

HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 13 March 2013

Present:

Councillor S Mountney (Chair)

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

Co-optees:

S Wall	B Donaldson
P Jennings	R Moula
S Hill	

57 **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.

In relation to the items on the agenda, Members declared following interests.

Councillor Hornby declared a personal interest by virtue of his appointment as a trustee/Director of Voluntary and Community Action Wirral.

Councillor Roberts declared a personal interest by virtue of her appointment on the Management Committees of Arch Initiatives and Wirral Council for Voluntary Service.

Councillor Mooney declared a personal interest by virtue of her work with Age UK.

58 **MINUTES**

Members were requested to receive the minutes of the meetings of the Health and Well Being Overview and Scrutiny Committee held on 14 January 2013 and 12 February 2013.

Resolved – That the minutes of the meetings of 14 January 2013 and 12 February 2013 be approved as a correct record.

59 **MID STAFFORDSHIRE NHS FOUNDATION TRUST PUBLIC INQUIRY**

The Committee considered a presentation from Dr Phil Jennings, Wirral CCG providing an update on the executive summary following the report of the Mid Staffordshire NHS Foundation Trust Public Inquiry.

Dr Jennings summarised the report and indicated that the CCG and other providers would be providing a response to the summary in due course.

The report detailed a list of key recommendations categorised under the following themes:

- Accountability for implementation of the recommendations
- Putting the patient first
- Fundamental standards of behaviour
- A common culture made real throughout the system – an integrated hierarchy of standards of service
- Responsibility for, and effectiveness of, healthcare standards
- Responsibility for, and effectiveness of, regulating healthcare systems governance – Monitor healthcare systems regulatory functions
- Responsibility for, and effectiveness of, regulating healthcare systems governance – Health and Safety Executive functions in healthcare settings
- Enhancement of the role of the role of supportive agencies
- Effective complaints handling
- Commissioning for Standards
- Openness, transparency and candour
- Nursing
- Leadership
- Professional regulation of fitness to practice
- Caring for the elderly
- Information
- Coroners and Inquests

Dr Jennings indicated that it was clear from the report that as a new commissionaire the CCG would have responsibility to deliver and assistance from all partners would be essential.

Mr David Allison, Chief Executive, Wirral University Teaching Hospital indicated that the report raised many concerns which he had publicised throughout the hospital. He commented that all partners needed to work together to pick up on the recommendations made within the report to ensure that the incidents that had occurred wouldn't happen again, whilst keeping customer care as the focus going forward. Mr Allison stressed the importance of valuing staff and listening to their views. In response to this he had spoken and consulted with over 700 staff members regarding their concerns and worries in relation to service delivery.

Ms Karen Prior, Healthwatch and Mrs Christine Beyga, Head of Delivery, Adult Social Services indicated that in relation to Healthwatch they had their processes in place and were working closely with the Trust. Ms Prior indicated that work on an internal review was currently being undertaken and she was meeting with managers to ensure Healthwatch was robust; there was also a standing protocol with the Health & Wellbeing Overview and Scrutiny Committee which they had hoped to resurrect.

Ms Diane Hill, co-opted member representing LINK indicated that LINK would be replaced by Healthwatch and from a LINK perspective they had been treated well by Healthwatch and had been able to put points across as co-opted members on the Board, LINK had been acting as a critical friend which had resulted in some excellent work undertaken and had seen some successes.

Members welcomed the report and indicated that there had been failures in the basic level of care which the organisation failed to identify and indicated that the Leader of the Council had requested the Committee to look at this, to ensure there was no replication in Wirral, In response, Members suggested a task and finish group.

Mr Allison indicated that as a Committee, assurances were needed from the hospital, CQC and commissioning bodies as to what they are doing and what existing arrangements they have for assurances to ensure Wirral did not find themselves in the same situation as Mid Staffordshire.

In relation to the role of Healthwatch and inspections, Ms Prior indicated that Healthwatch would act as a critical friend to the hospital, visiting wards and reporting findings and providing evidence to the Trust to put things right. Healthwatch had the power to make recommendations and request reports to scrutinise which the hospital must provide and be received within 20 working days. At this stage it was unclear as to what Healthwatch England would be

doing to support Healthwatch locally, this could fall under the remit of the CQC.

In relation to who holds the hospital to account and how it tied in with the Committee, Dr Phil Jennings indicated that the CCG monitored the hospital on a regular basis based against quality measures. He indicated that there needed to be a mechanism for monitoring the stories coming out of the hospital and also any encounters anyone had regarding health care and for this to be forward onto the Commissioning Body. Mr Allison indicated that many organisations assess the hospitals capabilities, over 160 organisations, some of these were significant; others small.

The hospital was reviewed through a number of processes from peer reviews, commissionaire measures, and Healthwatch and the CQC also visited the hospital on annual basis and could also visit unannounced, the CQC observed practice and procedures and raised any concerns; and could effectively close down the hospital.

