

Cheshire East/Cheshire West and Chester/Wirral Joint Scrutiny Committee

Agenda

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| Date: | Thursday, 7th May, 2009 |
| Time: | 11.30 am |
| Venue: | The Boardroom, Cheshire County Sports Club, Plas Newton Lane, Upton, Chester |

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Appointment of Chairman**

To appoint a Chairman of the Joint Scrutiny Committee.

2. **Appointment of Vice Chairman**

To appoint a Vice Chairman of the Joint Scrutiny Committee.

3. **Minutes of previous meeting** (Pages 1 - 6)

To confirm as a correct record the minutes of the previous meeting of the Committee held on 21 January 2009.

4. **Arrangements for establishing the Joint Scrutiny Committee** (Pages 7 - 12)

To consider a report on proposals for establishing the Joint Scrutiny Committee.

For any apologies or requests for further information

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**MINUTES OF A MEETING OF THE CHESHIRE COUNTY COUNCIL/
METROPOLITAN BOROUGH OF WIRRAL JOINT SCRUTINY
COMMITTEE held on 21 January 2009 at Wallasey Town Hall,
Wallasey**

PRESENT:

Cheshire County Council

Councillor Mrs D H Flude (Chairman)
Councillor R D Andrews
Councillor D Newton
Councillor S Proctor

Wirral Metropolitan Borough Council

Councillor A Bridson
Councillor I Coates
Councillor D E Roberts
Councillor S Taylor
Councillor R Wilkins (substituting for Councillor P T C Reisdorf)

Also Present:

Mr F Cook

Apologies for Absence

Apologies for absence were received from Cheshire County Councillor A Richardson, Wirral Borough Councillor P T C Reisdorf and Mr M Kennedy.

1 PROCEDURAL MATTERS

RESOLVED: That:

(a) the Minutes of the meeting of the Joint Committee held on 30 September 2008 be confirmed as a correct record; and

(b) the general declaration of a personal interest by Councillor Mrs D H Flude on the grounds that she was a Member of the Alzheimer's Society and also was Treasurer of the Cheshire Learning Disability Advocacy Service be noted.

2 CHIEF EXECUTIVE'S REPORT

The Committee considered a report from the Chief Executive of the Cheshire and Wirral Partnership NHS Foundation Trust updating Members on the following matters:

- Healthcare Commission Annual Health Check 2008 – the Trust had scored “excellent” for the quality of services and “good” for use of resources; the Committee would consider how it would contribute to the Health Check and comment on the Trust’s performance later on in the meeting;
- Respite Services in Learning Disability Services – the Committee at its previous meeting had been given full details of proposals to address current issues within respite care facilities for adults with learning disabilities in Central Cheshire. A commissioner-led review was currently underway of respite/short break beds but action was needed to address specific issues at units in Crook Lane and Primrose Avenue. The Trust had proposed to commissioners two options and had received confirmation from the Cheshire Executive Commissioning Group to pursue the option to close Primrose Avenue and establish a single service at Crook Lane, Winsford;
- Learning Disability Services Assessment and Treatment Unit progress update – a purpose built unit was to be provided on the Rosemount site at Macclesfield comprising twelve beds including ensuite rooms with eight beds commissioned by Central and Eastern Cheshire Primary Care Trust and four beds to be contracted separately. Preparatory work was underway to enable access to the site for contractors with anticipated completion of the build scheduled for September 2009 and occupation soon thereafter;
- Future developments for inpatient services in Central and Eastern Cheshire – the Trust was shortly to begin planning a new inpatient facility in Central and Eastern Cheshire; a review of facilities required and possible sites would shortly be undertaken with proposals developed for public consultation in Spring 2009;
- European Working Time Directive – Members were advised of arrangements to be introduced from February 2009 to provide Liaison Services in the four Accident and Emergency Departments while ensuring that Doctors would not work an average of more than 48 hours a week in accordance with the European Working Time Directive;
- Crewe Resource Centre – this Centre had been transferred to the Trust and this would enable a dedicated Mental Health Resource Centre to be created;
- “A Better Future in Mind” : The Report of the North West Mental Health Commission – the response of the NHS North West to the document “A Better Future in Mind” had been fully endorsed by the Trust. An NHS North West Mental Health Programme

Board had been established to oversee implementation of improvements by building on this report and also on “Healthier Horizons” which was a report from the next stage of Lord Darzi’s review of the NHS. Ian Davidson, the Trust’s Deputy Chief Executive, was involved in a number of groups that were helping to shape future mental health services.

