

**Adult Care and Health Overview and Scrutiny Committee**  
**Tuesday 29<sup>th</sup> January 2019**

<b>REPORT TITLE:</b>	<b>Report of Health and Care Performance Panel</b>
<b>REPORT OF:</b>	<b>Chair of the Health and Care Performance Panel</b>

**REPORT SUMMARY**

This report provides an overview of the Health and Care Performance Panel meeting held on 3<sup>rd</sup> December 2018. The report provides feedback to members of the Adult Care and Health Overview and Scrutiny Committee around key discussions and areas of interest resulting from the meeting.

**RECOMMENDATION/S**

Members are requested to:

- Note the contents of the report of the Health and Care Performance Panel.

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

To ensure Members of the Adult Care and Health Overview & Scrutiny Committee are aware of outcomes from the Health and Care Performance Panel.

### **2.0 OTHER OPTIONS CONSIDERED**

Not Applicable

### **3.0 ATTENDEES**

#### **Members**

Councillor Julie McManus (Chair)  
Councillor Wendy Clements (Vice-Chair)  
Councillor Phil Gilchrist  
Councillor Christina Muspratt

#### **Other Attendees**

Jacqui Evans (AD Unplanned Care and Community Care Market Commissioning, Wirral Health and Care Commissioning)  
Jason Oxley (AD Health and Care Outcomes, Wirral Health and Care Commissioning)  
Alex Davidson (Scrutiny Officer, Wirral Council)  
Vicki Shaw (Solicitor, Wirral Council)

#### **Visitors**

Amanda Parry-Mateo (Integrated Senior Manager Quality and Safeguarding, Wirral Health and Care Commissioning)  
Lorna Quigley (Director of Quality and Safety, Wirral CCG)  
Gary Rickwood (Senior Public Health Manager, Wirral Council)  
Andrew Cass (Manager, Wirral Ways to Recovery)  
Elsbeth Anwar (Public Health Consultant, Wirral Council)

#### **Apologies**

Councillor Bruce Berry  
Councillor Tony Cottier  
Karen Prior (Healthwatch Wirral)

### **4.0 ACTIONS FROM THE PREVIOUS PANEL MEETING ON 8<sup>TH</sup> OCTOBER 2018**

- 4.1 The Panel agreed the actions of the last meeting. In addition, Members requested that a briefing note detailing the refurbishment of the Pensby Wood day service centre is circulated to Members prior to the next Panel meeting. It was also suggested that a Member visit to the site be arranged for a future date.

### **5.0 CQC RATINGS, COMPLIANCE AND SAFEGUARDING ARRANGEMENTS ACROSS CARE HOMES IN WIRRAL**

- 5.1 Amanda Mateo-Parry, Integrated Senior Manager for Quality and Safeguarding for Wirral Health and Care Commissioning, introduced a presentation for Panel

Members covering the key issues and improvements around care home quality and performance in Wirral. In 2017/18, Wirral had 64% of good or outstanding rated care homes. Members were informed that there has been continual improvement over the last year, with ongoing work carried out to sustain this positive trend. Alongside improvement initiatives, Members were also informed of key performance measures in the care sector including the number of care homes per size category and how Wirral performs against national and local comparators.

- 5.2 Members were keen to explore the detail of the reporting statistics, particularly causal factors, and asked for further information around the impact of care home size, and the rate measured on quality of beds. Ms Parry-Mateo advised Members that reporting figures are based on the number of care homes per local authority – with Wirral having a high number of homes comparatively against the rest of the region. For this reason, the picture of performance can appear slightly skewed. The Panel was advised that, taking into account the number of care homes, Wirral is ranked fourth in the North West region for *actual* number of good and outstanding care homes. Members questioned whether ratings were measured on quality of individual beds or the care home as a whole; and received a response that the CQC rate the quality of the care home generally, however other inspectors (such as ADAS) use different methods.
- 5.3 Care home trends in Wirral show a relatively defined difference in ratings between areas of West Wirral and the more densely populated regions of Birkenhead and Wallasey. In the West, there are 52 care homes, with 70% rated as good or outstanding, whereas of the 71 care homes in the East only 56% have this rating level. The Panel were eager to consider why this discrepancy exists. Discussions took place around the levels of deprivation in the aforementioned areas, and how this contributes to care home quality – with officers advising the Panel that Birkenhead and Wallasey have an increased number of residents with drug and alcohol dependencies, respiratory problems and complex cases of dementia. Residents in this area have a shorter life expectancy and care homes experience a higher turnover of inhabitants which is a contributing factor to lower quality ratings. Although there are a higher number of elderly and frail residents over the age of 85 years old in West Wirral, many of these people remain in their own homes and access community and domiciliary care. Members were informed however, that one of Wirral's 'outstanding' care homes is located in Birkenhead's North End.
- 5.4 Funding in the care sector was a significant area of focus for the Health and Care Panel at this meeting. There are an increasing number of care home beds in Wirral that command a higher rate than the usual Council rate. People with care home needs are required to pay, at least in part, for the support that they receive in a care home. They are assessed for their financial contribution towards their care costs. Members were keen to look into the detail of how care home funding and 'top up fees' work in Wirral. Officers gave an overview of the current system and advised that fees are reviewed year on year and that the authority have a responsibility to consider 'cost of care, local factors and best value'. A standard rate is paid across the board for the different types of care home placements; with residents choosing to pay 'top up' fees (or 'accommodation choice charge') if they choose a more expensive care home. Although

