



Adult Care and Health Overview and Scrutiny Committee

Date:	Monday, 16 September 2019
Time:	6.00 p.m.
Venue:	Committee Room 1 - Wallasey Town Hall

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AGENDA

- 1. APOLOGIES FOR ABSENCE**
- 2. DECLARATIONS OF INTEREST**
- 3. MINUTES (Pages 1 - 48)**

To approve the accuracy of the minutes of the Adult Care and Health Overview and Scrutiny Committee meetings held on 26 June 2019 and 24 July 2019.

To receive the draft minutes of the Wirral and Cheshire West and Chester Joint Overview and Scrutiny Committee meetings held on 1 July 2019 and 30 July 2019.
- 4. CLATTERBRIDGE SUB-ACUTE WARD UPDATE (Pages 49 - 54)**
- 5. FINANCIAL MONITORING REPORT OUTTURN 2018/19 AND ESTIMATE FOR QUARTER 1 2019/20 (Pages 55 - 64)**
- 6. REPORT OF THE HEALTH AND CARE PERFORMANCE WORKING GROUP (Pages 65 - 72)**
- 7. 2019/20 QUARTER 1 WIRRAL PLAN PERFORMANCE (Pages 73 - 88)**
- 8. ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE WORK PROGRAMME UPDATE (Pages 89 - 96)**

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ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 26 June 2019

Present: Councillor M McLaughlin (Chair)

Councillors B Berry S Jones
K Cannon M Jordan
T Cottier C Muspratt
S Frost Y Nolan
P Gilchrist T Norbury
P Hayes A Wright

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr Graham Hodgkinson, Director for (Adult) Care and Health – Mr Jason Oxley, Assistant Director Health and Care Outcomes attended as deputy.

2 DECLARATIONS OF INTEREST

Members of the Committee were requested to declare whether they had any disclosable pecuniary interests and/or any other relevant interest in the item on this agenda and, if so, to declare it and state the nature of such interest.

Members were reminded that they should also declare whether they were subject to a party whip in connection with any item(s) to be considered and, if so, to declare it and state the nature of the whipping arrangement.

The following declarations were made.

Councillor Moira McLaughlin	Personal interest by virtue of her daughters' employment within the NHS.
Councillor Phil Gilchrist	Personal interest by virtue of his role as a Governor appointed to the Cheshire and Wirral NHS Partnership Trust, and as a member of the Health and Wellbeing Board.
Councillor Sharon Jones	Personal interest by virtue of her employment within the NHS.
Councillor Mary Jordan	Personal – by virtue of employment within the NHS; and involvement in Incubabies, a charity raising funds for the neonatal unit at Arrowe Park; and her son's employment as a GP.

Councillor Christina Muspratt	Personal interest by virtue of her daughters' employment within the NHS and as a GP.
Councillor Tony Norbury	Personal interest by virtue of his daughter's employment within Adult Social Services.

3 APPOINTMENT OF VICE-CHAIR

The Chair invited nominations from the Committee in respect of the appointment of a Vice-Chair for the remainder of the Municipal Year 2019/20.

It was proposed by Councillor Moira McLaughlin and seconded by Councillor Mary Jordan that Councillor Phil Gilchrist be appointed Vice-Chair of the Adult Care and Health Overview and Scrutiny Committee.

Resolved – That Councillor Phil Gilchrist be appointed Vice-Chair of the Adult Care and Health Overview and Scrutiny Committee for the remainder of the Municipal Year 2019/20.

4 MINUTES

The Committee was requested to approve the accuracy of the minutes of the meeting of 19 March 2019.

The Committee was also requested to note the content of the draft minutes of the Wirral & Cheshire West and Chester Joint Health Scrutiny Committee of 18 December 2018.

Resolved – That

- 1) **the minutes of the meeting of 19 March 2019, be approved; and**
- 2) **the minutes of the Wirral & Cheshire West and Chester Joint Health Scrutiny Committee meeting of 19 March 2019 be noted.**

5 JOINT HEALTH SCRUTINY – NOMINATIONS

The Chair invited the Adult Care and Health Overview and Scrutiny Committee to provide and confirm nominations for 3 Members to be appointed to the Wirral & Cheshire West and Chester Joint Health Scrutiny Committee for 2019/20, on a proportionality ratio of 2 Labour Members: 1 Conservative Member.

The Chair informed that a meeting of the Joint Committee had been scheduled for Monday 1 July 2019 at Wallasey Town Hall.

The following nominations were proposed and seconded - Councillor Yvonne Nolan (Labour), Councillor Tony Norbury (Labour), Councillor Mary Jordan (Conservative).

Members further agreed that invitations be extended to Eastham Ward Councillors and the Chair of the Adult Care and Health Overview and Scrutiny Committee to observe proceedings and act as witnesses if appropriate (non-voting role).

Resolved – That Wirral representation on the Wirral & Cheshire West and Chester Joint Health Scrutiny Committee comprise:

Councillor Yvonne Nolan (Labour)
Councillor Tony Norbury (Labour)
Councillor Mary Jordan (Conservative)

6 WIRRAL UNIVERSITY TEACHING HOSPITAL CQC INSPECTION

Paul Moore, Director of Quality and Assurance at Wirral University Teaching Hospital (WUTH) provided a verbal update on the actions arising following the Care Quality Commission (CQC) inspection of urgent and emergency services at WUTH Arroe Park in March 2019. Services had been rated as 'Required Improvement'.

Mr Moore informed that it had been helpful to receive the CQC inspection in March which had followed on from an earlier inspection in May 2018. He further informed that there had been positive movements in some service areas and others had demonstrated outstanding practice. He concurred that of a number of issues identified, concerns remained e.g. responsiveness to initial assessment and triage where a combination of high occupancy, demand, patient flow i.e. nowhere to go, had resulted in unacceptable waiting times for both assessment and triage.

The Adult Care and Health Overview and Scrutiny Committee were apprised that at time of inspection this was the case, and this operational dilemma was being addressed i.e. where to place people. He added that it was clear that in order to reduce risk to patients, centralisation of Urgent Care in and around A&E where a variety of professional care services were available would provide the most appropriate solution. He agreed that even if used for shortest possible time, 'corridor care' was not compliant care or acceptable practice.

Mr Moore explained that as a result of the CQC inspection procedures for escalation measures had been made clear to all staff.

Members were informed that the WUTH did not agree with the CQC's comment regarding paediatric staffing levels and inter collegiate guidelines.

He informed that it was not clear if this comment was accepted by NHS as a whole, believing the recommendation regarding staffing levels may not be achievable, given there was an insufficient number of registered child nurses available in the country. The WUTH had accepted the advice but had asked for comment on the guidelines.

Mr Moore provided reassurance on the control of infection – particularly clostridium difficile – an extremely difficult infection to eradicate. He stated that WUTH was making progress in this regard and doing everything possible to address this bacterial infection, generally only using antibiotics where absolutely necessary.

Members questioned the Director of Quality and Assurance WUTH on a number of points relating to his verbal report and matters raised as a result of the CQC inspection. These included:

- Staffing Levels;
- WUTH leadership style;
- Number of people held awaiting treatment, or being treated on trolleys (max 12);
- Cost of temporary workforce (£60k per month);
- Time patients to spend in A&E (no recorded data, but no more than 12hours); and
- Current time taken for triage (15 minutes, down from 23 minutes).

Members stated that all future reports should be submitted in written format, noting that although verbal reports were helpful, it was not good practice.

Mr Moore provided explanation of a CQC comment that staff could not demonstrate what to do in the case of a fire and although this was challenged, the WUTH NHS Trust was unable to persuade the CQC. He advised the Committee that staff understood fire alarms procedures, but some were not aware of assembly points. Staff were undertaking training again and had subsequently performed actions correctly in practice tests.

A further round of questioning took place, with the Director of Quality and Assurance WUTH providing responses on the subjects relating to:

- Staff in ACU feeling pressured to take patients, and demoralised as a result;
- Relationship with Managers in the Walk-In Centre;
- Teams working under pressure day in day out (symptom of bigger problem i.e. people spending too long in hospital resulting in congestion);
- The need to enhance discharge and avoid admission in the first place;
- Infection prevention and control i.e. the condition of the building (different floorings in different areas e.g. wood block flooring, sealing of

floors against the walls, mould in silicon – all of which being difficult to clean); and

- Increased number of equipment and devices now on wheels for easy access but hindered by a lack of storage resulting in ‘spread’ to other areas, the need to de-clutter had been acknowledged.

The Director of Quality and Assurance WUTH concluded his report stating that the hospital had been working to address these matters and the Chief Operating Officer had undertaken an examination of ‘stranded patients’ through multi-disciplinary consultations in an effort to encourage consultants to take into account consideration of early discharge dates.

Resolved - That

1) the report be noted; and

2) a further update report on this matter be brought back to this committee.

7 WIRRAL EVOLUTIONS ANNUAL UPDATE

Jean Stephens (Managing Director) and Mike Naden (Chairman) introduced their report that provided an update for Members on the priorities and future direction of Wirral Evolutions Ltd. The report centred on the organisations guiding principles to ensure:

- People supported were at the heart of everything the organisation does;
- Service delivery was of the highest quality, enabling greater outcomes and benefits for the people supported;
- Strong engagement and partnership working with the people supported, families, carers, stakeholders and communities;
- The business operated in an efficient and effective manner raising standards; and
- Governance Standards and Principles were maintained and adhered to the highest level.

The report informed that Wirral Evolution’s Strategic Framework was aligned to Wirral Council 2020/30 Pledges and Healthy Wirral Plan that set out a series of 20 pledges whereby the Council and its partners would work to achieve by 2020, focusing on three key themes:

- Protecting the most vulnerable
- Driving economic growth
- Improving the local environment

The report further informed that Wirral Evolutions Ltd was established in May 2015 as a private company limited by shares, trading as a Local Authority Trading Company (LATCo) providing support services for 407 adults with a wide range of learning and physical disabilities. The size of the adult population in Wirral with a learning disability aged 18 and over was estimated at 5,914 (2016) with a slight predicted increase to 6042 by 2030.

Ms Stephens welcomed the opportunity to share the Company's plans for the future, and updated Members on the future direction of services, working to deliver against the organisation's vision 'to enable the people supported had choice and exercised control of their own lives'. Ms Stephen's cited examples of how people were now travelling independently, growing in confidence and informed on other areas of work that focused on:

- The need to work in partnership with other organisations. Co-developing of products and services to meet needs.
- Working with self-advocacy service – who provided great help and support to service users.
- 'Making it real' – involvement in future direction of service.
- Significant investment on facilities, driving up standards.
- Focus on outputs – activities, health and wellbeing, and skills.

Jean Stephens (Managing Director) and Mike Naden (Chairman) invited comments/questions from Members of the Committee.

The Chair thanked the Ms Stephens and Mr Nader noting that it was good to hear about the organisations intentions and requested further information about what the organisation had done in the form of scorecard and evidence of outputs.

Further questions followed on a range of subjects that included:

- Councillor's attendance at the organisation's monthly meetings, and why this has been stopped.
- What plans were in place for refurbishment and upgrading of Wirral Evolution's buildings to become pleasant welcoming venues.

Jean Stephens (Managing Director) confirmed that part of the organisation's five-year business plan would be looking at co-location e.g. sports centres, and moving away from 70's institutional type feel, was included in an asset review. Investigation would take place as to why Councillors had not been invited to meetings.

Chair thanked the speakers for their report.

Resolved – That a further report be produced containing information regarding performance data, company assets, business cases, meeting

requirements of commissioning, for presentation to this Committee or the Health and Wellbeing Panel (as appropriate).

8 NHS 111 OFFER

Jacqui Evans, Assistant Director, Unplanned Care and Community Care Market commissioning introduced her report that outlined the developments in NHS 111, a telephone service that patients can use to access urgent care. Sara Sheikh, Lead Officer for NHS 111 and Paula Cowan, Chair Wirral CCG also attended to respond to questions from the Committee.

Sara Sheikh, Lead Officer for NHS 111 provided Members with an overview of the 111 service that included information on:

- Activity and Outcomes
- Performance
- Patient Feedback
- Compliments and Complaints
- Developments

The Chair then invited comments/questions from Members of the Committee.

Members sought reassurance that transfers between the service and relationships with GPs could ensure prescriptions were managed and handled properly, particularly during peak times. The Committee was apprised that ongoing initiatives were looking as this, but the 111 service did not interfere with normal prescribing, only prescribing over the weekend or out of hours, with information being fed back to GPs. Repeat requests were also followed up.

A Member asked what arrangements were in place for the 111 service to access medical records, particularly in relation to deal with clinical advice for children. Members were informed that 6 weeks training was in place for staff, and more nurses were becoming available to work in the 111 service. Dr Cowan advised that the 111 service did not currently have access to Wirral records, but this is being investigated at a more senior NHS management level and across a wider geographical area.

Members were informed that there was a key focus on recruitment and retention of staff with a new centre opening in Liverpool, providing flexible working arrangements and more full time posts.

Sara Sheikh, Lead Officer for NHS 111 informed that many residents / patients who had used the system found it quicker and helpful. She further informed that the system was continually being reviewed and developed.

Resolved – That the report be noted.

9 URGENT CARE REVIEW - OUTCOME OF CONSULTATION

Dr Paula Cowan Chair, Wirral CCG introduced the report of Wirral Health and Care Commissioning, Nesta Hawker, Director of Commissioning and Transformation. A presentation also accompanied the report.

The report outlined the current position of urgent care transformation work and focused on consultation and engagement feedback.

The Chair advised the Adult Care and Health Overview and Scrutiny Committee that the report did not cover the CCG decision regarding the Urgent Care Review (UCR), and that this specific information was scheduled for publication on the Council's website on Friday 28 June, for consideration by the Joint Strategic Commissioning Board (JSCB) at its meeting to be held on 9 July 2019.

A special meeting of the Wirral Adult Care and Health Overview and Scrutiny Committee (OSC) had been scheduled for 24 July 2019.

Members were made aware that the OSC was requested to provide its final recommendations or comment on the consultation by 5pm, Friday 5 July 2019, to provide feedback for commissioners when they consider the final recommendations prior to decision by the CCG Governing Body on 9 July 2019.

Dr Paula Cowan Chair, Wirral CCG introduced her presentation and summary of the clinical senate report findings. She informed of the variety of consultation methods undertaken between September and December 2018 that had generated a great deal of public interest.

Dr Cowan informed that an independent organisation had been employed to assess feedback on the 2 options consulted upon (including urgent treatment in the community), Walk-In Centres and arrangements for treatments for children.

Dr Cowan apprised the Committee of details relating to the statistical feedback that favoured option one, with an overall preference rating of 66.5%.

Areas covered within the presentation included information on bookable appointments and the (disliked) closures to minor injury and illness and walk-in centres in local communities.

Members noted that during consultation, the CCG engaged with the public at a range of events and roadshows (in excess of 80 individual events) across Wirral. These included focus groups, public meetings, stakeholder

engagement meetings and visits to current urgent care locations. Local and regional media were utilised to highlight the consultation and a household postcard drop was also completed. Engagement activity also included visits to shopping centres and social media posting on Facebook and Twitter

A Member commented that there was one troubling aspect i.e. that of no visit to one of the Walk-In sites, that at Eastham. He sought assurance that the lack of a visit would have had an adverse effect when the final decision was to be taken. Reassurance was given that it did not have a detrimental effect.

The Chair thanked the speakers, and pointed out in summary that since the consultation had been undertaken MerseyTravel and private bus operator Stagecoach had further reduced their services, adding to Members concerns about future access to the Urgent Care Treatment service.

Resolved – That

- 1) The Adult Care and Health Overview and Scrutiny Committee thanks officers of the CCG for this report and notes that the consultation was wide ranging as an exercise;**
- 2) The Committee also looks forward to the publication of the revised plan and hopes that it addresses the strongly expressed concerns as captured in the consultation document; and**
- 3) A special Committee meeting will take place on 24 July to allow Committee Members opportunity to examine the revised plan and its implication for residents.**

10 PHLEBOTOMY SERVICE UPDATE

Chair introduced a background summary to the item, informing that this matter had been an item of earlier report to this Committee.

Simon Banks (Chief Officer, Wirral CCG) introduced his report that detailed the proposed revised delivery models for the Community Phlebotomy Service from 22 member GP practices of Primary Care Wirral Federation scheduled to commence on 1 July 2019. The report informed that the Community Phlebotomy Service was designed to support the Healthy Wirral agenda as part of the Wirral Plan 2020, in turn helping Wirral residents to keep as healthy as possible and reduce health inequalities.

Mr Banks apprised the Committee that following ongoing issues and concerns raised by patients, PCW federated practices and other stakeholders regarding the delivery of the service, Wirral Health & Care Commissioning (WH&CC) intervened where the remaining 22 practices had not provided a service in line with requirement. As a result a revised delivery model had been proposed by

PCW Federation and WCFT in January 2019. This had been presented to an extraordinary Primary Care Co-Commissioning Committee on 22 January 2019. The proposed revised model was not approved by the Committee for the following reasons; specification requirements not met, lack of evidence of patient engagement, non-completion of impact assessments to support a significant reduction in provision from a number of locations, demand management concerns in regards to a significant increase in referrals for domiciliary visits not addressed and lastly it did not support equity of access for all patients across Wirral.

Subsequently this resulted in WCFT serving notice to all 22 GP practices, as they had been unable to provide a sufficiently high quality level of service for their patients, in meeting the service specification. These contracts ceased on 30 June 2019.

The report provided details of the revised delivery models for the Community Phlebotomy Service from 1 July 2019, namely:

Practices providing the service independently:

- Marine Lake Medical Practice
- Estuary Medical Practice (previously known as TG Medical Centre)
- Heswall & Pensby Group Practice
- The Warrens Medical Centre
- Greasby Group Practice
- Upton Group Practice
- Paxton Medical Practice (includes Fender Way Health Centre)
- Vittoria Medical Centre (K)
- The Village Medical Centre
- St Georges Medical Centre
- The Manor Health Centre
- Commonfield Road Surgery

Practices collaborating:

- Riverside Surgery - Sunlight Group Practice will undertake domiciliary visits on their behalf
- Somerville Medical Centre & Central Park Medical Centre – all drop-in sessions will be undertaken at Central Park Medical Practice. Phlebotomist staffing resources will be shared as and when required.
- Healthier South Wirral consisting of; Allport Surgery, The Orchard Surgery, Spital Surgery, Eastham Group Practice, Civic Medical Centre and Sunlight Group Practice. Patients will be able to utilise the appointment and drop-in sessions at all practices within this model.

Practices sub-contracting with GP Wirral Federation to deliver the service on their behalf:

- Vittoria Medical Centre (G)
- Whetstone Medical Centre

A Member thanked Mr Banks for the summary, noting that phlebotomy was a skilled role and expressed concern that a hybrid role may affect the quality of service and what was being done to address this risk i.e. what was the service level agreement – waiting times and urgent appointments.

Mr Banks responded that training would be to a minimum clinical standard, and adopted by GPs, and was detailed within service specification.

Another Member asked what kind of performance framework was to be used during transition and what effects this might have on staffing redeployment, and would it result in transfers away from NHS terms to private contracts. Mr Banks informed he had not been requested to provide this but would share the information after the meeting (along with service specification). He added that staffing terms and conditions would remain as NHS.

Resolved – That the report be noted.

11 **2018/19 QUARTER 4 AND YEAR END WIRRAL PLAN AND HEALTH AND CARE PERFORMANCE**

Jason Oxley Assistant Director, Health and Care Outcomes introduced the report of the Director for Health & Care (DASS) that provided the 2018/19 Quarter 4 (January - March 2019) performance report for the Wirral Plan pledges under the remit of the Adult Care and Health Overview and Scrutiny Committee.

The report, included as Appendix 1 to the cover report, provided an overview of the progress in Quarter 4 and available data in relation to a range of outcome indicators and supporting measures.

The Year End closedown report was included as Appendix 2 and provided a summary analysis of performance against measures and Wirral Plan delivery of Pledge strategy actions at year end.

The report also included further performance information that had been requested by Members to enable effective scrutiny. The Adult Social Care and Health Performance Overview was included as Appendix 3 and had been developed following Member feedback to include key performance across health and social care.

Assistant Director, Health and Care Outcomes informed the Adult Care and Health Overview and Scrutiny Committee that in support of the Relevant Wirral Plan 20/20 pledge(s) i.e. Older People Live Well, People with Disabilities Live Independent Lives and Zero Tolerance to Domestic Violence

a number of successful actions had been completed resulting in improved statistics. These included:

- Good feedback on door knocks - 211 conversations, many resulting in service referrals.
- 126 people volunteering - above expected target
- Employment for 50+ age group has risen
- People with disability living independently – highest rate since plan started.
- Domestic abuse – increased number of mentors
- Family safety referrals increase 20%

Less positive news had been highlighted by the statistics, namely that the healthy life expectancy had fallen for women, however the reasons for this were being investigated.

The Chair thanked Mr Oxley for his report and requested that a report on domestic abuse, use of women's refuges and finance be prepared for a future meeting of the Committee, or possibly as a subject of a Scrutiny Workshop session.

Resolved – That the report be noted.

12 **REPORT OF HEALTH AND CARE PERFORMANCE PANEL**

The Chair will introduce the report on behalf of the former Chair of the Panel, Cllr Julie McManus. The report provided an overview of the Health and Care Performance Panel meeting held on 11 March 2019 and provided feedback to members of the Adult Care and Health Overview and Scrutiny Committee around key discussions and areas of interest resulting from the meeting.

The report included updates on the following key items, namely:

Wirral Community Trust – recording assurance that the Trust were making sufficient progress in developing quality improvement measures across the organisation following its CQC inspection;

Wirral University Teaching Hospital – update from the Director of Quality and Governance on progress made at the Trust relating to its CQC Improvement and Action Plan – an item also considered earlier in this Committee meeting (Minute 6 refers); and

Options for improving performance and contract compliance in Care Homes and review of Health and Care providers – a matter for consideration by the Committee under its work programme - in terms of a revisit of past recommendations.

A Member suggested that the Health and Care Panel also consider reviewing / revisiting plans to address 'winter pressures' on services. The Chair concurred, noting that Members hadn't yet received an update on this, as had initially been promised when the issue had been raised before.

Resolved – That the contents of the report of the Health and Care Performance Panel.

