

HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE

Monday, 10 September 2012

Present: Councillor S Mountney (Chair)

Councillors M McLaughlin
C Povall
M Hornby
C Jones
A Leech
T Norbury
D Roberts
A Brighthouse

Co-optees: S Lowe (Service users under OPP age group)
B Donaldson (Carers)
D Hill (Links)
T. Sullivan (Deputising for representative Older Peoples Parliament)
A. Mantgani (Accountable Officer (Designate) NHS Wirral CCG)
D. Allison (Chief Executive, Wirral University Teaching Hospital)

Apologies S. Saagar (BME)
S Wall (OPP)
G. Hodkinson (DASS)
P. Jennings (CCG)

11 MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST / PARTY WHIP

Members of the Committee were asked to declare any disclosable pecuniary or non pecuniary interests, in connection with any item(s) on the agenda and state the nature of the interest.

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

Councillor Jones declared a prejudicial interest in the item, 'Cheshire and Wirral Partnership NHS Foundation Trust – Community Mental Health Service Redesignation' by virtue of her employment with the Cheshire and Wirral Partnership NHS Trust and involvement in the MARS offer, Councillor Jones left the room whilst the matter was considered (see minute 16).

Councillor Hornby declared a personal interest in the all agenda items by virtue of his appointment as a trustee/Director of the Voluntary and Community Action Wirral (see minute 16).

12 **MINUTES**

Members were requested to receive the minutes of the meeting of the Health and Well Being Overview and Scrutiny Committee meeting held on 18 June 2012.

Responding to comments on the minutes concerning attendees, it was agreed that future records referred to attendees by surname not first name.

Also Councillor Brighthouse's designation be amended to 'Councillor' not Co-optee as stated and Mr D Allison, Chief Executive Wirral University Teaching Hospital be added to the list of attendees.

Resolved – That the minutes of the meeting of 18 June, 2012 be approved as a correct record, subject to the amendments referred to above.

13 **CHAIR'S ANNOUNCEMENT**

The Chair indicated that he would be bringing Items 9 – Vascular Services in Cheshire and Merseyside, 8 – Cancer Services in Cheshire and Merseyside and 10 – Cheshire and Wirral Partnership NHS Foundation Trust – Community Mental Health Service Redesignation, first to the agenda (Minute Nos. 14,15,16 refers)

14 **VASCULAR SERVICES IN CHESHIRE AND MERSEYSIDE**

Martin McEwan, Director of Communications & Engagement, NHS Cheshire, Warrington and Wirral provided a written report updating on Vascular Services in Cheshire and Merseyside.

The report indicated that the Boards of both NHS Merseyside and NHS Cheshire Warrington and Wirral had approved the final decisions on the Vascular Services Review.

The Boards each agreed the following decisions:

- that there should be 2 Arterial Centres for Cheshire and Merseyside
- that the North Merseyside centre should be based at the Royal Liverpool Hospital
- that the South Merseyside centre should be based at the Countess of Chester Hospital
- that for those patients in mid-Mersey who would previously have been referred initially into Whiston Hospital, there would be options to be referred to either centre.

The report indicated that the North Mersey network would be implemented from 3 September at the Royal Liverpool University Hospital NHS Foundation Trust. The South Mersey network was preparing for implementation on 1 April 2013, with the arterial centre based at the Countess of Chester Hospital NHS Foundation Trust. In

this context a copy of a recent letter from the Chief Executive of Wirral Hospital Trust detailing progress on local discussions was attached for information at Appendix A.

The report further indicated that the Joint Overview and Scrutiny Committee of Warrington, Halton & St Helens, and also Wirral Council intended to refer the decision relating to the location of the South Mersey network to the Secretary of State for Health; should a referral take place, the Secretary of State had the power to decide whether to accept the decision or require it to be reconsidered. It was possible that the Secretary of State may refer such a decision to an Independent Reconfiguration Panel for review, and for their advice on his decision.

Copies of the letter from the Chief Executive of Wirral Hospital Trust; Equality and the burden of vascular disease across the Cheshire Clinical Network (in place of Equality Impact Toolkit); and Addendum Equality and the burden of vascular disease across the Cheshire Clinical Network documents were appended to the report.

