

The report on Open Spaces was still being prepared and would be included on the Panel's work programme for a future meeting, when Planning Services have completed their work

In respect of minute 5, The Royal Wolverhampton NHS Trust Quality Account 2016/17 (Draft), Jeremy Vanes, Royal Wolverhampton Hospital NHS Trust confirmed that the information requested in resolutions 4 and 5 was available and would be circulated to the Panel. In respect of resolution 6, he confirmed that the Hospital-Level Mortality Indicator (SHMI) should be available in the autumn for the Panel to consider.

Councillor Brackenridge referred to minute 7, West Midlands Ambulance Service (WMAS) Quality Account 2016-17 and that a draft response would be produced and shared when available. He suggested that this was too vague and requested that in future, recommendations be more specific regarding timelines.

Earl Piggott-Smith confirmed that in respect of the above comments from Councillor Brackenridge, an initial response had been circulated to the Panel and in future the minutes would include a more definitive response.

5 **Care pathways for the frail elderly**

David Watts, Director of Adult Social Care, City of Wolverhampton Council, and Andrea Smith, Head of Integrated Commissioning, Wolverhampton CCG, presented the report on care pathways for the frail elderly and highlighted the key points.

David Watts referred to the importance of ensuring that care pathways were good in the city. There were several different drivers for health and social care, a key document being the NHS Five Year Forward View which stated that areas should have a plan for integrating health and social care by 2020. He referred to the Better Care Fund (BCF) Programme which was the primary way to implement change through the more efficient use of resources. The programme was currently being refreshed and had yet to be signed off. That delay had primarily been caused by the delay in published guidance from the Department of Health, which had become available on 4 July 2017. Once finalised, the Leader of City of Wolverhampton Council would be asked to sign it off.

He referred to several projects underway which aimed to avoid emergency admission to hospital and Delayed Transfers of Care (DTOCs) and he asked Andrea Smith, Head of Integrated Commissioning, to highlight several them.

Andrea Smith referred to the following projects:

People Living with Frailty Programme. This was in the BCF Programme, with several work streams to support primary and secondary care. GPs were taking part in a pilot scheme looking at patients using a Frailty Index to identify those most in need. By using Care Management Plans, it was hoped to allow the elderly to remain at home for longer.

Review and Redesign of Community Services Programme. This was in the BCF Programme, with all services being provided to ensure the right services in the community setting and the right support.

Admission Avoidance Programme. This was both proactive and reactive; community nurses worked proactively with GPs to look at high risk patients and those frequently using services. The Rapid Intervention Team worked reactively with nurse based teams in the community supported by Social Care teams.

David Watts referred to the following projects:

Discharge to Assess Programme. As from the beginning of 2017 it had become part of the BCF Programme as it was considered that it covered the whole system. A pilot scheme using Discharge Hubs and improved initial assessments had been introduced on four wards at the Royal Wolverhampton Trust.

- Six-month extension of Home Assisted Reablement Programme (HARP).
- Additional Stepdown/Very Sheltered Housing or Extra Care.
- Hospital Discharge Demand Management Implementation.
- Hospital Discharge Voluntary Sector Service.

The above projects were part of additional Adult Social Care. £6.4million would be available this year if three conditions were met. Firstly, stabilising the local care sector, secondly relieving press on the NHS locally by getting more people home safely and quickly, and thirdly helping to deliver the challenges for health. Spending was controlled by the BCF Programme Board and the A & E Delivery Board.

