

# HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 8 November 2011

Present: Councillor P Glasman (Chair)

Councillors S Clarke D Roberts  
P Doughty J Walsh  
M Hornby G Watt  
C Povall P Williams

Deputy: Councillor R Wilkins (In place of A Bridson)

Co-opted: D Hill (LINKs)  
S Lowe (Service users under OPP age group)  
S Wagener (Carers)  
S Wall (OPP)

Apologies S Saagar (BME)

## 24 HOWARD COOPER

The Chair informed the Committee that this meeting would be the Interim Director's, Howard Cooper's last before retiring at the end of December. She thanked him for all his work with the Council and particularly his work with the Committee and made a presentation.

Howard expressed his thanks to the Chair and the Committee and said how much he had enjoyed working with the Committee.

## 25 MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST / PARTY WHIP

Members were asked to consider whether they had a personal or prejudicial interest in any matters to be considered at the meeting and, if so, to declare them and state what they were.

Members were reminded that they should also declare, pursuant to paragraph 18 of the Overview and Scrutiny Procedure Rules, whether they were subject to a party whip in connection with any matter to be considered and, if so, to declare it and state the nature of the whipping arrangement.

Councillor Clarke declared a personal interest in the report, 'Progress Report on the Implementation of Personalisation and Recommendations for Transforming Day Services' by virtue of her membership of the Highcroft Day Centre Advisory Committee (see minute 32 post).

Councillor Hornby declared a personal interest in the item, 'Primary Health Care – Progress Towards the Establishment of Clinical Commissioning Groups' by virtue of his membership of the West Wirral Patients Committee (see minute 31 post).

Councillor Glasman declared a personal interest in the item, 'Primary Health Care – Progress Towards the Establishment of Clinical Commissioning Groups' by virtue of a family interest (see minute 31 post).

## 26 **MINUTES**

Members were requested to receive the minutes of the meeting of the Health and Well Being Overview and Scrutiny Committee held on 13 September, 2011.

**Resolved – That the minutes be approved as a correct record.**

## 27 **PROVIDING EXCELLENCE IN HEALTHCARE INTO THE FUTURE - WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST - UPDATE REPORT**

Sue Green, Director of HR and Organisational Development, and Tina Long, Director of Nursing and Midwifery at Wirral University Teaching Hospital NHS Foundation Trust, presented a report which gave an update on a number of areas work, including:

- Site Strategy
- Infection Prevention and Control
- Dementia
- End of Life Care
- Staff Satisfaction and Patient Satisfaction
- Single Sex Accommodation

Responding to comments from Members, both Sue Green and Tina Long informed the meeting that a number of discussions were being held around the relocation of the Children's Development Centre but at the very least investment monies had been set aside for its re-provision at the Clatterbridge site. The Trust Board would be considering proposals for greater levels of in-patient beds at Clatterbridge for a variety of needs. With regard to infection prevention and control the Trust was one of the better performing Trusts in the North West.

A Member suggested that the recommendations from the Dementia Scrutiny Review could be re-visited to see how they were now being implemented.

**Resolved – That the report be noted.**

The Committee then considered that part of the Acting Chief Executive of the Wirral University Teaching Hospital NHS Foundation Trust, Gary Doherty's, report concerning vascular services and it was agreed that this be considered in conjunction with the following two items (see minutes 28 and 29 post).

He reported that in assessing the potential applications from the other Trusts currently providing these services, the WUTH Board had taken seriously the intent for

there to be two centres for the region, alongside the Commissioner decision to only accept network bids, which meant that Trusts could not submit individual applications. The likelihood of a Trust in Liverpool being designated as the north Mersey centre was high and as such, the location of the centre to serve the south Mersey conurbation would require a different approach than that deployed historically by the WUTH Trust.

The proposal submitted included the recommendation that the shared service Vascular Centre should be based on the Countess of Chester site. Whilst the purpose and intent of the review was supported by clinicians, the recommendation regarding location was not.