negotiation is possible, rates are set by the care home as they see fit. The availability of standard rate beds is becoming more limited.

- 5.5 The Panel sought assurance that resident needs were the priority in cases of funding issues, with a question posed relating to the course of action if residents were no longer able to afford the top up fee of their chosen residence. Jason Oxley, Assistant Director for Health and Care Outcomes, advised Members that if a care home resident is a property owner, there can be an option to defer the care home fees against the property value. In addition, prior to confirmation of a place at the care home, a social worker will comprehensively review the arrangements to ensure that financial implications are considered for the long-term. If affordability becomes an issue at a later date, Members were advised that there are usually three options available to the resident; to continue with the stay as before and pay the required additional fee, to negotiate with the care home to determine whether a room is available within the same service that does not command a higher price, or to consider a move to a more affordable care home. Support is given throughout this process. It is often a situation where it is a third party (family member) who is no longer able to pay the additional fee and is exploring alternative options.
- 5.6 In the case that a resident does not have the mental capacity to undergo this process, a thorough assessment will be undertaken prior to a potential move to ensure that it can be managed safely and would not significantly affect the health or wellbeing of the resident. In exceptional circumstances, where it is found that a move would have a particularly significant and detrimental effect on the resident if they were to be transferred, and that no other affordable service could meet their need, Adult Social Care would assume the full cost of the placement including the top up fee. It was made clear that this is rare and that the policy is to work with the person and their family to find an affordable alternative. Panel members commented that they were pleased to see such a robust procedure in place to protect the most vulnerable.
- 5.7 The concluding part of the presentation provided further information on the improvement initiatives in place to sustain the increase in good and outstanding CQC rating in Wirral, and to support under-performing care homes. Jacqui Evans, AD Unplanned Care and Community Care Market Commissioning, advised Members that extensive work is carried out to support providers of lower rated care homes. These providers are given ownership of their improvement plans and development is themed to ensure a whole system approach. Members asked how often care homes rated as 'requires improvement' were inspected. Officers responded that, although this is dependent, some may be inspected every day. If a particular issue is identified, it may be that a period of several months is given to address this before re-inspection. Often a care home may be inspected frequently immediately following a poor rating, with less and less visits as improvement is shown.
- 5.8 The Panel commented that they had been worried by recent CQC reports, but that they were adequately assured by the report, pleased to see a focus on improvement and impressed by the support given to failing homes. There were, however, some concerns around domiciliary care given the high number of residents affected by this provision. Members asked for an update on domiciliary

support, including issues identified and mitigating measures, to be presented to the next meeting of the Panel in February.

## **6.0 SUICIDE RATES**

- 6.1 Lorna Quigley, Director of Quality and Safety for Wirral Health and Care Commissioning introduced her presentation on suicide rates based on the Wirral Suicide Audit 2017 (published in 2018). In 2017, there were 27 cases of suicide and related verdicts in Wirral – with Members advised that the audit examines not only cases of confirmed suicide, but also those that are potential or possible suicide. In some areas, Wirral follows the national suicide trend (for example, 66.7% of deaths took place in the home, a trend which is reflected nationally) but there are a number of differences that show variances to national statistics. The most common cause of death in Wirral is self-poisoning, with strangulation most prominent across England. In addition, Wirral differs slightly from the national picture in terms of age and sex; with suicides most common in females aged 24-44, whereas nationally the most common age bracket for female suicide is 45-64.
- 6.2 As part of the presentation, Members were informed that 22.2% of suicides in 2017 had taken place in a public place – with half of these occurring at a railway or motorway. Members were surprised at how low these figures were, given the increased media focus on incidents at motorway bridges in Wirral recently. Officers responded that it may be that these incidents are reflected in the 2018 audit. Members were also informed that where a coroner rules a death as 'preventable', a Section 28 notice can be issued to an organisation in order for them to be held accountable and to allow them to make changes to prevent further deaths.
- 6.3 Further audit findings discussed included considerations around sexuality as a risk factor in suicide or suicidal thoughts. A RaRE Research report published in 2015 estimated that young LGBTQ+ people are almost twice as likely to have attempted suicide at least once, although Members were informed that recording of sexuality for health and care purposes has been relatively poor historically. In addition, information was also presented around the impact of seasonality on suicide rates. Despite an assumption that the Christmas period would be a time of high numbers of suicides, higher figures are recorded for September and October. Members questioned whether this meant that national preventative measures in the run up to the Christmas were working, and whether seasonal changes in September such as nights getting darker have more of an impact.
- 6.4 The Panel requested that a number of queries be considered in order to improve suicide reporting processes. Primarily, one Member raised a concern around the time frame for reporting and suggested that it may be easier to more clearly see emerging patterns if statistics were provide over a number of years – giving a bigger picture of suicide on Wirral. Following the Panel meeting, discussions took place with Wirral Intelligence Service analysts and this suggestion was put forward. It was stated that this is a concern that has previously been identified, and consideration is currently being given to providing reports that cover a longer time period, in order to draw more valid conclusions.  
Members also questioned whether there were any evaluation methods in place, either locally or nationally, to gauge whether preventative campaigns are

