CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

Minutes - 22 September 2022

Attendance

Members of the Health Scrutiny Panel

Cllr Jaspreet Jaspal
Cllr Milkinderpal Jaspal
Cllr Rashpal Kaur
Cllr Sohail Khan
Stacey Lewis (Healthwatch Co-opted Member)
Cllr Asha Mattu
Cllr Lynne Moran
Cllr Susan Roberts MBE (Chair)
Cllr Paul Singh (Vice-Chair)

In Attendance
Members from Staffordshire County Council Health and Care Overview Scrutiny Committee including the Chair of the Committee.

Witnesses
Professor David Loughton CBE – The Royal Wolverhampton NHS Trust (Via MS Teams)
Brian McKaig (Medical Director – The Royal Wolverhampton NHS Trust) (Via MS Teams)

Employees
Martin Stevens DL (Senior Governance Manager)
John Denley (Director of Public Health)
Becky Wilkinson (Director of Adult Services) (Via MS Teams)
Dr Ainee Khan (Consultant in Public Health)
Dr Bal Kaur (Consultant in Public Health)
Riva Eardley (Principle Public Health Specialist)
Matthew Leak (Principle Public Health Specialist)
Sophie Pagett (Principle Public Health Specialist)
Madeleine Freewood (Partnership and Governance Lead – Public Health)
Julia Cleary (Scrutiny and Systems Manager)
Kimberly Dawson (Scrutiny Officer)

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies**
An apology for absence was received from Cllr Sandra Samuels.

There were no substitutions.

The Cabinet Member for Public Health and Wellbeing sent her apologies to the Panel.

2 **Declarations of Interest**

There were no declarations of interest.

3 **Minutes of previous meeting**

The minutes of the meeting held on 30 June 2022 were confirmed as a correct record.

4 **The Royal Wolverhampton NHS Trust Quality Accounts 2021-2022**

The Medical Director, from the Royal Wolverhampton NHS Trust, gave a presentation on, The Royal Wolverhampton NHS Trust Quality Accounts. A copy of the presentation slides are attached to the signed minutes. He identified the key points as follows: -

- The objectives for 2022/23 had been set based on the priorities of the Trust, the extension of the Trust Organisational Strategy and objectives until August 2022 and considering the impact of Covid-19 for the past two years.

- The development of a new joint strategy between, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust. Subsequently by Autumn 2022.

- The Quality Accounts did not contain any information about the CQC National inpatient Survey results for 2021. The official CQC results were not due until October 2022.

- The Quality Accounts would be presented to the formal Annual General meeting of the Trust on the 28 September 2022.

The Chair asked about the compliance rate for mandatory training on the Mental Health Act. Compliance was only at 68.6% in March 2022. She asked for an updated figure. The Medical Director responded that the figure now sat at over 90%. It was a local offer rather than national mandatory training.

The Chair asked about the Parliamentary Health Service Ombudsman (PHSO) training which had not been delivered due to Covid. The report had stated that this intended to be reviewed and delivered within financial year. She asked if this training was on track to be delivered. The Medical Director responded that the training was back on track and was being delivered as it was pre-Covid.

The Chair posed a question regarding the development of a dashboard for deteriorating patients and sepsis. She asked for a progress update and the benefits of the dashboard. The Medical Director responded that the dashboard was developed from the electronic system that managed patient observations. It was a live dashboard used by clinical teams 24 hours a day.

The Vice-Chair commented that quality of care was very important. Patient views on the care received were important, he would have liked to have seen more on their views in the Quality Accounts. He also asked about the inequalities the Trust had identified and what were they looking to improve moving forwards. The statement referred to a drive to improve continuity of care in BAME women during their pregnancy, he asked what improvements were being made. He referred to the

Cancer Improvement Board, which had been delayed. The report had stated it was due to commence in May, he asked if this had occurred. He requested the latest position on the 62-day Cancer Performance target. Finally, he requested clarification on the statement in the Quality Accounts that said the Trust would expand their apprenticeship offer to the diverse population.

The Medical Director responded that patient involvement had been challenging. Infection prevention measures during Covid had sometimes meant patient engagement was more difficult. They did want to improve family and friends' response scores, as they were average when benchmarked. They were also looking at patient involvement with regard to developing pathways and groups. The inequalities work with maternity services was identifying high risk mothers and babies at an early stage. They were carrying out preventative work such as diabetes management, cessation of smoking and having right access to health services and support. Other inequalities identified included prostate cancer in Black Caribbean men and how the Trust engaged with them. There were also inequalities regarding waiting lists for hip and knee replacements. There were work streams ongoing on this area to ensure equity of access to services.