13 **ESTABLISHMENT OF THE HEALTH AND CARE PERFORMANCE WORKING GROUP 2019/20**

The Chair introduced the report and request that Members agree to the formation of the working group of 7 Members (plus Healthwatch representation). The report suggested that Membership was made up of the following:

(Labour 3: Conservative 2: Green 1: Independent: 1)

Members were invited to confirm interest in joining the working group noting that Panel meetings were likely to take place during the day so availability at this time should be considered – meeting approximately every 8 weeks at 4:00pm

Resolved – That Committee agrees to establish a cross party Health and Care Performance Working Group for the current municipal year; and appoints members to the Working Group and that nominations be confirmed by the Chair and Party Spokespersons of the Adult Care and Health Overview & Scrutiny Committee at the earliest available opportunity.

14 **ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE WORK PROGRAMME UPDATE REPORT**

The Chair introduced her report and notified Members that a Special Meeting of the Committee will be convened on Wednesday 24 July 2019 to consider the Urgent Care Review.

A Member requested that a repeat study in respect of transfer beds at Clatterbridge Hospital be considered at an appropriate time. The Chair agreed that this should be considered by Members of the Committee.

Resolved – That the report be noted.

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ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 24 July 2019

Present: Councillor M McLaughlin (Chair)

Councillors B Berry Y Nolan
 K Cannon T Norbury
 T Cottier L Rowlands
 P Gilchrist A Wright
 S Jones J Bird (In place of S
 M Jordan Frost)
 C Muspratt A Gardner (In place
 of P Hayes)

15 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Paul Hayes and Samantha Frost.

16 DECLARATIONS OF INTEREST

Councillor Christina Muspratt	Personal interest by virtue of her daughters' employment within the NHS and as a GP.
Councillor Tony Norbury	Personal interest by virtue of his daughter's employment with the NHS.
Councillor Phil Gilchrist	Personal interest by virtue of his role as a Governor appointed to the Cheshire and Wirral NHS Partnership Trust, and as a member of the Health and Wellbeing Board.
Councillor Mary Jordan	Personal interest by virtue of employment within the NHS and her son's employment with the NHS.
Councillor Moira McLaughlin	Personal interest by virtue of her daughters' employment within the NHS

17 URGENT CARE TRANSFORMATION

The Chair introduced this item, explaining that there had been an extensive consultation which had resulted in a strong response from the public and professionals. The revised plans were approved by the NHS Clinical Commissioning Group (CCG) on 9 July.

Dr Paula Cowan, Chair of Wirral Health and Care Commissioning, and Nesta Hawker, Director of Commissioning and Transformation, presented the background on the consultation and the proposals using a presentation (attached to these minutes for information). Survey results and petitions demonstrated the depth of interest in the delivery of health care, and an independent review was undertaken to ensure transparency and avoid bias in the recommendations. Plans were revised as a result and were agreed on 9 July 2018.

At Arrowe Park, feedback from the consultation had been focussed on retention of walk in access, approval of the 24-hour treatment centre, with valuing of all age access, local service, flexibility of appointments and public transport access. There was awareness of the potential issue of public transport access and the need to ensure that it did not affect the aim of providing the best service to patients.

Dr Cowan explained how the usage of Gladstone and Moreton had been examined to determine reasons and patterns for usage and the recommendations met the identified needs. It was acknowledged that educating patients to alternative provision and changes was important and this was planned.

Councillors questioned Dr Cowan on the details and were provided with answers:

- Extended hours GP appointments would be bookable through existing contact numbers and through the NHS 111 service and access to GPs was an issue being worked on
- At Gladstone the appointments would be at the Parkfield site within walking distance of Gladstone
- The new contract for primary care was transforming delivery by broadening the range of alternate provision including physician associates, self-care and social providers as well as GPs which was lessening the pressure on the NHS
- Peaks and troughs including flu outbreak and Winter increases would be managed better by continual monitoring of demand and by forward planning for anticipated pressures such as vaccinations and managing chronic diseases
- The date for implementation of the proposals was anticipated as April 2020 and there would be a period afterward for monitoring performance and review
- Communication was a key aspect to educating the general population to newer roles such as physician associates, and triage would take place in doctor's surgeries to identify the ideal role to deal with their issue
- Access by public transport was identified as an issue and a discussion with the council would be welcomed. Pressure may need to be put on

operators to provide a service despite them withdrawing several services on the A41

Other witnesses were introduced:

Dr Mark Fraser from the Primary Care Wirral GP Federation then spoke to pay tribute to the CCG on the process and consultation and had concurred that quality access in the local area was a most important aspect and he was happy to support the proposed changes. He explained about the increase in extended hours GP appointments at evenings and weekends. The work was an additional work pressure and there were limits to how much which could be asked of existing GPs, but most practices had begun to open from 8 am to 8 pm and at weekends. It had been noted that there was a high non-attendance rates for pre-bookable attendance rates at the weekend, so there were now more (about 40%) non-bookable appointments.

Dr Abhi Mantgani had been at this Committee earlier in 2019 with concerns at the proposals and had gone on to gather support of 45,000 people. However, he recognised that the CCG had considered feedback and comments and the new proposals reflected the concerns and enhanced the existing service and he now supported the proposals. His centre was open 7 days a week and saw about 21,000 people a year, although he recognised that public transport access was an issue.

Betty Hodgson, the Chair of a GP Patients Federation which represented all of the practices in the Wirral GP federation, welcomed the proposals but requested clarity of what was happening at Moreton and Gladstone so that people knew what was happening regarding appointments.

Alan Grice, co-chair of the Patient Participation Group in Miriam Health Centre, was grateful to the CCG for changing the proposal. He was aware that the loss of any service would be an emotive issue, and there was also details to be worked out on the services but he recognised that the proposals were broadly positive.

Karen Howell, the CEO of the Wirral Community Health and Care NHS Foundation described the services provided through the walk-in centres which were to provide advice and treatment for non-urgent conditions. She felt that the changes would enhance the centres and confirmed that there would be appropriately qualified staff dealing with patients. Staffing in the future was a potential concern as there were not enough people coming into the professions to cover the potential need. Schoolchildren were being given presentations so they could consider it as a career path.

Anthony Middleton, Chief Operating Officer of Wirral University Teaching Hospital NHS Foundation Trust gave his views of the revised plans and the impact on his service. He welcomed the proposals as it would provide a more

consistent service. At Arrowe Park, some emergency appointments could be 'de-escalated' from the Emergency Department (ED) to clinicians under the new arrangements which would take some pressure off the ED.

The Chair thanks all of the contributors for their input at the meeting.

Councillor Yvonne Nolan moved the following recommendation, seconded by Councillor Kate Cannon:

'It is resolved that the Wirral Adult Health and Care Scrutiny Committee thanks the officers of Wirral CCG for their report and for providing responses to the questions of the committee.

Further that this committee disagrees with the decision of Wirral CCG to close two of the current 5 Walk In and Minor Injuries units because:

- a) the decision has failed to take into account the access difficulties that will result from people having to access the proposed new UTC at Arrowe Park by public transport. We are of the view that the report has not taken into account recent proposals made by transport operators to reduce or remove buses on key routes that would cause insurmountable access problems for people in some of the most deprived communities.
- b) The proposal fails to provide clarity on how and where the 'alternative GP appointments' will be provided. The report is vague and uses mileage to identify distances that people may have to travel to reach alternative provision, but does not identify the public transport links that would have to be used.
- c) It is also not clear how the additional GP resources will be provided, or how the additional housing developments included in Wirral's local plan have been taken into account when reaching the decision

This committee requests that the Joint Adult Health and Care Scrutiny committee take these views into account during its consideration of the Urgent Care proposals'

The Motion was voted on and declared lost.

Councillor Phil Gilchrist moved the following recommendation, seconded by Councillor Moira McLaughlin:

'That the Adult Care and Health Overview and Scrutiny Committee

- i. Recognises that Wirral Health and Care Commissioning have consulted extensively on the options under consideration and that this produced a substantial public call for the retention of all readily accessible all age walk in facilities. The response of the commissioners to this is appreciated. However it is also

apparent that there has been little formal consultation in the Moreton area regarding the change to provision in that community and that concerns have been expressed over the sufficiency of the replacement services there.

- ii. Records its appreciation of the steps taken by Wirral Health and Care Commissioning to optimise services within the available funding. When taken together with the funding provided for the provision of additional appointments in local surgeries with doctors and /or suitably qualified and experienced staff committee looks for an overall improvement in the services offered. This, though, has to be seen in the context of the mandated provision of an Urgent Treatment Centre on the Arrowe Park site which has a major influence on the availability of the community facilities.
- iii. Understands that the reduced hours of operation for the facilities at Victoria Central hospital and the extended hours of operation in the Birkenhead area are based on a detailed analysis of their usage. The committee accepts the assurances offered by Dr Simon Delaney regarding the impact of service changes on patients in the New Ferry area. It is also apparent that the use of facilities by residents of Western Cheshire also plays a major part in the demand for services and that this has been recognised with the retention of facilities at Eastham.
- iv. Appreciates that Wirral Health and Care commissioning recognise that the availability and ease of transport is key factor over which they have no control and limited influence but it is clear to this committee that this remains an issue of public concern and uncertainty.
- v. Notes the distribution and availability of extended access provision, as set out for 2018 /19, and looks forward to this being replicated in future years. However a key concern remains around the ease of access to these services, the provision of facilities in western Wirral and the difficulty that residents from the Hoylake and West Kirby areas face in travelling to Arrowe Park Hospital, the Walk in service there and the proposed 24 hour Urgent Treatment Service.
- vi. Observes that the Clinical Senate Review published in December 2018 recommended a stepped approach to the changes, highlighted the issues of streaming and flow within the hospital, silo working and lack of collaboration between

organisations. Committee looks for assurances that these issues will be resolved before the new service is launched,

- vii. Committee wishes to be kept informed of the strategic planning for the revised services at each of its meetings and remains concerned that the 111 service will be sufficiently developed to offer the advice and assistance patients expect. Committee also asks that Wirral Health and Care Commissioning continue to work with Merseytravel to tackle the transport issues. and requests full access to the promised monitoring reports. Committee requests that a report covering the first six month of operation of the new services should be presented towards the end of 2020.'

The recommendation was voted on and carried, although Councillor Gilchrist asked that both recommendations be supplied to the Joint Health Scrutiny meeting on 30 July for consideration.

Members discussed the issues around public transport and noted that Merseytravel were franchisers rather than providers of bus services. It was noted that bus operators would only run a service if it was sufficiently profitable. It may be possible for Councillors to meet as a Transport Group and speak with Merseytravel, the Combined Authority, Arriva and Stagecoach to encourage them to operate services to medical facilities.

Councillor Moira Mclaughlin proposed, seconded by Councillor Les Rowlands that she write to the Leader of the Council about the concerns regarding public transport access to the medical facilities and ask if he would oversee a Transport Group of the Council.

RESOLVED: That the Adult Care and Health Overview and Scrutiny Committee

- 1) Recognises that Wirral Health and Care Commissioning have consulted extensively on the options under consideration and that this produced a substantial public call for the retention of all readily accessible all age walk in facilities. The response of the commissioners to this is appreciated. However it is also apparent that there has been little formal consultation in the Moreton area regarding the change to provision in that community and that concerns have been expressed over the sufficiency of the replacement services there.**
- 2) Records its appreciation of the steps taken by Wirral Health and Care Commissioning to optimise services within the available funding. When taken together with the funding provided for**

the provision of additional appointments in local surgeries with doctors and /or suitably qualified and experienced staff committee looks for an overall improvement in the services offered. This, though, has to be seen in the context of the mandated provision of an Urgent Treatment Centre on the Arrowe Park site which has a major influence on the availability of the community facilities.

- 3) Understands that the reduced hours of operation for the facilities at Victoria Central hospital and the extended hours of operation in the Birkenhead area are based on a detailed analysis of their usage. The committee accepts the assurances offered by Dr Simon Delaney regarding the impact of service changes on patients in the New Ferry area. It is also apparent that the use of facilities by residents of Western Cheshire also plays a major part in the demand for services and that this has been recognised with the retention of facilities at Eastham.**
- 4) Appreciates that Wirral Health and Care commissioning recognise that the availability and ease of transport is key factor over which they have no control and limited influence but it is clear to this committee that this remains an issue of public concern and uncertainty.**
- 5) Notes the distribution and availability of extended access provision, as set out for 2018 /19, and looks forward to this being replicated in future years. However a key concern remains around the ease of access to these services, the provision of facilities in western Wirral and the difficulty that residents from the Hoylake and West Kirby areas face in travelling to Arrowe Park Hospital, the Walk in service there and the proposed 24 hour Urgent Treatment Service.**
- 6) Observes that the Clinical Senate Review published in December 2018 recommended a stepped approach to the changes, highlighted the issues of streaming and flow within the hospital, silo working and lack of collaboration between organisations. Committee looks for assurances that these issues will be resolved before the new service is launched,**
- 7) Wishes to be kept informed of the strategic planning for the revised services at each of its meetings and remains concerned that the 111 service will be sufficiently developed to offer the advice and assistance patients expect. Committee also asks that Wirral Health and Care Commissioning continue**

to work with Merseytravel to tackle the transport issues. and requests full access to the promised monitoring reports. Committee requests that a report covering the first six month of operation of the new services should be presented towards the end of 2020.

- 8) Write to the Leader of the Council to see if he will oversee the putting together a Transport Group of the Council with Members drawn from the Business Overview and Scrutiny Committee, Environment Overview and Scrutiny Committee and Adult Care and Health Overview and Scrutiny Committee, and possibly the Cabinet Member for Environment and Climate Change.**



Wirral Health & Care
Commissioning

Urgent Care Transformation



Overview and Scrutiny Committee Briefing
Consultation Decision Update
24th July, 2019





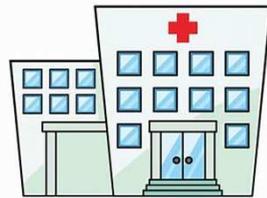
Wirral Health & Care
Commissioning

Approved Model of Care

The NHS Wirral CCG Governing Body approved this model of care at the Joint Strategic Commissioning Board in public on Tuesday 9th July 2019

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24 HOUR URGENT
TREATMENT CENTRE



RETENTION OF ALL AGE
WALK IN ACCESS

REPLACEMENT OF 2 MINOR
INJURY/ILLNESS SERVICES
WITH SAME DAY ACCESS TO
GP AND NURSE
APPOINTMENTS



DRESSING/WOUND CARE
SERVICE TO MEET LOCAL
DEMAND IN THE
MORETON AREA





Wirral Health & Care
Commissioning

Consultation Feedback

The consultation has been undertaken in accordance with the CCG's statutory duties for public and patient engagement.

- Commissioners were responsive in their analysis of public feedback and this was used to inform the final model of care
- Public feedback was very focused on the retention of all age walk in access which has impacted our considerations and final model of care which includes all age walk in access across 3 localities
- During this consultation we asked the public what was important to them when thinking about where urgent care facilities should be based in the community. We listened to this feedback and the location of community urgent care access reflects this.





Wirral Health & Care
Commissioning

Key Considerations

Commissioners have listened and are considering the following key messages:

- People value and wish to retain 'All Age' urgent walk-in access locally
- People value the following 3 most important factors , when considering location:
 - Distance from home
 - Flexible and convenient appointments
 - Public transport access
- People strongly valued the following locations for walk in services:
 - Birkenhead Medical Centre, Birkenhead
 - Victoria Central Hospital, Wallasey
 - Eastham Clinic, Eastham
- Majority of people (66.5%) preferred option 1 which proposed a 24/7 Urgent Treatment Centre
- People valued the proposal to be able to book a dressing appointment, when they have an ongoing need, rather than walk in and wait.

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Key Considerations

Location of community urgent care facilities

- We asked the public what is important to them
- Distance from home (32%), Flexible and convenient appointments (23%) and accessible by public transport (23%) were the most important factors

Addressing Deprivation

- Extending the hours of operation for all age walk in provision in areas of high deprivation (based on local demand)

Transport

- For facilities being replaced by GP extended access we believe there is sufficient provision in these areas to minimise the need for additional travel
- We are not anticipating significant increase in numbers attending Arrowe Park Hospital site.

Birkenhead Medical Centre will increase by 2 hours (8am-8pm)

Retention of VCH in Wallasey

Extended access appointments locally will mean that people who may be isolated due to age, frailty or geography will not have to travel long distances to receive urgent care



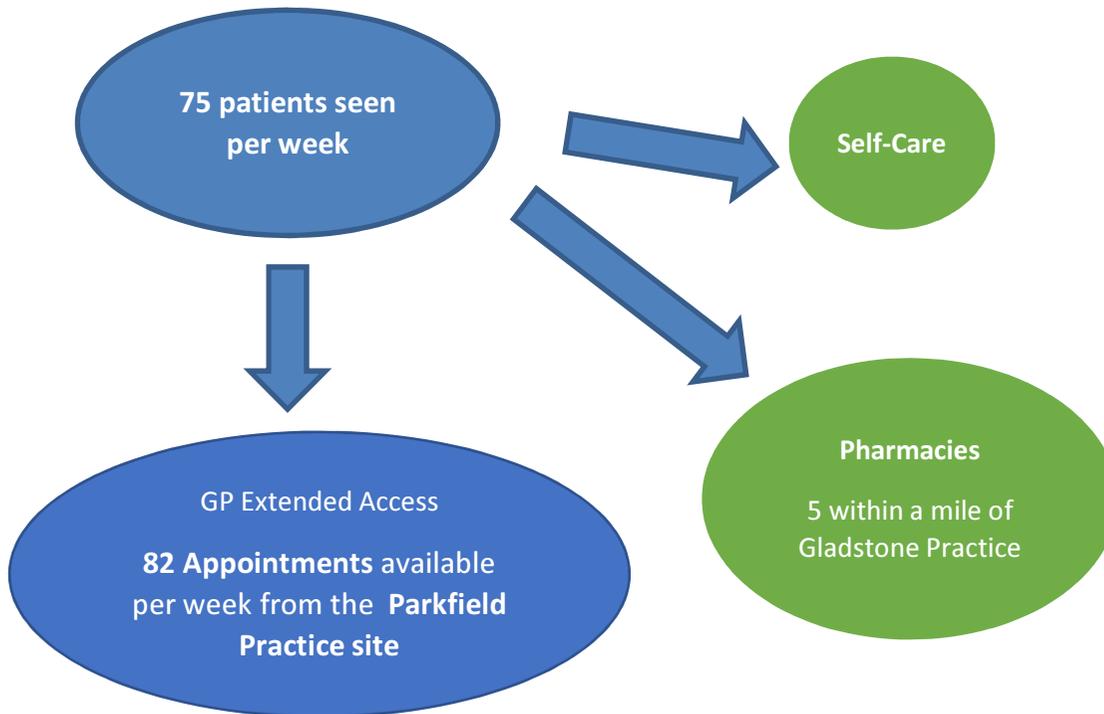
Replacement of existing Urgent Care facilities

The approved model of care includes the replacement of the existing Minor Injuries/Illness services at Gladstone (formerly Parkfield) Minor Injuries and Illness Unit (MIU)

Gladstone (formerly Parkfield) Minor Injuries Unit

Open Monday – Friday 10am -2pm (last appointment 1.30pm)

Closed Saturday & Sunday



Top 5 Issues patients attended for:

Main categories	Activity
Infections: Ear / Urinary Tract/ Chest	855
Sore Throat/Cough	619
Skin Problems/Infections/Rash	545
Redressing/Cuts/ Graze Laceration	442
Generally unwell	224
Total	2,685

Most issues could have been dealt with by the GP or Pharmacist. Distances to alternative venues are as follows:

Venue	Distance
Birkenhead Medical Centre – all age walk in	2.6 miles
Eastham Clinic – all age walk in	4.1 miles
Urgent Treatment Centre at Arrowe Park	5.2 miles





Replacement of existing Urgent Care facilities

The approved model of care includes the replacement of the existing Minor Injuries/Illness services at Moreton Minor Injuries and Illness Unit (MIU)

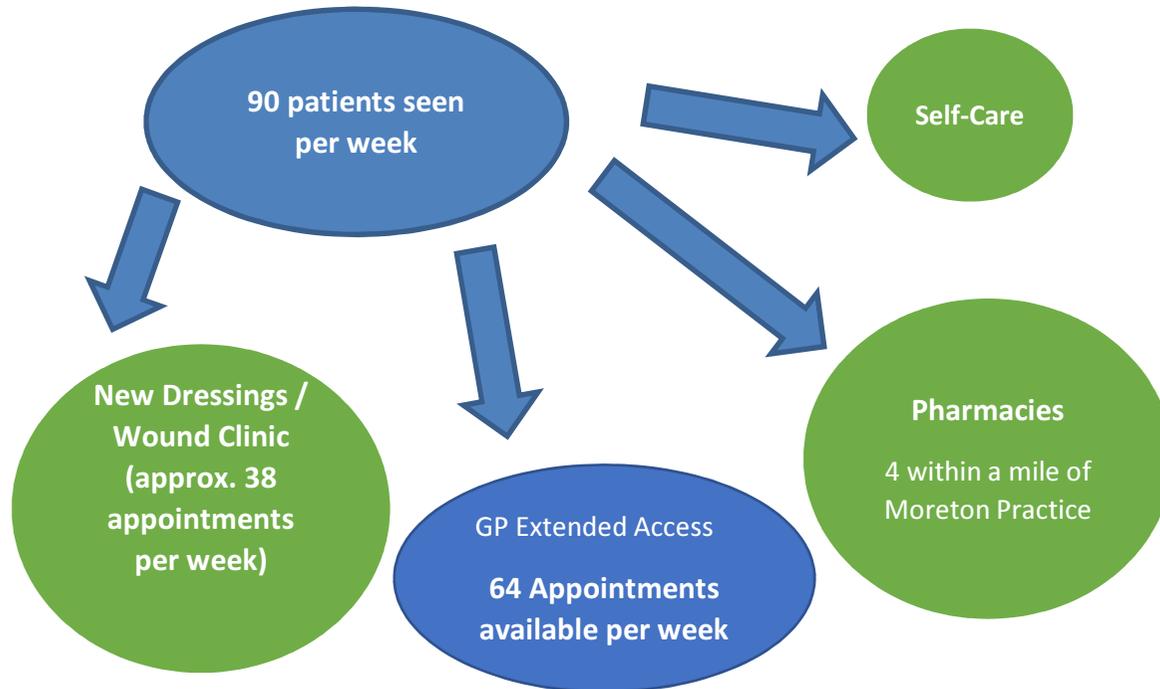
Moreton Minor Injuries Unit

Open: 10am - 7pm Mon & Tues
10am - 8pm Wed & Thurs
10am - 6pm Fri
Closed: Saturday & Sunday

Top 5 Issues patients attended for:

Main issues	Activity
Wound Check-Re-dressings	1,959
Infections: Ear / Urinary Tract/ Chest	717
Sore throat/Cough	566
Skin Problems/ Rash	460
Minor Illness	114
Total	3,816

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Most issues could have been dealt with by the GP or Pharmacist. The new dressing clinic will deal with the largest number of patients who currently attend. Distances to alternative venues are as follows:

Venue	Distance
Urgent Treatment Centre at Arrowe Park	2.4 miles
Victoria Central Hospital – all age Walk in	3.7 miles



Wirral Health & Care
Commissioning

Summary and Next Steps

- Commissioners have been responsive in our considerations and the approved model of care reflects this
- The public feedback received has helped to inform our overall decision
- We will be taking a phased approach to any service change which will run alongside a communication and engagement strategy to keep the public informed
- We want to work with the public and stakeholders when deciding on the naming of the community sites to ensure clarity for residents
- We will be developing an implementation plan which will be inclusive of a communication and engagement strategy to outline key timeframes for service changes and highlighting the phased approach to change.

