

# Health Scrutiny Panel

18 July 2013

**Time** 2.00pm                      **Public meeting?** YES                      **Type of meeting** Scrutiny

**Venue** Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

**Room** Committee Room 3 (3<sup>rd</sup> floor)

## Membership

**Chair** Cllr Claire Darke (Labour)  
**Vice-chair** Cllr Paul Singh (Conservative)

**Labour**  
Cllr Ian Claymore  
Cllr Susan Constable  
Cllr Milkinder Jaspal  
Cllr Zahid Shah  
Cllr Thomas Turner

**Conservative**  
Cllr Neil Clarke

**Liberal Democrat**  
No members

## Information for the Public

If you have any queries about this meeting, please contact the scrutiny team:

**Contact** Earl Piggott-Smith  
**Tel** 01902 551251  
**Email** [Earl.Piggott-Smith@wolverhampton.gov.uk](mailto:Earl.Piggott-Smith@wolverhampton.gov.uk)  
**Address** Scrutiny, Civic Centre, 2<sup>nd</sup> floor, St Peter's Square,  
Wolverhampton WV1 1RL

Copies of other agendas and reports are available from:

**Website** <http://wolverhampton.cmis.uk.com/decisionmaking>  
**Email** [democratic.support@wolverhampton.gov.uk](mailto:democratic.support@wolverhampton.gov.uk)  
**Tel** 01902 555043

Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

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# Agenda

## Part 1 – items open to the press and public

*Item No.*    *Title*

### MEETING BUSINESS ITEMS

1.            **Apologies for absence**
2.            **Declarations of interest**
3.            **Minutes of the previous meeting (23.5.13)**  
[For approval]
4.            **Matters arising**  
[To consider any matters arising from the minutes]
5.            **Schedule of Outstanding Minutes**  
[To note outstanding reports requested previously]

### DISCUSSION ITEMS

6.            **West Midlands Ambulance Service**  
[Diane Lee/ Nick Henry - To receive an update on Foundation Trust Status application and Make Ready Service]
7.            **Care Quality Commission (CQC)**  
[Lisa Thacker/ Payal Patel - report on the role and responsibilities of the CQC]
8.            **NHS Wolverhampton City Clinical Commissioning Group**  
[Mark Lane – update on progress of authorisation and priorities]
9.            **Winterbourne View – progress report**  
[Wendy Ewins – update on progress in responding to issues from review of Winterbourne View]
10.           **Health Scrutiny Panel Work Programme 2013/14**  
[Earl Piggott-Smith – update on draft work programme]

## INFORMATION ITEMS

11. **Royal Wolverhampton NHS FT Quality Accounts 2012/13**  
[Earl Piggott-Smith - Health Scrutiny Panel response to Quality Accounts]

## EXCLUSION OF PRESS AND PUBLIC

### Exclusion of press and public

[To pass the following resolution:

That in accordance with Section 100A(4) of the Local Government Act 1972 the press and public be excluded from the meeting for the following items of business as they involve the likely disclosure of exempt information on the grounds shown below.]

## Part 2 – exempt items, closed to the press and public

<i>Item No.</i>	<i>Title</i>	<i>Grounds for exemption</i>	<i>Applicable paragraph</i>
	<b>NIL</b>		

# **Health Scrutiny Panel**

## **Record of the meeting of 23.5.13**

**Panel members present:** Councillor Ian Claymore  
Councillor Susan Constable  
Councillor Claire Darke (Chair)  
Councillor Milkinder Jaspal  
Councillor Zahid Shah  
Councillor Paul Singh (Vice-Chair)  
Councillor Thomas Turner

**Cabinet Member(s) present:** Councillor Sandra Samuels

**Officers in attendance:**

- Ros Jervis
- Charlotte Hall
- Jamie Emery
- Maxine Bygraves
- Jane Viner
- Viv Griffin
- Earl Piggott-Smith

## Part I: items open to the press and public

<i>Item No</i>	<i>Minute No</i>	<i>Record of business</i>	<i>Actions</i>
1.		<p><b>Apologies</b></p> <ul style="list-style-type: none"> <li>• Councillor Neil Clarke</li> <li>• David Loughton</li> <li>• Richard Young</li> </ul>	
2.		<p><b>Declarations of interest</b></p> <p>None</p>	
3.		<p><b>Minutes – accepted/changes</b></p> <p>Minutes approved</p>	
4.		<p><b>Matters arising from the minutes</b></p>	
	75	<p><b>Penn Hospital</b></p> <p>Provisional date agreed for visit with Chair and Vice Chair. Panel members advised to contact Scrutiny Officer to confirm if they would also like to attend.</p>	Earl Piggott-Smith
	76	<p><b>Wolverhampton Local Involvement Network – Annual Report</b></p> <p>Jane Viner had meeting with Royal Wolverhampton Hospital Trust last week to discuss concerns highlighted in the annual report. The issues are being addressed. Jane Viner agreed to advise the Panel of progress of resolving outstanding issues.</p>	Jane Viner (Healthwatch Co-ordinator, Healthwatch Wolverhampton) to report when information available.
5.		<p><b>Schedule of outstanding minutes</b></p> <p>Accepted</p>	
<b>Discussion Items</b>			
6	77	<p><b>NHS Wolverhampton City Clinical Commissioning Group</b></p> <p>Richard Young gave his apologies and the Panel agreed to consider the report at the meeting on 18.7.13</p>	<p>Actions/Lead Officer/Milestone</p> <p>Report to be deferred to meeting on 18.7.13 for discussion</p>

7	78	<p><b>Public Health Services in the Local Authority</b></p> <p>Ros Jervis (Director of Public Health, Wolverhampton Council) presented a report which gave a summary of the changes in responsibilities for public health at the local and national level from April 2013 and priority areas for improvement.</p> <p>The Panel supported the plans for outlined in the report to address local health issues.</p> <p>Discussion about the contract monitoring arrangements and the involvement of existing and potential users in developing the services to be commissioned. Discussion about the need to ensure that services focus on meeting the whole family needs, while addressing the wider health issues highlighted in the report.</p> <p>Discussion about the need to reduce overlapping areas of work following the re-organisation of responsibilities.</p> <p><b>Recommendations Accepted</b></p>	<p>Actions/Lead Officer/Milestone</p> <p>Ros Jervis (Director of Public Health, Wolverhampton Council) to present reports on agreed dates.</p>
8	79	<p><b>The Royal Wolverhampton NHS TRUST Quality Accounts 2012/13</b></p> <p>Jamie Emery (Patient Experience Lead, The Royal Wolverhampton NHS Trust) presented a summary of the headline messages in the document and that other organisations had been invited to comment on the draft document.</p> <p>Discussion about the late cancellation of operations at Royal Wolverhampton Hospital.</p> <p>Charlotte Hall (Deputy Chief Nurse, The Royal Wolverhampton Hospitals NHS Trust) explained the impact of increased numbers of people attending Accident &amp; Emergency (A&amp;E) on bed availability on planned operations – 30% increase in admission levels compared to a similar period in the past.</p> <p>Charlotte agreed to provide details about number of operations cancelled at short notice</p>	<p>Actions/Lead Officer/Milestone</p> <p>Charlotte Hall (Deputy Chief Nurse The Royal Wolverhampton Hospitals NHS Trust) to provide information when available to share with the Panel.</p>

due to need to use surgical beds for A&E admissions.

### **Recommendations Accepted**

9      80      **Healthwatch Wolverhampton – Progress Report**      Actions/Lead Officer/Milestone

Maxine Bygrave (Chair of Healthwatch Wolverhampton) presented report detailing progress since it was formally established.

Maxine gave details about plans for consulting with the public about their workplan. Maxine confirmed that previous members of Wolverhampton LINK remain involved in Healthwatch.

The report was welcomed by the Panel.

### **Recommendations**

The Panel agreed to receive an further progress report and also a presentation of Healthwatch Workplan to a future meeting for comment.

Maxine Bygrave (Chair of Healthwatch Wolverhampton) to present report on 19.9.13

10      81      **Health Scrutiny Panel – Draft Work Programme 2013/14**      Actions/Lead Officer/Milestone

Earl Piggott-Smith presented report. The panel were invited to suggest topics they would like added to the scrutiny work programme.

Earl Piggott-Smith

Discussion about the plans for a joint meeting with Health and Wellbeing Board and Health Scrutiny to consider recommendations arising From Francis Inquiry report.

Viv Griffin explained that the meeting would consider the action plans prepared in response to the findings and recommendations from the report.

The plan will be to invite representatives from Royal Wolverhampton Hospital Trust, Black Country NHS Foundation and Wolverhampton Clinical Commissioning Group.

Discussions about health scrutiny involvement and also date for the meeting.

Discussions about inviting key people representing the following organisations to present evidence to future panel meetings.

The following were suggested:

- NHS England
- Local Area Team Director - Wendy Saviour
- Local Commissioning Team

**Recommendations Accepted**



## Wolverhampton City Council

**OPEN INFORMATION ITEM**Health Scrutiny PanelDate **18 JULY 2013**

Originating Service Group(s) **Office of the Chief Executive**

Contact Officer(s)/  
Telephone Number(s) **Earl Piggott-Smith  
55(1251)**

Title **Schedule of Outstanding Minutes**

Set out in the Report is a Schedule of Outstanding Minutes.

In the end column of the Schedule, officers have indicated when it is expected reports on individual items will be submitted for consideration.

The Panel is invited to note the dates when reports are to be submitted and indicate when it would wish to receive reports when a date is not included.

**SCHEDULE OF OUTSTANDING MINUTES**

<u>Subject</u>	<u>Date of Meeting and Minute No</u>	<u>Decision</u>	<u>Comments</u>
Mid Staffordshire Hospital Trust – Implications of Recent Investigations	24 September 2009 22 7 February 2013 71	Further report on targets and outcomes	Interim Report to a future meeting prior to full report following publication of the Public Inquiry report
Review of funding to support partnership activity around Healthy Schools, Teenage Pregnancy and Substance Misuse	11 November 2010 36(ii)	Service delivery, access to service, and the experience and perceptions of service users.	Reports to future meetings, if appropriate.
Transforming Community Services	24 March 2011 71	(i) Report on targets and outcomes resulting from the transfer from WCPCT to BCPFT;	Report to a future meeting or to the Joint Scrutiny Panel with Sandwell MBC
	29 September 2011 34	(ii) Reports on progress on integration with Commissioning Groups	Report to a future meeting.
Legislation affecting the NHS.	24 March 2011 72	Further report including details of the Human Resources structure.	Reports to all future meetings as part of CCG Update report

Process for Booking Appointments for 'Choose & Book' Patients	14 July 2011 25	Review of the process for appointments arranged via letter with unique reference numbers and also system for cancellation of appointments	Briefing Note to be produced
Joint Commissioning Mental Health Strategy	12 April 2012 87	(i) Report on holistic approaches and information sharing protocols together with Operational Plans and Implementation Plans;  (ii) Report from Mental Health Commissioning Board	Reports to a future meeting.
Development of Healthwatch Wolverhampton	27 September 2012 32	Report on feedback from Wolverhampton LINK on the process for commissioning Healthwatch Wolverhampton	Report to future meeting
Role and Responsibilities of Care Quality Commission	27 September 2012 33(ii)	Further report on expanded responsibilities including General Practitioners (GP's) and Primary Medical Services	Report to this meeting
Shadow Health and Well Being Board	13 December 2012 58(iii)	Progress report on the work of the Shadow Board	Reports to future meetings
Patient Misuse of Hospital Services	7 February 2013 68	Update report	Report to September 2013 meeting.
Wolverhampton Substance Misuse Services	7 February 2013 69	Report on progress on budget spend	Reports to future meetings
Wolverhampton CCG – Integrated Commissioning Plan	28 March 2013 74	Periodic report on progress against ICP targets	Reports to future meeting
Joint Urgent Care Strategy	28 March 2013 76	Outcome of public consultation on plans	Reports to future meeting

### **Equal Opportunities/Environmental/Financial Implications**

No direct implications at this stage

Wolverhampton City Council

**OPEN DECISION ITEM**

Health Scrutiny Panel

Date **18.7.13**

Originating Service Group(s) **West Midlands Ambulance Service**

Contact Officer(s)/ **Diane Lee Assistant Chief Executive Officer**

Telephone Number(s)

Title **West Midlands Ambulance Service/ Update on Foundation Trust  
Application and Make Ready**

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**RECOMMENDATION**

That the Health Scrutiny Panel considers and comments on the presentation.



## Diane Lee Assistant Chief Executive Officer



**Wolverhampton Health Scrutiny Panel  
18 July 2013**

Trust us **to care.**



# Firmographics

- Established in July 2006 merging with Staffordshire in October 2007
- Over 532,000 emergency patient journeys annually
- 5.4 million population
- Over 5,000 square miles, 80% rural
- Approaching 3000 999 calls per day
- £200 million budget
- Fleet of over 850 vehicles
- 4,000 Staff and 1500 Volunteers
- 4 Air Ambulance Helicopters



Trust us to care.



# Trust Vision

## Vision

Delivering the right patient care, in the right place, at the right time, through a skilled and committed workforce, in partnership with local health economies

## Values

- World Class Service
- Patient Centred
- Dignity and Respect for All
- Skilled Workforce
- Teamwork
- Effective Communication

## Strategic Objectives

Achieve Quality and Excellence

Accurately assess patient need and direct resources appropriately

Establish market position as an Emergency Healthcare Provider

Work in Partnership

Trust us to care.



## Foundation Trust – Where are we?

Authorised as an NHS  
Foundation Trust  
1 January 2013

Licensed  
1 April 2013

Trust us to care.



