

ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 28 June 2017

Present: Councillor J McManus (Chair)

Councillors	M McLaughlin	AER Jones
	B Berry	C Muspratt
	W Clements	T Norbury
	P Doughty	T Pilgrim
	G Ellis	L Rennie
	P Gilchrist	P Stuart
	T Johnson	I Williams

Apologies Mr G Hodkinson

1 DECLARATIONS OF INTEREST

Members were asked to consider whether they had any disclosable pecuniary interests and/or any other relevant interest in connection with any item(s) on this agenda and, if so, to declare them and state what they were.

Councillor Phil Gilchrist declared a non-pecuniary interest by virtue of his being the Appointed Governor: Cheshire and Wirral NHS Partnership Trust.

Councillor Christina Muspratt declared a personal interest in the items on the agenda by virtue of her daughter's employment with the NHS at Clatterbridge.

2 ORDER OF BUSINESS

The Chair proposed, and it was agreed that item 5 on the agenda (Repeat Prescription Pilot Scheme) be considered after item 7 on the agenda (Outcome of CQC Inspection for CGL) given that Dr Sian Stokes G.P. - attending solely for this item – had forwarded apologies in advance of her late arrival, due to her surgery's closing time.

3 BRIEFING PACK - ADULT HEALTH & CARE OSC

The Chair welcomed all to the first meeting of the Municipal Year and indicated that being the first meeting of the new Committee, Agenda Item 3 - Briefing Pack Adult Care and Health OSC (for noting), set out the Committee's remit and key issues for the forthcoming Municipal Year.

Resolved – that the report be noted.

4 **KEY ISSUES FOR HEALTH AND CARE**

Jason Oxley, Assistant Director: Health and Care Outcomes introduced the report of the Director for Health and Care that informed that health and care services were provided to vulnerable people with support needs, and that good care and support can transform lives, helping people to live as independently and as healthily - as they can, in a variety of circumstances. The report further informed that health and care services enhanced health and wellbeing, increasing independence, choice and control and that an independent YouGov poll indicated that 1 in 3 people either received or were in touch with social care services.

The Assistant Director: Health and Care Outcomes provided a verbal update on a number of areas mentioned within the report, namely:

- The National background to the service, demographic pressures and funding gap amounting to £4.3 billion.
- Policy perspective and the emerging consensus supported by the Care Act regarding the key features of a future health and social care system.
- Integration – the national move to design and deliver services in a more coordinated way.
- The need for integration arising from three pressing issues – spending cuts, demographic changes (ageing population), and the acceptance that people had not received the services they needed or received them in an appropriate setting.

The Assistant Director: Health and Care Outcomes further updated Members on a range of policy matters applicable to the Committee terms of reference that included:

- The Health and Social Care Act (2013) and Care Act (2014).
- The NHS England's *Five Year Forward View* published in 2014.
- The Better Care Fund – that brought together health and social care budgets in support of a more person-centred approach to coordinated care.
- The demand for Adult Social Care in Wirral – changes in delivery and key issues.
- The quality of care services in Wirral – with mixed levels of care providers, and how the Council worked with the service providers and Care Quality Commission to ensure quality standards were met.
- The Economic Value of Care – the investment / cost was currently £880 million (a significant part of the Wirral's economy and a primary employer of Wirral people).

Members questioned the Assistant Director: Health and Care Outcomes on the number and turnover of service providers, and the assumption that provision would or had improved as a result of the service merger. Another Member stated that until recently the Health and Care Performance Panel (now expired) had a role in focusing on the service standards in care homes and requested that a mechanism be developed to ensure this function continued. A number of Members echoed the statement and asked that the matter be taken under consideration. Members also commented on the value placed upon carers and informal support networks, recognising the roles, and congratulating them for the work undertaken.

Resolved – that the report be noted.

5 **REVIEW OF SERVICES PROVIDED BY CHANGE, GROW, LIVE (CGL)**

The Committee considered a presentation introduced by Julie Webster, Head of Public Health. The report update had been requested by Members further to a previous report to the People Overview and Scrutiny Committee meeting in November 2016. The original report had focussed upon a response to concerns regarding the number of deaths in service in the drug and alcohol treatment service managed by Change, Grow, Live (CGL).

