

POLICY AND PERFORMANCE - FAMILIES AND WELLBEING COMMITTEE

Monday, 23 March 2015

Present: Councillor M McLaughlin (Chair)

Councillors	P Brightmore	B Berry
	T Norbury	P Hayes
	W Smith	M Hornby
	C Spriggs	C Povall
	J Williamson	A Brighthouse
	W Clements	P Cleary

Also Present:

Ms Val McGee, Wirral community NHS Trust
Ms S Quinn, Cheshire and Wirral Partnership NHS Trust
Mr D Allison, Wirral University Teaching Hospital
Mr J Wicks, Wirral Clinical Commissioning Group
Dr P Naylor, Wirral Clinical Commissioning Group

Deputies:

Councillor J Salter (in place of Councillor D Roberts)

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

Councillor C Povall declared a Personal Interest in Item 4 – Update Report regarding A&E and Winter Pressures – North West Ambulance Service by virtue of her son being a manager.

Councillor M McLaughlin declared a Personal Interest in Item 5 – Wirral University Teaching Hospital – Financial Update by virtue of her daughter being an NHS employee.

Councillor T Norbury declared a Personal Interest in Item 7 – by virtue of his sister's employment at a Children's Centre.

51 MINUTES

RESOLVED:

That the Minutes of the Families and Wellbeing Policy and Performance Committee held on 2 February 2015.

52 REPORT OF THE CHAIR FROM MEETINGS OF THE HEALTH & CARE PERFORMANCE PANEL HELD ON 4 FEBRUARY 2015

The Chair of the Health and Care Performance Panel introduced the report which provided feedback on the key issues arising from the meeting held on 4 February 2015.

The Chair indicated that the Panel at its meeting had received a report regarding health scrutiny training requirements for Members; the Chair indicated that if any Members had any specific suggestions for scrutiny training these should be forwarded to Alan Veitch.

In relation to domiciliary care and in response to a Member, Ms Jacqui Evans, Head of Transformation, Department of Adult Social Services indicated that the providers were encouraged to work with the Ethical Care Charter, however some staff had requested a zero hours contract. Ms Evans indicated that the Department had regular contract monitoring meetings with providers and this issue would be kept under review.

A Member asked if all reports in relation to critical CQC inspections could be in the future shared with the relevant Ward members.

RESOLVED: That

- (1) the report of the meeting of the Health and Care Performance Panel held on 4 February 2015 be noted;**
- (2) the Chair in consultation with the Spokespersons be authorised to finalise the responses to the draft Quality Accounts; and**
- (3) all reports in relation to critical CQC inspections be shared with the relevant Ward members**

53 UPDATE REPORT REGARDING A&E AND WINTER PRESSURES - NORTH WEST AMBULANCE SERVICE

The Committee considered a presentation from Mr Dave Kitchin, Head of Service, Cheshire and Merseyside, Ms Julie Treharne, Head of Communications and Ms Debbie Mallett, Service Development Manager giving an update on A & E and Winter Pressures faced by the North West Ambulance Service.

Mr Kitchin gave Members detailed information regarding the NWAS (North West Ambulance Service) and in particular:

- Service provision
- Performance standards for 999 calls
- Wirral's red activity 2013/14 vs 2014/15 and year to date
- Details in relation to health care professional activity by the hour
- Information regarding the top five calls received
- Details of the Wirral demand by category of call
- Arrival information to Wirral University Teaching Hospital
- Changes to the service and emergency and urgent care.

In relation to Wirral's Red activity, Mr Kitchin indicated that it was unlikely that it would meet the 8 minute target for red calls (75%) for the year ending 2015.

Ms Treharne indicated that the service had launched an initiative to create a better understanding by the public about what to expect when calling 999. Team 999 aimed to educate the public about the changing roles of the ambulance service, in particular, how it no longer simply sends ambulances to all incidents or takes every patient to an Emergency Department in order to ensure patients receive the right care for their needs and in the right place.

In response to a Member, Mr Kitchin indicated that in relation to the very high volume of '999' calls received, responding to patients with mental health problems was a key issue for the service.

7-8% of calls received were from the Police to assist in the transfer of mental health patients in crisis to a mental health bed. This could be out of the region which takes both staff and vehicles out of service for significant period of time.

Mr Kitchin further indicated that where older ambulance stations were no longer viable or fit for purpose, the service was co-locating with the fire service to provide new and improved facilities in the local community.

Mr Kitchin reported that the purpose of the Frequent Callers Project was to identify and work with patients with unmet health and social care needs and those who need further support due to gaps within their care needs.

In relation to handover times especially in Arrowe Park, these had been high since January, approximately 22 minutes compared to the 15 minute target; this is due to acute hospitals struggling to deal with the demand; regular telephone conferences calls take place with Arrowe Park to look at turnaround times. February saw an improvement in the handover times and it was hoped that this would show a continual improvement.

The Chair asked about the delays in hospital handovers and the reports that patients were backing up at the point of handover and in ambulances for up to

several hours with two ambulance crews looking after a number of waiting ambulances. In response, it was reported that NWAS was in regular dialogue with hospitals to look at ways to improve handover times.