## What is a Foundation Trust?

- **Are still very much part of the NHS**
  - Care is free at the point of delivery
  - Greater public and stakeholder involvement
  - Members
- **Have National standards and inspection**
  - Inspection by the CQC and regulated by Monitor
  - Performance ratings published
  - More focus on clinical outcomes
- **Become a Public Benefit Corporation**
  - Based on Co-operative model
  - Public and staff members





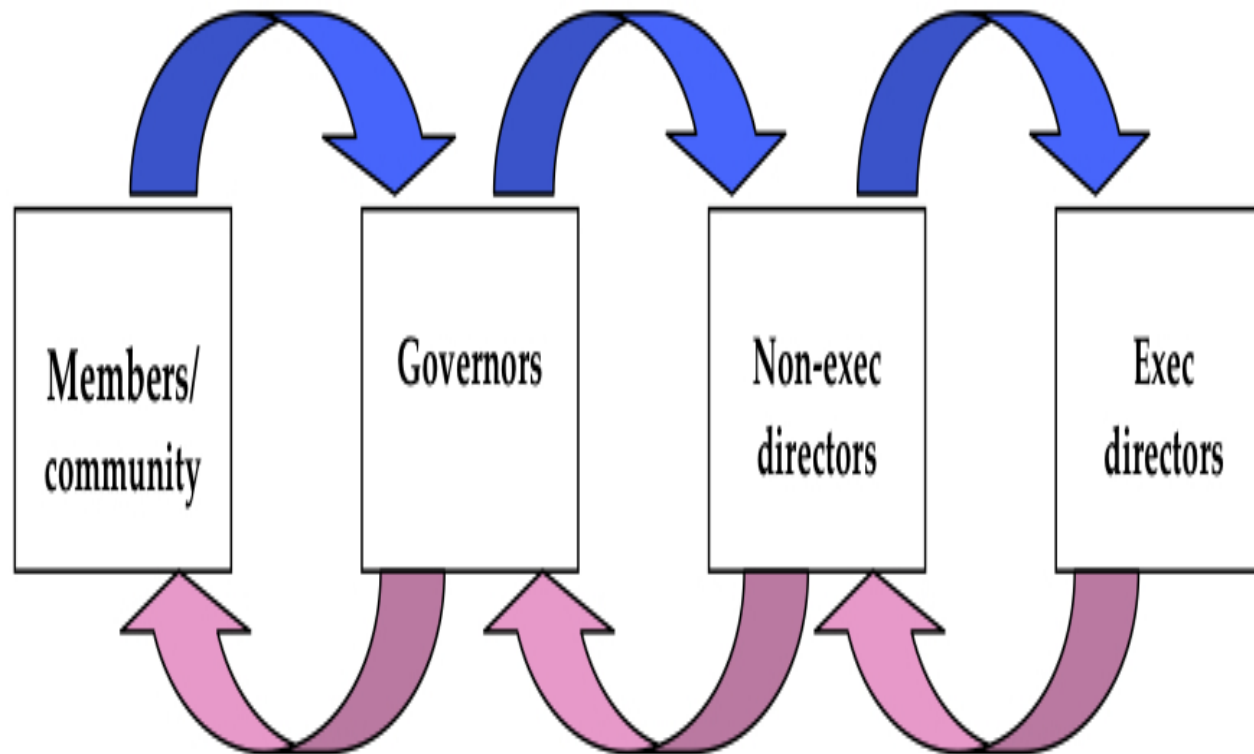
# Foundation Trust Freedoms

## NHS Foundation Trusts:

- Are free from central government control and are able to decide how to improve their services
- Can retain any surpluses they generate to invest in new services, and can borrow money to support these investments; and
- Are accountable to their local communities; local people can become members and governors



# Internal Governance Arrangements





## Foundation Trust Members

- **Membership is FREE**
- Receive regular updates about the Trust
- Visit the organisation
- Give feedback on proposals
- Elect Governors who will sit on the Members Council





# Membership Plan, and Members Council

	Membership			Governors
	July 2013	Plan	+ 2 years	
Public	8,095	7,500	10,000	15
Staff	3,502	2,000	2,000 +	5
Appointed		N/A		8
Total	11,597	9,500	12,000 +	28

*Has Elected*



# The Members Council

**The Members Council consists of 28 Governors**

## Staff have 5 Elected Governors

Emergency and Urgent Operational Staff (2)	Emergency Operations Centre Staff (1)	Non Emergency Operational Staff (1)	Support Staff (1)	
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## Public have 15 Elected Governors

West Mercia (3)	Birmingham (3)	Black Country (3)	Staffordshire (3)	Coventry and Warwickshire (3)
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## There are also 8 Appointed Governors (1 each of the following)

South Staffs & Shropshire Healthcare NHS Foundation Trust	Malvern Hills District Council	Birmingham City Council	Coventry University	West Midlands Fire & Rescue Service
Community First Responders	University Hospital Birmingham NHS Foundation Trust	St John Ambulance		



## Roles & Responsibilities of the Members Council

- Appointing or removing the Chairman and NEDs
- Deciding the remuneration, allowances, and other terms and conditions of office of the Non-Executive Directors
- Appointing or removing Trust Auditor
- Considering membership disputes
- Considering resolutions to remove a Governor
- Approving an appointment of the Chief Executive (and Accounting Officer)
- Providing the views of the Members Council to Trust Directors for the Forward Plan
- Considering the approved Annual Accounts, any report of the Auditor on them and the Annual Report



**Thank You**

**Any Questions?**



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Presented by Nick Henry



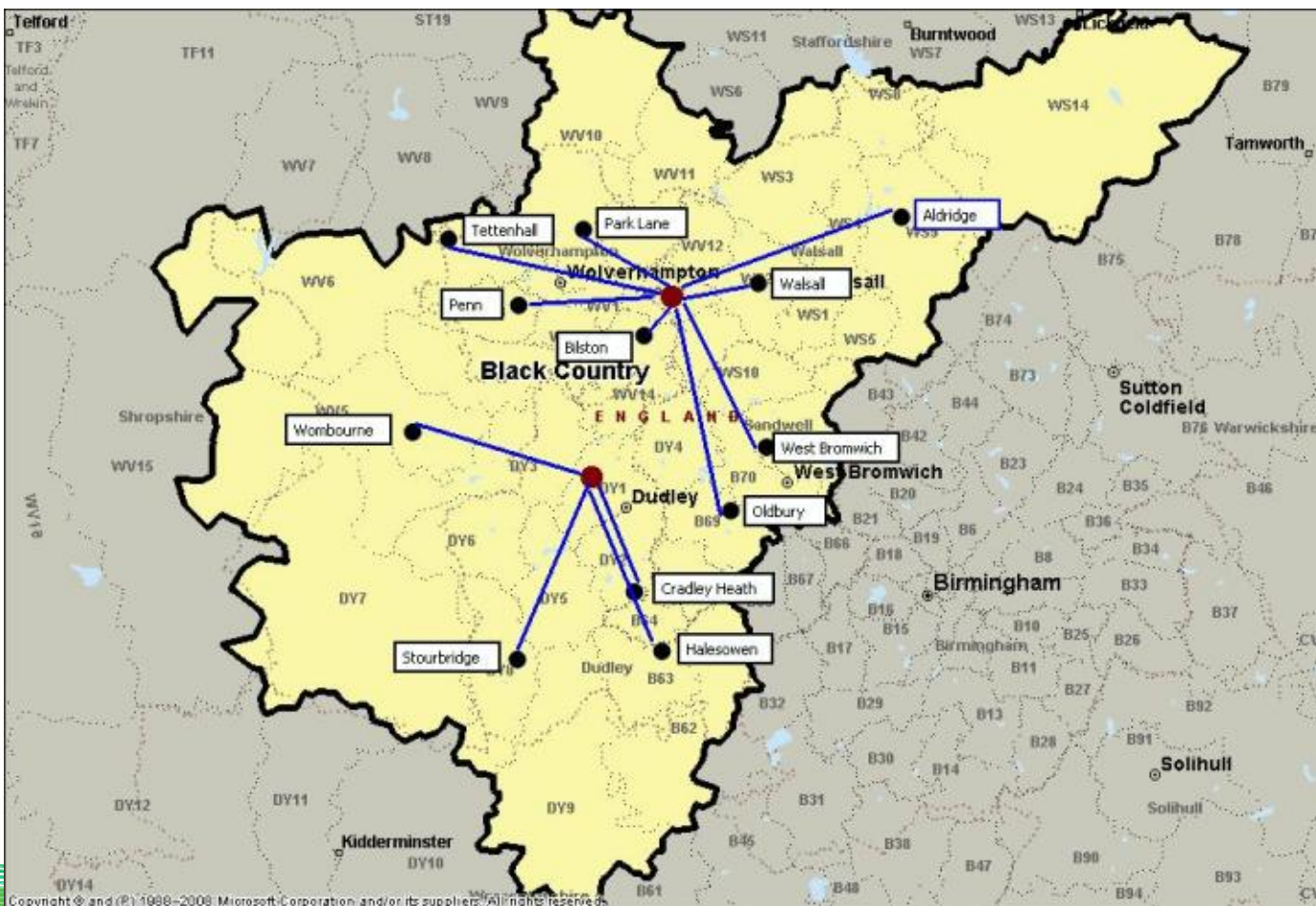
Wolverhampton

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# Old stations configuration

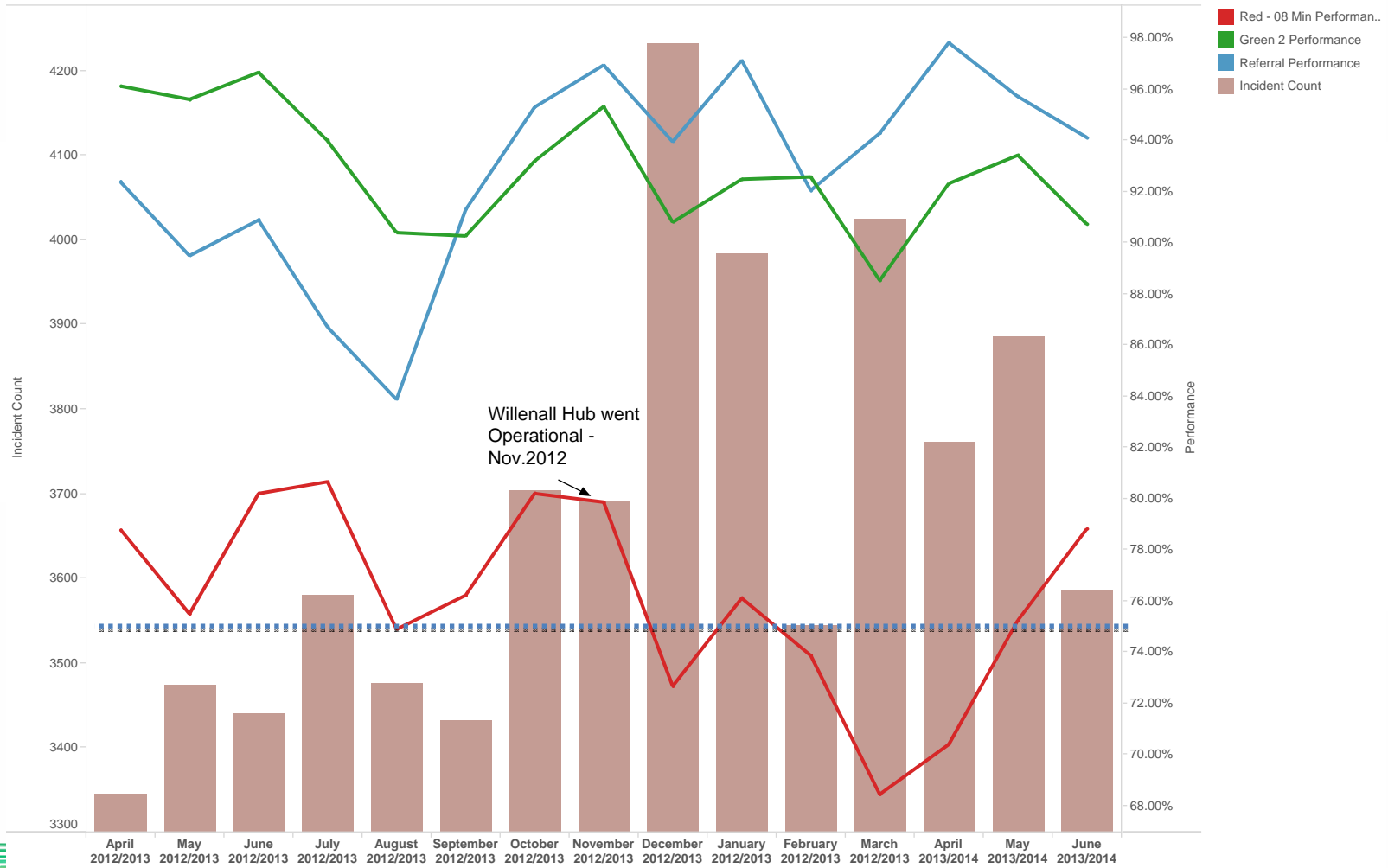


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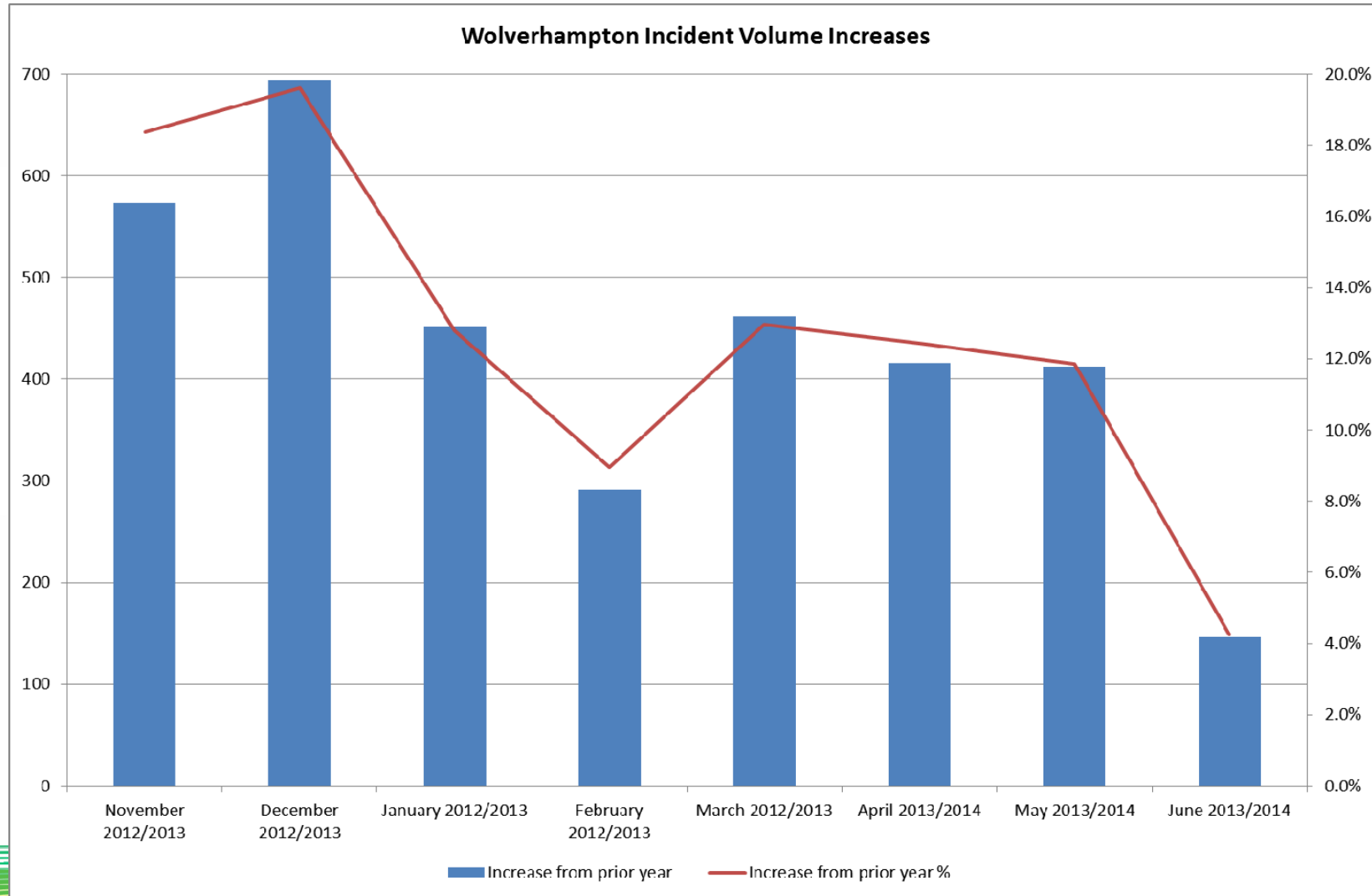