The Board's first priority was to provide the best care for the population it served by ensuring that the sustainability of services provided from the Trust's hospitals was maximised, as well as working to develop centres of excellence for care where there was clinical evidence to support fewer numbers of larger centres to improve outcomes. The Trust was committed to improving outcomes for its patients and recognised that this would mean that some of its services would need to be provided on a larger footprint. Sometimes this would mean enhancement on the Wirral, sometimes elsewhere.

**28 PROPOSED MOVE OF VASCULAR SURGERY FROM ARROWE PARK HOSPITAL TO COUNTESS OF CHESTER HOSPITAL**

This item was considered in conjunction with the previous and following items (see minutes 27 ante and 29 post).

Mr R Chandrasekar, Consultant at Arrowse Park Hospital, submitted a paper and made a presentation to the Committee on the chronology of events regarding the Vascular Services review. He queried how the Trust had arrived at its decision to submit a joint bid with the Countess of Chester Hospital Trust compared to how a decision had been reached in Liverpool and whether or not the four selection criteria, referred to in the consultation document, 'Improvements to Vascular Services in Cheshire and Merseyside', had been used.

**29 CHESHIRE AND MERSEYSIDE VASCULAR SERVICES REVIEW**

This item was considered in conjunction with the two previous items (see minutes 27 and 28 ante).

Kathy Doran, Chief Executive, NHS Cheshire, Warrington and Wirral (Primary Care Trust Cluster) submitted a report which updated the Committee on the Vascular Services Review.

The NHS Cheshire, Warrington and Wirral Primary Care Trust Cluster Board had considered a paper at its meeting on 2 November at which it had –

- Accepted the recommendations of the Review Project Board;
- Noted the Impact Assessment report conclusions and accepted the recommendation for a review of interventional radiology;

- Endorsed the recommendation of relevant Clinical Commissioning Group Chairs that the South Mersey arterial centre should be based at the Countess of Chester Hospital NHS Foundation Trust, networked with Wirral, Warrington and Whiston;
- Approved the consultation proposal with results to be reported at March Cluster Boards;
- Agreed the proposed arrangements for implementation planning.

The Committee having heard presentations from Gary Doherty, Mr Chandrasekar, and Kathy Doran then debated the issue at some length and responses to questions from the Committee included the following:

Kathy Doran commented:

- From a process of pre-engagement over a 15 month period with the public and clinicians, there would now be a formal 12 week consultation period from December with the results being brought back to Hospital Board meetings in March.
- She would be happy to take advice from the Committee on whatever local meetings for Wirral should be arranged. Consultation would be taken forward through the PCT Cluster's own website and via the press and, if feasible, the Council's own website could also be used.
- If the timeframe was right she would also be happy to use the Council's Area Forum meetings as a means of engaging with the public.
- Population density was not a concept taken into account in service planning but travel times and ease of access by public transport was.
- Deprivation was also an issue as well as age, and there were clearly areas of deprivation in all 3 areas, of Chester, Warrington and Wirral.
- Patients could be consulted in specific departments, but there was also a need to take a broader view as consideration needed to be given to potential patients.
- Co-location of services had been taken into account and advice had been sought from the Renal Tsar, both Arrowe Park and the Countess of Chester had intensive care facilities and the limb clinic was at Clatterbridge which was geographically between the two.
- The management of Arrowe Park Hospital had not sought to submit a separate bid and the commissioners' view was that Trusts should come together consensually.

Mr Chandrasekar commented:

- There were currently more patients from Wirral than from Chester being treated for vascular services.
- It was not a question of submitting a competing bid but rather of determining which hospital was best placed to serve patients.
- There were currently very satisfactory on-call arrangements with the Countess of Chester, although there had been no formal contact with vascular surgeons at the Countess of Chester until after the announcement.

Gary Doherty commented:

- The process which had been outlined to Arrowe Park Hospital was to submit a network bid and that agreement on this had to be reached otherwise a Warrington / St Helens bid would have been the only submission.
- He acknowledged that there were lessons to be learnt about communication but there was already a good track record of working with the Countess of Chester.

Peter Herring, Chief Executive of the Countess of Chester Hospital Foundation Trust, also addressed the Committee and assured them that the Countess of Chester could provide safe patient pathways and once a decision was made the recruitment process for the necessary staff would commence.

