Public Document Pack

The Cheshire and Wirral Councils' Joint Scrutiny Committee

Agenda

Date:	**Tuesday, 26th January, 2010**
Time:	**2.30 pm**
Venue:	**Civic Suite, Ellesmere Port Civic Hall, Civic Way, Ellesmere Port, CH65 0AZ**

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. **Apologies for Absence**

2. **Declarations of Interest**

   To provide an opportunity for Members and Officers to declare any personal and/or prejudicial interests in any item on the agenda

3. **Minutes of Previous meeting** (Pages 1 - 4)

   To confirm the minutes of the meeting of the Committee held on 30 November 2009.

4. **Interim Chief Executive's Verbal update**

   To consider a verbal update from Dr Ian Davidson, Interim Chief Executive, on current issues including the financial position of the Cheshire and Wirral Partnership NHS Foundation Trust and the development of the Soss Moss site, Nether Alderly, Cheshire.

5. **Consultation on Substantial Development or Variation in Service - delivering high quality services through efficient design** (Pages 5 - 16)

   To consider the consultation document from the Cheshire and Wirral Partnership NHS Foundation Trust.

For any apologies or requests for further information, or to give notice of a question to be asked by a member of the public

Contact: Denise French
Tel: 01270 686464
E-Mail: denise.french@cheshireeast.gov.uk

6. **Consultation on Substantial Development or Variation in Service - redesigning adult and older people's mental health services in Central and Eastern Cheshire** (Pages 17 - 24)

   To consider the consultation document from the Cheshire and Wirral Partnership NHS Foundation Trust.

7. **Consultation on Learning Disability Respite Care** (Pages 25 - 26)

   To consider a report on Learning Disability Respite Care.

8. **Update on Improving Access to Psychological Therapies** (Pages 27 - 32)

   To consider a report updating the Committee on the Improving Access to Psychological Therapies programme.

9. **Evaluation and monitoring of Assertive Outreach Changes** (Pages 33 - 34)

   To consider a report on Assertive Outreach changes.

10. **Protocol** (Pages 35 - 48)

    To consider a report on a Protocol for the Joint Committee.

11. **Procedural Matters - co-option and the name of the Joint Committee** (Pages 49 - 52)

    To consider a report on co-option to the Committee and the name/description of the Joint Committee.

Agenda Item 3

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **The Cheshire and Wirral Councils' Joint Scrutiny Committee** held on Monday, 30th November, 2009 at Council Chamber, Municipal Buildings, Earle Street, Crewe CW1 2BJ

PRESENT

Councillor A Bridson (Chairman)
Councillor D Flude (Vice-Chairman)

Councillors A Dawson, J Grimshaw, D Roberts, G Smith, G Baxendale, S Jones, C Beard and C Andrew

Apologies

Councillors I Coates, C Teggin, P Donovan, P Lott, R Thompson, S Clarke and Rachel Bailey

15 ALSO PRESENT

Councillor B Barton, Cheshire West and Chester Council, substitute Member for Councillor R Thompson.

16 OFFICERS PRESENT

Mike Flynn, Cheshire East Council
Denise French, Cheshire East Council
David Jones, Cheshire West and Chester Council
Iain Crossley, Director of Finance, Economy and Market Development, NHS Western Cheshire
Dr Ian Davidson, Interim Chief Executive, Cheshire and Wirral Partnership NHS Foundation Trust
Nik Khashu, Assistant Director of Finance (Strategy and Performance) NHS North West
Tina Long, Director of Strategic Partnerships, NHS Wirral
Michael Pyrah, Chief Executive, Central and Eastern Cheshire Primary Care Trust

17 DECLARATIONS OF INTEREST

RESOLVED: That the following declarations of interest be noted:

- Councillor D Flude, Personal Interest on the grounds that she was a member of the Alzheimers Society and Central Cheshire Independent Advocacy; and
- Councillor D Roberts, Personal Interest on the grounds that her daughter was an employee of the Cheshire and Wirral Partnership NHS Foundation Trust.

18 MINUTES OF PREVIOUS MEETING

That the minutes of the meeting of the Committee held on 8 October be confirmed as a correct record subject to clarification being sought as to the views of the Parish Council regarding the Cheshire and Wirral Partnership NHS proposals regarding the Soss Moss site.

19 IMPACT OF THE CURRENT FINANCIAL CLIMATE ON PROVIDERS OF MENTAL HEALTH AND ASSOCIATED SERVICES

The Committee considered a presentation by Dr Ian Davidson, Interim Chief Executive of the Cheshire and Wirral Partnership NHS Foundation Trust (CWP).

He explained the Efficiency Agenda whereby the NHS required ongoing efficiency with levels ranging between 3.5% and 5% over the next 3 years; this meant the same volume of service needed to be provided at less cost. CWP currently had a shortfall of around £1.5 million which impacted on the financial performance leading to an impact on its financial risk rating, ability to borrow and long term financial strategy.

He advised Members that 80% of the budget for CWP came from the 3 Primary Care Trusts (PCTs) who were the main commissioners of their services:

- Central and Eastern Cheshire PCT – forecasting a £18 million deficit in 2009/10 and a £30 million deficit in 2010/11; had advised that it was not in a position to pay £1 million in funding in the current year to CWP as previously agreed, although half of this was likely to be found through technical adjustments currently under discussion. Any current impact on services was not yet defined but the PCT had indicated it was looking to reduce spend on Mental Health Services on a recurrent basis and this was likely to be a figure greater than £1m;
- Wirral PCT – currently balanced financial position but projections were deficit unless system changes introduced; work was underway with stakeholders on Mental Health Services workstream. PCT had indicated it did not want to reduce spending on Mental Health;
- Western Cheshire PCT – dealing with legacy issues around previous financial deficits but similar position to Wirral. Work was underway with stakeholders on a few workstreams including dementia and alcohol services. No indication of reduction in spend on Mental Health services.

The efficiency targets on the NHS and the financial positions of the PCTs meant services would need to be re-designed with scope to streamline and improve but service reductions could be likely in Central and Eastern Cheshire PCT's economy.

Michael Pyrah, Chief Executive of Central and Eastern Cheshire PCT, outlined three aims that the PCT was confident it could achieve:

- Get the recurrent deficit as low as possible in the current year;
- Achieve non recurrent savings of between £10 -12m in the current year;
- Return to recurrent balance by March 2011.

The pressure on the PCT budget was due to various factors including increased spending on Acute Care and Specialist care and NHS Continuing Care.

During the discussion the following issues/questions were raised:

- Western Cheshire PCT had inherited a brought forward deficit from its predecessor organisations and had a Turnaround Plan which had previously resulted in the Trust receiving a one-off non-repayable loan of £21m from the Strategic Health Authority (SHA) – was the SHA planning to provide similar financial assistance to Central and Eastern Cheshire PCT? In response, Nik Khashu, Assistant Director of Finance (Strategy and Performance) NHS North West, explained that the SHA was not planning to provide any direct financial assistance but would work with PCTs and Provider Trusts to look at achieving efficiencies while maintaining quality; it was the former Health Authority that had provided financial assistance to Western Cheshire PCT but this approach was no longer available;
- Payment by Results did not apply to CWP so it was not possible to achieve efficiencies by seeing more patients, savings made to date were around 1% efficiency savings that had not impacted on quality of service;
- It was noted that the PCT boundaries were not coterminous with the Local Authority boundaries in Cheshire which was not ideal given the importance of the PCT's having a strong working relationship with the relevant Local Authorities.
- Whether patients in different areas would get different levels of service? In response, Members were advised that services were based on needs and needs varied by area. Central and Eastern Cheshire PCT had identified 11 Priorities under World Class Commissioning and had funded mental health resources to areas of need. One target of the PCT related to Dementia services as the numbers of Dementia patients was increasing and likely to continue to increase due to the ageing population;
- Whether it would be possible to ensure any funding deficit from Central and Eastern Cheshire PCT did not impact on services to Wirral and Western Cheshire patients/service users? In response, the Committee was advised that CWP was trying to ensure all needs were met without cutting any services through redesign and efficiencies etc;
- All PCTs had been affected by the increases in Acute Care demands and the change in tariff that had been set so as to increase capacity in order to meet the 18 week target;
- There was a lot of liaison between the PCTs and also with CWP with monthly meetings held to keep the overall position under review;
- Central and Eastern Cheshire PCT had notified CWP of the proposed £1m reduction in June 2009 and had sought agreement with CWP regarding the detail from that date;
- NHS North West aimed to support all Trusts working together to help to ensure that all Trusts performed to high levels and to avoid situations where any Trust might be at risk of failing.

RESOLVED: That

(a) the representatives from the 4 Trusts and NHS North West be thanked for their attendance at the meeting and for the clarity of their responses to the issues raised;

(b) the expectation expressed at the meeting of no cuts in service delivery be noted and supported;

(c) a further update be provided to the next meeting.

The meeting commenced at 2.30 pm and concluded at 4.35 pm

Councillor A Bridson (Chairman)

Agenda Item 5

Cheshire and Wirral Partnership
NHS Foundation Trust

Delivering high quality services through efficient design

Consultation and gathering views:
1st December 2009 - 9th March 2010

Care • Well-being • Partnership

Introduction

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) has a proven track record of delivering high quality mental health services. The purpose of this consultation is to seek the views of the public on how best we can continue to do this in coming years.