## Wolverhampton Activity and Performance



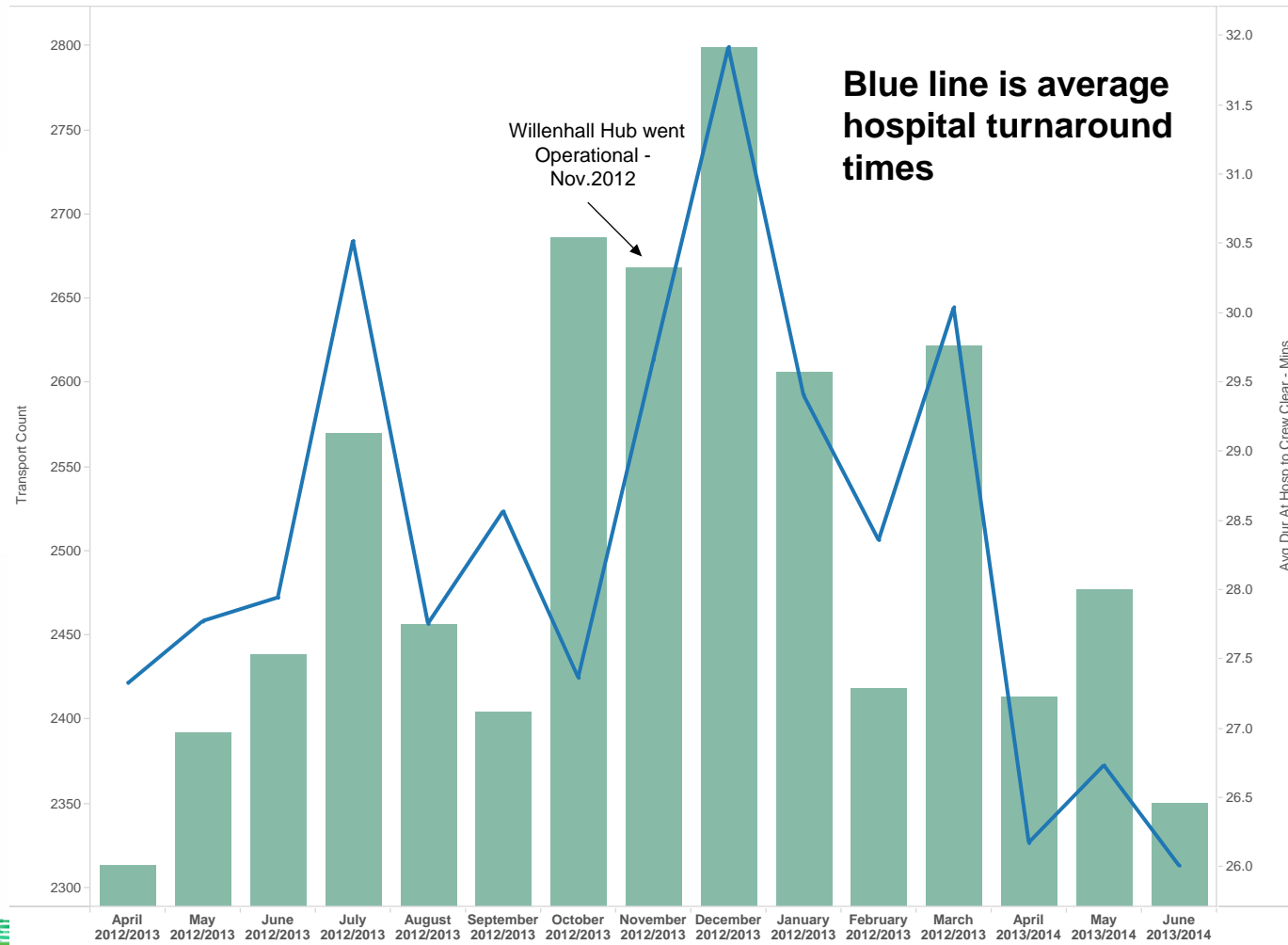
Trust us to care.



Trust us to care.



## Hospital Transports and Delays



Wolverhampton City Council

**OPEN DECISION ITEM**

Health Scrutiny Panel

Date **18.7.13**

Originating Service Group(s) **Care Quality Commission**

Contact Officer(s)/  
Telephone Number(s) **Lisa Thacker/Payal Patel**

Title **Care Quality Commission/ Briefing on the roles and responsibilities of  
the Care Quality Commission**

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**RECOMMENDATION**

That the Health Scrutiny Panel considers and comments on the information about the role and responsibilities of the Care Quality Commission

## 1. **PURPOSE**

- 1.1 The Care Quality Commission is the independent regulator of all health and adult social care in England.
- 1.2 The Panel were invited to comment on the presentation and the attached documents

## 2. **BACKGROUND**

- 2.1 A key part of the work of the Care Quality Commission (CQC) is building relationships with local health scrutiny panels and also explaining their role in helping to monitor compliance with minimum national care and quality standards.

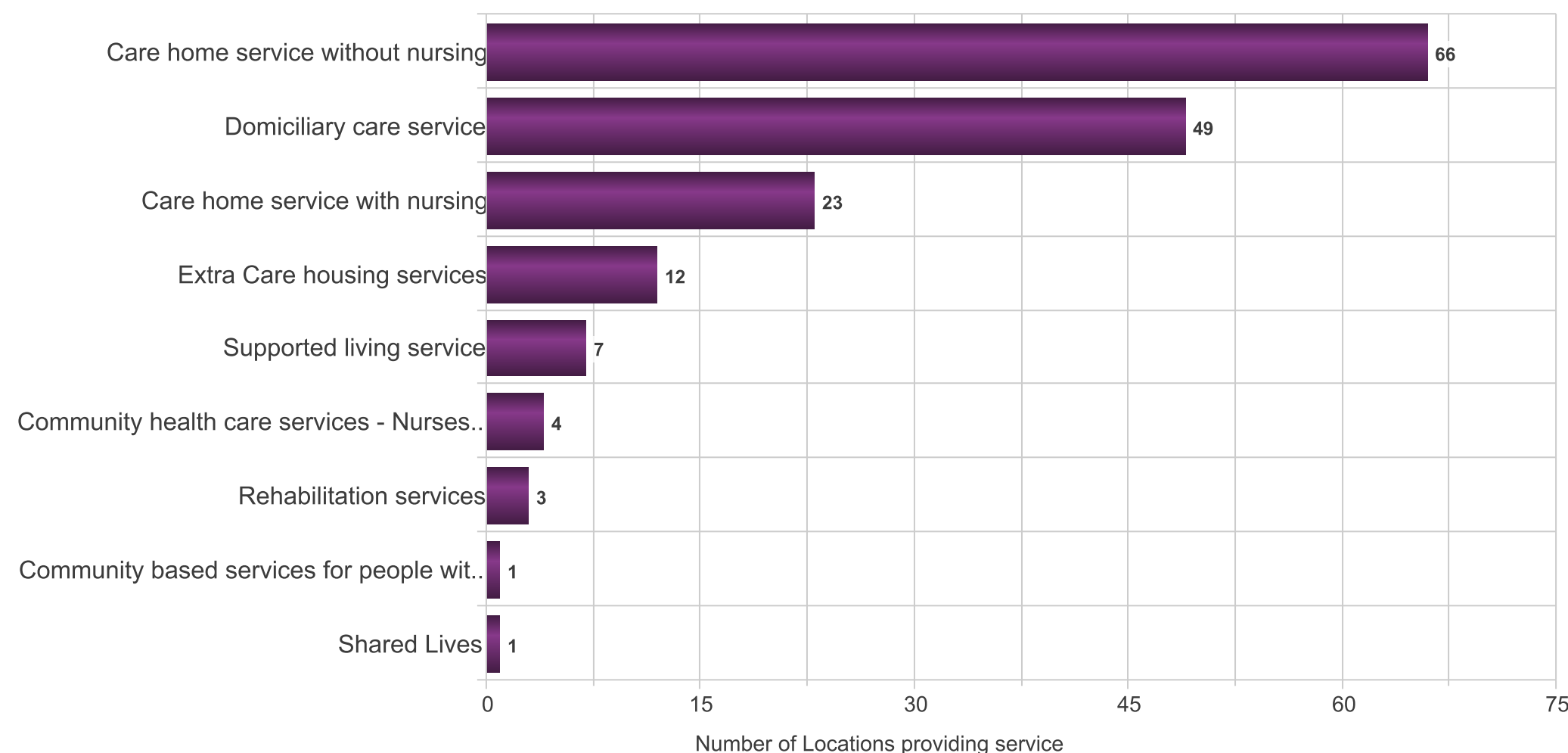
## 3. **SCHEDULE OF BACKGROUND PAPERS**

- A guide for overview and scrutiny committees for health and social care
- Scrutiny and regulation working together - presentation
- Care Quality Commission Bulletin – Update for Overview and Scrutiny Committees June 2013
- CQC – how we check you meet the standards
- Local Area Profile Wolverhampton



### Active Locations in Wolverhampton providing the following services

NB: Locations can provide more than one type of service  
Date run: 20/06/2013



Number of Locations

**142**

### Care Homes with Nursing in Wolverhampton

Date run: 20/06/2013

Number of Locations

**23**

Total number of beds

**1,080**

### Care Homes without Nursing in Wolverhampton

NB: Care Homes can register both with and without nursing. Those have been classified only as a Care home with Nursing in this section of the report

Number of Locations

**66**

Total number of beds

**1,450**

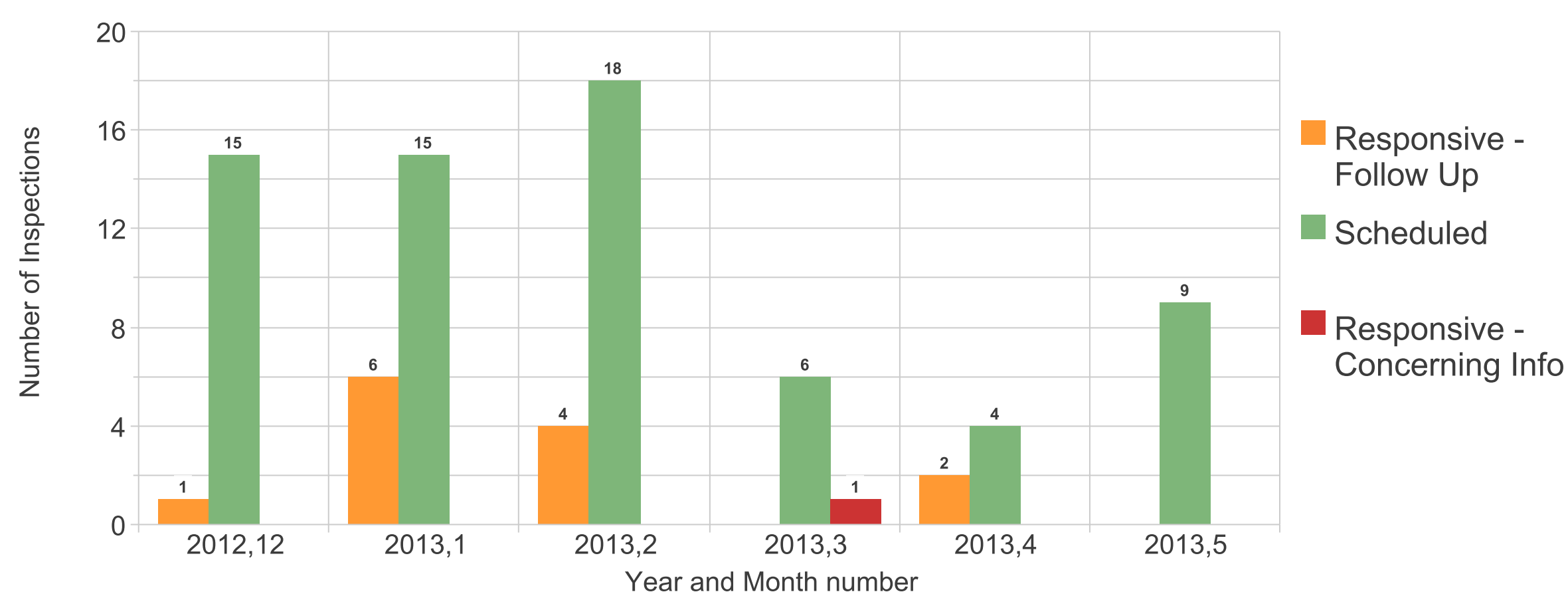
### Inactive Social Care Org Services in Wolverhampton

The number of Social Care Org services that have become Inactive, by year. NB: A location often offers more than one service so the Grand Total will often be lower than the total number of services provided

Location Service Type Description	2011	2012	2013	# Locations ceasing to provide service
Care home service with nursing	2			2
Care home service without nursing	2	5	1	8
Community health care services - Nurses Agency only			1	1
Domiciliary care service	6	11	5	22
Rehabilitation services	1			1
Supported living service	1	1		2
<b>Grand Total</b>	<b>10</b>	<b>16</b>	<b>6</b>	<b>32</b>

### Number of published inspections over the last six months, by inspection type and inspection month

NB: there is a timelag of a number of weeks between an inspection and the report being published so previous months' figures may not yet be complete

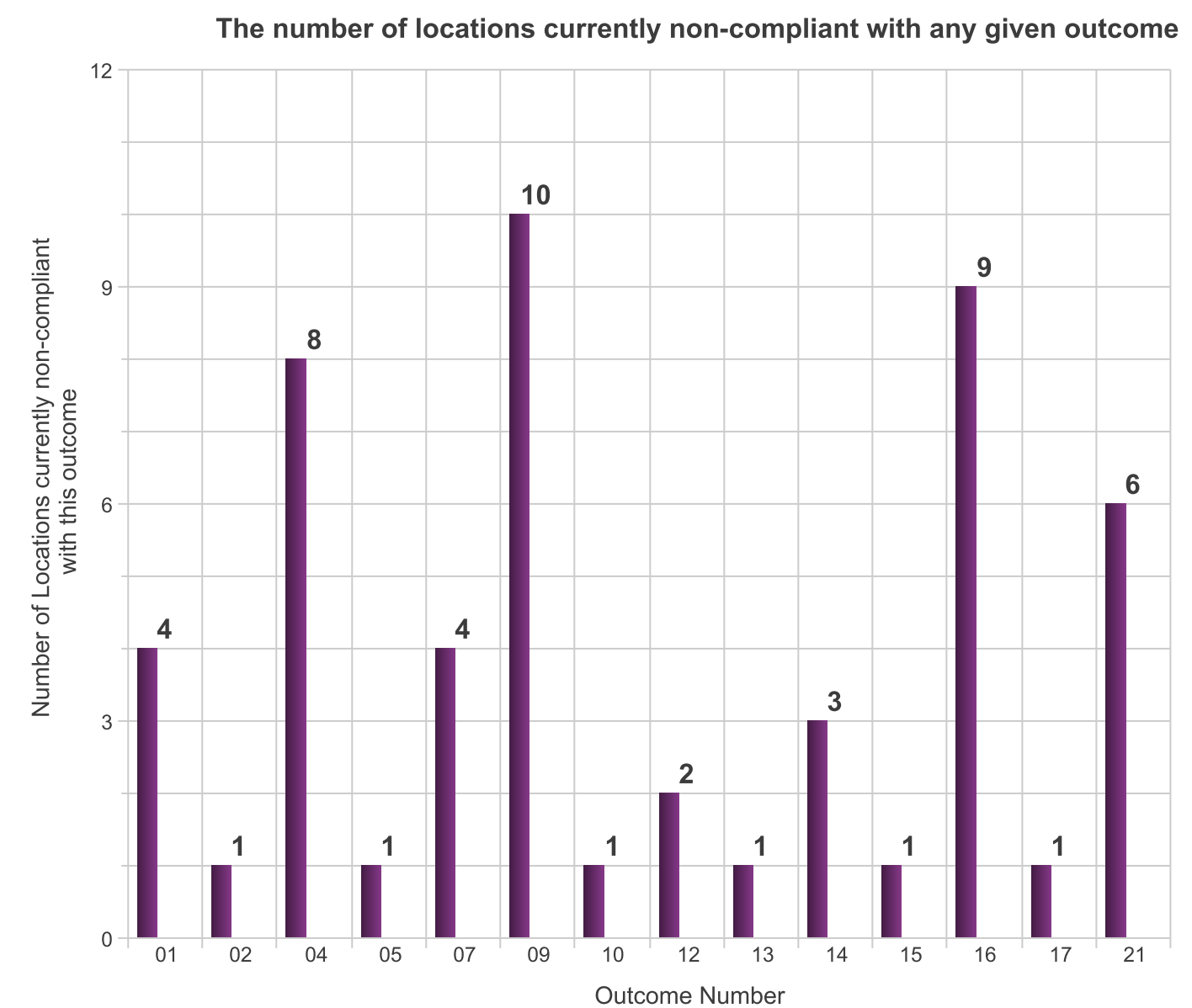




## All current Social Care Org non-compliance, by outcome, in Wolverhampton

NB. Some outcomes are routinely inspected more often than others, according to sector and risk

