

**Adult Care and Health Overview and Scrutiny Committee  
Tuesday 19<sup>th</sup> March 2019**

<b>REPORT TITLE:</b>	<b>Report of Health and Care Performance Panel</b>
<b>REPORT OF:</b>	<b>Chair of the Health and Care Performance Panel</b>

**REPORT SUMMARY**

This report provides an overview of the Health and Care Performance Panel meeting held on 4<sup>th</sup> February 2019. The report provides feedback to members of the Adult Care and Health Overview and Scrutiny Committee around key discussions and areas of interest resulting from the meeting.

**RECOMMENDATION/S**

Members are requested to:

- Note the contents of the report of the Health and Care Performance Panel.

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

To ensure Members of the Adult Care and Health Overview & Scrutiny Committee are aware of outcomes from the Health and Care Performance Panel.

### **2.0 OTHER OPTIONS CONSIDERED**

Not Applicable

### **3.0 ATTENDEES**

#### **Members**

Councillor Julie McManus (Chair)  
Councillor Wendy Clements (Vice-Chair)  
Councillor Bruce Berry  
Councillor Tony Cottier  
Councillor Phil Gilchrist  
Councillor Sharon Jones  
Councillor Christina Muspratt

#### **Other Attendees**

Karen Prior (Chief Officer, Healthwatch Wirral)  
Jacqui Evans (AD Unplanned Care and Community Care Market Commissioning, Wirral Health and Care Commissioning)  
Jason Oxley (AD Health and Care Outcomes, Wirral Health and Care Commissioning)  
Alex Davidson (Scrutiny Officer, Wirral Council)  
Vicki Shaw (Solicitor, Wirral Council)

#### **Visitors**

Lorna Quigley (Director of Quality and Safety, Wirral Health and Care Commissioning)

### **4.0 ACTIONS FROM THE PREVIOUS PANEL MEETING ON 3<sup>RD</sup> DECEMBER 2018**

- 4.1 The Panel agreed the actions of the last meeting. The requested Member visit to the Pensby Wood Day Centre took place on Tuesday 12<sup>th</sup> February 2019, with a report for Members presented as part of the Adult Care and Health Overview & Scrutiny work programme update.

### **5.0 INFECTION CONTROL**

- 5.1 Lorna Quigley introduced a presentation for Panel members on infection control and health protection in Wirral. Alongside infection control statistics, a 'call to action' report was presented to show future plans for health protection and planning. Members were given an overview of the types of infection that were most prevalent over the 2017-2018 period. Notably, there was a minor outbreak of a particularly contagious strain of scabies, known as 'Norwegian Scabies'. This

resulted in substantial treatment, and a focus on skin hygiene was necessary in order to contain it. In addition, a flu outbreak was responsible for the closure of a ward at the Arrowe Park Hospital site and, although not every flu type is preventable through the flu vaccine, it was noted that this could have been avoided through increased uptake of the vaccination. Alongside this, Members were advised that a minor outbreak of norovirus was contained through good hygiene and decontamination.

The presentation also informed Members that health protection in the wider sense includes cancer screening etc. and there is a real emphasis on prevention in order to achieve and maintain good health for Wirral residents.

- 5.2 Discussion took place amongst Panel members around the uptake and effectiveness of the flu vaccination. Members asked whether there had been an increase in hospital admissions due to flu over the winter period this year and were advised that statistics show a lower flu admission rate for 2018/19 compared to 2017/18. It is thought that the increased uptake of the flu vaccine could be a contributing factor in these improved figures, with most organisations reporting a workforce wide surge in vaccine take up. One Member currently working in the health service commented that there has been noticeable promotion within hospitals for staff to receive the 'flu jab'. It seems there has also been an improvement in confidence in the flu vaccine, with previous mistrust and concern having been addressed and dispelled.
- 5.3 Members requested further detail around childhood immunisation figures. Officers advised that take up of vaccines for babies is currently consistent and at an expected level. However, there is a cohort of young adults that missed out on vaccinations when they were younger due to previous worries for parents in regard to certain vaccines. Members were advised that this group of young people are now the focus for health care services. In addition, there has also been a drop in cervical screening rates. Previously, high profile 'celebrity' cases and media coverage have caused a spike in screening numbers, but this has seen a recent downturn. Members asked if this is promoted internally at the local authority – and although it is not currently, officers stated that they will open channels of communication with the Public Health team to gauge whether it can be highlighted in future campaigns.
- 5.4 There has been an increase recently on Wirral in infection caused by the carbapenem resistant gram-negative bacteria or 'CPE'. The prevalence of this particular bacteria is in part due to the fact that it has a resistance to antibiotics and tends to have higher rates of infection in those in long term acute care. Members questioned why rates for CPE were higher on Wirral. Wirral hospitals test all patients for CPE on admission, making it more easily detectable – whereas other Trusts throughout the North West may wait until the patient presents signs and symptoms. The Panel commented that it would be useful to see a longer-term picture of CPE infection rates over the next year in order to review the issue.
- 5.5 Looking forward, Members were informed that health care services are constantly looking to improve performance; particularly through use of intelligent prescribing, and a focus on unnecessary medicating. Local data has highlighted three priorities, which will provide a targeted focus on key challenges where

improvement is required, or needs are greatest. These priorities are to develop a system wide approach to infection prevention and control, to reduce antimicrobial resistance and to reduce the variation and uptake of cancer screening and national immunisation programmes.

