

# **WIRRAL COUNCIL**

**PEOPLE OVERVIEW & SCRUTINY COMMITTEE – 23<sup>RD</sup> MARCH 2017**

**HEALTH AND CARE PERFORMANCE PANEL – 3<sup>RD</sup> APRIL 2017**

<b>SUBJECT:</b>	<b><i>FEEDBACK FROM THE MEETING OF THE HEALTH &amp; CARE PERFORMANCE PANEL HELD ON 1<sup>ST</sup> FEBRUARY 2017</i></b>
<b>REPORT OF:</b>	<b><i>THE CHAIR OF THE PANEL (COUNCILLOR MOIRA MC LAUGHLIN)</i></b>

## **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 1<sup>st</sup> February 2017.

## **2.0 ATTENDEES**

### **Members:**

Councillors Moira McLaughlin (Chair), Bruce Berry, Alan Brighouse, Wendy Clements, Treena Johnson, Tom Usher and Warren Ward

### **Other Attendees:**

Jacqui Evans (Assistant Director: Integrated Commissioning, Health & Care, Wirral Borough Council)

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

Karen Prior (Wirral Healthwatch)

Alan Veitch (Scrutiny Officer, Wirral Borough Council)

Patrick Torpey (Scrutiny Officer, Wirral Borough Council)

### **Apologies:**

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

## **3.0 NOTES FROM THE PREVIOUS PANEL MEETING HELD ON 7<sup>TH</sup> DECEMBER 2016**

The notes from the previous meeting, held on 16<sup>th</sup> March 2016, were approved by members.

## **4.0 DOMICILIARY CARE – VERBAL UPDATE**

### **Overview**

Jacqui Evans had provided a report to the previous meeting (held on 7<sup>th</sup> December 2016) regarding issues which have developed in the home care market. A follow-up report had been requested by the panel members.

Jacqui Evans reported that significant progress had been made with regular meetings having been held with both the Care Quality Commission (CQC) and some of the home care service providers. Significant progress had been made regarding the transfer of care files to a new provider. The Mobile Nights service, now provided by Premier Care is looking stable. It is intended that the service will commence new referrals shortly.

### **Discussion**

During discussion with members, a number of issues emerged:

- Members were assured that Priority 4 cases are prioritised (Avoiding hospital admission or aiding discharge from hospital). The Acute trust has funded additional beds at Hazlewell (Heswall), Westhaven (Hoylake) and Daleside (Birkenhead) to enable additional capacity for step-down provision.
- Members were assured that many staff in the care sector prefer to have zero hours contracts. However, this can cause problems for businesses, due to the lack of staff at peak times such as during the summer holidays and the Christmas period. The care sector, as a whole, is looking at trying to provide stability regarding recruitment across the sector. Members were informed that the care market is significant and growing. However, there is a limit to the workforce available of people who wish to work in this sector.
- A member commented that the recruitment problem within the care sector is not just about pay but also relates to staff feeling valued and the status of those working in the sector. The member queried whether the use of additional staff benefits could be of assistance. Members were informed that the Council had introduced the Ethical Care Charter during the most recent round of contract tendering. However, members were informed that more needs to be done and discussions are taking place at an LCR (Liverpool City Region) level in order to further incentivise people to work in the care sector.
- Members were informed that the health and care sector had not foreseen the level and impact of the winter pressures this year. As an example, Arrowe Park hospital has been receiving 20+ ambulances per day more than last year. There have also been increased levels of acuity among those patients attending hospital. There is recognition that better winter modelling is required. The national direction of travel is towards the provision of more community care, although there has not been an equivalent flow of funding to enable that transition to happen fast enough. However, despite immense pressures to discharge patients, many are too ill leave hospital. Statistics also show that the pressures of increased attendance are across the sector, including walk-in centres and geographically across the North West region.

### **Conclusion**

Members concluded that workforce issues in the social care sector should be included on the Panel's work programme.

## **5.0 INTERMEDIATE CARE - UPDATE**

### **Overview**

Amanda Kelly introduced a report which summarised the monitoring processes which are in place for Intermediate care (IMC) services. Intermediate Care bed-based services provide a short term programme of therapy, help and support within a care home setting, so that people can regain their independence following a period of ill health. The intermediate care services provides both step up and step down beds, supporting both admission avoidance and hospital discharge. There are a total of 69 IMC beds commissioned on Wirral and these are split between 3 nursing homes. These homes are quality monitored by CQC and the Quality Assurance team and are supported by the IMC multi-disciplinary team. This is an integrated commission from Wirral CCG and Wirral Borough Council, with Wirral Community Trust being the lead provider supporting the integrated delivery of the contract.

### **Discussion**

During discussion with members, a number of issues emerged:

- With regard to service monitoring, the main difference for IMC services (compared to residential care) is the speedier throughput of clients aimed at reablement in order to get the client home as soon as possible. CQC are clear that the key criterion is that the care home must acquire enough information in order to effectively care for the client.
- It was confirmed that approximately 85% of IMC bed usage is used to enable discharge from hospital whereas only approximately 15% is used to avoid hospital admission. These proportions are typical of the national picture too.
- Members were assured that the first 6 weeks of an IMC stay continues to be free of charge to the client. The current average IMC stay is 3.8 weeks.
- Members were informed that attempts are made to obtain feedback from client experience via a survey which takes place when the client leaves the IMC home. In addition, care homes have to evidence resident / family involvement for the CQC.
- A member noted that previous scrutiny work had revealed that where patients were receiving physio support, there were cases where the physio had been phased out too early. Members were reassured that changes had been made to the processes to ensure that this is no longer the case.
- National learning has determined that the condition of older people can deteriorate quickly if they do not get back home quickly when receiving support in bed-based provision, either acute or community. A future model of Discharge to Assess (D2A) is being piloted and provides either a bed-based or home option. Under the pilot 5 community beds are available at Elderholme, the aim of which is to assess the client's care needs and put a care package in place.

### **Conclusion**

Members agreed that a future report should be prepared for the Panel to explain the CQC ratings across care homes in Wirral with regional and national comparators being provided.

## **6.0 FUTURE ARRANGEMENTS AND WORK PROGRAMME FOR THE PANEL**

Items for the agenda of the next Panel meeting on 3<sup>rd</sup> April 2017 were confirmed:

- Clatterbridge Cancer Centre – Outcomes from the CQC inspection held in June 2016
- CGL (Change, Grow, Live) – Outcomes from the recent CQC inspection
- Annual social care complaints report
- Suicide rates – update
- Health and care quarterly performance report – Quarter 3

In addition, it was agreed that an item regarding ‘care-related levels of bad debt and barriers to recovery’ should be included on the work programme for the new municipal year.

## **7.0 SUMMARY OF ACTIONS ARISING FROM THE MEETING**

The following actions arose from the meeting:

1. Alan Veitch to ensure that workforce issues in the care home sector are included on work programme
2. Alan Veitch to include an item on the work programme for a future report regarding CQC ratings across care homes in Wirral, including regional and national comparators being provided.
3. Alan Veitch to include an item regarding ‘care-related levels of bad debt and barriers to recovery’ on the work programme for the new municipal year.

## **8.0 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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