

HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE

Monday, 18 June 2012

<u>Present:</u>	Councillor	S Mountney (Chair)	
	Councillors	C Povall P Glasman C Jones M McLaughlin T Norbury	G Watt R Abbey
<u>Deputies:</u>	Councillors	R Abbey G Watt	
<u>Co-optees</u>		D Hill (LINKs) S Lowe (Services users under OPP age group) A Brighthouse Sandra Wall D Hill Lowe Wagener (Carers)	
		Dr Phil Jennings Chairman (Designate) NHS Wirral CCG	
		Dr Abhi Mantgani Accountable Officer (Designate) NHS Wirral CCG	
<u>Apologies</u>	Councillors	M Hornby A Leech	
	Co-optees	S Sagar (BME)	

1 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 Mr T Norbury declared a personal interest in the item, 'Equality and Impact Assessments' by virtue of being an employee of Merseytravel

Councillor Mr R Abbey declared a personal interest in the item, 'Equality and Impact Assessments' by virtue of being the Councils representative on Merseyside Integrated Transport Authority

2 **MINUTES**

Members were requested to receive the minutes of the meeting of the Health and Well Being Overview and Scrutiny Committee held on 12 March, 2012.

Resolved – That the minutes of the meeting of 12 March, 2012 be approved as a correct record.

3 **APPOINTMENT OF VICE-CHAIR**

The Committee was asked to consider if it wanted to appoint a Vice-Chair.

On a motion by Councillor Mountney, duly seconded, it was –

Resolved - That Councillor C. Povall be appointed Vice-Chair of this Committee.

4 **PUBLIC HEALTH UPDATE**

The Chair indicated that unfortunately Fiona Johnstone was unable to attend the meeting; therefore the Public Health Update would be given at the next meeting.

Members raised concern regarding the lack of written reports and asked that in future all report submitted to the Committee be in a written format to enable the Committee to have more time to read information given.

Resolved – That it is the request of the Committee that all reports to be considered at future meetings be submitted in a written format.

5 **THE CLATTERBRIDGE CANCER CENTRE UPDATE**

Helen Porter, Director of Nursing & Quality, The Clatterbridge Cancer Centre, gave a verbal update report on the Clatterbridge Cancer Centre proposals regarding the retention of cancer services at the Clatterbridge site in Wirral and establishing a new comprehensive Clatterbridge Cancer Centre in conjunction with the new Royal Liverpool and Broadgreen University Hospital Trust.

Miss Porter reported that clinical experts recognised and supported the case for re-designing non-surgical cancer services in Merseyside and Cheshire as it presented the opportunity to provide truly integrated cancer care; locating a comprehensive cancer centre on an acute hospital site would improve care for all cancer patients.

Miss Porter indicated that Clatterbridge was the cancer centre to provide chemotherapy to general hospitals and was currently running a pilot scheme offering chemotherapy services at GP surgeries and patient homes; along with the introduction of mobile clinics which would reduce patient travelling times and offer improved access to services.

Miss Porter further highlighted the key principles behind the proposals; which was to ensure that access to care was as close to patients homes as possible; chemotherapy and radiology treatments which no longer needed in-patient care could be dealt with locally and only those with complex needs be treated at hospital. At present those patients requiring additional acute treatment had to access it via other hospitals, making the transfer of patients and doctors difficult. It was hoped that this would be alleviated due the range services that could be offered on the shared site. Research facilities would also be improved; this agenda was at present very strong but restricted to clinical trials as there were no facilities to support patients if they had developed complications.

Miss Porter concluded that the proposals would improve the Cancer Centre in general, specifically the travelling times, improve service provision and research facilities. A series of public engagement events and road shows were to take place during 2012/2013 across the Cheshire and Merseyside region, and to launch the engagement activity programme each respective Hospital Trust would host a launch event:

The Clatterbridge Cancer Centre event would be held at The Clatterbridge Cancer Centre on 9th July 3.30 until 5.00pm at the Post Graduate Centre, Clatterbridge Centre Site

The Royal Liverpool and Broadgreen University Hospital trust would be held at the Liverpool Medical Institute, 114h Mount Pleasant, Liverpool L3 5SR on 12th July 2012, at 2pm until 4pm.