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WIRRAL & CHESHIRE WEST AND CHESTER JOINT HEALTH SCRUTINY COMMITTEE

Monday, 1 July 2019

Present: Councillors Wirral CWaC
Y Nolan K Cernik
C Muspratt M Edwardson
M Jordan L Riley

5 APPOINTMENT OF CHAIR

Vicki Shaw, Solicitor to the Committee invited nominations for the appointment of the Chair.

On a motion moved by Councillor Christina Muspratt and seconded by Councillor Lynn Riley, it was –

Resolved (unanimously) – That Councillor Yvonne Nolan be appointed Chair of the Joint Health Overview and Scrutiny Committee for the duration of the Urgent Care Scrutiny Review.

(Councillor Nolan in the Chair)

6 DECLARATIONS OF INTEREST

Members were asked to consider whether they had any disclosable pecuniary interests and/or any other relevant interest in connection with any item(s) on this agenda and, if so, to declare them and state what they were.

The following declarations were made.

Councillor Christina Muspratt	Personal interest by virtue of her daughters' employment within the NHS and as a GP.
Councillor Mary Jordan	Personal – by virtue of employment within the NHS; and her son's employment as a GP within the NHS.

A further declaration was made by invited Member / Observer Councillor Phil Gilchrist, who declared a personal interest by virtue of his role as a Governor appointed to the Cheshire and Wirral NHS Partnership Trust, and as a member of the Health and Wellbeing Board.

7 MINUTES

Resolved – That the minutes of the meeting held on 11 December 2018 be approved as a correct record.

8 URGENT CARE REVIEW

The Chair invited representatives from the CCG / NHS to present their evidence and explained that the purpose of this meeting was to review the consultation arrangements for the Urgent Care Review.

Nesta Hawker, Director of Commissioning and Transformation - Wirral Health and Care Commissioning introduced her report that outlined the current position of the urgent care transformation work providing an update with regards to consultation and engagement feedback and next steps. She informed that a future report on the decision-making process will come back to the Joint Health Overview and Scrutiny Committee once the decision has been made by the CCG Governing Body on 9 July 2019.

Director of Commissioning and Transformation informed that the NHS Long Term Plan outlined the aim to ensure patients received the care they needed fast and to relieve pressure on Accident and Emergency Departments (A&E). Her report informed that it was recognised nationally that there was unnecessary pressure on A&E and other parts of the urgent and emergency care system, and that Wirral was not immune to these issues. Analysis of data showed that half of the patients that attended A&E could have been treated in a more appropriate setting to deliver the same outcome, e.g. community health venues, pharmacies. This additional pressure meant that those patients who were very poorly and in need of emergency interventions, may not be seen as timely as they could be. She added that the consultation on proposals for Wirral was not a 'tick box exercise' for national proposals and must be sustainable clinically.

Director of Commissioning and Transformation explained the methods of public engagement / pre decision consultation had taken place between 20 September and December 2018 had included surveys, website communications, postcards, statutory meetings, public meetings, and focus groups for those with protected characteristics. She added that post consultation, at request of the Wirral Overview and Scrutiny Committee had resulted in an independent company undertaking analysis of the feedback on 2 specific matters i.e. 24hrs or 15hrs Urgent Care and walk-in access originally being limited to Children and dressings treatments.

Dr Paula Cowan – Chair, Wirral Health and Care Commissioning informed the Joint Health Committee that there had been a quite a lot of feedback, highlighting a depth of interest within local community and raising issues regarding the utilisation of services, the need for walk-in centres. She further informed that the consultation exercise had demonstrated transparency, resulting in the initial survey of 1965 respondents having been followed up by comments from in the region of 45 thousand residents.

Dr Cowan apprised the Joint Health Committee that there had also been a lot of positive feedback relating to the co-location and access to diagnostics at Arrowe Park (Wirral University Teaching Hospital (WUTH) A&E, and the benefits of standardised healthcare as detailed in the report. She added that

the consultation also highlighted resident's displeasure regarding the closure of walk-in centres, and the difficulties of WUTH as choice of location due to public transport issues. Childrens' services met with positive response, but there had been significant number of comments on how a (sick) mother presenting with a sick child would be treated.

Jacqui Evans Assistant Director, Unplanned Care and Community Care Market Commissioning referred Members to statistical information regarding referral activity data that summarised information on 3645 visits, whereby 26% had been referred to GPs, 9% to A&E, with 21% of referrals relating to dressing wound care and similarly 21% relating to the age group 0-19 years of age.

Paula Cowan – Chair, Wirral Health and Care Commissioning advised the Joint Health Committee that independent assessment of the consultation process had been undertaken by an invited Clinical Senate (for Manchester, Lancashire and Cumbria) who acted as a critical friend – a summary report was also included in the Committee agenda papers. Dr Cowan informed that a number of key considerations/messages had been highlighted, and the views of local populations were clear in their wish to retain, local walk-in centres. She summarised her report stating that it had been a responsive consultation and that the CCG had heard the views of residents and the involvement of the Clinical Senate had been helpful in shaping things going forward.

Dr Cowan informed that the next steps in the process would be that the CCGs recommendations will be discussed at the CCG Board / Joint Strategic Commissioning Board on 9 July 2019, and the decision would be reported back to the Wirral Adult Care and Health Overview and Scrutiny Committee and the Joint Health Overview and Scrutiny Committee later that month.

Councillor Yvonne Nolan, Chair of the Joint Health Overview and Scrutiny Committee opened the meeting to questions from Members.

Councillors identified a number of concerns, questioning the timing of (late) involvement of the Clinical Senate, and why this did not happen early in process as per normal practice. Members were advised that the Senate involvement can happen at different stages, and in this particular case consultation dates were moved i.e start date.

The Assistant Director, Unplanned Care and Community Care Market Commissioning advised Members that she had not been aware of any issues arising from this and had been a diary issue to allow for Member's availability, avoiding purdah.

A Member commented that the consultation had ultimately teased out what people want, and that the CCG should not have been afraid of using public feedback, however the question remained as to the reason why the changes had been proposed.

Dr Cowan explained that it had been crucial to engage with the Wirral population (i.e. 300 thousand patients), and the CCG would strive to do better and keep conversation open and reflect on lessons learned. The issue was always utilising a defined budget wisely – based on clinical need - providing the service required, but not to a cost.

A Member questioned access to urgent appointments but expressed concerns about where such appointments were to be located and whether sufficient capacity had been factored into the available GP appointments, and what would happen out of hours.

Director of Commissioning and Transformation informed that the two existing contracts with GP federations had incorporated cover and were to work together to cover hours. In some cases arising from the national request some alternate provision might not be provided by GPs, but could be pharmacy, nurse, etc. She added that as commissioners the CCG were confident of meeting any demand for additional appointments.

Members questioned the visiting officers on a range of additional subjects that included:

- Sufficiency of staffing
- New builds, and how the CCG planned to cope with growth in housing.
- The number of GPs reaching retirement age.
- The role of physicians assistants.

Further detailed questioning took place, with responses from the CCG Officers on the subjects:

- Additional hours (capacity).
- Patient demand / movement across the local authority boundaries.
- Making sure people know where services are.
- Dressings etc – role of community teams.
- Reducing the need to travel.
- Work to ensure funding follows patient.
- GP / out of hours appointments could be anywhere – people have assumed it would be local.
- Concern over continuity of care e.g. dementia (must see same people)
- If seeing different GP – telling story once not always possible.
- Interaction with, and information provided by, NHS 111 system.
- Opportunity to drive behavioural change – although many services covered - when unwell a patients first thought is ‘wanting to see a doctor’
- Different responses from primary care networks.
- Digitalisation of patient records
- Gold standard – palliative care – see same person – including cancer, dementia, etc

The Chair thanked the witnesses for their attendance and responses to questioning, and allowed them to leave the meeting, to allow Members to discuss their formal response.

Following the departure of the CCG Officers, Members reviewed the responses, and although acknowledging its role in focusing on the consultation exercise summarily expressed views on the next stage of the Joint Scrutiny exercise and requirement for a further meeting to discuss the decision of the CCG Board to be taken on 9 July 2019.

Vicki Shaw, Solicitor informed the Joint Health Committee that, under the Act, the Committee had the power to decide whether consultation had been adequate, and should consider the proposals 'in the interests of the area', with the ultimate sanction (if not satisfied) that the matter be referred to the Secretary of State.

A Member commented that she had no issues with the consultation on clinical issues, but had concerns about the access / travel arrangements i.e public transport. She believed that, alone, these might not be sufficient reason to refer to the Secretary of State, but access arrangements had not been adequately considered.

Another Member expressed concern that GPs might not be best positioned to deal with Acute Care matters.

It was suggested that the Joint Health Committee reconvene in 6 months to look at progress, after it had reviewed the final decision of the CCG Board on the 9 July 2019.

In summary, the Joint Health Scrutiny Committee therefore reiterated its initial concerns, namely:

1. Significant concern regarding the process, whereby a decision to site an Urgent Care Treatment Centre on the WUTH site was delivered as a *fait accompli*, with only 2 options, namely opening hours being presented to the public / residents / service users.
2. Delays and added costs arising as a result of the NHS / CCG management of the initial consultation process and the agreed need for a broader – more open consultation.

Concerns also remained:

3. Over the level of meaningful discussion with public transport providers regarding accessibility to the revised provision for disadvantaged residents of Wirral, and Cheshire West and Chester who utilise public transport as their primary access to health care. These concerns extend to access to health care services for residents in rural locations where limited public transport services are available.

4. The Joint Scrutiny Committee similarly expresses its concern over the level of meaningful discussion with local Authorities and planning professionals regarding the impact of new and proposed housing developments in locations across Wirral, and bordering areas of Cheshire West and Chester, and the impact on the proposed / revised Walk-In Centre facilities.
5. The Joint Scrutiny Committee also sought reassurance that the GP federations and GP surgeries who were not part of the federation have sufficient capacity and commitment to the new ways of working.
6. The Joint Scrutiny Committee was concerned that the proposed changes to service provision in Moreton and New Ferry will lead to an in-balance of care, resulting in an inequality of access to services for residents in those localities.

The Joint Scrutiny Committee acknowledged that any change to the delivery of healthcare was unsettling for residents, and was hopeful that there would be an ongoing commitment to the CCGs positive statements regarding future communication that included reference to the access to and delivery of services, use of technology to reach isolated residents, promotion and assistance with self-care, digitalisation of patient records and 'telling the patient story only once', i.e. a demonstration of the CCG had taken into account the outcome of the consultation.

The Chair thanked Members for their contributions, and it was:

Resolved that the Wirral & Cheshire West and Chester Joint Health Scrutiny Committee:

1) notes the outcome of the consultation undertaken by Wirral CCG on the options for the development of an urgent care centre and in doing so re- iterates its concern that the consultation:

a) was too limited in scope and failed to offer an appropriate choice of options, focusing instead on the details of a decision that had already been made; and

b) did not examine in sufficient depth the transport and access implications of the options which were consistently raised as one of the primary concerns of the public, especially those who have to rely on public transport;

2) urges the Wirral CCG Governance Board to ensure that the model of service which they are minded to approve:

a) demonstrates clearly how it has been shaped by the many comments and contributions made as part of the consultation process, especially the 45,000 signatures accruing on petitions

which support the continuation of the existing all age walk in centres;

b) shows clearly how a centralised UTC service is better than the current system at fulfilling the principle which the CCG itself has emphasised in that services must be local and accessible;

c) provides evidence to ensure that the new model of service is based firmly on inclusivity and has the health and wellbeing of the most vulnerable and disadvantaged communities at its heart, particularly where people may be isolated due to age, frailty or geography;

d) will not be seen as a stepping stone to further centralisation once the Urgent Treatment Centre has been established;

e) has a very clear plan which will show in detail how the extended GP hours which are a key part of the proposals will be provided, including replacement for retiring GPs, meeting additional demand through, for example an ageing population and additional extensive housing developments and the provision of GP out of hours services;

3) is disappointed that at this late stage there has still been no formal opportunity to discuss the physical proposals and accordingly requests that the CCG takes no decision to implement the proposals until the Committee has received and considered the full transformation business case , such consideration to have due regard to the points made in 2) above;

4) the Wirral CCG be requested to attend a further meeting of this joint Committee as soon as practicable after the Governing Board meeting on 9 July, such meeting to receive clear information about:

a) the exact nature of the decision the Board has made;

b) what the decision means in practice including the opening and closure of any facilities and the timescale for putting the service changes into effect; and

c) the plans for communicating any service changes to the public and how the new system will avoid the current level of confusion identified as a key reason for the change.

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WIRRAL & CHESHIRE WEST AND CHESTER JOINT HEALTH SCRUTINY COMMITTEE

Tuesday, 30 July 2019

Present: Councillor Y Nolan (Chair)

Councillors Wirral CWaC
M Jordan K Cernik
T Norbury M Edwardson
L Riley

9 DECLARATIONS OF INTEREST

Councillor Norbury	Tony	Personal interest by virtue of his daughter's employment with the NHS.
Councillor Jordan	Mary	Personal interest by virtue of employment within the NHS and her son's employment with the NHS.

10 MINUTES

Resolved – That the minutes of the meeting held on 1 July 2019 be approved as a correct record.

11 URGENT CARE TRANSFORMATION

Councillor Yvonne Nolan, Chair introduced the item, informing that although this matter had been discussed in a number of forums at the last meeting of the Joint Health Overview and Scrutiny Committee, given that the CCG had not formally announced its decision, Members were not in a position to comment on the proposals for the transformation of Urgent Care treatment.

The report of the Wirral Health and Care Commissioning - Nesta Hawker, Director of Commissioning and Transformation outlined the current position of the Urgent Care transformation work with regards to the outcome of the NHS Wirral CCG Governing Body decision which was taken at the Joint Strategic Commissioning Board in public on 9 July 2019.

The report informed that the NHS Wirral CCG Governing Body approved the following recommendations:

- 1) Implementation of a 24-hour Urgent Treatment Centre at the Arrowe Park Hospital Site.

The placement of the Urgent Treatment Centre at the Arrowe Park Hospital site (previously approved in public at the NHS Wirral CCG Governing Body on 6 February 2018);

2) All-age walk in access in each community hub:

- Wallasey – Victoria Central Hospital (8am-8pm) reduction of 2 hours from current provision.
- Birkenhead – Birkenhead Medical Centre (8am-8pm) increase of 2 hours from current provision.
- South Wirral – Eastham Clinic (12pm-8pm) no change from current provision.
- West Wirral – UTC at the Arrowe Park site (24-hours) increase of 10 hours from current provision.

and

3) Gladstone Minor Injury and Illness Unit (formerly Parkfield Minor Injury and Illness Unit) & Moreton Minor Injury and Illness Unit to be replaced by additional GP/Nurse appointments as part of the GP extended access scheme. Further supported by an enhanced NHS 111 service and a planned/bookable dressing service in the Moreton area.

Dr Paula Cowan – Chair, Wirral Health and Care Commissioning introduced a presentation that provided a summary of the process and lead up to the decisions agreed on 9 July (listed above).

Dr Cowan's presentation informed how NHS Wirral CCG Governing Body had undertaken a consultation and engagement exercise in accordance with the CCG's statutory duties for public and patient engagement to determine final recommendations to improve urgent care services in Wirral, including the introduction of an Urgent Treatment Centre (UTC). The report and presentation outlined the decision making process, consultation, key considerations and final approved model of care. Key areas of her presentation covered:

Consultation Feedback

Members were apprised that the CCG had been responsive in their analysis of public feedback and this had been used to inform the final model of care. Members noted that public feedback had been very focused on the retention of all age walk in access across 3 localities. Dr Cowan informed that during the consultation the public were asked what was important to them when thinking about where urgent care facilities should be based in the community.

The three most important factors, when considering location were identified as:

- Distance from home (32% of respondents)
- Flexible and convenient appointments (23%)
- Public transport access (23%)

Based on feedback the decision had also been made to extending the hours of operation for all age walk in provision in areas of high deprivation (based on local demand - meaning that people who may be isolated due to age, frailty or geography would not have to travel long distances).

Transport Implications

Commissioners had worked with transport providers during the urgent care consultation to ensure, where possible, that any potential service changes have minimal impact on residents of Wirral.

An internal CCG transport working group was established which included representation from Merseytravel and local Councillors. This group met as the urgent care consultation commenced and worked alongside Merseytravel until such time that we were advised that a public consultation was planned and no further work could be progressed.

Whilst the CCG / NHS did not commission transport, ongoing discussion with transport providers and the Council to address these issues was welcomed.
Independent body review

Rumours of Surgery Closures

Dr Cowan informed that the approved model of care included the replacement of the existing Minor Injuries / Illness services at Gladstone (formerly Parkfield) and Moreton Minor Injuries and Illness Units (MIU). The provision of GP extended access appointments and a specific dressing and wound care clinic (for the Moreton area) would mean that patients could still access same day urgent care locally to them. Patients would be able to book a same day appointment with a GP or Nurse either in the existing practice, or in a practice local to them and there was no change to either of the existing GP surgeries at Gladstone or Moreton. Patients who were registered to one of these GP practices would be able to continue to use them as the currently do.

Members were further informed that the CCG reviewed the activity data from both sites and was confident that the level of GP extended access appointments, access to pharmacy, and a dressing/wound care clinic for the Moreton area would meet the needs of the local population.

The Chair thanked Dr Cowan for her presentation.

Questions and Member Discussion

Following the presentation, the Chair invited Members of the Joint Health Committee to question the attending officers.

Question – Strong feelings existed in terms of patients losing access to care. How would the new model handle long standing patient-clinician relationships in an attempt to maintain continued care?

Response – Ongoing dressing arrangements will give continuity of care, combined with 24hr urgent care, will result in a much better service overall. In terms of dressings, these will be delivered locally – not definitively the existing location, but local provision will be a mix of walk-in and bookable appointments. Other services – not dressings – will be nurse led, within that facility. In certain circumstances patients may request specific clinicians. Other conditions may involve ‘on the day’ problems where patients will be content to see a relevant healthcare professional. Not necessarily impacted by continuity of care as with wound dressings for example.

Question – The named locations had initially been the primary concern, although this appeared to have been alleviated by the proposed alternate provisions. Looking forward key issues would be communication and education. How will the NHS / CCG could engage in the future, particularly transport provision?

Response – Transport doesn’t impact just on unplanned care it also affects planned care arrangements. Those with higher levels of care are already being managed at the existing urgent care centre at Arrowe Park, so no change for these patients. The new planned access (24hr) at this location will be an improvement for existing and future patients.

A Member of the transport working group, highlighted lack of provision at weekends etc. and recommended that he would be keen as a matter of concern to review this issue in the future.

Question - How would triage work effectively, addressing the needs of people attending services?

Response – At present a triage service exists via 111, prescriptions / bookable appointments. Clinical group is already looking at improved triage as a key part of the planned service. Individual GP practices are also being asked to look at this to help improvements across the board. Patients may in future not necessarily be seen by a GP i.e. being seen by the right (appropriately skilled) person can mean better treatment and fewer referrals.

Question – Re national figures relating to GP and other workforce planning, does Wirral have capacity for the future?

Response – There are currently more appointments that required at present. In terms of recruitment and retention of GPs and staff, working with Cheshire Merseyside, Wirral is a good place to work and has higher than average recruitment and retention of key workers.

Question – Looking at other non-clinical matters, 1000 extra appointments per week currently covered by 2 existing GP federations. Looking at the workforce as a whole including Care Homes, Supermarkets (pharmacies) to develop healthcare professionals. Is the CCG happy with capability at present?

Response – as before, Wirral is a good place to work and has higher than average recruitment and retention of key workers.

Question – Better use of appropriate staff is welcomed, but in terms of GPs how many due to retire, and impact?

Response – In Wirral there's a strong training ethos, turning out highly skilled newly qualified GPs, who tend to stay in Wirral. Continually looking at this, CCG is not complacent.

Question - Given new technology and transport matters are both issues that impact on those living in poorer circumstances, highlighted by the 12 year life expectancy age gap across areas of Wirral, what is being done to address this?

Response – It is vital that any service change must not disadvantage any area of Wirral. The CCG / NHS must tackle inequality, not make it worse. Impact assessments are key element of the process. Whatever is done, the CCG recognises communication is not one size fits all, as with technology. Access will be utilising the most appropriate methods for the patient.

The Chair thanked members for their questions, and reiterated the key question about the model of care, and the original decision whereby the decision (as agreed by the CCG in February) to locate the Urgent Care Centre at Arrowe Park, went back a long way before then, perhaps even to 2009 and was a matter was initiated by NHS England. She questioned the source, and reasons behind use of a standardise model of care across the country,

The Council Solicitor summarised the options available to Members regarding referral to the Secretary of State should Members believe the consultation and engagement was not adequate, or the revised service plan not be in the interests of the people in the area.

A Member expressed the view that consultation had been based on clinical need and it made sense to co-locate Urgent Care. She did however believe that elements of the plan were out of the CCG's control e.g. transport, and further work needed to be done on this.

Another Member agreed stating that the opportunity to scrutinise the process had been put to good use and information from previous (Wirral OSC) meetings had been helpful.

A Member countered stating that he was not convinced and believed that the consultation had been flawed - as a result he felt some localities had received enhancements, but others would suffer due to the lack of improvements with regard to transport – primarily affecting some of the most deprived areas.

Another Member shared similar concerns, and acknowledged that although numbers were small, at one time people were treated in their own home. Now people were encouraged to have treatment at other locations. There could be an opportunity to introduce a more bespoke service – particularly for those requiring continuity of care.

A Member expressed a view that – following discussion and details as provided in the report – the appointment numbers provide some satisfaction regarding replacement service. She believed that further evidence on the service quality would be welcomed in the future and suggested that the CCG / NHS representatives come back to Scrutiny to enable some reassessment of the clinical services perhaps via 6 monthly 'healthcheck' reports to the Committee.

