

**Adult Care and Health Overview and Scrutiny Committee  
Monday 16<sup>th</sup> September 2019**

<b>REPORT TITLE:</b>	<b>REPORT OF HEALTH AND CARE PERFORMANCE WORKING GROUP</b>
<b>REPORT OF:</b>	<b>NANCY CLARKSON, HEAD OF INTELLIGENCE, STATUTORY SCRUTINY OFFICER</b>

**REPORT SUMMARY**

This report provides an overview of the Health and Care Performance Working Group meeting held on 19<sup>th</sup> August 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 of the Adult Care and Health Overview and Scrutiny Committee are requested to:

- Note the contents of the report of the Health and Care Performance Working Group.

## **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 Working Group.

### **2.0 OTHER OPTIONS CONSIDERED**

Not Applicable

### **3.0 ATTENDEES**

#### **Members**

Councillor Moira McLaughlin

Councillor Phil Gilchrist

Councillor Yvonne Nolan

Councillor Sharon Jones

Councillor Kate Cannon

Councillor Mary Jordan

#### **Other Attendees**

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)

Amanda Parry-Mateo (Integrated Senior Manager Quality and Safeguarding, Wirral Health and Care Commissioning)

Alex Davidson (Scrutiny Officer, Wirral Council)

#### **Visitors**

Louise Hoek

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

#### **Apologies**

Councillor Christina Muspratt

Karen Prior (Chief Officer, Healthwatch Wirral)

### **4.0 APPOINTMENT OF THE CHAIR FOR THE 2019/20 MUNICIPAL YEAR**

4.1 The following appointment for the 2019/20 municipal year was agreed unanimously;

Chair – Councillor Moira McLaughlin (Proposed by Councillor Phil Gilchrist)

### **5.0 CHRONIC CONDITIONS – PATIENT STORY**

5.1 Wirral resident Louise Hoek attended the meeting to address Members on the difficulties of living with Chronic Fatigue Syndrome (CFS). CFS, otherwise known as ME, is a long-term illness affecting 250,000 people in the UK, with a wide

range of symptoms including extreme tiredness and muscle and joint pain as well as problems with cognitive function. Members were apprised of the impact that the condition has on Louise's daily life, particularly on her responsibilities as a parent, and the seeming lack of awareness and training for clinicians, support workers and the Public alike.

- 5.2 Diagnosis and management of CFS has been made more difficult as National Institute for Health and Care Excellence (NICE) guidelines are currently under review and previously favoured therapies to deal with the condition, such as cognitive behavioural therapy (CBT), and likely to be discontinued as forms of treatment. This uncertainty has furthered the culture of misinformation and ignorance around the condition and often sufferers are met with scepticism or dismissal of their symptoms.
- 5.3 Members requested clarity from commissioners around the family support element of care plans and support packages, with comments made around the need for this type of support to be included alongside physical help. In addition, it was noted that often this kind of provision falls between the responsibilities of social care services for adults and children, resulting in care that does not meet the needs of some. Jason Oxley, AD Health and Care Outcomes, advised that individual needs should be included as part of each formal care package but that often, as highlighted by Louise, there is a lack of understanding of CFS within a workforce more used to dealing with people with a learning disability or those who are elderly. Members queried whether a personal budget would be a better alternative in some circumstances, in order to better tailor the provision of care to individuals. Officers advised that direct payments, particularly the use of a personal assistant, may be beneficial in some situations but that each person is assessed on a case by case basis.

## **6.0 PARK HOUSE Care Quality COMMISSION (CQC) INSPECTION AND CARE HOME COMPLAINTS**

- 6.1 Amanda Parry-Mateo, Integrated Senior Manager Quality and Safeguarding, introduced her report on actions taken to improve care homes rated as 'Inadequate' by the CQC – with a particular emphasis on plans around Park House Care Home in Birkenhead. Members were informed of CQC regulations, enforcement procedures and the framework within which enforcement action can take place. Officers assured the working group that their primary intention is to ensure that homes placed in special measures show significant improvement within a clear timeframe and that the priority of commissioners is always the health and wellbeing needs of residents.
- 6.2 Members expressed concerns around care homes that consistently fluctuate between quality ratings of 'Requires Improvement' and 'Inadequate' and whether ultimately this was a collective safeguarding issue. They were assured that, in the case of Park House all residents have received a health and care review, and that commissioners were actively working with the CQC to improve care and ensure that resident safety is at the forefront of all discussions. However, officers advised that there is a robust legal framework that any decisions have to be made within. The timeline of action taken in regard to Park House was

discussed, with agreement that a full sequence of events would be provided to Members soon after the meeting.

- 6.3 Members sought assurance that monitoring visits to underperforming homes take place unannounced to ensure the validity of any findings and were advised that this is the case, as well as visits by Healthwatch Wirral. In addition to this, there is a constant stream of clinicians, health professionals and support workers who visit homes and report back to highlight any potential issues. Members were also informed that in the case of any serious concerns, commissioners would intervene to ensure that residents were safely moved elsewhere. In Wirral, there is around an 8% vacancy rate and, although a measured and careful approach would be required, there is room within the market to take serious action if necessary.

- 6.4 Members asked how 'Good' rated homes in Wirral are supported to maintain this status and ensure standards do not slip between CQC inspections, which can be every 2 to 3 years.

Commissioners advised that they are keen to make sure that focus is not always directed at poorly performing homes, but that excellent care quality is maintained across Wirral. Multi-agency meetings are held on a monthly basis at which 'good news stories' are shared, and there is an annual quality audit for 'Good' rated homes to bridge those gaps between CQC visits. In addition, an internal audit is held in the case that a concern is raised about a well rated home. Members welcomed the guarantees made by officers in relation to care quality, but there was consensus that this is an area that requires ongoing scrutiny, particularly in the case of individual poorly performing homes. Members requested that a follow up report was presented to the next meeting of the Health and Care Performance Working Group.