After the debate the Chair then read out the following statement:

“This is the third time this Committee has looked at the proposal to establish an Arterial Centre south of the Mersey.

At the first of these meetings (22 March 2011, minute 72), the Vascular Review Consultation Document was presented by the Director of Health Systems Management, NHS Wirral, Cathy Gritzner and the OSC was informed that complex and emergency vascular surgery services would be carried out at a specialist centre, once an appropriate hospital had been identified following a consultation process.

At the June OSC meeting, (minute 5), Dr Tom Dent outlined the progress of the consultation to date, referring to both a **Review Panel** and a **Review Board**. Dr Dent explained that although there was opposition to the proposal from Clinicians at Arrowe Park Hospital, the **Review Panel** had recommended the Joint Application from WUTH/Countess of Chester to base the Arterial Centre at Countess of Chester Hospital be accepted.

Len Richards, then Chief Executive at WUTH explained approximately 150 – 180 Wirral patients annually would need to be taken to Countess of Chester for their surgery. These would be the patients needing complex or emergency surgery.

Dr Dent drew the Committee’s attention to the UK rates for mortality from Aortic Aneurysms – the worst in Western Europe.

At today’s meeting, we have had further representations from the acting Chief Executive, WUTH, the Chief Executive of NHS Cheshire, Warrington & Wirral and Clinicians at WUTH. The Countess of Chester remains the recommended site for an Arterial Centre. The Vascular Surgeons at WUTH remain opposed to this proposal.

The proposal to site the Arterial Centre at Countess of Chester Hospital appears to be based upon 2 factors:

- Centrality of location, south of the Mersey in relation to the population it serves
- The size of the population covered in the geographical area. This is relevant as it relates to the minimum 800,000 requirement by the NHS Abdominal Aortic Aneurysm Screening Programme. It is not clear if ‘clumping’ into urban areas, of

affected population groups, was taken into account when this figure was proposed.

The data in the tables of the Joint Arterial Centre Application Assurance Report, (WUTH/Countess of Chester), seem to indicate that more patients from WUTH, (both emergency and elective surgery), will be making the journey to Countess of Chester than from the mid-Mersey area, (Warrington/St Helens).

For example, this report highlights that 17 patients annually, needing emergency Abdominal Aortic Aneurysm surgery, would need to travel from WUTH to Countess of Chester in comparison with 6 patients in the same category annually travelling from Warrington. On all the data in the table on P156 of this Agenda, Wirral appears to show higher rates of vascular related disease than Warrington. While it does state in this same report that, "due to low level data we were unable to make sound judgements," it would appear from the information available to the Committee, Wirral has a greater need for specialist vascular provision than Warrington.

Given the clear result of public and professional consultations quoted in the reports before a recommendation was made, that patient safety was the most important factor in deciding where to site the Vascular Centre, (64.7% of respondents ranked this first), it is difficult to understand the logic of making 3 times as many emergency patients travel to Countess of Chester. It is further difficult to understand how, if the universally agreed aim is to reduce the death rate from Aortic Aneurysm, obliging 3 times as many emergency patients to travel further, will achieve a positive outcome.

The apparent fudged solution brought to this OSC seems to be that Arrowe Park Hospital will continue to take admissions and perform emergency surgery during the day, which surely undermines the whole purpose of the proposal to have a single centre of excellence? This may be the reason why the Vascular Review Board did NOT make a recommendation to the Cluster Board, between the mid-Mersey application and the WUTH/Countess of Chester application.

In the documents relating to the Cluster Board meeting, there is a recommendation that there are NO financial/staffing implications of the joint WUTH/Countess of Chester proposal. It is difficult to reconcile this with the information in the Joint Application Assurance report which clearly indicates the need for an extra Anaesthetic Consultant and the need to employ extra staff grade doctors. It is also stated in this report that currently, Countess of Chester does not have accreditation for intensive care training.

