

WIRRAL COUNCIL

PEOPLE OVERVIEW & SCRUTINY COMMITTEE – 1ST FEBRUARY 2017

HEALTH AND CARE PERFORMANCE PANEL – 1ST FEBRUARY 2017

SUBJECT:	<i>FEEDBACK FROM THE MEETING OF THE HEALTH & CARE PERFORMANCE PANEL HELD ON 7TH DECEMBER 2016</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 7th December 2016.

2.0 ATTENDEES

Members:

Councillors Moira McLaughlin (Chair), Bruce Berry, Alan Brighthouse, Wendy Clements, Treena Johnson, Tom Usher, Chris Meaden (Deputy for Warren Ward)

Other Attendees:

Jacqui Evans (Head of Transformation, Adult Social Services, Wirral Borough Council)
Lorna Quigley (Director of Quality and Patient Safety, Wirral Clinical Commissioning Group)

Alan Veitch (Scrutiny Officer, Wirral Borough Council)

Patrick Torpey (Scrutiny Officer, Wirral Borough Council)

Visitors for part of the meeting:

Jason Oxley (Assistant Director Health and Care Outcomes, Wirral Borough Council)

Apologies:

Amanda Kelly (Senior Manager, Transformation and Contracts, Wirral Borough Council)

Karen Prior (Wirral Healthwatch)

Councillor Warren Ward

3.0 NOTES FROM THE PREVIOUS PANEL MEETING HELD ON 5TH OCTOBER 2016

The notes from the previous meeting, held on 5th October, were approved by members.

4.0 CONTINUING HEALTHCARE FUNDING

The Chair welcomed Jason Oxley to the meeting. Jason introduced the report which described the process for administering Continuing NHS Health Care (CHC) in Wirral.

Overview

The National Framework for NHS Continuing Healthcare places a statutory duty on the NHS to administer the CHC process. The framework sets out the timelines for assessments and decisions, roles and responsibilities of those involved and includes a suite of standard forms, including the standardised CHC Checklist.

South Cheshire CCG carries out the administration of the CHC process on behalf of five local CCGs including Wirral.

At the consent stage, any professional practitioner who is familiar with the person's needs and the CHC framework may complete the checklist. The threshold for consideration for CHC funding is set deliberately low. This means that many people who are considered for CHC funding are found ultimately not to be eligible.

The CCG appoint a co-ordinator to ensure that a full assessment process takes place, culminating in a Multi-Disciplinary Team Meeting (MDT). It is recommended that all professionals who know the client best, together with the family should contribute to the MDT. The MDT will consider all evidence and reach a recommendation on eligibility for CHC. The MDT recommendation should be clearly evidenced using a Decision Support Tool and this should be forwarded to the CCG. The CCG can only overturn the recommendation of the MDT in certain circumstances, reinforcing the notion that it is the professionals closest to the cases that are best placed to make decisions.

Decisions on CHC funding should be reached within 28 days of the CCG receiving a positive checklist and in eligible cases, funding should be awarded on the 29th day.

A fast-track process exists for end of life cases.

Reference was made to the Parkinson's UK Report (produced on behalf of the Continuing Healthcare Alliance) issued to the Panel in the agenda pack. This describes a number of case studies highlighting real examples of where CHC has worked well and where things have gone wrong.

The Panel was assured that Wirral is working closely with South Cheshire CCG regarding timescales and processes with the aim of improving the process for local people.

Discussion

During discussion with members, a number of issues emerged:

- A Member raised concerns about Wirral being the 3rd lowest of 32 regional CCGs for numbers of people eligible for CHC together with Wirral having a significantly higher number of joint funded care packages. Members were concerned regarding these figures and the costs to Wirral Council of jointly funded packages. Some issues exist in managing this high-volume area but it was highlighted that the report data was from 2014/15 and may be slightly out of date. Data suggests that more people in Wirral may be eligible for CHC rather than jointly funded awards. From an NHS perspective this has been a complex issue historically, but staff were now working closely with the CHC team based at South Cheshire CCG. It was accepted that further scrutiny may be required to provide assurance around compliance with the framework in future. The Chair agreed and asked Members for suggestions on how best to progress this issue.
- A Member referred to the Parkinson's UK report and evidence of significant national variations on the approach to CHC. It was suggested that even with a more integrated approach, issues will not go away. It was highlighted that the main stage of CHC assessment was very bureaucratic and it was queried if there was any flexibility to reduce bureaucracy and make the process simpler locally. It was explained to the Panel that the national framework is proscribed and there are limitations to local changes which can be made to processes.