Mr Allison indicated that in relation to feedback following inspections, He produced an annual report in relation to progress made within the hospital and feedback following inspections undertaken by the CQC could obtained from their website, information published included feedback on patient safety, customer experience and clinical outcomes.

In relation to whistle blowing and possible consequences, Mr Allison indicated that he wanted a more open culture within the hospital to enable people to feel at ease and confident in reporting issues and concerns. He indicated that the hospital had a whistleblowing Policy and also a system of direct email straight to him to enable people to register their concerns; all complaints/comments registered were monitored and signed off directly on a daily basis and discussions were held with Directors regarding some of the responses received to achieve a positive and suitable outcome. A quarterly report was produced and circulated to the Management Team for analysis of key trends on the complaints received and also feedback forms received were evaluated to highlight specific issues.

Dr Jennings in response to comments reiterated that the CCG was committed to the NHS going forward and the importance of both primary care and GPs passing on information alongside the hospital.

In response to suggestions by Members, the Chair endorsed the setting up of a Task and Finish Group as requested by the Leader, comprising of Councillors Brighouse, Hornby, McLaughlin and Povall to ensure that the failures of care in Mid Staffs were not being replicated in Wirral.

RESOLVED:That

- (1) the Mid Staffordshire NHS Foundation Trust public enquiry report be noted; and**
- (2) a Task and Finish Group be set up with Councillors Brighouse, Hornby, McLaughlin and Povall to ensure that the failures of care in Mid Staffs were not being replicated in Wirral.**

60 HEALTHWATCH - UPDATE

The Committee considered the report of Director of the Adult Social Services providing information regarding the development of Healthwatch which was a statutory requirement. The report indicated that a decision on the future organisational model was now required to enable a Wirral Healthwatch to be put in place for April 2013.

Mrs Christine Beyga, Head of Delivery, Adult Social Services introduced the report and thanked Ms Karen Prior – Wirral Healthwatch and Ms Diane Hill – LINK for all their hard work.

In relation to the existing LINK volunteers, Ms Prior indicated that most of the LINK members were TUPE transferred over to Wirral Healthwatch; the Board now consist of lay members and an advisory group had be established consisted also of a number of lay members. New member recruitment would be undertaken as required.

Ms Prior indicated that a pilot scheme was currently being undertaken in selected One Stop Shops whereby a volunteer would be in attendance to offer advice, help and guidance to those awaiting appointments.

In relation to Members questions as to how the performance of Healthwatch would be monitored, Mrs Beyga indicated that this was a requirement of the contract and performance would be regularly reviewed and feedback would also be obtained from service users. Ms Prior indicated that Healthwatch would collate data on performance to be fed into the Trust and a quarterly report would be submitted the Committee.

In relation to value for money compared to other comparative providers in the country, Mrs Beyga indicated that comparative analysis had been undertaken against other local authorities and this model offered the best value for money however if funding from the Government was withdrawn other funding streams would need to be sought.

In response to Members comments regarding the importance of reporting “good news” and “bad news” stories, Ms Hill indicated that all feedback was

evaluated and used to shape and improve services going forward. Ms Hill commented that it was difficult to monitor services provided to people in their own homes. Ms Prior indicated that Healthwatch also published patient feedback in relation to their experience in hospitals.

In relation to training for volunteers, this would form part of the 18 month transitional strategy, Ms Prior indicated that induction and training sessions would be held in early April for new volunteers and for those existing volunteers', updates on existing training undertaken would be done.

RESOLVED:

That it be agreed to build upon the legacy built by Voluntary Community Action Wirral in partnership with LINK and use the experience to develop Wirral Healthwatch as a subsidiary company as the most suitable model for Wirral.

61 **PERSONAL BUDGETS AUDIT: REVIEW OF RESOURCE ALLOCATION SYSTEM**

The Committee considered the report of the Director of Adult Social Services which indicated that a robust Resource Allocation System (RAS) was critical to ensuring that Personal Budgets and self directed support was delivered within the current funding envelope and that funds were allocated in a fair and transparent way, which enabled people to meet their eligible needs. A report was presented to Cabinet on 4 November 2010 seeking a Cabinet decision on the Resource Allocation System (RAS) to support the roll-out of Personal Budgets which was agreed by Cabinet at its meeting of 14 October 2010.

Mrs Christine Beyga, Head of Delivery, Department of Adult Social Services introduced the report which indicated that in relation to the progress of the review undertaken in relation to the RAS as identified in the Personal Budgets Audit. It recommended that alternative models were explored.

In response to comments from Members, Mrs Beyga explained how the indicative budgets worked and the process undertook to identify the model. Mrs Beyga indicated that work would be undertaken with other colleagues in the North West looking at three optional models, testing with services users would be undertaken feedback from which, would be evaluated to identify the best model for Wirral.