The Medical Director stated that the inaugural meeting of the Cancer Improvement Group had taken place at the end of May. It was looking to develop and streamline pathways to improve performance and quality. It was also linked to workstreams in the ICS (Integrated Care System). The next meeting was in the following week. An action plan was being developed. There were significant challenges around the 62-day cancer pathways.

The Medical Director commented that the Trust had a strong Mentorship scheme in the Trust. They recognised the importance of investing in staff so they could reach their potential.

The Chief Executive of the Royal Wolverhampton NHS Trust commented that there were not extensive vacancies for consultants, doctors at the Trust or GPs in the Primary Network they controlled. He had not used any agency nurses in Wolverhampton since 2005. They were also one of the best in the country for international recruitment. Nationally it was true that the biggest problem the NHS faced was workforce, but locally speaking they had done well to maintain staff figures. Waiting lists were at the highest level he had seen since the late 1980s and it would take considerable time to get them back on track. With regard to cancer services, locally they were still struggling with the effects of Covid because some people had not consulted their GP when they had early symptoms of cancer. They were seeing high levels of cancer and people presenting at a later stage in their illness.

The Chief Executive of the Royal Wolverhampton NHS Trust commented that he did have some concerns regarding the high level of international recruitment. This was because many of those staff came to work in England because of the pay. Due to inflation the amount they assumed they could send home was now less. He was doing everything he could to help them stay. The cost-of-living crisis was having a psychological impact on the 17,000 staff that worked for the Trust. They were looking at measures to try and ease the cost-of-living crisis. A hot meal could be provided to staff for £1.50 when at work.

The Chief Executive of the Royal Wolverhampton NHS Trust remarked that they were expanding the site at Cannock to include more elective surgery operating theatres. There were some unique problems with robotic surgery. The waiting list for robotic surgery with a robot was high. It was his view that the NHS had not rolled out robotic surgery fast enough. He was considering adding a third robot at Cannock to complement the two at New Cross. More staff would be required for the extra operating theatres at Cannock. The Trust were providing some mutual aid to Birmingham when they did have spare capacity to help with waiting lists. Birmingham had some of the biggest waiting lists in the country.

A Member from Staffordshire County Council's Health and Care Overview Scrutiny Committee commended the work the Trust had undertaken with the Local Universities. She also praised the volunteering work the Trust had encouraged especially with young people who could feel inspired to have a career later in life in health and care. She asked about how they balanced the overseas workforce with other staff. In addition, how the Trust was able to attract staff to work for them. It was important to ensure opportunities were made known to people and particular those in the local area.

The Chief Executive of the Trust responded that there were two groups of overseas staff. They knew from the outset some overseas staff were here for training in a partnership arrangement and would then return to their home country, the other group had plans to stay in the country long-term. People came to Wolverhampton because there were excellent training and education opportunities. There were 150 nurses on the Fellowship Programme. The Trust had been in a stable financial position in the last 14 years and so was able to invest in opportunities for staff. They had a good record in staff retention. They did everything they could to make their overseas staff welcome, this included helping them with accommodation and bank accounts.

The Medical Director added that they were very active in going to volunteer groups like the Scouts as part of their recruitment drive. Covid had led to a younger profile of volunteers working with the Trust.

The Chair of South Staffordshire's Health Scrutiny commended the Chief Executive of the Trust for investing in Cannock Hospital. She asked for information on how Doctors became Consultants. The Medical Director explained the process in detail, which included the CESR (Certificate of Eligibility for Specialist Registration) route.

The Chair of Staffordshire County Council's Health and Care Overview Scrutiny Committee thanked the Chair for inviting the Committee Members to take part in the discussion via MS Teams. He emphasised that Wolverhampton Trust was a key service provider to Staffordshire residents. He also paid tribute to the Chief Executive of the Trust and the staff for the Trust over the last two years and during the course of the Covid pandemic. He referred to the figures in the report which detailed the number of incidents which related to serious harm or death. The figures in the report showed there had been more than a doubling of the numbers year on year. He asked what processes were followed when there was an incident to ensure lessons were learnt. He also referred to the number of re-admissions for people over 16, which was at the highest level for many years. In addition, the total number of admissions was very high. He asked for some more information on these figures.

