

WIRRAL COUNCIL

FAMILIES AND WELLBEING POLICY & PERFORMANCE COMMITTEE –

1ST DECEMBER 2015

HEALTH AND CARE PERFORMANCE PANEL – 12TH JANUARY 2016

SUBJECT:	<i>FEEDBACK FROM THE MEETING OF THE HEALTH & CARE PERFORMANCE PANEL HELD ON 25TH NOVEMBER 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 25th November 2015.

2.0 ATTENDEES

Members:

Councillors Moira McLaughlin (Chair), Wendy Clements, Treena Johnson, David Burgess-Joyce

Deputies:

Councillor Irene Williams

Other Attendees:

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

June Walsh (Market Transformation and Contracts Lead, Adult Social Services, Wirral Borough Council)

Alan Veitch (Scrutiny Officer, Wirral Borough Council)

Visitor for part of the meeting:

Julie Webster (Head of Public Health, Wirral Borough Council)

Gary Rickwood (Senior Public Health Manager, Wirral Borough Council)

Andrew Cass (Services Manager, Wirral Ways to Recovery)

Sue Shaw (Regional Director, CRI)

Bronagh Williams (Deputy Director of Nursing, and National Alcohol Strategy lead, CRI)

Simon Garner (Corporate Safeguarding Manager, Wirral Borough Council)

David Jones (Complaints Manager, Adult Social Services, Wirral Borough Council)

Apologies:

Councillors Alan Brighthouse, Phillip Brightmore and Denise Roberts

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

Karen Prior (Wirral Healthwatch)

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

3.0 NOTES FROM THE PREVIOUS PANEL MEETING HELD ON 28th SEPTEMBER 2015

The notes from the previous meeting, held on 28th September 2015, were approved by members.

4.0 UPDATE ON THE MOBILISATION OF THE WIRRAL SUBSTANCE MISUSE TREATMENT AND RECOVERY SERVICE (WIRRAL WAYS TO RECOVERY)

The Chair welcomed Julie Webster, Gary Rickwood, Andrew Cass, Sue Shaw and Bronagh Williams to the meeting. The new contract for the Wirral Integrated Substance (Alcohol and Drugs) Misuse Treatment and Recovery service began on February 1st 2015. This is an adult focused service and includes the Substance Misuse and Crime programme. The successful bid to provide this contract was led by CRI, a large national third sector organisation specialising in working with drug and alcohol users. The partnership includes a number of other organisations, most of them already long established in Wirral, including Phoenix Futures, Work Solutions, Advocacy in Wirral, and the Spider Project. The majority of the staff from previous providers transferred to the new partnership.

The transfer of services to the incoming partnership inevitably involved some upheaval, resulting in disturbance and disruption to service provision. However, much good work has been completed and the mobilisation of the new model is now complete. After lengthy consultation with stakeholders, particularly service users, the local service has now been named and branded as Wirral Ways to Recovery.

The care, treatment and recovery support of approximately 2000 service users were transferred to the new provider, as were approximately 125 staff. Treatment and Recovery hubs have been established and are fully operational, in Argyle St and at 23 Conway Street in Birkenhead, and in Chadwick Street, Moreton. 56 Hamilton Street in Birkenhead has also been established as an abstinence focused site, housing the Spider project. A further hub, to form the basis of operations in Wallasey, will open at the end of November 2015 in Brighton Street.

All offices are open access, with extensive use of peer mentors being utilised. The service has developed an ethos of health and wellbeing; not just a drug & alcohol service. The new service has an enhanced commitment to getting more clients successfully out of treatment and back into the community; a fundamental change being to rebalance the emphasis of the service between harm reduction and recovery, with a move towards greater recovery outcomes. Some cause for optimism that this is moving in the right direction comes from recent figures on the numbers currently reducing their substitute prescription. At the commencement of the contract, there were 52 people detoxing; at the time of preparing the report there were 227. The programme also provides wrap around services to support clients in their recovery and help prevent them from relapsing and having to re-enter the service at a later date.

During discussion with members, a number of issues emerged:

- Extensive use is being made of peer mentors, where former service users receive structured and accredited training in order to undertake their new role as supporters of current service users.

- At the commencement of the contract, some partners, stakeholders and staff questioned whether CRI, as a third sector organisation, were capable of delivering clinical services in a safe way. Members were informed that arrangements and practice have demonstrated and confirmed that is the case.
- Since the transfer of public health from the NHS into the Council, the former arrangements for serious incident reporting are no longer available. Alternative arrangements are being developed. As serious incidents often involve several partners, CRI are now working constructively and creatively with partners such as Wirral University Teaching Hospital and Cheshire and Wirral Partnership and are attending a number of important partnership meetings, for example, the Urgent Care Response Group.
- A major goal for the service is to promote recovery and one step towards this has been to develop (alcohol) detox in the community, although in-patient recovery is also available for those clients where community arrangements would not be suitable.

Conclusion:

The Chair thanked Public Health and CRI for a positive report which was well received by Members. Further monitoring of the service will take place via the appropriate performance indicators which form part of the Performance Monitoring Dashboard, reported regularly to the Families and Wellbeing Policy & Performance Committee. CRI invited Members to visit the sites from which the service is delivered. Arrangements will be made in due course.