Mrs Beyga indicated that the personal budget should reflect the needs of the individual and that money allocated should be sufficient to do this and not making a profit; pooling of budgets would be allowed and could be combined and other funding streams could be sought and used. With regards to payment methods it was envisaged that payments would be made via cash

payments, direct payments either paid on a weekly or a monthly basis in consultation with the recipients, this would be kept under review.

In relation to advocacy services, Mrs Beyga indicated that following the review and working alongside Healthwatch the RAS identified would make the process simple, easier to navigate, with advocacy service a front driver, advocacy services would be strengthened.

RESOLVED:

That the Director of Adult Social Services be requested to explore alternative models of RAS and report back on a recommended model for agreement in August 2013 ready for implementation from September 2013.

62 **QUARTERLY PERFORMANCE REPORT - PRESENTATION AND OUTCOME OF PERFORMANCE INFORMATION TASK AND FINISH GROUP**

The Committee received a presentation and considered the report of the Director of Adult Social Services which identified the outcome of discussions held between Overview and Scrutiny Lead Members and key Department of Adult Social Services Officers to agree a framework to enable meaningful scrutiny of Departmental Performance to both support business planning systems and processes and coherence with the Council Corporate Plan. The aim was to enable a positive contribution by Members to assure appropriate challenge and rigour to enhance continuous service improvements, recognising the challenging financial context confronting the Council and a complex efficiency agenda for Adult Social Services.

The report confirmed the approach and methodology that had been agreed to underpin a rolling programme of reporting to Overview and Scrutiny based upon The Adult Social Care Outcomes Framework (ASCOF), alignment of a suite of Performance Indicators specific to Adult Social Services to the four domains contained within ASCOF and additionally comparative data from across the North West to place Wirral within a wider performance agenda.

Mr Brian Donaldson, co-opted member representing the carers' recorded his disappointment at not being invited to attend the Sub-Group. Ms Jacqui Evans, Head of Branch for Safeguarding & Governance along with the Chair apologised and indicated that they would investigate as to why he was not invited to attend but stressed that it was not too late for him to express his views to be fed into the findings of the Sub-Committee.

RESOLVED:

That the approach formulated by the Member and Officer Task Group to provide positive and effective engagement allied to Adult Social Services Performance be endorsed.

63 PUBLIC HEALTH PRESENTATION - SMOKING IN WIRRAL

The Committee considered a presentation from Ms Fiona Johnston, Director of Policy, Performance and Public Health regarding the impact of smoking cessation and prevention in Wirral.

Mr Brendan Collins and Ms Rebecca Mellor from NHS Wirral introduced the presentation which highlighted the key facts regarding smoking in Wirral; national policy measures; Wirral's stop smoking services in 2011/12; the economic model and results; campaigns undertaken; integrated local model for tackling tobacco and support for the legislation to introduce plain, standardised packages.

Mr Collins indicated that a number of pilot schemes were being undertaken to tackle smoking in Wirral to include a 12 week smoking cessation course for pregnant women and smoking prevention campaigns in ten schools, which involved speaking to children to highlight the dangers of smoking. Figures collated indicated that an average of 52 children per day had started smoking; the majority of these were girls. In relation to the reasons why people start smoking, Ms Mellor indicated that peer pressure was a factor but also marketing campaigns and social media.

Mr Collins indicated that there were equalities in deprived areas of Wirral and work was currently being undertaken to tackle these issues; to include a pilot scheme which had been ran in schools focused in deprived areas to try and tackle this issue through smoking intervention and prevention.

In relation to Cannabis smoking, Mr Collins indicated that there was a strong link to smoking and that services provided needed to be tailored.

In relation to smoking by staff and patients in and around the hospitals, Mr David Allison, Chief Executive, Wirral University Teaching Hospital indicated that he took a challenging line with this and that a lot of work had been undertaken to tackle this issue and discourage both staff and patients. He had also met with the Director of Nursing to discuss this issue; he regularly undertook a walkabout around the grounds and indicated that compared to nine months ago the situation was improving.

Ms Mellor indicated that support was needed for legislation to introduce plain, standardised packages. Members agreed with the assistance of the Director of Policy, Performance and Public Health to put a notice of Motion to Council with cross-party support for this.

RESOLVED: That

- (1) The Director of Policy, Performance and Public Health ,Ms Mellor and Mr Collins be thanked for their informative presentation and their work undertaken to tackle smoking in Wirral; and**
- (2) with the assistance of the Director of Policy, Performance and Public Health a notice of Motion to Council with cross-party support be submitted to Council to support legislation to introduce plain, standardised packages.**

64 **MEDICINES MANAGEMENT**

The Committee considered the report of the Chief Executive, Wirral University Teaching Hospital in relation to Medicines Management in hospitals.