Our mission statement is to 'improve health and well-being by creating innovative and excellent services'. In order to do this we must review and change how we provide services to make sure they are still effective, relevant and appropriate over time.

These changes are regularly carried out in consultation with our stakeholders e.g. service users, carers, staff and partner organisations, but sometimes require wider public consultation. Public consultations cost money and take considerable time and effort and we are conscious that members of the public have many priorities and competing demands for their time so we do not undertake them lightly.

This is the third time that a full public consultation has taken place about the Trust. The first, in 2001, was about the creation of the Trust from five predecessor organisations. The second, in 2006, covered two sets of proposals - with one being the move to becoming a foundation trust and the other about significantly altering the nature of inpatient services. Key benefits were identified by the public through both consultations, which we have achieved.

Following discussions with the Joint Overview and Scrutiny Committee[1] it has been agreed that it is important to seek the views of the public again, in deciding on actions to be taken over the next 18 months and beyond to further improve quality and efficiency of services.

We believe that your views are important in helping us to identify what will be the benefits of change and how best we can deliver those benefits to local communities, in all of the areas where we provide services. We will then be able to judge and demonstrate our progress against delivering them, as we have successfully done before.

This consultation is about how we deliver quality and value for the contracts which are placed with us by commissioners (primary care trusts), not about the decisions that commissioners make on the type of services they want us to provide[2]. As the type and scale of services provided by us is determined by the contracts that commissioners place with us, there will be differences in which services are available in different locations. Our aim, however, is to deliver the best care and treatment that we can in any contract that we receive, by making best use of the contract income. As a public body we have a duty to make best use of public monies by being efficient and effective. We are a not-for-profit public benefit corporation, so any monies from efficiencies we make are invested back into service delivery and development.

This consultation document sets out our proposals for how we aim to deliver high quality mental health and learning disability services.

[1] The joint Overview and Scrutiny Committee consists of elected members from three local authorities Cheshire West and Chester, Eastern Cheshire, Wirral
[2] If you would like more information on what we mean by 'contracts' please contact the freephone helpline.

Contents

We have developed these proposals to ensure that they are consistent with the five Darzi[3] pledges for service change, which are that change should be:

- for the benefit of patients in terms of clinical outcomes, experience or safety
- led by clinicians based on best available evidence
- locally led with local solutions
- involving patients, carers, public and partners
- not leading to withdrawal of services without appropriate alternatives in place

They have also been developed to take account of major national and regional guidance including, but not limited to, "High Quality Care for All" and "Healthier Horizons".

We encourage you to take this opportunity to share your views with us and will welcome and consider any responses sent to us.

Dr Ian Davidson
Interim chief executive

Purpose of this document

This document has been prepared to support a 12-week public consultation on our plans for delivering high quality services, while making best use of available resources. The document should be read together with additional information available on our website, www.cwp.nhs.uk, including frequently asked questions and more information about our track record in successfully re-designing services. We would also encourage you to attend one of our public events in early 2010, details of which are contained at the back of this document.

We have been undertaking pre-consultation involvement on these proposals as part of our annual planning processes and service users, carers, staff and partners have contributed to the ideas. In addition, service user and carer representatives are involved in developing new services across the Trust and we have an ongoing commitment to engaging with governors and members. To view a list of organisations we have sent this consultation document to, please visit our website.

During the 12-week consultation period we are also consulting separately on our plans for redesigning acute mental health services for adults and older people across Central and Eastern Cheshire in the longer term. Proposals contained within this document are not dependant on the outcome of that consultation exercise.

About us

Cheshire and Wirral Partnership NHS Trust was established in 2002. We provide specialist mental health services for children, adults and older people, learning disability services, and drug and alcohol services. Our largest contracts are with the three Primary Care Trusts (PCTS) operating across Cheshire and Wirral and we also have a range of other contracts including regional and sub-regional with other commissioners and PCTs.

The Trust provides its services from 75 premises across the localities where we have contracts, and employs approximately 2,700 staff. Our budget is just over £120 million and we serve a population of approximately one million.

We provide extensive teaching, research and developmental work, and our services have been acknowledged and praised at local, regional, national and international levels. We have delivered on the benefits identified in previous consultations. Some of our recent improvements have been delivered partly by new investment from commissioners and partly through service redesign. Service redesign is a process in which the NHS uses existing money in a different way to deliver more effective and efficient services. Many of the quality developments that receive external acknowledgment reflect our ability to make good use of the resources (money) allocated to us.

[3] Lord Darzi was Under Secretary of State at the Department of Health and produced the "NHS Next Stage Review"

Some notable achievements relevant to this consultation are that we have:

- modernised services for people with mental health and learning disability needs, such as Bowmere Hospital in Chester and the Greenways learning disabilities service in Macclesfield;
- achieved financial balance each year since the Trust was formed and generated a financial surplus[4] through efficient use of resources since becoming a foundation trust;
- as a foundation trust we have been able to use our surplus to invest in improving the quality of patient environments for example-: in Springview at Clatterbridge providing all single room en-suite accommodation for older people, the redevelopment of Rosewood ward in Chester to improve rehabilitation services, the investment in LimeWalk House in Macclesfield providing intensive rehabilitation and recovery services, and new services for 16-19 year olds in Maple Ward in Chester - more details can be found on our website www.cwp.nhs.uk
- improved the quality and the community focus of our services, and received positive feedback in national service user and staff surveys - including being well-regarded by external organisations like the Care Quality Commission;
- received national praise for the quality of our drug and alcohol services;
- worked closely with social care partners to develop fully integrated community mental health teams;
- been regularly quoted by national bodies as examples of good practice;
- actively engaged with regional, national and international research and policy development so that the views of our service users, carers, staff and members contribute to helping to shape this work, as well as ensuring we adapt our services successfully to reflect best evidence and policy;
- increased public accountability through our partnership working with local organisations and through our extensive membership, council of governors and patient and public involvement.

[4] As a foundation trust we are required to deliver a financial operating surplus (the difference between our income and our costs) by using our resources efficiently.

Why we are consulting

The Trust is an organisation that seeks to 'improve health and well-being by creating innovative and excellent services'[5]. As such we constantly review the way we provide services to take account of a number of factors including -:

1) Changing demographics and health need

Our population changes over time in terms of number, age profile and health need, which has an impact on the types of illnesses within the population. In certain areas there has been a significant increase in the population aged over 65, and over 85 in particular. At the same time there has been an increase in the number of people suffering from certain conditions such as eating disorders and alcohol problems, which we need to reflect in our plans.

2) Best evidence on successful interventions

Evidence is collected and shared at both a national and local level about the effectiveness of new interventions in mental health care. The Trust considers this evidence in its planning for service change. Examples of this are community based treatments such as crisis resolution and home treatment, which are now nationally recognised as an effective alternative to hospital admission in many cases. Our expanded liaison services ensure early detection and treatment of mental health problems in a general hospital setting, which reduces the need for people to be admitted to specialist services at CWP.

3) Models of care

Over the past two years the Trust has developed the 'acute care approach' as the way to deliver modern mental health services. This has been piloted then adapted to ensure it meets local needs, and we continue to evaluate it and refine it as our experience develops. This is one example of a new model of care which has seen a number of positive benefits for service users and staff. These include increasing dedicated medical support, access to nursing staff and allied professionals, and access to a range of talking therapies.

In addition, the success of developments in community services, including access to new and better treatments, has meant that by 2009 many more people are recovering in this way and not needing admission to inpatient care. The result is that we regularly have many empty beds in acute admission wards.

[5] Trust purpose statement

4) The need to provide services in an effective and efficient manner

As a result of the impact of new models of care, as referenced above, running services with high levels of empty beds is not cost effective and admitting people into acute beds just to keep wards full is not in their best interests for effective care and treatment.

Increasingly the Trust is developing expertise in a number of specialist areas which need staff with correct skills and experience. These include eating disorders, intensive rehabilitation and adolescent services. These services are low volume in terms of the number of service users and there may only be a need for one or two of these wards across the Trust. Where capacity becomes free in general admission wards this could be adapted for these specialist services.

5) Commissioner (local and national) intentions and available resources

Commissioners of healthcare review how they allocate funding to service providers like CWP, taking into account changing healthcare needs, national guidance and available resources. We must be flexible in our approach to service delivery to ensure we are responsive to changes in commissioning plans whether this is to develop new services or changing the way we deliver existing ones.

The result of these considerations is that the way in which we deliver services will change and look different in the future as we strive to deliver the best outcomes for people within available resources. We are therefore consulting to seek your views on our proposals, and also to invite you to put forward ideas to improve services through the more efficient use of resources.

The way forward

As a result our proposals for the future provision of mental health, learning disability, and drug/alcohol services are to:

1) Changing demographics and health need

- Address age discrimination legislation by moving away from the historic services based on age to ones based on function and needs where appropriate. For example our dementia service would be accessible by, and designed to be flexible enough to meet the needs of, people of all ages.

2) Best evidence on successful interventions

- Continue to use the Trust's Evidence Based Practice Department to identify 'new ways of working' through research, as well as interventions that are being successfully introduced elsewhere in the healthcare system. Also to evaluate new initiatives being piloted within the Trust and, where these initiatives have demonstrated service improvement, make recommendations about their wider application.