5.0 SOCIAL CARE ANNUAL COMPLAINTS AND CUSTOMER FEEDBACK REPORT - 2014/15

Simon Garner and David Jones provided a follow-up report to the one provided at the previous meeting on 28th September (Annual Complaints and Customer Feedback report). The new report provided further detail of how complaints data is collected and reported to ensure that learning from complaints is captured and informs service development and improvement.

A significant issue raised at the previous meeting related to clients being able to raise a complaint either with the Council (as commissioner of the service) or directly with the service provider. The data detailed in the annual report applied only to those complaints made directly to DASS. Therefore, it is possible that there are a significant number of other complaints, raised directly with the provider, of which DASS are unaware. However, Members were informed that there is a robust reporting system which the Quality Assurance section will monitor. As part of the standards for contract monitoring, there is a lead officer for each contract area who will look at the providers' complaints as part of their quality assurance role. Nevertheless, it is the case that the Council's complaints data will not include those made directly to the provider.

Members were informed that it is intended to provide a system which will enable providers to more easily provide complaint information to DASS. As at the previous meeting, Members noted their unease with this situation, in particular, the potential for the unknown number and seriousness of those complaints.

Members requested officers to consider options for capturing the full picture of complaints, regardless of whether the service is delivered via direct Council provision or via a commissioned service.

It was also noted that it is not only the volume of complaints / compliments which is important, but also the process for learning lessons from the complaints. It was also pointed out that it can be counter-productive to focus on the number of complaints and the response times, as a quick response does not guarantee a high quality response.

It was agreed that the complaints process be kept under review and a further report be presented to a future meeting.

6.0 QUALITY FRAMEWORK AND PERFORMANCE MEASURES FOR THE HEALTH SECTOR IN WIRRAL

Lorna Quigley provided the Wirral CCG Interim Aggregated Performance Report for commissioned services for the period 1st April to 30th September 2015.

A number of issues were highlighted during the discussion:

- **Serious Incidents**

The top themes/categories reported per organisation are as follow:

- Arrowse Park (WUTH) – Slip/Trip/Fall
Key themes identified for the causes relate to staffing levels and environmental issues, such as the quality of lighting.
- Cheshire & Wirral Partnership NHS Foundation Trust (CWP) - Apparent/actual/suspected self-inflicted harm
Members requested further breakdown of data relating to suicide, including age profile and geographical area.
- Wirral Community NHS Trust (WCT) – Pressure Ulcer Grade 3. Key themes identified for the causes included continuity of care where a different district nurse visited the client each day. Members requested further breakdown of data relating to pressure ulcers, including the place of care, that is, patients own home or care home.

- **Never Events**

There have been 2 never events reported for the period; one relating to Wirral Community Trust (wrong site surgery) and the other to Wirral University Teaching Hospital (wrong Site surgery).

- **GP Incidents**

GPs are encouraged to report incidents to Wirral CCG and this is growing in numbers. In the period of April to September 2015 a total of 194 incidents were reported to the CCG from GP's. During that period the main themes reported from GPs were in regards to the quality of discharge letters received from WUTH, followed by access to appointments.

- **Complaints**

The majority of complaints received by Wirral CCG related to Continuing Healthcare (CHC), in particular due to time delays and eligibility in relation to funding decisions.

- **MP Enquiries**

An increase in enquires can relate to commissioning decisions or when disagreements regarding future commissioning decisions occur. Members questioned the recommissioning of phlebotomy Services, and where requested if there were concerns to pass further information to Lorna Quigley in order for them to be reviewed.

7.0 FUTURE ARRANGEMENTS AND WORK PROGRAMME FOR THE PANEL

The next meeting of the Panel is scheduled for Tuesday 12th January. The following potential items were proposed for the agenda:

- WUTH update – to include progress relating to the achievement of the A&E 4 hour target and incidents of infection rates.
- An update relating to the implementation of the recommendations arising from the Francis Scrutiny review.
- An update relating to the implementation of the recommendations arising from the Care Homes Scrutiny review
- Quality framework and performance measures for the health sector in Wirral.

In addition, the publication of reports arising from the CQC inspections of Cheshire & Wirral Partnership Trust (CWP), undertaken in June 2015 and of Wirral University Teaching Hospital (WUTH), undertaken in September 2015, have both been delayed. Once those reports are published, it is intended to review them at the first feasible meeting of the Panel.

(Note: Subsequent to the meeting, the Chair has requested that an item be added to a future agenda relating to macular degeneration).

8.0 SUMMARY OF ACTIONS ARISING FROM THE MEETING

The following actions arose from the meeting:

1. Alan Veitch to make arrangements for Members to visit some of the CRI facilities.
2. Alan Veitch to ensure that a further report on the complaints process for adult social services be included on the future work programme for the Panel.
3. Lorna Quigley to provide a further breakdown of data relating to suicide, including age profile and geographical area.
4. Lorna Quigley to provide a further breakdown of data relating to pressure ulcers, including the place of care.

9.0 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.

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