In response to a Member, Mr Kitchin indicated that that the Department had to answer to NHS England on any serious delay in handover/waiting times. The Chair asked if information could be provided to the Committee on this.

In response to a further question from a Member, Mr Kitchin indicated that the 999 call takers prioritise calls according to patient condition. If the patients' health deteriorated the call would then be upgraded.

He concluded by indicating that the service had a funding shortfall of approximately £42 million pounds for the North West as a whole in the next financial year. Mr Kitchin indicated that it was difficult to see how the growth in demand could be sustained.

In response to request by Member, Ms Treharne agreed to forward further information to the Committee regarding Team 999.

RESOLVED: That

- (1) Mr Kitchin, Ms Treharne and Ms D Mallett be thanked for their informative report and presentation;**
- (2) Ms Treharne be requested to forward further information to the Committee regarding Team 999; and**
- (3) Mr Kitchin be asked to provide to the Committee information in relation to any serious delay in handover/waiting times.**

54 WIRRAL UNIVERSITY TEACHING HOSPITAL - FINANCIAL UPDATE

The Committee considered an update report from the Wirral University Teaching Hospital on the reasons why Monitor had opened the financial investigation at this time; an update outlining the work undertaken by the Trust since the closure of the previous investigation and the next steps in the investigation process.

Mr Allison, Chief Executive of the Wirral University Teaching Hospital explained that the problem was lack of beds not the A&E service; staff could not move patients out of A&E Departments if there are no beds. He indicated that currently the Hospital had 81 unfunded beds on top of the 41 planned beds for which the Hospital had to provide additional resources and staffing to cover the additional beds.

Mr Allison highlighted that 80% of Foundation Hospitals were in deficit alongside Arrowe Park.

The activities undertaken by the Trust supported by Atkins/FTI in year, had supported in year Cost Improvement Programme achievement of £9.5m meeting the requirements for £13m on a full year basis into 15/16.

As at Month 10 the Trust had a cumulative deficit of £4,930k having achieved an in-month surplus of £286k as planned. The sale of Springview had also completed and would therefore contribute favourably to the Trust's financial out-turn position, which was now forecast to be no more than a deficit of £4.8M.

Further meetings would be held with Monitor to identify further ways in which the Hospital could improve its financial position. Mr Allison indicated that the Hospital needed new models of care and following a successful bid had been chosen by NHS England as one of the 29 "vanguard" sites and therefore part of the £200m transformation fund to trail blaze new ways of providing more joined –up personal care for patients and increase efficiency.

In response to a Member Mr Allison indicated that the Board was doing all it could to identify where savings could be made. Individual services were being looked at to identify if they could be reconfigured, he further indicated that most hospitals in the country would be in deficit this year, with the exception of possibly some of the research hospitals, who were also struggling to identify funding.

Mr Allison indicated that staff morale at present was poor as the hospital was facing a challenging time with the demand never greater, it was difficult to keep staff motivated.

In relation to the 7 day working Mr Allison indicated that clinicians had been working a seven day week with discharges undertaken over the seven day week, over the last three years this had significantly improved the hospitals mortality rates. There was now a real challenge to improve the discharge rates.

In response to a Member, Mr Allison indicated that the Cost Improvement Plan highlighted £30 million pounds to be saved; £9million pounds worth of savings had been identified in year with new savings to be delivered for next year. Mr Allison commented that hospitals were no longer sustainable in their current format.

Mr Allison reported that running a hospital was complex, insurance premiums had risen by 4.1 million pounds and it was not in control of many factors. However, factors under the hospitals control were managed as well as it could be. Mr Allison indicated that the CQC (Care Quality Commission) could

instruct the Hospital to do something the hospital had to find the money to do it.

RESOLVED:

That the Committee thanks the Chief Executive and officers of Wirral University Teaching Hospital for attending the meeting and for providing information relating to the financial pressures being experienced by the Trust and how they are being managed, which had resulted in a second investigation by Monitor.

We understand that strenuous efforts are underway to bring about improvement, but we remain concerned that financial pressures will inevitably impact on performance and the Trust's ability to provide high standards of care, and therefore ask that further information on how implementation of the financial improvement plan and the improvement plan resulting from the recent CQC inspection report are progressing be presented to Health and Care Panel meeting on 1 April 2015, together with reports on current performance.

55 **OVERVIEW OF VISION 2018**

The Committee considered a verbal update from the Strategic Director, Families and Wellbeing on the Vision 2018.

The presentation highlighted the current context; future pressures on health and social care; local challenges; programme structure; projects/schemes of work; Vision 2018 Health and Wellbeing Model and next steps.

The Strategic Director, Families and Wellbeing highlighted the integrated health and social care system principles which were right care, right time, right place, rapid response, change in culture and expectations, prioritising elderly care, 7 day integrated care, early intervention and prevention, building on community based assets.