3) New models of care

- Continue the drive to improve access to services by strengthening our full range of effective locally provided community services including community mental health, crisis resolution and alcohol support teams. This may mean changes to the way services are provided, for example we may have more nurse-led clinics to improve access for people to appropriately qualified staff.
- Respond to 'new ways of working' by adopting care pathways that improve the patient experience in the least restrictive setting. For example our adoption of home based treatment services and the acute care approach.
- Further develop partnerships with other agencies in order that service users can have better and more rapid access to mainstream services such as education, pre-employment training, and physical health and well-being activities.

4) The need to provide services in an effective and efficient manner

- Reduce inefficiencies associated with under-occupied wards by having a smaller number of general acute admissions wards.
- Initiatives such as this will allow the development of specialist wards such as rehabilitation and eating disorder services. The nature of these services is such that demand is regional or trustwide and they may not be required in each locality.
- Making best use of highly specialist staff by bringing dispersed inpatient services, such as intensive assessment and treatment wards for people with severe dementia, to a reduced number of sites. Running in parallel with this consultation is another one consulting on moving acute mental health inpatient services for central and eastern Cheshire to a single site. We believe that three major inpatient sites across Cheshire and Wirral will allow the further development of centres of excellence, so that people needing inpatient care get the best treatment possible. This will ensure that they are away from home for the shortest length of time necessary for them to successfully return to community treatment.

5) Commissioner (local and national) intentions and available resources

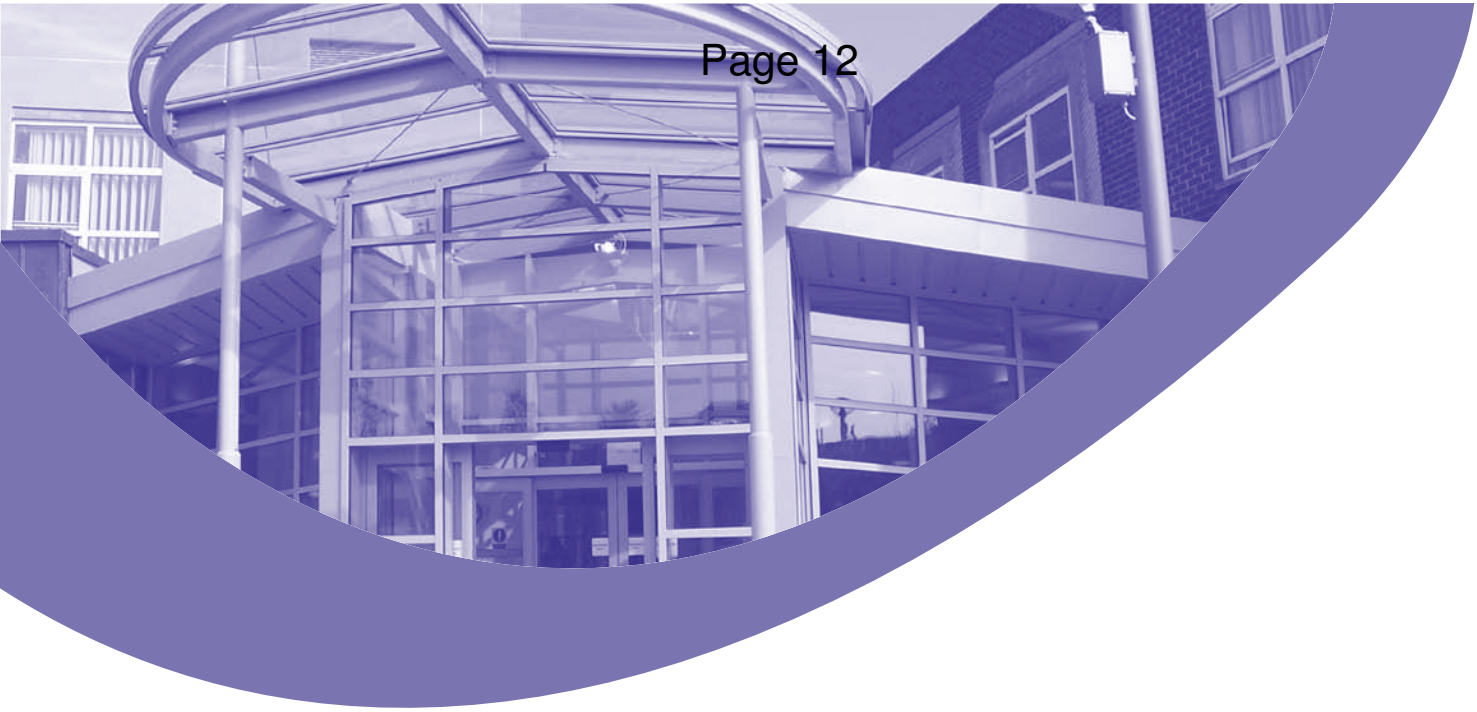
- Using our facilities flexibly to enable us to respond to national guidance that means we may need to adapt current services. There may also be opportunities to further develop and/or establish a wider range of specialist services due to emerging demand. This could include services for people with conditions such as acquired brain injury, autism, aspergers, and young people with eating disorders - or those who need periods of treatment in more secure wards.

Conclusion and next steps

The successful development of quality services and better treatments has been a partnership process with input from stakeholders including service users, carers and staff at all levels. This has been achieved through development and working with commissioners including the benefits of additional investment and reuse by the Trust of monies released through quality and efficiency improvements. A vital part of this is welcoming and learning from feedback including local, regional, national and international best evidence.

As we have set out in the introduction, this consultation is about delivering best quality more efficiently, and making better use of resources. By delivering services in a way which may look different in future we will ensure that people have access to the right service, at the right time, from staff with the right skills.

The consultation period runs from the start of December 2009 to the 9th March 2010. At the end of this period an independent report on the views expressed during the consultation will be produced and published on our website. Copies will also be available via the freephone number. Following the outcome of that report we will then communicate what will happen next in terms of any changes to services.



Making your views known

The deadline for responses is the 9th March 2010. You can make your views known in a wide variety of ways. The Trust has engaged Chester University to be the independent reviewer of responses. Personal data you provide will be treated in accordance with the data protection act and will not be used for any other purpose.

- By completing the consultation response form on the back page of this document
- By completing the e-version on our website www.cwp.nhs.uk and e-mailing it to t.mason@chester.ac.uk
- By attending one of our public meetings in January and February at the venues opposite.
- We will also be holding two dedicated events for people with learning disabilities. Information about these events will be widely publicised and available from the freephone number.

If you would like to contact a member of CWP staff to discuss any of these issues please call the freephone helpline: 0800 195 4462

22 January, 2.30pm – 4pm
Congleton Town Hall, CW12 1BN

27 January, 6.30pm – 8pm
Winsford Lifestyle Centre, CW7 1AD

28 January, 10am – 11.30am
The Lauries Centre, Wirral, CH41 6EY

1 February, 10am – 11.30am
Ellesmere Port Civic Hall, CH65 0AZ

2 February, 2.30pm – 4pm
Macclesfield Masonic Hall, SK10 1BW

3 February, 11.30am – 1pm
Crewe Alexandra Football Club, CW2 6EB

5 February, 1pm – 2.30pm
Chester County Sport Club, CH2 1PR

If you would like to become a foundation trust member of CWP and get more involved in Trust activities please contact the membership team on 01244 364404, membership@cwp.nhs.uk or visit the website at www.cwp.nhs.uk – where a simple application form can be completed online.

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Delivering high quality services through efficient design

Making your views known – consultation response form

Before you answer the questions below we would be grateful if you could tell us a bit about yourself (you can tick more than one box):

About you

a) I am a CWP service user ❑
I am a carer for a person who receives CWP services ❑
I am from a mental health forum/voluntary organisation ❑
I am a foundation trust member of CWP ❑
I am a governor ❑
I am a member of staff ❑
I am a staffside representative ❑
Other (please specify) _____

Questions b and c are for staff only

b) Please select which of the following areas you work in:

Inpatient ❑
Community ❑
Other (please specify) _____

c) Please select which of the following areas you work in:

Adult mental health (incorporating older people's) ❑
Child and adolescent mental health ❑
Learning disabilities ❑
Drug and alcohol ❑
Other (please specify) _____

d) Please select where you are based:

Wirral ❑
West Cheshire ❑
Central/Eastern Cheshire ❑
Other (please specify) ❑

_____

e) Please indicate which consultation material you have been able to consider:

This consultation document ❑
Website ❑
Frequently asked questions ❑
Public meetings ❑
Freephone helpline ❑

f) Please provide your name and address for <u>validation purposes only</u> (this information will not be provided to CWP by the independent reviewer of responses, Chester University. Chester University will treat your personal data in accordance with the data protection act and will not use the information for any other purpose).

Title: _____ Name: _____

Address: _____

_____

_____ Postcode: _____

Your views

Question 1 (see section 1, page 6) We think it's important to remove age discrimination by providing services based on assessment of a person's needs, problems and strengths - not simply their particular age in years. This will mean changes to community as well as inpatient services. Do you support this?

❑ Yes

If yes, do you have any suggestions for which services we should prioritise and how we can make best use of resources to address differing needs?

