

WIRRAL COUNCIL

FAMILIES AND WELLBEING POLICY & PERFORMANCE COMMITTEE –

8TH SEPTEMBER 2015

HEALTH AND CARE PERFORMANCE PANEL – 28TH SEPTEMBER 2015

SUBJECT:	<i>FEEDBACK FROM THE MEETING OF THE HEALTH & CARE PERFORMANCE PANEL HELD ON 20TH AUGUST 2015</i>
REPORT OF:	<i>THE CHAIR OF THE PANEL (COUNCILLOR MOIRA MCLAUGHLIN)</i>

1.0 PURPOSE OF THE REPORT

This report provides feedback regarding the key issues arising from the meeting of the Health & Care Performance Panel held on 20th August 2015.

2.0 ATTENDEES

Members:

Councillors Moira McLaughlin (Chair), Alan Brighthouse, Wendy Clements, David Burgess-Joyce, Denise Roberts

Other Attendees:

Clare Fish (Strategic Director, Families and Wellbeing, Wirral Borough Council)

Lorna Quigley (Director of Quality and Patient Safety, Wirral Clinical Commissioning Group)

Jacqui Evans (Head of Transformation, Adult Social Services, Wirral Borough Council)

Elaine Evans (Wirral Healthwatch)

Alan Veitch (Scrutiny Officer, Wirral Borough Council)

Apologies:

Councillors Phillip Brightmore and Treena Johnson

Amanda Kelly (Senior Manager, Market Transformation and Contracts, Adult Social Services, Wirral Borough Council)

Karen Prior (Wirral Healthwatch)

3.0 APPOINTMENT OF CHAIR AND VICE CHAIR FOR THE MUNICIPAL YEAR

The following appointments for the municipal year were agreed unanimously:

Chair Cllr Moira McLaughlin

Vice Chair Cllr Wendy Clements

4.0 NOTES FROM THE PREVIOUS PANEL MEETING HELD ON 1ST APRIL 2015

The notes from the previous meeting, held on 1st April 2015, were approved by members.

5.0 THE IMPACT OF CHANGES TO OUT OF HOSPITAL SERVICES

Jacqui Evans (Head of Transformation, Adult Social Services, Wirral Borough Council) provided a report which detailed progress towards delivering the transformational change to health and social care services arising from the introduction of the Better Care Fund, which generated a pooled budget of approximately £34million. The transformation is not solely aimed at reducing admissions to hospital and acute pressure but also in changing the whole system to a seven day response, focussed on supporting people in their own homes and community to live independently and support themselves wherever possible. This will require a much closer level of integration between health (GP's), community health (for example, district nurses, physiotherapists, occupational therapists.) and social care (for example, domiciliary and reablement support). It will be necessary to implement a different way of working for service providers, with particular focus on behaviour and culture shifts across all organisations, reducing duplication & improving customer experience and outcomes.

Based on strong partnership working and a desire to provide services in a different way, seven key work programmes have been developed:

- Single Gateway / Single Front Door – It is intended that the single gateway to services will be fully operational by April 2016.
- Integrated Discharge Pathway – Key aims are to reduce the length of stay and ensure that the patient needs to tell their story only once. A key outcome will be to improve the paper process, in particular to care homes.
- Enhanced Intermediate Care and Transitional Care Service – A tender has been completed to commission 110 beds spread over 5 homes from October 2015. In addition, 5 spot beds will be available to support winter pressures.
- Rapid Community at Home Response
- Integrated Care Coordination Hubs
- Quality in Care Homes
- Cultural and workforce development across all organisations

During discussion with members, a number of issues emerged:

- **Domiciliary Care - target**

The target for domiciliary care packages to be in place, in most cases, is 24 hours. The target for the most complex cases is 48 hours.

Cultural change

Part of the challenge is to create an environment where a lead professional is empowered to make a judgement on a client's case, regardless of the discipline they are from. This will involve a reduction in the number of professionals having direct input in the decision-making process for a particular case, which has led to duplication of effort and some development of a tick-box culture in the past.

- **The vision for the service**

The Better Care Fund agreement requires non-elective hospital admissions to be reduced by 3.5% (which equates to 6 per day). Although this will be a challenge, the goal is to surpass this target. If the target is met, it will enable beds to be reduced from the acute trust (the equivalent of two wards at Arrowe Park). The national message, both from Government and NHS England, is that different models of care must be developed. The current delivery model for health and social care is neither financially nor clinically sustainable in the long-term. There is, therefore, a requirement for greater investment in community services.

- **Conclusion**

The subject of this report will form the starting point for Members who will shortly be commencing work on the Avoiding Admissions scrutiny review. The first meeting of the task & group, to discuss the scope of the review, will be held on 3rd September 2015.

6.0 PREPARATIONS FOR WINTER PRESSURES

Jacqui Evans (Head of Transformation, Adult Social Services, Wirral Borough Council) provided a report which described the process undertaken to prepare for winter pressures. Robust monitoring is in place to ensure that extensive action plans are in place. In the past, priority has been given to minimising discharge delays. For 2015/16, there will be greater emphasis placed upon avoiding admissions wherever possible. Members were informed that there is cautious optimism that the investment in community services is beginning to deliver positive outcomes.