RESOLVED: That

- (a) the update report from the Chief Executive of the Trust be noted;
- (b) the Trust be congratulated on the outcome of the 2008 Annual Health Check
- (c) if necessary, a special meeting of the Joint Committee be convened in the Spring to consider the consultation arrangements on proposals for new inpatient facilities in Central Cheshire
- (d) a report be submitted to a future meeting of the Joint Scrutiny Committee on the impact of proposals to be introduced so as to comply with the introduction of the European Working Time Directive
- (e) a Member of the North West Mental Health Commission be invited to a future meeting to brief on the findings/recommendations of the Commission; and further consideration be given as to how commissioning should be scrutinised.

3 VARIATIONS OR DEVELOPMENTS TO SERVICES – LEVEL 2 – TENDERING OF THE SUPPORTED HOUSING NETWORK

The Committee considered a report on changes to commissioning responsibility for the Supported Housing Network. The Network provided staff support to adults with Learning Disabilities living in their own homes in East and Central Cheshire. The homes were owned and managed by Housing Associations. The Trust provided housing related support but the provision of social care services within the NHS had been under consideration for some time and both Government policy and Healthcare Commission investigations had supported a role for Social Care to be commissioned by Local Authorities.

The PCT had therefore decided to tender the service and had invited tenders based on three separate locality based services. The tenders were for support services only so service users would retain their tenancies and the right to remain in their homes. Housing providers were fully engaged and TUPE would apply meaning the majority of staff would transfer to the new provider organisations. It was anticipated that impact on service users and relatives would be

minimal. A full consultation process was underway with the transfer of the service expected to be carried out in May 2009.

RESOLVED: That the proposals be welcomed and confirmed as a Level 2 change.

4 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) AND LEARNING DISABILITY DIVISION

The Committee received a presentation from Dr Andy Cotgrove on developments within the CAMH Service in relation to Tier 4 Services. Tier 4 Services were for children and young people with severe needs that traditionally required in-patient care. The CAMH Service covered Cheshire, Wirral, St Helens, Knowsley, Halton, Liverpool and Sefton.

The Royal College of Psychiatry recommended that for a population the size of Cheshire and Merseyside approximately 68-100 beds should be provided, however, there were 14 beds in Chester and 10 in Liverpool. Dr Cotgrove advised that there was now a move to provide more community based services which would require fewer in-patient beds.

The current Model of Care had two principles:

- Children and young people with opposing needs should not be treated together;
- The service should be offered with as few in-patient beds as possible by providing alternative services.

There was also a requirement under the Mental Health Act 2007 that young people under eighteen years of age should not be cared for within adult facilities.

The Committee was advised of funding issues that meant that anticipated funding to support revenue costs had been withdrawn, although capital funds were still available. This enabled the service to use a vacant ward – Maple Ward at Bowmere – to develop the acute part of the service with existing facilities (Pine Lodge, Chester) being used for planned care. The PCTs had agreed to provide funding on a cost per case basis rather than having a block contract. Although the CAMH Tier 4 Service would be on split sites there would be a shared senior staff team.

In the future it was hoped to develop an in-patient service for patients with a Learning Disability as there was no such service within the area.

Members of the Committee were then given the opportunity to ask questions or raise issues as follows:

- What links existed with Connexions – Members were advised that the Pine Lodge unit at Chester had an education unit on site and children and young people who accessed Tier 4 services would usually have been referred from Tier 3 and would therefore be known to Connexions and other agencies as they would be involved in Tier 3 cases;
- As there were fewer beds than in other areas and the number of in-patient beds did not meet the Royal College of Psychiatry's recommendations this suggested that there were unmet needs in terms of in-patient care;
- What services were available on Wirral and what need existed? In response Dr Cotgrove explained that Wirral had average use of Tier 4 CAMH Services and the CAMH Services generally available there were considered among the best in the area;
- Concern was raised about the services available to treat drug and alcohol problems;
- Early intervention services were very important.

RESOLVED: That:

- (a) the current position be noted; and
- (b) an update be provided in approximately 18 months to the Joint Scrutiny Committee.

5 ANNUAL HEALTH CHECK

The Committee considered an oral update on its role in contributing to the Annual Health Check. The Committee noted that it would need to agree its response by the end of March 2009 in order for the Trust Board to incorporate it into its submission. Members agreed that its response should focus on patient experience, consultation and public health.

RESOLVED: That the Committee's response to the Trust's Annual Health Check be delegated to the Chairman and Vice Chairman of the Committee with the focus being on patient experience, consultation and public health.

6 FUTURE OF THE JOINT SCRUTINY COMMITTEE

The Committee considered an oral update report outlining the future of the Joint Scrutiny Committee in the light of Local Government Reorganisation in Cheshire. This would mean that the statutory responsibility for health scrutiny would rest with Cheshire East Council and Cheshire West and Chester Council.