❑ No

If no, please can you explain what your concerns are and how we might address them.

Question 2 (see sections 2 and 3, page 6)

We believe we need to continue to develop effective and efficient community services which may mean changes to the way care pathways are delivered within the community. Do you support this?

❑ Yes

If yes, do you have any specific suggestions for how we should do this?

❑ No

If no, please provide an alternative suggestion for how we should do this.

Question 3 (see section 4, page 7)

Do you support the need to take action to reduce inefficiencies where we have large numbers of empty beds across our in-patient wards, which will mean fewer acute admission wards, to make better use of resources?

❑ Yes

If yes, what safeguards would you wish to see, to ensure that people requiring admission get prompt admission, to the ward most suited to their needs - and how best to support their carers and families?

❑ No

If no, please provide an alternative suggestion for how we do this.

Question 4 (see section 4, page 7)

Do you agree that we should develop specialist inpatient services to improve access by people from Cheshire and Wirral to these types of services eg. Intensive Rehabilitation, Eating Disorders and Adolescent services?

❑ Yes

If yes, do you have any suggestions for which services we should prioritise?

❑ No

If no, please can you explain what your concerns are and how we might address them.

Question 5 (see section 4, page 7)

Do you agree that we should be making best use of highly specialist staff to improve quality by bringing dispersed inpatient services such as intensive assessment and treatment wards for people with severe dementia to a reduced number of sites?

❑ Yes

If yes do you have any suggestions where we can improve quality of inpatient services?

❑ No

If no, please explain what your concerns are and how we might address them.

Question 6 (see section 5, page 7)

Do you support the need to use our buildings flexibly to enable us to respond to emerging demand to further develop, or to establish, a wider range of specialist services.

❑ Yes

If yes, do you have any specific suggestions for how we should do this?

❑ No

If no, please can you explain what your concerns are and how we might address them.

Question 7

We will be reporting to our members and their representative governors on progress in developing quality, efficiency and effectiveness – do you have any views as to how this is best done?

- ❑ At events
- ❑ At existing meetings
- ❑ In newsletters
- ❑ Other suggestions

Question 8

Do you have any other suggestions on how we can further improve our mental health, learning disability and drug/alcohol services, or ideas for services that you think we should or shouldn't be providing?

Once you have completed the above fields, please:

1. **Save this document to your computer**
2. **Click here to create an email addressed to t.mason@chester.ac.uk with the subject line 'Delivering high quality services through efficient design'**
3. **Attach your completed consultation document to the email and send.**

Thank you for taking the time to share your views.

Central and Eastern Cheshire NHS
Primary Care Trust

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Redesigning adult and older people's mental health services in Central and Eastern Cheshire

Consultation and gathering views: 1st December 2009 - 9th March 2010

Care • Well-being • Partnership

Introduction

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) has a proven track record of delivering high quality mental health services.

Its purpose is to 'improve health and well-being by creating innovative and excellent services'. In order to do this it is important that how services are provided is reviewed on a regular basis to make sure they are still effective, relevant and appropriate over time.

During the past few years major reviews of how services are delivered have been undertaken across the Trust, with the most recent in central and eastern Cheshire. This review took into account the existing environment at Leighton Hospital and Macclesfield Hospital where we provide acute inpatient mental health services from buildings owned by other Trusts. It also looked at the operational difficulties associated with delivering services from two sites, and the ongoing drive to improve and modernise services by ensuring that patients are treated in the least restrictive setting appropriate to their condition through the delivery of effective community services.

The review was undertaken in the knowledge that there are no additional development funds available to mental health services in central and eastern Cheshire (other than the annual increase covering our existing contracts with Central and Eastern Cheshire Primary Care Trust).

We were also mindful of the financial constraints affecting the NHS as a whole, together with notification by Mid Cheshire Hospitals NHS Foundation Trust that CWP would be required to vacate the Leighton Hospital site by April 2012. Central and Eastern Cheshire PCT are leading work on making best use of resources in the local health economy in future years and the results of this consultation will feed into that planning process.

This consultation document provides details of the outcome of this review, and sets out the options for delivery of high quality mental health services in central and eastern Cheshire in the future. This consultation is managed by CWP at the request of and on behalf of Central and Eastern Cheshire PCT.

Together we have developed these proposals to ensure that they are consistent with the five Darzi[1] pledges for service change, which are that change should be:

- for the benefit patients in terms of clinical outcomes, experience or safety
- led by clinicians based on best available evidence
- locally led with local solutions
- involving patients, carers, public and partners
- not leading to withdrawal of services without appropriate alternatives in place

The proposals relate to adult and older people's acute mental health inpatient services and do not impact on rehabilitation, learning disability, child and adolescent, and drug and alcohol services.

Thank you for taking the time to read this document. We look forward to hearing your views.

Dr Ian Davidson
Interim chief executive
CWP

Mike Pyrah
Chief executive
Central and Eastern Cheshire PCT

[1] Lord Darzi was Under Secretary of State at the Department of Health and produced the "NHS Next Stage Review"

Contents

Purpose of this document

This document has been prepared to support a 12 week public consultation on our plans for redesigning acute mental health services for adults and older people across central and eastern Cheshire.

We have been undertaking pre-consultation engagement on these plans since March 2009 and service users, carers, staff and partners have contributed to the ideas within these proposals. We also have service user and carer representatives on both the Project Board and Project Team which have worked on these plans. To view a list of organisations we have sent this consultation document to, please visit our website.

The proposals and options set out in this document do not impact on rehabilitation, child and adolescent mental health, learning disability or drug and alcohol services.

During the 12 week consultation period we are also consulting separately on delivering high quality services through efficient design. Proposals contained within this document are not dependant on the outcome of that consultation exercise.

About us

Cheshire and Wirral Partnership NHS Trust was established in 2002. We provide mental health services for children, adults and older people, learning disability services, and drug and alcohol services across Cheshire and Wirral. The Trust also has some specialist services covering a wider area.

The Trust provides its services from 75 premises across Cheshire and Wirral and employs approximately 2,700 staff. Our budget is just over £120 million and we serve a population of approximately one million.

The Trust also provides extensive teaching, research and developmental work. Its services have been acknowledged and praised at local, regional, national and international levels. Some of CWP's achievements are:

- achieving financial balance each year since the Trust was formed;
- receiving positive feedback in national service user and staff surveys - the Trust is well-regarded by external organisations such as, the Care Quality Commission;
- modernising services for people with mental health and learning disabilities, such as the opening of Bowmere Hospital in Chester, the new facilities at Springview, Clatterbridge, and the new Greenways learning disabilities services in Macclesfield;
- receiving national praise for the quality of our drug and alcohol services;
- working closely with social care partners to develop fully integrated community mental health teams;
- multiple examples of our work being quoted by national bodies as examples of good practice.

Recognitions that CWP has received are acknowledgements of the Trust's ability to make good use of allocated funds. However the needs of local populations change, so that the way the Trust has provided services in the past may not be the best way to provide them in the future.

Why we are consulting

This consultation exercise is being undertaken at the request and on behalf of Central and Eastern Cheshire PCT and is being managed by CWP. The review of services in central and eastern Cheshire identified five key objectives for the redesign of mental health services. These are:

1) To improve environmental standards. Current facilities in Leighton Hospital Mental Health Unit in Crewe and Millbrook Mental Health Unit at Macclesfield Hospital do not meet the current environmental standards required in modern mental health practice in respect of privacy, dignity and individual patient security. The Trust is determined to provide services that are of the highest quality and fully compliant with these standards and other codes of practice. It would be our intention to provide single bedrooms throughout any future facility, as well as appropriate therapeutic and day care facilities.

2) To provide a specialist inpatient unit of sufficient size, with highly trained and well motivated staff, to ensure consistent high standards of nursing and medical care - and to ensure that that there are sufficient numbers of staff on site at all times to ensure a safe service. This includes the removal of the need for staff, in particular junior doctors, to travel between sites.

3) To enable service modernisation which will see a greater emphasis on clinically effective models of community based care.

4) To develop a plan to meet the requirement to vacate the Mental Health unit at Leighton Hospital. Mid Cheshire Hospitals NHS Foundation Trust, which owns the unit, have informed CWP that this site is required for its own developments and has served notice for CWP to vacate the premises.

5) To enable the most efficient and clinically effective model of care within the available funding.

A more detailed statement of why we believe we need to make these changes entitled 'The Case for Change' is available on CWP's website www.cwp.nhs.uk or by ringing the freephone number 0800 195 4462.

Our proposals for changes to clinical services have been assessed in an independent review undertaken by the National Clinical Advisory Team. This report is also available via the website or freephone.

We are consulting now as reprovision of inpatient services takes time, and to have suitable facilities available in 2012 requires obtaining public views now. This will ensure that they can feed into the whole health economy planning, that the right decisions are made and that there is then enough time to deliver them. Failure to make a decision at the end of the consultation process would make it very unlikely that suitable facilities could be available in 2012. Your views are therefore very important and we ask you to respond so that decisions are made on the most informed basis possible.

Proposals for change

The recent review of how services should be provided in future indicates that these can be provided from four inpatient wards (two older persons and two adult acute). At the commencement of the project in March 2009 there were six wards and now, following the temporary closure of one ward, there are currently five. This proposal is based on the understanding that further investment is made in community services and that the implementation of new ways of working continues, which have seen effective reductions in admissions and length of stay elsewhere in the Trust.