Councillor Yvonne Nolan moved the following recommendation, seconded by Councillor Tony Norbury:

“That

The matter be referred to the Secretary of State.

We do so, because this committee disagrees with the decision of the CCG because it offered too limited a scope and failed to offer a choice option, focusing instead on the detail of a decision that had already been made i.e. fait accompli.

The CCG didn't examine in sufficient depth the transport and access implications of the options, constantly raised as one of the primary concerns of the public, the scrutiny committee and members of the transport group, and that the decision has not shown clearly how a centralised service is better than the current system, or that it fulfils the principle which the CCG claims i.e. that the services must be local, and must be accessible.

The CCG haven't provided sufficient evidence to ensure that the new model of service is based firmly on inclusivity and has the health and well-being of the most disadvantaged communities at the heart, especially where people could be isolated due to age or frailty or geography.

The decision also fails to show that there is a very clear plan to will show in detail how the extended GP hours - which are part of the key partnership proposals - will be provided. This included the replacement of retiring GPs and addressing the questions raised regarding meeting additional demand as a result of an ageing population and extensive new housing developments arising from the Local Plan."

The Motion was voted on and declared lost (2: 4).

Councillor Mary Jordan moved the following recommendation, seconded by Councillor Kate Cernik:

"That the recommendation of the Wirral Adult Health and Care Overview and Scrutiny Committee (as circulated) be endorsed, namely:

That the Joint Health Overview and Scrutiny Committee -

- 1) Recognises that Wirral Health and Care Commissioning have consulted extensively on the options under consideration and that this produced a substantial public call for the retention of all readily accessible all age walk in facilities. The response of the commissioners to this is appreciated. However it is also apparent that there has been little formal consultation in the Moreton area regarding the change to provision in that community and that concerns have been expressed over the sufficiency of the replacement services there.
- 2) Records its appreciation of the steps taken by Wirral Health and Care Commissioning to optimise services within the available funding. When taken together with the funding provided for the provision of additional appointments in local surgeries with doctors and /or suitably qualified and experienced staff committee looks for an overall improvement in the services offered. This, though, has to be seen in the context of the mandated provision of an Urgent Treatment Centre on the Arrowe Park site which has a major influence on the availability of the community facilities.
- 3) Understands that the reduced hours of operation for the facilities at Victoria Central hospital and the extended hours of operation in the Birkenhead area are based on a detailed analysis of their usage. The committee accepts the assurances offered by Dr Simon Delaney regarding the impact of service changes on patients in the New Ferry area. It is also apparent that the use of facilities by residents of Western

Cheshire also plays a major part in the demand for services and that this has been recognised with the retention of facilities at Eastham.

- 4) Appreciates that Wirral Health and Care commissioning recognise that the availability and ease of transport is key factor over which they have no control and limited influence but it is clear to this committee that this remains an issue of public concern and uncertainty.
- 5) Notes the distribution and availability of extended access provision, as set out for 2018 /19, and looks forward to this being replicated in future years. However a key concern remains around the ease of access to these services, the provision of facilities in western Wirral and the difficulty that residents from the Hoylake and West Kirby areas face in travelling to Arrowe Park Hospital, the Walk in service there and the proposed 24 hour Urgent Treatment Service.
- 6) Observes that the Clinical Senate Review published in December 2018 recommended a stepped approach to the changes, highlighted the issues of streaming and flow within the hospital, silo working and lack of collaboration between organisations. Committee looks for assurances that these issues will be resolved before the new service is launched,
- 7) Wishes to be kept informed of the strategic planning for the revised services at each of its meetings and remains concerned that the 111 service will be sufficiently developed to offer the advice and assistance patients expect. Committee also asks that Wirral Health and Care Commissioning continue to work with Merseytravel to tackle the transport issues. and requests full access to the promised monitoring reports. Committee requests that a report covering the first six month of operation of the new services should be presented towards the end of 2020.
- 8) Write to the Leader of Wirral Council to see if he will oversee the putting together a Transport Group of the Council with Members drawn from the Business Overview and Scrutiny Committee, Environment Overview and Scrutiny Committee and Adult Care and Health Overview and Scrutiny Committee, and possibly the Cabinet Member for Environment and Climate Change.”

The Motion was put and carried (4: 2).

Resolved –

That the Wirral & Cheshire West and Chester Joint Health Overview and Scrutiny Committee -

- 1) **Recognises that Wirral Health and Care Commissioning have consulted extensively on the options under consideration and that this produced a substantial public call for the retention of all readily accessible all age walk in facilities. The response of the commissioners to this is appreciated. However it is also apparent that there has been little formal consultation in the Moreton area regarding the change to provision in that community and that concerns have been expressed over the sufficiency of the replacement services there.**
- 2) **Records its appreciation of the steps taken by Wirral Health and Care Commissioning to optimise services within the available funding. When taken together with the funding provided for the provision of additional appointments in local surgeries with doctors and /or suitably qualified and experienced staff committee looks for an overall improvement in the services offered. This, though, has to be seen in the context of the mandated provision of an Urgent Treatment Centre on the Arrowe Park site which has a major influence on the availability of the community facilities.**
- 3) **Understands that the reduced hours of operation for the facilities at Victoria Central hospital and the extended hours of operation in the Birkenhead area are based on a detailed analysis of their usage. The committee accepts the assurances offered by Dr Simon Delaney regarding the impact of service changes on patients in the New Ferry area. It is also apparent that the use of facilities by residents of Western Cheshire also plays a major part in the demand for services and that this has been recognised with the retention of facilities at Eastham.**
- 4) **Appreciates that Wirral Health and Care commissioning recognise that the availability and ease of transport is key factor over which they have no control and limited influence but it is clear to this committee that this remains an issue of public concern and uncertainty.**
- 5) **Notes the distribution and availability of extended access provision, as set out for 2018 /19, and looks forward to this being replicated in future years. However a key concern remains around the ease of access to these services, the provision of facilities in western Wirral and the difficulty that residents from the Hoylake and West Kirby areas face in travelling to Arrowe Park Hospital, the Walk in service there and the proposed 24 hour Urgent Treatment Service.**
- 6) **Observes that the Clinical Senate Review published in December 2018 recommended a stepped approach to the changes,**

highlighted the issues of streaming and flow within the hospital, silo working and lack of collaboration between organisations. Committee looks for assurances that these issues will be resolved before the new service is launched,

- 7) **Wishes to be kept informed of the strategic planning for the revised services at each of its meetings and remains concerned that the 111 service will be sufficiently developed to offer the advice and assistance patients expect. Committee also asks that Wirral Health and Care Commissioning continue to work with Merseytravel to tackle the transport issues. and requests full access to the promised monitoring reports. Committee requests that a report covering the first six month of operation of the new services should be presented towards the end of 2020.**
- 8) **Write to the Leader of Wirral Council to see if he will oversee the putting together a Transport Group of the Council with Members drawn from the Business Overview and Scrutiny Committee, Environment Overview and Scrutiny Committee and Adult Care and Health Overview and Scrutiny Committee, and possibly the Cabinet Member for Environment and Climate Change.**

Adult Care and Health Overview and Scrutiny Committee	
Agenda Item	Grove Discharge Unit, Clatterbridge Hospital
Title of Report	Progress Briefing
Date of Meeting	16 th September 2019
Author	Anthony Middleton, Chief Operating Officer Amanda Pattullo, Divisional Manager, Medicine & Acute
Accountable Executive	Anthony Middleton

1. Executive Summary

The purpose of this report is to provide a progress briefing on the 30-bedded Transfer to Assess (T2A) facility, Grove Discharge Unit (GDU), which came into operation at the end of November 2018.

2. Background

GDU operates under the direction of Tamaris-Four Seasons Healthcare and fulfils the purpose of providing a sub-acute model of care. The contract is a 2-year tenure with the mutually agreed option of a 2-year extension.

The decision to partner with Tamaris-Four Seasons in November 2018 was influenced by various issues including high bed occupancy in the acute trust, the need to have additional beds for winter and acknowledgement of the challenges in recruiting trained nurses to staff these additional beds.

There was recognition across the Wirral health and social economy that bed occupancy at Wirral University Teaching Hospital (WUTH) was consistently higher than the nationally recommended level (98% against the recommended 85%). As a direct consequence patients attending the Emergency Department and Assessment areas were waiting longer for a bed, we weren't able to achieve the 4-hour emergency care standard, our length of stay was increasing, patients were undergoing multiple bed moves and there was gridlock in the hospital. Concurrently, however, the Trust had significant workforce challenges with approximately 92 vacancies in trained nursing posts within the Medicine and Acute Division which rendered it impossible for us to procure experienced staff to operate the Unit independently.

3. Functionality of the Unit

The 30-bedded Nurse-led Unit on the Clatterbridge site is flexible and responsive to the needs of individuals who are medically optimised and no longer require care in an acute setting. It helps manage the on-going urgent care pressures by freeing up capacity on the Arrowe Park site so our teams at Wirral University Teaching Hospital can fulfil the specialist functions they are equipped to provide.

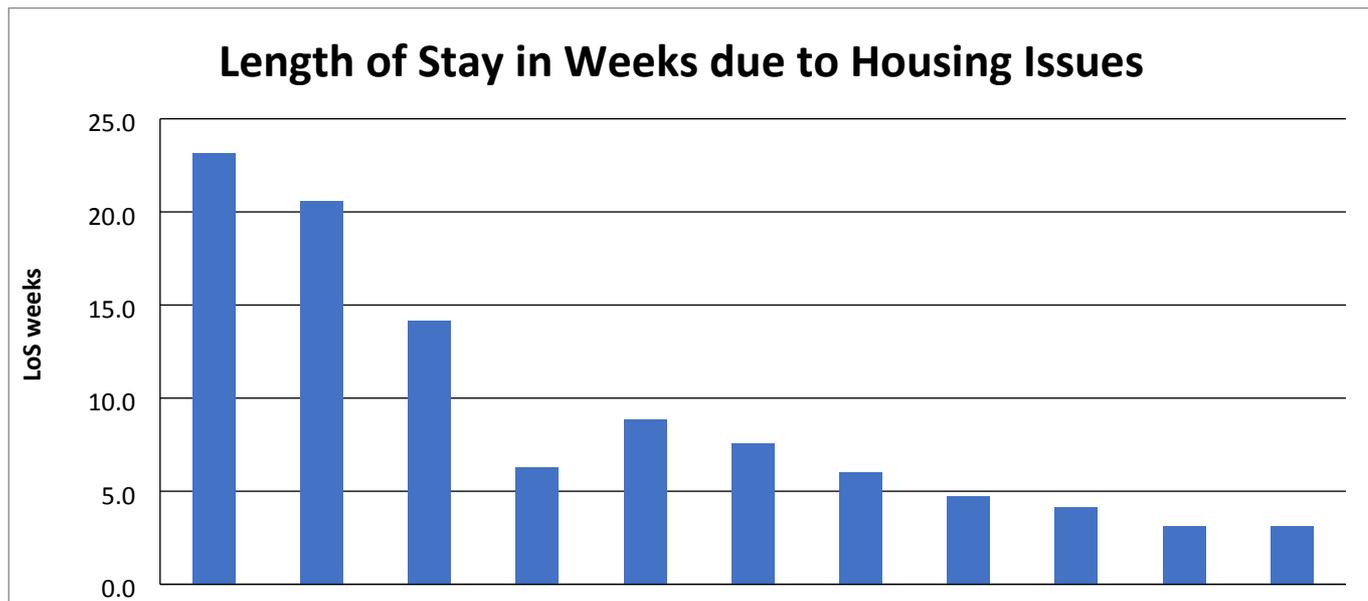
Whilst the beds are flexible they are characterised by the following features:

- Avoidance of prolonged hospital admission in an acute setting.
- Flexible approach in terms of level of need, this will include interim solutions for patients waiting for longer term community packages, assessment to determine future needs including complex packages but not requiring acute care.
- Flexible admission times.
- Patients who have safeguarding concerns can access these beds until an appropriate solution is sought.

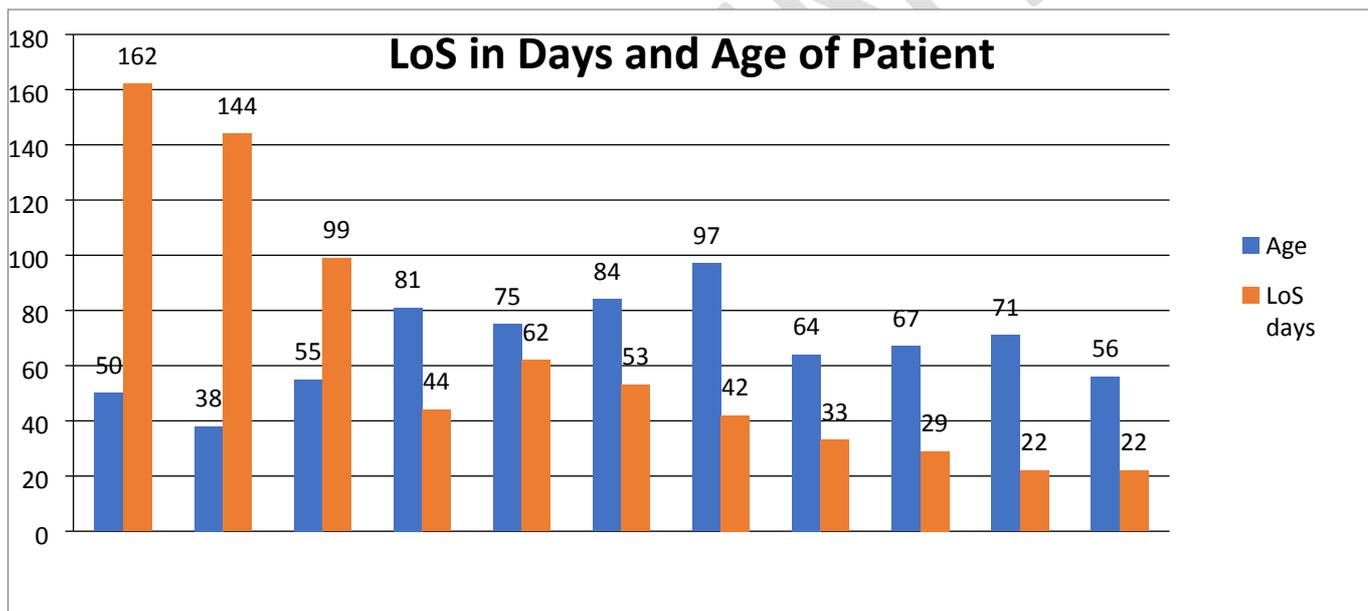
The aim is to promote independence and self-care, encouraging patients to take greater responsibility for their own physical and mental health and live independently as part of their communities. Our intention is to provide short-term support whilst health and social assessments are undertaken, aiming to reduce permanent admissions to Care Homes. The intended maximum length of stay is 4.2 weeks, including weekend and Bank Holidays.

Our current average length of stay (LoS) at the end of July was 29.19 days. However, a noteworthy challenge for the Unit has been patients with housing issues which account for a significant percentage of occupied bed days and delayed discharge.

The length of stay in weeks is illustrated in the graph below:



The graph below then illustrates the length of stay in days and by age:



It is clearly evident that the age range of patients for patients with delayed discharge from GDU is widely variant, ranging from 50-97 years.

4. Workforce

For the 30 beds on GDU the staffing levels are:

Day Shift: Unit Manager/Deputy
3 Trained Nurses
5 Care Assistants

Night Shift: Unit Manager/Deputy
2 Trained Nurses
2 Care Assistants

5. Quality Assurance and Patient Experience

The quality assurance system operated by Tamaris-Four Seasons is known as Quality of Life (“QOL”). Tablet (iPad) technology is used in the home to capture data. There are a number of strands to QOL, including:

(i) Daily walk-around and medication short audits:

Freq.	Monthly Medication					ICTRaCA (admissions, progress and discharge)					Daily Walkabout		
	Monthly					As required					Daily		
Month	Volume	Score	Actions raised	Average days to resolve	**Outstanding Actions	Volume	Score	Actions raised	Average days to resolve	**Outstanding Actions	Volume	Score	**Outstanding Actions
Nov-18	1	87.2	12	16	0	12	98.7	7	14	0	5	100	0
Dec-18	1	84.0	19	10	0	66	99.0	23	6	0	24	100	0
Jan-19	1	91.7	10	4	0	63	98.3	31	2	0	33	94.8	0
Feb-19	1	96.6	5	1	0	54	96.7	70	3	0	29	92.8	0
Mar-19	1	99.2	3	4	0	74	96.4	81	3	0	33	96.1	0
Apr-19	1	97.0	6	3	0	62	98.4	38	2	0	35	97.1	0
May-19	2	97.1	8	8	0	64	98.0	41	3	0	31	99.0	0
Jun-19	1	93.3	8	3	0	46	96.1	67	4	0	32	99.1	0
Jul-19	1	93.9	8	1	0	57	98.8	22	1	1	35	99.7	0

(ii) Systems reviews, including the Regional Manager:

Quarterly audits

Month	Human Resources					Health and Safety					Home Governance				
	Volume	Score	Actions raised	Average days to resolve	Outstanding Actions	Volume	Score	Actions raised	Average days to resolve	Outstanding Actions	Volume	Score	Actions raised	Average days to resolve	Outstanding Actions
Q4-18	1	100	0	0	0	0	-	0	0	0	1	100	0	0	0
Q1-19	1	100	0	0	0	2	97.1	1	1	0	2	100	0	0	0
Q2-19	4	100	0	0	0	4	94.1	4	4	0	3	100	0	0	0
Q3-19*	1	100	0	0	0	1	94.1	1	1	0	1	100	0	0	0

Monthly audits

Month	Food Safety					Dining Experience					Housekeeping				
	Volume	Score	Actions raised	Average days to resolve	Outstanding Actions	Volume	Score	Actions raised	Average days to resolve	Outstanding Actions	Volume	Score	Actions raised	Average days to resolve	Outstanding Actions
Nov-18	1	100	0	0	0	1	100	0	0	0	1	100	0	0	0
Dec-18	1	100	0	0	0	1	100	0	0	0	1	100	0	0	0
Jan-19	1	100	0	0	0	1	100	0	0	0	1	100	0	0	0
Feb-19	1	100	0	0	0	1	100	0	0	0	1	100	0	0	0
Mar-19	1	100	0	0	0	1	100	0	0	0	1	100	0	0	0
Apr-19	2	100	0	0	0	2	100	0	0	0	1	100	0	0	0
May-19	3	100	0	0	0	3	100	0	0	0	2	100	0	0	0
Jun-19	3	97.9	2	6	0	3	100	0	0	0	3	100	0	0	0
Jul-19	1	100	0	0	0	1	100	1	1	0	1	100	0	0	0

Bi-annual audits

Month	Information Governance				
	Volume	Score	Actions raised	Average days to resolve	Outstanding Actions
H2-18	1	83.3	1	17	0
H1-19	4	100	0	0	0
H2-19*	1	100	0	0	0

*Data is accurate up to 31st July 2019.

(iii) Feedback from residents, relatives/friends and visiting professionals:

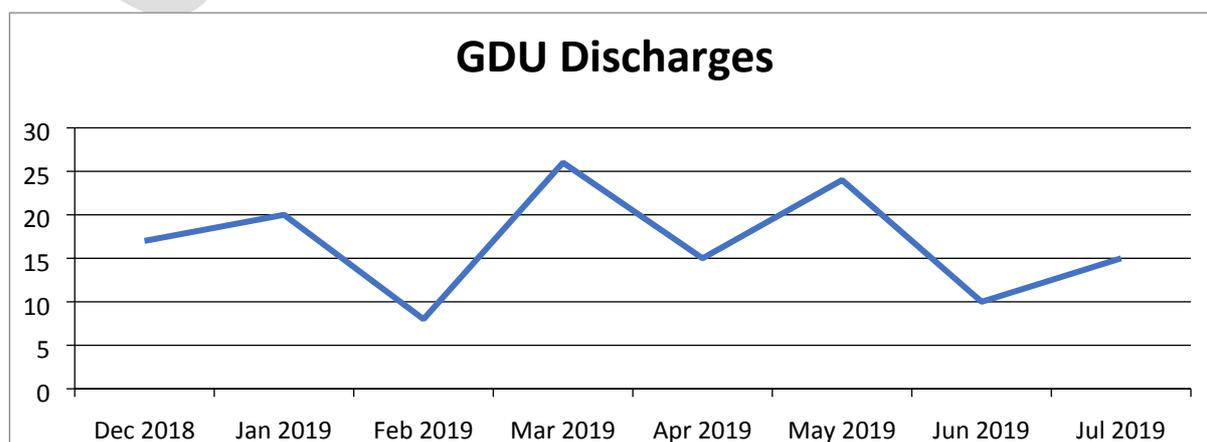
	Colleague feedback			Customer feedback		
Freq.	3 per week			10% effective beds per week		
Month	Volume	Score	Outstanding Actions	Volume	Score	Outstanding Actions
Nov-18	4	90.2	0	8	98.4	0
Dec-18	14	87.2	0	19	90.7	0
Jan-19	16	88.2	0	35	98.0	0
Feb-19	13	95.9	0	26	94.3	0
Mar-19	15	88.3	0	34	98.1	0
Apr-19	12	93.8	0	33	92.6	0
May-19	19	87.6	0	36	97.8	0
Jun-19	21	90.3	0	34	97.4	0
Jul-19	18	86.3	0	31	98.5	0

The positive feedback from patients is supported by the Care Quality Commission who rated the Unit as “good” overall following an unannounced inspection at the beginning of the year. It was also rated as good against each of the core inspection themes of being safe, being caring, providing effective care, being responsive to patients’ needs and well-led. The inspectors said that people’s outcomes were consistently good and their positive feedback confirmed this.

The Grove was given very positive feedback by its first local patients who told the CQC inspectors that the team were kind and caring. In customer feedback comments to the Intermediate Care Service manager, one patient said: “It is the best place I have ever been. I have been to a few hospitals and this ward is the best.” Another patient said: “It’s very good here; the staff are attentive and caring.” One of the first gentlemen to be admitted to the service loved it, according to his daughter. He thought the staff are outstanding, but could also “have a laugh with them”.