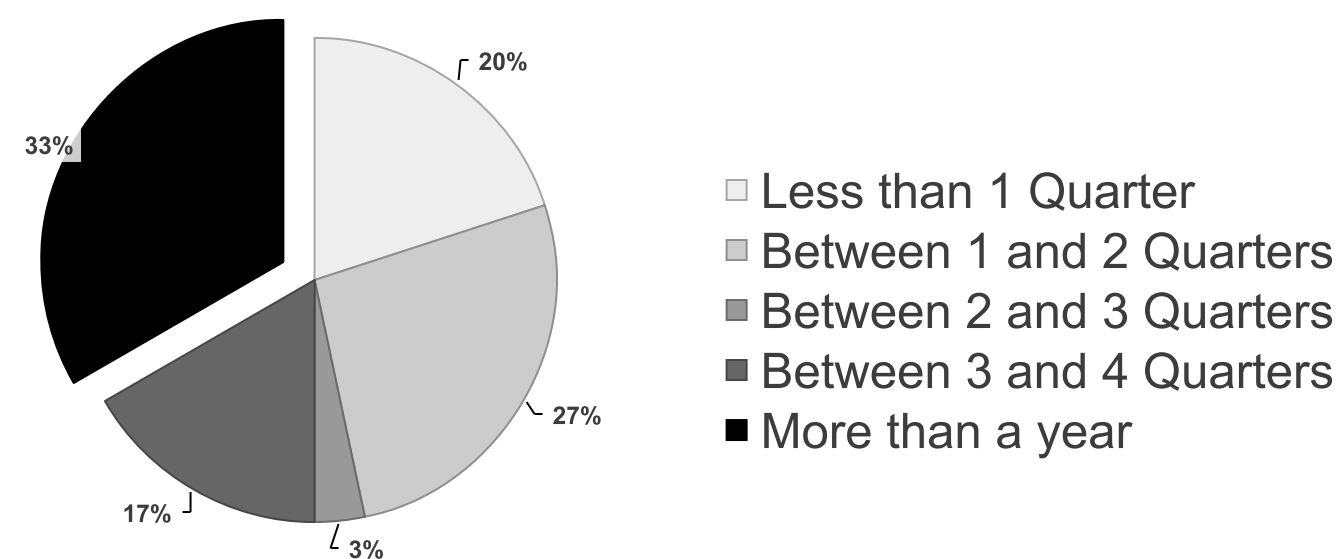
Outcome Number	Outcome Name	Number of Locations
01	Respecting and involving people who use services	4
02	Consent to care and treatment	1
04	Care and welfare of people who use services	8
05	Meeting nutritional needs	1
07	Safeguarding people who use services from abuse	4
09	Management of medicines	10
10	Safety and suitability of premises	1
12	Requirements relating to workers	2
13	Staffing	1
14	Supporting workers	3
15	Statement of purpose	1
16	Assessing and monitoring the quality of service provision	9
17	Complaints	1
21	Records	6



## The length of time (in calendar quarters) that Social Care Org location(s) have been non-compliant in the Wolverhampton area

A location is only compliant when every outcome that has ever been inspected under the HSCA is currently judged to be compliant (no Regulatory Action has been identified)

Time Non-Compliant	# Locations	% Locations
Less than 1 Quarter	6	20.0%
Between 1 and 2 Quarters	8	26.7%
Between 2 and 3 Quarters	1	3.3%
Between 3 and 4 Quarters	5	16.7%
More than a year	10	33.3%
<b>Grand Total</b>	<b>30</b>	<b>100.0%</b>



## Social Care Org Locations in Wolverhampton that have returned to Compliance in the last three months

This means that, at the date of printing, they are compliant with all outcomes that have been inspected

Date run: 20/06/2013

Location City	Provider Name	Location Name	Location Postal Code	Date Location returned to Compliance
Bilston	Agincare UK Limited	Agincare UK Wolverhampton	WV14 0BA	20 June 2013
Wolverhampton	Care Avenues Limited	Care Avenues Limited - 26 Waterloo Road	WV1 4BL	14 June 2013
Wolverhampton	First Care Services Limited	Orchard House Nursing Home	WV3 7DS	28 May 2013
Wolverhampton	Mrs Gail Fraser	Harper House - Wolverhampton	WV11 3HB	06 June 2013
Wolverhampton	Pathways Care Group Limited	Henley House	WV3 7LZ	30 May 2013
Wolverhampton	Select Lifestyles Limited	Select Lifestyles Limited - 153 St Marks Road	WV3 0QN	15 May 2013
Wolverhampton	Sunrise Operations Tettenhall Limited	Sunrise Operations Tettenhall Limited	WV6 9BN	14 May 2013
Wolverhampton	Sunrise Operations Tettenhall Limited	Sunrise Operations Tettenhall Limited Reminiscence Neighbourhood	WV6 9BN	09 May 2013
Wolverhampton	Wolverhampton City Council	Nelson Mandela House	WV9 5NJ	08 April 2013
Wolverhampton	Wolverhampton City Council	Swan Bank	WV4 5QE	14 May 2013
Wolverhampton	Woodfields Residential Carehome	Woodfields Residential Home	WV6 8QB	04 May 2013

## Currently non-compliant Social Care Org locations in Wolverhampton and their Inspection history

This list displays any Active locations who are not currently fully compliant with all outcomes for which they have been inspected. It also lists a history of their inspections, marking with an 'X' which outcomes were inspected.

Date run: 20/06/2013

Provider Name	Location Name	Report Published Date	Inspection Type	Outcome Status	Outcomes Inspected																	
					01	02	04	05	06	07	08	09	10	11	12	13	14	15	16	17	21	28
1st Hand Care Limited	1st Hand Care Limited - West Midlands	24-November-2012	Responsive - Follow Up	Compliant			X												X			
		14-August-2012	Responsive - Follow Up	Non Compliant							X			X					X			
		26-April-2012	Responsive - Concerning Info	Non Compliant			X		X	X									X			
Anchor Trust	Langley Court	27-February-2013	Scheduled	Non Compliant	X	X					X			X	X							
Angel Care Homes Limited	The Leylands - Residential Care Home	25-May-2013	Scheduled	Compliant	X	X				X			X					X				
		14-August-2012	Scheduled	Non Compliant	X	X			X					X				X				
		26-October-2011	Scheduled	Compliant	X	X			X					X		X						
Aplin Care Homes Limited	Fallings Park Lodge	16-March-2013	Scheduled	Compliant						X				X								
				Non Compliant	X	X						X				X						

Provider Name	Location Name	Report Published Date	Inspection Type	Outcome Status	Outcomes Inspected																	
					01	02	04	05	06	07	08	09	10	11	12	13	14	15	16	17	21	28
Aplin Care Homes Limited	Fallings Park Lodge	18-November-2011	Scheduled	Compliant	X	X						X										
				Non Compliant					X								X					
Bupa Care Homes (BNH) Limited	Anville Court Nursing Home	01-March-2013	Responsive - Follow Up	Compliant									X	X		X						
		15-August-2012	Scheduled	Non Compliant	X				X			X				X	X		X			
Central England Healthcare (Wolverhampton) Limited	Eversleigh Care Centre	11-June-2013	Scheduled	Compliant		X					X			X		X						
		05-January-2013	Responsive - Follow Up	Non Compliant										X								
		12-December-2012	Responsive - Concerning Info	Compliant							X											
		01-December-2012	Responsive - Follow Up	Non Compliant	X				X									X				
		17-August-2012	Scheduled	Non Compliant	X	X		X									X	X				
		07-October-2011	Responsive - Follow Up	Compliant		X		X						X								
		17-March-2011	Responsive - Concerning Info	Non Compliant		X		X														
		19-February-2013	Scheduled	Compliant							X	X		X					X			
Charnat Care Partnership	Avis House	16-November-2011	Scheduled	Non Compliant	X	X		X				X			X		X		X			
		06-March-2013	Scheduled	Compliant	X	X	X				X											
Claremont Care Limited	The Old Vicarage	07-March-2012	Responsive - Follow Up	Compliant		X		X									X					
		13-September-2011	Scheduled	Non Compliant		X		X										X				
		27-July-2012	Themed	Compliant	X	X		X									X	X				
Dr M M L Passi and Dr U Passi	Parkfields Nursing Home	06-November-2012	Scheduled	Non Compliant	X			X		X			X				X					
		11-January-2012	Responsive - Concerning Info	Compliant		X	X															
		06-June-2011	Responsive - Concerning Info	Non Compliant		X	X			X			X					X				
Elysian Care Limited	Knoll House Care Home	04-April-2013	Responsive - Concerning Info	Compliant		X							X									
		28-December-2012	Desk Based Follow Up Review	Non Compliant					X													
		05-October-2012	Scheduled	Compliant	X	X									X		X					
		12-April-2012	Responsive - Concerning Info	Non Compliant					X													
		06-July-2011	Responsive - Concerning Info	Compliant		X						X										
		21-January-2011	Responsive - Concerning Info	Non Compliant		X						X										
HC-One Limited	Aldergrove Manor Nursing Home	13-September-2012	Responsive - Follow Up	Compliant	X	X		X				X	X			X						
		07-March-2012	Responsive - Follow Up	Non Compliant		X												X				
	Bellevue Court	12-April-2013	Scheduled	Compliant	X	X					X					X	X					
Hibiscus Housing Association Limited	Hibiscus Domiciliary Care Agency	20-March-2013	Scheduled	Compliant	X	X		X						X		X		X				
M Jalal	Ruksar Nursing Home	11-May-2013	Scheduled	Non Compliant	X	X			X		X	X	X	X		X		X	X			
		15-June-2012	Responsive - Concerning Info	Compliant	X	X		X	X	X	X	X	X	X		X		X				
		13-September-2011	Responsive - Follow Up	Non Compliant								X										
		30-June-2011	Responsive - Concerning Info	Compliant								X										
Millenia House Limited	Millenia House	01-June-2013	Scheduled	Compliant	X	X																





Provider Name	Location Name	Report Published Date	Inspection Type	Outcome Status	Outcomes Inspected																	
					01	02	04	05	06	07	08	09	10	11	12	13	14	15	16	17	21	28
Wolverhampton City Council	Merryhill House	22-February-2013	Responsive - Follow Up	Non Compliant			X			X							X	X				
		03-August-2012	Scheduled	Non Compliant	X		X			X					X		X	X				
	North Outreach Team	21-March-2013	Scheduled	Compliant	X				X				X				X					
Wrottesley House Limited	Wrottesley House	13-June-2013	Scheduled	Non Compliant			X			X	X						X					
		10-September-2012	Scheduled	Compliant	X		X			X							X	X		X		
		16-May-2011	Scheduled	Compliant	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		

# Scrutiny and regulation working together



“CQC should expand its work with overview and scrutiny committees and foundation trust governors as a valuable information source” (47)

These slides give an overview of:

- CQC's new strategy
- Who we are in your region
- How we want to work with your Overview and Scrutiny Committee
- How you can share information with us
- The information we can share with your committee
- Further information

# What does the CQC do?



## **Our purpose**

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve

## **Our role**

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

We continue to protect the interests of vulnerable people, including those whose rights are restricted under the Mental Health Act.

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## Underpinning our approach



Our judgements will be independent of the health and social care system

We will always be on the side of people who use services.

This is why our relationships with overview and scrutiny committees are an important part of how we work.

## CQC in the region



Lisa Thacker (Acting Compliance Manager)

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Address: NCSC Central Region  
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Phone: 03000 61 61 61

Internet: <http://www.cqc.org.uk/public/sharing-your-experience/working-local-groups>

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# 'Raising Standards; Putting People First 2013-2016'



- Better information for the public including ratings
- Improved assessments of services and Chief Inspectors
- Stronger national and local partnerships – eg. health and wellbeing boards, Healthwatch, OSCs
- A more rigorous test for organisations applying for registration with CQC
- Changing our approach to the NHS acute trusts and mental health -New fundamental standards
- Improve our assessments of how services work together – for example dementia care



## Five areas of quality and safety in our new approach to inspections



Our new inspections of NHS trusts this year will cover the following:

Are services safe?

Are they effective?

Are they caring?

Are they well-led?

Are they responsive to what people tell them?

We want to use any information available from OSCs to support these inspections – especially feedback from local people

## What we will continue to do



- A programme of unannounced inspections and reporting across the sectors we regulate.
- This includes independent healthcare, adult social care services including home care agencies, and NHS services including ambulance services, mental health and community based services and GP practices
- Inspections at any time in response to concerns
- Reviews on particular areas of care – including in 2013 a review of dementia care and a review of services for children/young adults with a physical disability
- Regulatory and enforcement action

## Common care concerns for both CQC and scrutiny – some examples



- The safety of people in most vulnerable circumstances – such as residential services for people with a learning disability
- Quality of staffing
- Cooperation between providers – as people move between hospital and social care, including discharge
- Care for people with complex health and care needs – such as dementia
- Dignity and respect for people – eg, at mealtimes
- Medicines management

## We want Overview and Scrutiny Committees to:



- Know who we are and what we do
- Have contact with local Care Quality Commission staff to share information
- Know what we have done with any information you give us
- Know about our inspections and where we have concerns about services
- Work with us more closely as we monitor services

## Top tips for scrutiny committees



- Build a dialogue with CQC – with regular informal contact and chairs able to ‘pick up the phone’
  - Let CQC know your committee’s plans and progress of work
  - Meet with CQC – as a partner not as a ‘witness’
  - Use our information – the registered services in your area, our inspection activity and our findings
  - Share information with CQC about people’s experiences of the local health and care system and of individual services
  - Information from scrutiny reviews, public meetings, issues from councillors can all be useful to CQC
  - Share your findings and recommendations from reviews
  - Expect feedback from CQC on how we use your information
-



In return, your local CQC contact will:



- Aim for a 'no surprises' relationship – regular structured contact
  - Meet with OSCs – but as a partner, not an interviewee
  - Explain how CQC fits into the local health and care system
  - Provide feedback on how we use information from scrutiny
  - Explain how services do/don't meet the fundamental standards and what CQC expects of providers
  - Have confidential conversations with the chair/lead officer where agreed
  - Hold joint meetings where needed with you and the local Healthwatch
  - Help councillors understand the inspection process
-

- Scrutiny committees should receive local press releases and updates on our national reports. There are also existing guides for OSCs and councillors
- From June a new two monthly ebulletin for all OSCs from CQC – setting out our latest news and ways you can get involved in our work
- A new report on how CQC and district councillors can work together (due June/July 2013)
- An updated briefing for OSCs about working with CQC (due July 2013)
- A briefing for councillors about our role in monitoring the Mental Health Act (summer 2013)

Read the new CQC strategy on our website at

[Care Quality Commission www.cqc.org.uk](http://www.cqc.org.uk)

Telephone 03000 616161 if you want to speak to someone at CQC

Email [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) to send us information from your scrutiny reviews and other work from your programme

Please email [involvement.edhr@cqc.org.uk](mailto:involvement.edhr@cqc.org.uk) if you want to get involved in national CQC developments. This will take you directly to the involvement team

## More information



Guide for local councillors on working with CQC

[http://www.cqc.org.uk/sites/default/files/media/documents/a\\_guide\\_for\\_councillors.pdf](http://www.cqc.org.uk/sites/default/files/media/documents/a_guide_for_councillors.pdf)

Guide for overview and scrutiny committees on working with CQC

[http://www.cqc.org.uk/sites/default/files/media/documents/a\\_guide\\_for\\_oscs\\_0.pdf](http://www.cqc.org.uk/sites/default/files/media/documents/a_guide_for_oscs_0.pdf)

Information about the government standards we check on

<http://www.cqc.org.uk/public/government-standards>

This is an example of a public guide - about the standards you can expect in hospital.