Mr David Allison, Chief Executive Wirral University Teaching Hospital indicated that he was working alongside Chief Executives, Managing Directors and Clinical Vascular Clinicians to balance the needs of patients and the need for improved services; providing better patient outcomes whilst maintaining the hospitals high level of patient care on the Wirral.

It was indicated that the original proposal would have meant all services being moved to Chester, this had now been revised meaning more services made available at Arrowe Park Hospital; a compromise greatly benefiting Wirral patients.

It was indicated that Chester Hospital would be responsible for both aneurysm and carotic surgical patients, with one of the sites to be identified to undertake the out of hours work. Responding to Members queries and indicated that arrangements in relation to staffing and the out of hours services was still on-and formed part of the consultation process.

In response to Members, it was indicated that the Board Members were aware of the strong opposition to the proposals but difficult decisions had to be made on behalf of the whole of Merseyside, which the Board acknowledge was not going to be thoroughly welcomed in Wirral and Warrington. Mr Allison indicated that there was no doubt that evidence was there that a better service could be provided through two arterial centres for Cheshire and Merseyside.

Resolved – That Mr M McEwan be thanked for his informative report.

15 **CANCER SERVICES IN CHESHIRE AND MERSEYSIDE**

Mr John Hayes Deputy Director of Clinical Networks Cheshire and Merseyside Networks and Mr Andrew Cannell, Chief Executive, Clatterbridge Cancer Centre provided a written report updating on Cancer Services in Cheshire and Merseyside

Prior to consideration of the report the Committee were presented with a short video in relation to the Cancer Centre.

The report provided information on the work that had been taken place in Cheshire and Merseyside to consider and bring forward proposals for the development of world class cancer services in Cheshire and Merseyside through the establishment of

a new Cancer Centre in Liverpool in conjunction with The Clatterbridge Cancer Centre NHS Foundation Trust, while retaining many services at Clatterbridge to ensure local access, and the further development of services across the area.

The report also sought to support the wide-ranging communication and involvement exercise designed to share the proposals with a wide range of stakeholders across Cheshire and Merseyside and further afield where appropriate.

Mr Hayes indicated that level of clinical consensus and the support of the patient groups was very strong, with the groups understanding that services needed to be improved to avoid falling behind other centres around the country.

In response to Members comments in relation to the need improve to preventative care. Mr Hayes indicated that the whole of society needed to embrace preventive measures to enable them to prevent some cancers.

Dr Abi Mantgani, Accountable Officer (Designate) NHS Wirral CCG indicated that there was a perception that the Wirral had poor outcomes in relation to cancer and vascular diagnosis however he urged Members not to be alarmed as a lot of amazing work had been undertaken to challenge the equalities, information on which could be reported to a future meeting of the Committee.

In response to members concerns, Mr Cannell reassured Members that the high level of standards would be carried through to the new centre encompassing the ethos of Clatterbridge.

Resolved – That Mr J Hayes and Mr A Cannell be thanked for their informative report.

16 **CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST - COMMUNITY MENTAL HEALTH SERVICE REDESIGNATION**

Ms Val McGee, Deputy Director of Operations – Cheshire and Wirral Partnership NHS Foundation Trust and colleagues provided a written report and gave a presentation updating on the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) Community Mental Health Service Redesign.

The report provided an outline of the forthcoming consultation on the proposed changes to trust-wide community mental health services provided by Cheshire and Wirral Partnership NHS Foundation Trust.

Ms McGee indicated that the CWP were proposing to introduce the ‘Stepped Approach to Recovery’ (StAR). This model had emerged as the preferred model of service delivery following an assessment of a number of alternative models in use nationally, and consideration of the outcomes of the various stakeholder engagement and improvement events held earlier in 2012. The assessments and events identified that improvements were required in respect of access to services; enhancing the focus on recovery and making more effective use of staff resources.