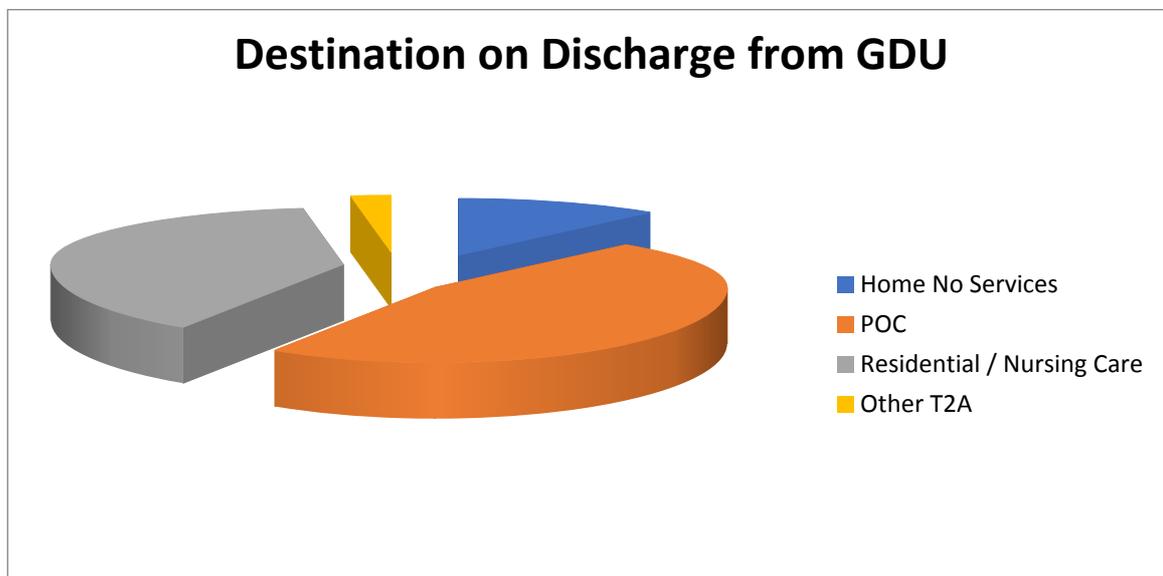
6. Activity Data

Monthly discharges from the Unit have been variable but consistently above those of other T2A providers on Wirral. Of note is that during February and June 2019 when we were unable to secure consistent Social Work support, the number of discharges reduced significantly which had a detrimental impact on flow through the Unit and resulted in patients staying beyond their targeted date of discharge. Social Work support, therefore, is clearly integral to this model of care.



7. Patient Outcomes

It is extremely positive that following a stay on GDU a high proportion of patients have been able to return home without services or with a package of care (POC). This evidences the benefit of assessing the needs of a patient in a non-acute setting where a more realistic overview of the individual's ability often decreases the need for long-term residential or nursing care.



8. Future Sustainability

In response to concerns about the future financial stability of Tamaris-Four Seasons, WUTH have received the following assurance:

“The aim remains that the process achieves a whole Group solution and we are very comfortable that we have credible bidders and expect that the outcome will be a successful transaction. It is worth remembering that we have only taken bidders who were looking at a whole Group solution to this round of the bidding process. There will be no precipitative closures of homes at the time of the transaction, and our priority remains to ensure continuity of care for our residents and patients.”

9. Summary

To date the overall performance of GDU as a step-down Unit has been good, particularly in relation to the quality of care provided to patients which is evidenced by the positive patient feedback and CQC rating. The outcome of care for patients is extremely positive with a significant proportion of patients being able to return home on discharge. We recognise that further work is required to address the issue of delayed discharge, particularly in relation to patients with housing issues and will continue to work in partnership with our Health and Social Care colleagues to address this.



Adult Care and Health Overview and Scrutiny Committee Monday, 16 September 2019

REPORT TITLE:	Financial Monitoring Report Outturn 2018/19 and Estimate for Quarter 1 2019/20
REPORT OF:	Director of Finance & Investment (S151)

REPORT SUMMARY

This report sets out the financial monitoring information for the Adult Care and Health Overview & Scrutiny Committee. The report provides Members with detail to scrutinise budget performance for this area of activity. The financial information covers the final position for 2018/19 and the financial information as at quarter 1 2019/20.

Information has been drawn from the relevant sections of the most recent Cabinet revenue and capital monitoring reports and combined with additional relevant service information to produce a bespoke report for this Overview & Scrutiny Committee. The report includes the following:

- 2018/19 Outturn Information.
- Performance against the revenue budget (including savings).
- Performance against the capital budget.

RECOMMENDATION/S

That Members of the Adult Care and Health Overview and Scrutiny Committee note the report and appendices and give their views.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 Overview and Scrutiny Committees receive regular financial updates throughout the year. These allow Committees to understand the financial position of the Council and to scrutinise decisions and performance as required.

2.0 OTHER OPTIONS CONSIDERED

2.1 Not applicable.

3.0 BACKGROUND INFORMATION

3.1 REVENUE OUTTURN 2018/19

3.1.1 The final outturn position for Adult Care and Health for 2018/19 was balanced to budget. This matches the position forecast at quarter 3. The budget and expenditure along with further description is show in the table below:

Table 1 – Revenue Outturn 2018/19

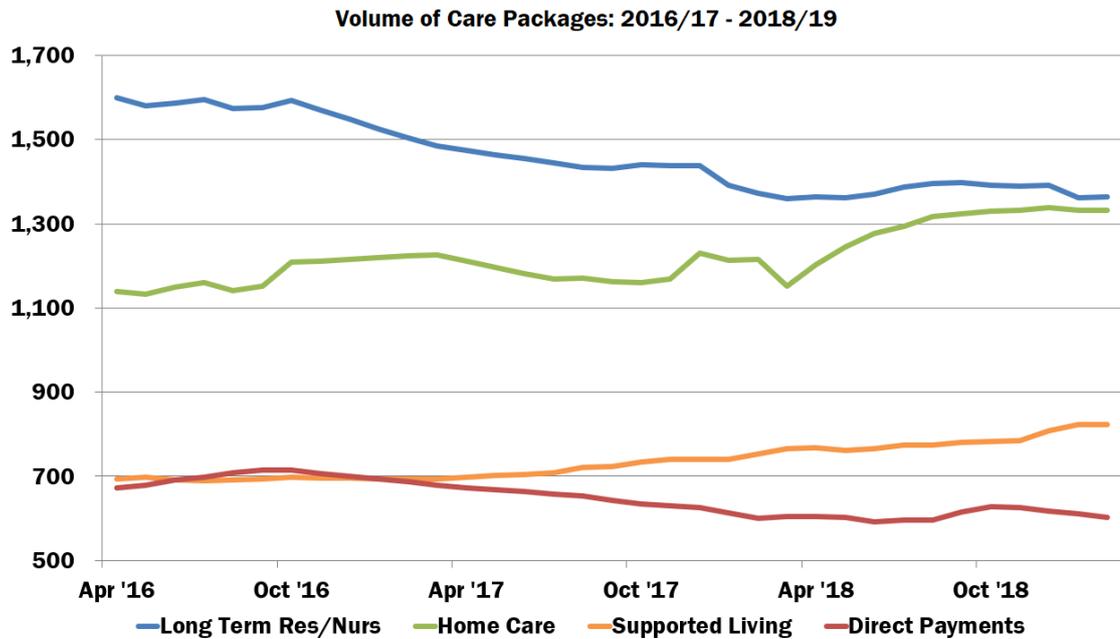
Reasons for variances from budget	Budget £m	Outturn £m	Variance £m
Adult Care and Health: Pressures on Adult Social Care have been contained through actions to managed demand related costs.	91.9	91.9	-
Total	91.9	91.9	-

3.1.2 A detailed breakdown of the 2018/19 revenue budget is attached as Appendix 1 to this report.

3.1.3 Gross expenditure on residential and nursing care increased by 1% over the course of the year, which is commensurate with the marginal increase in number of individuals accessing this service. This is positive in the context of both a growing older people's population on the Wirral and increases in the National Living Wage.

3.1.4 Gross expenditure on domiciliary care, however, increased by 16% over the same time period. This was caused by a net increase of 181 service users (16%) over the year.

3.1.5 The graph overleaf shows that, over the last three years, the number of individuals receiving traditional residential and nursing home care has decreased. It also shows that the number of people being looked after in their own homes (both home care and supported living) has increased in the same time period.



3.1.6 Overall, the total number of individuals receiving a package of care increased from 4,404 to 4,517 (3.8%) over the year, which is slightly higher than original expectations. The increase in demand for services, above and beyond normal demographic growth, is due to an increase in the number of people being discharged from hospital.

3.1.7 The pooled fund with Wirral CCG was in deficit by £0.2m at the end of 2018/19. This was caused by £1.0m unbudgeted cost pressures in the CCG, mitigated by a budget surplus of £0.8m in the Better Care Fund. As per the legal agreement between the two parties, this net deficit is shared equally between the two partners, i.e. £0.1m for Wirral CCG and £0.1m for Adult Care & Health.

3.2 CAPITAL OUTTURN 2018/19

3.2.1 The capital outturn for Adult Care and Health for 2018/19 was an expenditure of £0.8 million against a revised schedule (as at December 2018) of £1.2 million. This is shown in the table below:

Table 2 – Capital Outturn 2018/19

Spend	Revised December	Actual Outturn
Directorate	£000	£000
Adult Care & Health	1,204	798

3.2.2 A summary of progress in the year within the Programme is as follows:

Electronic Support Planning for Domiciliary Care Providers is realising key benefits ensuring appropriate care is delivered to service users. Care workers now update activities real-time which is auditable to support statutory requirements. The new Brokerage Module is operating replacing the previous manual process of emailing Domiciliary Care Providers to source packages of

care. Feedback from Care Providers and Health partners regarding these modules has been really positive in streamlining the overall process and making the provision of care more efficient.

3.3 REVENUE POSITION AT QUARTER 1

3.3.1 This Statement provides a summary of the projected year-end revenue position as at Quarter 1, Month 3 (June 2019) for Adult Care & Health.

The forecast figure used is a combination of actual transactions happening within the first quarter and estimates based on a number of factors from the finance teams.

Table 3 – Revenue Position at Quarter 1

	Budget £000	Forecast £000	Variance £000	Adv/Fav %
Directorate Items				
Adult Care & Health	87,790	87,790	0	0% -
Directorate (Surplus) / Deficit	87,790	87,790	(0)	0% -
Support / Admin Building Overhead	3,170	3,170	0	
True (Surplus) / Deficit	90,960	90,960	(0)	0% -

**An adverse variance is one where the forecast position is worse than the planned position, conversely, a favourable variance is where the forecast position is better than the planned position.*

3.3.2 The balanced position presented for Adult Care & Health is contingent upon the full delivery of the department's in-year efficiency plan.

3.3.3 Demand for services is the key driver of risk in Adult Care and Health: Increased demand for adult social care services is seen predominantly in the care at home sector, where the volume of home care and supported living services provided in the last twelve months has increased by 9.8% and 10.0% respectively.

3.3.4 In comparison, demand for traditional residential and nursing home services has only risen by 0.5% during the same period.

3.3.5 Failure to achieve some or all of this efficiency plan will result in a net budget deficit at year-end; the maximum risk exposure is £5.0m. The efficiency plan comprises two elements:

- Firstly, the department is building on the success of last year's £2m Learning Disabilities Transformation Programme in order to drive a further £2m savings in 2019/20.
- Secondly, work is ongoing with the Council's NHS partners (Wirral Community Health & Care Foundation Trust and Cheshire & Wirral Partnership) in order to manage demand for social care by maximising

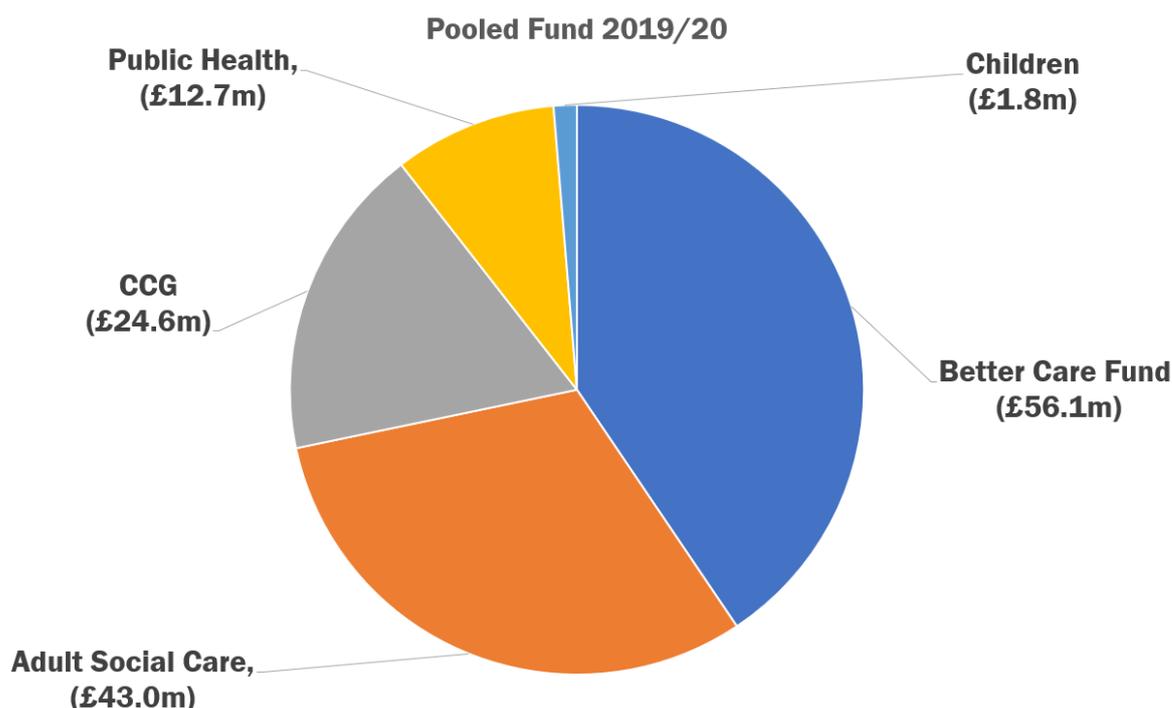
service user's independence and wellbeing. Savings targets have been agreed with each provider and are being monitored through a robust contract management process.

3.3.6 Further information on savings for 2019/20 is contained in section 3.4 of this report.

3.3.7 The pooled fund between Wirral Council and Wirral CCG, totalling £138.2m in 2019/20, is forecast to balance to budget. There is a combined total of £4.5m of known budget challenges facing the pooled fund in 2019/20, mostly relating to pre-agreed savings targets and demographic growth across learning disability and mental health services in Adult Care & Health and Wirral CCG. Work is ongoing to quantify the mitigation identified against these pressures. Known mitigations include, but are not limited to:

- Additional grant funding;
- More cost-effective commissioning; and
- Maximising independence and wellbeing.

3.3.8 The pie chart below shows the composition of the pooled fund for 2019/20:



3.3.9 The ringfenced Public Health grant continues to be forecast to balance to budget; of the £56.1m Better Care Fund contained in the pool, £6.8m is also funded from Public Health grant.

3.3.10 A full breakdown of the cost pressures facing Adult Care & Health in 2019/20 is included as Appendix 2 to this report.

3.4 IMPLEMENTATION OF SAVINGS

3.4.1 A summary of the position of 2019/20 Adult Care and Health savings at Quarter 1, Month 3 (June 2019) is below.

Table 4 - Savings 2019/20 (£000's)

Portfolio	Approved Savings Total	Amount Delivered at Q1	Mitigation	To be Delivered
Adult Care and Health	8,650	2,000	0	6,650
Total	8,650	2,000	0	6,650

3.4.2 The £8.65m comprises the following three elements:

- £2.0m - LD Transformation Programme (budget reduction achieved);
- £5.8m - Mitigating adult social care demand through maximising independence and wellbeing; and
- £0.9m – Use of grant funding for Public Health services.

3.4.3 A breakdown of the different savings options and the progress being made in achieving them is attached as Appendix 3 to this report.

3.5 PERFORMANCE AGAINST CAPITAL BUDGETS QUARTER 1 (JUNE 2019)

3.5.1 The Programme for 2019-20 is a dynamic programme and as a result is always subject to change. The table below shows the capital strategy agreed at Council, then the proposed programme as at June 2019 and the expenditure at that date.

Table 5 – Capital Monitoring at Quarter 1

	Capital Strategy <i>(as agreed at Council)</i>	Proposed Programme	Q1 Actual Spend
	£m	£m	£m
Adult Care & Health	6.747	7.258	0.056

3.5.2 Current progress on significant schemes:

Extra Care Housing: The Council is to pay Alpha Living 75% of the allocated grant of £0.440m in order for 78 units of extra care to be developed at Woodpecker Close. Site works have now commenced and completion is expected to be August 2020. 75% of the grant of £0.105m is also due to be paid to Magenta for the 21 extra care apartments at Barncroft. 25% of the grants are held back based on completion criteria.

4.0 FINANCIAL IMPLICATIONS

4.1 The financial implications of this report are discussed throughout the report. This is essentially a financial monitoring performance update report.

5.0 LEGAL IMPLICATIONS

5.1 There are none arising directly from this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are no implications arising directly from this report.

7.0 RELEVANT RISKS

7.1 There are none directly relating to this report. The monitoring of financial performance is important to ensure robust financial control procedures are in place. The Council faces financial challenges in this period as it seeks to increase income, reduce costs whilst transforming its approach to services. There is a risk in future years that the Council does not achieve a planned approach.

8.0 ENGAGEMENT/CONSULTATION

8.1 No consultation has been carried out in relation to this report.

9.0 EQUALITY IMPLICATIONS

9.1 No because there is no relevance to equality.

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APPENDICES

Appendix 1 – 2018/19 Revenue Budget
Appendix 2 – 2019/20 Revenue Budget
Appendix 3 – 2019/20 Revenue Savings

BACKGROUND PAPERS

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Budget Council	4th March 2019
Cabinet – Financial Monitoring Outturn 2018/19	22nd July 2019
Cabinet – Quarter 1 Financial Monitoring 2019/20	2nd September 2019

APPENDIX 1

2018/19 Revenue Budget

2018/19	Budget (£m)	Outturn (£m)	Variance (£m)
EXPENDITURE			
Employees	7.2	7.0	0.2
Care Packages & BCF	108.5	110.6	(2.1)
Commissioned Services	24.4	26.2	(1.8)
Support Charges	4.7	4.7	-
	144.8	148.5	(3.7)
INCOME			
Service User Charges	(19.5)	(21.0)	1.5
Grant Funding	(25.4)	(26.6)	1.2
Joint Funded Income	(7.5)	(7.8)	0.3
Other Income	(0.5)	(1.3)	0.7
	(52.9)	(56.6)	3.7
Net Budget	91.9	91.9	-

2018/19 Service User Numbers

Care Type	Mar '18	Mar '19	+/- (%)
Residential & Nursing	1,359	1,363	0.3%
Short Term Care	202	224	10.9%
Home Care	1,151	1,332	15.7%
Supported Living	765	822	7.5%
Direct Payments	605	603	(0.3%)
Total Headcount	4,404	4,571	3.8%

APPENDIX 2

2019/20 Revenue Budget

2018/19	Budget (£m)	Outturn (£m)	Variance (£m)
EXPENDITURE			
Employees	6.1	6.6	(0.5)
Care Packages & BCF	129.4	133.4	(3.9)
Commissioned Services	38.3	36.3	1.9
Support Charges	3.2	3.2	-
	177.0	179.5	(2.5)
INCOME			
Service User Charges	(21.9)	(22.1)	0.2
Grant Funding	57.2	59.5	2.3
Joint Funded Income	(7.7)	(7.8)	0.1
Other Income	(0.3)	(0.2)	(0.1)
	87.1	89.6	2.5
Net Budget	91.0	91.0	-

2019/20 Revenue Budget Pressures

<u>Description</u>	<u>(£m)</u>
Pressures	
<u>Fee Rate Increases</u>	<u>(4.8)</u>
<u>Demographic Growth</u>	<u>(1.9)</u>
<u>Pre-agreed Savings</u>	<u>(2.0)</u>
<u>Supplies & Services Savings</u>	<u>(0.3)</u>
<u>Reduction in Specific Grants</u>	<u>(1.2)</u>
<u>Other Contractual Changes</u>	<u>(1.3)</u>
	(11.4)
Mitigation	
<u>Net increase in BCF</u>	<u>3.5</u>
<u>Winter Pressures</u>	<u>1.8</u>
<u>Social Care Support Grant</u>	<u>0.5</u>
<u>Other Mitigating Items</u>	<u>0.6</u>
	6.4
Forecast net budget deficit	(5.0)

APPENDIX 3

2019/20 Revenue Savings

Title	Target	Achieved	Yet to be Achieved			
		Blue	Green	Amber	Red	Mitigation
(£m)						
LD Transformation Programme	2.00	2.00	-	-	-	-
Use of Public Health Grant	0.85	-	0.85	-	-	-
Maximising Independence & Wellbeing	5.80	-	5.20	0.60	-	-
Total	8.65	2.00	6.05	0.60	-	-

Learning Disability Transformation Programme

The department is building on the success of last year's £2m LD Transformation Programme in order to drive a further £2m savings in 2019/20. This includes reviewing accommodation arrangements and exploring a number of initiatives around the use of assistive technology. The budget reduction has been achieved in 2019/20.

Use of Public Health Grant

Existing Public Health contracts values are lower following retendering, enabling grant funding to be used on other services that meet Public Health outcomes criteria.

Maximising Independence & Wellbeing

£3.0m is being delivered through partnership working with the Council's NHS partners (Wirral Community Trust and Cheshire & Wirral Partnership). This will manage demand for social care by maximising service users' independence and wellbeing. Target efficiency values have been agreed with each NHS partner and are being monitored through a robust contract management process. The remaining balance is being mitigated through additional national grant funding.



Adult Care and Health Overview and Scrutiny Committee Monday 16th September 2019

REPORT TITLE:	REPORT OF HEALTH AND CARE PERFORMANCE WORKING GROUP
REPORT OF:	NANCY CLARKSON, HEAD OF INTELLIGENCE, STATUTORY SCRUTINY OFFICER

REPORT SUMMARY

This report provides an overview of the Health and Care Performance Working Group meeting held on 19th August 2019. 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 of the Adult Care and Health Overview and Scrutiny Committee are requested to:

- Note the contents of the report of the Health and Care Performance Working Group.

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 Working Group.

