

HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 22 March 2011

<u>Present:</u>	Councillor	B Kenny (Vice-Chair)	
	Councillors	A Bridson W Clements P Glasman S Mountney	C Povall P Reisdorf T Smith G Watt
<u>Deputy:</u>	Councillor	J Salter (in place of M McLaughlin)	
<u>Co-opted</u>		D Hill (LINKs) S Lowe (Service users under OPP age group) S Wagener (Interim Carer's representative) S Wall (OPP)	

60 WELCOME

Councillor Brian Kenny, Vice-Chair, welcomed everyone to the meeting which he would be chairing as Councillor McLaughlin was away and had given her apologies.

He welcomed Christine Beyga, Interim Head of Service Provision, who was standing in for Howard Cooper, whilst he was on holiday.

61 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.

No such declarations were made.

62 MINUTES

Members were requested to receive the minutes of the meetings of the Health and Well Being Overview and Scrutiny Committee held on 22 January and 17 February, 2011.

Councillor Bridson referred to minute 59 (17/2/11) and the fourth part of the resolution which referred to a progress report being brought to this meeting on the progress of change.

Chris Beyga, Interim Head of Service Provision, indicated that a verbal update would be given at the end of the meeting under 'Any other urgent business' following consideration of a report by Cabinet at its meeting on 17 March.

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

63 **ORDER OF BUSINESS**

The Vice-Chair agreed to vary the order of business and take items 10 (Homeopathy Commissioning) and 4 (Providing Excellence in Healthcare into the Future) as the first two items of business in view of the presence of members of the public for these two items.

64 **HOMEOPATHY COMMISSIONING**

Kathy Doran, Chief Executive, NHS Wirral, introduced a report from the NHS Wirral Professional Executive Committee (PEC) on their commissioning plans for homeopathy.

Currently, NHS Wirral had a block contract with Liverpool PCT for homeopathy to the value of £35,270 per year. This contract was due to expire on 31 March 2011. Due to the need to ensure a consistent commissioning approach and at a time of change by the provider, the future of the service required review.

NHS Wirral had received seven letters (to 23 February 2011) from service users relating to homeopathy treatments. These referred to a range of conditions (skin condition, prostate cancer, asthma and osteoarthritis, a learning difficulty/behaviour condition, several complaints together and also chronic fatigue syndrome and insomnia). All seven letters praised the homeopathy services and treatments received.

In addition, the Chairman of the 'North West Friends of Homeopathy' Mr J Cook, had written to the PCT in support of homeopathic services on the Wirral, and asking for an overview of the patient consultation plans should the treatments be discontinued. All letters had received a response with details that the PCT recognised that homeopathic care on the Wirral was valued by the patients receiving the care, and that the matter was currently under review due to changes being made by the provider of the homeopathy services.

The report also referred to scientific evidence for the use of homeopathic products and made reference to other PCTs who had reviewed their commissioning arrangements for homeopathic therapies.

The report went on to outline the different methods of consultation which had been undertaken. The Professional Executive Committee (PEC) of NHS Wirral had:

- Noted the evidence regarding the lack of efficacy and cost-effectiveness of homeopathic therapies.

- Approved a recommendation not to commission homeopathic therapies subject to patient and public engagement, and to ensure that all NHS Wirral policies were consistent to this effect.
- Agreed the need for GP consortia to engage with patients and patient groups with support from the Director of Communications and Engagement.

No final decision had been made as all comments would be fed back to the PEC at its meeting on 29 March. Patient Council views had been sought and they were broadly supportive of a recommendation not to re-commission the service.

With the permission of the Vice-Chair, Mr J Cook, Chairman of the 'North West Friends of Homeopathy' addressed the Committee, followed by Michael Marshall, of the Merseyside Skeptics Society.

At this point Councillor Mountney declared a prejudicial interest in the matter before the Vice-Chair opened it up for debate, due to him having made public comments on homeopathy and withdrew from the room during its consideration.