Ms McGee indicated that the StAR model was firmly based on the concept of recovery, already adopted across CWP focused on enabling a person’s recovery as they progress through the pathway. If approved, the proposed changes would have a

significant impact on the way the community mental health service met the needs of service users in the future.

The model focused on:

- Recovery, health and well-being – to include new well-being centres and nurse-led clinics
- Community teams structured in line with a stepped approach to recovery care pathway: 'Access', 'Recovery', 'Review'
- Matching the staff skill required with the needs of our service users; and wherever possible by people working in multi-disciplinary teams around individuals and their families
- Local variation to meet local needs (rather than a rigid model, local areas can adapt the model to meet the needs of local people)
- Evidence based interventions – this includes psychosocial interventions, cognitive behavioural therapy, individual counselling and family work aimed to deliver positive outcomes and demonstrate value for money
- Care Programme Approach - this was the framework which supported individual care, promoting social inclusion and recovery

The report indicated that the proposed changes to trust-wide community mental health services would go through consultation with both the public (running for three months from September 10th to December 3rd 2012) and with affected Trust staff (for three months starting 3rd October 2012). The public consultation would seek feedback from service users, carers, our foundation trust membership and partner organisations. The outcomes of the consultations would inform decisions on the way forward and subsequent changes will be implemented from January 2013.

The review was part of the NHS efficiency saving requirements, of which the Trust had to achieve over £13m of savings over the next three years. The review of the community mental health service was part of the process, and was in keeping with CWP's earlier consultation where support was received for redesigning care pathways and new ways of working (for example nurse-led clinics) in the public consultation in 2010: "Developing high quality services through efficient design."

The scale of the proposed changes was such that the staff employed within the service would be reduced and new ways of working introduced. Measures would be taken to reduce the need for any compulsory staff redundancies. Ms McGee indicated that it was hoped that the reduction in staffing would be covered by voluntary redundancies and staff redesignated throughout the Trust. Discussions with affected staff would continue into December 2012.

The public consultation on the proposed changes would take several forms. This would include a paper based document and questionnaire, an on-line questionnaire, and a series of public meetings held locally. Invitations to these would be extended to anyone with an interest in the developments. The meetings would be hosted and attended by senior officers from the Trust who would present an overview of the proposed changes, and would answer any arising questions and queries.

The local meeting for Wirral would be held on Wednesday 7th November, 10.30am at The Lauries Centre, 142 Claughton Road, Birkenhead, Wirral CH41 6EY. The full consultation document would be circulated to committee Members on Monday 10th September.

In response to Members Ms McGee indicated that saving would be made by having less acutely ill patients, a reduction in staffing levels and changes made to the assessment process.

In relation to evidence, Ms McGee indicated that a lot of research had been undertaken and evidence gathered and integration work completed to support these proposals. It was hoped that the consultation would tease out where services were lacking.

Ms Chris Beyga, Head of Personal Support, Adult Social Services indicated that the Director of Adult Social Services would be responding on behalf of the Authority.

Dr Abi.Mantgani indicated that a lot of work had been undertaken in the past in relation to creating a single point of contact and improving access to services for patients. He indicated that he shared the Council's concerns regarding the lack of consultation but felt this was an issue to be discussed by the CCG and members of the Committee to agree a way forward.

In response to Members, Ms McGee indicated that in relation to day care services there were no plans to dispose of the service which was run by the Authority.

In relation to the Joint Scrutiny Committee with the CWP Ms McGee indicated that she was aware of the discussions regarding the continuation of the Committee however no issues had been resolved.

Resolved - That

- (1) the report regarding CWP's approach to the Community Mental Health Service Redesign public consultation commencing in September 2012 be noted ; and**
- (2) Ms Val McGee and colleagues be thanked for their informative report and presentation.**

17 BRIEFING NOTE - "CARING FOR OUR FUTURE," THE CARE AND SUPPORT WHITE PAPER, DRAFT CARE AND SUPPORT BILL AND PROGRESS REPORT ON FUNDING REFORM

The Director of Adult Social Services submitted a briefing note informing of the proposals for the future of adult social care as set out in the White Paper, Caring for our Future: reforming care and support; and to highlight any policy issues for the Council.

