

WIRRAL COUNCIL

HEALTH AND WELL-BEING OVERVIEW AND SCRUTINY COMMITTEE

14TH JANUARY 2012

SUBJECT:	<i>NHS WIRRAL CCG UPDATE JANUARY 2013</i>
WARD/S AFFECTED:	ALL
REPORT OF:	NHS WIRRAL CCG
KEY DECISION? (<i>Defined in paragraph 13.3 of Article 13 'Decision Making' in the Council's Constitution.</i>)	NO

1.0 EXECUTIVE SUMMARY

The purpose of this report is to provide an update to the Committee with regard to national policy, local developments and the progress over recent months made by NHS Wirral CCG.

2.0 BACKGROUND AND KEY ISSUES

Department of Health Review: Winterbourne View Hospital

The final report into the events at Winterbourne View Hospital was published on 10th December, and has set out a programme of action to transform services so that vulnerable people no longer live inappropriately in hospitals and are cared for in line with best practice.

The programme of action includes:

- by spring 2013, the Department of Health will set out proposals to strengthen accountability of boards of directors and senior managers for the safety and quality of care which their organisations provide
- by June 2013, all current placements will be reviewed, everyone in hospital inappropriately will move to community-based support as quickly as possible, and no later than June 2014
- by April 2014, each area will have a joint plan to ensure high quality care and support services for all people with learning disabilities or autism and mental health conditions or behaviour described as challenging, in line with best practice

As a consequence, there will be a dramatic reduction in hospital placements for this group of people the Care Quality Commission will strengthen inspections and regulation of hospitals and care homes for this group of people, including unannounced inspections involving people who use services and their families a new NHS and local government-led joint improvement team will be created to lead and support this transformation.

This programme is backed by a concordat signed by more than 50 partners, setting out what changes they will deliver and by when. The government will publish a progress report on these actions by December 2013.

The final report into the events at Winterbourne View Hospital states that staff routinely mistreated and abused patients, and management allowed a culture of abuse to flourish. The warning signs were not picked up, and concerns raised by a whistleblower went unheeded.

The report also reveals weaknesses in the system's ability to hold the leaders of care organisations to account. In addition, it finds that many people are in hospital who don't need to be. People with learning disabilities or autism, who also have mental health conditions or challenging behaviour can be, and have a right to be, given the support and care they need in the community, near to family and friends. The Clinical Commissioning Group will be considering the implications of this report via its joint commissioning arrangements with Wirral Borough Council and will need to implement local actions which will include:

- no one is sent out of area inappropriately into in-patient services for assessment and treatment;
- people can move on from these services quickly to more appropriate care;
- for the small number of people for whom in-patient services may be needed for a short period, the focus is on providing good quality care, as locally as possible and moving on to more appropriate settings as quickly as possible;
- engaging people with learning disabilities and their family carers in developing person-centred approaches across commissioning and care;
- build understanding of the reasonable adjustments needed for people with learning disabilities who have a mental health problem so that they can make use of local generic mental health beds;
- commission the right model of care to focus on the needs of individual people, looking to avoid the factors which might distress people and make behaviours more challenging, building positive relationships in current care settings;
- focus on early detection, prevention, crisis support and specialist long term support to minimise the numbers of people reaching a crisis which could mean going into hospitals;
- work together to plan carefully and commission services for the care of children as they approach adulthood to avoid crises;
- commission flexible, community-based services.

The CSU on behalf of the CCG completed the annual self-assessment which benchmarked the CCG's progress against some of the actions above. This was verified by the NHS North West and has shown there are gaps in services that are provided. A comprehensive action plan is being developed in order to ensure that the deficits are addressed.

Proposals for Learning Disabilities Services

Cheshire and Wirral Partnership Trust (CWP) has notified the CCG of its intention to go to formal consultation in relation several proposals for Learning Disabilities services. In order to meet its Cost Improvement Programme, and to bring services in line with national requirements, particularly following the Winterbourne view report, the principal changes that the Trust is proposing are to:

- reconfigure its community teams in terms of bases and skill-mix
- reduce the provision of bed based in-patient services. In the short term, this would include closure of the assessment and treatment unit, Kent House

The consultation is due to commence on the 9th January, with CWP due to present to the CCG on the 8th January.