Responding to comments from Members, Kathy Doran together with colleagues from NHS Wirral and GPs representing GP Consortia informed the Committee that there were approximately 5 patients a month referred to the service, and some 140 in follow up treatment over a six month period which taken together equated to 0.05% of the population on Wirral. A public meeting had been held on 9 March, at which approximately 50 members of the public had attended. Over 20 people had completed the online questionnaire. The contract had been ongoing prior to the formation of the PCT and due to the changes taking place in the health service, there was now the opportunity to review it.

The GPs stated that they were not convinced at this time on the balance of evidence that homeopathy worked and the House of Commons Science and Technology Select Committee report did not pull any punches in its assessment and suggested that more research was needed.

Those wishing to use homeopathic remedies were able to purchase them from a number of high street outlets.

Resolved – That the report be noted.

65 PROVIDING EXCELLENCE IN HEALTHCARE INTO THE FUTURE

The Director of Nursing and Midwifery at Wirral University Teaching Hospital NHS Foundation Trust, Tina Long, submitted a report which provided an outline of the work undertaken to develop a Site Strategy for the Trust and the plans for engagement over the next three to four months. In addition it updated the Committee on progress with same sex accommodation, hospital discharge and bed reductions at Clatterbridge Hospital.

Len Richards, Chief Executive of Wirral University Teaching Hospital NHS Foundation Trust, introduced the report. The changes implemented at Clatterbridge included the closure of 10 inpatient beds on Ward M1 (Elective Orthopaedic), and the closure of the 15 (5 day) inpatient beds on Ward M2 (Elective Surgery and Urology). In the main, normal wards had circa 28, (7 day) inpatient beds. A draft outline

business case, developed following discussions with doctors, nurses and other clinical staff had been produced. This contained three main options for the future location of outpatient services, daycase and planned operations which would allow the Trust to continue to provide the best possible care, services and hospital experience for patients from accommodation at both Arrowe Park and Clatterbridge. He stated emphatically that the closure of Clatterbridge was not an option.

Len Richards also suggested that he would be happy to bring regular reports back to the Committee on developments at the Foundation Trust.

In connection with this item, additional documentation had been circulated to the Committee including an email received by the Chair and Vice-Chair from Sue Green, Director of HR and Organisational Development, Wirral University Teaching Hospital NHS Foundation Trust, dated 21 March, 2011 together with an attachment, a letter from Sue Green to Neil Wright and a paper, 'Surgical Division – Consultation and HR Framework Documents'. A submission had also been received from Colm Byrne, Regional Officer, Royal College of Nursing and this had also been circulated to the Committee.

With the permission of the Vice-Chair, Colm Byrne addressed the Committee and expressed his concern on behalf of staff at Clatterbridge over the reduction in capacity and the manner in which the decision to reduce beds was communicated to staff. He presented a petition to Mr Richards of some 1548 signatures which emphasised the concerns.

Responding to comments from Members, Kathy Doran, Chief Executive of NHS Wirral, stated that since the last ward closures at Victoria Central Hospital some five years ago, there had been other ward closures which following discussions with the Committee had not been brought before the Committee as there had not been a reduction in service provision or a reduction in quality of service. There had in fact been an increase in the number of patients treated.

In response to further comments Len Richards, Tina Long and Sue Green stated that in the last three years there had been a 5% increase in elective surgical cases, about 2000 more cases. The number of inpatient cases had reduced by 1200 whilst the number of day cases had increased by 3000. Patients were still being seen in Clatterbridge but there was now less need for overnight stays. A saving of £500,000 would be made from the bed reductions at Clatterbridge but there had also been significant developments on both sites, including improvements in A&E, investments in Department for Medicine for the Elderly, same sex accommodation and enhanced recovery.

Specific patient groups had been involved in the consultation on changes with wards M1 and M2 and a timetable on the consultation for the site strategy could be shared with all the Committee. The Trust would always work to improve the effectiveness of the service and was aware of the need to make it much more personalised. The Trust would also be engaging with the other occupiers of the Clatterbridge site, the Clatterbridge Centre for Oncology and the Cheshire and Wirral Partnership Trust about the site strategy.