[http://www.cqc.org.uk/sites/default/files/media/documents/6436\\_cqc\\_hospitals.pdf](http://www.cqc.org.uk/sites/default/files/media/documents/6436_cqc_hospitals.pdf)

There are also guides about what you can expect from your care in care homes, care at home and dentists

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# Our Responsibility and Commitment to Safeguarding

- **Safeguarding in CQC**
- **Why we revised our protocol**
- **CQC's response to safeguarding**
- **CQC's role in local safeguarding procedures**

- Safeguarding adults and children is a key priority for CQC
- Safeguarding refers to an organisations responsibility to protect people whose circumstances make them vulnerable to abuse, harm or neglect
- Effective safeguarding depends on a multi-agency partnership within which CQC may contribute

## Why we revised our protocol



- Lessons learnt from high profile cases
- Responding to national policy
- Review of CQC safeguarding systems and processes
- External consultation with partners
- Consultation with CQC staff



- ▶ As a regulator CQC's main responsibility is to ensure that providers of care have adequate systems in place and that these are effectively implemented
- ▶ CQC may contribute to multi agency partnership working
- ▶ When CQC receives information that may have safeguarding implications then we have a responsibility to pass this information on and assess its impact on provider compliance
- ▶ Primary responsibility to make a safeguarding referral lies with the provider

- ▶ CQC will make a direct referral to the local authority or police where;
  - we are the first recipient of the information
  - the provider or manager is implicated in the safeguarding incident
  - the provider or manager has failed to make a referral
  - we have little confidence that the provider will respond to the incident appropriately
- ▶ Referral to ISA/other professional regulators as required

- Inform the provider/ manager of the service unless they are directly implicated
- Ensure immediate action is taken to protect the individual/s from harm, if safe to do so
- Ensure a timely safeguarding referral is made to Local Authority and/or police within 24 hours of the incident

- Information Sharing
- Safeguarding Strategy meetings
- Local Safeguarding Boards
- Serious Case Reviews

- Successful regulation is dependent on effective and timely information sharing between partner agencies
- CQC is committed to openness and accountability
- Fair, proportionate and within legal requirements
- Promote improvements in health and social care

- CQC should be made aware of safeguarding concerns in regulated services
- It is **not** routinely necessary for CQC to attend all meetings
- If CQC does or does not attend strategy meetings relevant information will be shared
- CQC should attend strategy meetings when;
  - Registered persons are directly implicated
  - Urgent or complex regulatory action is indicated
  - Enforcement action has started

- CQC will **not** routinely attend LSGB, we will attend by invitation at least once a year, or where we have been invited by the chair to;
  - ▶ Promote the role of CQC in safeguarding
  - ▶ Share information
  - ▶ Discuss regional or local safeguarding issues
- CQC has no decision making authority on LSGB

- CQC has a role to play in SCR's and the lessons learnt
- CQC will attend SCR Panel meetings
- CQC have no decision making authority within this process
- Agreement with ADASS to notify CQC on initiation of SCR



Website: [www.CQC.org.uk](http://www.CQC.org.uk)

[http://www.cqc.org.uk/search/apachesolr\\_search/safeguarding](http://www.cqc.org.uk/search/apachesolr_search/safeguarding)



# A guide for overview and scrutiny committees for health and social care

How your committee can work with the  
Care Quality Commission

# Contents

<b>1. Introduction</b>	<b>3</b>
<b>2. About the Care Quality Commission</b>	<b>4</b>
Which services do we check?	4
What standards do we check on?	4
How we carry out our checks	6
What we do if a service doesn't meet the essential standards	7
<b>3. What your scrutiny committee can expect from CQC?</b>	<b>8</b>
Regular contact with CQC staff	8
How we work with your committee during a review of a service	8
How we work with your committee when we take enforcement action	9
How we give feedback to your committee	9
Our approach to sharing information that is not yet public or is confidential	9
<b>4. Sharing information with CQC about local services</b>	<b>10</b>
How to share your information with CQC	10
What we do with your information?	11
What to do if you are concerned about someone's safety?	12
<b>5. Where to go for more information</b>	<b>12</b>
<b>6. Examples of working together</b>	<b>13</b>

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# 1. Introduction

This is a guide for locally elected councillors and local authority officers involved in the scrutiny of health and social care who want to know more about how their scrutiny committee can work with the Care Quality Commission (CQC). We are the independent regulator of health and adult social care services in England. This guide tells you more about CQC and what we do. It explains what your scrutiny committee can expect from us as we work together locally to improve care. It explains what information you can share with us to help us check on services, and how you can use the information we hold to help your scrutiny committee.

The guide has been written by CQC with support from the Centre for Public Scrutiny, and some local authority officers and councillors working together. We would like to thank those involved for their effort and enthusiasm. Examples from their work have been used in the guide.

We will carry on working with all scrutiny committees in England during 2011/2012, building stronger working relationships with more committees and exploring how to work with elected councillors under new scrutiny arrangements that may develop.

We would like to hear from more scrutiny committees and to use more of the information councillors hold about people's views and experiences of their care. We are especially interested to hear about people's experiences of social care services as well as health care. We hope the examples in this guide encourage all scrutiny committees to share information with CQC to help us work together to improve care.

For more information about our work with scrutiny committees, please go to [www.cqc.org.uk/localvoices](http://www.cqc.org.uk/localvoices). For information about HealthWatch go to: [www.cqc.org.uk/aboutcqc/whatwedo/improvinghealthandsocialcare/healthwatch.cfm](http://www.cqc.org.uk/aboutcqc/whatwedo/improvinghealthandsocialcare/healthwatch.cfm)

You can also read *A guide for local councillors: Working with the Care Quality Commission* available at [www.cqc.org.uk/localvoices](http://www.cqc.org.uk/localvoices)

## 2. About the Care Quality Commission

We are the Care Quality Commission, the independent regulator of healthcare and adult social care services in England. We check whether care services meet essential standards of quality and safety, and we also protect the interests of vulnerable people, including those whose rights are restricted under the Mental Health Act.

Find out more about us at [www.cqc.org.uk](http://www.cqc.org.uk)

### Which services do we check?

We check on these types of services:

- Providers of medical treatment to people of all ages, including treatment provided in hospitals, by ambulance services and by mental health services.
- Providers of care homes for people over 18 who need help to maintain their independence and wellbeing. This includes nursing homes. Care homes can provide residential care for the following:
  - People with long- or short-term health conditions
  - Disabled people and people with learning disabilities
  - Older people
  - People with drug or alcohol problems.
- Agencies that provide care, treatment and support to people living in their own homes to help them maintain their independence and wellbeing.
- Providers of services for people whose rights are restricted under the Mental Health Act.
- We started to register and check on dental services (in the community) and independent ambulance services from April 2011. We will register GP out-of-hours services from April 2012. Subject to Parliament, we will now register primary medical services including walk-in centres and GP services from April 2013.

### What standards do we check on?

The Health and Social Care Act 2008 requires providers of all regulated care services to meet government standards of quality and safety – the standards the government says anyone should expect whenever or wherever they receive care. These standards cover things like cleanliness, dignity, safety and staffing.

We register providers if they meet the standards, we check whether or not they continue to do so and we take action if standards aren't being met. Our assessments are based on people's experiences of care and the impact it has on their health and wellbeing, as well as on whether or not the right systems and processes are in place.

We put the views, experiences, health and wellbeing of people who use services at the centre of our work.

You can read our guidance about the essential standards and full details of the outcomes we look for at [www.cqcguidanceaboutcompliance.org.uk](http://www.cqcguidanceaboutcompliance.org.uk) and at [www.cqc.org.uk/\\_db/\\_documents/Quick\\_guide\\_to\\_the\\_essential\\_standards.doc](http://www.cqc.org.uk/_db/_documents/Quick_guide_to_the_essential_standards.doc)

We have also produced guides for the public explaining what you can expect from your care which can be found at:

[www.cqc.org.uk/usingcareservices/essentialstandardsqualityandsafety.cfm](http://www.cqc.org.uk/usingcareservices/essentialstandardsqualityandsafety.cfm)

**You can expect any of the health or social care services we check on to meet the following essential standards:**

**You can expect to be involved and told what's happening at every stage of your care**

- You will always be involved in discussions about your care and treatment, and your privacy and dignity will be respected by all staff.
- You will be given opportunities, encouragement and support to help you live as independently as possible.
- Before you receive any examination, care treatment or support you will be asked whether or not you agree to it.

**You can expect care, treatment and support that meets your needs**

- Your personal needs will be assessed to make sure you get safe and appropriate care that supports your rights.
- You get the treatment that you and your health or care professional agree will make a difference to your health and wellbeing.
- You will get the food and drink you need to meet your dietary needs.
- If you have more than one care provider, or if you are moved between services, you will get coordinated care.

**You can also expect your needs to be met in relation to:**

- Your cultural background and the language you speak
- Your sex (gender)
- Your disability
- Your age
- Your sexual orientation (whether you are a lesbian, gay, bisexual or heterosexual person)
- Your religion or belief
- Your gender identity, if you are a transsexual person
- Your needs if you are pregnant or have recently had a baby.

**You can expect to be safe**

- You will be protected from abuse or the risk of abuse, and staff will respect your human rights.

- You will get the medicines you need, when you need them, and in a safe way.
- You will be cared for in a safe and accessible place.
- You will not be harmed by unsafe or unsuitable equipment.
- You will be cared for in a clean environment where you are protected from infection.

**You can expect to be cared for by qualified staff with the right skills to do their jobs properly**

- Your health and welfare needs are met by staff who have the knowledge, skills and experience needed.
- There will always be enough members of staff available to keep you safe and meet your needs.
- You will be looked after by staff who are well managed and have the chance to develop and improve their skills.

**You can expect your care provider to routinely check the quality of its services**

- Your care provider will monitor the quality of its services to make sure you are safe.
- Your personal records, including medical records, will be accurate and kept safe and confidential.
- You, or someone acting on your behalf, can complain and will be listened to. Your complaint will be acted upon properly.

## How we carry out our checks

Under new proposals, we will inspect all adult social care, independent healthcare services, and most NHS hospitals at least once a year. (By NHS hospitals we mean all NHS acute hospitals and all NHS ambulance trusts. We inspect at least one type of service in all other trusts). We will inspect dental services at least once every two years. We check on services more frequently where there are concerns that people may be getting poor care. We identify these concerns by sharing information with a wide variety of organisations, by listening to the public, local groups, care staff and whistleblowers, and by monitoring data. We build a profile of each service that is updated whenever new information arrives. This helps our inspectors to decide where there is a risk that people could be experiencing poor care. The information comes from different sources, including:

- People who use services, families and carers
- LINKs (local involvement networks)
- Overview and scrutiny committees for health and/or social care
- Foundation trust councils of governors
- Other voluntary and community groups
- Other regulatory organisations and the NHS Information Centre

- Other organisations such as commissioners of care (like councils) and the health and local government ombudsman
- Staff and other professionals
- CQC inspectors.

Feedback from people who use services is very important to us. We treat it as seriously as we do other forms of information.

When we decide that there is a risk of poor care, we assess whether or not the service is failing to meet one or more of the essential standards. We review the information we hold and we ask the people running the service to prove that it is meeting the standards. We may conduct further visits to the service to observe how care is delivered, talk to the people who use the service and to staff, and to check the provider's records if necessary.

If we judge that services are not meeting essential standards we use our powers to require improvements. We follow up to make sure the improvements are made and we hold services to account if they don't do so. If we judge that people's health, wellbeing and safety are at risk we take swift action to protect them.

Once we have reviewed a service we publish our findings as quickly as possible. Our information can help people choose a service or tell them about standards of care at a local service. We update our website when there are changes to report about checks, improvements or concerns.

## **What we do if a service doesn't meet the essential standards**

If standards aren't being met, we require improvements within a set timescale. The service must then send us an action plan telling us how it will make these improvements.

If the service does not improve, or we have serious concerns about the health and safety of people who use it, we have a range of enforcement powers we can use including fines, warnings, restrictions to the way the service is provided, suspension or cancellation of its licence to operate, and prosecution of those providing the service.

When we propose to use our enforcement powers, the service has 28 days to challenge us before we can make our decision public. However, if we believe there is a serious, immediate threat to people's health and safety, we can act immediately to restrict, suspend or stop the service from being provided and we can make our decision public as soon as we do so.



## 3. What your scrutiny committee can expect from CQC?

This section sets out how our staff aim to work with all scrutiny committees for health and social care across the country. If the relationship between CQC and your scrutiny committee is still developing, we will gradually introduce the steps set out below.

### Regular contact with CQC staff

Your scrutiny committee chair and lead officer (if you have one) can expect to be given a named local CQC contact person and to be informed if this person changes. You will have contact with your local CQC manager or inspector every three months either by phone, email or a meeting. We may have more frequent contact than this if you have shared information with us about local services and we need to discuss this with your committee. When we make contact with your committee, CQC staff can:

- Explain how we check on services and promote the essential standards of quality and safety to your committee.
- Share with your chair, our confidential programme of reviews over the coming six months (without dates), and any current improvement or enforcement actions we are taking that can be made public. **If your chair or committee prefers, we will only share information that is already in the public domain.**
- Find out about your committee's latest work programme and any responses you are making to NHS consultations.
- Hear from your committee about the issues/concerns local people are raising about the health and social care services in the area. These may come from your scrutiny reviews, public meetings, feedback from your members and so on.
- Give you feedback about how we have used any of the information your committee has already shared with us.

### How we work with your committee during a review of a service

At the start of a CQC service review we check our records to see whether your committee has recently submitted information to us about the service at any of its locations. We may then contact the committee chair and lead officer (if there is one) by phone or email to let you know about the review and the timescale. We will usually do this where:

- Your committee has raised concerns about the service provider, or
- The service provider is included in your work programme, or
- There are gaps in our knowledge about people's views and experiences of the service provider, that your committee may help us fill.

We will invite your committee to give us any new information about the service. We may encourage you to make contact with neighbouring scrutiny committees if you need to coordinate providing information for CQC.

At each contact/meeting with your committee, we will identify with you any actions you intend to take as a result of our reviews. For example, further evidence-gathering

about particular service providers or requests for information. This will help us coordinate our activities better.

## How we work with your committee when we take enforcement action

We will aim to let your scrutiny committee know about an enforcement action we have taken as soon as it is made public. This is when the representations and appeals process that service providers can use is also ended. For example, we will aim to share press releases with you as soon as we can. We understand that this is particularly important where your committee has also been seeking local improvements to services from the provider concerned.

We will be interested to know whether your committee plans to take action as a result of our enforcement action, and will work with you to coordinate this with further CQC activity.