The report indicated that medicine management encompassed the entire way that medicines were selected, procured, delivered, prescribed, administered and reviewed to optimise the contribution that medicines made to producing informed and desired outcomes of patient care.

In January 2012, a CQC (Care Quality Commission) report stated that there were moderate concerns with medicines storage at Wirral University Teaching Hospital in light of information received following an audit of storage across the Trust. The medicines storage facilities had been developed as part of the original hospital build in 1982 and, unlike in many more modern hospitals, there were not bespoke areas where medicines were selected and prepared on most wards.

In April 2012, the Trust received an unannounced CQC inspection. The rating was reduced to minor concerns following their visit during which they noted improvements in the storage of medicines as a result of both behavioural changes and a significant on-going programme of investment in storage facilities at ward level. They did observe issues with the way medicines were reconciled when patients were admitted to the Trust and an over reliance on the pharmacy service to ensure that this was completed properly (medicines reconciliation is the process by which a medicines history is taken and then the correct medicines are prescribed on admission). They also identified that the bedside lockers used to store patient medicines were not fit for purpose.

In September 2012 a further unannounced CQC inspection occurred. Following the inspection the Trust was found to be fully compliant with the medicines management standard.

Mr Allison indicated that a range of work has been undertaken to improve the way medicines were managed in the Trust. Over £500,000k had been invested to provide a medicines storage room on every ward with British regulation compliant medicines and controlled drug cupboards; over £150,000k had been invested in new bedside lockers to support medicines administration by nurses and self-administration by patients where appropriate; ward stock lists had been reviewed to separate medicines types and cupboards were organised and labelled alphabetically to support healthcare professionals to find the medicine they need. Pharmacy support staff now put away medicines on many of the Trust wards to release nurses to spend more time on patient care.

A programme of education relating to medicines storage was delivered to nursing and healthcare workers at ward level. Pharmacy support staff now undertook unannounced medicines spot checks and fridge temperatures were regularly monitored. Checklists were introduced for ward sisters and monthly matron spot checks occur, and the results were monitored at the Trust Governance Committee. A range of publicity materials were developed - newsletters, flyers, etc which highlighted key issues and actions required.

In relation to Medicines Reconciliation, A lead consultant was nominated to champion medicines reconciliation; updated documentation was launched following feedback and an intensive period of education occurred at all junior doctor handover, to emphasise the importance of completing the paperwork appropriately. Medicines reconciliation was included in the junior doctor induction training. Additional pharmacy staff was placed on the admission area of the Trust to support prescribing. Pharmacy staff were now training 5th year medical students to undertake accurate medicines reconciliation.

Additional medicines management training were being delivered by pharmacy staff on a range of topics and a small pilot of self-medication was occurring and would be extended in 2013. Funding for a Medicines Management Nurse had been approved to provide support to the medicines management agenda and to support the roll-out of self-medication in the Trust. It was hoped that an appointment will be made early in 2013. The way medicines were being administered was under review, to promote the management of medicines at the bedside where the nursing staff can spend more time with patients as they administer medicines. The Pharmacy obtained a Wholesaler Dealer's Licence in 2012; this allowed the Trust to supply medicines to other organisations but also provided assurance regarding the medicines procurement and distribution services in the Trust. A new clinical guidance website was in development which, once live, would provide additional support for prescribers in one easy to find location. A pharmacy prescription tracker had

been developed to support effective and safe discharge. Pharmacy staffing at the weekend and out of hours has been reviewed to provide additional cover at these times. The Trust resuscitation boxes had been redesigned to ensure that fluids needed in this situation were secured within a box and not left loose on resuscitation trolleys. Some areas of work would require a change in electronic prescribing system utilised in the Trust. The prescribing element of the new Cerner Millennium system had been delayed and the Trust was currently reviewing its options in light of this delay.

The report concluded that the Trust had made significant progress with the way medicines were stored and handled, but was not complacent and had a programme of work on-going to further improve and extend good practice in line with its policies and procedures.

In response to Members, Mr Allison indicated that medicine given on discharge was still an issue with problems occurring during ward rounds and with different consultants with different working practices; however, this was something he would be looking at. In relation to patients taking own medication into hospital, non disclosure was a major concern, Mr Allison indicated that this would be written into the drug reconciliation programme and nursing staff would be expected to be vigilant and it was also reliant on the honesty of patients.

RESOLVED –

That the report on medicine management be noted and Mr Allison be thanked for his update.

65 **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.

66 **WORK PROGRAMME**

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

The Chair informed the Committee that there would be an action plan with an agreed list of future items for the work programme.

RESOLVED:

That the comments of the Chair be noted.

67 **SPECIAL MEETING OF THE HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE - 28 MARCH 2013**

The Chair indicated that there would be a special meeting on Thursday 28 March 2013 to discuss in more details the recommended budget option savings that had now been approved.