The Vice-Chair welcomed the statement that the closure of Clatterbridge was not an option and also the suggestion for more regular communication with the Committee by the Trust.

Resolved – That the report be noted.

66 PRESENTATION ON THIRD QUARTER PERFORMANCE

Further to minute 44 (18/1/11) Steve Rowley, Head of Service (Finance and Performance) gave a presentation on the progress made against the indicators for 2010/2011 in the third quarter. A copy of the report had been made available to view in the web library. The report and presentation updated the Committee on the information given in January which was provisional.

He referred to those performance indicators which had exceeded or met their target and expanded on those performance issues which weren't achieving on target, and the corrective action being taken to address them, these included:

- Self Directed Support
- Paid Employment (Learning Disability)
- Customers being reviewed
- Assistive Technology
- Self Directed Assessments
- Safeguarding Alerts (24 hours)
- Safeguarding Incidents (28 days)

In respect of the financial position he outlined the key financial pressures. The projected overspend was now expected to be £3.5m down from the previous reported figure of £5.4m.

He and officers from the department then responded to Members' comments and assured the Committee that the department was working towards national targets on personalisation. In respect of 'milestones' referred to in the report, and in particular the one awaiting 'traffic light' assessment, Steve Rowley said that he would be happy to supply this answer in writing.

Resolved – That the report be noted.

67 ALCOHOL RELATED HOSPITAL ADMISSIONS

Further to minute 33 (1/11/10) the Director of Public Health submitted a follow-up report on alcohol related hospital admissions. The report gave details of:

- The disease categories which were alcohol related
- The number of people receiving treatment and care for these conditions
- The responses being delivered in Wirral to tackle these conditions

The NHS Wirral alcohol programme aimed to address alcohol related harm, improve access to alcohol treatment services and reduce alcohol related admissions to Hospital. The programme, in broad terms, delivered the following initiatives:

- Delivering developments in primary care screening and brief intervention
- Increasing capacity in specialist treatment programmes
- Increasing the capacity of community based detoxification services
- Improving crisis management responses
- Increasing capacity in aftercare services
- Providing interventions in the criminal justice services
- Increasing the provision of information and awareness raising
- Delivering an alcohol programme for young people (under 18s)

The delivery of the alcohol programme was intended to reduce the risk and harm associated with alcohol consumption and, in turn, ease the burden placed upon the local criminal justice system and the local health and social care economy.

Responding to comments from the Committee, the Director of Public Health informed the meeting that locally there had been a marginal drop over the last couple of years although the rate of hospital admissions was still high. Len Richards, Chief Executive of Wirral University Teaching Hospital NHS Foundation Trust, confirmed that it was difficult to get accurate figures for alcohol related A&E hospital admissions as people would present with symptoms not immediately associated with alcohol, although nationally the position was thought to be approximately 1 in 3.

Resolved – That the report be noted.

68 **COMMITTEE REFERRAL - SCRUTINY REVIEW OF ACCESS TO ALCOHOL BY YOUNG PEOPLE IN WIRRAL**

Councillor Bridson introduced the report on the Alcohol Scrutiny Review which had been referred by the Scrutiny Programme Board on 5 January, 2011 (minute 44 refers) to a number of Overview and Scrutiny Committees.

The review had been managed by the Scrutiny Programme Board due to the cross-cutting nature of the topic and the impact on a number of areas such as health, young people, anti-social behaviour / community safety, trading standards and licensing.

The Panel of 4 Members, chaired by Councillor Dave Mitchell together with Councillors Sue Taylor, Chris Meaden and Ann Bridson had focussed its review on “access to alcohol by young people in Wirral” due to the high profile and significance of excessive drinking among young people.

The report gave details of the main issues for review which had been identified in the scope document. The Panel had used a number of methods to gather evidence for the review, including meetings with key officers, visits to local communities accompanied by Youth Outreach Workers and written evidence. The final report contained eleven recommendations, which had been presented to Cabinet on 17 March.

Councillor Bridson commented that it was important to keep up the interventions through schools and outreach work.

