

ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Monday, 12 November 2018

<u>Present:</u>	Councillor	J McManus (Chair)	
	Councillors	B Berry W Clements T Cottier S Frost P Gilchrist S Jones M Jordan	C Meaden C Muspratt T Norbury L Rennie I Williams J Walsh
<u>In attendance:</u>	Councillors	D Burgess-Joyce A Gardner P Hayes C Povall	A Brame E Grey T Usher

25 CHAIR'S INTRODUCTION

Prior to the commencement of business, the Chair informed the Adult Care and Health Overview and Scrutiny Committee, visiting Members of the Children and Families Overview and Scrutiny Committee, Officers and members of the public on the reason for the meeting and how the business would be conducted. The Chair further informed that a series of speakers would be given set amounts of time to present information and evidence on the subject of the Urgent Care Transformation proposals and consultation, witness statements taken, and time allowed for questions and responses.

A number of visiting Councillors questioned their voting rights in relation to the meeting's business, and the Chair advised those present that in line with governance, law and practice the meeting was that of the Adult Care and Health Overview and Scrutiny Committee and the invited members of the Children and Families Overview and Scrutiny Committee would be given ample opportunity to question and speak on the matter under consideration but 'attending' councillors would have no voting rights.

This was confirmed by the Council's solicitor, who informed that this was a meeting of, or more accurately a coming together of, two committees to discuss a matter in which they have a common interest.

26 **APOLOGIES FOR ABSENCE**

No apologies for absence were received.

27 **MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST**

Councillor Christina Muspratt	Personal interest by virtue of her daughter's employment within the NHS.
Councillor Sharon Jones	Personal interest by virtue of her employment within the NHS.
Councillor Joe Walsh	Personal interest by virtue of his daughter's employment within the NHS.
Councillor Tony Norbury	Personal interest by virtue of his daughter's employment within Adult Social Services.
Councillor Phil Gilchrist	Personal interest by virtue of his role as a Governor appointed to the Cheshire and Wirral NHS Partnership Trust.
Councillor Mary Jordan	Personal – by virtue of employment within the NHS; and involvement in Incubabies, a charity raising funds for the neonatal unit at Arrowe Park; and her son's employment within the NHS.

Individual Officers and Witnesses, either employed by the NHS and/or Clinical Commissioning Group provided personal declarations in relation to their employment or family member's associations to the NHS, CCG or partner organisations prior to presenting their reports and evidence.

28 **URGENT CARE REVIEW**

The Chair invited Dr Paula Cowan, Medical Director Wirral Clinical Commissioning Group and Eastham GP and Jacqui Evans, Assistant Director Unplanned Care and Community Care Market Commissioning to provide an overview of the Urgent Care Consultation.

Dr Cowan explained that the meeting would provide an opportunity for interested parties to receive an update on progress so far, key messages and the consultation as it stood at this moment in time. She hoped that the meeting would also inform Councillors, and dispel some of the myths being propagated in social media and the press.

Assistant Director Unplanned Care and Community Care Market Commissioning introduced a presentation that set out the background to the Urgent Care Review and methodology of the consultation process. She informed the Committee of the key messages and proposals to help alleviate pressures on the Accident and Emergency (A&E) Service at Arrowe Park and provide a better patient experience both for A&E users, Urgent Care

Treatments, and generally to help provide a consistent offer of access to NHS treatment across Wirral utilising a GP led service.

Ms Evans explained how the key drivers for change included pressures on A&E, leading to unacceptable waiting times, and the need to re-configure services as detailed in the consultation options, taking into account locality demographics and needs.

The Overview and Scrutiny Committees were apprised that one of the common themes from the CCG's engagement activities since 2009 was the view that people were confused about the range of urgent care services available due to different service offerings and opening times - further explored during focus groups and visits to urgent care venues completed in February 2018. It was highlighted that people could not always obtain an urgent appointment at their own GP practice and this, combined with the confusion about alternative services, resulted in many people choosing to attend Wirral's only A&E Department at Arrowe Park. Members were informed that Wirral was not unique in facing these issues and NHS England had mandated a number of new service developments which included an improved NHS 111 service and the introduction of Urgent Treatment Centres across the country.