An invitation to Members was extended and plans to engage patients; public and wider stakeholders would take place over the next 6-12 months prior to any formal consultation.

During the course of discussion on this item, Councillor McLaughlin declared a personal interest by virtue of her being a former employee of Clatterbridge Hospital.

It was reported that six options were looked at as part of the business planning process and each option individually evaluated; further evaluation of the options would be undertaken during the consultation process and the strategic planning process would be dealt with further down the line. Acute Oncology services were provided The Clatterbridge Cancer Centre in every Trust with an A & E Department but the changing needs of oncology patients meant that there was a need for an improvement of outpatient services to patients. The proposed Royal Liverpool Hospital site was located close to the university; therefore it was the clinical consensus that the site would be the most suitable.

In relation to alleged leaking of the proposals to the press Ms Porter explained that the proposals in relation to the Cancer Centre had been in the pipeline for some time and that discussions had taken place with the Royal Liverpool Hospital at their Board

meeting, minutes of which were published on their web site which was subsequently picked up and reported on by members of the press.

Members raised concern that public perception may be that Clatterbridge would be surplus to requirements if services such as chemotherapy would be offered to patients at GP surgeries and in their own homes. In response, Miss Porter explained that Clatterbridge would still remain a fully functioning cancer centre offering a range of services to patients, and a wider range of services to those with complex needs.

Chemotherapy services were currently provided by private companies employed by cancer centres as they are able to bypass the VAT loop hole to enable them to provide patients with more expensive treatments, The Cancer Centre were looking into to do doing this, meaning that there would be no change in costs making it a saveable model. The number of in-patients would reduce over time which is what the centres aimed to achieve. Changes in chemotherapy and palliative care and targeted personalised chemotherapy were changing due to the advances in research and radiotherapy had much less side effects.

In relation to the funding, it was reported that this was to be provided from the commissioners and NHS, with a fifth of the funding to come from fundraising. Members asked that a more detailed report be submitted to a future meeting with full details of the proposals to include consultation, financial information and details of the options considered. Dr Phil Jennings, Designate Chair, NHS Wirral CCG agreed to liaise with the appropriate officers to submit a report to a future meeting.

RESOLVED: That

- (1) Miss Helen Porter be thanked for her verbal report; and
- (2) Dr Phil Jennings, Designate Chair, NHS Wirral CCG be requested to liaise with the appropriate officers to submit a report to a future meeting regarding the full details of the proposals, to include consultation, financial information and details of the options considered.

6 **MATERNITY SERVICES - UPDATE**

Rosemary Curtis, Commissioning Lead for Children, CAMHS and Maternity Services for NHS Wirral Clinical Commissioning Group provided a written report, on the One to One Maternity Services provision: the written report is detailed below. Mrs Curtis elaborated on the written report and responded to members questions.

One to One Maternity Services Provision

Background

'Maternity Matters – choice access and continuity of care in a safe service' (DH 2007) and Standard 11 of the National Service Framework for Children Young People and Maternity Services (DH 2004) set the standards required for the local development of high quality, safe and accessible maternity services with a 'choice guarantee' to ensure all women had a choice around the type of care that they received, together with improved access to services and continuity of midwifery care and support.

To meet these standards, NHS Wirral commissioned a comprehensive range of services to meet the needs of women and their babies during pregnancy, childbirth and postnatally. Several providers of midwifery care were commissioned which enabled women to choose the venue and style of the maternity service that best met their needs and preferences. Current commissioned providers of maternity care included:

Liverpool Women's Hospital;
Countess of Chester NHS Trust;
Wirral University Hospitals NHS Trust;
One to One Midwives (Northwest) Ltd

The report indicated that women were able to 'book' directly with a midwife for their maternity care, and could receive all their maternity care from a midwife (including a home delivery) in community based settings if they had no 'medical' needs; in practice most women initially contacted their GP who would then refer on to the provider of the woman's choice. Women with identified 'medical' needs could be referred by their midwife or GP to the obstetrician of their choice. Women with uncomplicated pregnancies could choose a home birth with any of the providers of midwifery care. In the event of complications developing during labour at home, women were transferred to the nearest hospital setting for their delivery.