This OSC also notes that the Vascular Society 'best practise' advice is ideally, Vascular Centres and Renal Centres should be co-located on the same site. Arrowe Park Hospital is currently the Renal Centre and the Uro-Oncology Centre, in common with the Royal Liverpool. It indicates geographical proximity is less important than level of need and level of service provision, further undermining the case to have an Arterial Centre at Countess of Chester. The committee believes the suggestion that an Arterial Centre at WUTH would necessarily require the consideration of a 3-centre solution, unsupported by population numbers, to be a false argument. The only factor to consider is where is the population, as a whole, best served in Merseyside and Cheshire? The Committee believes this is the approach which has been taken in Manchester.

In the Consultation Document (P28) comments on the 4 Criteria are invited. This Overview and Scrutiny Committee believes Arrowe Park Hospital:

- best meets criteria 1 and 2 for clinical provision and co-location of services for other medical conditions;
- best meets criteria 3 for the maximum number of potential patients
- best meets criteria 4 on potential costs to the NHS.

The Committee notes the high degree of cooperation between Trust Boards and Clinicians apparent in the mid-Mersey Impact Assessment, (p111-128). It draws particular attention to P116, "The Hospital clinicians felt that the Impact Assessment was the first time they had had a real opportunity to describe the service they offered and to be properly engaged in the process." Irrespective of the final decision, by convening an Independent Panel, these Trusts appear to have been able to maintain positive working relationships with their Clinicians. It is a matter for regret, that even up to 17th October, (not 20th October as stated in the Cluster Board document), Clinicians from WUTH were being prevented from stating their case to the Chairs of the relevant Clinical Commissioning Groups. The Committee does not know if the CCG Chairs were aware WUTH Vascular Surgeons had not been allowed to attend. It also does not know if these CCG Chairs were aware that the Secretary of the Vascular Society was not representing the Society at that meeting, when they made their unanimous decision.

This Committee has serious reservations about the quality of information provided in the various documents and reports brought to the Committee and provided to others and the implications this has for decisions taken. It notes there is to be a further consultation period before implementation of any changes to services, due to begin in December. The Committee has been asked to consider establishing a Joint OSC with West Cheshire to oversee the process, which will be voted on next week by the West Cheshire OSC."

It was then moved by the Chair and duly seconded that –

"In the light of the fact that:

1. Data suggests that more people from WUTH (both emergency and elective surgery) will be making the journey to the Countess of Chester than from the Mid Mersey area (Warrington/St Helens) and that Wirral appears to show higher rates of vascular related disease than Warrington.
2. Advice suggests that geographic proximity is less important than level of need and level of service provision.
3. Best practice advice is ideally that Vascular Centres and Renal Centres should be co-located on the same site and that Arrowe Park is currently the Renal Centre and the Uro-Oncology Centre, in common with the Royal Liverpool.
4. According to the criteria in the Consultation Document it seems clear that Arrowe Park Hospital: best meets criteria 1 and 2 for clinical provision and co-location of services for other medical conditions; best meets criteria 3 for the maximum number of potential patients; best meets criteria 4 on potential costs to the NHS.
5. The Vascular surgeons at WUTH remain opposed to the proposal to site an Arterial Centre at the Countess of Chester.
6. Clinicians from WUTH appear to have been prevented from stating their case to the Chairs of the relevant Clinical Commissioning Groups.

This committee expresses serious reservations about the proposal to site the Arterial Centre at the Countess of Chester.

It further expresses reservations about the unsatisfactory proposed compromise solution to allow Arrowe Park Hospital to continue to take admissions and perform emergency surgery during the day, which seems to undermine the whole logic of having a single Centre of Excellence.

This Committee also expresses its concern over the quality of the information provided in the various documents and reports to this committee and to others and the impact this may have had on any decisions taken.

Committee notes that there is to be a further consultation period before implementation of any changes to services, which is due to begin in December.

Committee also notes that they have been asked to consider setting up a joint OSC with West Cheshire to oversee the process and this will be voted on next week by the West Cheshire OSC.

Committee therefore agrees to refer this matter to Cabinet to examine the issues further and consider what recommendations should be made.”

