresswell's job title being amended to, "Local Healthwatch Manager," and the correction of the spelling of "Sheila Gill's" first name listed under apologies.

4 **Matters Arising**

The Chair made reference to the two Special Health Scrutiny meetings taking place in the following month. The one on the 23 October was regarding mortality rates at the Royal Wolverhampton Health Trust, the second on the 25 October was regarding the death certification processes. Both meetings would be taking place at the Civic Centre.

The Chair asked for an update on the car parking at New Cross Hospital. The Chief Executive of the Royal Wolverhampton Health Trust responded that they were building an extra 600 car park spaces at New Cross Hospital. He was however transferring a significant number of staff from Walsall, Dudley and City Sandwell. The likely number to be transferred was in the region of 550 staff. One of the car parks was nearly completed, when this car park was finished, work would commence on the multi-storey. During the construction of the multi-storey car park, at the front of the site, 250 car park spaces would be lost for a period of 19 weeks. The Vice Chair asked for a timetable of the car park works to be circulated. The Chief Executive of the Royal Wolverhampton Health Trust agreed to submit the timetable to be circulated with the minutes.

The Chair of Wolverhampton Healthwatch asked for assurances that due diligence had been undertaken by the Royal Wolverhampton NHS Trust Board on the outsourcing of the New Cross Hospital carpark and security. She agreed to send her questions direct to the Chief Executive of the Royal Wolverhampton Health Trust.

The Chair of the Scrutiny Panel asked for an update on the old eye infirmary building at the Compton Road Site. The Chief Executive responded that City of Wolverhampton Council had listed the building eleven years ago, which had prevented him from selling the site. It was in the gift of the Council to remove the listing. Modern house builders did not want to take on a listed building due to the associated conversion costs. There had been significant deterioration to the building in the last eleven years, making conversion even less attractive to developers. He agreed to complete a short briefing note on the site and added that they were in sight of selling the site.

5 **Urgent and Emergency Care - 7 Day Services - Update**

Dr Jonathan Odum, Medical Director – The Royal Wolverhampton Trust, presented a report on the Urgent and Emergency Care Seven Day Services. The seven day service delivery had been an aspiration of Government for some time. It had been a challenge across the country to implement the Government's aspirations. It was important to be clear that it was not about delivering elective, non-emergency care. There were four priorities out of the ten that had been set out by NHS Services. Those being: -

- a) All patients admitted as an emergency to be reviewed by an appropriate consultant within 14 hours of admission.
- b) All patients to be reviewed daily via a consultant delivered ward round.
- c) Seven day access to consultant directed and reported diagnostics.
- d) Twenty-four hour access to consultant directed interventions e.g. endoscopy and emergency surgery.

The Medical Director stated the monitoring of the seven day service was done centrally through a tool kit. The results of the monitoring for the last three years were listed in the report. The first standard, the assessment by an appropriate consultant within 14 hours of admission, the Trust had consistently achieved the pass standard over the last two years. The daily consultant review standard for last year was at 95%. The Trust was slightly below this figure for 2018, this was down in part to the selection of the case records and some outstanding consultant appointments in the care for the elderly.

The Medical Director stated that in relation to accessibility to diagnostics and early interventions, the Trust had always been fortunate to have seven days a week full access and thus achieved a consistent pass rate. The area which the Trust was making inroads was in relation to the patient daily review. Nationally there was a shortage for care of the elderly consultants, but he was pleased to report that the Trust had recently appointed two more consultants in this specialism. The other area where there had not been a full complement of consultants was in neurological services, this was however to be re-established in the near future.

The Medical Director stated that the reporting mechanism was due to change. Reporting mechanisms would in future be via Trust Boards and the CCG Improvement and Assessment Framework. The data which the Trust had gathered showed the changes to service delivery had positively benefited the care of patients attending for emergency care at RWT. The feedback from patients and their relatives had been positive about the opportunity for consultants to see them at weekends. The availability of consultants at the weekend had led to timely interventions in patient care, which in the past would have waited until the following Monday. There were ongoing developments about a move to 7 day services in primary care.