## **7.0 WIRRAL HEALTH AND CARE QUARTERLY PERFORMANCE**

- 7.1 Lorna Quigley, Director of Quality and Safety, presented Members with a report setting out Wirral health and care quarterly performance statistics. Areas that were highlighted to Members included the Accident & Emergency (A&E) 4-hour standard, Referral to Treatment (RTT) targets, Improved Access to Psychological Therapies (IAPT) waiting times and Healthcare Acquired Infection rates. Members have been aware of issues with patient flow at Arrowe Park Hospital for some time and were keen to ensure that action is being taken to tackle this problem. The group were advised that a wider area of A&E is now being utilised for beds and, although only a short-term resolution, this has meant improvements in recent months. As part of a number of quality review visits undertaken by the Quality Team, patients were reporting that they are receiving the care that they need in terms of provision of medication and hydration & nutrition. However, it was stated and reinforced by Members of the Group that 'corridor care' must cease in order to ensure an optimal level of care for Wirral's residents.
- 7.2 Members questioned whether gaps in staffing levels at the Emergency Department (ED) had been filled and were pleased to hear that there was a full complement of nursing staff. However, there are still a small number of medical staff vacancies. Members were advised that Wirral University Teaching Hospital NHS Foundation Trust (WUTH) are receiving support as part of the Emergency

Care Improvement Programme – part of which includes optimising staffing levels as well as pathway remodelling and patient flow. Members also sought assurance that work was being carried out to improve patient discharge procedures, commenting that A&E capacity is reliant on discharges being completed effectively. Officers informed the Group that there is an ongoing focus on long-stay patients, as well as emphasis on consistency across hospital wards to ensure the integrated discharge team can work more effectively. Members were told that there is a huge amount of work currently being undertaken, but that it will take time for changes to be fully embedded within the Trust.

- 7.3 Members were satisfied with improvements to performance around RTT, with the number of patients waiting for treatment longer than 52 weeks reduced to 0 by March 2019. Alongside this, additional support and assurances have been put into place and regular ‘harm reviews’ are undertaken for those waiting longer than 52 weeks. Members look forward to this trajectory of improvement continuing throughout 2019/20. There had been concern surrounding IAPT waiting times on Wirral and Members were advised that, although there is a new provider of services in place, who have inherited a long waiting list which will take some time to reduce to an acceptable level – but that regular monitoring is taking place. In addition, healthcare acquired infections are also a priority for Wirral Health and Care Commissioning, with meetings with WUTH taking place every 4 weeks to monitor improvement plans and challenge progress.

## **8.0 HEALTH AND CARE INTEGRATION UPDATE**

- 8.1 Jason Oxley introduced his report to the Working Group which stated the current position of integration between health and care services in Wirral, along with an overview of current performance and the impact on those accessing services. A summary was provided which gave an update on the three main areas of integrated care in Wirral; an integrated commissioner for health and care services, an integrated older people and adults social care service (delivered through Wirral Community Health and Care NHS Foundation Trust) and an integrated all age disability and mental health service (delivered through Cheshire and Wirral Partnership NHS Foundation Trust). Members were apprised of a number of key achievements that have been realised following the integration of services – including fewer people being cared for in residential or nursing homes, significant increases in pathway plans in place for children looked after, and a single domiciliary care commission that has removed waiting lists and enabled more flexible care.
- 8.2 Members were also updated on the outcomes of an independent peer review recently undertaken by the Association of Directors of Adult Social Services (ADASS) and the Local Government Associate (LGA) in May 2019. The review found that integration of health and care service in Wirral is ‘having a positive impact on the frontline and people who use services’ as well as improving innovation, joint working at neighbourhood level and problem solving across the health economy. Members requested that this report was shared following the meeting.
- 8.3 Members raised questions in relation to waiting times for adults and older people between initial referrals and the completion of assessments. Although overall

these times have improved from an average of 26 calendar days to 16 calendar days, it was noted that a more detailed overview of individual cases may highlight whether there are any outliers within these figures – which may subsequently draw attention to potential areas of improvement within specific services.

## **9.0 LOCAL GOVERNMENT OMBUDSMAN (LGO) REPORT – DOMICILIARY CARE**

9.1 In March 2019, the Local Government Ombudsman published a report following investigation of a complaint lodged against Wirral Council. The findings and recommendations of the report have been discussed in various forums, including the Standards and Constitutional Oversight Committee, where a number of questions were put forward. As a result, the Health and Care Performance Working Group requested that further detail was brought to this meeting.

9.2 Members sought assurances that action had been taken to ensure the circumstances surrounding the complaint could not happen again, and that all necessary safeguards and contingency planning had been implemented. Commissioners informed Members of the Group of the context of the complaint and gave guarantees that a number of actions had been put into place to improve services and ensure an adequate response to the recommendations of the LGO.

## **10.0 SUMMARY OF ACTIONS**

The following actions arose from the meeting;

- A timeline of actions in relation to the improvement plan for Park House Care Home be circulated to Members.
- An update on care home quality and improvement plans to be added to the Health and Care Performance Working Group work programme.
- ADASS peer review to be circulated to Members of the Health and Care Performance Working Group.

## **11.0 FINANCIAL IMPLICATIONS**

Not Applicable

## **12.0 LEGAL IMPLICATIONS**

Not Applicable

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

The delivery of the Working Group 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**

### **BACKGROUND PAPERS**

#### **SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
<b>Adult Care and Health Overview &amp; Scrutiny Committee</b>	<b>26<sup>th</sup> June 2019</b>