## How we give feedback to your committee

We will let you know we have received any information that your committee sends us between our regular contacts or meetings. If your committee sends information to us via the CQC webform, you will receive an automatic acknowledgement (see page 11). At our regular meetings/contact with you, we will aim to:

- Give you verbal feedback about how we have used any information you have shared with us.
- Highlight the findings and outcomes of relevant reviews of providers.
- Make sure your committee has a copy of the relevant compliance reports.

## Our approach to sharing information that is not yet public or is confidential

We can tell your chair and lead officer (if you have one) about the programme of reviews of services we expect to carry out over the coming six months. We will not tell you the dates for these reviews or whether we will be visiting a service as part of the review. It is very important that we keep our programme of unannounced visits confidential. The public have told us that this is one of the most important things we do. We expect committee chairs and lead officers to respect this information and not to share it with service providers or other groups who may make it public. **If your chair or committee does not wish CQC to share this information with you, please discuss this with your local CQC contact.**

We are unable to share enforcement action we are taking while a service provider has the chance to appeal against this action. Once the appeal period is over, the enforcement action can be made public and shared with the committee.

CQC will not share confidential personal information with scrutiny committees. Similarly, we would not expect a committee to share information with us that identifies individuals or their families, unless this information comes from the individual themselves, someone has agreed that their information can be shared with CQC or someone has asked a committee to pass the information to CQC.

## 4. Sharing information with CQC about local services

We hope your scrutiny committee will share information with us about people's views and experiences of local services, and let us know what you are doing to improve care in your area. It will help us if you can:

- Keep in contact with our local CQC staff.
- Share any information with us if you think it helps us check on the essential standards.
- Share information with us about any of the services we check on – adult social care, health services, dentists and so on.
- Let us know if the committee chair or contact officer changes so that we contact the right person.

Your committee can provide information it already holds, such as:

- Formal reports/reviews of local health or social care services.
- Information gathered to inform a review.
- Your committee's workplan.
- Comments gathered at public events about local health or social care services.
- Contact from members of the public.
- Information on local concerns or emerging issues.
- Local surveys and so on.

You may also wish to gather additional information for one of our reviews of a service provider. For example:

- Inviting scrutiny members to contribute information directly to the committee chair to be shared with CQC.
- Holding a meeting or using an existing committee or public meeting to gather information about a service.

### How to share your information with CQC

You can share information with CQC in three ways:

1. Through our website, where there is an online feedback form for scrutiny committees, LINKs and other groups at [www.cqc.org.uk/localvoices](http://www.cqc.org.uk/localvoices). You can complete the form in your own words and you can also attach your reports to the form. It helps to highlight which sections of the report tell us about the quality or safety of care.
2. Through your local CQC contact. You can share information with them by email, phone or face-to-face when you meet them. It is helpful to copy information that you send through the webform to your local CQC contact so they know this information is available to them straight away.
3. Through our enquiries contact centre at 03000 616161 or [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

### Top tips about the information you share with CQC

1. If in doubt, share your information with us. We would rather have the chance to read about your concerns and decide what action to take, than not know about them. If you have concerns about the care provided, then it is likely that your information will help us check on services.
2. Try to name the health or adult social care service or services you are describing in all your comments or reports. This is especially important when you are giving us information about several different services.
3. Focus on giving us information that tells us about what you have found out or heard about a service providing care, rather than details of how your committee works.
4. Provide the evidence for your conclusions and comments and any dates whenever possible, and explain what sort of evidence you have (it may be a small number of concerning stories or evidence from a survey or meeting with many more people).
5. Try to match your information to our CQC essential standards of quality and safety. You can relate your information to as many standards as you like.
6. Please let us know whether you are giving us information that is positive or negative about how care is provided. Both positive and negative comments about a service are important in helping us judge whether a service continues to meet our standards.

### What we do with your information?

Relevant information from your committee becomes part of our 'quality and risk profile', which we hold for every health and adult social care organisation. The information you share with us will:

- Help us spot problems or concerns in local services that we need to act upon.
- Help in our assessments and reviews of different types of organisations.
- Allow us to look at how well a service provider meets essential standards of quality and safety. This will help us decide if the service provider can continue to register with us and provide its services to local people.
- Help us decide if we need to ask a service provider to make improvements in some areas of its care, to show us that it will meet all these standards in future.

We match your information with our essential standards of quality and safety if we can, and decide whether it is positive or negative. Then we weigh up whether it is clear and whether it is about people's experience of care. For example, does it tell us something that has an impact on a person using the service and does it represent the views of someone using the service (or groups of people using the service)?

We will give your information a score. The higher the score, the more likely it will make a difference to our judgements about the care provided by a service. If your information does not relate to our essential standards we may use it as background information about that service, or we may not be able to use it at all.

Scrutiny committee review reports can be particularly useful in helping us decide which services to review or what to look for when we visit a service.

## What to do if you are concerned about someone's safety?

We want people who use care services to be safe, especially if they are in vulnerable circumstances, and may find it difficult to speak for themselves. If you have urgent concerns about the wellbeing of a child or vulnerable adult, your committee should contact your local authority children's or adult social care department. This might be evidence of physical, sexual, psychological abuse, neglect and acts of omission including ignoring medical or physical care needs or discriminatory abuse.

CQC does not deal with these individual cases of safeguarding, but we work closely with local authority safeguarding staff and can use the information in our judgements about services. We can follow up a service where concerns have been raised, and this may lead us to take enforcement action against the service if we find it does not meet essential standards of quality and safety.

**If you share information with your local safeguarding team, we hope you will also let your local CQC contact know – in case we also need to act swiftly. Please remember that you can share urgent concerns with us at any time.**

## 5. Where to go for more information

For more information about CQC go to [www.cqc.org.uk](http://www.cqc.org.uk) or ring 03000 616161

To talk to us about our work with scrutiny committees, email:  
[involvement.edhr@cqc.org.uk](mailto:involvement.edhr@cqc.org.uk)

For information about the development of HealthWatch England, please go to our website:  
[www.cqc.org.uk/aboutcqc/whatwedo/improvinghealthandsocialcare/healthwatch.cfm](http://www.cqc.org.uk/aboutcqc/whatwedo/improvinghealthandsocialcare/healthwatch.cfm)

You can get involved in HealthWatch England developments by sending an email to [enquiries@nunwood.com](mailto:enquiries@nunwood.com)

You may want to talk to some of the scrutiny committees involved in developing this guide. They are:

- Torbay Health Scrutiny Committee
- Joint Health Overview and Scrutiny Committee Pennine Acute NHS Trust
- Leicestershire County Council Joint Health Scrutiny Committee
- Nottingham City and Nottinghamshire County Joint Health Scrutiny Committee
- Cambridgeshire County Council Health and Adult Social Care Scrutiny Committee
- Isles of Scilly Health Overview and Scrutiny Committee
- Ealing Health Scrutiny Panel

## 6. Examples of working together

Information from scrutiny committees is already helping CQC check on a range of health and social care services. Scrutiny committee review reports and the findings from these have been particularly useful. In some areas, information from scrutiny committees has helped us focus on which aspects of a service to look at in one of our reviews, and which locations to visit.

In this section, we provide examples of how some scrutiny committees have been working with CQC and how information is being shared between us. Each committee works in a different way but these examples show what can be achieved by working together.

### **Ealing Health Scrutiny Panel**

Ealing Scrutiny Committee has worked with CQC during its review of access and quality of care for Ealing patients after hospital or other clinical treatment. The review has identified the main care pathways and service providers involved in aftercare in Ealing, and examined access to and quality standards of aftercare, and the causes of any poor performance. It has examined the initiatives underway to address any concerns and lessons learnt from services elsewhere.

It has focused on hospital admission and discharge, transfers of care, specialist rehabilitation and end of life care.

### **Isles of Scilly Health Overview and Scrutiny Board**

Isles of Scilly Health Overview and Scrutiny Committee has regular contact, by email and phone, with CQC through the Committee chair and the vice chair. The compliance manager addressed the committee, explaining CQC's role and its relationship with scrutiny committees. This has helped the Committee develop the questions for commissioners, providers, patients and carers as part of its review of stroke aftercare services. It has also made use of the CQC's national review of stroke services. The Committee is sharing the findings with CQC and discussing the implications of their final report. Commissioners and providers are aware of the committee's relationship with CQC.

"The role of health overview and scrutiny committees is evolving and up until recently some members didn't realise the importance of the relationship between CQC and health overview and scrutiny committees. I think we need to further develop our relationship with CQC as the scrutiny function of health overview and scrutiny committees will increase."

(Chair of the Isles of Scilly Health Overview and Scrutiny Committee)

### **Torbay Health Scrutiny Board**

Torbay Health Scrutiny Board has been building its local relationship with CQC and held a workshop with elected members and CQC, which has been very positively received. The Committee communicates with CQC whenever necessary by phone and email and regular meetings are scheduled between CQC and the Scrutiny Committee chair. CQC is also attending Scrutiny Committee meetings as an observer in the public gallery.

The Committee aspires to the four principles set out by the Centre for Public Scrutiny:

“critical friend challenge to decision-makers; enable the voice and concerns of the public and its communities; be ‘independent minded governors’ who lead and own the scrutiny process and drive improvement in public services.”

The Committee has improved its understanding of CQC’s role. CQC has shared information about all the 153 service providers in Torbay and the details of the CQC inspectors responsible for these providers. CQC has also shared its confidential programme of reviews planned over the coming months in Torbay, and a list of the essential standards of quality and safety. The Committee receives email alerts and links to publications of any CQC review reports on local providers. As a result, a councillor has already raised an issue about a service provider to the Committee which is being followed up with the provider and the primary care trust (PCT) initially, and the Committee will then update CQC.

The Committee shares its work programme, the minutes of its meetings and forthcoming agendas with CQC. It has also raised a concern about the procedure for safeguarding at one provider which has been followed up.

In future, the Committee will be considering a more formal agreement or protocol between CQC and the Committee. Formal meetings are also scheduled between the scrutiny committee chair, CQC and the LINK/HealthWatch chair to exchange information and work programmes.

### **Leicestershire County Council Overview and Scrutiny Committee**

The Committee has met with CQC locally and developed a working relationship. A meeting was held between the assistant director of strategy and commissioning and the scrutiny officer to discuss how the relationship with CQC might work locally. It was agreed to organise a briefing for all elected members in the county on CQC and its work. The assistant director, scrutiny officer and CQC’s local compliance manager met and planned the briefing workshop for councillors about CQC. The scrutiny officer is developing a local guide for CQC and overview and scrutiny committees working together.

### **Cambridgeshire County Council Health and Adult Social Care Scrutiny Committee**

The Committee was invited to contribute to a CQC review of an out-of-hours GP service provided in part of the county in 2010. Through dialogue with CQC, the Committee was able to feed its views and concerns into the review, based on its experience of scrutinising local services, on the information it had picked up from the local community and concerns raised by individual councillors. As a result, it was able to use CQC's findings from the review to inform its response to the PCT's consultation on future provision of the out-of-hours services. The Committee found this very helpful.

The Committee has established an ongoing relationship with CQC, including holding a seminar for all councillors, not just those involved in health scrutiny. The seminar was an opportunity to discuss how individual councillors can contribute information to CQC, as well as the scrutiny committee. Fifteen councillors attended and all considered it was very useful in developing a relationship between the council and CQC.

### **Nottingham City and Nottinghamshire County Joint Health Scrutiny Committee**

The Committee has established local contact with CQC and learnt more about CQC's role. It has shared information about its review of dementia care services.

At the end of every Health Scrutiny Committee meeting in Nottingham City, councillors consider the issues that they have discussed and whether there are any issues that should be referred to CQC, which they do using the CQC webform.

“We realised that the public nature of scrutiny means that overview and scrutiny committees can provide useful information to the CQC. The committee decided it is important to have a good relationship with our local CQC contacts and to provide CQC with ongoing information as a result of our scrutiny work.” (Scrutiny officer, Nottingham County Council)

### **Joint Health Overview and Scrutiny Committee Pennine Acute NHS Trust**

The officer for the Joint Health Overview and Scrutiny Committee and the officer for the Joint Scrutiny Committee for the Pennine Acute NHS Trust now meet regularly with their CQC inspector. The Committee submitted its review of hospital nutrition to CQC, which then inspected nutrition within the Pennine Acute NHS Trust, as part of its national inspection. Recent CQC inspections, following a documentary about the Trust have been discussed with the Committee's officer. Future work by the Committee will focus on the patient experience, and will be shared with CQC.



### How to contact us

Phone: 03000 616161  
Email: [enquiries@cqcc.org.uk](mailto:enquiries@cqcc.org.uk)

Registered Office:  
Care Quality Commission  
Finsbury Tower  
103–105 Bunhill Row  
London EC1Y 8TG

We have also produced an easy read version of this guide, which can be found at [www.cqc.org.uk](http://www.cqc.org.uk). Please contact us if you would like a summary of this document in other formats or languages.



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Plain English Campaign  
Committed to clearer communication.

459



## Welcome to Overview and Scrutiny committees

This is the first edition of the Care Quality Commission's bi monthly e-bulletin to all scrutiny officers and members working on health and social care in England.

CQC is the independent regulator for health and social care in England. This bulletin will include updates and findings from our work, including details of our new strategy, national reports and information about the ways you can work with us. We hope you find the bulletin helpful. Please send us any comments to [involvement.edhr@cqc.org.uk](mailto:involvement.edhr@cqc.org.uk).

### CQC news

#### A new start

Consultation on changes to the way CQC regulates, inspects and monitors care  
June 2013



#### Give us feedback on the way we should inspect services

We are carrying out a consultation to get your feedback on our plans to make sure people receive high-quality care. This consultation is the next step towards making the changes needed to deliver our purpose.

For further information you can [read more here](#), please also see the article below on how you can help us develop the new fundamentals of care.

#### CQC's new strategy for 2013 to 2016

We are making radical changes to the way we inspect and regulate health and social care services to make sure they provide people with safe, effective, compassionate and high-quality care, and to encourage them to make improvements. Our new strategy has been informed by views from many people who use services, as well as a wide range of stakeholders. The strategy states our commitment to work more closely with overview and scrutiny committees to better share our information and to use more evidence from scrutiny – across all the services we regulate. [Read more...](#)

#### New roles in CQC

We have appointed a new Chief Inspector of hospitals - Professor Sir Mike Richards. The Chief Inspector will be responsible for assessing and judging how well hospitals put the quality of care and the interests of patients at the heart of everything they do. He will provide the public with assurance that services are safe, effective, caring, well led and responsive to people's needs. He will oversee a national team of expert hospital inspectors that will carry out targeted inspections in response to quality concerns and regional teams of inspectors who will undertake routine inspections on a

### This month:

#### Welcome

#### CQC news

CQC's strategy, new roles in CQC, themed inspections, experiences of inpatient services in NHS hospitals

#### Public information

Finding your GP practice online, Public leaflets about the standards people can expect

#### CQC and OSCs

Help us develop the fundamentals of care, OSC contact details, your local CQC contact, sharing people's experiences of care, getting our press releases

regular basis of all hospitals. He will also lead the development of a ratings system for NHS acute hospitals and mental health trusts.

We have also appointed 5 new members of the CQC board. [Read more...](#)

### **Themed inspections - dementia and children in transition**

One of our key priorities for 2013/14 is to improve our understanding of how well different care services work together. To support this we are planning two themed inspection programmes. The first of these will look at the transition of children with complex health needs from children's to adult health services. The second programme will look at dementia care. We are currently identifying which aspects of dementia care would be most appropriate for us to look at and where we can best add value. We are considering five possible options/groups of options. These are:

- Timely diagnosis
- Admission to hospital from care homes
- Equipping staff to work with people with dementia
- Reviewing compliance with NICE standards on dementia
- Palliative care for people with dementia

If you have a particular interest or comment to make on the focus of either programme please contact us using the following email addresses.