2.0 OTHER OPTIONS CONSIDERED

Not Applicable

3.0 ATTENDEES

Members

Councillor Moira McLaughlin
Councillor Phil Gilchrist
Councillor Yvonne Nolan
Councillor Sharon Jones
Councillor Kate Cannon
Councillor Mary Jordan

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)
Amanda Parry-Mateo (Integrated Senior Manager Quality and Safeguarding, Wirral Health and Care Commissioning)
Alex Davidson (Scrutiny Officer, Wirral Council)

Visitors

Louise Hoek
Lorna Quigley (Director of Quality & Safety, Wirral Health and Care Commissioning)

Apologies

Councillor Christina Muspratt
Karen Prior (Chief Officer, Healthwatch Wirral)

4.0 APPOINTMENT OF THE CHAIR FOR THE 2019/20 MUNICIPAL YEAR

- 4.1 The following appointment for the 2019/20 municipal year was agreed unanimously;
Chair – Councillor Moira McLaughlin (Proposed by Councillor Phil Gilchrist)

5.0 CHRONIC CONDITIONS – PATIENT STORY

- 5.1 Wirral resident Louise Hoek attended the meeting to address Members on the difficulties of living with Chronic Fatigue Syndrome (CFS). CFS, otherwise known as ME, is a long-term illness affecting 250,000 people in the UK, with a wide

range of symptoms including extreme tiredness and muscle and joint pain as well as problems with cognitive function. Members were apprised of the impact that the condition has on Louise's daily life, particularly on her responsibilities as a parent, and the seeming lack of awareness and training for clinicians, support workers and the Public alike.

- 5.2 Diagnosis and management of CFS has been made more difficult as National Institute for Health and Care Excellence (NICE) guidelines are currently under review and previously favoured therapies to deal with the condition, such as cognitive behavioural therapy (CBT), and likely to be discontinued as forms of treatment. This uncertainty has furthered the culture of misinformation and ignorance around the condition and often sufferers are met with scepticism or dismissal of their symptoms.
- 5.3 Members requested clarity from commissioners around the family support element of care plans and support packages, with comments made around the need for this type of support to be included alongside physical help. In addition, it was noted that often this kind of provision falls between the responsibilities of social care services for adults and children, resulting in care that does not meet the needs of some. Jason Oxley, AD Health and Care Outcomes, advised that individual needs should be included as part of each formal care package but that often, as highlighted by Louise, there is a lack of understanding of CFS within a workforce more used to dealing with people with a learning disability or those who are elderly. Members queried whether a personal budget would be a better alternative in some circumstances, in order to better tailor the provision of care to individuals. Officers advised that direct payments, particularly the use of a personal assistant, may be beneficial in some situations but that each person is assessed on a case by case basis.

6.0 PARK HOUSE Care Quality COMMISSION (CQC) INSPECTION AND CARE HOME COMPLAINTS

- 6.1 Amanda Parry-Mateo, Integrated Senior Manager Quality and Safeguarding, introduced her report on actions taken to improve care homes rated as 'Inadequate' by the CQC – with a particular emphasis on plans around Park House Care Home in Birkenhead. Members were informed of CQC regulations, enforcement procedures and the framework within which enforcement action can take place. Officers assured the working group that their primary intention is to ensure that homes placed in special measures show significant improvement within a clear timeframe and that the priority of commissioners is always the health and wellbeing needs of residents.
- 6.2 Members expressed concerns around care homes that consistently fluctuate between quality ratings of 'Requires Improvement' and 'Inadequate' and whether ultimately this was a collective safeguarding issue. They were assured that, in the case of Park House all residents have received a health and care review, and that commissioners were actively working with the CQC to improve care and ensure that resident safety is at the forefront of all discussions. However, officers advised that there is a robust legal framework that any decisions have to be made within. The timeline of action taken in regard to Park House was

- discussed, with agreement that a full sequence of events would be provided to Members soon after the meeting.
- 6.3 Members sought assurance that monitoring visits to underperforming homes take place unannounced to ensure the validity of any findings and were advised that this is the case, as well as visits by Healthwatch Wirral. In addition to this, there is a constant stream of clinicians, health professionals and support workers who visit homes and report back to highlight any potential issues. Members were also informed that in the case of any serious concerns, commissioners would intervene to ensure that residents were safely moved elsewhere. In Wirral, there is around an 8% vacancy rate and, although a measured and careful approach would be required, there is room within the market to take serious action if necessary.
- 6.4 Members asked how 'Good' rated homes in Wirral are supported to maintain this status and ensure standards do not slip between CQC inspections, which can be every 2 to 3 years.
- Commissioners advised that they are keen to make sure that focus is not always directed at poorly performing homes, but that excellent care quality is maintained across Wirral. Multi-agency meetings are held on a monthly basis at which 'good news stories' are shared, and there is an annual quality audit for 'Good' rated homes to bridge those gaps between CQC visits. In addition, an internal audit is held in the case that a concern is raised about a well rated home. Members welcomed the guarantees made by officers in relation to care quality, but there was consensus that this is an area that requires ongoing scrutiny, particularly in the case of individual poorly performing homes. Members requested that a follow up report was presented to the next meeting of the Health and Care Performance Working Group.

7.0 WIRRAL HEALTH AND CARE QUARTERLY PERFORMANCE

- 7.1 Lorna Quigley, Director of Quality and Safety, presented Members with a report setting out Wirral health and care quarterly performance statistics. Areas that were highlighted to Members included the Accident & Emergency (A&E) 4-hour standard, Referral to Treatment (RTT) targets, Improved Access to Psychological Therapies (IAPT) waiting times and Healthcare Acquired Infection rates. Members have been aware of issues with patient flow at Arrowe Park Hospital for some time and were keen to ensure that action is being taken to tackle this problem. The group were advised that a wider area of A&E is now being utilised for beds and, although only a short-term resolution, this has meant improvements in recent months. As part of a number of quality review visits undertaken by the Quality Team, patients were reporting that they are receiving the care that they need in terms of provision of medication and hydration & nutrition. However, it was stated and reinforced by Members of the Group that 'corridor care' must cease in order to ensure an optimal level of care for Wirral's residents.
- 7.2 Members questioned whether gaps in staffing levels at the Emergency Department (ED) had been filled and were pleased to hear that there was a full complement of nursing staff. However, there are still a small number of medical staff vacancies. Members were advised that Wirral University Teaching Hospital NHS Foundation Trust (WUTH) are receiving support as part of the Emergency

Care Improvement Programme – part of which includes optimising staffing levels as well as pathway remodelling and patient flow. Members also sought assurance that work was being carried out to improve patient discharge procedures, commenting that A&E capacity is reliant on discharges being completed effectively. Officers informed the Group that there is an ongoing focus on long-stay patients, as well as emphasis on consistency across hospital wards to ensure the integrated discharge team can work more effectively. Members were told that there is a huge amount of work currently being undertaken, but that it will take time for changes to be fully embedded within the Trust.

- 7.3 Members were satisfied with improvements to performance around RTT, with the number of patients waiting for treatment longer than 52 weeks reduced to 0 by March 2019. Alongside this, additional support and assurances have been put into place and regular ‘harm reviews’ are undertaken for those waiting longer than 52 weeks. Members look forward to this trajectory of improvement continuing throughout 2019/20. There had been concern surrounding IAPT waiting times on Wirral and Members were advised that, although there is a new provider of services in place, who have inherited a long waiting list which will take some time to reduce to an acceptable level – but that regular monitoring is taking place. In addition, healthcare acquired infections are also a priority for Wirral Health and Care Commissioning, with meetings with WUTH taking place every 4 weeks to monitor improvement plans and challenge progress.

8.0 HEALTH AND CARE INTEGRATION UPDATE

- 8.1 Jason Oxley introduced his report to the Working Group which stated the current position of integration between health and care services in Wirral, along with an overview of current performance and the impact on those accessing services. A summary was provided which gave an update on the three main areas of integrated care in Wirral; an integrated commissioner for health and care services, an integrated older people and adults social care service (delivered through Wirral Community Health and Care NHS Foundation Trust) and an integrated all age disability and mental health service (delivered through Cheshire and Wirral Partnership NHS Foundation Trust). Members were apprised of a number of key achievements that have been realised following the integration of services – including fewer people being cared for in residential or nursing homes, significant increases in pathway plans in place for children looked after, and a single domiciliary care commission that has removed waiting lists and enabled more flexible care.
- 8.2 Members were also updated on the outcomes of an independent peer review recently undertaken by the Association of Directors of Adult Social Services (ADASS) and the Local Government Associate (LGA) in May 2019. The review found that integration of health and care service in Wirral is ‘having a positive impact on the frontline and people who use services’ as well as improving innovation, joint working at neighbourhood level and problem solving across the health economy. Members requested that this report was shared following the meeting.
- 8.3 Members raised questions in relation to waiting times for adults and older people between initial referrals and the completion of assessments. Although overall

these times have improved from an average of 26 calendar days to 16 calendar days, it was noted that a more detailed overview of individual cases may highlight whether there are any outliers within these figures – which may subsequently draw attention to potential areas of improvement within specific services.

9.0 LOCAL GOVERNMENT OMBUDSMAN (LGO) REPORT – DOMICILIARY CARE

9.1 In March 2019, the Local Government Ombudsman published a report following investigation of a complaint lodged against Wirral Council. The findings and recommendations of the report have been discussed in various forums, including the Standards and Constitutional Oversight Committee, where a number of questions were put forward. As a result, the Health and Care Performance Working Group requested that further detail was brought to this meeting.

9.2 Members sought assurances that action had been taken to ensure the circumstances surrounding the complaint could not happen again, and that all necessary safeguards and contingency planning had been implemented. Commissioners informed Members of the Group of the context of the complaint and gave guarantees that a number of actions had been put into place to improve services and ensure an adequate response to the recommendations of the LGO.

10.0 SUMMARY OF ACTIONS

The following actions arose from the meeting;

- A timeline of actions in relation to the improvement plan for Park House Care Home be circulated to Members.
- An update on care home quality and improvement plans to be added to the Health and Care Performance Working Group work programme.
- ADASS peer review to be circulated to Members of the Health and Care Performance Working Group.

11.0 FINANCIAL IMPLICATIONS

Not Applicable

12.0 LEGAL IMPLICATIONS

Not Applicable

13.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

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

14.0 RELEVANT RISKS

Not Applicable

15.0 ENGAGEMENT/CONSULTATION

Not Applicable

16.0 EQUALITY IMPLICATIONS

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

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Scrutiny Officer

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APPENDICES

BACKGROUND PAPERS

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Care and Health Overview & Scrutiny Committee	26th June 2019

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Adult Care and Health Overview and Scrutiny Committee Monday, 16 September 2019

REPORT TITLE:	2019/20 Quarter 1 Wirral Plan Performance
REPORT OF:	Director for Health & Care (DASS)

REPORT SUMMARY

This report provides the 2019/20 Quarter 1 (April-June 2019) performance report for the Wirral Plan Pledges under the remit of the Adult Care and Health Overview and Scrutiny Committee.

Relevant Wirral Plan 2020 Pledges are:

- Older People Live Well
- People with Disabilities Live Independent Lives
- Zero Tolerance to Domestic Violence

The report, which is included as Appendix 1, provides an overview of the progress in Quarter 1 and available data in relation to a range of outcome indicators and supporting measures.

The report also includes further performance information that has been requested by Members to enable effective scrutiny. The Adult Social Care and Health Performance Overview is included as Appendix 2.

This matter affects all Wards within the Borough.

RECOMMENDATION/S

That the Adult Care and Health Overview and Scrutiny Committee note the content of the report and highlight any areas requiring further clarification or action.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To ensure Members of the Adult Care and Health Overview and Scrutiny Committee have the opportunity to scrutinise the performance of the Council and partners in relation to delivering the Wirral Plan and performance of Adult Health and Care Services.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 This report has been developed in line with the approved performance management framework for the Wirral Plan. As such, no other options were considered.

3.0 BACKGROUND INFORMATION

- 3.1 The Wirral Plan is an outcome-focussed, partnership plan which has 18 supporting strategies that set out how each of the 20 Pledges will be delivered. For Pledges partnership groups have been established to drive forward delivery of the action plans set out in each of the supporting strategies.
- 3.2 The Wirral Plan Performance Management Framework has been developed to ensure robust monitoring arrangements are in place. The Wirral Partnership has a robust approach to performance management to ensure all activity is regularly monitored and reviewed.
- 3.3 Data for the identified indicators is released at different times during the year. As a result of this, not all Pledges will have results each quarterly reporting period. Some indicators can be reported quarterly and some only on an annual basis. Annual figures are reported in the quarter they become available against the 2019/20 year-end column.
- 3.4 For each of the indicators, a trend is shown (better, same or worse). In most cases, this is determined by comparing the latest data with the previous reporting period i.e. 2018/19 year-end. In some cases, i.e. where data accumulates during the year or is subject to seasonal fluctuations, the trend is shown against the same time the previous year. This is indicated in the key at the end of the report.
- 3.5 For some indicators, targets have been set. Where this is the case, a RAGB (red, amber, green, blue) rating is provided against the target and tolerance levels set at the start of the reporting period, with blue indicating performance targets being exceeded.
- 3.6 All Wirral Plan performance reports are published on the performance page of the Council's website. This includes the high-level Wirral Plan overview report and the detailed pledge reports which include updates on progress on all activities set out in the supporting strategy action plans. The link to this web page is set out below:
<https://www.wirral.gov.uk/about-council/council-performance>

3.7 Each of the Wirral Plan Pledges has a Lead Commissioner responsible for overseeing effective delivery. The Lead Commissioners for the Pledges in the report at Appendix 1 are as follows:

- Older People Live Ageing Well in Wirral – Julie Webster
- People with Disabilities live Independent Lives – Graham Hodgkinson
- Zero Tolerance to Domestic Violence – Mark Camborne

3.8 An additional report is included at Appendix 2 setting out a series of key indicators for the Adult Health and Care. This is in response to Members requesting that Adult Health and Care performance data is provided to the Committee.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no financial implications arising from this report.

5.0 LEGAL IMPLICATIONS

5.1 There are no legal implications arising from this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are none arising from this report.

7.0 RELEVANT RISKS

7.1 The performance management framework is aligned to the Council's risk management strategy and both are regularly reviewed as part of corporate management processes.

8.0 ENGAGEMENT/CONSULTATION

8.1 The priorities in the Wirral Plan Pledges were informed by a range of consultations carried out in 2015 and 2016 including the Wirral resident survey.

9.0 EQUALITY IMPLICATIONS

9.1 (a) Yes and impact review can be found at:
<https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-2014-15/chief>

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APPENDICES

Appendix 1: Wirral Plan – 2019/20 Quarter 1 Pledge Report

Appendix 2 Adult Care and Health Performance Overview – Quarter 1 2019/20

BACKGROUND PAPERS

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Care and Health Overview and Scrutiny Committee	28 June 2017
Adult Care and Health Overview and Scrutiny Committee	13 September 2017
Adult Care and Health Overview and Scrutiny Committee	28 November 2017
Adult Care and Health Overview and Scrutiny Committee	20 March 2018
Adult Care and Health Overview and Scrutiny Committee	27 June 2018
Adult Care and Health Overview and Scrutiny Committee	12 September 2018
Adult Care and Health Overview and Scrutiny Committee	27 November 2018
Adult Care and Health Overview and Scrutiny Committee	19 March 2019
Adult Care and Health Overview and Scrutiny Committee	26 June 2019

Appendix 1

Wirral Plan Adult Care & Health Committee 2019-20 Quarter 1 Reports



Older people live well

Overview from Lead Cabinet Member

New data for the healthy life expectancy at birth has been released by the public health outcome framework relating to the period 2015-17. The data show that the healthy life expectancy at birth for males has worsened from 2014-16 to 59.8 (from 61.4) and is now the same as at the start of the plan. The healthy life expectancy at birth for females has improved to 61.1 in 2015-17, up from 60.3 in 2014-16, closing the gap to our North West neighbours and the rest of the Country. It has decreased slightly from 61.8 at the start of the plan. Whilst data is released annually, there is a significant time lag.

Latest Employment figures for people ages 50+ (for the period April 2018 - March 2019) shows an increase in Wirral of 0.5 percentage points from last quarter and is 6.5 percentage from the start of the Wirral Plan (33.5%).

The first Door Knock of 2019-20 is scheduled to take place in Seacombe in quarter 2. The door knocks aim is to increase connectivity among individuals and communities, optimise access to information for all, help to nurture Community Resilience/Self-help/Health & Wellbeing and tackle social isolation.

Despite connecting with various organisations in quarter 1 only 0.9% of the total volunteers that signed up to Community Action Wirral's volunteer portal were ages over 50. There will be a conscious push to address underrepresented groups quarter 2.

The Liverpool City Region Dementia Forum decided to delay the regional launch of the Age Friendly retail project to enable some adjustments to the promotion material so that the identities of all included organisations are incorporated. They are also looking at ways to make the scheme more flexible. A sub-group of the Dementia Forum will meet to discuss the proposed changes and look at a promotion event of the scheme on the United Nations International Day of Older Persons 1 October.

The development of the Liverpool City Region (LCR) Local Cycling and Walking Infrastructure Plan (LCWIP) is progressing well. The LCWIP aims to deliver a comprehensive network of safe walking and cycling routes across the LCR to create the right conditions for people to ride bikes and travel by foot, particularly for shorter journeys. Alongside this, the Arrive Happy website has been created www.arrivehappy.org which has practical advice and tips on making more journeys by bike and foot.

Wirral Plan Indicator	Indicator	Wirral Plan Start	Benchmark Data	Year End 2018-19	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4	Year End 2019-20	Trend (See Key)	Comment
Proportion of residents aged 50+ volunteering on a regular basis	Annual Higher is better	26% (Oct 2015)		26% (2018-19)						n/a	
Proportion of residents aged 50+ who say that they are satisfied with the choice of housing in their local area	Annual Higher is better	56% (Oct 2015)		57% (2018-19)						n/a	
Healthy Life Expectancy at birth: Males	Annual Higher is better	59.8 (Jan 2011- Dec 2013)	England: 63.4 (2015-17) North West: 61.2 (2015-17)	61.4 (2014-16)					59.8 (2015-17)	Worse	The healthy life expectancy at birth for males has worsened from the previous year and is now the same as at the start of the plan (59.8). This data comes from the public health outcome framework. Whilst data is released annually in November, there is a significant time lag. The latest data relates to 2015-17.
Healthy Life Expectancy at birth: Females	Annual Higher is better	61.8 (Jan 2011- Dec 2013)	England: 63.8 (2015-17) North West: 62.3 (2015-17)	60.3 (2014-16)					61.1 (2015-17)	Better	The healthy life expectancy at birth for females has improved to 61.1 from 60.3 the previous year closing the gap to our North West neighbours and the rest of the Country. This data comes from the public health outcome framework. Whilst data is released annually, there is a significant time lag. The latest data relates to 2015-17.

Supporting Measure	Indicator	Wirral Plan Start	Benchmark Data	Year End 2018-19	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4	Year End 2019-20	Trend	Comment
Percentage of older people (aged 50+) who feel safe when out in the local area during the day	Annual Higher is better	88% (Oct 2015)		92% (2018-19)						n/a	
Percentage of older people (aged 50+) who feel safe when out in the local area after dark	Annual Higher is better	55% (Oct 2015)		54% (2018-19)						n/a	
Percentage of older people (aged 50+) who reported feeling healthy	Annual Higher is better	65% (Oct 2015)		58% (2018-19)						n/a	
Employment rate of people aged 50+	Quarterly Higher is better	33.5% (Jun 2015)	England: 42.4% (Apr 2018 - Mar 2019) North West: 40.3% (Apr 2018 - Mar 2019)	39.6% (Q4 2019-20)	40.1% (Q1 2019-20)					Better	Latest figures (for Q1 2019-20 and refer to the period April 2018 - March 2019) show an increase of 0.5 percentage points from last quarter and is 6.5 percentage points higher than at the start of the Wirral Plan (33.6%). We're closing the gap on our North West neighbours (40.3%) and the National average (42.4%).

People with disabilities live independent lives

Overview from Lead Cabinet Member

The Employment rate for people aged 16-64 who are Equality Act core or Work Limiting Disabled in Wirral continues to rise with this quarters figure at 51%, the highest rate since the Wirral Plan began. It's up 1 percentage point since the previous quarter and 12.5 percentage points since the start of the plan. Wirral's rate has now overtaken the North West average and continues to close the gap on the National average.

The Department of Work and Pensions (DWP) is to meet with Wirral Council in quarter 2 to look at Wirral Council's progression to level 3. Wirral Council are also keen to look at how this can best filter down through all departments so it's fully imbedded in the organisation which is really encouraging. April to June saw Wirral increase the in number of businesses signed to the Disability Confident Scheme by 17 at Level 1 and 5 at Level 2. This makes a total of 109 live Disability Confident businesses in Wirral (88 at level 1, 20 at level 2 and 1 at level 1).

25 less people are in receipt of personal budgets this quarter. 591 adults were reported by the Department of Adult Social Services to be in receipt of personal budgets (down from 601 last quarter). 178 young people were in receipt of personal budgets (down from 193 last quarter). Despite the drop this quarter, 134 more people are in receipt of personal budgets than at the start of the plan.

The percentage of adults with a learning disability who live in stable and appropriate accommodation in Wirral has improved to 85.5% in quarter 1 (up from 84.1% last quarter). We're now performing better than the latest North West benchmark (85.17%). There has already been an increase in Extra Care schemes throughout the borough and we will be delivering over the original target of 300 units, however timescales will not be met due to the impact of the significant delay on the government decision regarding funding for extra care schemes, as part of extra care its review of funding for supported housing schemes. Ensuring people with disabilities have stable and appropriate accommodation improves their safety, increases their independence and reduces their risk of social exclusion.

Wirral Plan Indicator	Indicator	Wirral Plan Start	Benchmark Data	Year End 2018-19	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4	Year End 2019-20	Trend (See Key)	Comment
Health related quality of life for people with long term conditions	Annual Higher is better	0.698 (Jul 2014 - Mar 2015)	England: 0.737 (Jan-Mar 2017)	0.700 (2018-19)						n/a	We're awaiting the 2019-20 data. Health-related quality of life for people with long-term conditions improved to 0.700 in Jan-Mar 2017 compared to 0.695 the previous period but falls short of the average for the rest of England (0.737). This data is captured by NHS England through the GP Patient Survey and reported as part of the NHS Outcomes Framework.
Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled	Quarterly Higher is better	37.5% (Jul 2014 - Jun 2015)	England: 54.1% (Oct 2017 - Sep 2018) North West: 50.4% (Oct 2017 - Sep 2018)	49.0% (Jan - Dec 2018)	51.0% (Apr 18 - Mar 19)					Better	The Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled measure from the Office for National Statistics increased again to 51% its highest level since the Wirral Plan began. It's up 1 percentage point since the previous quarter and 12.5 percentage points since the start of the plan.