Community Mental Health Team proposals

Following the public consultation around proposals to reconfigure Community Mental Health Teams, the results have been evaluated by Liverpool John Moores University, and the Trust is working on an implementation plan. The principal change proposed is to move towards a recovery-focussed model and case management, which involves a reduction in senior clinician time, and discharge of clients where ongoing clinical input is no longer appropriate. The CCG is currently reviewing the outcome of the evaluation to ensure the proposed service will continue to meet commissioner requirements and provide the same high quality outcomes.

Patient and Public Involvement

The CCG has been engaging in a number of ways including:

Advertorial was placed in the Wirral Globe December, there is another planned for the New Year.

Stakeholder event held 5th December attended by 40 delegates ranging which included statutory organisations and voluntary community and faith groups.

Consortia Patient Participation Groups: these groups continue to meet regularly. Several activities have taken place over the past month, including:

- WGPCC working with its Patient Council members to develop a campaign to reduce wasted appointments
- Chief Executive of Wirral NHS Community Trust attended the last meeting of the WGPCC Patient Council to listen to patients' views on services delivered by the Trust. A senior representative of Wirral Hospital Trust is due to attend its January meeting.
- WHCC patient Forum meeting took place on Tuesday, 4th December 2012. This meeting included a presentation on commissioning and an update on projects such as Pathways to Life. A member of the Patient Forum has agreed to participate in the Programme Board of the Pathways to Life Project, with the first meeting having taken place on 20th December. The next meeting of the Patient Forum is on the 8th January 2013.
- The Alliance Patient Engagement Group is now well-established with regular attendance at the monthly meetings of 2 patients per practice - they are currently reviewing their terms of reference as they continue to increase their understanding of the commissioning agenda and how they want to be involved to support decisions; they are also working with the Alliance management team on what they want on their agenda, i.e. presentations; information provision; feedback from practice patient groups etc.

Each Consortium is working to promote involvement and engagement beyond its groups. This includes the use of postcards called 'Your GP Needs You', specifically designed to capture patient contact details and promote different ways of getting involved.

The CCG is exploring different media in order to communicate with patients and public. This has included social media with the development of a twitter account

The draft constitution has been put onto the CCG website to give members of the public the opportunity to comment, in addition to it being sent to stakeholders. Four comments have been received via the in-touch website.

Increased access to Unplanned Care

Two of the Consortia are using their commissioning resources to provide additional access to unplanned care within general practice. This includes Urgent Care models at 4 Alliance practices to test out different ways of influencing patient behaviour to attend General Practices instead of hospital, for non-emergency attendances. WGPCC has expanded its number of Minor Injury and Illness Services to include bases at Moreton Health Clinic, Kings Lane MC, and Holmlands MC. Both Consortia developments will hopefully reduce inappropriate hospital attendances and increase patient access.

Service Developments

In order to improve quality of care and facilitate access, a new service specification has been developed for podiatry and orthotics. Following the successful of moving its physiotherapy services to an AQP contract, in vastly improving access and reducing waiting times, WGPCC is also planning to procure the podiatry element of the specification via an AQP process. This will ensure value for money, as the resources follow the patient, and enable alternative providers to deliver services to patients.

A shared care model for alcohol is being rolled out across Wirral practices, with CWP supporting each practice with a named link for patients with alcohol issues. This scheme will be evaluated during this quarter to determine the impact upon A&E and improvement in patients' health.

The shared care model for dementia care is now in place, with the Memory Assessment Service discharging patients into primary care once the patient has been assessed, diagnosed and stabilized on any medication. The next step is to model this change in pathway on capacity and demand to ensure that the service has sufficient capacity to see new patients as quickly as possible. A dementia strategy is being developed which we hope to consult on and launch to the public in Spring 2013.

Meetings attended by Senior Management team members

Health and Wellbeing Board - This was attended by the Chief Clinical Officer and one of the Consortia Chairs. A review of the membership is being undertaken. The results of the prioritisation exercise were presented.

The Chair and the Chief Officer of WHCC have both participated in authorisation site visits in Hastings and Teesside. This provided the CCG with useful insight into how the panel would operate and what was required of the CCG to facilitate a smooth visit.

The Corporate Chief Officer and WGPCC Commissioning Manager attended a joint LINKs and Older People's Parliament coffee morning event which was looking at the issues relating to discharge from WUTH. This was also attended by the CEO of WUTH and its Director of Nursing.

3.0 RECOMMENDATION/S

Members of the Committee are asked to note the content of this report.

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