In response to questions from Panel members, officers stated the following:

- Improvements had been made to the assessment process already. The issue related to where an assessment was taking place, given that assessments would often require several visits it was better to do an initial assessment in the hospital and then further assessments when the person had returned home.
- It would depend on the type of adaptation required as to whether this would or could be done before a person left hospital. Under the Small Adaptations Grant stair lifts and other minor adaptations could be completed quickly and it was hoped to pilot the scheme in other areas. If a person was unable to return home as adaptations were still required alternative accommodation would be found.
- Efforts were being made to work with other authorities; however, it was not proving straightforward.
- The NHS was made aware that delays occurred when Wolverhampton was dealing with people transferred from other hospitals. Based on the performance indicators used, the service was in an extremely challenging position. However, improvements had been made during the past year, for example in the number of delayed days during the month, which had fallen from 600 to 400. Other indicators in the dashboard required assistance from other bodies, including GPs and the ambulance service working together better.
- It was important to ensure transparency and have efficient methods of data collection to avoid replication.
- It was important to remember that outside events could influence figures, for example when ambulances were diverted to Wolverhampton from other areas.

- It was unclear why there had been a spike in the figures for the number of delayed days last November 2017; however, NHS delays were more pronounced than social care delays as perhaps more people were unwell.
- One project related to hospital discharge and would bring together data and information from health and social care to ensure that a care package was in place. Also, to ensure the correct support to GP practices, services were now aligned to the CCG footprint based around GP clusters.
- To help the sick and vulnerable to be prepared if they required hospital care a [Red Bag Scheme](#) had been successfully piloted in residential and nursing care homes and had seen a huge reduction in discharge times as important patient information is available when a person is admitted which will help reduce delays in diagnosis and treatment. It was hoped that the scheme could be introduced in Wolverhampton and extended to include vulnerable people in their own homes and it was hoped to have that in place by October 2017.
- The Adults Budget Working Group looked at the Transformation Programmes. The Secretary of State has recently announced that a penalty of up to 10% of the budget (£640,000) would be imposed if targets were not reached. That would require Wolverhampton achieving a 36% improvement against performance measures by September which would be very difficult to achieve. Seven of the West Midlands authorities would require an improvement of more than 60% which showed the scale of the task.
- Wolverhampton had a good health and social care system and it was difficult to be required to have those discussions on trying to meet this trajectory even though the system was working well and the NHS and DCLG would receive feedback that it had proved disruptive.
- The link to the BCF guidance was available to be circulated to the Panel. The information including the dashboard which provides information about six key performance measures - for example, the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services. The information is used to track if current performance is on target for reducing the number of delayed hospital attributable to social care. There was concern the table does not capture all the complexity of the factors beyond the control of the local authority which can affect its performance against the published indicators.
- Wolverhampton had been ranked 117 out of 150 but based on current evidence the situation is improving

Members of the Panel welcomed the comments and responses from officers and stated that the main priority should be to ensure patient welfare rather than trying to achieve unrealistic Department of Health targets

David Watts suggested that as the Department of Health would be reviewing the current progress of the dashboard in October 2017, if there were any areas of concern they could be considered at the Panel's meeting on 25 January 2017.

Resolved:

1. That a link to the Government guidance on the BCF be circulated to the Panel.
2. That an update report on the performance of Wolverhampton against six performance measures detailed in the Local Performance Measure performance dashboard is be submitted to the meeting on 25 January 2018.

6 **Healthwatch Wolverhampton Annual Report 2016/17**

Elizabeth Learoyd, Chief Officer, Healthwatch Wolverhampton presented the Healthwatch Wolverhampton Annual Report 2016-17 and highlighted the key points.

She stated that following her appointment as Chief Officer in November 2016, the profile of the organisation had been raised to ensure that it was more visible and putting the public and patients first.

She referred to the following highlights during the year:

- NHS Complaints Advocacy Service working with Wolverhampton Health Advocacy Complaints Service (WHACS) to provide better one to one support.
- Building engagement through community awareness campaigns.
- Development of Experience Exchange digital service to allow the public to search for and provide feedback on hundreds of health and social care service providers.
- Hospital enter and view visits where trained volunteers talked to patients and worked with providers to suggest recommendations.
- Healthwatch Advisory Board setting five priority work areas for 2017/18 based on listening tour information from over 400 people.
- Work with the University of Wolverhampton to improve access for the deaf. A collaborative report and video would be published in October 2017.
- Project with the Urgent Care Centre.