- Members questioned the extent to which MDT meetings and the decisions made were clinical, or whether they were affected by budgetary pressures.
- A Member commented on mismatches between evidence and scoring. Members were informed that if someone was recommended as eligible for CHC funding but assessment evidence did not support this on the decision support tool, the CCG can request further clinical assessments and would convene a further MDT to consider additional evidence.

Conclusion

The Chair thanked Jason Oxley for attending and providing the report on Continuing Health Care Funding. It was agreed that a new task and finish group would be formed in the New Year to investigate CHC in more detail.

5.0 DOMICILIARY CARE - OVERVIEW

The Chair welcomed Jacqui Evans to the meeting. Jacqui introduced the Domiciliary Care Overview Report to the Panel.

Overview

The report summarises the position of the domiciliary care market in Wirral now and the changes made in the last twelve months.

Previously the market was very fragmented and there was a lack of real-time information and data to support complaints and investigations.

A re-tendering exercise took place in 2014 with the aim of delivering a responsive domiciliary care market for Wirral with four zones covering the borough, each zone being served by a main provider and back-up provider.

Reassurance was provided to the Panel regarding the continued existence of 15 minute visits amidst negative media attention. It was felt that a small number of 15 minute visits (approx. 3% of all visits) were appropriate in certain circumstances such as medication monitoring visits. Similarly information was provided regarding another high profile issue, zero hour contracts. Providers in Wirral were incentivised to offer fixed hours contracts to staff and one of the main providers offered these terms to their staff. The provider fed back that a significant proportion of their staff rejected the offer of fixed hours and preferred the flexibility of zero hours. It remained a challenge to work with providers over recruitment and retention of staff.

The new contracts and zoning arrangements commenced in April 2015 and worked well until a number of issues emerged during summer 2016. Since then a number of the main providers have withdrawn from the market or otherwise ended their contracts with Wirral Council. A contingency plan has been implemented to ensure that care services continue to be provided to those in need. It was explained to the panel that the last 12 weeks had involved intense work to implement the contingency plan and to provide a sustainable solution.

It was agreed that a further briefing would be provided to the Panel concerning this issue.

Discussion

During discussion with Members, a number of questions were asked:

- A Member queried if recent issues would suggest that there is too much reliance on one provider. This was acknowledged and it was explained that the current situation was not intended to be permanent. The intention in future would be to

have a mix of four large providers supported by back-up providers. The priority is to make the service safe and stable and then retender later in 17/18.

- A Member queried the fees and arrangements for back up providers and asked how back-up providers could operate on low levels of work. It was explained that back up providers normally have some private business separate from their contract with Wirral.
- A Member congratulated the team over the way they have responded to the various situations described in the report. It was queried if the problems described are evidence that there is something fundamentally wrong with the model of domiciliary care in Wirral. It was explained that the issues in Wirral reflect a national situation. Nationally, most domiciliary care organisations do not pay above minimum wage and find it difficult to recruit and retain staff. Most find themselves in competition with employers such as national supermarket chains. Issues aren't simply related to money however. Greater partnership work between providers may help with recruitment issues. There is a risk if the local market becomes dominated by one or two large providers, just as it is not desirable to have a large number of small providers.

Conclusion

The Chair thanked Jacqui Evans for the report and requested a further report to come to the H&CPP at its next meeting on 1st February. It was requested that the report includes observations on the possible impact of domiciliary care issues on hospital discharges or respite services.

6.0 CARE HOMES SCRUTINY REVIEW – REVIEW OF RECOMMENDATIONS.

Jacqui Evans provided an update on progress implementing the recommendations from the Scrutiny Review.

The Chair queried why the table contained details of progress on 9 recommendations when the Scrutiny Review made 18 recommendations in total. JE agreed to enquire about this and feedback to the Panel.

The information in the report was summarised and Members were informed that a lot of positive work is being done in this area in collaboration with the CCG, in particular an investment in technology in care homes. The establishment of the Wirral Care Home Improvement Programme (CHIP) was seen as a positive step and members were pleased with progress overall.

An overarching strategy for care homes was planned and would be presented to the panel in future.

A Member raised the issue of driving up standards in care homes. It was recognised that CQC inspections would not achieve this alone and Members were interested in mechanisms to improve standards. The point was acknowledged and this issue remained a challenge, particularly regarding the leadership of some care homes.

In response to a query on End of Life care, it was explained that work is underway on understanding the EOL pathways to explore service users' experiences. It remains a commitment to achieve improvement in this area during the coming year. A joint commissioning hub was being set up with the CCG. It was added that the CCG were working on an EOL project with a number of agencies including Wirral Council, Wirral Community Trust and Wirral University Teaching Hospital.

The Chair thanked Jacqui Evans for the progress update.