[\*\*CTASThemedInspection@cqc.org.uk\*\*](mailto:CTASThemedInspection@cqc.org.uk) (this is for the children in transition review)  
[\*\*DementiaThemedInspection@cqc.org.uk\*\*](mailto:DementiaThemedInspection@cqc.org.uk).

### **Experiences of inpatient services in NHS hospitals**

We have published the results of a survey that looked at the experiences of over 64,500 patients who were admitted to an NHS hospital in 2012. Between September 2012 and January 2013, 850 inpatients at participating NHS trusts were sent a survey asking about the care they received. We have published the results showing how each trust performed in the survey. [Search for your NHS trust in the A-Z list.](#)

## **Public information**

### **Find your GP service online**

From 1 April, all GP services came into our system of regulation. You can now find details of all your local GP services on our [website](#).

You will now start to see our first inspection reports of GP practices.



### **Public leaflets**

We've recently updated our public leaflets that explain our role, and the standards people can expect. The five separate leaflets are:

- **What standards you have a right to expect from the regulation of your hospital**
- **What standards you have a right to expect from the regulation of your care home**
- **What standards you have a right to expect from the regulation of agencies that provide care in your own home**
- **What standards you have a right to expect from the regulation of your dentist**
- **What standards you have a right to expect from the regulation of your GP practice**

We also produce leaflets about CQC – who we are and what we go these are available to download in **standard** and **easy read**.

## **CQC and Overview and scrutiny committees**

### **Help us develop the new fundamentals of care**

Over the next few months we are developing fundamentals of care which we will use first in our new NHS inspections later this year. We want to answer five questions:



- Is a service safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

If your OSC is interested in helping us develop these standards please email [involvement.edhr@cqc.org.uk](mailto:involvement.edhr@cqc.org.uk). You can also take part in our national consultation which was launched this week. [Read more...](#)

### OSC contact details

If you have any further names and contact details (email and phone numbers where possible) for anyone in your committee who you would like to receive information directly from CQC please let us know. Please email [involvement.edhr@cqc.org.uk](mailto:involvement.edhr@cqc.org.uk).

### Your local CQC contact

You should have contact with your local CQC manager. If you don't know who they are please email [involvement.edhr@cqc.org.uk](mailto:involvement.edhr@cqc.org.uk) or ring 03000 616161 and ask for the involvement team. We will send you the name and email of your local manager and send them your details. They will be in touch to meet with you, and to develop a local agreement about how you both share information and communicate with each other.

Over the coming months our local CQC manager will be able to share a package of information with you. This will include the services registered with us to provide care; the inspections we have been doing in your area and the findings from these inspections. We will let you know more about this in the next ebulletin and you can discuss it with your local CQC manager.

### Share information about people's experiences of care

If you have evidence from scrutiny reports, or other work from your committee (including the views and experiences of local people about the quality or safety of health/social care), please discuss it with your local CQC manager and email it to [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk). These may be positive or negative about a service or groups of services or about an issue across local services. It is all useful to help us make a judgement about the quality and safety of care.

If you have immediate concerns about someone's safety please contact your local authority safeguarding team, as they have the primary responsibility to act on individual safeguarding concerns.

### Getting our press releases

Scrutiny committees should be receiving press releases about national reports and about our findings for services in your area – where we issue a special press release. If you do not receive this information please email [involvement.edhr@cqc.org.uk](mailto:involvement.edhr@cqc.org.uk).

### Feedback from local groups

You can send us views and experiences of any of the services we regulate, or tell us about how they work together in your area. We want to hear from Local Involvement Networks, Overview and Scrutiny Committees, Foundation Trust governing bodies and groups representing people who use health and adult social care services. [Read more...](#)



Your experience



Local groups



Home



Contact us

**WOLVERHAMPTON CITY COUNCIL****Health Scrutiny Panel**

<b>Wolverhampton City Clinical Commissioning Group – Authorisation Update</b>	
<b>Author:</b>	Richard Young Director of Strategy & Solutions
<b>Contact Details:</b>	01902 444644 richard.young@nhs.net
<b>Title of report:</b>	CCG Authorisation Update

**Summary**

This report provides the Wolverhampton City Health Scrutiny Panel with an update on the progress of the Clinical Commissioning Group (CCG).

This is a fast moving area of work and elements of this report may not reflect the latest position. A verbal update will be provided at the committee.

**Recommendations**

The Health Scrutiny Panel is asked to note the content of the report and receive further updates on the progression of the CCG.

**1. Background**

Following a long process of gathering evidence, refining plans and sending these to the NHS Commissioning Board to provide assurance that the CCG will meet the 119 legal criteria necessary to take on our statutory powers, on 21st February, the CCG received the final report from the NHS Commissioning Board stating that the CCG has been authorised with conditions.

This meant Wolverhampton CCG became authorised as a statutory NHS body from 15 February subject to some conditions. These conditions were reviewed before 31 March by the NHS Commissioning Board and quarterly thereafter.

The CCG was required to submit a rectification plan to the NHS CB Local Area Team (LAT) by 2012.

**2. Authorisation Process update**

The CCG has received the following feedback from the local Area Team of NHS England. In effect, this means that the CCG has one outstanding condition of authorisation (i.e. 3.1.1D: QIPP). (See table 1 below).

Table 1

Condition reference	Criterion	Support level	Summary of CCG evidence	Area Operations Director recommendation
3.1.1B	CCG has a clear and credible integrated plan, which includes an operating plan for 2012/13, draft commissioning intentions for 2013/14 and a high-level strategic plan until 2014/15.	N/A	Integrated commissioning plan, approved by governing body, H&WB board and previous draft seen and commented on by Area Team. Covers all required elements, but need final review	<b>In place</b> <b>Recommend discharge of condition.</b>
3.1.1D	QIPP is integrated within all plans. Clear explanation of any changes to existing QIPP plans.	III	Concerns relate to ability to deliver QIPP – not strong record, their delivery in 12/13 was fortuitous rather than planned  History of two strong providers resistant to engage fully in QIPP  Need to see track record of delivery	<b>Recommend retention of condition until track record of delivery is provided</b>
1.2D	Provide evidence of member practice involvement in decision-making process and, where appropriate, there are clear arrangements for delegation of functions		CCG Communications and engagement strategy developed, identifying how involvement is structured. Detailed evidence of engagement through three localities, with well attended meetings held in each locality. Joint Engagement Assurance Group held and Clinical and Allied Professions forum planned for 6 <sup>th</sup> June. EGM to be held on 23 <sup>rd</sup> May 2013.	<b>In place</b> <b>Recommend discharge of condition.</b>
3.3H	Provide evidence of on-going discussion between the CCG and provider organisations about long term strategy and plans		Details provided in Integrated Plan: for RWT, monthly modernisation programme board in place, CQRM in place, review of provider CIP programmes undertaken  ICP presented and supported at Health and Well Being Board on 1 <sup>st</sup> May 2013.	<b>In place</b> <b>Recommend discharge of condition.</b>

### **3. Next steps**

The CCG will submit further evidence to the NHS CB Local Area Team (LAT). The CCG has robust plans underway to address these issues and is confident that the remaining condition will be resolved.

### **4. Recommendations**

The Health Scrutiny Panel is asked to note the content of the report and receive further updates on the progression of the CCG.

### **5. Financial Implications**

There are no direct financial implications of this report.

Wolverhampton City Council

**OPEN INFORMATION ITEM**

Health Scrutiny Panel

Date **18 JULY 2013**

Originating Service Group(s) **JOINT COMMISSIONING UNIT**

Contact Officer(s)/  
Telephone Number(s) **WENDY EWINS  
(55)5302**

Title **TRANSFORMING CARE: A NATIONAL RESPONSE TO  
WINTERBOURNE VIEW HOSPITAL; WOLVERHAMPTON RESPONSE**

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**RECOMMENDATION**

That the Panel receives this report regarding Winterbourne View Hospital and Wolverhampton's response to transforming care: A National Response to Winterbourne View Hospital.



## 1. **PURPOSE**

- 1.1 To describe the findings of the investigations into the abuse of patients with learning disabilities at Winterbourne View Hospital and to summarise local work to date to respond to the National report Transforming Care: A National Response to Winterbourne View Hospital.

## 2. **BACKGROUND**

- 2.1 Winterbourne View, an independent hospital provided by Castlebeck Care, was featured in a Panorama documentary in 2011 and showed adults with learning disabilities and autism being assaulted and mistreated by staff. Initially brought to the attention of the TV programme makers by a whistle blower, an undercover reporter spent five weeks at Winterbourne View as a paid care worker and filmed his observations of systematic bullying, ill treatment and abuse of patients by staff.
- 2.2 Eleven members of staff identified in the programme were subject to criminal investigations and were subsequently convicted. Six staff members were given custodial sentences.
- 2.3 South Gloucestershire Safeguarding Adults Board commissioned a Serious Case Review which was undertaken by Margaret Flynn and published in August 2012. In addition to this the Government asked the Care Quality Commission (CQC) to implement an immediate programme of unannounced inspections of hospitals providing assessment and treatment for people with learning disabilities and behaviours that challenge. CQC carried out 150 inspections and an initial report was produced in June 2012. The Department of Health also facilitated and co-ordinated a number of other work streams leading to a final report and partnership wide Concordat, published in December 2012. The Executive Summary from the final report is contained with Appendix 1.
- 2.4 Between now and June 2014 all Local Authorities and PCTs/CCGs must take action to transform the way services are commissioned and delivered to stop people being placed in hospital inappropriately, provide the right model of care, and drive up the quality of care and support for all people with behaviour that challenges. It is envisaged that significantly fewer inpatient and institutional-type beds (e.g. residential and nursing) will be purchased in the future.

The Concordat: Programme of Action which accompanies the report sets out the requirements for each local area. The key actions are to:

- Develop and maintain a local register of all people with learning disabilities or autism who have mental health conditions or behaviour that challenges in NHS-funded care (including hospital placements) no later than 1 April 2013
- Review all current hospital placements (inpatient learning disability and/or autism), ensuring that there is a first point of contact for each person. These reviews should include agreeing a personal care plan for each individual based around their and their families' needs and agreed outcomes, and must be completed by 1 June 2013. Independent advocacy must be provided where appropriate to enable people to express their views
- Support everyone inappropriately placed in hospital to move to community-based support no later than 1 June 2014

- Develop a locally agreed joint strategic plan for high quality care and support services for people of all ages with behaviour that challenges, that accords with the model of good care put forward in the DH final report. These plans should include children's services, mainstream mental health services, police and offender management teams and housing to ensure that a new generation of inpatients does not take the place of people currently in hospital. This joint plan must be produced by April 2014 and will include plans to develop a range of local and responsive services to prevent admission and enable current inpatients to be supported positively in community placements
- The DH report also expects each local area to review people with behaviour that challenges who are placed in large-scale residential care, particularly those who are placed away from their home area. This group should be identified and reviewed in the same way as people in hospital settings.

2.5 We have established a Winterbourne Action Group which meets monthly and oversees the Concordat and local programme of action and includes representation from across services and represents the all-age responsibility to agree a joint plan.

2.6 The review of the abuse of patients at Winterbourne underpins the need to ensure that we are committed to co-produced, co-developed, co-evaluated services for people with learning disabilities and their families. We have therefore arranged for Changing Our Lives (an independent self-advocacy organisation which facilitates the People's Parliament in Wolverhampton) to join the steering group as a critical friend and to support us to co-produce work going forwards.

### **3. LOCAL RESPONSE TO DATE**

3.1 Wolverhampton currently commissions 5 Assessment and Treatment places for people with learning disabilities, these all being provided by Black Country Partnership Foundation Trust (BCPFT) as part of the mental health contract. They are all at Pond Lane, in Parkfields, Wolverhampton. We have rarely purchased out-of-city Assessment and Treatment services for people with learning disabilities.

3.2 We know of all the adults with a learning disability placed outside of the City in residential, nursing and hospital environments and recognise the need to ensure timely and robust reviews.

3.3 The Joint Commissioning Unit (JCU) have been working with Black Country Commissioners and colleagues across the West Midlands region to ensure that we have robust ways of monitoring and safeguarding people placed in Assessment and Treatment facilities.

3.4 The JCU has worked with the Provider (BCPFT) to ensure that we have rigorous Safeguards in place for people with learning disabilities who use their services. This work is on-going but has taken into account the learning from the serious case review, the CQC inspections of 150 Assessment and Treatment hospitals and our own internal monitoring and review processes. It has included:-

- Monthly meetings with the Provider to monitor delivery of the contract and to include monitoring of the delivery of their Action Plan post their CQC inspection. This Action plan is updated and reported to the Commissioner on a monthly basis and is now reporting Green on all areas

- Re-negotiation of the Key Performance Indicators to include bi-annual patient-led audits (facilitated by Changing Our Lives, an independent advocacy organisation) and annual satisfaction questionnaire to be sent to people who have used the service and family carers. We have also agreed CQUINS and a programme of service development for 2013/4.
- Monthly monitoring meetings with the Provider to discuss complaints, compliments, serious incidents, safeguarding referrals, use of restraint (physical interventions), service reviews/visits from CQC, delayed discharges, the use of the MCA and DOLS. These meetings are then reported into the Clinical Quality Review and Contracts meetings as appropriate
- A report was taken to the Wolverhampton Safeguarding Vulnerable Adults Board in September 2012 following the publication of the serious case review. Following this, a Joint workshop of the Wolverhampton Safeguarding Vulnerable Adults Board and the Wolverhampton Learning Disability Partnership Board took place in January 2013 to progress the findings of the serious case review and to ensure a joined up approach is continued to ensure safety and quality for people with learning disabilities in care settings
- A commitment has been expressed through our commissioning intentions to reduce the number of inpatient beds we commission in favour of developing an intensive support team which will be able to offer intensive assessment and treatment within a person's usual living environment, if this is appropriate
- Funding has been identified to develop a mental health liaison post within mainstream mental health services, to ensure that wherever possible people with learning disabilities can access the same services as the general population whenever this is appropriate and with reasonable adjustments being made to ensure that their care is effective
- All of the Concordat actions to be delivered by June 2013 have been delivered within the timescales set. This has included developing the register of people with learning disabilities and/or autism who are in NHS funded care. This register is being maintained within the Joint Commissioning Unit. All of the people on this register have been reviewed jointly and in a manner which reflects best practice - there were 7 people on this register
- Wolverhampton has responsibility for 14 adults who are in secure hospitals. The responsibility for reviewing these people is with the NHS Local Area Teams. These reviews have all also been completed, and regular meetings are held between commissioners, the NHS Local Area Team and the community Learning Disability Team to ensure that discharge to the least restrictive settings is proactively sought
- Wolverhampton has also developed a register of people who are in large-scale accommodation in order to review them and ensure that they are appropriately placed and to consider community-based alternatives - these reviews are being staggered throughout the year in line with guidance.
- Wolverhampton has responsibility for one young person who has autism and behaviour that challenges and is placed in a CAMHS hospital service. The NHS Local Area Team are responsible for reviewing this young man in the same way as other patients in secure care.

- Information from all of the reviews is being collated such that it can be used to develop the Joint Plan and future commissioning intentions. It is anticipated that we will develop the joint plan from September 2013, as most of this information will be available by then.