Members were advised that Cheshire East Council had endorsed the principle that Joint Scrutiny mechanisms should continue with Wirral MB Council and it was hoped that Cheshire West and Chester Council would also participate. Cheshire West and Chester Council had decided to have a health scrutiny Panel but Terms of Reference and an Induction Programme were still to be determined.

The Committee considered and endorsed proposed draft Terms of Reference for a continuing Joint Scrutiny Committee comprising six Members from each Council, with named deputies.

Avril Devaney, the Trust's Director of Nursing, Therapies and Patient Partnership, explained that the Trust valued the Joint Scrutiny Committee and strongly supported its continuation. It had an important role in ensuring parity of service across Cheshire and Wirral. It also enabled Mental Health issues to be given a profile. The Trust's Chief Executive would write to the Chief Executive of Cheshire West and Chester Council expressing these views.

RESOLVED: That the principle of continuing with Joint Scrutiny arrangements to oversee the work of the Cheshire & Wirral Partnership NHS Foundation Trust as outlined be supported, and the three constituent Authorities be recommended to effect the transition as smoothly as possible.

7 FUTURE MEETINGS

RESOLVED: That future meetings of the Committee be held in June (at a central venue in Chester) and the Autumn.

CHESHIRE EAST COUNCIL

**CHESHIRE EAST/CHESHIRE WEST AND CHESTER/METROPOLITAN BOROUGH
OF WIRRAL JOINT SCRUTINY COMMITTEE**

Date of meeting: Thursday 7 May 2009
Report of: Borough Solicitor
Title: Arrangements for establishing the Joint Scrutiny Committee

1.0 Purpose of Report

- 1.1 To set out proposals for establishing the Joint Scrutiny Committee.

2.0 Decision Required

- 2.1 That the Committee decide the arrangements for establishing the Joint Scrutiny Committee as set out below:
- (a) how to appoint the Chairman and Vice Chairman in future;
 - (b) that secretarial support be provided by Cheshire East at the moment;
 - (c) the Committee agree the frequency of meetings to be three per year with mid point meetings held in between involving the Chairman, Vice Chairman and Spokesperson;
 - (d) venues for future meetings be agreed;
 - (e) the Terms of Reference be endorsed; and
 - (f) a report be submitted to a future meeting on co-option and any necessary protocols.

3.0 Financial Implications 2009/10 and beyond

- 3.1 Minimal - room hire and refreshment costs.

4.0 Background and Options

Background

- 4.1 The Health and Social Care Act 2001 (consolidated into the NHS Act 2006) required local authorities with Social Care responsibilities to establish Scrutiny arrangements to respond to consultations by NHS bodies about substantial variations and developments to Health Services. A "substantial variation or development" is not defined in Regulations. Proposals may range from changes that affect a small group of people within a small geographical area, to major reconfigurations of specialist services involving large numbers of patients across a wide area. The key feature is that there is a major change to services experienced by patients and future patients. Overview and Scrutiny Committees (OSCs) and NHS bodies are

encouraged to develop local agreements or sets of criteria about what might be regarded as “substantial” locally.

- 4.2 NHS bodies have specific duties about providing information to the OSC on individual proposals for change and in attending meetings to answer questions, so as to enable the Committee to respond to the consulting organisation in writing on the following points:-
- (1) whether as a statutory body, the OSC has been properly consulted within the consultation process
 - (2) whether, in developing the proposals for service change, account has been taken of the public interest through appropriate patient and public involvement and consultation
 - (3) whether the proposals for change are in the interest of the local Health Service.

The NHS body is expected to report the OSC's views to its Board before any action is taken, and thereafter to respond formally to the Committee. If the Committee remains dissatisfied over process, it can refer the matter to the Secretary of State and the Independent Reconfiguration Panel.

- 4.3 The status, profile and expectations placed upon Health Scrutiny in recent years have increased steadily – e.g. the Healthcare Commission's assumption that OSCs will contribute to the Annual Health Check Performance Assessments of individual Trusts and the Local Government and Public Involvement in Health Act's emphasis on the close relationship between the Health OSC and Local Involvement Network (LINKs).
- 4.4 Where there are proposals for substantial variation or developments to NHS services affecting more than one overview and scrutiny committee, the consulting NHS body has a duty to consult all the OSCs affected. The Secretary of State has made Directions stating that in such circumstances, all local authorities within the area must establish a joint committee for the purposes of responding to the consultation, using the method most appropriate to the areas and the issues being considered.
- 4.5 A Joint Committee has been in existence since 2004 between Cheshire County Council and Wirral Metropolitan Borough Council to cover the work of the Cheshire and Wirral Partnership Foundation NHS Trust – the provider of mental health, learning disability and drug/alcohol services across Cheshire and Wirral. All three constituent Local Authorities have supported the continuation of a Joint Scrutiny Committee.

