CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

Minutes - 7 April 2016

Attendance

Members of the Health Scrutiny Panel

Cllr Harbans Bagri
Cllr Craig Collingswood
Cllr Mark Evans (Vice-Chair)
Cllr Jasbir Jaspal
Cllr Milkinderpal Jaspal (Chair)
Cllr Peter O'Neill
Cllr Stephen Simkins

Employees

Ros Jervis	Service Director, Public Health and Well Being
Neeraj Malhotra	Consultant Public Health
Kathy Roper	Commissioning Team Manager
Deborah Breedon	Scrutiny Officer
Rose Baker	Royal Wolverhampton Hospital Trust (RWT)
Katey White	Royal Wolverhampton Hospital Trust (RWT)
Stephen Marshall	Clinical Commissioning Group (CCG)

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies**
Apologies were submitted on behalf of Cllr Wendy Thompson

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

3 **Minutes of previous meeting**
Resolved

That the minutes of the previous meeting be agreed and signed as a correct record.

4 **Matters arising**
There were no matters arising.

Cllr Milkinderpal Jaspal, Chair, referred to the need to track actions arising from decisions of the Health Scrutiny Panel and to capture items recommended for future meetings.

The scrutiny officer advised that additional items are added to the work programme report to Scrutiny Board at each of its meetings. She explained that the update report monitors the work programmes for all of the scrutiny panels.

Cllr Peter O'Neill advised that a schedule of outstanding matters report had previously been a standing item on all scrutiny panels. The Chair requested that the scrutiny officer prepare a schedule of outstanding matters to capture and monitor actions.

Resolved

That a schedule of outstanding matters be presented to the next meeting of Health Scrutiny Panel.

5 **Pressure and tissue viability update**

Rose Baker and Katey White were in attendance at the meeting to present an update report and provide assurance of pressure ulcer prevention and prevention of chronic wounds strategy.

Rose Baker confirmed that pressure ulcers and tissue viability relates to bed sores. She indicated that there have been challenges and a rise in incidents in May 2015 as detailed in the report and advised that this was considered to be related to the climate change in May. The report considered the reasons for the increases and the actions that had been taken to address issues including the development of a Tissue Viability Strategy (TVS) which was under consultation with CCG, Public Health (PH) and other relevant leaders.

She advised that a tendering process had commenced for the community equipment service the contract which was expected to commence in July 2016. She highlighted that the hospital had invested in 'ToTo' patient turning equipment which provides regular tilt or turn movement of the bed mattress to help prevent pressure ulcers and re-assured the panel that patients were not disturbed by the movement and that with the ToTo they did not require a physical turn to relieve pressure. Councillor Stephen Simkins welcomed the feedback on results and asked for more detail about inherited incidents. Rose Baker clarified that inherited incidents relate to pressure ulcers acquired outside the hospital.

Cllr Stephen Simkins asked if more could be done by carers to prevent pressure sores developing in the patient's home to save costs to community nursing teams or hospitals should the pressure ulcer worsen. He suggested that the commissioning process could include something relating to training about pressure ulcers for carers in the specifications.

Cllr Sandra Samuels, Cabinet Member for Health and Well Being, advised that if the patient care is complex the patient may be stationary for long periods of time; she advised that pressure sores can be formed in as little as four hours and that patients need to be moved either by turning or tilting.
Cllr Stephen Simkins suggested that prevention should be increased through training and awareness sessions for carers working in the community and that there should be a discussion with CCG and consideration of some invest to save initiatives. Cllr O'Neill enquired about the advice provided to carers of bedridden patients; Cllr

Harbans Bagri highlighted the need for care providers to receive monitoring and feedback from the carers of elderly people.

Rose Baker indicated that training is provided for carers, leaflets are provided relating to what they need, but she welcomed any additional mechanisms to raise awareness with carers in the community to help with the prevention of pressure sores. Cllr Sandra Samuels, Cabinet Member advised that there are replacement mattresses available for those individuals who are prone to pressure sores. Katey White clarified that there were different grades of pressure sore and provision of a mattress would be dependent on the level of risk

The Panel considered the statistical data illustrated in the report, particularly relating to avoidable pressure ulcers and the number of community acquired pressure ulcers (CAPU). The panel were informed that the hospital acquired pressure ulcers (HAPU) are related to patients with acute issues and that these patients can come from a wider surrounding area. CAPU and HAPU enter the hospital through emergency portals in addition to scheduled surgical procedures.

Cllr Craig Collingswood asked about the Key Performance Indicators (KPIs) and if Wolverhampton bench marks against other parts of the Country. Katey White advised that there are different grading systems in each organisation and that ulcers are classified differently. Wolverhampton grade as follows:

Grade 2 = blister
Grade 3 = open wound
Grade 4 = deep wound can see bone

She clarified that Wolverhampton is open reporting and following European Union (EU) guidelines; whilst other areas may not be as open and that this is difficult to benchmark against.