One to One Midwifery Service

The report indicated that in order to provide choice in the type of care available to women, particularly those from areas with high levels of deprivation who did not always access hospital based services, NHS Wirral commissioned a pilot service from an independent midwifery provider, One to One (NW) Ltd, in 2010; the pilot proved to be very popular with women, and was extended until October 2011 when a standard NHS contract for the provision of (Wirral wide) maternity services was put in place.

The overall aim of the service was to provide a community based, person centred model of care for which improved short and long term health outcomes for women and their infants. Pregnancy and birth were seen as a normal part of a woman's life, with the care providing a trusting, mutually respectful partnership between the woman and her midwife. A named midwife was allocated to each woman as early in pregnancy as possible, with women having continued access to advice, support and face to face contact with the named midwife, maximising continuity for the whole period of care.

The service offered access to screening and associated scanning services in community venues at accessible times and continued access to telephone advice and support, and face to face contact as often as required to provide high quality care, meeting the identified needs and wishes of women.

The service shared care with other appropriate professionals, including obstetric care where it was required, i.e. there was no need for a woman who needed the care of an obstetrician to transfer to the care of a hospital based midwifery service.

All services commissioned by the NHS which provided 'regulated' activities must be registered, met the standards and were inspected by the Care Quality Commission;

midwifery standards of care and practice were regulated by the Nursing and Midwifery Council and the Local Supervising Authority (Supervisors of Midwives). From an LSA perspective at the current time the commissioner had been assured that One to One upheld safe practice in the interests of women and babies and had given no concern to the LSA to date. One to One was registered with the CQC, and all One to One midwives are registered with the NMC.

Service and performance data

Since the start of the full contract in October 2011, One to One had:

Received 420 referrals, more than half of which had come directly from women; 100% of women who contacted the service before 12 weeks were 'booked' by 12 completed weeks of pregnancy (target is 90%); Delivered 72 babies at home; 7.9% required transfer to hospital either pre or post birth; this rate of transfer compared favourably with the findings of the Birthplace Cohort Study (NPEU 2012) of a 12% transfer rate.

Comparative Data	One to One	National
Home birth rate	37.9%	2.4%
Caesarean section rate	15.4%	24.8%
Overall normal vaginal delivery rate	76.2%	62.8%
Breastfeeding initiation rate	72%	55% (Wirral) 66% (NW) 74% (England)
Women intending to breastfeed who initiated breastfeeding	97%	
Named Midwife attendance for routine care	97%	
Average number of antenatal visits	12	8-10
Average number of postnatal visits	12	3
% Babies admitted to Neonatal Unit	3%	10% (Liverpool Women's Hospital)

Evaluation and Future Commissioning Intentions

An evaluation of the 2010/11 pilot informed the commissioning of the currently contracted service; this was now being followed up by an independent evaluation of the maternity services currently available to women in Wirral, carried out by Mott Macdonald on behalf of NHS Wirral. The results and recommendations of the evaluation would inform the future commissioning intentions of the Wirral Clinical Commissioning Group. The final report of the evaluation was expected by September 2012.

Dr Abhi Mangani, (Clinical Commissioning Group) indicated that the One to One pilot was undertaken as a result of the findings of a review of maternity services in 2007 held, when women had indicated that although it was felt that the services provided by the hospital were good, they wanted more, and as a result women now have a choice.

Mr David Allison, Chief Executive Wirral University Teaching Hospital indicated that the hospital would still be dealing with the more complex cases and working closely with One to One Maternity Services and Commissioners to provide the best services for women..

In response to members questions Mrs Curtis indicated that the Wirral Health Visiting service had been redesigned and was now providing a high quality service delivering the 'Healthy Child Programme' for under 5s which was integrated with both maternity providers and Children's Centre services.