In relation to integrated services in respect of Children and Families, the Director of Children's Services indicated that the Department was working alongside colleagues from health, VCAW etc. as well as retired head teachers on the work stream for the transformational outcomes.

The Director of Children's Services indicated that the department was working on three key work strands to improve outcomes in relation to teenage self-harm; early years and children centres and autism and ADHD.

The Head of Transformation, Department of Adult Social Services (DASS) indicated that their integration work included Integrated Care Coordination

Teams in areas supporting people with long term conditions over a 7 day working week; integrating commissioning structures, with the Council leading in particular areas and the draft structure, this was almost complete and would soon be open for consultation.

The Head of Transformation indicated that the department would be investing in rapid community services and commissioning an overnight response as well as investment in community services to help ease the pressures in Arrowe Park.

Following comments from Members, The Strategic Director, Families and Wellbeing indicated that there would be shared learning with other authorities and partners to share best practice.

The Committee welcomed the suggestion by a Member to invite Headstart to a future meeting to talk to us about their integration work undertaken with lottery funding on behalf of Knowsley Council.

RESOLVED:

That the Strategic Director, Families and Wellbeing, Director of Children's Services and the Head of Transformation, DASS be thanked for their informative presentation and update reports.

56 **CHILDREN'S CENTRES/EARLY YEARS PROVISION**

The Committee considered a briefing note from the Director of Children's Services which summarised the rationale for change for the early years and children's centre service that was currently progressing through a review.

The Chair suggested that a scrutiny review be undertaken and added to the work programme to enable a panel to scrutinise pending decisions (following public consultation) for the service and prior to implementation of the changes to the current delivery model.

RESOLVED:

That early years and children's centres be added to the work programme for a scrutiny review to be undertaken on the pending decisions and implementation of the changes to the current delivery model.

57 **FAMILIES AND WELLBEING DEPARTMENTAL PLAN**

The Committee considered the report of the Strategic Director, Families and Wellbeing detailing the 2015-16 Families and Wellbeing Directorate Plan for consideration.

The Directorate Plan translated the priorities and activities set out in the Council's Corporate Plan into a coherent and measurable set of projects, performance measures and targets that would be delivered by the directorate during 2015-16.

RESOLVED:

That the Families and Wellbeing Directorate Plan be noted.

58 **FAMILIES AND WELLBEING DASHBOARD (INCLUDING PUBLIC HEALTH)**

The Committee considered the report of the Strategic Director of Families and Wellbeing and the Director of Public Health which provided an update in relation to the 2014/16 performance of the Families and Wellbeing and Public Health Directorate against the delivery of their Directorate Plans for 2014/16 whilst also providing an update of current performance (as at 31st January 2015) against the 2014/16 Directorate Plan.

The report translated the priorities set out in the Directorate Plans into a coherent and measurable set of performance outcome measures and targets. Members were requested to consider the details of the report and highlight any issues.

The Directorate Plan 2014/15 Performance Report set out performance against 57 outcome measures for 2014/15, 29 were rated green, 8 were rated amber and 4 were rated red whilst 16 were currently unrated. The measures 4 rated red had action plans which referred to:

- Smoking Quitters (4 weeks)
- Proportion of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months
- Timeliness of Adoptions, within 12 months of decision date
- Average monthly bed days lost due to delayed transfers of care per 100,000

In relation to the average monthly bed days lost due to delayed transfers of care per 100,000, the Chair indicated that a piece of work had been added to the work programme to look at hospital admissions.

RESOLVED:

The 2014/16 Families and Wellbeing Directorate Plan Performance Management Report be noted.

59 **FINANCIAL MONITORING**

Prior to consideration of this item, Councillor Clements declared a Personal Interest by virtue of her employment at an early years setting.

The Strategic Director for Families and Wellbeing presented the report of the Director of Resources, which set out financial monitoring information for Month 10 (January 2015), to ensure consistency across Policy and Performance Committees and provide sufficient detail for Members to scrutinise budget performance for the Directorate.

RESOLVED:

That the report be noted.

60 **WORK PROGRAMME**

The Committee considered the report of the Chair of the Committee, updating on the progress and the activity proposed for this Committee in relation to its agreed Work Programme.

The Chair thanked all officers and Members for all their hard work during the year both at the Committee meetings and the excellent scrutiny reviews undertaken.

RESOLVED:

That the Work Programme be noted.

61 **COUNCILLOR MIKE HORNBY**

The Chair indicated that this would be Councillor Mike Hornby's last Committee as he would be retiring at the end of the Municipal year. The Chair paid tribute to Councillor Hornby thanking him for his support and hard work during his time on the Committee and wished him well for the future.

Councillor Clements, Spokesperson echoed the tribute paid to Councillor Hornby thanking him for his excellent work and valuable contribution to the Committee and reviews undertaken. Councillor Clements went on to congratulate the Chair and the Committee on its success over the last municipal year.

In response Councillor Hornby thanked the Chair and fellow Members of the Committee for their support and guidance during his time on the Committee.

RESOLVED:

That Councillor Mike Hornby be thanked by the Committee for all his hard work and that he be wished well for the future.