It was then moved by Councillor Povall, duly seconded and accepted by the Chair as a friendly amendment, that –

At the end of the third paragraph from the bottom add-

“Committee strongly feels that consultation must take place on the Wirral as the Committee feels that the current proposals will have a dramatic impact on the outcomes for Wirral patients and residents and therefore the implementation date should be delayed until the New Year.”

Delete the last paragraph and replace with:

“Committee therefore wishes to receive a further report detailing the Wirral consultation to enable this Committee to further scrutinise the proposals and pass on its views to Cabinet.”

The motion, as amended, moved by the Chair and seconded by Councillor Clarke, was put and –

**Resolved (unanimously) –**

**In the light of the fact that:**

- 1. Data suggests that more people from WUTH (both emergency and elective surgery) will be making the journey to the Countess of Chester than from the Mid Mersey area (Warrington/St Helens) and that Wirral appears to show higher rates of vascular related disease than Warrington.**
- 2. Advice suggests that geographic proximity is less important than level of need and level of service provision.**



3. **Best practice advice is ideally that Vascular Centres and Renal Centres should be co-located on the same site and that Arrowe Park is currently the Renal Centre and the Uro-Oncology Centre, in common with the Royal Liverpool.**
4. **According to the criteria in the Consultation Document it seems clear that Arrowe Park Hospital: best meets criteria 1 and 2 for clinical provision and co-location of services for other medical conditions; best meets criteria 3 for the maximum number of potential patients; best meets criteria 4 on potential costs to the NHS.**
5. **The Vascular surgeons at WUTH remain opposed to the proposal to site an Arterial Centre at the Countess of Chester.**
6. **Clinicians from WUTH appear to have been prevented from stating their case to the Chairs of the relevant Clinical Commissioning Groups.**

**This committee expresses serious reservations about the proposal to site the Arterial Centre at the Countess of Chester.**

**It further expresses reservations about the unsatisfactory proposed compromise solution to allow Arrowe Park Hospital to continue to take admissions and perform emergency surgery during the day, which seems to undermine the whole logic of having a single Centre of Excellence.**

**This Committee also expresses its concern over the quality of the information provided in the various documents and reports to this committee and to others and the impact this may have had on any decisions taken.**

**Committee notes that there is to be a further consultation period before implementation of any changes to services, which is due to begin in December. Committee strongly feels that consultation must take place on the Wirral as the Committee feels that the current proposals will have a dramatic impact on the outcomes for Wirral patients and residents and therefore the implementation date should be delayed until the New Year.**

**Committee also notes that they have been asked to consider setting up a joint OSC with West Cheshire to oversee the process and this will be voted on next week by the West Cheshire OSC.**

**Committee therefore wishes to receive a further report detailing the Wirral consultation to enable this Committee to further scrutinise the proposals and pass on its views to Cabinet.**

The Chair then referred to the suggestion of a Joint Overview and Scrutiny Committee with Cheshire West and Chester Council to consider the matter further and proposed that she and the Cheshire West and Chester Council Chair could meet informally together with the party spokespersons to discuss this and come back to the Committee for their views.

**30 ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR - GP PRACTICE WEST KIRBY**

The Chair agreed to consideration of this item as a matter of urgent business in view of the topicality of the subject.

Sandra Wall referred to the tremendous anxiety caused to patients of a GP Practice in West Kirby which had recently been locked out of its premises.

Kathy Doran, Chief Executive, NHS Cheshire, Warrington and Wirral (Primary Care Trust Cluster) explained how the situation had arisen and remarked that it was outrageous what had happened. NHS PCT Cluster staff had worked all of that particular weekend to put a solution to the crisis in place and had quickly put in place temporary arrangements at West Kirby Concourse Health Centre. She assured the Committee that at no time had patients' records been compromised.

The Practice had, prior to the incident, had plans to leave the premises and builders were working on new premises which had now been made usable in advance of full completion before Christmas.

It was extremely regrettable what had happened, without any advance warning, but the PCT had done the best it could in the worst of possible circumstances.