The Medical Director highlighted that the Trust faced some challenges with the transfer of mental health patients to community sites at weekends. Overall the Trust was in a good position.

The Chair of the Healthwatch Advisory Board commented that Healthwatch had been receiving feedback on the matter of aftercare advice and support following discharge and transfer into community care. She was of the opinion that sometimes patients were rushed out of hospital without their being the appropriate support in place. There were sometimes occasions where there was no care or nursing homes available or they had not been offered as an option. The Director of Adult Services responded that a huge amount of work had taken place to improve discharges within the City. There were about 90 vacancies across all the care homes in Wolverhampton at any one time throughout the year. The challenge was with care homes accepting people in, without a senior or member staff going to visit the individual beforehand and approving them. Through the Better Care Fund and the additional money received last spring, the Council had been trialling some different models including the block purchasing of some beds and agreeing quicker protocols around the moving of people into them. In addition the Council had their own internal provider services. The Council had more control over who used those beds over the weekend.

The Director of Adults Services stated that one of the Council's priorities was to get people back into their own homes and help them to recover. When people did need a residential environment, they had some reablement flats at Showell Court. They had also purchased some beds in public residential care homes for use by people who could not go directly home and were not well enough for a reablement flat.

The Chief Executive of the Royal Wolverhampton Health Trust commented that he was not concerned about 7 day urgent care service from a local perspective but was on a national scale. The financial and staffing resources were not available to be rolled out effectively on a national scale.

6

Black Country Sustainability and Transformation Plan - Update

Dr Helen Hibbs, the Chief Officer for Wolverhampton CCG / Black Country STP Senior Responsible Officer gave a presentation on the Black Country Sustainability and Transformation Plan, a copy of which is attached to the signed minutes. The presentation outlined the STP progress to date. It also detailed the initial work around the Black Country Clinical Strategy, key areas of integrated working between health and social care, and the ongoing development of primary care. It also highlighted some of the main challenges, risks and drivers for delivering integrated care in the future.

The Chief Officer for Wolverhampton CCG / Black Country STP Senior Responsible Officer stated that the Clinical Strategy would make a difference to local patients by reducing unwarranted variation and duplication across health and care services. It would also help to improve people's health, improve the quality of services and deliver financial stability. The strategy had 12 priority areas. The current areas of focus were cancer, mental health, learning disability services, maternity and neonates and primary care. Over the next few months they would be engaging local clinicians and communicating with patients and the public before launching the strategy in November 2018. Integrated work with Adult Social Care was a component of the STP Plan.

The Chief Officer for Wolverhampton CCG / Black Country STP Senior Responsible Officer remarked that primary care was at the heart of the place based plans and was integral to delivering improved health and wellbeing. There were some challenges and risks which she highlighted as follows: -

- Collaboration across the 18 partner organisations
- Unwarranted clinical variation
- Recruitment and retention of clinical workforce
- Financial sustainability
- Development of population health management
- Digital innovation
- Primary and community care estates
- Wider determinants of health

She stated that the STP would work collaboratively with its health and care partners to move towards an Integrated Care System (ICS).

The Chief Executive of the RWHT stated there was now agreement to merge pathology Services across the Black Country, Sandwell and West Birmingham. On the 1 October he would inherit 21 Consultant vacancies in Pathology and he estimated it would take at least two years to recruit to them. Russells Hall only had one Consultant in post, when their establishment was 6.5 posts. He did not want the manpower situation to worsen in other services. The work force problem was a serious issue across health organisations in the Black Country, which became a problem for the RWHT when they had to take on responsibility for services, such as pathology. He was also concerned about the financial position of neighbouring Trusts and the wider national finances of the NHS.