The Head of Public Health informed that the recovery focused service in Wirral now had, due to work undertaken many years ago to bring drug and alcohol misusers into treatment, a high number of ageing patients with complex medical and social problems. In Wirral 62% of opiate users had a drug using career of over 21 years, compared to a national average of 40%. In contrast Wirral also had the lowest percentage of service users (17%) with 4 or more treatment journeys, against a national average of 27%, reflecting long term engagement with the treatment service.

The Head of Public Health explained that recommendations from the November 2016 report into the service included:

- Greater focus on general health and wellbeing of service users;
- Improved access to physical healthcare and psychiatric care; and
- Balance approach in the treatment service to ensure those that need treatment receive it and those who wish to embrace the recovery model get the help and support that they need.

The Committee was apprised that since publication of the report a number of actions had taken place, namely:

- Enhanced health assessment for all service users;
- Seasonal flu and pneumococcal vaccination campaigns
- Engaged with the respiratory service; COPD pathway developed;
- Joint work with ABL (smoking cessation service);

- Work with Professor Wilson and the Alcohol Acquired Brain Injury team at Cheshire and Wirral Partnership Trust
- Close engagement with the Integrated Community Care Teams;
- Dual diagnosis pathway and follow up; and
- Naloxone pathway - a medication used to reverse the effects of opioids overdose.

Members questioned the Head of Public Health on the procedure for discharging people from the system and help with access to mental health services. The Committee were informed that the priority was to ensure people were best equipped to cope, and a good peer review system with easy access existed. Patients would not be discharged until conditions were absolutely right. The Committee was also informed that, given the long term use of drugs and alcohol and age of those in treatment, the statistical evidence showed the complexity of medical problems experienced i.e. Wirral Ways to Recovery reported 72 deaths of drug and alcohol users in contact with specialist drug and alcohol treatment service from 1 February 2015 to 31 August 2016, of those:

- 44 in treatment for drug misuse, 21 for alcohol misuse and 7 registered for drug and alcohol misuse;
- (15) aged 44 or under; (37) aged 45-54; (19) aged 55-64; and
- Wide range of causes of death reported with the most common known causes being respiratory disease (14 deaths) digestive disease (13), cancer (12), and external (12) [where external includes suicide, injury and poisoning, 5 of these were thought to be drug overdoses].

Members noted Wirral's cautious approach to the treatment of individuals and that Wirral had achieved national recognition as a result. Members also noted that the chaotic lifestyle and complex medical conditions of some service users meant that cause of death was unknown to the G.P. or the service. A Member commented that such lifestyles often resulted in death from fire, and offered to raise the matter at the next meeting of the Mersey Fire and Rescue Service – to identify service users as possible targets for safety checks.

Resolved – that the report be noted.

6 **OUTCOME OF CQC INSPECTION FOR CGL**

The Committee considered a presentation introduced by Andrew Cass, Services Manager Wirral – Change, Grow, Live (CGL) and Prun Bijral, Medical Director, CGL. The presentation informed on the outcome of a Care Quality Commission (CQC) inspection of CGL in October 2016. The supporting report issued in December 2016 was included in Members' Agenda Pack.

The Service Manager CGL provided background information on the role of the CQC - the independent regulator of health and social care in England. He explained that CQC's aim was to ensure health and social care services provided people with safe, effective, compassionate, high-quality care and encouraged care services to improve. Members noted that CQC monitor, inspected and regulated services to make sure they met fundamental standards of quality and safety, and that the CQC had registered CGL in relation to 2 core activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures

The Service Manager CGL explained that the CQC inspection covered a number of specific areas, namely:

- Premises: Quality, Health & Safety & respectful;
- People: Clients, Staff, Managers and Commissioners;
- Processes: Policies, Protocols, Procedures and Pathways;
- Partnerships and integration with the wider Public Health priorities; and
- Practice: client interventions and contact, case-file notes, communication.