**Resolved – That the comments of Kathy Doran be noted.**

31 **PRIMARY HEALTH CARE - PROGRESS TOWARDS THE ESTABLISHMENT OF CLINICAL COMMISSIONING GROUPS**

Paul Edwards, Wirral GP Commissioning Consortium and Doctors Phil Jennings and Pete Naylor, Wirral Health Commissioning Consortium, gave a presentation to the Committee on the work of the three Wirral Clinical Commissioning Groups (CCGs). Apologies had been received from Dr Gillian Francis of Wirral NHS Alliance.

They gave an outline of the work of the CCGs and processes which were in place for engaging with the public. Although legislation was not yet in place, the three Wirral CCGs had been successful in being registered as pathfinders, which allowed them to take on increasing responsibilities for commissioning, using powers and budgets (currently around 70%) delegated to them by PCTs within the current statutory framework.

Each of the three CCGs had an Executive Board and Board meetings were open to the public. A Clinical Advisory Group had also been established and when a service might be of benefit to all Wirral patients the CCGs could jointly commission services.

Responding to comments from Members, they informed the meeting that all GP Practices on Wirral were part of one of the three consortia. It was recognised that there were a number of different stakeholder groups to engage with and they were also hoping to encourage younger patients to get involved too.

**Resolved – That the CCGs be thanked for their presentation to the Committee.**

32 **PROGRESS REPORT ON THE IMPLEMENTATION OF PERSONALISATION AND RECOMMENDATIONS FOR TRANSFORMING DAY SERVICES**

The Interim Director of Adult Social Services submitted a report which gave details of the progress on implementation of personalisation and of a new pilot approach to daytime provision for people with disabilities that would improve and indeed

transform outcomes and access to training, education and employment for people. Consultation would take place with citizens on a variety of options on how to improve and transform day services and daytime provision across Wirral over a 12 week period, starting on 16 November.

The report supported the Council's Corporate Priorities in that it sought to improve existing services and that it placed the views of Wirral residents, employers, Community and Voluntary groups at the heart of all the Council did, providing opportunities for people to improve their neighbourhoods, lives and those of their families, ensuring that no part of Wirral was ignored.

With the permission of the Chair, Eddie Griffiths, Co-Chair of Enabling Fulfilling Lives, addressed the Committee and circulated a paper on the proposals. Whilst fully in favour of the need to transform day services he expressed the EFLs and the Wirral Carers' Association's concerns at the proposals within the report.

The Interim Director, in response, commented upon the need for change as many of the services had developed in isolation from each other and this sector of provision needed to grow and be more available for more people. There was a need to take away the barriers within the Local Authority organisation and to explore ways of opening up provision. There was and would continue to be a need for building-based provision. However, there was a significant need to review these services and reconfigure services to meet individual (personalised) needs.

There was also a need to develop a social enterprise hub to co-locate a number of services currently fragmented across the borough and enable these services to give mutual support. The possible use of the Riverside Day Centre for this purpose was being explored along with other options.

On a motion by the Chair, it was –

**Resolved –**

**(1) That the report be noted.**

**(2) That a working panel, comprising the Chair, Councillor S Clarke and one Liberal Democrat Member together with the co-opted members, Sandra Wall, Susan Lowe and Simon Wagener be established to look at the proposals for the transformation of day services.**

### 33 **PROGRESS REPORT - NHS INTEGRATION - HOSPITAL DISCHARGE / STAR SERVICE**

The Interim Director of Adult Social Services submitted a report which updated the Committee on the progress of integration between health and social care services that would support hospital discharges and prevent unnecessary hospital admissions. The report covered four areas of service development:

- The development of the Rapid Access Service.
- The re-provision of reablement services (Short Term Assessment and Reablement (STAR)).
- The further integration of the hospital discharge team.

- The re-provision of intermediate care beds.

These service developments were taking place as part of the introduction of a new model of service called 'team around the adult'. This had been developed to improve outcomes for service users by ensuring that they received the right support at the right time, and the arrangements for moving onto different services as part of a pathway of recovery and rehabilitation were effectively co-coordinated.

The integration of such services would support the Council's corporate priority of ensuring that the widest possible options for care and support were made available to Wirral residents and that those services helped people to gain full independence after serious illness. The provision of hospital discharge services under the community care legislation and Delayed Discharges Act was a statutory function for the Department of Adult Social Services. Effective services that supported hospital discharge or prevented avoidable admissions financially benefited the whole health and social care economy.