The Chief Executive of the RWHT stated that there was a large amount of issues taking place near to the Wolverhampton border which would impact the RWHT. At a meeting in Dudley in the previous week the CQC had wanted to close an A&E Department at nights and at weekends. This had been prevented. On the 27 September, the Board at Shrewsbury and Telford was expected to make a decision to close the A&E Department at Telford at nights. There was also an issue with Paediatrics. Those decisions would clearly have an impact on the RWHT. He would have preferred the issue to have been dealt with earlier in the year in May, when the problem had been foreseen, as there was now little lead in time to the Winter. He and Anthony Marsh at West Midlands Ambulance Service had real concerns on how the issue could be dealt with.

The Chief Executive of the RWHT stated that Shrewsbury and Telford Hospitals had been losing consultants for a long time. They had two A&E Departments to cover with only three A&E consultants. They had been asking him and other hospitals such as Stoke, which had 28 A&E Consultants, to send A&E consultants to assist. The problem he faced was that medical personnel did not wish to work in departments where they felt frightened. There was also an issue that when people finished their training they wanted to work in a major trauma centre rather than a standard A&E Department. This had been the direction of travel for approximately the last fifteen years.

The Chief Executive of the RWHT commented that there would soon be no choice but to close the A&E Department at Telford during the evenings. He was of the view that if consultants were sent from the RWHT to Shrewsbury and Telford, that they would resign their position. There were currently 400 A&E consultant vacancies in the country. Consultants wanted to work in large teams and have a reasonable assurance that they would be able to return home at the end of their shift and not have to stay over for many hours. There had been a report approximately twelve years ago which had recommended that there should be a reduction in the amount of A&E Departments in England to seventeen. This had not been implemented by the politicians, but he thought ultimately this is what would have to happen in the future, due to the resourcing issues being faced nationwide.

7 **Transforming Care Plans (TCP) for adults, children and young people with Learning Disabilities and/or Autism across the Black Country**

A presentation was given on the Transforming Care Plan (TCP) for adults, children and young people with learning disabilities and/or autism across the Black Country. A copy of which is attached to the signed minutes.

In summary, Dr Helen Hibbs, the Chief Officer for Wolverhampton CCG and Senior Responsible Officer of the STP stated in April 2016 the Black Country CCG's and Local Authorities had formed a partnership to transform care for people with learning disabilities and/or autism. The programme aimed to reduce the number of people with learning disabilities and/or autism residing in hospital so that more people could live in the community, with the right support, near to their home. A board had been established to ensure the success of the programme. The BBC Panorama programme in 2011 had exposed the abuse of young people with learning disabilities at Winterbourne View Hospital and ultimately led to the closure of the hospital. NHS England had decided something radical needed to be done to transform care in the specialism. The Black Country TCP was now working with people with learning disabilities and autism, their families and carers to agree and deliver local plans for the programme.

Dr Helen Hibbs, the Chief Officer for Wolverhampton CCG and Senior Responsible Officer of the STP remarked that using the nine principles from the National Service Model and guidance from NHS England, the TCP had developed a new clinical model for learning disabilities in the Black Country. The National Transforming Care Programme mandated that each TCP met the nationally prescribed trajectory for bed reduction by March 2019. For the Black Country this meant reducing CCG commissioned beds from 41 to 16.

A Member of the Panel referred to an individual who had autism who had been struggling to find work since leaving sixth form college. He found it difficult to engage customers in the jobs he had taken and thus was not kept on long-term. He had not been deemed eligible for PIP (Personal Independence Payment) by the Department for Work and Pensions. He was therefore really struggling to find an income because of his autism. In response the Chief Officer for Wolverhampton CCG and Senior Responsible Officer stated that they were looking at the autism pathway and she was happy to provide some more information to the Councillor. It was important that people with autism were given a care worker to help them maintain employment. She added that relationships with the Department for Work and Pensions were also important. The Director for Adult Education commented that the Council encouraged people to challenge PIP assessments. The Council also had a number of initiatives to support people into work including job coaches.

The Chair of Healthwatch asked for a future agenda item to be on the role of the third sector in supporting people into work who had specific health conditions. She was also aware of a nine-year-old child with autism, whose parent was having difficulties with a referral request. She offered to send the main details of the case to the relevant people.