Ms Evans' presentation provided further information on a wide range of issues that included:

- NHS change assurance and scrutiny of work to date;
- Internal Governance arrangements, providing oversight and information on progress;
- Independent review and EIA (equality impact assessment); and
- Meaningful consultation utilising workshops, online consultation survey, public meetings, postcard drops and information posters in GP surgeries.

The Overview and Scrutiny Committees were also provided an update on how additional independent challenge had been embedded in the process recognising points of view and comments from Healthwatch Wirral, Medical Professionals and Workforce including GP Federations.

A broad selection of statistical evidence underpinning the consultation was provided to Members as part of the presentation and associated agenda papers.

The Chair invited questions from both Overview and Scrutiny Committees. Points raised included:

- Possible issues faced through the implementation of a GP led service, given recent statements in the local media concerning GP retention;

- Transportation Issues – primarily public transport, given the relatively low number of car owners on Wirral due to high incidence of deprivation, no rail services to the Wirral University Teaching Hospital (Arrowe Park) site, and the reliance on (privatised/commercial) bus services;
- Parking issues at Arrowe Park for those who did have access to cars;
- Not being able to use bus or taxi services if a patient was bleeding, thereby relying on already pressured ambulance services;
- Limited options presented as part of the consultation;
- Clarification on the number of additionally funded GP appointments and where / how they were to be allocated;
- The need for effective communication on how people can currently access healthcare advice / treatment from pharmacies and GP surgeries – which in itself would alleviate existing pressures on A&E without the need for service re-design; and
- Existing pressures on GP surgeries and difficulty in obtaining same day appointments.

Dr Paula Cowan, Medical Director Wirral Clinical Commissioning Group and Eastham GP and Jacqui Evans, Assistant Director Unplanned Care and Community Care Market Commissioning responded to the points raised, detailing the current situation and how the consultation process underway had already generated dialogue within the NHS and other bodies including the Council and transport service providers i.e. Merseytravel.

Dr Mark Fraser (Primary Care Wirral GP Federation), Ms Natalie Young-Calvert, Dr Abhi Mantgani (GPW Federation), and patient groups representatives Mr Alan Grice and Mrs Elizabeth Hodgson addressed the Overview and Scrutiny Committee in turn providing additional information and challenge to the proposals each stating their continued support to the NHS but explaining that the current A&E waiting times were unacceptable and that the system, as it was, was not working. Views were presented on:

- A&E waiting times, and reasons;
- Siege mentality, stress and pressures on staff;
- Consistent use of trolleys and ambulances as an urgent care 'overflow';
- Limited resources and staffing;
- The need for more GPs and GP appointments;
- A hope that this was to be a meaningful consultation.

Positive comments were also expressed about NHS staff and the existing arrangements for the sharing of patient records between GP surgeries.

Dr Mantgani challenged the CCG view that patients did not know exactly where to go for treatment, explaining that very effective NHS Walk-In Services existed already in local areas, as demonstrated by statistics showing how pressures on A&E services reduced dramatically when the Walk-In centres

were open. Both he and Dr Fraser agreed that there was a need for a universal service, and that without the support of community-based services the Urgent Treatment proposals would fail too. A request was made that the Overview and Scrutiny Committee support proposals for the CCG to engage with, and have meaningful conversation with, professional groups i.e. GPs, GP Federations and Staff.

Dr Fraser provided a detailed summary of some 'myths' surrounding the NHS, and how sub-contracting, contract delivery (funding and limitations on service provision) and the knock on effects across departments when things go wrong.