Responding to comments from Members, Anne Bailey, Service Development Manager, said that a training programme had been established for all staff involved and the service continued to work with GPs. She acknowledged that it was also important to talk to people who had gone through the discharge process.

**Resolved – That the report be noted.**

#### 34 **PRESENTATION ON SECOND QUARTER PERFORMANCE 2011/12**

Steve Rowley, Head of Service (Finance and Performance) gave a presentation on the progress made against the indicators for 2011/2012 in the second quarter. A copy of the report had been made available to view in the web library.

He referred to those performance indicators which had exceeded or met their target, performance issues which weren't achieving on target, and the corrective action being taken to address them. Budget pressures of £7.1 million had been identified, as follows:

- Increased demand for older people and learning disabilities - £2.9million.
- Slippage on savings e.g. market review negotiations and Early Voluntary Retirement / Voluntary Severance - £3 million.
- Community Care - £1.2 million.

He also reported that Cabinet had approved a new staffing structure for the department on 22 September, 2011 (minute 131 refers). This would strengthen safeguarding arrangements and other front line services.

**Resolved – That the presentation be noted.**

#### 35 **ANNUAL COMPLAINTS REPORT**

The Interim Director of Adult Social Services submitted an annual report providing information on complaints, compliments and other feedback received by the Department of Adult Social Services during the 12 month period from 1 April, 2010 to 31 March, 2011.

Under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 it was a statutory requirement to produce an Annual Report which provided information on the quantity of the complaints received and the performance of the Complaints Process.

The report, after consideration by the Committee would be published on the Council Website and shared with the Department's partners.

**Resolved – That the report be noted.**

#### 36 **CQC - IMPROVEMENT PLAN**

The Interim Director of Adult Social Services submitted a report which advised the Committee of the completion by the Department of Adult Social Services of the Improvement Plan following the Care Quality Commission (CQC) Inspection in May 2010. The outcomes associated with the completed Plan would be reflected as part of the Departmental Self Evaluation process that was due to take place later in the year prior to a Peer Review in 2012.

Out of a total of 189 milestones in the Plan, all but 24 had been completed. The bulk of these incomplete ones were due to changes in circumstance, such as new legislation or policy. It was proposed that these 24 milestones were now incorporated, as appropriate, into the departmental business planning process, the Learning Disability Partnership Board planning process and the Safeguarding Adults Partnership Board planning process. In order to ensure these actions were "embedded" they would form part of the various performance management frameworks that would be monitored by both the Strategic Leadership Team of the department and the two Boards.

The Chair read out a comment from Councillor Ann Bridson, Chair of the CQC Improvement Working Group, which had met on several occasions to monitor the Improvement Plan. Councillor Bridson had stated that the Working Group had been 'impressed with the breadth and speed of the recovery'.

**Resolved – That this Committee agrees to sign off the Improvement Plan and recommend it to the Cabinet. Committee looks forward to the coming Self Evaluation of the Department of Adult Social Services and the Peer Challenge Review to follow.**

#### 37 **CHANGES TO INDEPENDENT LIVING FUND - UPDATE REPORT**

Further to minute 20 (9/9/10) the Interim Director of Adult Social Services submitted a report which updated the Committee on the impact of changes to the Independent Living Fund (ILF) and developments in this area together with their impact on the department and the Council since that date.

**Resolved - That this Committee notes the developments linked to the changes to the Independent Living Fund and the impact on resources within the Department of Adult Social Services' personal budgets.**

38 **WORK PROGRAMME**

The Committee received an update on its work programme and Members were invited to consider whether any issues should be added to the schedule for the current municipal year.

**Resolved – That the work programme be noted with the addition of the establishment of a Working Group on day services (see minute 32 ante).**

39 **FORWARD PLAN**

The Committee had been invited to review the Forward Plan prior to the meeting in order for it to consider, having regard to the Committee's work programme, whether scrutiny should take place of any items contained within the Plan and, if so, how it could be done within relevant timescales and resources.

**Resolved – That the Forward Plan be noted.**