[NOT PROTECTIVELY MARKED]

The Medical Director responded that they did recognise the figures for serious harm or death incidents. They had a formal process that was followed from moderate to serious harm and death. He described the process in detail. Encouraging there were no similar themes in serious harm or death incidents at the Trust. With reference to re-admissions for people over 16, a lot of them were related to mental health. They were trying to manage them more effectively in the community. They were also looking at using virtual wards more over the next two years. The Chief Executive of the Trust referred to problems with delayed transfer of care. Wages in domiciliary care could not compete with companies such as Amazon. He was also alarmed by the increase in the number of elderly patients with mental health problems who were being admitted. It would sometimes look like a re-admission for their original condition but was often due to a mental health problem.

The Director of Adult Services stated that they continued to work hard on moving their social care residents out of New Cross Hospital. They had also invested in extra staff for winter. They had increased their PST support and capacity.

A Staffordshire County Council Health and Care Overview Scrutiny Committee Member referred to the eye clinic in Wolverhampton, which delivered an excellent service. She asked if there were any plans to move any of the basic services to Stoke or Stafford. The Chief Executive of the Trust responded that she would have to ask UHNM (University Hospitals of North Midlands NHS Trust) as he no longer managed services in Stafford.

The Vice-Chair asked for the benefits and drawbacks of virtual wards. The Medical Director responded that they could prevent an admission to hospital and be used to monitor people being discharged from hospital. There was a virtual ward team, which could digitally monitor them via a command centre, enabling remote access to the patients medical statistics. The feedback from patients had been exceptional. He did not see any drawbacks but there was buy-in needed from the population to let them know it was safe. The Chief Executive of the Trust suggested the Panel could visit the Command Centre at the Science Park at Wolverhampton University.

The Chair congratulated the Trust on their SHMI (Summary Hospital Level Mortality Indicator) being at expected levels.

The Chair asked how the new Integrated Care Board (ICB) and One Wolverhampton were progressing as part of the new Health System. The Medical Director responded that One Wolverhampton, the place Level Group was progressing very rapidly. The governance system was now virtually agreed. There were a number of strategic working groups which were related to national initiatives or related to the local population. There was good collaboration between health partners in One Wolverhampton. The main interaction with the ICB had been through the Black Country Provider Collaborative. They were looking at how to develop effective work streams and patterns of working. There was a lot of focus on cancer pathways and discussions on other themes such as digital integration. It was a developing system.

The Chair asked about the benefits and drawbacks of a shared Chief Executive and Chairman with Walsall. He responded that the benefits were high particularly on back office work and areas such as catering. He believed it to be a positive move for both Walsall and Wolverhampton.

The Chair thanked the Members of Staffordshire County Council Health and Care Overview Scrutiny Committee for contributing to the meeting.

5 **Public Health Annual Report 2021-2022**

The Public Health Partnership and Governance lead gave a presentation summarising the main points of the Public Health Annual report, a copy of the presentation is attached to the signed minutes.

The Chair referred to the high amount of indicators marked in the report as red. There were indicators marked as red across the City from Tettenhall to Graisley. The Vice-Chair agreed with how the Public Health Partnership Lead had described the current situation as stark and challenging. On page 106 of the agenda pack / page 8 of the Annual Report document itself, every indicator with the exception of one was marked as red (worse than the national average). He asked if there was anything the seven neighbouring authorities were carrying out, which the Council were not, which could be copied to try and improve the indicators marked as red. He was particularly concerned about coronary heart disease and obesity. Obesity seemed to have got worse over the last few years, rather than better.

The Director of Public Health responded that he didn't tend to look at other neighbouring areas to look at what they did well. There was a real challenge in Wolverhampton due to intergenerational reinforcement. He believed there was a way of tackling the problems and before the Covid pandemic they were making inroads. He wanted people to live a long healthy life, free from disease as far as possible. There were too many people under the age of 75 who were dying too early, often because of Cancer and Cardiovascular disease. In the short-term one of the steps, they could take was to try and ensure that everyone eligible received a health check. The later someone was diagnosed with cancer, the worse the prognosis and the chances of a full recovery. A health check would help improve health outcomes.

The Director of Public Health referred to screening rates which were in a very poor position in Wolverhampton. How communities were engaged with was key to ensuring that screening rates improved in the City. He referred to the success there had been in Wolverhampton in reducing drug related deaths, whereas in other places in the country they had increased. Reducing infant mortality would also significantly improve the overall life expectancy figures. There had been success in reducing the number of children starting smoking. In tackling obesity, reducing barriers to places like leisure centres for families would help with the problem. He also felt this would help improve emotional wellbeing and mental health. Addressing population public health, connecting people and addressing the areas that caused people to die early was vitally important.