Overview and Scrutiny Committee Members questioned the speakers further, on points raised, noting the inequalities across Wirral e.g. when talking about 'saving' Walk-In Centres, not all areas had such a provision.

A Member pointed out that on the face of it, spending (funding) appeared to be the same, but under both options being consulted upon, was being re-directed to Arrowe Park. She requested that an EIA be presented for the proposals under consultation, expressing a view that the proposals would result in a 2 tier service based on where a person lived.

At this point the Chair suggested a short break in proceedings. After a ten minute break, the meeting was re-convened and the Chair invited further witnesses to present information to the Overview and Scrutiny Committees.

Val McGee, Chief Operating Officer Wirral Community Trust introduced a prepared statement on her organisations role and pledged a commitment to work together with all interested parties regarding the consultation, and to provide as much information and advice as practical.

Anthony Middleton, Chief Operating Officer Wirral University Teaching Hospital informed the Overview and Scrutiny Members that he supported the clinical view of the co-location of Urgent Care Treatment at the Arrowe Park site, working alongside A&E. He welcomed the proposal stating that he viewed the Urgent Care Treatment Centre as an opportunity to bridge the gap between Arrowe Park's existing Walk-In Centre and A&E. He believed that it would help patient flow through the hospital, and provided a balanced risk, would redeploy staff to tackle need, helping to reduce ambulance queues, and improve patient care.

The Chair informed the Overview and Scrutiny Committees that Members would now hear summations from the CCG and be given the opportunity to ask further questions of the relevant Officers.

Dr Paula Cowan, Medical Director Wirral Clinical Commissioning Group thanked the Chair for the opportunity to set out the consultation proposals

before Members, with a view to helping to shape future services. She agreed with previous speakers that services should be situated where people live or could have easy access. In this regard she explained that a series of hubs / clinical wellness centres should complement the proposed Urgent Care Treatment, and that discrepancies across the borough should also be addressed. She informed that the CCG was more than happy to hear more proposals, concepts or ideas from individuals and/or organisations. Dr Cowan confirmed that other issues regarding such matters as Nursing Shortages and Transport also need to be tackled. The priority for the CCG was the need to deliver an equitable service.

Jacqui Evans, Assistant Director Unplanned Care and Community Care Market Commissioning provided additional summary of statistical information arising from earlier questioning about redirection of patients to A&E, reduced numbers of patients attending Walk-In Centres and how the expansion of GP and Nurse-led services, bookable appointments and additional same-day appointments would help improve patient access to appropriate services closer to home. Ms Evans added that the CCG continued to work with others to understand and tackle the pressures faced by the NHS and its workforce.

Simon Banks, Chief Officer Wirral CCG thanked Members for the opportunity to discuss this important issue and to help others to understand the difficult decisions faced at this time. He informed the Committees that the consultation process (running until 12 December 2018) enabled the CCG to receive alternative suggestions to the proposals, but that the present situation was unsustainable. The Urgent Care Treatment plans were nationally driven by NHS England and local planning was constrained by fixed funding (albeit with an additional £1.8million for extra GP appointment provisions).

Mr Banks informed that polarised views had been expressed by the GP Federations and that further meaningful dialogue was needed. He added that there were also other undefined issues relating to patient care and funding that also needed to be addressed e.g. Urgent Access to Mental Health Services and Management of Long-Term Conditions. Mr Banks re-iterated that consultation and information gathering regarding the Urgent Care Treatment proposals was scheduled to run until 12 December 2018.

Members of the Overview and Scrutiny Committees questioned the CCG officers further on topics that included:

- Recruitment and retention of Staff;
- Horizon scanning for sustainability of services;
- Engagement with GP Federations;
- Pressures faced by the NHS in terms of patient need and funding;
- Whether the proposed additional GP / Nurse appointments would be guaranteed to meet demand;
- Why GPs appeared to be against the UCT proposals; and

- Whether additional or improved public transport could be guaranteed.