## **6.0 BETTER CARE FUND – PRIORITIES AND PERFORMANCE 2018/19**

- 6.1 Jacqui Evans presented her update to Members on the performance of the Better Care Fund (BCF) for 2018/19. The Panel were reminded that the BCF is mandatory for the facilitation of the integration of health and social care and has been in place since 2014/15, with a number of delivery requirements added since its inception. Recent additions to this have included the assessment and delivery against the High Impact Change Model (HICM) requirement set by NHS England. The initial focus of the BCF was on a variety of mandated requirements, value for money and outcomes for Wirral residents – and it is now possible to see the early impacts of these investments. Members were advised that Wirral is now in the top 3 performing systems in the Wirral.
- 6.2 Key delivery areas included in the HICM were to prioritise the trusted assessor scheme, enable effective tele-triage and provide improved support to care homes; in turn reducing emergency attendances and calls to 999 and 111. In particular, tele-triage has been a notable success, with the service rolled out to 76 residential nursing homes across Wirral. As a result, there was a 9.4% reduction in conveyancing from care homes to the emergency department (ED) between June and December 2018. The Panel stated that there were still some care homes unwilling to use the tele-triage service and continuing to use community matrons, with Members keen to find out how this would be addressed going forward. Officers acknowledged that tele-triage use was not consistent across all care homes, and that the next step would be to look in detail at the offer and to support those homes not using it effectively. Although at a high level there has been a broadly positive impact, there are plans to invest more into making the service work for those with learning disabilities and mental health needs. In addition, an improved NHS 111 offer is now nationally mandated, with a better clinical triage service recently tested. Wirral is currently on track to meet its improvement target, with 50% of calls in the last quarter not resulting in ED admission. Members requested that an update on the NHS 111 service be brought to a meeting of the Panel in the new municipal year.
- 6.3 Members asked how officers could be sure that the BCF was having a positive impact at a ‘grass roots’ level. The Panel were assured that multifaceted patient surveys take place in order to focus on patient feedback and potential issues. In addition, providers also carry out their own feedback gathering exercises, and contract meetings include a focus on comments, complaints and themed issues as well as safeguarding concerns. Commissioners are keen to ensure that the focus is always on the delivery of service, and for transfer to assess beds, commissioners hold unannounced visits and speak directly to patients. Members were also advised that a full community bed service review is imminent, which will include an analysis of patient care together with engagement with relatives, families and providers. Going forward, conversations will also take place to ascertain the most affective way of formalising feedback and collating valuable information from patients.

- 6.4 Another key requirement for delivery of the BCF is investment in a 7-day service on Wirral. Although this is a priority, it must also be balanced against the cost of providing these services. Members were informed that there is now a basic 7-day service in place, with weekend management cover along with nurses and therapists. The implementation of clinical cover across the weekends is something that is a continuing focus, with some other services currently having variable cover. Commissioners are looking to ensure that provision of a 7-day service comes from redesign and efficiencies rather than the need for increased funding. The Panel were assured that the delivery of 7-day services will be monitored and that updates could be brought to the Panel in future if requested.
- 6.5 Officers provided clarification around the breakdown of BCF schemes published as part of the report, with the Panel questioning a number of aspects of the schemes such as the protection of social care and the CCG community offer. One Member expressed concern at the absence of a funding breakdown included in the report that was set aside exclusively for training and development, particularly as there may be an overlap of skills in some areas. The Panel were advised that many schemes are operated by providers with their own organisational development and workforce strategy – with training included within this. In addition, the wider CCG and Council training budgets are not included within BCF schemes. Members requested that a breakdown of training costs and budgets be provided to the Panel at a future meeting.
- 6.6 In conclusion, Members were informed that although the impacts of BCF investment have been broadly positive, with good feedback received, there will be no complacency. Although the current BCF is due to end in 2020, NHS England have advised that future planning should continue as though nothing will change – with Wirral looking to focus on continuing the trajectory of improvement. A member of the Panel stated that it was fantastic to see the positive impacts of the Better Care Fund, and to be able to identify the beginning of long-term behaviour change. Ultimately, all stakeholders are looking for the same thing – improved outcomes for Wirral residents.