The Vice-Chair thanked the Review Panel for their excellent work on the subject.

Resolved – That the report be noted.

69 **HEALTH AND HOMELESSNESS UPDATE**

Further to minute 53 (18/1/11) the Director of Public Health and Director of Health Systems Management, NHS Wirral, submitted a report which provided an update on service developments to help homeless people. These services supported the delivery of medium and longer term homelessness targets in the Wirral Homelessness Strategy and addressed the health needs of local people who were homeless or at risk of homelessness.

The report gave details of the hospital discharge project, primary care for homeless people, mental health project and the development of a health and homelessness strategy. The hospital discharge project, which was due to finish at the end of March 2011, had now been extended for a further year.

Resolved – That the report be noted.

70 **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 developments following the changes made to the Independent Living Fund and their impact on the department and the Council.

The report gave details of a ministerial statement from the Department of Work and Pensions issued in December 2010, a result of which would mean the Department of Adult Social Services would need to respond to the future needs of people with disabilities with the understanding that ILF funding would not be available in the future.

Further to this, the Joint Committee on Human Rights had launched a consultation to find out what disabled people thought about the right to independent living. The committee was accepting information from a wide range of stakeholders, disabled people, their families and groups and organisations that supported disabled people. The consultation would end on 29 April 2011. This initiative would further inform the national direction of policy in relation to independent living and providing people with disabilities choice, control and access to the right support.

Responding to comments from the Committee the Head of Access and Assessment stated that whilst the department had not been in a position to directly replace ILF funding, the introduction of personalisation had meant that the impact of these changes had been reduced. People were being encouraged to live independently through different models of care.

Although the majority of people currently on ILF had learning disabilities, he acknowledged the need to look at how consultation could be undertaken with those who didn't.

Resolved – That the Committee notes the developments linked to ILF changes in the last six months.

71 **DASS COMPLAINTS ANNUAL REPORT**

The Interim Director of Adult Social Services submitted an annual report providing information on the quantity of the complaints received and the adequacy of the Complaints Process.

New legislation, The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and accompanying guidance (Listening, Responding, Improving) operated across Health and Adult Social Care had been introduced on 1 April, 2009 and placed significant emphasis on a personalised approach to complaints and 'learning from complaints'.

As a result the Department had made changes to how complaints were managed. A new 'Complaints, Comments and Compliments Procedure' was formally introduced on 1 June 2010; however, many of the changes had been in place throughout the year. The Department no longer operated a stage based system, instead complaints were handled in a reasonable and proportionate manner agreed with the complainant and detailed in a personalised Complaints Plan.

There had been an increase in average response times due to the switch to the new system of dealing with complaints and the removal of stages. This had been addressed and there was evidence in the early months of 2010-11 that performance was improving and would continue to do so. There was also a commitment to broaden out the area of work beyond complaints and to capture and learn from across the spectrum of customer experience including compliments and suggestions.

The report gave a breakdown of the different types of complaint by customer group, issue and ward of which there had been 251. A breakdown of compliments was also given of which there had been 352.

Resolved – That the report be noted.

72 **CHESHIRE AND MERSEYSIDE VASCULAR SURGERY REVIEW CONSULTATION**

The Director of Health Systems Management, NHS Wirral, Cathy Gritzner, introduced a consultation document on the NHS Cheshire and Merseyside Vascular Review. The consultation had started in January and was due to finish in March with the recommendations being announced in May, 2011. The document gave details of some of the improvements which the NHS was planning to make to the way vascular services were provided in Merseyside and Cheshire, which might involve the relocation of some services.

Currently vascular services were provided at most district hospitals, including Arrowe Park. The changes under consideration would mean that complex and emergency operations would be carried out a small number of specialist vascular centres with the remaining care being provided locally. It was thought that about two vascular centres would be optimal ensuring that all patients were treated at hospitals that met the minimum number of operations per year specified by local clinicians and where specialist surgeons and interventional radiologists were available all the time.