In turn CGL had aligned its service with the CQC requirements and had focused on 5 key areas to ensure the service was Safe, Effective, Caring, Responsive and Well-Led. The Service Manager CGL informed that points highlighted in the inspection had resulted in the following actions:

- Improved pathways with Primary Care: especially the CGL gold standard chronic obstructive pulmonary disease (COPD) / respiratory pathway;
- Improved pathways with Mental Health Services;
- Enhanced pathways and partnership working with ABL Smoking Cessation service; and
- Enhanced Alcohol model and pathways.

The Medical Director, CGL informed that Wirral was a national leader in its approach to smoking cessation services, and that screening for COPD had increased from 20% of service users to 90% currently.

A Member questioned the level of staff turnover and impact on training and expectations of higher levels of mandatory training to ensure staff progression and protect service users.

The Committee were informed that staff training, engagement with G.P.s and the probation service, online referral systems and face time (Skype, etc) had all contributed to improved access and management of the service

subsequent to the CQC November inspection and as reported in the CQC report published on 23 December 2016.

Resolved – that the report be noted.

7 REPEAT PRESCRIPTION PILOT SCHEME

The Committee considered a presentation introduced by Susan Maire, Medicines Management Team, Wirral CCG, and Dr Sian Stokes GP. The report update had been requested by Members as a result of the Community Pharmacy Scrutiny Review that had been the subject of report to the People Overview and Scrutiny Committee meeting in February 2017.

Ms Maire introduced her report that informed that NHS Wirral CCG spent approximately £60 million on prescribing each year, of which in the region of £44 million was spent on repeat prescriptions. The Committee were informed that wasted or unused medicine was a serious and growing problem within the NHS and that in the Wirral, approximately £2.2 million was wasted every year on unused or partially used medication.

Members were apprised that currently patient's repeat prescriptions were ordered through two routes a) via a request direct to their GP or b) via a request to a pharmacy. In each case the 'script' was reviewed by the GP prior to its electronic transmission to the dispensing pharmacy or collection by the patient, their carer, or pharmacy.

Ms Maire informed that the project scheme had been piloted in nine GP practices across the Wirral and that the lessons learnt would aid a smooth and safe roll out to other practices. Areas of particular focus in this regard had been the safeguarding of patients i.e. high risk medicines and the management of the emergency supply of medicines; and vulnerable patients – that could include care home patients, blister pack patients, end of life patients and dementia patients. In such cases it was proposed that GP practices and pharmacies would liaise to produce a list, and that these types of patients would continue to order medicines via their pharmacy. All other patients would be encouraged to order direct from their GPs utilising on-line systems where practicable.

Members noted that the pilot project had received positive feedback from patients, GPs and pharmacies, with a range of benefits having arisen as a result:

- Improved Patient and GP practice ownership of medicines;
- Better communications between GP practices, patients and Community Pharmacy;
- Allowed GPs to focus time on reviewing medications
 - Process was more streamlined with more online requests

- Safer system;
- Supported time for Community Pharmacy for Medication Usage Reviews;
- Potentially reduced workload as the volume of repeat requests decreased; and
- Reduced waste - unused medications no longer stored and 'stock piled' in patients' homes.

The presentation concluded with a collection of positive testimonials from patients, GP Practice staff and Pharmacies.

Members noted that GPs and Practice staff commented that the new procedure was really good helping to ensure that patients took control of their medicines, and that the Surgery Practice got to know which patients were not taking their medicines when they should be.

Resolved – That

- 1) the report be noted; and
- 2) Wirral CCG be requested to provide a further report to the Committee in 6 months' time, including patient feedback.

8 CLATTERBRIDGE CANCER CENTRE - OUTCOMES FROM THE CQC INSPECTION HELD IN JUNE 2016

The Committee considered a presentation introduced by Helen Porter, Director of Nursing and Quality, Clatterbridge Cancer Centre. The presentation informed on the outcome of a Care Quality Commission (CQC) inspection of Clatterbridge Cancer Centre in June 2016. The supporting CQC report issued in February 2017 was included in Members' Agenda Pack.