The paper indicated that on 11 July 2012 the Government published a series of documents on the future of adult social care. Most prominent were:

- The White Paper, Caring for our Future: reforming care and support - outlining its overarching vision for adult social care.
- A draft Care and Support Bill which legislates for measures in the vision, particularly responding to the Law Commission's call for streamlining social care

- Caring for our Future: progress report on funding reform – how the government intends to respond to the Dilnot Commission’s recommendations

Steve Rowley, Head of Finance and Performance, Department of Adult Social Services reported that it was intended to implement a number of the White Paper proposals including a consultation on safeguarding intervention powers and expressions of interest for residential direct payments during 2012. The legislative changes proposed in the draft Bill, however, would not be introduced to Parliament until April 2013 and would not be implemented till 2015.

Resolved – the briefing note be noted.

18 DELIVERING THE CORPORATE PLAN: 2012/13 FIRST QUARTER PERFORMANCE AND FINANCIAL REVIEW

The Director of Adult Social Services submitted a report detailing the performance of the Adult Social Services 2012/13 Departmental Plan for the period April to June 2012 and provided an overview of performance, resource and risk monitoring.

The report also sought Members’ views on a proposal to establish a “Task and Finish” group to consider a broader range of indicators that would inform committee about the activity within the overall health and wellbeing system beyond those detailed within the report.

In response to Members concerns, Mr Steve Rowley, Head of Finance and Performance, Adult Social Services Department indicated that the department had seen an increase in demand and budgets had to be allocated in a certain way making it difficult to met specific targets set, but improvements were needed to be made.

Members indicated that during a visit to services on 5 September, they had enjoyed a visit to Best Bites and spoke to staff who had seemed happy in their employment; members asked how we faired as an employer and also how many employees we had with learning difficulties working for the Council. In response Chris Beyga – Head of Personal Support indicated that at present there were not a high percentage of employees with learning difficulties but it was something that Council was addressing to redress the balance.

Mr Rowley concluded by answering questions in relation to the report, performance indicators and carers assessments.

Resolved – That

- (1) **the report in relation to the performance of the Adult Social Services 2012/13 Departmental Plan for the period April to June 2012 be noted; and**
- (2) **the Director of Adult Social Services be requested to establish a “Task and Finish “ group consisting of Councillors Brighouse, Mounthey and**

McLaughlin; Mr Brian Donaldson representing the Carers Association and relevant officers from the Adult Social Services Department to agree the most appropriate form and content of performance reports that should be considered by the Committee.

19 UPDATE - AKA - IMPLEMENTATION OF RECOMMENDATIONS

The Director of Adult Social Services submitted a report informing of the completion by the Department of Adult Social Services of various recommendations made by Anna Klonowski Associates (AKA).

The report indicated that it was approved, under delegated authority, by the Leader of the Council on 16 July 2012 and had been subject to the relevant call in period and was now presented to Committee for information.

The report considered only those issues identified by AKA as the responsibility of the Department of Adult Social Services; other recommendations would form part of the overall corporate involvement planning process.

The AKA Report described in detail a number of serious and long running failures on the part of the Council that resulted in detriment to vulnerable service users. The department, as part of its improvement planning, was working to ensure the underlying causes and culture that led to those failures occurring are being addressed.

A copy of the delegated decision by Leader/Cabinet Portfolio holder in relation to the AKA implementation of recommendations was appended to the report.

In response to Members queries in relation to Member training being offered specific to safeguarding adults, Ms C McKenna, Head of Safeguarding Adults and Children indicated that she had attended the Members Training Sub-Group and agreed to introduce a programme to assist new Members and existing Members.

Resolved –

- (1) That the recommendations agreed by the Leader of the Council regarding the AKA report be noted; and**
- (2) the Director of Adult Social Services and the Head of Safeguarding Adults and Children and their staff be congratulated and thanked for all their hard work in relation to the improvements made within the Department.**

20 ADULT SOCIAL SERVICES - SAFEGUARDING PEER CHALLENGE AND ADULT SOCIAL CARE PEER REVIEW

The Director of Adult Social Services submitted a report informing of the Safeguarding Peer Challenge that was undertaken in May 2012 and the Peer Review conducted in June 2012 on wider aspects of Adult Social Care.