Responding to comments from the Committee Dr Tom Dent, public health physician and adviser to the review stated that no recommendations had yet been made as to which two hospitals would be chosen. Consultation had included two meetings, one for the public and one for NHS staff. Also, an internet survey had elicited 1800 responses, 1300 of which were from the public. Stays of less than a week would be the norm at these specialist vascular centres with some being just an overnight stay and some being day cases. Annually there were only about 700 of these procedures across Cheshire and Merseyside.

Len Richards, Chief Executive of Wirral University Teaching Hospital NHS Foundation Trust, welcomed the review and the need for these specialised centres.

Resolved – That the report be noted and the Committee receive a report back later in the year when more details are known.

73 **DEMENTIA SCRUTINY REVIEW - FINAL REPORT**

Councillor Ann Bridson introduced the final report of the Dementia Scrutiny Review Panel, 'The Care of People with Dementia in an Acute Hospital Setting'. The Health and Well Being Overview and Scrutiny Committee had agreed the scope of the review at its meeting on 22 June 2009 (minute 13 refers)

The panel, consisting of Councillors Ann Bridson (Chair), Sheila Clarke, Denise Roberts and former Councillor Chris Tegg, supported by Alan Veitch, Scrutiny Support officer, had focussed on:

- Management of patients with dementia in an acute hospital setting.
- Impact of patients with dementia on other patients during a stay in hospital.
- Are there alternative approaches which allow more patients with dementia to be cared for outside an acute hospital setting?
- Is it possible to keep more people with dementia in their own home for as long as possible?

Details were given of the variety of methods used to gather evidence, including, meetings / visits with officers; meetings with carers of people with dementia; written evidence from individuals and written documentation / reports, both from a national and local perspective.

The report contained 14 recommendations and was submitted for the Committee's consideration.

Len Richards, Chief Executive of Wirral University Teaching Hospital NHS Foundation Trust, responding to the review, commented that he was in discussion with the Cheshire and Wirral Partnership NHS Trust regarding a joint approach and he would be happy to come back to the Committee in the next few months with a formal response to the review's recommendations.

Resolved –

(1) That the contents and recommendations of the Dementia Scrutiny Review be supported.

(2) That the Dementia Scrutiny Report be presented to the next appropriate cabinet meeting.

(3) That further reports be presented to the Health & Well Being Overview and Scrutiny Committee to update members regarding the outcomes of the recommendations.

(4) That the Review Panel be thanked for all their work on the review.

74 **REPORT ON WORK OF DOMESTIC VIOLENCE PANEL**

Councillor Pat Glasman presented an interim report from the Review Panel on Domestic Violence and highlighted the review's findings so far. Following the meeting of the Overview and Scrutiny Committee on 9 September, 2010 (minute 25 refers) a Panel of 4 Members had been established to look into the issue of domestic violence.

The panel consisting of Councillors Pat Glasman, Ann Bridson and Cherry Povall expressed an interest in being part of the panel and Councillor Moira McLaughlin agreed to act as chair.

The panel had met each month, and had been supported in their work by Jill Barr and Jayne Reid from the Family Safety Unit (FSU) of Wirral Borough Council, Steve McGilvray from the Community Safety Team, Dave Swarbrick, Area Team Manager from Wallasey, Children and Young People's Department (CYPD) and Julia Hassall, Branch Head, CYPD, all from the Council. They had also been supported by Val Saunders from Wirral Women's and Children's Aid, Dave Grisenthwaite from Merseyside Police and Ann Potter from Barnardos.

The report represented an interim summary of the panel's work to date and it was the intention to carry over the investigation to the next municipal year, if the next Chair and Committee members agreed.

Members commented on the interim report and also the need to be aware of the huge implications for children involved both in terms of their education and their emotional welfare.

Resolved – That the interim report be noted and the Review Panel be thanked for their work so far.

75 **WORK PROGRAMME**

The Committee received an update on its work programme.

Members suggested that the future work programme should include the continuing work of the Sub-Group monitoring the implementation of the improvement plan following the CQC inspection report. An Improvement Plan update report was circulated to the Committee, the Sub-Group having last met on 14 March, 2011.