During discussion with members, a number of issues emerged:

- **Determination of the patient pathway**

If a patient presents to Arrowe Park, the current Pull Team (to be part of the future Rapid Community Service) work with acute staff to determine the most appropriate pathway for the patient.

- **Awareness of available community services**

In the future, it should not be necessary for GPs to have detailed knowledge of all services. It should be possible for a patient to be referred to the Single Gateway. There is also a necessity to stop people thinking that it is an easy option to go to A&E. There is, therefore, a need to educate the public and GPs. It was reported that a public survey relating to urgent care services undertaken by Healthwatch Wirral has found that many patients do not know what services are available.

7.0 CARE HOME AND DOMICILARY CARE – PERFORMANCE REPORT

Lorna Quigley (Director of Quality and Patient Safety, Wirral Clinical Commissioning Group) and Jacqui Evans (Head of Transformation, Adult Social Services, Wirral Borough Council) jointly provided a report relating to the performance of all services commissioned by DASS. As of 3rd August 2015, 101 providers were fully compliant, 9 partially compliant and 8 non-compliant. It was agreed that appropriate briefings will be provided to ward Members regarding care home performance, particularly in relation to non-compliant homes. In the case of those small number of care homes which become suspended, it is necessary to ensure that the risk to capacity is monitored and that the balance of the market is maintained.

8.0 SERIOUS INCIDENT ANNUAL REPORT (APRIL 2014 – MARCH 2015)

Lorna Quigley (Director of Quality and Patient Safety, Wirral Clinical Commissioning Group) introduced the Serious Incident Annual Report covering the period from April 2014 to March 2015. Although 227 incidents were reported during the period, the importance of key themes was stressed.

The key themes to emerge from the report were:

- Pressure ulcers – The incidence of pressure ulcers provide a clear reflection of the good / bad quality of care. Particular interest is given to the incidence of grade 3 or 4 pressure ulcers and concerns raised with particular providers.
- Slips, trips and falls – The identification of the key causes of slips, trips and falls enable further work to be done with service providers to reduce risk to patients.
- Delayed diagnosis – Due to the specific nature of the lessons learnt regarding cases of delayed diagnosis it is difficult to extract common themes.
- Unexpected deaths – This can often be of particular significance in the mental health care sector, although it was noted that the apparent increase in notification of unexpected death is not only a Wirral issue.

During the period of the Annual Report, it was reported that 5 Never Events had occurred, each of which had been reviewed in detail. It was reported that, during the current year (April 2015 onwards) there have been no Never Events reported to date.

9.0 FEEDBACK FROM QUALITY SURVEILLANCE GROUP

Lorna Quigley (Director of Quality and Patient Safety, Wirral Clinical Commissioning Group) described a series of Quality Surveillance Group meetings which examine in detail the quality of services delivered by a provider. Wirral University Teaching Hospital has been subject to single item Quality Surveillance group meetings in February, March and August 2015.

10.0 PREPARATIONS FOR CQC INSPECTION OF WIRRAL UNIVERSITY TEACHING HOSPITAL (15TH SEPTEMBER 2015)

A planned CQC inspection of Wirral University Teaching Hospital is due to commence on 15th September. As part of the preparations for the inspection, CQC requests information regarding the quality of services from health partners and residents. Councillors responsible for health scrutiny are welcome to provide relevant information to CQC.

It was agreed that a letter would be sent by the Chair of the Panel (Cllr Moira McLaughlin), following consultation with Panel members. Copies of relevant notes and minutes from meetings relating to Wirral University Teaching Hospital would also be made available.

The CQC preparations will also include a public Listening Event on 8th September. Alan Veitch was requested to send details of the Listening Event and other contact information to Panel members and to the four constituency managers.

11.0 FUTURE ARRANGEMENTS AND WORK PROGRAMME FOR THE PANEL

The next meeting of the Panel is scheduled for Monday 28th September. Initial suggestions for agenda items include:

- Social care complaints process
- The CQC inspection report relating to Cheshire & Wirral Partnership Trust (if available)
- Wirral University Teaching Hospital – Cost Improvement Plan – Update report
- Quality framework and performance measures for the health sector in Wirral

12.0 SUMMARY OF ACTIONS ARISING FROM THE MEETING

The following actions arose from the meeting:

1. Jacqui Evans to ensure that appropriate briefings are provided to ward Members regarding care home performance.
2. Cllr Moira McLaughlin will send a letter to CQC on behalf of panel members providing information relating to the forthcoming inspection at Wirral University Teaching Hospital. The submission will include copies of notes and minutes of meetings relating to the Trust.
3. Alan Veitch to provide details of the CQC Listening Event and other CQC contact details to Panel members and to the constituency managers.

13.0 RECOMMENDATIONS FOR APPROVAL BY THE FAMILIES AND WELLBEING POLICY & PERFORMANCE COMMITTEE

There were no specific recommendations to be made to the Families and Wellbeing Policy & Performance Committee.

REPORT AUTHOR: **Alan Veitch**
Scrutiny Support
0151 691 8564
email: alanveitch@wirral.gov.uk