Within the service review, revised care pathways were developed. An analysis was undertaken of each part of the services to identify when patients could have been treated in less restrictive community services if these had been available. The review identified that an enhanced crisis resolution home treatment service, which operates 24 hours each day, could reduce admissions. In addition CWP has recently implemented the 'Acute Care Approach' in central and eastern Cheshire, which has already proved to be effective in delivering care outside hospital in both Wirral and west Cheshire.

The options

Three options have been considered for how these services can be delivered:

Option 1- Continue to provide services as at present from the Mental Health Units at Leighton Hospital and Macclesfield Hospital.

Option 2- Provide the service at Leighton Hospital elsewhere, but continue to provide services from two main inpatient sites.

Option 3- Provide all adult and older persons' acute mental health inpatient services from a single site.

Options discussion

Option 1: The option to remain as we are at present is not achievable, as CWP has been given notice to vacate the Mental Health Unit at Leighton Hospital. Even if this were not the case, the reduction in ward numbers set out in the revised service proposals would create clinical risk issues by stretching limited resources across two sites. In addition, existing wards are not capable of being redesigned to provide the environmental improvements that are required.

Option 2: The option to continue services from two sites would create clinical risk issues because each site would only have two wards. There would not be enough staff on duty at certain times to ensure clinical safety. This option would also be financially less efficient than option 3 and would not free up funding for community service developments.

Option 3: This option is our preferred option and it would see all inpatient services located on a single site. Capital investment would be made to maximise the number of single rooms and to ensure the provision of adequate therapeutic and day care facilities. The efficiencies of having all services together would also allow funding to be released to further develop community services.

A full economic analysis after the consultation exercise would determine how a single site would be provided. This would take into account the financial position of the local and national health economies, and is one of the key decisions in the Central and Eastern Cheshire PCT led work on making best use of available resources. The critical factor would be whether the health economy was in a position to commit to immediate investment in a new building or whether there would need to be an exploration of alternative approaches. It is for this reason that the options referred to above have not been costed until public views are clear through this consultation.

A working group has been established to look at the criteria we would use when selecting a preferred location for an inpatient mental health unit. A wide range of people contributed to this working group and all service user, carer and public members of the Foundation Trust were given the opportunity to say what was important to them in choosing a location. As part of this consultation the public are being given an opportunity to add their comments to deciding these criteria.

The site selection criteria developed by the working group are attached to the 'Case for Change' document which is available on the CWP website at www.cwp.nhs.uk or by contacting the freephone number 0800 109 4462. It is recognised that the issue of access to a single site may cause concern for some service users and carers. In the event that the location does present transport or other access difficulties this would be addressed in partnership with the Local Authority.

Next steps

The consultation period runs from the start of December 2009 to the 9th March 2010. At the end of this period an independent report[2] on the views expressed during the consultation will be produced and published on our website. Copies will also be available via the freephone number. Following the outcome of that report we will then communicate what will happen next in terms of the development of detailed proposals and the continued involvement of service users, carers, staff and partners.

Making your views known

The deadline for responses is the 9th March 2010. You can make your views known in a wide variety of ways.

- By completing the consultation response form on the back page of this document
- By completing the e-version on our website www.cwp.nhs.uk and e-mailing it to t.mason@chester.ac.uk
- By attending one of our public meetings in January and February at the following venues:

22 January,
1pm - 2.30pm Congleton Town Hall,
CW12 1BN

27 January,
5pm -6.30pm Winsford Lifestyle Centre,
CW7 1AD

2 February,
1pm - 2.30pm Macclesfield Masonic Hall,
SK10 1BW

3 February,
10am - 11.30am Crewe Alexandra Football Club,
CW2 6EB

If you would like to contact a member of CWP staff to discuss any of these issues please call the freephone helpline: 0800 195 4462

If you would like to become a foundation trust member of CWP and get more involved in Trust activities please contact the membership team on 01244 364404, membership@cwp.nhs.uk or visit the website at www.cwp.nhs.uk – where a simple application form can be completed online.

[2] The Trust has engaged Chester University to be the independent reviewer of responses.

Central and Eastern Cheshire NHS
Primary Care Trust

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Redesigning adult and older people's mental health services in Central and Eastern Cheshire

Making your views known – consultation response form

Before you answer the questions below we would be grateful if you could tell us a bit about yourself (you can tick more than one box):

About you

a) I am a CWP service user ❑
I am a carer for a person who receives CWP services ❑
I am from a mental health forum/voluntary organisation ❑
I am a foundation trust member of CWP ❑
I am a governor ❑
I am a member of staff ❑
I am a staffside representative ❑
Other (please specify) _____

Questions b and c are for staff only

b) Please select which of the following areas you work in:
Inpatient ❑
Community ❑
Other (please specify) _____

c) Please select which of the following areas you work in:
Adult mental health (incorporating older people's) ❑
Child and adolescent mental health ❑
Learning disabilities ❑
Drug and alcohol ❑
Other (please specify) _____

d) Please select where you are based:
Wirral ❑
West Cheshire ❑
Central/Eastern Cheshire ❑
Other (please specify) ❑
_____

e) Please indicate which consultation material you have been able to consider:
This consultation document ❑
Website ❑
Frequently asked questions ❑
Public meetings ❑
Freephone helpline ❑

f) Please provide your name and address for <u>validation purposes only</u> (this information will not be provided to CWP by the independent reviewer of responses, Chester University. Chester University will treat your personal data in accordance with the data protection act and will not use the information for any other purpose).

Title: _____ Name: _____
Address: _____
_____
_____ Postcode: _____

Your views

We are consulting on the following questions in respect of the redesign of adult and older people's acute mental health services in central and eastern Cheshire:

Question 1

Do you agree with the proposal to continue to introduce new ways of working which will see community based services further strengthened and as a consequence a reduced requirement for inpatient beds?

❑ Yes

If yes, please indicate what safeguards you would like to see put in place to ensure that this has been done effectively.

❑ No

If no, please say what alternative policy you think should be adopted.

Question 2

Do you agree with option 3 (page 5) that all adult and older people's inpatient services be provided from a single site?

❑ Yes

If yes, please state what you think should be included within a single site to ensure it meets your expectations of a modern mental health service.

❑ No

If no, please say what alternative approach you think the Trust should adopt.

Question 3

What issues matter to you regarding the location of inpatient services? We believe that access is one issue. Is this correct? What other issues matter to you?

Question 4

Do you have any other suggestions about how we can further improve our mental health services?

Once you have completed the above fields, please:

1. **Save this document to your computer**
2. **Click here to create an email addressed to t.mason@chester.ac.uk with the subject line 'Redesigning adult and older people's mental health services in Central and Eastern Cheshire'**
3. **Attach your completed consultation document to the email and send.**

Thank you for taking the time to share your views.

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

UPDATE FOR OVERVIEW AND SCRUTINY COMMITTEE ON CONSULTATION ON LEARNING DISABILITY RESPITE CARE

As the Committee is aware the Trust is consulting on the eligibility for and process of assessment and allocation of respite care in Cheshire and on the proposal to close the Primrose Avenue unit and operate and improved single service for central Cheshire at Crook Lane, Winsford. The proposed closure of Primrose Avenue is undertaken on behalf of Cheshire PCT's and Social Services Commissioners.

It was reported in December 2009 that the Task and Finish Group had consulted on and completed their recommendations for eligibility criteria and assessment and allocation of health respite. The new criteria and process had then been used to conduct a preliminary assessment of current service needs to inform whether the closure of Primrose Avenue allows sufficient capacity for future needs.
(The outcome indicated low levels of specialist health need in current service user group (6 to 8 people of 61 requiring specialist in-patient respite).

This information was reported to the December 2009 Trust Board where the Trust confirmed their view that the low indication of need did not suggest that there would be a future shortfall of health provision if Primrose Avenue closed and that the closure of Primrose Avenue was still recommended by the Trust. This position has now been communicated to consultees and a further 4 weeks allowed for any remaining comments before closure of the consultation (ending 20th January 2010). Final comments will then be incorporated into the final consultation report and be taken to the Cheshire Joint Executive Commissioning Group in February 2010 and also back to the February Trust Board.

The report will include options and recommendations, including any implications for current service users, hence the position on handling any changes is as yet unconfirmed. However, the Trust has already indicated that there is sufficient capacity at Crook Lane to meet the current level of allocation from both units. If the decision to close Primrose Avenue is then confirmed, one option that will be presented is for the new criteria to be first applied to new referrals, not displacing current service users and allowing for a transitional plan to be agreed with commissioners. It is anticipated that Social Services will wish to explore alternatives with service users and families through the community care assessment and review process taking particular account of the opportunities afforded through the 'personalisation' of care and individual budgets. Joint Commissioners have stated their intention to consider the outcome of the consultation to further inform their wider commissioning strategy for respite care/ short breaks for adults with learning disabilities. Implications for existing service users and their families and the impact of any shift from health to social care provision could therefore be managed in a planned and coordinated fashion.