effective. Alongside this, it was stated that Members would find it helpful to see more detail on the effect of financial pressures on suicide as part of future presentations.

## **7.0 DRUG USE IN WIRRAL**

- 7.1 Members were given a progress update on mortality rates among drug and alcohol users that access addiction treatment services in Wirral. The last update provided was in November 2016, and Members were keen to seek assurance that improvements had been made. Gary Rickwood, Senior Public Health Manager provided the Panel with an overview of the current position. The number of deaths in service has increased nationally over the last 2 years, and although Wirral ranks higher than the national average, figures show that numbers of deaths of opiate, non-opiate and alcohol users is falling year on year. Members were informed that a clinical governance and treatment review process has been implemented alongside further emphasis on tackling respiratory illness and development of service interventions.
- 7.2 The Panel were advised that since 1<sup>st</sup> September 2017, up to 3,500 people have received treatment through the Wirral Ways to Recovery (WWTR) service. Of these numbers, there were 76 reported deaths of those in contact with the drug and alcohol treatment provision. The most common cause of death among these cases was respiratory disease, and Members were informed that there is difficulty in juggling long term health conditions and addiction. For example, methadone is a respiratory suppressor, and many service users are smokers; both contributing factors to the high numbers of COPD sufferers on the programme. WWTR are working with smoking cessation organisations to ensure that an impact is made in this area. Members questioned whether it would be too difficult for service users to battle a dependency on drugs or alcohol, as well as giving up smoking. However, they were pleased to hear that the opposite is often true, and that changing behaviours and new techniques can allow them to address a range of addictions simultaneously.
- 7.3 Alongside this, Andrew Cass, Manager of Wirral Ways to Recovery instructed the Panel that an enhanced health assessment is undertaken for all service users, and that a detailed primary care engagement plan and dual diagnosis pathway have both been implemented. The service is looking at new ways of working to ensure a proactive approach, and have established close working links with the Alcohol Acquired Brain Injury team. This looks at the impact that drug and alcohol abuse can have on cognitive function, and how this affects the service user.
- 7.4 In conclusion, Members were assured that the service learns from every death. They carry out a full review (which many other providers do not do) and embrace any learning opportunities provided. Members were glad to hear that ongoing monitoring takes place and that review meetings are now well-established.

## **8.0 SUMMARY OF ACTIONS**

The following actions arose from the meeting;

- Arrangements to be put in place for a Member visit to the Pensby Wood day service in order to observe the recent refurbishments. A briefing note on the

capital investment and areas of improvement has been requested, for circulation to Members in advance of the next Panel meeting.

- Updates on the 'Red Bag Scheme' and Domiciliary Care services to be added to the agenda for the next Panel meeting. A report on Infection Control will also be deferred to the next Panel meeting.
- A potential Member visit to one of the 'Wirral Ways to Recovery' service centres to be added to the Panel work programme.

## **9.0 FUTURE ARRANGEMENTS FOR THE HEALTH AND CARE PERFORMANCE PANEL**

The Health and Care Performance Panel work programme can be found as an appendix to this report.

## **10.0 FINANCIAL IMPLICATIONS**

Not Applicable

## **11.0 LEGAL IMPLICATIONS**

Not Applicable

## **12.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS**

The delivery of the Panel work programme will be met from within existing resources.

## **13.0 RELEVANT RISKS**

Not Applicable

## **14.0 ENGAGEMENT/CONSULTATION**

Not Applicable

## **15.0 EQUALITY IMPLICATIONS**

This report is for information to Members and there are no direct equality implications.

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## **APPENDICES:**

### **Appendix 1: Health and Care Performance Panel – Work Programme**

#### **REFERENCE MATERIAL - SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
<b>Adult Care and Health Overview &amp; Scrutiny Committee</b>	<b>27<sup>th</sup> June 2018</b>
<b>Adult Care and Health Overview &amp; Scrutiny Committee</b>	<b>27<sup>th</sup> November 2018</b>