Supporting Measure	Indicator	Wirral Plan Start	Benchmark Data	Year End 2018-19	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4	Year End 2019-20	Trend	Comment
The gap in progress between pupils with a SEN statement/EHCP and their peers at Key Stage 4	Annual Lower is better	(n/a)	England: 1.17 (2017-18 Acad Year) North West: 1.12 (2017-18 Acad Year) Statistical Neighbours: 1.04 (2017-18 Acad Year)	0.97 (2017-18 Acad Year)						n/a	
Proportion of people with long term conditions who feel supported to manage their condition	Annual Higher is better	66.7% (Jul 2014 - Mar 2015)	England: 59.6% (Jan-Mar 2018)	60.1% (Jan- Mar 2018)						n/a	We're awaiting the 2019-20 data. The proportion of people who are feeling supported to manage their condition is 60.1% for the period January 2018 - March 2018. This has reduced from 67.2% the previous year. Whilst this reduction is disappointing it reflects the sentiment across the rest of the country. The national average is 59.6%, down from 64% last year.
The number of disabled people in receipt of personal budgets (including Direct Payments and Personal Health Budgets)	Quarterly Higher is better	(n/a)		794 (2018-19)	769 (Q1 2019-20)					Worse	25 less people are in receipt of personal budgets this quarter. 591 adults were reported by the Department of Adult Social Services to be in receipt of personal budgets (down from 601 last quarter). 178 young people were in receipt of personal budgets (down from 193 last quarter). Despite the drop this quarter, 134 more people are in receipt of personal budgets than at the start of the plan.
Adults with a learning disability who live in stable and appropriate accommodation	Quarterly Higher is better	(n/a)	North West: 85.2% (Q1 2019-20)	84.1% (2018-19)	85.5% (Q1 2019-20)					Better	Ensuring people with disabilities have stable and appropriate accommodation improves their safety, increases their independence and reduces their risk of social exclusion. The Q1 figure of 85.5% has improved from last quarter (84.1%) and has improved by 1.5 percentage points from the start of the plan. We're also now performing better than the latest North West benchmark (85.17%). There has been an increase in Extra Care schemes throughout the borough, which aims to increase the number of adults with a learning disability who live in stable and appropriate accommodation.

Zero tolerance to domestic violence

Overview from Lead Cabinet Member

Through a strong coordinated partnership approach, Wirral has developed a range of strategies to tackle the complex issue of Domestic Abuse including, helping children who suffer the effects of domestic abuse, supporting victims and rehabilitating offenders.

Putting children and young people at the heart of our response to Domestic Abuse, we are researching into an appropriate young persons early intervention and prevention programme. A Reducing Parental Conflict Partnership Event was held in July to raise awareness of the need to reduce parental conflict.

Involve North West were commissioned to deliver a third sector outreach programme to train an additional 20 Domestic Abuse Peer through 'Got the Tee Shirt' initiative, based on victims gaining support from domestic abuse survivors who have 'been there and come out the other side'. The focus is about the client rediscovering who they were prior to the relationship and helping them move safely forward; back into the community, further education, work self-esteem, parenting support or additional volunteering roles.

Critical to making victims and children safer, is to reduce the likelihood of re-offending. This year we will deliver a programme to support 10 of the most prolific offenders to bring about behaviour change. Also, we have commissioned a programme with the Youth Offending Service and the Hive to support young people who have shown violence and aggression towards their parents/guardians - to prevent these young people becoming perpetrators in adulthood.

Wirral Plan Indicator	Indicator	Wirral Plan Start	Benchmark Data	Year End 2018-19	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4	Year End 2019-20	Trend (See Key)	Comment
Number of domestic abuse Wirral MARAC cases per 10,000 adult females (annualised)	Quarterly	54.0 (2014-15)	Most Similar Force Group: 54.0 (Jan 2017- Dec 2018) National: 38.0 (Jan 2017- Dec 2018)	52.4 (2018-19)	44.2 (Jul 2018 - Jun 2019)					n/a	SafeLives sets an expected level of 40 cases per 10,000. This is not a target but reflects expected demand based on analysis carried out by Safelives analysing the prevalence of high risk victims including both those who report and do not report to the police. The number of Wirral MARAC cases heard were 44.2 females per 10,000 population (this includes repeat victims within the 12 month period). 885 referrals were made between July 2018 - Jun 2019, 641 (72.4%) were heard at MARAC. 619 female, 22 male. 172 did not meet MARAC threshold and 48 deleted as errors.
Children and young people experience domestic abuse (Wirral MARAC cases)	Quarterly	1,289 (2014-15)		1,192 (2018-19)	226 (Apr - Jun 2019)					n/a	226 Children and young people Wirral MARAC cases during Q1. This compares 334 during the same period last year (-32.3%)
Percentage of incidents of repeat domestic abuse (Wirral MARAC cases)	Quarterly Lower is better	16.0% (2014-2015)	Most Similar Force Group: 34.0% (Jan 2017- Dec 2018) National: 28.0% (Jan 2017-Dec 2018)	27.1% (2018-19)	22.3% (Apr 2018 - Mar 2019)					Better	This is an improving trend. The percentage of incidents of repeat domestic abuse Wirral MARAC cases was 22.3%. This compares to 26.1% during the same period last year and 27.1% year end 2019-19. Total number of repeats 37 out of 166 cases were repeats at MARAC in Q1.

Supporting Measure	Indicator	Wirral Plan Start	Benchmark Data	Year End 2018-19	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4	Year End 2019-20	Trend	Comment
Number of Domestic Abuse cases referred to the Family Safety Unit (FSU)	Quarterly	949 (2014-15)		295 (2018-19)	224 (Apr - Jun 2019)					n/a	Q1 equates to 224 referrals in total, of these, 166 Were heard at MARAC, 163 were female, 3 were male, 42 did not meet MARAC threshold and 21 deleted as errors
% of children and Young People single assessments completed with Domestic Violence (DV) related factors	Quarterly Lower is better	(n/a)		27.0% (2018-19)	21.1% (Apr - Jun 2019)					Better	This compares to Q1 2018 35.2% and Q1 2017 35.5% Prevention of violence and abuse is a critical element in tackling many other issues as it impacts on mental wellbeing, physical health and quality of life. Violence is contagious. Exposure to violence and abuse, especially as a child, makes individuals more likely to be involved in this behaviour later in life. The Assessment Factors - Domestic violence are: 3A - Concerns about the child being the subject of DV 3B - Concerns about the child's parent/carer being the subject of DV 3C - Concerns about another person living in the household being the subject of DV 3D - Teenage DV (local factor).
Rate of referrals to social care presenting Domestic Violence issues (adults aged 18+ years) per 100,000	Quarterly Higher is better	(n/a)		12.12 (2018-19)	1.24 (Apr - Jun 2019)					Worse	This compares to Q1 2018 rate of 3.42 and Q1 2017 rate of 3.15 Prevention of violence and abuse is a critical element in tackling many other issues as it impacts on mental wellbeing, physical health and quality of life. Violence is contagious. Question: Is higher still better? Target is to increase the reporting of domestic violence in the first year(s) of the strategy, as under-reporting is addressed. However, after a period of growth (e.g. 3 years) there should be a tipping point and a reducing figure would be both expected and desired. The insight gained will further identify interventions to reduce domestic abuse and the target will be adjusted downwards as this tipping point is reached.

Report Key

Trend - Performance is shown as Better, Same or Worse compared with the last reporting period except for: % of children and Young People single assessments authorised with Domestic Violence (DV) related factors, Rate of referrals to social care presenting Domestic Violence issues (adults aged 18+ years) per 100,000 which are compared with same period the previous year.

Target - Where targets apply, these are shown as either Blue, Green, Amber, Red based on the agreed tolerance range for individual measures.

Action - These are shown as either:

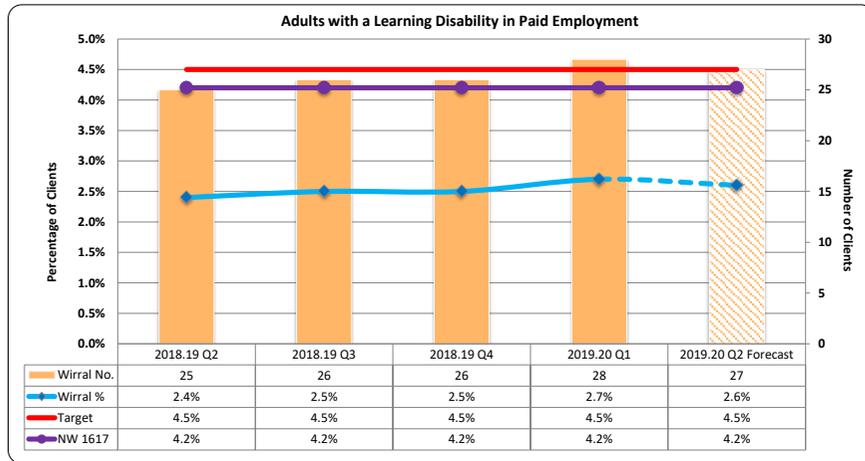
- Green (on track to deliver on time)
- Amber (off track but action being taken to deliver on time)
- Red (off track and won't deliver on time)



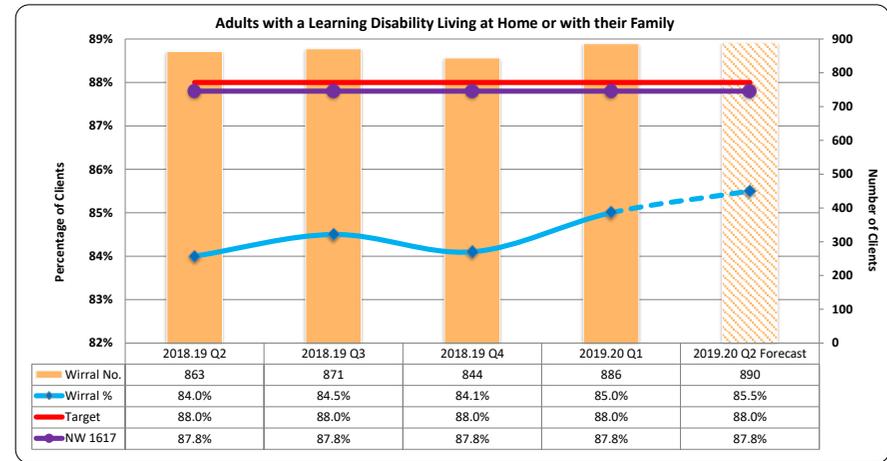
ADULT HEALTH AND CARE PERFORMANCE OVERVIEW

2019/20 QUARTER 1

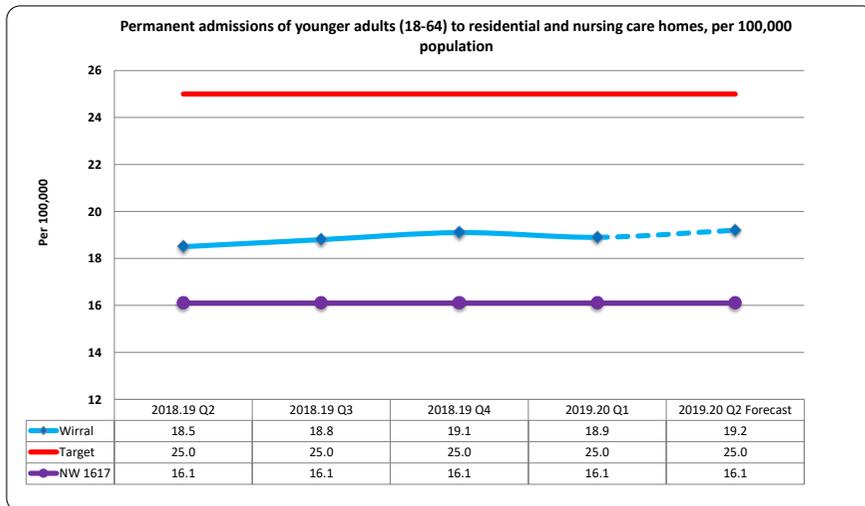




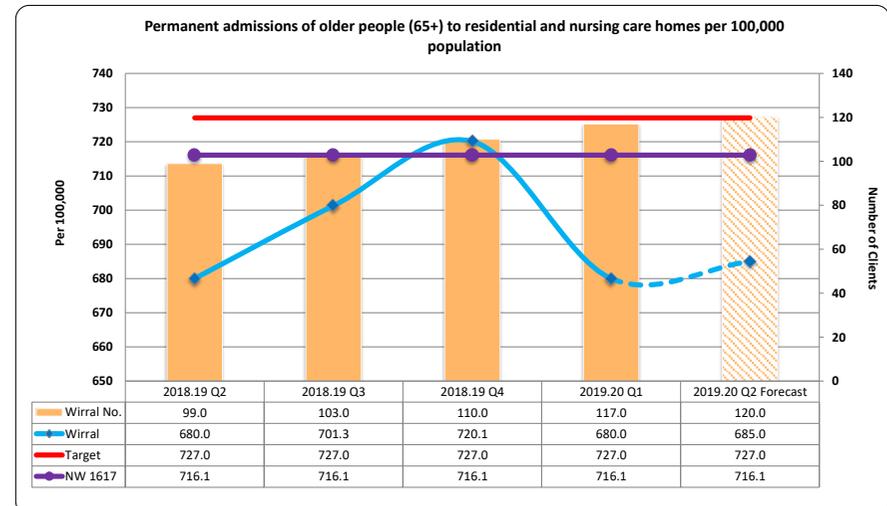
A total of 28 people (of 1,036) with a learning disability are currently in paid employment. Work is on-going with Wirral Evolutions and other service providers to review the people in supported employment to check for eligibility for inclusion in this measure and to explore further opportunities to support individuals into employment. The Council has recently been awarded Disability Confident Employer status and is becoming a Disability Confident Leader in conjunction with the Wirral Chamber of Commerce. A programme of internships is being developed with Wirral Met College and the DWP have an employment advisor working with disabled people and small businesses.



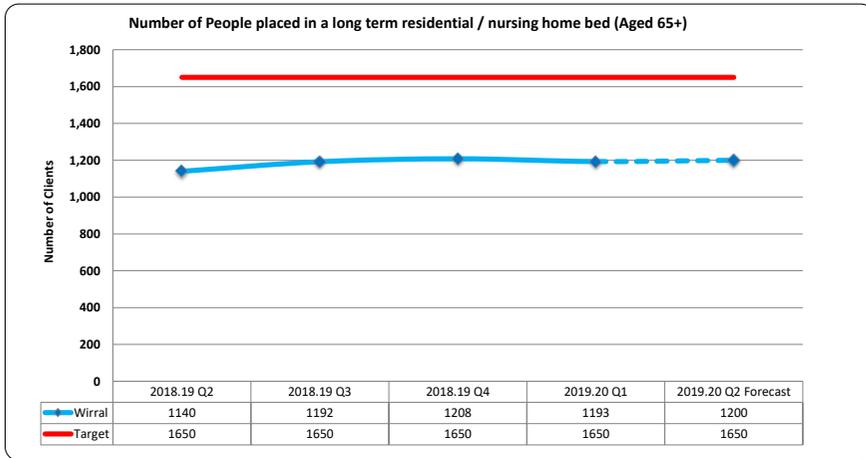
There has been a slight increase since the last quarter. The plan to develop further extra care units for people with a learning disability will support the continued improvement on this indicator. Work is under way with delivery partners to ensure that people's accommodation status is correctly recorded in all cases.



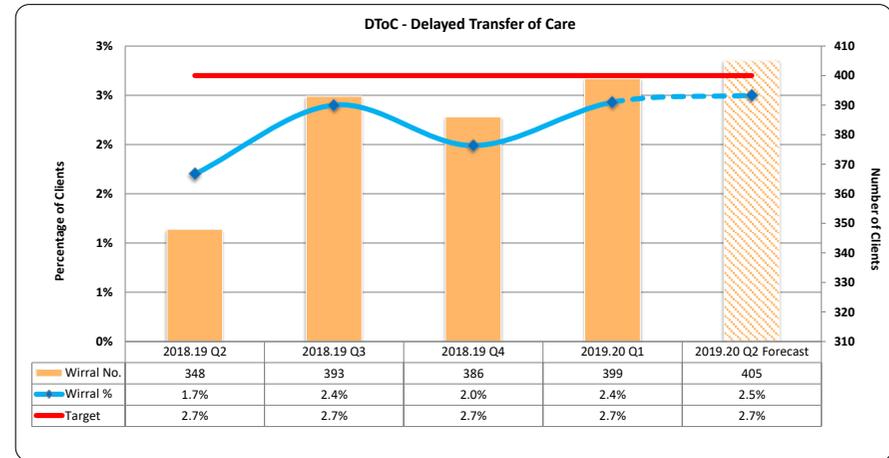
Wirral continue to focus on providing support to people in their own homes. A small number of working age adults have such complex needs that they require care home provision where we cannot meet their needs in a community setting. We continue to develop services to support people to remain in their own homes including a broader range of supported housing.



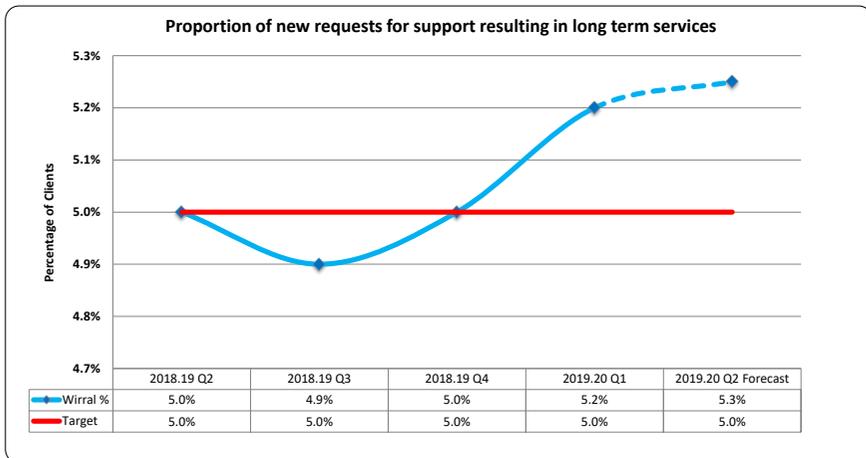
The council is promoting independent living increasingly, however there has been an increase over recent months which correlates with high levels of demand for all provision. We continue to invest in intermediate and reablement services to maximise individual opportunities to return home. We continue to perform well and are meeting the target.



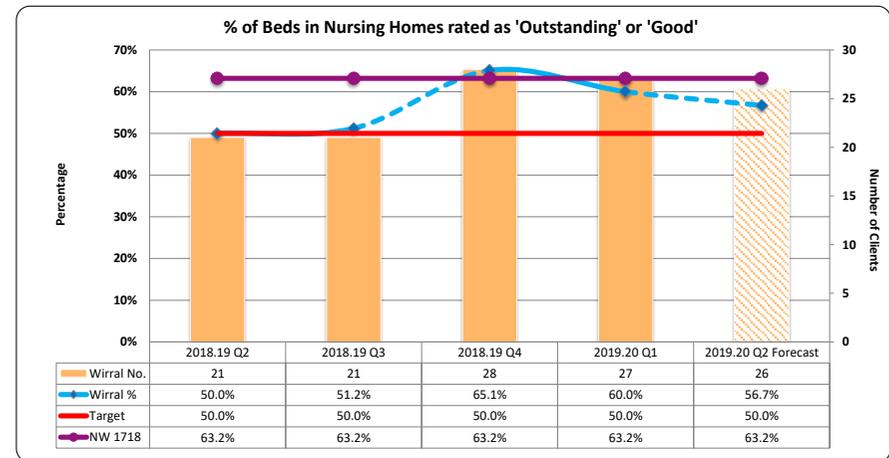
Wirral continues to focus on supporting people to remain in their own homes. Performance demonstrates a consistent picture of older people being supported in the community and fewer placements into long term care homes.



High levels of demand through the winter period can have a significant affect on DToc's. Local teams have maintained excellent performance within the upper quartile nationally during this period however it is likely that as pressures increase their will be a small shift upwards, however it is highly likely that the target will be met.

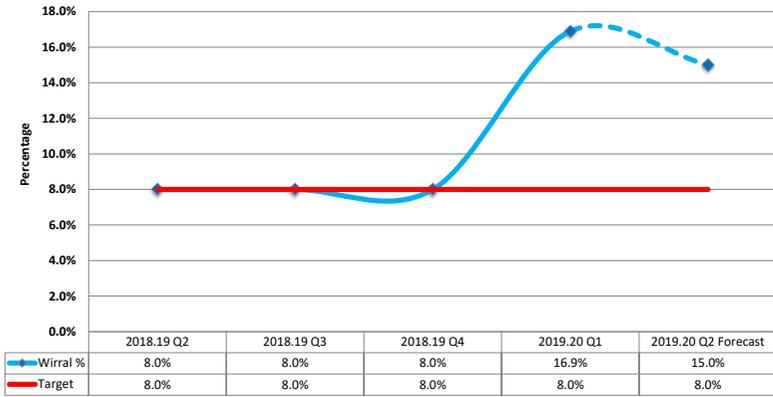


The service continues to perform well and is supporting the majority of people making a new request for support with information and advice, preventative and reablement services and short term care for the time that it is needed.



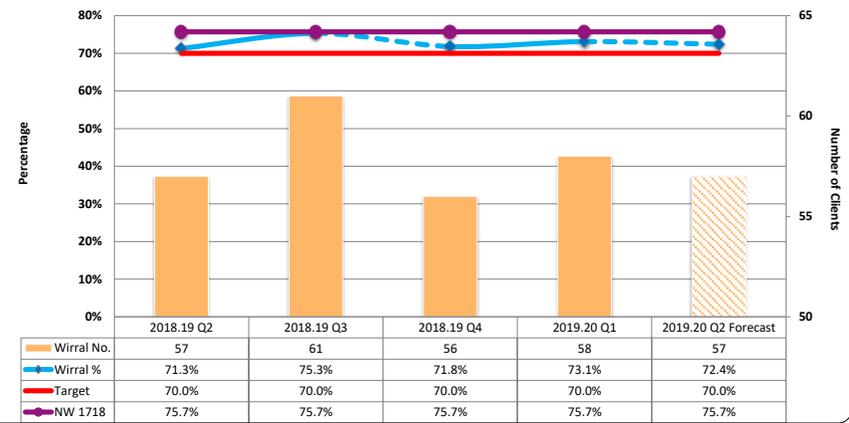
CQC inspections will continue throughout the year and we should ensure we support homes to achieve a 'Good' or 'Outstanding' grading. We continue to work with providers who require improvement and are performing to target with a sustained improvement across the sector. We have seen an improvement in quality ratings of Wirral nursing care homes.