As part of the consultation the Trust has held group and individual discussions with the Primrose Avenue families to consider all potential impacts of moving for themselves and their relative. The families have emphasised careful planning to transfer individual care arrangements and the importance of continuity of staff. Changes in transport

arrangements to allow continued attendance at day services have been considered by Cheshire East Council and are deliverable with some increased costs.

Ross Kingdon
Clinical Services Manager, Jan 2010

Update on Improving Access to Psychological Therapies Scheme (IAPT)
For the Overview and Scrutiny Committee January 2010

1. Background

The improving access to Psychological Therapies (IAPT programme) has now been in place within Western Cheshire and Central & Eastern Cheshire since September 2008. Both Central and Eastern Cheshire and Western Cheshire PCT's were chosen as part of a bidding process in the North West Region to commission IAPT Wave 1 sites in the initial year of the national rollout.

Investment in the services has followed NICE guidelines of a stepped care approach to treating common mental health problems and enabled Cheshire and Wirral Partnership Foundation NHS Trust to employ 7 new High Intensity Therapy (HIT) workers in West and 21 HIT workers in Central & Eastern Cheshire. These staff provide high intensity CBT interventions at Step 3.

Both areas also have Psychological Wellbeing Practitioners (PWP) (7 in West – employed by Western Cheshire PCT and 14 in Central & Eastern Cheshire employed by CWP). These staff provide low intensity CBT interventions at Step 2.

The staff are working to targets of 52 completed cases per year for HIT workers and 223 completed episodes for the PWPs, on the basis of NICE guidelines. NICE guidelines indicate lengths of therapy of 8 to 20 therapy sessions for clients of the HIT workers and 4 to 6 sessions for the PWPs.

The new staff has joined the existing primary care mental health teams in both the Cheshire Western and Central and Eastern Cheshire IAPT sites to provide an integrated Primary care psychological therapy service for Steps 2 to 4.

The new HIT staff have undertaken post graduate diplomas in CBT (IAPT) at Chester University and the PWP staff have undertaken post graduate certificates in Primary Care Mental Health at Manchester University allowing the new staff to gain strong specialist clinical skills.

Central and Eastern Cheshire PCT are 1 of the 12 regional pilot sites for the IAPT Employment Advisory Service hosted by Pathways CIC and this services works is integrated within the IAPT service provided by CWP. The service targets people who are in work who are struggling due to anxiety/depression, or whom are off sick. Pathways CIC also hosts the North West Regional Employment Support Co-ordination Service which targets people who are currently out of work and whom wish to move closer to employment and is integrated into IAPT. The Primary Care Social Care Teams(Local Authorities) share the single point of referral with the CEC IAPT service and are part of the IAPT provision.

The Trust has now implemented the National IAPT KPI data collection and outcome monitoring through the use of the PC-MIS Clinical system dedicated IAPT database as

developed by the Department of Health Sciences at the University of York. The Trust has also benefitted from links with the Northwest IAPT Collaborative Group.

2. A broad definition of Psychological Therapies

Psychological Therapies include a variety of therapies, from those working directly with symptomatic change to those that work through the resolution of conscious and unconscious conflict. Psychological Therapy includes instances in which a therapist may work with a client who has been diagnosed with a specific disorder for example anxiety; instances where therapists are in a helping role with someone who is troubled or distressed; and those where they are supporting healthcare treatments.

Therapy can be offered in particular circumstances, for example during cancer treatment, after bereavement, or for patients suffering dementia. Therapy ranges from brief solution focused therapy to long-term therapy that is exploratory and historical in scope. It includes complex, enduring and deep seated issues as well as apparently simple/single issues.

Therapy includes work with individuals, families and groups and is offered to adults, adolescents and children.

(Adapted from:" Psychological Therapies; National Occupational Standards Consultation Report – Skills for Health 2007).

3. The Stepped Care Approach to Psychological Therapies

NICE Guidelines recommend a stepped care approach which matches the intervention offered to the severity of the presenting problem. This offers the client the least invasive/intensive appropriate interventions. It gives the ability to step up or down the intervention if appropriate to the client. Within Primary Care Psychological Therapies, the service deals with Steps 2-4.

Step 1 offer the concept of "watchful waiting" as is usually carries out by the persons GP

Step 2 offers psycho-education (including telephone treatment and Computerised CBT (cCBT) to people with mild psychological problems associated with anxiety and depression.

Step 3 offers time limited CBT for people with mild to moderate anxiety and depression provide by the HIT's. In addition, Counselling at Step 3 offers time limited counselling for patients with a range of moderate psychological problems including loss issues and relationship problems.

Step 4 offers longer term (up to 26 sessions) interventions for people with complex psychogical problems.

Step 5 offers psychological support to people requiring secondary care mental health services

4. National IAPT Headlines 2008/9 Wave 1, Year 1.

Taken from the NHS Northwest IAPT Regional Conference and Good Practice Event, Reebok Stadium 1 December 2009.

35 IAPT sites operational of which 5 are in the North West and CWP are providers for 2 of these sites.
Wave 2 2009/10 10 additional sites in the North West.
1, 500 new staff working at Step 2 and 3
73,000 clients entered services
26,000 completed treatment episodes
32% clients into "Recovery"
12,000 clients moved off sick pay benefits.

5. Local Headlines 2008/9 Wave 1, Year 1

Due to the differences in management and structure of the Western Cheshire PCT and Central and Eastern Cheshire PCT Wave 1 sites direct comparison of activity is problematic. All the national KPI's from the services are reported monthly to the SHA and quarterly to the DH and this activity is discussed at the IAPT Regional Collaborative which both sites are actively involved with.

5.1 Western Cheshire IAPT Site (Western Cheshire PCT and CWP)

Since 2009 the Cheshire West Primary Care Mental Health service operates the single point of access for all mental health referrals to Steps 2-5.

Activity

During the first year of operation of the IAPT Service (1/10/08 to 30/10/09) the 7 HITs have undertaken 2173 contacts. During the period 132 client episodes were completed and clients discharged, with a further 134 clients ongoing in the service. The target for the 7 staff is 364 completed cases per year. For the first year of service the new trainees worked 3 days per week with 2 days at university hence the full year target of 364 was not achievable within year. Since completing their diplomas the 7 staff are now working full time.

Employment Target

In terms of employment figures and returning clients to employment the target for west was 50 clients for the first year of operation. This target has been achieved and 56 clients have returned to work. It is difficult to access the impact of the global recession on this target as the service is in first stages. The achievement of this target will as far as possible be monitored against future economic trends.

Waiting Times

There is one point of access through the West Cheshire Primary Care Mental Health Team. The waiting times for the service have averaged between 4 - 6 weeks. At present (8/1/10) there is actually only 1 client on the waiting list who has been on this since the 30/11/09. The reason for this wait is that the person concerned has requested an appointment at a specific location which the service is accommodating.

5.2 Central and Eastern Cheshire IAPT site

All steps of the Primary Care IAPT Services (2-4) are provided by CWP in partnership with the Local Authorities Social Care Teams and Pathways CIC. The service has 2 single points of

referral for primary care into (1) the East Locality Team and (2) the South Cheshire and Vale Royal Locality Teams.

Activity
Contacts for the whole service are reported monthly and for the 1st year a reported 24,000 contacts were made. Contacts within the service consist of face to face, telephone, group or at times e-mail interventions with service users.

Information taken from the Primary Care electronic clinical activity system PC-MIS

	IAPT Year 1 to Oct 2009	Oct-Dec 2009	Total
Number of Patients referred	9338	1890	11228
Number of patients offered treatment	4884	900	5784
Number of patients completing treatment	2000+	836	2836+

Employment Target
The service had a target to get 123 people off sick pay and benefits in year 1. Within Year 1 this figure has been significantly exceeded achieving 233 due to the robust partnership working between the IAPT Service and the IAPT Employment Advisory Service and IAPT Employment Support Co-ordination Service. The service has been shown through national benchmarking to be the national leader for moving people off benefits/off sick pay who have common mental health problems. Service Users contributed to a BBC NW Tonight Programme on World Mental Health Day in October 2009 which featured "Recession Depression". Service users explained their experiences of both therapy and employment support as part of the Dr Rachel Perkins Review, to Lord McKenzie, the Lords sponsor for IAPT and to Sir Leigh Lewis, the senior civil servant for Department and Work and Pensions. Service user feedback confirms the seamless service between CWP IAPT Service and Employability Support offered by Pathways Community Interest Company has empowered them to be retained in employment or move into employment. Pathways Community Interest Company (CIC) continually striving to provide a relevant service that can assist people affected by the recession.

Waiting Times

Current number of patients waiting at 31.12.09

	Step 2	Step 3 CBT	Step 3 Counselling	Step 4	TOTAL
South	81	127	191	32	**431**
Vale	50	6	30	8	**94**
East	296	307	382	40	**1025**
TOTAL	**427**	**440**	**603**	**80**	**1550**

Current average service waits from date of referral to date of assessment/treatment contact. These figures show the average of the longest waits in weeks

	Step 2	Step 3 CBT	Step 3 Counselling	Step 4
South	11.30	30.39	31.01	29.13
Vale	4.90	2.75	24.33	14.51
East	23.37	39.18	38.98	36.65

The service leads are working at reducing the longer waits in East and South and a full report has been prepared and is available for review from the Clinical Director of Primary Care for Cheshire.