7.0 MEMBER VISITS TO CARE HOMES

The Chair introduced the item and summarised the report provided.

Currently Healthwatch Wirral conducts 'Enter and View' visits to care homes using a team of trained volunteers. It was suggested that the best way to progress this was for Members to link with the well-established Healthwatch visits and follow their format and procedures for inspections, including DBS checks for all volunteers.

Healthwatch would organise and deliver appropriate training for Members.

The Chair suggested that subject to the Panel's agreement, a call would be put out asking for volunteers for Member care home visits. Training sessions would be arranged and a visit rota drawn up.

The Panel agreed to this approach.

8.0 QUALITY FRAMEWORK AND PERFORMANCE MEASURES FOR THE HEALTH SECTOR IN WIRRAL INCLUDING FEEDBACK FROM THE QUALITY SURVEILLANCE GROUP

Lorna Quigley was welcomed to the meeting to introduce Wirral's health and care quarterly performance report for Quarter 2 (2016/17). The report illustrates a series of high level indicators which are measures of performance across the health and care sector. Key issues identified included:

- Referral to Treatment. Planned junior doctor strikes in September 2016 (which were averted) may have affected the Referral to Treatment figures, which were down on the Q1 figures and below the targets set for referral within 18 weeks. It remained a challenge to meet this target.
- Healthcare Acquired Infections. These targets are particularly challenging in winter due to an increase in C difficile cases. A patient campaign is underway to raise awareness that antibiotics are ineffective against viral infections, as inappropriate antibiotic prescribing has a direct link with the rate of C difficile.
- A&E Waiting Times are improving but the figures are still not acceptable and are below the 95% target for Arrowe Park A&E. The position in Wirral reflects the regional and national situation.
- Issues remain around the Emergency Ambulance target relating to the handover to A&E. The average waiting time at A&E to handover patients was 33.67 minutes against the target of 15 minutes.
- The figures for the 62 day wait for Cancer treatment were below target and it was explained that there is a complexity with lung cancer cases which require a referral to Liverpool Heart and Chest Hospital.
- Incidents of Same Sex Accommodation affect the privacy and dignity of patients and whilst any incident is disappointing, the 10 cases all occurred in critical care areas.
- Friends and Family Response rates had improved in some areas, but it was an aim to get response rates up to around 30%.

Discussion

During discussion with members, a number of questions were asked:

- A member asked if the increase in A&E waiting times could be attributed to the removal of the Single Front Door (SFD) approach at Arrowe Park A&E. It was acknowledged that SFD could support a reduction in waiting times and Members were disappointed that SFD had been removed. The Panel were informed that a new approach to support improved triage was being evaluated.
- A Member asked if there were issues with the Phlebotomy service as there had been reports of a 4-5 hour wait for blood tests at Arrowe Park and St Catherine's hospitals. It was explained that the Phlebotomy contract is a mixed commission

between Wirral Community Trust and some GPs. There had been a change to the Wirral Community Trust part of the phlebotomy service in the last few weeks, which had led to a backlog of appointments. The solution had been to increase the number of available appointments per week by 1000 across four hub sites. The backlog of appointments was being worked through and last week the average waiting time had reduced to around 50 minutes. The latest waiting times for the current week were around 5 minutes. An additional facility for domiciliary blood testing had been introduced as house-bound patients had been waiting up to 8 days for blood tests. The above was an interim solution to the issue and the current phlebotomy contract is due to end in summer 2017. The service will be re-commissioned and the views of the local community would be welcomed and hoped that volunteers would come forward to form part of a steering group to ensure that a more effective service is commissioned in future.

The Chair thanked Lorna Quigley for the report.

9.0 FUTURE ARRANGEMENTS AND WORK PROGRAMME FOR THE PANEL

Items for the agenda of the next Panel meeting on 1st February 2017 were confirmed:

- Commissioning and quality of Intermediate care (including the inspection framework)
- Domiciliary care provision – update report
- Suicide – Follow-up report

10.0 SUMMARY OF ACTIONS ARISING FROM THE MEETING

The following actions arose from the meeting:

1. Alan Veitch to arrange for Continuing Health Care Funding to be included on the work programme.
2. Alan Veitch to ensure that the strategy for care homes be added to the work programme.
3. Jacqui Evans to provide an update on progress regarding the missing recommendations from the Care Homes Scrutiny Review
4. Chair to email Members requesting volunteers for care home visits.

11.0 RECOMMENDATIONS FOR APPROVAL BY THE PEOPLE OVERVIEW & SCRUTINY COMMITTEE

There were no specific recommendations to be made to the People Overview & Scrutiny Committee.

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