The Panel discussed the issue of prevention and the need to have one patient record accessible to all health partners. Cllr Stephen Simkins highlighted that if there were one patient record risk could be highlighted and prevention prioritised.

Stephen Marshall CCG outlined the CCG approach to prevent pressure sores through work with 12 General Practitioners (GPs) and 18 residential nursing homes. He clarified that the CCG records the number of patients in residential nursing homes with pressure ulcers by counting the instances.

Cllr Peter O'Neill questioned if GPs gave advice to prevent pressure ulcers. The panel questioned the communication of information relating inherited to pressure ulcers between hospitals, district nurses and GPs.
Cllr Milkinderpal Jaspal, Chair highlighted the panels concern and indicated that this was one weakness in the system and a very good point officers to take on board

Cllr Stephen Simkins suggested that neighbouring authorities should be contacted to work across the communities and to share the good practice highlighted in the report. He requested clarification if social work teams are made aware of pressure ulcers when patients are discharged from hospital. Rose Baker confirmed that this was flagged up to social services and the GP in the discharge pack. She advised that not all discharges are referred to social worker and that the GP would be made aware, follow up contact is at the discretion of the individuals GP. She clarified that district nurses have the responsibility to attend the patient in their home following discharge

and to monitor pressure ulcers. The Service Director confirmed that the discharge part is under the remit of the CCG but that there is a system wide approach.

The Chair, welcomed the recommendations for action outlined in the report and asked if timescales had been agreed. Rose Baker advised that the first meeting had taken place but the strategy would not be a simple strategy and timelines were yet to be agreed. The Chair indicated that the points raised in discussion relating to training and education were covered in the action points.

The Chair thanked officers for attending the meeting and for the report, he summarised that a lot of good points had come from the discussion.

Recommend

1. That any future commissioning specifications include the need to have training for care workers in relation to pressure ulcers.

6 **CQC Inspection - Royal Wolverhampton Foundation Trust (RWT)**

Rose Baker informed the panel that the Royal Wolverhampton Trust (RWT) was still awaiting the outcome of the appeal against the Care Quality Commission (CQC) Inspection outcome.

In response to questions about the impact of the maternity service changes at RWT and the arrangements with Walsall Manor Hospital councillors were advised that RWT were working closely with Walsall Manor Hospital and that the arrangements were stable and within National levels (1:29) for midwife to patient ration; Wolverhampton is currently (1:28) and has a capacity of midwives. She advised that patients will choose where to go to have their babies and there is not a huge increase in numbers expected.

There followed a discussion about future updates to the Health Scrutiny Panel from RWT during 2016-17 work programme.

Resolved

1. That the verbal update was noted.

2. That the following items be included in the work programme for 2016-17 Health Scrutiny Panel:
   a. CQC Inspection Improvement Plan and update
   b. Update on the Outpatients department –to include patient care, added pressure

7 **Joint Mental Health Strategy.**

Kathy Roper, Head of Commissioning (All Age Disability and Mental Health), provided an update relating to the implementation of the Joint Mental Health Strategy. Stephen Marshall, CCG was in attendance.

In response to questions raised relating to the impact on the Black Country Partnership Foundation Trust (BCPFT), the Head of Commissioning confirmed the

arrangements were collaborative and there was a good working relationship with partners in innovative and good schemes.

Don McIntosh, Health Watch, referred to the need to be mindful that issues have changed since 2013 and that there would be challenges in how services work together. He advised that Health Watch were trying to talk to commissioners and individuals. The Panel recognised that there were other issues for the service and highlighted the need for people to have somewhere safe to live and to tie services together into the hub, essentially pulling together a one stop shop for advice and guidance.

The Panel identified that it would be useful to see statistical information and the numbers of people affected to see some benchmarking and to know if people were getting the level of support now that double the numbers of people were being discharged. The Panel were advised that the current strategy is good but that there are some issues for GP's; the organisational changes for BCPFT and other factors such as the Vanguard service (Government) i.e. the out of area service was not recorded in statistics and travelling distances puts pressure on families.

Health watch advised that they were talking with commissioning services and had raised the same key issues that the report identifies, one of the key questions would be relating to services on your doorstep.

Stephen Marshall confirmed that the BCPFT changes would not be instant and that discussions and diligence would00 not take place for a while. The Panel requested information relating to Partnership structure and work stream.

In response to questions relating to additional funding for mental health, Stephen Marshall advised that it had recently been announced that resources would increase by 4% £28 - £29 million this year. Don McIntosh, Health Watch, requested a breakdown of what services were being commissioned for transparency he was advised that the information was being co-ordinated but was not available at this time. The Panel requested further information be forwarded as a case study to capture an episode and follow through the steps that an individual would follow. The Commissioning Team Manager agreed to produce a case study to highlight how incredibly complex the issues can be and the number of organisations that contribute to a case.

Cllr Mark Evans referred to the Urgent Care Pathway, specifically the rapid response triage vehicle to help people in an emergency and the out of hour's team arrangements for evening and weekend. Panel were advised that the service had met all targets for the year and that it was effective. They heard that the at least ten emergency admissions a week were avoided through rapid response and that earlier intervention and co-ordinated approach was saving valuable resource and was better for the individual. The Service Director PH asked to look at data collected to look for themes to prevent further upstream.