Resolved: That the Health Scrutiny Panel note:-

- a) The programme of work taking place across the Black Country and in Wolverhampton.
- b) The progress to date in supporting local citizens with learning disabilities and/or autism out of hospital and to live as independently as possible in the community.

- c) The new clinical service model being implemented across Wolverhampton and its implications for Wolverhampton.

8 **Joint Public Mental Health & Wellbeing Strategy**

The Public Health Consultant presented a report on the Joint Public Mental Health and Wellbeing Strategy. She commented that Government Strategy called for mental health to be given equal importance to physical health, referred to as parity of esteem. It was important to focus not just on helping people with mental health difficulties but also on prevention. The Joint Public Mental Health & Wellbeing Strategy provided a high-level summary of current and planned workstreams across the Council and CCG to promote population wellbeing and improve mental health. The aim was to not only meet the specific needs of different age groups, but also to reduce cumulative disadvantage associated with poor mental health and wellbeing and related risk factors. She referred to the table on page 16 and 17 in the report which illustrated how complicated the mental health system was to navigate.

A Councillor referred to a gentleman who had attended a six-week mental health course, had shown improvement whilst on the course, but had now relapsed. He was awaiting further treatment. This highlighted the gaps in between stages and cited ongoing wider community support as being important in such cases.

Resolved: That the Health Scrutiny Panel note:-

- 1) The Joint Public Mental Health & Wellbeing Strategy is an overarching document that incorporates City of Wolverhampton Council (CWC) and NHS Wolverhampton CCG's Joint Mental Health Commissioning Strategy for 2018-2019-2020-2021. It includes not just commissioned services to support people with mental health problems, but wider public services and workstreams to prevent mental ill health and promote population wellbeing.
- 2) The Joint Public Mental Health & Wellbeing Strategy and Joint Mental Health Commissioning Strategy were informed by an extensive consultation that was carried out as part of a Mental Wellbeing Needs Assessment completed in June 2017. This included:
 - a) The Wolverhampton Healthy Lifestyle Survey conducted in March 2016, which included specific questions related to mental wellbeing and elicited responses from 9,048 individuals across the city;
 - b) 24 focus groups with the community such as younger adults, older working age adults, and older people; and
 - c) 34 interviews with professional stakeholders including voluntary sector representatives, health professionals such as GPs and Pharmacists, and Council officers from a variety of teams.
- 3) Initial feedback was sought on the draft Strategy document from Council and NHS professionals, and members of the Wolverhampton Mental Health Stakeholder Forum and Suicide Prevention Forum. A process of further engagement is currently underway to capture feedback from a broader range of stakeholders.

- 9 **Mental Health Commissioning Review Update on Recommendations**
The Director for Public Health introduced an update report on the responses to the recommendations of the 2017-2018 Mental Health Scrutiny Review. The Chair complimented Officers on the excellent collaborative work to date on the recommendations from the initial review.
- Resolved:** To note the update on the response recommendations to the Mental Health Scrutiny Review.
- 10 **Joint Health and Wellbeing Strategy 2018-2023**
The Director for Public Health introduced a report on the Joint Health and Wellbeing Strategy 2018-2023.
- The Consultant in Public Health commented that a consultation had been launched. 269 responses had been received to date with an 87% completion rate.
- The Healthwatch Chair asked about the duration of the consultation process on the strategy. The consultant in Public Health responded that that it had opened on the 5 September 2018 and would close on 28 October 2018. The findings of the consultation would be released in December.
- A Member of the Panel asked that the Council do its best to engage the third sector. The Director of Public Health agreed it was important to engage the third sector which was being involved. He asked for any specific suggestions of groups to be emailed directly to him so they could be included as part of the consultation process.
- Resolved:** That the Scrutiny Panel supports the Health and Wellbeing Board's approach to the Joint Health and Wellbeing Strategy.
- 11 **Work Programme**
- Resolved:** That the work programme be approved.
- The meeting closed at 3:30pm.