The Vice-Chair asked the Director of Public Health if the problem with obesity was solvable in Wolverhampton. He wanted to see improvements and asked when he would be able to see them, things had only got worse since 2015. The Director of Public Health responded that there were short term interventions that could be implemented, such as initiatives to help increase the amount of physical activity taking place. By increasing the amount of physical activity, he strove to improve the levels of obesity in the City. He hoped to turn some of the indicators to green. In 2018 they had been the eighth lowest for health checks and this had gone up to the

top quartile. He was therefore hopeful he could turn things around, but problems wouldn't rectify themselves.

A Panel Member referred to the difficult national situation and the problems with people being able to afford healthy food and stay warm. People who were poor and unhappy were much more likely to face problems with their weight. She wanted enforcement action to be taken against bad landlords. She added that she wanted the roads to be safe for cyclists, as this would encourage people to use active travel which was heathier for them. There was inequality in Wolverhampton and this could be seen looking at the ward profiles in the report.

The Director of Public Health commented that in more deprived areas of the City it was harder to ascertain who was living in households. Stabilising those households and helping them, meant a high probability of ensuring a healthier life.

A Member of the Panel referred to generational poverty in some areas in Wolverhampton. He added that they needed more investment to help them out of poverty this included more education, better healthcare and the children needed better access to the higher performing schools in the City. A joined-up approach was vital. Ensuring people that were eligible for a health check were invited to do so was important. Dental health checks were also important and needed to be monitored. He asked if there were enough resources in the City to be a City of Sanctuary for people from war torn countries, due to the pressures the City were already facing in areas such as housing. They deserved to receive full support but he was unsure if the City could provide it due to the pressures it was already under.

The Director of Public Health spoke on health checks and how they could have an impact on improving population health. 900 people had recently had a heart check at the Mander Centre. Dementia and gambling problems could also feature as part of health checks. Dentistry was currently at NHS England level but he hoped the responsibility would soon be devolved to place level, which would give them more control. Pharmacy he also desired to be devolved to local level from a regional level. With asylum seekers in the City, they worked with health colleagues and the Home Office as best they could. It did at times put pressure on the system but they tried to work collectively to help manage their needs working with partners in health and the voluntary sector.

A Panel Member referred to vaping in School, which he described as an epidemic. He believed it to be a national issue and one which would continue to get worse unless action was taken. The Director of Public Health responded that vaping was better than smoking tobacco for adults. It was worrying when children were using vapes. Addressing the question of what was driving them to vape was important and addressing the harm. It was an emerging problem which didn't really exist ten years ago. National guidance would help with local plans.

A Panel Member referred to the Sure Start Programme which was providing support for families but had ceased in 2015. Youth Centres had also helped relieve pressure on the health sector. She felt direct lobbying to national government was required to secure funds to help population health. Food banks were now having to support families, particularly in deprived areas, as supermarket food was too expensive for them. Demographics were changing which meant support infrastructure needed to be appropriate for the changing demands.

The Director of Public Health responded by emphasising the importance of stability of funding which was essential to programme and risk management. Outcomes were more likely to be better when there was a long-term approach.

The Chair commented that healthy eating could cost more money and so support was needed to those that were unable to afford healthy food.

6 **Health Checks and Screening**

Public Health Officers gave a detailed presentation on health checks and screening, a copy of the presentation slides are attached to the signed minutes.

The Vice-Chair complemented Officers on the report and presentation. He would personally be encouraging eligible people to take up screening. He hoped the services would be as accessible as possible and thought would be given to people who relied on public transport.

The Chair also encouraged accessible services and making sure there was appropriate capacity. Thought should be given to the time of appointments to help people who struggled to take time off work. Encouraging people to complete tests sent out in the post, such as tests for bowel cancer was critical. Prevention was important to saving lives and helped the NHS manage their resources.

The Principle Public Health Specialist commented that they didn't want to fill standard GP Appointments with screening. Some screening was completed by nurses. The breast screening van had some success in increasing uptake, when it went to certain areas such as Bilston. They looked at weekends and evenings as well to encourage uptake. There were plans in place to look at accessibility and simplicity of wording for invitations. Being proactive would help in reducing pressure on the NHS.

The Principle Public Health Specialist commented there were planning meetings with the NHS to ensure screening initiatives didn't impact on the day-to-day GP appointments. They also held local events to help encourage uptake and were looking to build on this work. They had recently carried out health checks at the Mander Centre as part of the outreach work.

The Chair thanked Officers on behalf of the Panel for the report. She hoped to see results moving forward.

7 **Date of Next Meeting and Proposed Agenda Items**

It was reported that the date of the next Health Scrutiny Panel would be Friday, 10 November 2022 at 1:30pm.

The proposed main items were: -

Integrated Care System Strategy and Priorities
One Wolverhampton Strategy and Priorities