#### **4. FINANCIAL IMPLICATIONS**

- 4.1 The Concordat is set to be delivered within current resources. A small amount of extra financial support (£70,000) has been awarded via the CCG to enable the Provider Trust (BCPFT) to increase its community support as a short-term measure whilst services are redeveloped.

**[MK/08072013/T]**

#### **5. LEGAL IMPLICATIONS**

- 5.1 Services for persons with learning disability are provided in accordance with the Council's statutory duties as a Social Services Authority under Section 7 of the Local Authority Social Services Act 1970 which also provides for Social Services functions to be exercised in accordance with guidance issued by the Secretary of State.

**[FD/04072013/D]**

#### **6. EQUAL OPPORTUNITIES IMPLICATIONS**

- 6.1 There are equalities implications in this programme of work as the activity will support some of the most vulnerable adults in Wolverhampton. An Equality Analysis will be undertaken to reflect the work required by the Concordat and the outcomes achieved. Current drivers emphasis the need for to promote well-being, and in order to achieve this to we need to focus more systematically on the potential for developing services which effectively prevent and intervene earlier. A range of good quality local support services should reduce the need for people to be moving to out-of-city placements, into hospital settings or into Secure Services.

#### **7. ENVIRONMENTAL IMPLICATIONS**

- 7.1 There are no environmental implications arising out of this report.

#### **8. SCHEDULE OF BACKGROUND PAPERS**

Appendix 1 Transforming care: A national response to Winterbourne View Hospital  
Department of Health Review: Final Report

## **Appendix 1**

### **Transforming care: A national response to Winterbourne View Hospital Department of Health Review: Final Report**

#### **Executive summary**

1.

The abuse revealed at Winterbourne View hospital was criminal. Staff whose job was to care for and help people instead routinely mistreated and abused them. Its management allowed a culture of abuse to flourish. Warning signs were not picked up or acted on by health or local authorities, and concerns raised by a whistleblower went unheeded. The fact that it took a television documentary to raise the alarm was itself a mark of failings in the system.

2.

This report sets out steps to respond to those failings, including tightening up the accountability of management and corporate boards for what goes on in their organisations. Though individual members of staff at Winterbourne View have been convicted, this case has revealed weaknesses in the system's ability to hold the leaders of care organisations to account. This is a gap in the care regulatory framework which the Government is committed to address.

3.

The abuse in Winterbourne View is only part of the story. Many of the actions in this report cover the wider issue of how we care for children, young people and adults with learning disabilities or autism, who also have mental health conditions or behaviours described as challenging.

4.

CQC's inspections of nearly 150 other hospitals and care homes have not found abuse and neglect like that at Winterbourne View. However, many of the people in Winterbourne View should not have been there in the first place, and in this regard the story is the same across England. Many people are in hospital who don't need to be there, and many stay there for far too long – sometimes for years.

5.

The review has highlighted a widespread failure to design, commission and provide services which give people the support they need close to home, and which are in line with well established best practice. Equally, there was a failure to assess the quality of care or outcomes being delivered for the very high cost of places at Winterbourne View and other hospitals.

6.

For many people however, even the best hospital care will not be appropriate care. People with learning disabilities or autism may sometimes need hospital care but hospitals are not where people should live. Too many people with learning disabilities or autism are doing just that.

7.

This is the wider scandal that Winterbourne View revealed. We should no more tolerate people with learning disabilities or autism being given the wrong care than we would accept the wrong treatment being given for cancer.

8.

Children, young people and adults with learning disabilities or autism, who also have mental health conditions or behaviours described as challenging can be, and have a right to be, given the support and care they need in a community-based setting, near to family and friends. Closed institutions, with people far from home and family, deny people the right care and present the risk of poor care and abuse.

9.

The Department of Health review drew on:

a criminal investigation with 11 individuals prosecuted and sentenced;  
the Care Quality Commission review of all services operated by Castlebeck Care, the owners of Winterbourne View, and the programme of inspections of 150 learning disability hospitals and homes;

the NHS South of England reviews of serious untoward incident reports and the commissioning of places at Winterbourne View hospital; an independent Serious Case Review commissioned by the South Gloucestershire Safeguarding Adults Board, published on 7 August 2012; and

the experiences and views of people with learning disabilities or autism and mental health conditions or behaviours described as challenging, their families and carers, care staff, commissioners and care providers.

10. An interim report was published on 25 June 2012. This final report of the review can be published now that the criminal proceedings have concluded.

Programme of Action

11.

This report sets out a programme of action to transform services so that people no longer live inappropriately in hospitals but are cared for in line with best practice, based on their individual needs, and that their wishes and those of their families are listened to and are at the heart of planning and delivering their care.

12.

The Government's Mandate to the NHS Commissioning Board<sup>1</sup> says:

"The NHS Commissioning Board's objective is to ensure that CCGs work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities; we expect to see a substantial reduction in reliance on inpatient care for these groups of people." (para 4.5)

13.

We expect to see a fundamental change. This requires actions by many organisations including government. In summary, this means:

all current placements will be reviewed by 1 June 2013, and everyone inappropriately in hospital will move to community-based support as quickly as possible, and no later than 1 June 2014;

by April 2014 each area will have a locally agreed joint plan to ensure high quality care and support services for all children, young people and adults with learning

1 <http://www.dh.gov.uk/health/2012/11/nhs-mandate/>

9

disabilities or autism and mental health conditions or behaviour described as challenging, in line with the model of good care set out at Annex A;

as a consequence, there will be a dramatic reduction in hospital placements for this group of people and the closure of large hospitals;

a new NHS and local government-led joint improvement team, with funding from the Department of Health, will be created to lead and support this transformation;

we will strengthen accountability of Boards of Directors and Managers for the safety and quality of care which their organisations provide, setting out proposals during Spring 2013 to close this gap;

CQC will strengthen inspections and regulation of hospitals and care homes for this group of people. This will include unannounced inspections involving people who use services and their families, and steps to ensure that services are in line with the agreed model of care; and

with the improvement team we will monitor and report on progress nationally.

14.

A full account of these actions, together with a range of further actions to support improvement of services – including, for instance, steps to improve workforce skills, and strengthening safeguarding arrangements – is set out in Parts 4-8. A timeline of the detailed actions is at Annex B.

15.

Alongside this report, we are publishing a Concordat agreed with key external partners. It sets out a shared commitment to transform services, and specific actions which individual partners will deliver to make real change in the care and support for people with learning disabilities or autism with mental health conditions or behaviour that challenges.

16.

This report focuses on the need for change, but there are places which already get this right. This shows that the change we intend to make is achievable. Alongside this report, we are publishing examples of good practice which demonstrate what can – and should be – done for all.

Wolverhampton City Council

**OPEN DECISION ITEM**

**HEALTH SCRUTINY PANEL**

<b>Date</b>	<b>18 July 2013</b>
Originating Service Group(s)	<b>OFFICE OF THE CHIEF EXECUTIVE</b>
Contact Officer(s)/ Telephone Number(s)	<b>EARL PIGGOTT-SMITH 55(1251)</b>
Title/Subject Matter	<b>Health Scrutiny Panel Work Programme for 2013/14</b>

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**1.0 Purpose of the Report**

1.1 The purpose of this report is to give an update on the 2013/14 Work Programme and to invite suggestions for future meetings

**2.0 Recommendation(s)**

2.1 The Panel to discuss and agree a list of possible topics for the 2013/14 scrutiny work Programme.



### **3.0 Background Information – Health Scrutiny Panel**

3.1 The Health Scrutiny Panel was previously given details of its remit and suggestions of possible topics to be included in the 2013/14 Work Programme.

### **4.0 Financial Implications**

4.1 There is a Scrutiny and Democratic Support budget to support the investigation of issues highlighted by Members through the work programmes of the Panels and the reviews and inquiries. There are no financial implications linked to the recommendations in this report.  
[GE/03072013/P]

### **5.0 Legal Implications**

5.1 There are no legal implications arising from this report.  
[FD/04072013/Y]

### **6.0 Equalities Implications**

6.1 Members will be asked to consider equality implications as part of all scrutiny investigations and recommendations, especially when identifying who to consult and call to give evidence.

### **7.0 Background Information**

**Draft Health Scrutiny Work Programme – 2013/14**

Meeting Date	Agenda Item	Issue	Method	Lead Officer(s)
19.9.13	NHS Wolverhampton City Clinical Commissioning Group	Briefing on progress against Integrated Commissioning Plan targets	Discussion	Dr Helen Hibbs/Richard Young – NHS Wolverhampton City Clinical Commissioning Group
	Development of a Joint Urgent Care Strategy	Report on progress	Discussion	David Loughton, Chief Executive, The Royal Wolverhampton NHS Trust
	Health and Wellbeing Board - Strategy	Health and Wellbeing Strategy	Discussion	Viv Griffin, Assistant Director, Health, Wellbeing and Disability Wolverhampton City Council
	Patient Misuse of Hospital Services	Update report on progress	Discussion	David Loughton, Chief Executive, The Royal Wolverhampton NHS Trust
	Patient Experience	Report on Friends and Family Test (From April 2013, every NHS hospital will be required to ask patients in A&E and on the wards whether they would want a friend or relative to be treated there in their hour of need) and Patient Advisory Liaison Service (PALS)	Discussion	Jamie Emery The Royal Wolverhampton NHS Trust
	The Royal Wolverhampton NHS Trust Quality Accounts 2012 – 13 – progress report	Report on areas highlighted as priority areas for action in the Quality Accounts – topic to be confirmed	Discussion	David Loughton, Chief Executive, The Royal Wolverhampton NHS Trust

	Public Health Services in the Local Authority	To receive an update reports on progress on the following topics: <ul style="list-style-type: none"> <li>• Children’s Public Health</li> <li>• Transformational Change</li> </ul>		Ros Jervis FFPH, Director of Public Health Wolverhampton City Council
	Special Needs Dental Service	Special Needs Dental Service update on progress following consultation on proposals to reconfigure Dental Services for Patients with Special Needs and Urgent Access services.	Discussion	Tracy Harvey
7.11.13	NHS Wolverhampton City Clinical Commissioning Group	Briefing on progress against Integrated Commissioning Plan	Discussion	Dr Helen Hibbs/Richard Young NHS Wolverhampton City Clinical Commissioning Group
	Health Watch Wolverhampton – Workplan	Review of Health Watch Workplan progress against priorities	Discussion	Maxine Bygrave Chair Wolverhampton Health Watch
	Public Health Services in the Local Authority	Progress report on Health Improvement Health Protection	Discussion	Ros Jervis FFPH, Director of Public Health Wolverhampton City Council
19.12.13	The Royal Wolverhampton NHS Trust Quality Accounts 2012 – 13	Report on areas highlighted as priority areas for action in the Quality Accounts – topic to be confirmed	Discussion	David Loughton,Chief Executive, The Royal Wolverhampton NHS Trust
	The Royal Wolverhampton NHS Trust – Foundation Trust Application	Update on Foundation Trust Application	Discussion	David Loughton,Chief Executive, The Royal Wolverhampton NHS Trust

	Francis Inquiry Recommendations – progress of local implementation	Review of progress in implementing agreed actions from Health and Wellbeing Away Day – 31.7.13	Discussion	Tbc
6.2.14	The Royal Wolverhampton NHS Trust Quality Accounts 2012 – 13 – progress report	Review of progress against priority areas for improvement – topic to be confirmed	Discussion	David Loughton, Chief Executive, The Royal Wolverhampton NHS Trust
27.3.14	Tbc			

#### **Possible Future Topic(s)**

- Joint Health Needs Assessment for Wolverhampton (JSNA)
- West Midlands Ambulance Service – Quality Accounts 2012/13
- NHS 111 – review of progress
- Black Country Partnership NHS Foundation Trust – Quality Accounts
- Penn Hospital – progress against performance targets
- Smoking/Tobacco Control

Wolverhampton City Council

**OPEN DECISION ITEM**

Health Scrutiny Panel

Date **18.7.13**

Originating Service Group(s) **Office of the Chief Executive**

Contact Officer(s) **Earl Piggott-Smith**  
Telephone Number(s) **01902 (55) 1251**

Title **Royal Wolverhampton NHS Trust Quality Account 2012/13 / Health Scrutiny Response**

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**RECOMMENDATION**

That the Health Scrutiny Panel note the comment on the Royal Wolverhampton NHS Trust Quality Account 2012/13 Statement that has been accepted for inclusion in the final published document.

## **1. PURPOSE**

- 1.1 Royal Wolverhampton presented a draft of the NHS Trust Quality Account 2012/13 to Health Scrutiny Panel meeting on 23.5.13.
- 1.2 The Panel were invited to comment on the report and if considered appropriate to make comments that they would like included in the final published report.
- 1.3 A copy of the response is attached at Appendix 1.

## **2. BACKGROUND**

- 2.1 Healthcare providers publishing Quality Accounts have a legal duty to send their Quality Account to the Health Scrutiny Panel in the local authority area in which they have its registered office, to invite comments on the report from the Panel prior to publication.
- 2.2. The aim is to give the Health Scrutiny Panel an opportunity to review the information contained in the report and provide a statement on their view of what has been reported.

## **3. FINANCIAL IMPLICATIONS**

- 3.1 There are no financial implications associated with the recommendations in this report. [GE/03072013/D]

## **4. LEGAL IMPLICATIONS**

- 4.1 There are no legal implications arising from this report. [FD/08072013/B]

## **5. EQUAL OPPORTUNITIES IMPLICATIONS**

- 5.1 Members will be asked to consider equality implications as part of all scrutiny investigations and recommendations, especially when identifying who to consult and call to give evidence.

## **6. SCHEDULE OF BACKGROUND PAPERS**

None

## **Appendix 1: Wolverhampton Health Scrutiny Panel response to Royal Wolverhampton NHS Trust Quality Accounts 2012/13**

The Health Scrutiny Panel have continued to build on the positive working relationship with key staff to discuss issues of concern and to support efforts to both improve health outcomes for local people and achieve national quality standards.

The Health Scrutiny Panel have received regular reports on the performance of the hospital in delivering a safe and effective service and acknowledges the considerable progress made to address issues of concern, while acknowledging areas where improvements are needed. The reports focus on three key priority areas for improvement – reflecting the concerns generally of local people and those of the Health Scrutiny Panel. The Health Scrutiny Panel supports the continued focus on these areas as priorities for improvement in 2013/14, in particular work being done to respond to the increased demand on A&E service.

The Health Scrutiny Panel will continue to monitor the progress made in implementing planned actions detailed in the Quality Accounts report on a regular basis in the future to inform its response to the 2013/14 Quality Account report.

The Health Scrutiny Panel welcome the improved performance in key service areas and the work done to involve local people when determining how to make best use of its resources to improve the patient experience.

The willingness of staff to discuss future service changes with the Health Scrutiny Panel at early stage and also to share the results of external inspections is very much welcomed. The plans for the development of a joint urgent care strategy for Wolverhampton is a good example of the willingness of key staff at the hospital to engage with the Health Scrutiny Panel early in the planning process, to get their views on options for future service changes.

The Health Scrutiny Panel appreciate the opportunity to comment on the draft Quality Account and the willingness to make changes to its original layout and content in response to the issues highlighted.

The document does not include a reference to decision by Monitor to defer the hospitals Foundation Trust's application for up to twelve months as a result of the high number of "never events" reported by CQC in their inspection of the Trust in July 2012. The Health Scrutiny Panel was briefed about the decision and the action being planned or taken to respond to the concerns. The hospital has agreed to provide regular updates on progress towards reactivation of its application to be become a foundation trust. The Panel will continue to review progress towards achieving foundation trust status at the earliest opportunity.