The Panel welcomed how effective the rapid response triage vehicle had been from a police perspective; noting that previously a police officer could have been tied up in a response for hours and that the new approach had reduced officer's response time to under an hour.

The panel was advised that there had been regular review to detail progress and demonstrate outcomes; the implementation plan had been reviewed on a monthly basis. Don McIntosh welcomed the new supported housing options highlighted in the report.

Resolved:

1. That the Panel receive and note the progress made in the implementation of the Joint Mental Health Strategy.

2. That further information was requested by the Panel, as follows:
    a. A breakdown of what services are being commissioned.
    b. A case study to map out what interaction and organisations are involved in an episode.
    c. Data collected in relation to rapid response episodes to look for themes to prevent further upstream.

8 **Children 5-19 (0-19) Healthy Children Programme**

Ros Jervis, Service Director Health and Well Being and Neeraj Malhota, Consultant Public Health (PH) provided a report to update the panel on the consultation plan for the re-commissioning of the city's 0-19 Healthy Child Programme (HCP) by Public Health (PH).

The Consultant PH advised that the consultation had to be substantial to ensure the best use was made of the opportunity and that feedback will form the basis of the tender for services she advised that the Healthy Child Programme (HCP) steering group had been established and would be responsible for overseeing the development of commissioning options and any subsequent tender process and that there would also be dialogue with potential bidders to get a feel for the market. The aim of the preparation was to encourage a healthy market willing and able to provide services.

In response to comments from the panel the Consultant PH advised that there had been a survey to gauge level of interest and eight responses had been initiated which felt like a healthy option. She advised that she would consider panels suggestion to consult with the Chairs of Governors and Governors from free schools, academies and faith schools.

Cllr Peter O'Neill indicated a preference for option two outlined in the report to propose a combination of commissioned services and in-house provision. He indicated that there was a relationship with child centres and the link with childhood obesity. He felt that this was an opportunity to target obesity at an early age and through the children centres and indicated that the model needed to happen. Cllr Stephen Simkins suggested that there was also a need to talk to parents and encourage parent participation for example walking with their children to school. He suggested that whatever the model there is a need to be clear on the outcomes and what is needed to achieve the aims.
The Consultant PH welcomed the suggestions and advised that there were several ways being considered; she cited Leeds as one example of how 0-19 early help dovetails closely with what is already in operation; another being Camden. She

agreed that schools are key to the consultation and advised that she had spoken to the Director of Education to progress this.

Donald McIntosh, Health Watch representative, welcomed the report and the early engagement prior to consultation; he indicated this would be more effective than indicating a preferred option which may seem to be a fait-a-complete. He agreed that an engagement process helped to shape options but he was not clear if the bidder would be part of the development, and suggested that the 'multi-agency group' membership needed to be broader.
The Service Director responded that the consultation has to be manageable and indicated that there would be wider stakeholder engagement as outlined in the report. The Consultant PH noted that the report could have made pre-engagement a section of the report template to emphasise this.

The Chair indicated that the 0-19 Healthy Child Programme (HCP) was to be welcomed. He indicated that the holistic approach was the way to raise issues at an early stage and that the involvement of families was crucial.

The panel considered the service model for 'Health Visiting and School Nursing' and discussed the requirements for registering birth and registering with a GP to enable the child to enter the health system. The Service Director confirmed that there was a lapse between birth and registration with a GP, she clarified that registration cannot be enforced but that influence could be used.

The panel considered that the opportunity to get parents involved in their child's health and in future workforce planning. They identified the need for the voice of service users to be part of shaping the service for the future to look at the commissioning process and the community benefit. The Service Director welcomed the comments made and referred to the 'Inner City Commissioning Charter' and the need to demonstrate social value of commissioned services.

Cllr Sandra Samuels, Cabinet Members referred to best practice in Camden and Islington and how children's centres collect data which feeds into service design. She asked if this is something Wolverhampton should be considering.
Donald McIntosh referred to other good practice models such as the third sector organisations that work collaboratively to provide sickle cell vaccinations

The Chair welcomed one continuous record for individual's aged 0-19 year olds. He referred to the need to adhere to data protection laws relating to sharing information and having all records in one place which could be taken on board.

Panel were advised that following the consultation a report would be presented highlighting the feedback and the options. Panel agreed that due to the cross cutting nature of the report Scrutiny Board should be included in the consultation at this stage.

Resolved:

1. That the comments of the Panel are taken into account in relation to the proposed consultation process and the two proposed future commissioning options.

2. That panel endorse the proposed consultation process taking into account comments made by the panel.
3. That a report relating to ‘Children 5-19 (0-19) Healthy Children Programme’ be included on the agenda for Scrutiny Board 26 April 2016.
4. That the need to demonstrate social value and community benefit is considered in commissioning of all services.