5.3 Wirral

Wirral is not an official IAPT site and has not received central funding. The Talking Changes Service commissioned by Wirral PCT works to the principles of IAPT but is not fully IAPT compliant. The current "Talking Changes" Service on the Wirral receives an average of 170 referrals a week and sees clients within Step 2-4.

6. The Way Forward

Key challenges for the continued success of the project into the second year include further work on supporting cultural change to ensure that team protocols are fully implemented, and to change previous perceptions that Psychological Therapies are inaccessible. This involves maintaining and improving communications with GPs with a particular view to increase the number of suitable referrals for the new workers. Within Western Cheshire there is also a specific aim to increase the number of referrals received for older people and those with long term conditions and cancer. Within Central and Eastern Cheshire there is a particular focus on integrated working with the Social Care team and Pathways CIC which provides Employment Advisors to maintain people in work and a service to help people move off benefits into employment.

Further work needs to be undertaken within Central and Eastern Cheshire IAPT sites on addressing the long waits for some parts of the service. However this work is further challenged by the significant reduction in funding for the service from 2009/2010 which is ongoing. The service is working closely with the PCT on this work.

6. Service Contacts for further information

Western Cheshire IAPT Site:

Bill Woods	Clinical Service Manager	Bill.Woods@cwp.nhs.uk
Janet Jones	IAPT Clinical Lead	Janet.Jones@cwp.nhs.uk

Central and Eastern Cheshire IAPT site:

Jill Doble	Clinical Service Manager	Jill.Doble@cwp.nhs.uk
Jacqui Nevin	Clinical Director/IAPT Clinical Lead	Jacqui.Nevin@cwp.nhs.uk

Wirral

Sally Sanderson Clinical Service Manager Sally.Sanderson@cwp.nhs.uk
Aisling O'Kane Consultant Clinical Psychologist Aisling.O'Kane@cwp.nhs.uk

11 January 2010

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Briefing to Joint OSC regarding evaluation and monitoring of Assertive Outreach Changes

Introduction

A proposal was submitted to the Joint OSC in September 2009 to deliver the Assertive Outreach Function (AOT) from Community Mental Health Teams (CMHT). A level 2 consultation was held and 3 themes emerged:

1. To provide the same level of contracted AOT service based on clinical need.
2. Avoid disadvantaging CMHT service users.
3. To ensure access to AOT for service users who require it, within contractual service level.

The outcome of the consultation was presented to CWP Board on the 16 December 2009 (Appendix 1). The outcome of CWP Board Meeting was that AOT function would be provided by CMHTs. An evaluation plan was agreed within CWP (Appendix 2 and 3).

It is proposed that the transfer from stand alone AOT into CMHTs starts from the 1st February 2010. The evaluation of these changes will be provided to the CWP Board in May 2010, August 2010 and March 2011. Service users currently receiving AOT services and a matched cohort within CMHTs will be monitored throughout this period.

Appendix Documents Embedded:

Z:\Dr Stanway\Nush Typing\AOT\Appendi	Z:\Dr Stanway\Nush Typing\AOT\Evaluatic	Z:\Dr Stanway\Nush Typing\AOT\hall enga
Appendix 1	**Appendix 2**	**Appendix 3**

Dr Anushta Sivananthan
Divisional Clinical Director

12 January 2010

This page is intentionally left blank

CHESHIRE EAST COUNCIL

REPORT TO: The Cheshire and Wirral Councils' Joint Scrutiny Committee

Date of Meeting:	26 January 2010
Report of:	Cheshire East Borough Solicitor
Subject/Title:	The Cheshire and Wirral Council's Joint Scrutiny Committee Protocol

1.0 Report Summary

1.1 The attached Protocol has been considered and approved by the mid point meeting and is now submitted for approval and adoption by the Joint Committee.

2.0 Recommendations

2.1 That the attached Protocol setting out the working relationships between the Joint Committee and the Cheshire and Wirral Partnership NHS Foundation Trust (CWP), particularly for identifying and responding to proposals for Substantial Developments or Variations in Services, be approved.

3.0 Reasons for Recommendations

3.1 A Protocol that has been agreed by all parties will provide clear guidance and facilitate and promote good working relationships and good scrutiny practice.

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 All

6.0 Policy Implications including - Climate change
- Health

6.1 None

7.0 Financial Implications for Transition Costs (Authorised by the Borough Treasurer)

7.1 None

8.0 Financial Implications 2009/10 and beyond (Authorised by the Borough Treasurer)

8.1 None

9.0 Legal Implications (Authorised by the Borough Solicitor)

9.1 None

10.0 Risk Management

10.1 None identified

11.0 Background and Options

11.1 Prior to April 2009, a Protocol had been agreed between Cheshire and Wirral Councils and CWP, governing the working arrangements between the Joint Committee and CWP. During the intervening period there have been a number of changes concerning the way in which Health Scrutiny and patient and public involvement operates, which together with the reorganisation of Local Government in Cheshire, mean that the Protocol needs to be updated.

11.2 In particular, the document sets out guidance for identifying and responding to Substantial Developments or Variations in Services (SDVs) proposed by the NHS. If a proposal is considered to be an SDV, statutory obligations on public consultation arise for the NHS and for the Joint Committee to consider and respond to the proposed changes. It is therefore an important aid towards ensuring that SDVs (and proposals of a lesser but still significant impact) are dealt with properly.

11.3 The Department of Health has promised to produce revised national Guidance for the conduct of NHS scrutiny, but this is still awaited. When the Guidance is available, the Protocol may need to be further reviewed, to ensure it continues to comply with the national Guidance document.

12.0 Overview of Year One and Term One Issues

12.1 An agreed Protocol will help and support the Committee particularly as it establishes its role.

13.0 *Access to Information*

The background papers relating to this report can be inspected by contacting the report writer:

Name: Mike Flynn
Designation: Cheshire East Scrutiny Team
Tel No: 01270 686464
Email: mike.flynn@cheshireeast.gov.uk

This page is intentionally left blank

CHESHIRE AND WIRRAL COUNCILS JOINT SCRUTINY COMMITTEE

PROTOCOL

1 Introduction

1.1 The Health and Social Care Act 2001 and associated regulations give local authorities the power to review and scrutinise health services through their overview and scrutiny committees. This complements their existing power to promote the social, economic and environmental well-being of local areas. The role of local authorities is to contribute to health improvement and reducing health inequalities in their local area. Health services are to be viewed in their widest sense and will include Adult Social Care and other services provided by the local authority and in partnership with the NHS. Local authorities will be channels for the views of local people.

1.2 Health scrutiny is the democratic element of the new system for patient and public involvement. This includes Local Involvement Networks (LINks), Independent Complaints and Advocacy Services (ICAS) and Patient Advice and Liaison Services (PALS). In addition, the NHS is required to make arrangements to consult with and involve the public in the planning of service provision, the development of changes and in decisions about changes to the operation of services.

1.3 The two main elements of health overview and scrutiny are:

- Formal consultation on substantial developments or variations to services.
- A planned programme of reviews with capacity to respond to issues raised by LINks and other bodies.

1.4 The responsibility for the overview and scrutiny function of the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) lies with the Joint Scrutiny Committee of Cheshire East, Cheshire West and Chester and Wirral Councils.

2 Policy Statement

Members of the Joint Committee, CWP and organisations for patient and public involvement, will work together to ensure that health scrutiny improves the provision of health services and the health of local people.

3 Aims of Health Scrutiny

- To improve the health of local people by scrutinising the range of health services.

- To secure continuous improvement in the provision of local health services and services that impact on health.
- To contribute to the reduction of health inequalities in the local area.
- To ensure the views of patients and users are taken into account within a strategic approach to health care provision.

4 Principles

4.1 Overview and scrutiny of health services is based on a partnership approach.

4.2 Overview and scrutiny is independent of the NHS.

4.3 The views and priorities of local people are central to overview and scrutiny, and patients and their organisations will be actively involved.

4.4 The overview and scrutiny approach is open, constructive, collaborative and non confrontational. It is based on asking challenging questions and considering evidence. Recommendations are based on evidence.

4.5 Overview and scrutiny works seamlessly with other elements of the patient and public involvement system and with the Local Strategic Partnerships.

4.6 Overview and scrutiny will consider wider determinants of health and use wider local authority powers to make recommendations to other local agencies as well as the NHS.

4.7 Overview and scrutiny recognises that there will be tensions between people's priorities and what is affordable or clinically effective, and that local health provision takes place within a national framework of policies and standards.

4.8 The impact of health overview and scrutiny will be evaluated.

5 The Role of the Joint Committee

5.1 In the course of a review or scrutiny the Joint Committee will raise local concerns, consider a range of evidence, challenge the rationale for decisions and propose alternative solutions as appropriate. It will need to balance different perspectives, such as differences between clinical experts and the public. All views should be considered before finalising recommendations.

5.2 The Joint Committee will not duplicate the role of advocates for individual patients, the role of performance management of the NHS or the role of inspecting the NHS.

5.3 The Joint Committee has no power to make decisions or to require that others act on their proposals. The NHS must respond to recommendations of the Committee and give reasons if they decide not to follow these.