% of Beds available in Residential and Nursing Homes



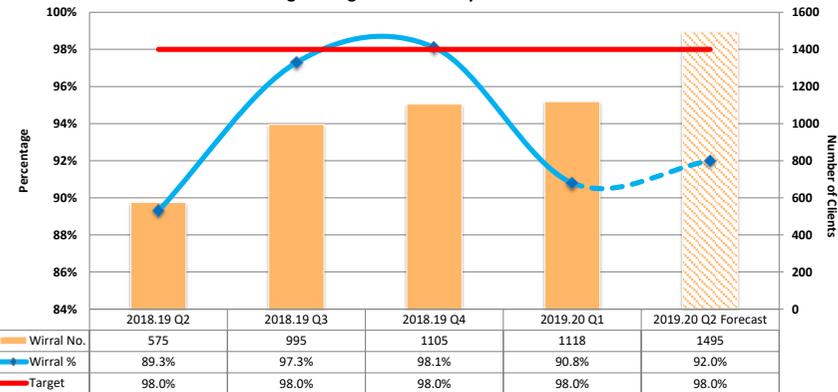
There is capacity within the system to cope with any unforeseen rise in demand, whilst maintaining a level that is sufficient to allow private establishments to remain as functioning organisations. Vacancy rates of exclusive block commissions for intermediate provision are available.

% of Beds in Residential Homes rated as 'Outstanding' or 'Good'



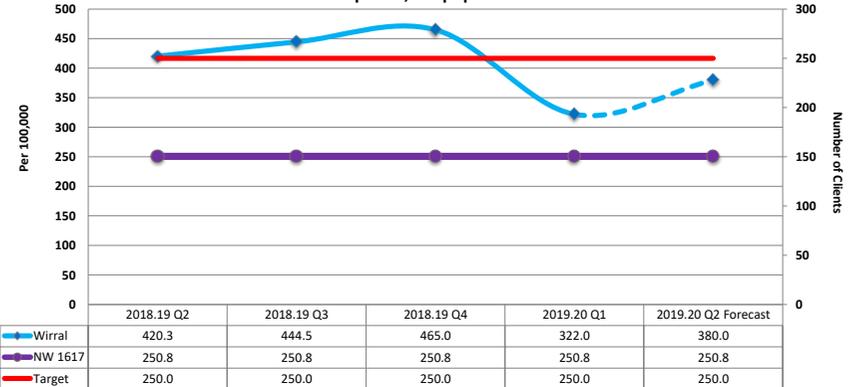
CQC inspections will continue throughout the year and we should ensure we support homes to achieve a 'Good' or 'Outstanding' grading. We continue to work with care homes in the sector to improve quality ratings.

% of Safeguarding Contacts Completed within 24 Hours

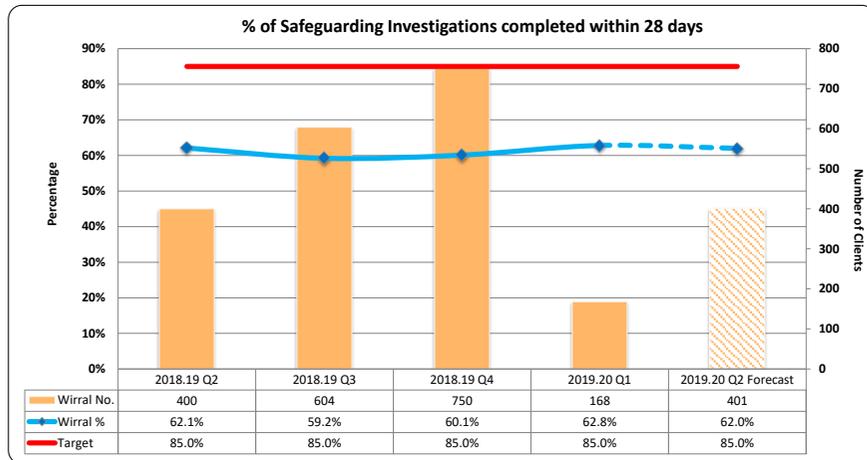


Significant work has been undertaken within Wirral Community NHS Foundation Trust to improve data recording. This has the effect of raising the performance towards achieving target. Work is underway with LCR partners to consider referral routes for safeguarding and the handling arrangements for safeguarding concerns.

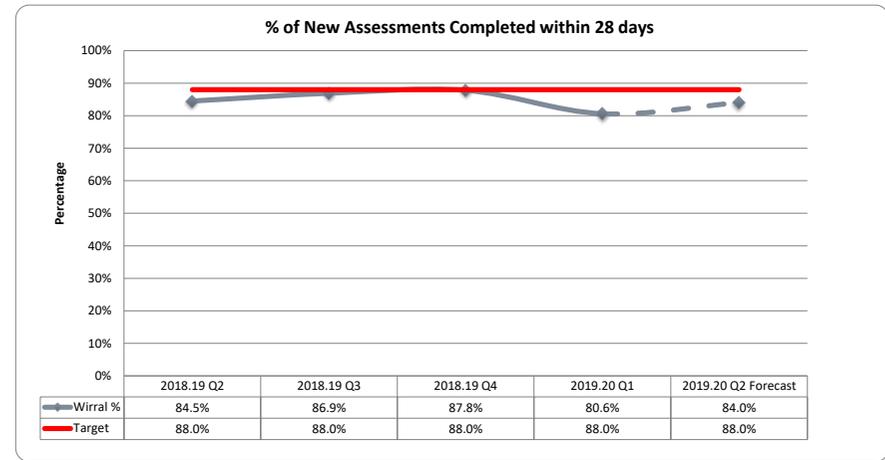
Number of episodes of reablement / intermediate care intervention for clients aged 65+ per 10,000 population



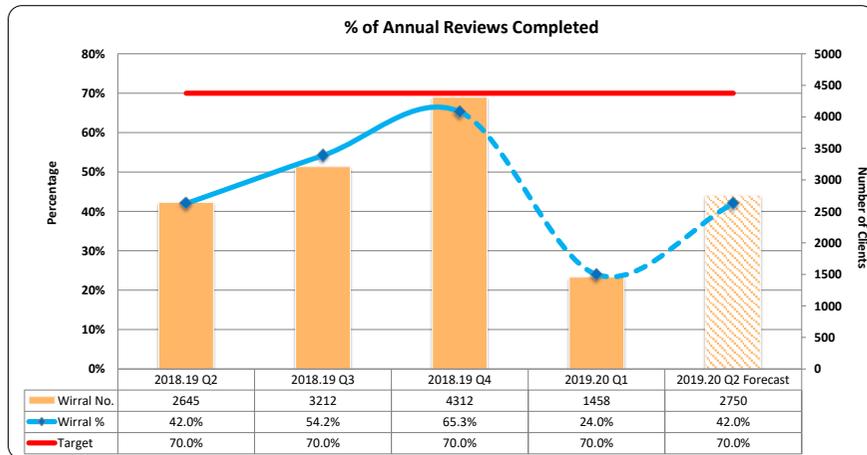
Wirral are performing significantly better than the North West average. Capacity of home based reablement has been affected by pressures within the domiciliary care market and in order to support an outcomes focussed approach the Council has agreed to pay all calls as a minimum of 30 minutes and to increase the retainer paid linked to hospital admissions from 48 hrs to 7 days. Whilst capacity and throughput remain as pressures, the continuing positive outcomes of individuals who receive reablement should be noted. Revised pathways are in place to ensure individuals have access to home or bed based reablement or intermediate care services for both admission avoidance and discharge.



There is incremental improvement in the number of safeguarding investigations concluded within 28 days. This is mainly due to the focussed work on improving Social Work practice in this area. Safeguarding investigations can take longer than 28 days due to external factors such as police investigations.



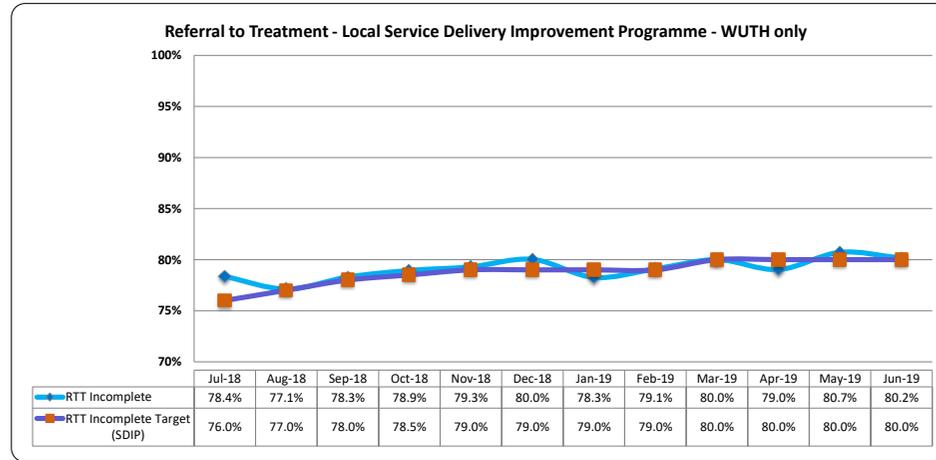
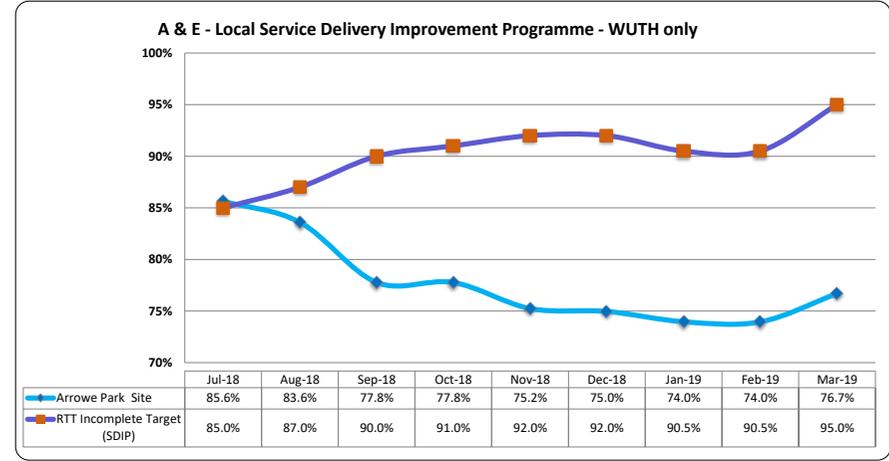
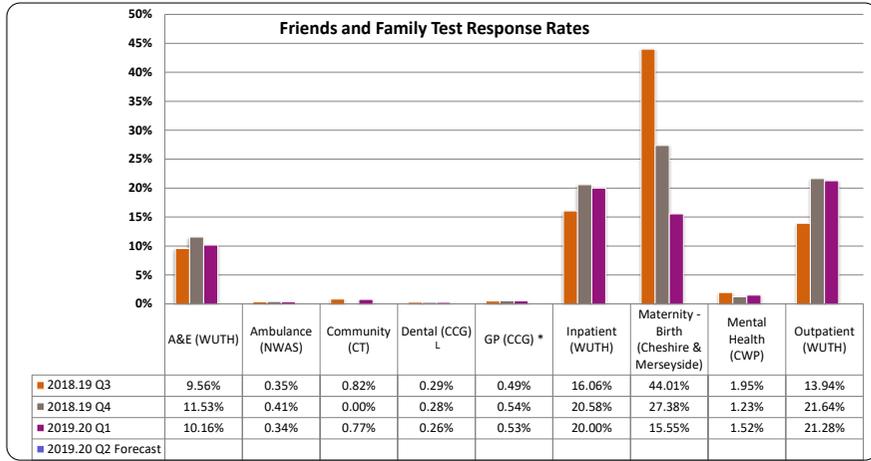
Focussed work in this area continues to ensure a good standard of service delivery.



This performance measure demonstrates good practice in reviewing the majority of cases. The measure builds throughout the year as the numbers of reviews undertaken accumulates. Care has been taken to ensure that out of area care home reviews are undertaken.



The number of people with learning disabilities who are receiving a community provision has increased, resulting in less pressure being put on residential and nursing homes, thereby reducing costs to the council. This also increases independent living, a key cornerstone of current council policy.





Adult Care and Health Overview and Scrutiny Committee Monday 16th September 2019

REPORT TITLE:	ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE - WORK PROGRAMME UPDATE REPORT
REPORT OF:	HEAD OF INTELLIGENCE (STATUTORY SCRUTINY OFFICER) BUSINESS SERVICE

REPORT SUMMARY

The Adult Care and Health Overview & Scrutiny Committee, in co-operation with the other three Overview & Scrutiny Committees, is responsible for proposing and delivering an annual scrutiny work programme. This work programme should align with the corporate priorities of the Council, in particular the delivery of the Wirral Plan pledges which are within the remit of the Committee.

It is envisaged that the work programme will be formed from a combination of scrutiny reviews, standing items and requested officer reports. This report provides the Committee with an opportunity to plan and regularly review its work across the municipal year. The work programme for the Adult Care and Health Overview & Scrutiny Committee is attached as Appendix 1 to this report.

RECOMMENDATION/S

Members Adult Care and Health Overview & Scrutiny Committee are requested to approve the proposed Adult Care and Health Overview & Scrutiny Committee work programme for 2019/20, making any amendments required.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 To ensure members of the Adult Care and Health Overview & Scrutiny Committee have the opportunity to contribute to the delivery of the annual work programme.

2.0 OTHER OPTIONS CONSIDERED

Not Applicable

3.0 BACKGROUND INFORMATION

3.1 THE SCRUTINY WORK PROGRAMME AND THE WIRRAL PLAN

3.1.1 The work programme should align with the priorities of the Council and its partners. The programme will be informed by:

- The Wirral Plan pledges
- The Council's transformation programme
- The Council's Forward Plan
- Service performance information
- Risk management information
- Public or service user feedback
- Referrals from Cabinet / Council

3.1.2 The specific Wirral Plan pledges and associated strategies of particular relevance to the Adult Care and Health Overview & Scrutiny Committee are:

Pledge	Strategies
Older People Live Well	Ageing Well in Wirral https://www.wirral.gov.uk/sites/default/files/all/About%20the%20council/Wirral%20Plan/Ageing%20Well%20Strategy.pdf
People with Disabilities Live Independently	All age disability strategy: People with disabilities live independently https://www.wirral.gov.uk/sites/default/files/all/About%20the%20council/Wirral%20Plan/All%20Age%20Disability%20Strategy.pdf
Zero Tolerance to Domestic Violence	Zero tolerance to domestic abuse https://www.wirral.gov.uk/sites/default/files/all/About%20the%20council/Wirral%20Plan/Domestic%20Abuse%20%20Strategy.pdf

3.1.3 In addition, members of the Adult Care and Health Overview & Scrutiny Committee will also want to consider how best to undertake their health scrutiny role.

3.2 PRINCIPLES FOR PRIORITISATION

3.2.1 Good practice suggests that, in order to maximise the impact of scrutiny, it is necessary to prioritise proposed topics within the work programme. Members may find the following criteria helpful in providing a guideline towards ensuring that the most significant topics are prioritised:

Principles for Prioritisation	
Wirral Plan	Does the topic have a direct link with one of the 2020 pledges?
	Will the review lead to improved outcomes for Wirral residents?
Public Interest	Does the topic have particular importance for Wirral Residents?
Transformation	Will the review support the transformation of the Council?
Financial Significance	Is the subject matter an area of significant spend or potential saving?
	Will the review support the Council in achieving its savings targets?
Timeliness / Effectiveness	Is this the most appropriate time for this topic to be scrutinised?
	Will the review be a good use of Council resources?

By assessing prospective topics using these criteria, the Committee can prioritise an effective work programme that ensures relevance and the highest potential to enhance outcomes for residents.

3.3 **DELIVERING THE WORK PROGRAMME**

3.3.1 It is anticipated that the work programme will be delivered through a combination of:

- Scrutiny reviews undertaken by task & finish groups
- Evidence days and workshops
- Committee reports provided by officers
- Standing committee agenda items, for example, performance monitoring and financial monitoring
- Spotlight sessions
- Standing panels or working groups (where deemed necessary)

3.3.2 As some of the selected topics may well cut across the Wirral Plan themes, it is anticipated that some of the scrutiny topics may be of interest to members of more than one committee. In these circumstances, opportunities for members of more than one committee to work jointly on an item of scrutiny work will be explored.

3.3.3 Regular work programme update reports will provide the Committee with an opportunity to plan and regularly review its work across the municipal year.

3.4 **SCRUTINY WORK PROGRAMME ITEMS**

3.5 **Update on Completed Scrutiny Work Programme Items**

3.5.1 The following work programme items have recently been concluded. Members may wish to note the following in particular:

3.5.2 Work Planning Session

A work planning workshop was held in July 2019 for the Chair and Party Spokespersons of the Committee to discuss the work programme for this municipal year, prioritising key subject areas and ensuring that the plan is comprehensive yet flexible. The agreed work programme can be found as an appendix to this report.

3.5.3 Joint Health Scrutiny

Two meetings of the Joint Health Scrutiny Committee between Wirral and Cheshire West & Chester have taken place since the last ordinary meeting of the Adult Care and Health O&S Committee, with Members meeting on the 1st July 2019 and 30th July 2019 to discuss Urgent Care consultation outcomes and proposals respectively.

3.6 **Forthcoming Activities**

3.6.1 Performance Review Workshop

Following a request by the Chair and Party Spokespersons of the Committee that performance reporting measures for health and care are reviewed, a workshop for Members of the Adult Care and Health Overview & Scrutiny Committee will be arranged for soon after the September Committee meeting. This will be an opportunity for Members of the Committee to discuss their requirements and proposals for future reporting with lead officers.

3.6.2 Urgent Care Transformation

Following the implementation of the Urgent Care Transformation proposals, it is suggested that a follow-up report focusing primarily on the impact of changes in Moreton and Rock Ferry is brought before the Committee early in 2020.

3.6.3 NHS Long Term Plan

A workshop is proposed for December 2019 for Wirral Health and Care Commissioning to provide information to Members on the 'Healthy Wirral' response to the NHS Long Term Plan and to allow Members to engage with the development of the system sustainability plan. Further details will be provided once a confirmed workshop date has been set.

3.7 **FURTHER DEVELOPMENT OF THE SCRUTINY WORK PROGRAMME**

3.7.1 In line with the remit of the Committee and the principles for prioritisation, as described above, Members are requested to suggest possible topics for inclusion in the work programme. Committee Members should also consider how best to further develop the work programme in advance of the next scheduled Committee meeting in November. This could be achieved by Committee providing delegated authority to the Chair and Party Spokespersons to provide further detailed input to the work programme's development.

3 **FINANCIAL IMPLICATIONS**

Not Applicable

4 LEGAL IMPLICATIONS

Not Applicable

5 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

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

6 RELEVANT RISKS

Not Applicable

7 ENGAGEMENT/CONSULTATION

Not Applicable

8 EQUALITY IMPLICATIONS

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

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APPENDICES

Appendix 1: Adult Care and Health Overview & Scrutiny Committee – Work Programme

BACKGROUND PAPERS

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Care and Health Overview & Scrutiny Committee	26th June 2019

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ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE WORK PROGRAMME

AGENDA ITEMS – Monday 16th September 2019

Item	Format	Lead Departmental Officer
Minutes from Adult Care & Health OSC (26 th June)	Minutes	
Clatterbridge Sub-Acute Ward Update	Report	Anthony Middleton (WUTH)
2018/19 Q4 & Year End and 2019/20 Q1 Financial Monitoring	Report	Mathew Gotts
Domestic Abuse Performance Reporting	Report	Mark Camborne/Rachel Williams
All Age Disability – Service Overview and Performance	Report	Graham Hodkinson
Report of the Health and Care Performance Working Group	Report	Scrutiny Officer
Adult Care and Health Overview & Scrutiny Committee Work Programme Update	Report	Scrutiny Officer
Deadline for cleared reports: Tuesday 27th August 2019		

PROPOSED AGENDA ITEMS – Tuesday 19th November 2019

Item	Format	Lead Departmental Officer
Minutes from Adult Care & Health OSC (16 th September)	Minutes	
Clatterbridge Cancer Centre – Specialist Cancer Hospital Update	Report	TBC
2019/20 Q2 Financial Monitoring	Report	Mathew Gotts
Public Health Annual Report 2018/19	Report	Julie Webster
Domestic Abuse – Update	Report	Mark Camborne
Better Care Fund/Winter Pressure Arrangements	Report	Graham Hodkinson
2019/20 Q2 Wirral Plan and Health and Care Performance Monitoring	Report	Graham Hodkinson
Report of the Health and Care Performance Working Group	Report	Scrutiny Officer
Adult Care and Health Overview & Scrutiny Committee Work Programme Update	Report	Scrutiny Officer
Deadline for cleared reports: Tuesday 29th October 2019		

ADDITIONAL FUTURE AGENDA ITEMS TO BE SCHEDULED

Item	Format	Approximate timescale	Lead Departmental Officer
Impact of 5G on public health	To be agreed	To be agreed	Julie Webster
WUTH – CQC Improvement Plan	Report	To be agreed	Janelle Holmes/ Paul Moore (WUTH)
Annual Social Care Complaints Report 2018/19	Report	November 2019	Simon Garner
Adults Safeguarding Annual Report 2018/19	Report	January 2020	Lorna Quigley
Urgent Care Transformation – Gladstone and Moreton Update	Report	March 2020	Simon Banks
North West Ambulance Service – Forward Plan	Report	To be agreed	Madeline Edgar (NWAS)

WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

Item	Format	Timescale	Lead Departmental Officer
Health & Care Performance Reporting Review	Workshop	September 2019	Graham Hodkinson
Pooled Fund Arrangements 2020/21 Scrutiny Workshop	To be agreed	October 2019	Graham Hodkinson
The NHS Long Term Plan	Workshop	December 2019	Graham Hodkinson/Simon Banks
Women's Services and Domestic Abuse	Possible Scrutiny Review	To be agreed	To be agreed
All Age Disability	Possible Scrutiny Review	To be agreed	To be agreed
Quality Accounts 2019/20	Scrutiny Review	May 2020	Scrutiny Officer
Member Visit – Arrowe Park Hospital (WUTH)	Member Visit	2019/20	Janelle Holmes (WUTH)
Member Visit – Seacombe Birthing Centre (WUTH)	Member Visit	2019/20	Janelle Holmes (WUTH)
Transformation Programme	To be agreed	As and when	Tim Games