The Assistant Director Unplanned Care and Community Care Market Commissioning informed that every effort was being made to address the points raised, and that statistical analysis indicated that the additional planned appointments would meet demand. Communications with organisations such as Merseytravel would continue, although the guarantees asked of the CCG in terms of transportation were outside of their control.

Councillor Samantha Frost moved and Councillor Tony Cottier seconded the following Motion:

“That the Adult Care and Health Overview and Scrutiny Committee re-affirm the Council resolution of 15 October 2018 that:

- (1) This Council notes the public consultation on urgent care which Wirral CCG launched on 20th September.
- (2) Council is totally opposed to any outcome which would see the closure of existing walk-in facilities and minor injury and illness facilities at current urgent care locations in Wirral. Council recognises that the existing provision was developed to meet the specific needs in local communities and fill recognised and identified gaps in services. In the case of Eastham Walk-In Centre and Clinic, following the reinstatement of the opening hours, the average monthly attendance rose to 1070 visits between May and July 2018. Prior to the restoration of the hours, the average monthly attendance was 732 between January and April 2018. Council, therefore, wishes to know how any planned replacement services can genuinely meet the pattern of local usage, especially as the services assist people from Cheshire.
- (3) Council believes that any new model of urgent care should enhance existing facilities rather than result in closures or reductions in services. Council notes the geographical distribution of the GPs' weekend and extended hours services established in September 2018. Council believes that new services have to be fully accessible to residents, that public transport links are a major concern, especially as weekend and evening services may not match daytime services and calls for the locations of services to be genuinely convenient and accessible throughout the hours of provision.
- (4) Council supports the objectives of enhancing patient safety, improving patient outcomes, making services more accessible and relieving pressure on Accident and Emergency Departments, but not with the introduction of any private healthcare provider or any of their shell companies to provide any type of service within Wirral, including walk-in provision.

- (5) Council encourages residents to have their say on the model proposed by the CCG and welcomes the CCG's offer to attend relevant Council scrutiny committees during the consultation period to allow detailed scrutiny of their proposals by members.
- (6) Any funding bids need to be scrutinised within the scrutiny process. Council also notes that on page 75 of the case for change document that a capital funding bid has commenced for an Urgent Treatment Centre. Council rejects this approach as it undermines the consultation process and believes it would have been better to have waited until the consultation is finished and the results known.
- (7) This Council is opposed to all forms of privatisation in the NHS and totally opposes the introduction of any privateers into our local health service be they based in the UK, America or domiciled elsewhere.
- (8) This Council is opposed to NHS staff being transferred to the private sector and will work to ensure that all NHS workers are employed by the NHS with their wages and conditions negotiated through collective bargaining with their employer, the NHS, and the trade unions. No contract should be signed with the CCG that leads to private, non-NHS organisations running NHS services or leads to a reduction in services at each current location.
- (9) Council believes that all health care should be free at the point of need and all services should be delivered and administered by the NHS.

In addition, the Adult Care and Health Overview and Scrutiny Committee requests that:

- (10) The Wirral Clinical Commissioning Group (CCG) cease the existing consultation process; and
- (11) The CCG come back to clinicians and patient group to discuss meaningful and open proposals to retain the existing community-based services and improve the services, not at the cost of them being subsumed into a new Urgent Treatment Centre (UTC) at Arrowe Park Hospital."