Wirral's Department of Adult Social Services (DASS) requested a Peer Challenge to ascertain progress in safeguarding adults since the Care Quality Commission (CQC) inspection in May 2010 found its performance in relation to safeguarding to be poor with uncertain capacity for improvement. A further Peer Review of adult social care took place in June 2012 which considered the wider work of DASS and its partners.

The Safeguarding Peer Challenge and wider Peer Review were conducted by the Local Government Association (LGA) with support and involvement from Association of Directors of Adults Social Services (ADASS). The report sought to inform on key areas highlighted within each of the reports. Both reports would be available on the Council's internet site.

Resolved – That

- (1) the progress being made in Safeguarding and the outcome of the peer review of adult social care be noted;**
- (2) the actions proposed for Members service training programme be approved; and**
- (3) a further report regarding the outcome of the presentation to the Towards Excellence in Adult Social Care Board be submitted to a future meeting of the Committee.**

21 BRIEFING UPDATE FROM CLINICAL COMMISSIONING GROUPS

Dr Abhi Mantgani, Accountable Officer (Designate) NHS Wirral CCG gave an update on the latest position with regard to the commissioning of services.

In relation to the authorisation, Wirral CCG was part of phase 4 of the national process conducted by the National Commissioning Board. Dr Mantgani indicated that the CCG were collating evidence for submission and this included a 360 degree feedback survey from all stakeholders and was being conducted by IPSOS / MORI. There were planned consultation events including a follow up to the last event in April, in addition consultation was taking place through patient councils, and arrangements were being made for a joint event with Age UK, etc.

In relation to the governing body it had been meeting in public for past two months and the CCG had now appointed two lay members following an open recruitment process; Mr James Kay with Audit responsibility and Mr Simon Wagener as patient champion. The CCG were currently in process of recruiting external clinical appointments consisting of a Consultant and Nurse Governing Body members.

Dr Mantgani indicated that in relation to the Clinical Strategy Group / QIPP Groups clinical leads had been identified in ten areas to revive the QIPP groups and continue the service redesign work in partnership with all stakeholders and providers.

Further to brief report at the last meeting, the CCG was working with Primary Care Directorate and the Cluster PCT in a range of schemes to improve infrastructure, make strategic investments in services and to improve patient centred services.

- Improvements to general practice premises to meet CQC and Infection Control requirements, patient facilities
- Investment in dental, optician and pharmacy premises including Defibrillators / Resuscitation equipment in all facilities
- Medical equipment to improve standards and meet NICE guidance.
- Upgrading of IT infra structure in primary care.
- Improving patient interface and communication – through patient Kiosks and TV's in waiting rooms.
- Investment in WUTH and Wirral CT to integrate urgent care services.
- Investment to start new services at St Catherine's Hospital.
- Investment to improve Alcohol services – shared care through GP, increase number of key workers, increase capacity to spot purchase detoxification places and scheme to manage through an MDT approach patients with alcohol problem frequently admitted to hospital.
- Dementia - shared care scheme to discharge stable patients to GP care, increase capacity to see new patients, appointment of nurse practitioners to follow up patients admitted with memory problems, implement IT diagnostic tools – Cantabmobile (developed by Cambridge University).
- Investing in Social Care Fund through CCG divisions.
- Improving Cancer / End of life care in general practice and Nursing Homes through training and achievement of Charter Standards (in partnership with DASS)

Dr Abhi Mantgani answered questions on the report

Resolved – That Dr Mantgani be thanked for his update presentation.

22 WIRRAL UNIVERSITY TEACHING HOSPITAL UPDATE

In response to previous requests from Members, Mr D.Allison, Chief Executive, Wirral University Teaching Hospital presented a report in relation to the waiting times of ambulant patients and disabled toilet facilities at the hospital.