The Director of Nursing and Quality was pleased to inform the Committee that the CQC inspection that had taken place on 7-9 June 2017 had resulted in an overall assessment of Outstanding for the Clatterbridge Cancer Trust:

Overall rating - Outstanding

- Are services at this trust safe? Required improvement
- Are services at this trust effective? Good
- Are services at this trust caring? Outstanding
- Are services at this trust responsive? Good
- Are services at this trust well-led? Outstanding

The Director of Nursing and Quality provided a summary of areas where the CQC had identified outstanding practice, that included:

- Rapid Chemotherapy Chair and Zoledronatec service – a specially trained nurse delivers these treatments, most commonly for breast, prostate or colorectal cancers, to up to 15 patients per day. The nurse also handles booking in their next appointment, freeing up bays for patients whose treatment is more complex and takes longer;
- Chemotherapy at Home;
- Positivity of staff;
- Advanced practice radiographers;
- Papillon service - contact radiotherapy (low energy x-ray treatment) recommended for patients who are not fit enough for general anaesthesia, or who do not want major surgery and the formation of a stoma;
- End of life care;
- Weddings;
- Day after death service; and
- Patient support e.g. end of treatment bell, PAT dog, massages.

Ms Porter informed that areas ‘requiring improvement’ did not necessarily mean that the service was not ‘doing’ but was not ‘evidenced’ in terms of documentation being out of date or leadership practices had not been systemic – given that, although the person in post had written the strategy, it was still in the early days of implementation at the time of the inspection visit.

The Committee noted that immediate actions included to address the points raised in the CQC inspection report included:

- Improve staffing and professional leadership in radiology;
- Radiation safety including documentation in radiology; and
- Quality assurance processes in radiology.

The Chair and Members of the Committee thanked Ms Porter for her presentation.

Resolved – that the report be noted.

9 **ALL AGE DISABILITY - UPDATE ON STRATEGY DELIVERY**

Simon Garner, Lead Commissioner for All Age Independence introduced the report of the Lead Commissioner All Age Disability that informed on the Wirral Plan 2020 Vision that set out the shared partnership vision to improve outcomes for Wirral residents. The report further informed on the All Age Disability Strategy that set out the partnership approach, published in March 2016, that articulated the Wirral Plan ambitions for people with disabilities to enable independent living.

The Lead Commissioner for All Age Independence provided a summary of key updates and achievements against each of the priority areas within the

Strategy. The Committee was informed that a bid for £2.66 million funding for 86 Extra Care units had been secured through the Homes and Communities Agency. Work was continuing with a private developer to deliver 45 units across 2 schemes. Properties were currently being built in Heswall (19 flats) and Birkenhead (15 flats) for people with learning disabilities.

The Committee was further informed that 'Pathways to Employment' and 'Disability Confident' events had been delivered in the latter part of 2016, and there were now 30 local employers signed up as 'Disability Confident' – actively seeking out and hiring skilled disabled people and promoting change in attitudes, behaviours and cultures towards disability.

The Lead Commissioner for All Age Independence also reported that 'Disabled Go' had undertaken audits on a number of venues in Wirral including Council buildings, Leisure Centres, the Chamber of Commerce and key Transport facilities – to provide detailed access guides and reviews launched through via Disabled Go website, and available to people living and visiting Wirral.

Members thanked Mr Garner for his report, commenting on a number of points arising, namely the issue of affordable rents arising from the housing benefits cap. A Member also commented on the excellent Disabled Go scheme in Greasby.

Another Member asked about the current status of Girtrell Court. The Assistant Director: Health and Care Outcomes informed that Sanctuary Supported Independent Living had taken over the respite service at Girtrell Court on 6 February 2017 and until it transfers to the new facility at Tollemache Road, and that Sanctuary had been fully registered by CQC.

Resolved – that the report be noted.

10 **2016/17 QUARTER 4 AND YEAR END WIRRAL PLAN PERFORMANCE - PEOPLE THEME**

Jason Oxley, Assistant Director: Health and Care Outcomes introduced the report of the Executive Director for Strategy that provided the 2016/17 Quarter 4 (January – March 2017) performance report for Wirral Plan pledges under the People theme. The Quarter 4 report was included as Appendix 1 to the report, and provided a description of the progress in Quarter 4 that included available data in relation to a range of outcome indicators and supporting measures.

The Year End closedown report was included as Appendix 2 and provided a summary analysis of improvement of performance against measures and delivery of Pledge strategy actions at year end.