## **7.0 DOMICILIARY CARE**

- 7.1 Jacqui Evans provided the Panel with an update on current domiciliary care performance, as well as the joint commission for Care at Home Services. As of January 2019, there were just over 1000 clients currently accessing domiciliary care services, with 25 providers delivering this care. Over the past 12 months, there has been a reduction in numbers on the waiting list for domiciliary care in Wirral; with 41 patients on the list in January 2019 compared to 68 waiting in January 2018. Many have been waiting for less than one week, with those that have been waiting longer than seven days generally in that position due to complex needs or an individual's specific choice of provider. An update was also given on the number of clients currently in reablement services, with 170 people accessing 1,184 hours of care per week. Performance targets for reablement have been achieved in recent months. In addition, Members were reminded that the £1.8m national winter pressures grant was used to further fund domiciliary care services this year.

- 7.2 Members were advised that the collaborative approach between providers and Wirral Health and Care Commissioning (WHaCC) was working well, and a recent partnership recruitment campaign resulted in the first winter period where new staff were recruited, which was a positive step in the right direction. These closer working relationships are focussing on streamlining of operating processes, with an emphasis on prevention. Capacity and high sickness levels in the sector continue to be an issue, but these will remain a focus going forward.
- 7.3 There was discussion around how re-admission to hospital can also be reduced, with commissioners looking at how the need for equipment in the home can often delay transfers from hospital. WHaCC are currently looking into how domiciliary care providers can be authorised to order low level equipment. Members questioned what kind of 'low level' equipment domiciliary care staff would be trained to arrange and were informed that equipment such as a grab rail could be easily assessed and fitted through the Wirral Independence Service (WIS), saving time and resource. This is alternative to paying occupational therapists to carry out the same service and facilitates quicker hospital discharge.
- 7.4 Members asked who was responsible for ensuring that domiciliary care providers were qualified and regulated. In response, officers assured the Panel that ultimately the Care Quality Commission (CQC) hold overall responsibility and make regular checks, but that the local authority will examine the provider's financial viability as part of the tendering process. In addition, quality checks are also undertaken throughout the year.  
Members queried whether or not a provider would be decommissioned if they were to receive an 'Inadequate' inspection rating from CQC. Officers advised that they would, unless it was the case that a new provider had recently taken over a failing service – whereby they would be given the opportunity for improvement with support from commissioners.

## **8.0 RED BAG SCHEME UPDATE**

- 8.1 Members were given the chance to review a brief report that gave information on the 'Red Bag Scheme'. The scheme helps to provide better experiences for care home residents by ensuring a red bag of individual paperwork and medication stays with the patient throughout any stays at hospital, from admission to discharge. The newly implemented scheme improves communication between care homes and hospitals and helps to reduce the length of stay in hospital. Members were impressed with the simplicity of the scheme and welcomed its introduction on Wirral.

## **9.0 SUMMARY OF ACTIONS**

The following actions arose from the meeting;

- Detailed report covering flu and CPE figures on Wirral to be added to Health and Care Performance work programme for 2019/20.
- Update on the NHS 111 offer for Wirral to be added to the work programme for 2019/20.
- Information to be circulated to Members detailing a breakdown of individual provider budgets for learning and development within BCF schemes.

Members appreciate that this requires much officer input and will take some time to compile – for this reason, it will be added to the work programme for 2019/20.

#### **10.0 FUTURE ARRANGEMENTS FOR THE HEALTH AND CARE PERFORMANCE PANEL**

The Health and Care Performance Panel work programme can be found as an appendix to this report.

#### **11.0 FINANCIAL IMPLICATIONS**

Not Applicable

#### **12.0 LEGAL IMPLICATIONS**

Not Applicable

#### **13.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS**

The delivery of the Panel work programme will be met from within existing resources.

#### **14.0 RELEVANT RISKS**

Not Applicable

#### **15.0 ENGAGEMENT/CONSULTATION**

Not Applicable

#### **16.0 EQUALITY IMPLICATIONS**

This report is for information to Members and there are no direct equality implications.

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**APPENDICES:**

**Appendix 1: Health and Care Performance Panel – Work Programme**

**SUBJECT HISTORY**

<b>Council Meeting</b>	<b>Date</b>
<b>Adult Care and Health Overview &amp; Scrutiny Committee</b>	<b>27<sup>th</sup> June 2018</b>
<b>Adult Care and Health Overview &amp; Scrutiny Committee</b>	<b>27<sup>th</sup> November 2018</b>
<b>Adult Care and Health Overview &amp; Scrutiny Committee</b>	<b>29<sup>th</sup> January 2019</b>