



Health Scrutiny Panel

Minutes - 15 June 2015

Attendance

Members of the Health Scrutiny Panel

Cllr Milkinderpal Jaspal (Chair)
Cllr Mark Evans (Vice-Chair)
Cllr Craig Collingswood
Cllr Val Evans
Jean Hancox
David Hellyar
Cllr Jasbir Jaspal
Cllr Peter O'Neill
Ralph Oakley
Cllr Stephen Simkins
Cllr Wendy Thompson

Employees

Deborah Breedon	Scrutiny Officer
Jonathan Pearce	Graduate Management Trainee

Part 1 – items open to the press and public

Item No. *Title*

- 1 Apologies**
Apologies for absence were received from Cllr Bagri.
- 2 Declarations of Interest**
There were no declarations of interest.
- 3 Minutes of previous meeting**
Resolved:
That the minutes of the meeting held on 12 March 2015 be approved as a correct record and signed by the Chair.
- 4 Matters Arising**
There were no matters arising.
- 5 Nominations for the election of Vice-Chair**
Nominations for the election of Vice-Chair were received; Cllr Mark Evans was elected the position. Cllr M. Jaspal offered for the Vice Chair (and any other panel members) to attend future planning meetings.

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The Royal Wolverhampton NHS Trust's Quality Account 2014/15

Cheryl Etches, Chief Nurse – Royal Wolverhampton Hospital Trust, gave a verbal presentation of the NHS Trust's Quality Account report by outlining the Trust's three priorities for the year, which are: urgent care, care of the elderly and end of life strategy. The Trust hopes to build on last year's work to improve these areas.

Due to maladministration the panel had not received a copy of the report. It was agreed to circulate the report after the meeting for Councillors to offer their comments - should they wish - with a view to forwarding a response to the Trust by 26 June. Councillors expressed their discontent about not being able to see the report and voiced their frustration about not being able to engage with the report fully. There was a consensus that it would not be appropriate to endorse any recommendations until the document was available. The panel were grateful for the report authors' presentation given the circumstances.

The Chief Nurse and Lynne Fieldhouse, Deputy Chief Nurse Royal Wolverhampton Hospital Trust, provided further details about the Trust's priorities:

- The Trust is redesigning urgent care pathways as part of its development.
- A & E continues to be a challenging area as large numbers of patients are using the service. The Trust has put in control measures to monitor this and is performing well, but not as high as it believes it can.
- Ambulance turnaround times are to a high standard.
- Dementia is a major focus, and the Trust is pleased to have received CCG funding to run a dementia ward for a year. The Trust is also running 'dementia friends' training, which will be completed by all relevant staff members within 12 months.
- Personalised care is a priority due to an aging population. The Trust has identified the issues of pressure sores and ulcers as something that it needs to address. This is a reflection of the types of patients within the community.
- End of life care has improved significantly over the last six months. The Trust has adopted best practice from Salford NHS Trust to ensure staff recognise the needs of bereaved relatives. Mandatory training has been implemented to ensure 8000 staff members will be trained to respond to families appropriately.
- The Trust has increased the number of clinical trials and sees research as a means to enhance practice.
- Newly qualified nurses are receiving an extended period of supervision to help them embed in the organisation. This has helped staff retention of young and overseas nurses.
- Data suggests a valid reduction in hospital mortality rates.
- Patient satisfaction rates are high (between 90 and 93%), but staff satisfaction rates are slightly lower (78%).
- The Trust will continue to focus on the integration of services at Cannock Hospital with the view to creating an elective centre in order to protect emergency beds at New Cross. This will be of importance during the winter period when the need for beds increases.

Cllr O'Neill questioned whether parity of esteem of mental health was an issue for the Trust. It was acknowledged that this issue was of importance despite not being in the verbal update.

Cllr Simkins voiced his concern that the Trust had not changed its priorities since last year and also expressed concern about the integration of services at Cannock Hospital. Jean Hancox, HealthWatch, also questioned why the Trust had not included HealthWatch on its mailing list for the Quality Account, which Cllr Collingswood also expressed concern about. With other panel members' support, Jean Hancox queried the accuracy of the responses to hospital surveys noting that many people would not complete surveys. The Chief Nurse noted that whilst the hospital can provide feedback forms, it cannot coerce patients into completing them.

The panel also raised the issue of nurse training and sought clarity on whether numbers were increasing or decreasing. The Chief Nurse explained that post Francis Inquiry Report the need for more nurses has become a national issue. She explained that the Trust needed to be innovative about investing in nurses and that this issue was reported on internally on a monthly basis. Cllr Thompson added that she also had concerns about nursing and training.

Resolved

- 1) To note the verbal report and forward the Quality Account report to all panel members to allow for Councillor to make comments to forward a response by 26th June 2015.

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Sexual Health Consultation Report

Katie Spence, Consultant in Public Health, and Ravi Seehra, Commissioning Officer, presented the sexual health consultation report. They provided an overview of the consultation noting that they were pleased to have engaged with a range of groups, such as young people, GPs, the voluntary sector and medical professionals. An extensive consultation ran from a variety of different locations with health partners to establish how best to improve services in the area.

The Commissioning Officer explained that the Public Health aim to commission an integrated service that uses modern technology. There is a need to develop a robust offer to vulnerable groups and this must be supported by the use of social marketing, which can help remove the stigma of service. The next phase of work is for the GUM and CASH aspect of the proposal to go out to tender in July. Further work will be done in the meantime to engage GPs to improve the GP offer. All financial, legal and equalities information acquired during the consultation will be shared with the future commissioners.

Cllr O'Neill queried whether work would be done to train receptionists at locations where a 'spoke' service may be based. The Consultant in Public Health explained that the consultation had shown that generally respondents preferred not to access services at GP surgeries. There is therefore a need for discrete services within the area. She added that the GP offer will be a primary care based model with training for all staff that provides sexual health services. Some GP services will specialise whilst others will offer a more basic package. There are varying degrees of capacity for GP surgeries to provide these services, but Public Health has identified several appropriate locations which could be specialist centres.

Cllr O' Neill also questioned how the consultation has related to teenage pregnancies and abortion. Teenage pregnancy services are not commissioned by Public Health,

but they can infer from available data it is an issue. By addressing the needs of vulnerable people in the city, many of these vulnerable individuals will be supported.

Cllr Simkins made several points. Firstly he questioned the relationship between Public Health and schools. The Consultant in Public Health explained that the Healthy Schools Team is looking to develop work on risk taking behaviour for young people. This new service will link into school nurse services. Secondly, Cllr Simkins also supported the team's plans for an app to provide information to younger people. Finally, he raised the issue of the link between mental and sexual health, focussing on peer pressure and sexting. The Consultant in Public Health agreed with these observations and explained work would be done to help vulnerable individuals.

David Hellyar, HealthWatch, expressed concern about the number of teenage pregnancies in the city and questioned why some of these were not being picked up judicial system. Cllr Evans noted that this was a sensitive issue and would risk criminalising many teenagers.

David Hellyar, HealthWatch, also queried the location of the sexual health Hub, which will be proposed by the tenderers. Contractors will also be responsible for ensuring that any sub-contractors meet the stipulations of their contract. Cllr Simkins stressed that more needed to be done to ensure new contracts should support the sexual health agenda.

Resolved:

- 1) To uphold the Sexual Health Consultation.
- 2) To consider the feasibility of public health commissioned services and how reference to sexual health matters can be incorporated into future commissioned public health services where applicable.
- 3) To encourage closer working partnership relationships between health, schools and the police are addressed in the sexual health specification.