In response to questions from Panel members, Elizabeth Learoyd stated the following:

- When recommendations were made to the Urgent Care Centre, responses were received, the Vocare Improvement Board was invited and some of those recommendations were implemented.
- In respect of priorities and timescales for activities, delayed transfers and GP access were top of the list. The draft document would be shared with the Board after it had been considered by the Healthwatch Board next week.
- In respect of the evaluation of the Urgent Care Centre and the characteristics of the participants, during the month's evaluation most people who used the service were aged between 18-39 as many of them confirmed that rather than attend their GP surgery they had come straight to the centre.

Resolved:

That the report be noted.

7 **Black Country Sustainability and Transformation Plan - the wider perspective**

Steven Marshall, Director of Strategy and Transformation, Wolverhampton CCG presented an update on the developing Black Country Sustainability and Transformation Plan (STP) and highlighted key points.

He confirmed that the report had previously been presented to the Health and Wellbeing Board on 28 June 2017 and it was a review of the Government's Five Year Forward View which had been published on 31 March 2017. It had reiterated the need for change and how different parts of the NHS needed to work together and with partners, including local authorities. There was a need for all hospitals to achieve a better balance in terms of accountable care and to change the way health worked. Progress was being made with the STP, Andy Williams had been confirmed as the STP lead for the Black Country.

A draft 'Memorandum of Understanding' to show how health and social care would develop had been agreed in principle. The four Clinical Commissioning Groups (CCGs) had created a Joint Commissioning Committee to lead the delivery of specialist services.

David Watts, Director of Adult and Social Care confirmed that the draft 'Memorandum of Understanding' would be considered by the Council's Cabinet in September. The other authorities' Cabinets would also be considering the document over the summer.

Steven Marshall confirmed that the intent and design of the STP remained unchanged, with the four localities coming together. The Transition Board had been re-designated as a Systems Development Board and it was hoped that an update would be available in early 2018.

The panel discussed plans for a new partnership between Black Country Partnership NHS Foundation Trust, Birmingham Community Healthcare NHS Trust, and Dudley and Walsall Mental Health Partnership NHS Trust. The new organisation will be created in October 2017.

The Chair suggested that Andy Williams be invited to the next meeting of the Panel.

Resolved:

That Andy Williams, the STP Lead for the Black Country, be invited to the Panel meeting when the STP was next considered.

8 Health and Wellbeing Board Meeting 28 June 2017 - summary of discussion

Earl Piggott-Smith, Scrutiny Officer reported to the Panel that the summary of the discussion from the last meeting of the Health and Wellbeing Board would be circulated to the Board once the Leader had agreed it.

Resolved:

That the summary of the discussion from the last meeting of the Health and Wellbeing Board be circulated to the Panel once the Leader had agreed it.

9 Health Scrutiny Panel - Work Programme 2017/18

The Chair referred to the successful planning event on 25 May and to the updated work programme, which would continually be reviewed.

Earl Piggott-Smith reminded members of the Panel that any councillors could ask for an item to be considered by scrutiny. Councillor Waite had requested that the issue of Suicide Prevention be considered.

It was suggested that an additional meeting might be required when Andy Williams was invited to consider the Sustainability and Transformation Plan (STP).

Jeremy Vanes, Royal Wolverhampton Hospital NHS Trust suggested that it would be more timely to consider the issue of End of Life Care at the meeting in January 2018 rather than in September 2017.

Earl Piggott-Smith confirmed that a revised version of the Work Programme would be circulated for comment.

The Chair requested that the date of the next meeting be changed from 21 September to 28 September 2017.

Resolved:

1. That a revised version of the Work Programme, incorporating the comments and suggestions referred to above be circulated to the Panel for comment.
2. That the next meeting of the Panel be moved to 28 September 2017.