The Assistant Director: Health and Care Outcomes informed that following restructure of the Council's Scrutiny function, future reports would be broken down to align with the Adult Care and Health Overview and Scrutiny Committee Terms of Reference.

Resolved – That the report be noted.

11 **2016/17 QUARTER 4 FINANCIAL MONITORING REPORT**

Andrew Roberts, Senior Manager, Financial Management introduced the report of the Assistant Director: Finance (Section 151 Officer) that set out the Council's revenue and capital monitoring position for 2016/17 year-end (31 March 2017).

The Senior Manager, Financial Management informed that the 2016/17 out-turn position was an overall underspend of £2.9 million (£0.4 million underspend was forecast at quarter 3) and that People (former Families and Wellbeing areas) had a significant forecast overspend that had been offset by largely one-off savings within Business Services Treasury Management.

The year-end capital report updated the capital programme and reflected significant re-profiling of schemes between years to reduce the 2016/17 capital programme to £30.7 million. The actual capital out-turn at year end was £25.3 million.

Members attention was directed to Table 4 within the report (reproduced below) that identified the main pressures to the budget out-turn (£3.9 million for Adult Care and Health):

Major Variations Budget to Out-turn 2016/17	£m	£m
People:		
Children's Services - Looked After Children placements	+2.3	
Children's Services - Agency spend on social workers	+3.3	
Adult Social Care- Increased Community Care costs net of reductions in staffing and non-commissioned spend	+3.9	
Environment		
Contract efficiencies – Supporting People		-0.7
Income – Waste and Litter Charges		-0.6
Business:		
Treasury Management - one off MRP adjustment		-6.9
Treasury management – one-off interest savings		-2.5
Revenue Budget Contingency – unallocated		-0.7
Contract and various corporate savings		-1.0

Members noted that overall a net underspend of £2.9 million at the year-end has been transferred to General Fund Balances.

Members questioned Mr Roberts on outstanding debts regarding residential care, and the matter of budget expenditure slippage for assistive technology and whether this meant people's lives had been affected as a result. The Senior Manager, Financial Management confirmed that a detailed note would be prepared for circulation to Members on the budget position relating to assistive technology.

The Senior Manager, Financial Management provided a further update on the Council's overall position regarding collection of sundry debts and provisions for bad debt.

Resolved – That the report be noted.

12 **ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE - WORK PROGRAMME UPDATE REPORT**

The Chair introduced her report that set out the process of developing and managing the scrutiny work programme for the Municipal Year. The report informed Adult Care and Health Overview and Scrutiny Committee, in cooperation with the other three Overview and Scrutiny Committees, was responsible for proposing and delivering an annual scrutiny work programme.

The Chair highlighted a number of key points pertinent to her report, namely:

- Further work was required to define a full work programme for the year. The Chair and Spokespersons would consider how best to do that prior to the next Committee meeting in September;
- Work would continue on two Task and Finish Groups as described in the report (Respite Services Task and Finish Group; and Continuing HealthCare Task and Finish Group); and
- A joint workshop with members of the Children and Families Overview and Scrutiny was proposed to scrutinise emerging proposals for the All-age disability and mental health services. It was proposed to hold a workshop during the summer.

A Member requested that a report on the implications of the 'Dynamic Purchasing Scheme' be considered for inclusion on the Adult Care and Health Overview and Scrutiny Work Programme for presentation to a future meeting of the Committee.

Recommended – That

- (1) the proposed Adult Care and Health Scrutiny Committee Work Programme for 2017/18 be approved;**

- (2) delegated authority be given to the Chair, Vice Chair and Spokespersons to give further detailed consideration to the Committee's work programme prior to the next scheduled Committee meeting in September; and**
- (3) delegated authority be given to the Chair, Vice Chair and Spokespersons of both the Adult Care and Health Overview and Scrutiny Committee and the Children and Families Overview and Scrutiny Committee to:**
 - (i) make arrangements to hold an appropriate workshop to scrutinise proposals for the all-age disability and mental health service; and**
 - (ii) if necessary, to approve and refer any report arising from the workshop directly to Cabinet.**
- (4) the implications of the 'Dynamic Purchasing Scheme' be included on the Adult Care and Health Overview and Scrutiny Work Programme.**