In relation to access to the One to One service, information regarding the service was made available at GP Surgeries, the One to One website and via a Facebook page.

Mrs Curtis concluded that the protocol followed by the One to One Midwives allowed the midwife to accompany, stay and support the woman at the hospital, where possible, but the birth would be managed by the hospital midwifery staff.

RESOLVED: That

- (1) Ms Curtis be thanked for her written report and supporting verbal information; and
- (2) An update report detailing the outcome of the evaluation of Wirrals maternity services be submitted to a future meeting.

7 **CLINICAL COMMISSIONING GROUPS UPDATE**

Dr Phil Jennings Chairman of NHS Wirral Clinical Commissioning Group gave an update on the latest situation with regard to the commissioning of services.

Dr Jennings indicated that nationally the authorising bodies had now been established and Members appointed, and the constitution had been received. The Authorisation process for the single Wirral CCG should begin in October and be completed by January. The result of this process is that the CCG may be fully authorised or authorised with conditions. A stakeholder survey had been commissioned in by the Department of Health to allow stakeholders to comment on how Wirral as a CCG had been performing. A submission of evidence had been submitted and visits to Wirral to conduct interviews would be scheduled; in relation to the membership the accountable officer, chief finance officer, lay representatives and Chief Officer posts were to be interviewed next week.

Dr Mantgani then informed the committee on areas of planned investment that the CCG would be undertaking in the coming year:-

Primary Care Premises Improvements to help practices obtain CQC compliance
Improvements in the delivery of urgent care working in conjunction with Wirral Hospitals and Wirral Community Trusts
Investments in Urology services offered by Wirral Hospitals Trust

Second centre for breast screening
Alcohol dependency services
Osteoporosis screening

It was indicated that there was a lot of work to be and the hospital would be working alongside the group to ensure areas are prioritised and efficient systems are put in place. Discussions would be taking place with all interested parties to decide how best to spend the investment.

RESOLVED:

That Dr Jennings be thanked for his verbal report.

8 EQUALITY IMPACT ASSESSMENTS - REFERRAL FROM SCRUTINY PROGRAMME BOARD

The Committee considered the report of the Director of Law, HR and Asset Management on Equality and Impact Assessments, which had been referred by the Scrutiny Programme Board at its meeting on 28 February, 2012 (minute 33 refers) to all five themed Overview and Scrutiny Committees.

Resolved – That the report be noted.

9 WORK PROGRAMME

The Committee was requested to consider what issues should form the basis of its work programme for the ensuing municipal year.

Members raised concern that there was no current work programme and indicated that the previous work programme still had outstanding items on it to include:-

Transformation of Day Services
Domestic Violence
Medicine Management in Hospital Trusts
AKA Report
Domestic Violence
Vascular Services Update
Quarterly Performance Report
Ambulance Service Report – re: loading/waiting times
Disabled toilet facilities at hospitals

In relation to vascular services, the Director of Adult Social Services indicated that he had received a response from Kathy Doyle regarding the Committees comments to be fed into the consultation process. It was agreed that a copy of the letter be sent to the Chair and spokespersons.

In response to Members, David Allison, Chief Executive Wirral Hospital Trust indicated that in relation to the requests for reports regarding the loading and waiting

times at hospitals for ambulances and medicine management he would report back to Members on these issues.

Ms. S.Wall, Older People's Parliament indicated that an issue had been raised at a recent Older People's Parliament meeting regarding the toilet/bathroom facilities at the hospital, especially on certain wards, the foyer and education suites which were deemed inadequate for disabled users. Mr David Allison, Chief Executive agreed to look into the concerns raised and report back to the meeting.

In relation to the work programme, the Chair suggested that a meeting be held to discuss the work programme and outstanding items.

RESOLVED:

That the Director of Adult Social Services be requested to circulate dates to the Chair and Spokespersons to discuss the Work Programme.

10 **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.

A Member suggested that reports be brought to a future meeting on the items, 'Update on Safeguarding' and 'AKA Action Plan'.

Resolved – That the forward plan and suggestions be noted.