Mr Allison indicated that it was vital that ambulances were not excessively delayed at hospitals, as the sooner they were able to discharge patients into the hospital's care the better ambulance response times could be. The steps required were, ambulance arrival at hospital; paramedics to take the patient into initial assessment in the A&E department; clinical handover to take place and the patient transferred to the care of A&E staff; the ambulance crew then clean/prepare the ambulance for the next patient, take any breaks/visits to the toilet and when ready, radio in for another assignment

Ambulance waiting times were often expressed as the time from 1 to 4 as this was the most straightforward data to measure. On this basis in the first quarter of the year WUTH had an average turnaround of 28.2 minutes – a slight improvement on last year's average. For quarter one, within the North West, 17 hospitals had a better turnaround time than WUTH, while 15 had a worst performance. However, it was very important to note that hospitals can only influence steps 1 to 3 – the time it took for ambulances to declare themselves ready within step 4 is outside of the hospital's control.

Mr Allison indicated that he had met with the North West Ambulance service to discuss turnaround times for July, who confirmed that the hospitals average turnaround time for steps 1 to 3 was 14.7 minutes against a national target of 15 minutes. At the request of the hospital, data was to be produced on a monthly basis and to ensure that appropriate steps were taken to ensure that the national target is delivered and ambulances were not delayed by our A&E department.

In relation to disabled toilet facilities, Mr Allison indicated that the Trust took its responsibility to provide suitable facilities for staff, patients and visitors who have disabilities very seriously. The Trust had a Disabled Access Champion who had undergone formal training and qualification in assessing and providing accessible environments.

All new capital developments and refurbishments of existing facilities at both hospital sites were reviewed at design stage by the Disabled Access Champion to ensure full compliance with all relevant legislation, NHS guidance and good practice. For the more major capital schemes, such as those being undertaken as part of our Site Strategy, it was the responsibility of the appointed architect to ensure the design was compliant with legislation.

Arrowe Park Hospital had four accessible toilets located in the main building; ground floor at the entrance to main Outpatient Department near main entrance; the main building, ground floor - Emergency Department adjacent to Majors area; ground floor opposite Clinical Skills Centre and in the Womens & Childrens building, ground floor, off the main entrance waiting area. Clatterbridge Hospital had one accessible toilet located in the main entrance waiting area. In relation to the specific issue of accessible toilet facilities for visitors and the public, following a recent review, one additional accessible toilet had been provided on the Arrowe Park Hospital site, opened July 2012, which brought the total number of accessible toilets for visitors to five across the two sites as indicated.

Resolved - That Mr Allison be thanked for his update in response to Members queries.

23 FORWARD PLAN

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

Resolved – That the Forward Plan be noted.

24 WORK PROGRAMME

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

Members indicated that they would like the following items be looked at:

- Cancer Services - Look at the health and inequalities gap

- Domestic Violence (incomplete from previous work programme)
- Budget Forecast (Task Group to be set up)
- Transformation of Day Services (Councillor Povall to summarise this)
- End of Life Care (Request for report)
- Medicine Management in Hospital Trusts (To be submitted to a future meeting)
- Dementia – Effects on services and carers (Request for report)

In relation to dementia care Dr Abi Mantgani indicated that he would submit a report to a future meeting on what work was being carried out by the CCG at a future meeting of the Committee.

In relation to the relationship between the Health and Well Being Board and Health and Well Being Overview and Scrutiny Committee, Ms Fiona Johnstone, Director of Policy and Performance and Public Health indicated that work needed to tease out our joint relationship.

RESOLVED:

That the above items be added to the current Work Programme.

25 **BUDGET CONSULTATION - SCRUTINY WORKSHOPS**

Lucy Barrow, Corporate Performance Manager , gave the Committee a presentation that outlined details of the budget consultation – Consultation and Engagement to inform improvements, budgets and plans. The budget consultation was intended to engage the public, staff and stakeholders in developing a 3 Year Corporate Plan and a 3 Year Financial Plan. The presentation outlined key milestones, the questionnaire, Scrutiny Workshops and the key points in the budget consultation. The workshop for the health and Well Being Overview and Scrutiny Committee would be held on 19 September, 2012.

Resolved – That the presentation be noted.