Membership:

- 4.6 Membership from the 3 Authorities is listed below:

Cheshire East

Councillors Carolyn Andrew, Gordon Baxendale, Chris Beard, Dorothy Flude, Shirley Jones and Allan Richardson;

Cheshire West and Chester

Councillors Andrew Dawson, Paul Donovan, John Grimshaw , Patricia Lott, Graham Smith and Robert Thompson.

Wirral Metropolitan Borough Council

Councillors Ann Bridson, Iris Coates, Peter Reisdorf, Denise Roberts, Sue Taylor and Geoffrey Watt.

Chair and Vice Chair and Secretary for the Joint Scrutiny Committee

- 4.7 The previous model saw the position of Chairman and Vice Chairman alternating annually between Cheshire County Council and Wirral MB Council, with Secretarial services being supplied by the Authority providing the Chairman. It is suggested that Secretarial services be provided by Cheshire East Council for the time being in order to provide some continuity. Members' views are sought on whether the position of Chairman and Vice Chairman should rotate on a yearly basis with the Authority that doesn't hold one of these positions nominating a Spokesperson.

Meeting Arrangements

- 4.8 The previous Joint Committee met three times a year and it is proposed that this could continue with mid-point meetings in between involving the Chairman, Vice Chairman and Spokesperson from the other Authority. The purpose of mid-point meetings is to enable the key Members to meet with Partnership Trust colleagues to identify and prioritise well in advance the anticipated business of the Committee.
- 4.9 Meeting venues have moved between Cheshire and Wirral with meetings held at various venues in Chester, and Ellesmere Port, Cheshire as well as Bebington and Wallasey, Wirral. Members' views are requested as to future venues and times for meetings.

Terms of Reference and Protocols

4.10 Proposed Terms of Reference are set out below:

1 to undertake the Scrutiny of, and report on, any matter relating to the planning, provision and operation of services provided by the Cheshire and Wirral Partnership NHS Foundation Trust (including commenting on the annual “health check” of the performance of the Trust) within the areas of Cheshire East Council, Cheshire West & Chester Council and Wirral Metropolitan Borough Council

2 to consider and comment upon any proposals submitted by the Trust for substantial development or variation in the provision of its services

3 to consider any matters referred to the Joint Committee by Cheshire East Council Health & Adult Social Care Scrutiny Committee, or Cheshire West & Chester Health and Wellbeing Select Panel, or the Metropolitan Borough of Wirral’s Social Care, Health and Inclusion Overview and Scrutiny Committee

4 to consider any matters referred to the Joint Committee by the appropriate Local Involvement Network (LINK).

4.11 The Committee may want to adopt a Protocol for dealing with Consultations on Substantial Developments on Variations in Service (SDVs). Detailed changes to services can and do take place on a regular basis within individual Trusts. It would be unreasonable for Health Scrutiny to be involved in each one of these both for practical reasons and also in acknowledgement that engagement/consultation needs to be proportionate. The role of Scrutiny in the consultation process does have a statutory basis however, and the Committee will need to be assured that it is being given a proper opportunity to exercise that role on behalf of the community.

Experience suggests that there are three levels of change to NHS services that would require notification/consultation:-

Level One

Where the proposed change is minor in nature – eg. Change of a Clinic time

In this case, the Joint Scrutiny Committee would not wish to get involved directly, but would assume that the Local Involvement Network (LINK) would be consulted.

Level Two

Where the proposed change -eg a Draft Local Delivery Plan, proposal to rationalise Community Health Teams etc. - will involve consultation with patients/carers/staff, but will not involve

- reduction in service
- change to local access to service
- large numbers of patients being affected

The Joint Scrutiny Committee would wish to be notified at as early a stage as possible but would be unlikely to require it to be dealt with formally as an SDV. A formal briefing may be required for Members. The local Councillors will be informed by the Secretary. The Committee would wish to ensure that all other appropriate organisations have been notified by the Trust.

Level Three

Where the proposal –eg a major Review of Service Delivery, Reconfiguration of GP Practices, Closure of a Unit - is likely to lead to

- reduction/cessation of service
- re-location of service
- changes in accessibility criteria
- local debate and concern

The Joint Scrutiny Committee would regard this as a substantial change and would expect to be notified at as early a stage as possible to advise on the process of consultation and to be formally consulted by the NHS body in accordance with the Cabinet Office Guidelines of a 12 week consultation period.

Co-option

- 4.12 The previous Committee had co-opted Members from the former Patient and Public Involvement Forum. This organisation has now been replaced by Local Involvement Networks (LINKs). It is proposed that a report be submitted to a future meeting on whether or not to recommend formal co-option to this Joint Committee.

5.0 Risk Assessment

- 5.1 There are no identifiable risks.

For further information:

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Background Documents:

Documents are available for inspection at: None