Councillor Phil Gilchrist moved and Councillor Wendy Clements seconded the following amendment:

delete the paragraphs "The Wirral Clinical Commissioning Group (CCG) cease the existing consultation....." and "The CCG come back to clinicians....." and replace with:

“At this stage of the process, this Committee:

- (1) Having considered the advice and information offered by the CCG understands the organisational and medical reasons for the location of the Urgent Treatment Centre (UTC) at Arrowe Park.
- (2) However, based on the information and planning outlined to date, remains unconvinced that the cessation of services at the VCH, Morton, Miriam, Parkfield and Eastham Sites, can properly be replaced by the additional GP and Nurse appointments at surgeries currently suggested.
- (3) Further consideration that, as the locations of replacement services for children remain unknown, the Committee cannot yet be assured that the replacement services are as good as or better than the present arrangements.
- (4) Committee has received some assurances that the additional funding of £1.8million is being planned to provide more appointments in the localities but remains concerned that potential patients should actually be able to get through the system to secure them.
- (5) Believes that confusion is likely to arise at locations that may be developed to serve the 0-19 age groups if services are not readily available at convenient locations for other age groups and neighbourhood services are not yet in place.
- (6) Requests that the CCG provide updated information for members as their work progresses with the aim of addressing the concerns outlined.”

The amendment was put and lost (5:8) (One abstention).

The original motion was then put and carried (8:5) (One abstention).

Resolved (8:5) One Abstention – That the Adult Care and Health Overview and Scrutiny Committee re-affirm the Council resolution of 15 October 2018 that:

- (1) This Council notes the public consultation on urgent care which Wirral CCG launched on 20th September.**
- (2) Council is totally opposed to any outcome which would see the closure of existing walk-in facilities and minor injury and illness facilities at current urgent care locations in Wirral. Council recognises that the existing provision was developed to meet the specific needs in local communities and will be recognised and**

identified gaps in services. In the case of Eastham Walk-In Centre and Clinic, following the reinstatement of the opening hours, the average monthly attendance rose to 1070 visits between May and July 2018. Prior to the restoration of the hours, the average monthly attendance was 732 between January and April 2018. Council, therefore, wishes to know how any planned replacement services can genuinely meet the pattern of local usage, especially as the services assist people from Cheshire.

- (3) Council believes that any new model of urgent care should enhance existing facilities rather than result in closures or reductions in services. Council notes the geographical distribution of the GPs' weekend and extended hours services established in September 2018. Council believes that new services have to be fully accessible to residents, that public transport links are a major concern, especially as weekend and evening services may not match daytime services and calls for the locations of services to be genuinely convenient and accessible throughout the hours of provision.
- (4) Council supports the objectives of enhancing patient safety, improving patient outcomes, making services more accessible and relieving pressure on Accident and Emergency Departments, but not with the introduction of any private healthcare provider or any of their shell companies to provide any type of service within Wirral, including walk-in provision.
- (5) Council encourages residents to have their say on the model proposed by the CCG and welcomes the CCG's offer to attend relevant Council scrutiny committees during the consultation period to allow detailed scrutiny of their proposals by members.
- (6) Any funding bids need to be scrutinised within the scrutiny process. Council also notes that on page 75 of the case for change document that a capital funding bid has commenced for an Urgent Treatment Centre. Council rejects this approach as it undermines the consultation process and believes it would have been better to have waited until the consultation is finished and the results known.
- (7) This Council is opposed to all forms of privatisation in the NHS and totally opposes the introduction of any privateers into our local health service be they based in the UK, America or domiciled elsewhere.
- (8) This Council is opposed to NHS staff being transferred to the private sector and will work to ensure that all NHS workers are

employed by the NHS with their wages and conditions negotiated through collective bargaining with their employer, the NHS, and the trade unions. No contract should be signed with the CCG that leads to private, none-NHS organisations running NHS services or leads to a reduction in services at each current location.

- (9) Council believes that all health care should be free at the point of need and all services should be delivered and administered by the NHS.**

In addition, the Adult Care and Health Overview and Scrutiny Committee requests that:

- (10) The Wirral Clinical Commissioning Group (CCG) cease the existing consultation process; and**
- (11) The CCG come back to clinicians and patient group to discuss meaningful and open proposals to retain the existing community-based services and improve the services, not at the cost of them being subsumed into a new Urgent Treatment Centre (UTC) at Arrowe Park Hospital.**

29 ANY OTHER BUSINESS

No other business considered.