The review panel into domestic violence should also continue and additions to the work programme should include further reports on the implications of changes to the Independent Living Fund (ILF) and also the Disability Living Allowance (DLA).

Resolved – That the report and additions to the work programme be noted.

76 **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.

77 **ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR - CONTRACTS FOR RESIDENTIAL AND NURSING HOME CARE AND PERSONAL SUPPORT**

The Chair agreed to consideration of this item as a matter of urgent business following a report to Cabinet on 17 March, 2011.

Following consideration of a report, 'Transformation of Adult Social Services – Contracts for Residential and Nursing Home Care and Personal Support' by Cabinet at its meeting on 17 March, 2011 (minute 359 refers) Christine Beyga, Interim Head of Service Provision, gave an update to the Committee on the latest position.

The tendering procedure for contracts had been followed with an evaluation process that included Council officers, carers and people who used services along with NHS colleagues and Cabinet had agreed to award contracts to a number of providers:

- 94 for residential and nursing home care
- 43 for personal support
- 2 for intermediate care
- 3 for reablement

Cabinet had agreed to waive call-in as the new contracts needed to be in place as soon as was practicable as the current contracts expired no later than 11 April 2011.

Due to insufficient capacity within the market, 11 beds had been retained in-house at Sylvandale and Girtrell Court to support people with learning disabilities. Details were also given of placements made through the reablement service. There were enough beds to provide respite care for most of the different groups and very positive feedback had been received, by and large, from carers.

Due to uncertainty over the capacity of care in the market providing services to people with mental health problems Cabinet had agreed to retain Fernleigh. The uncertainty would be resolved by further work with providers and the consideration of commissioning replacement services from the voluntary, community and faith sectors or the consideration of a social enterprise solution. Consultation would continue with people who used services and carers and a report would be taken to Cabinet later in the year with options, which could include the retention of Fernleigh respite centre and services continuing to be provided by the Council.

Details of those who had been awarded contracts had not been made public yet as not all of those who had successfully tendered had been informed. The Head of Integrated Communities and Well Being, Maura Noone, assured the Committee that

she had contacted personally each of the people on the Learning Disability Panel to keep them updated with developments, and it was certainly not intentional if anyone did feel they had been kept 'out of the loop'.

It was then moved by Councillor Kenny, seconded by Councillor Smith, that –

“This Committee recognises that the provision of respite services, intermediate care and home reablement services are vital to the Council’s strategy of maintaining people within their own homes and reducing the number of individuals who need full time residential care.

Committee also notes that they play a key role in preventing bed blocking on hospital wards.

This Committee remains concerned that, in changing the way these services are provided, the Council is moving too far, too fast and risks jeopardising its long term strategy and creating instead a costly surge in residential care further down the line as individuals are failed by the system and can no longer cope.

This Committee notes that the decision to keep Fernleigh open, following a lack of viable alternatives, is indicative of the dangers that exist when decisions are taken before proper alternatives have been explored and put in place.

This Committee remains to be convinced that the reality of what is happening on the ground now in any way matches the rhetoric of what the public are being told. Committee believes that this credibility gap, which continues to leave carers and service users confused and afraid, can only harm any planned change programme which should have been allowed to proceed at a pace that could be assimilated by carers and users and in a way that guaranteed the quality of services for the future.”

Following some debate on the motion it was then moved as an amendment by Councillor Bridson, seconded by Councillor Mountney, that –

“Committee recommends to Cabinet that the current process of change should continue with all due diligence for the best interests of service users and their carers, ensuring that the quality of service is maintained or improved, and that a progress report be brought to the next scheduled meeting of this Committee.”

The amendment was put and carried (6:4).

The amendment, then becoming the substantive motion, was put and it was –

Resolved (6:4) –

Committee recommends to Cabinet that the current process of change should continue with all due diligence for the best interests of service users and their carers, ensuring that the quality of service is maintained or improved, and that a progress report be brought to the next scheduled meeting of this Committee.