6 Organisations to which Health Scrutiny Applies

6.1 NHS bodies subject to overview and scrutiny include any Strategic Health Authority, Primary Care Trust (PCT), and NHS Trust that provides, arranges or performance manages the provision of services. The Joint Committee's focus will be services provided by CWP and where appropriate the complementary activities of local authorities and other agencies.

6.2 The Local Government and Public Involvement in Health Act 2007 introduced a new procedure "the Councillor Call for Action (CCfA)" which provides elected Ward Members with a formal means to escalate matters of local concern to an Overview and Scrutiny Committee. Although this is seen as a measure of "last resort" it can lead to recommendations being made to the Council concerned and/or other agencies. The CCfA is one of a number of changes designed to provide Overview and Scrutiny Committees with greater powers to work more closely with Partners and across organisational boundaries. It is likely that any CCfA which is concerned with NHS services will be referred to the appropriate Overview and Scrutiny Committee of the Council concerned in the first instance. However it is possible that the Joint Committee could be invited to consider and report on a CCfA matter relating to CWP's services.

6.3 Similar statutory provisions under the Local Democracy, Economic Development and Construction Act 2009 have also been made to require valid Petitions to be considered at a Local Authority meeting. Each Local Authority is required to make a "Petition Scheme" to determine how such petitions will be handled. Should either a CCfA or a formal Petition be received which relate to CWP's business, the Secretary of the Joint Committee will liaise in the first instance with CWP and the constituent Council(s) concerned, to assist the Chair and Spokespersons of the Committee to determine how to proceed.

7 Matters that can be Reviewed and Scrutinised According to Regulations

7.1 Overview and scrutiny powers cover any matter relating to the planning, provision and operation of health services. Health services are as defined in the NHS Act 1977 and cover health promotion, prevention of ill health and treatment.

7.2 Issues that can be scrutinised include the following:

- Arrangements made by local NHS bodies to secure hospital and community health services and the services that are provided
- Arrangements made by local NHS bodies for the public health, health promotion and health improvement including addressing health inequalities.
- Planning of health services by local NHS bodies, including plans made in co-operation with local authorities setting out a strategy for improving both the health of the local population and the provision of health care to that population.

- The arrangements made by local NHS bodies for consulting and involving patients and the public.
- Any matter referred to the committee by a LINk.
- Any appropriate matter raised by a Councillor Call for Action or a Petition.

8 Substantial Developments or Variations in Services

8.1 CWP will consult the Joint Committee on any proposals it may have under consideration for any substantial development of the health service or any proposal to make any substantial variation in the provision of such services.

8.2 This is additional to discussions between CWP and the appropriate local authorities on service developments. It is also additional to the NHS duty to consult patients and the public. Guidance indicates that solely focusing on consultation with the Joint Committee would not constitute good practice.

8.3 The Committee has the responsibility to comment on

- Whether as a statutory body the Committee has been properly consulted within the public consultation process
- The adequacy of the consultation undertaken with patients and the public
- Whether the proposal is in the interests of Health Services in the area

Arrangements relating to PCTs

8.4 The PCT leading the commissioning process will usually be responsible for undertaking formal consultations for services it commissions. Where services span more that one PCT, they will agree a process of joint consultation. The board of each PCT will formally delegate the responsibility to a joint PCT Committee. This should act as a single entity and will be responsible for the final decision on behalf of the PCTs for which it is acting.

8.5 Where the proposal impacts across the Strategic Health Authority (SHA) or several SHAs the relevant PCTs with lead commissioning responsibility may wish to invite the SHA to coordinate the consultation. Responsibility for decisions on any service revision remains with the PCTs.

Substantial developments or variations – explanation

8.6 Substantial developments or variations are not defined. The impact of the change on patients, carers and the public is the key concern. The following factors should be taken into account:

- Changes in accessibility of services such as reductions, increases, relocations or withdrawals of service
- Impact on the wider community and other services such as transport and regeneration and economic impact

- Impact on patients – the extent to which groups of patients are affected by a proposed change
- Methods of service delivery – altering the way a service is delivered. The views of patients and LINks are essential in such cases.

8.7 The first stage is for the Joint Committee (acting initially through its Chair and Spokespersons) to decide whether or not the proposal is substantial. This initial assessment is conducted at three levels:

Level One

When the proposed change is minor in nature, eg. a change in clinic times, the skill mix of particular teams, or small changes in operational policies.

At level one, the Joint Committee would not become involved directly, but would assume that the LINk is being consulted.

Level Two

Where the proposed change has moderate impact**,** or consultation has already taken place on a national basis. Examples could include a draft Local Delivery Plan, proposals to rationalise or reconfigure Community Health Teams, or policies that will have a direct impact on service users and carers, such as the "smoke free" policy. Such proposals will involve consultation with patients, carers, staff and the LINks, but will not involve

- Reduction in service
- Change to local access to service
- Large numbers of patients being affected

The Joint Committee will wish to be notified of these proposals at an early stage, but would be unlikely to require them to be dealt with formally as an SDV. A briefing may be required for the full Committee or through the Chair and Spokespersons, and the Local Ward Councillors concerned will be informed of the proposal by the Secretary. The Committee will wish to ensure that the LINks and other appropriate Organisations have been notified by CWP.

Level Three

Where the proposal has significant impact and is likely to lead to –

- Reduction or cessation of service
- Relocation of service
- Changes in accessibility criteria
- Local debate and concern

Examples would include a major Review of service delivery, reconfiguration of GP Practices, or the closure of a particular unit.

The Joint Committee will normally regard Level Three proposals as an SDV, and would expect to be notified at as early a stage as possible. In these cases the Committee will advise on the process of consultation, which in accordance with the Government Guidelines would run for a minimum 12 weeks period. CWP will make it clear when the consultation period is to end. The Committee would consider the proposal formally at one of their meetings, in order to comment and to satisfy the requirement for CWP to consult the Overview and Scrutiny Committee in these circumstances.

8.8 CWP has produced a standard form of notification for Level Two and Level Three proposals, to ensure that the required information is available to the Committee particularly at the initial assessment stage. This will help in reaching agreement with CWP on whether the proposal is considered to be substantial.

8.9 Officers of CWP will work closely with the Joint Committee during the formal consultation period to help all parties reach agreement.

8.10 The Joint Committee will respond within the time-scale specified by CWP. If the Joint Committee does not support the proposals or has concerns about the adequacy of consultation it should provide reasons and evidence.

Exemptions

8.11 The Joint Committee will only be consulted on proposals to establish or dissolve a NHS trust or PCT if this represents a substantial development or variation.

8.12 The Joint Committee does not need to be consulted on proposals for pilot schemes within the meaning of section 4 of the NHS (Primary Care) Act 1997, as these are the subject of separate legislation.

8.13 CWP will not have to consult the Joint Committee if it believes that a decision has to be taken immediately because of a risk to the safety or welfare of patients or staff. These circumstances should be exceptional. CWP will notify the Joint Committee immediately of the decision taken and the reason why no consultation has taken place. CWP will provide information about how patients and carers have been informed about the change and what alternative arrangements have been put in place to meet the needs of patients and carers

Report to Secretary of State for Health/Monitor

8.14 The Joint Committee may report to the Secretary of State (SoS) for Health or, as appropriate, to Monitor for their consideration when it is not satisfied with the consultation or the proposals. *Referral should not be made until the NHS body has had the opportunity to respond to the committee's comments and local resolution has been attempted.*

8.15 Specific areas of challenge include:

- The content of the consultation or that insufficient time has been allowed
- The reasons given for not carrying out consultation are inadequate

NB 'inadequate consultation' in the context of referral to the SoS or Monitor means only consultation with the committee, not consultation with patients and the public.

or

- Where the committee considers that the proposal is not in the interests of the health service in its area.

8.16 In response to a referral the SoS or Monitor may:

- Require the local NHS body to carry out further consultation with the committee.
- Make a final decision on the proposal and require the NHS body to carry out the decision.
- Ask the Independent Review Panel to advise on the matter.

9 Developing a Programme of Reviews

9.1 The Joint Committee will produce an annual overview and scrutiny plan in consultation with CWP and the LINks. The Plan will be kept under review and rolled forward to accommodate new matters as they arise.

9.2 The plan will consider the range of health services including those provided by the local authority and partnership arrangements with the NHS.

9.3 The plan will be based on the views and priorities of local people.

9.4 The plan will have the capacity to take into account issues that may be raised through the work of the LINks.

9.5 The plan will be realistic, based on the capacity of the Joint Committee and CWP to undertake meaningful reviews.

9.6 The following factors would be taken into account when planning a programme:

- It is a local priority that can make a difference.
- The topic is timely, relevant and not under review elsewhere.
- If the topic has been subject to a national review it should be clear how further local scrutiny can make a difference.
- There is likely to be a balance between;
    - Health improvement and health services,
    - NHS and joint services,
    - Acute services and primary/ community services.
- It may be thematic, e.g. public health, homelessness or services for older people that might impact on the health of local people, or a service oriented priority.
- It should contribute to policy development on matters affecting the health and well being of communities.

9.7 There are a number of methods for scrutiny, including formal reports to the Joint Committee or Reviews conducted by smaller "Task and Finish" Review Panels appointed by the Committee with specific terms of reference.

Sections 10 to 16 apply to both consultation on substantial developments or variations and reviews or scrutiny.

10 Provision of Information

10.1 CWP will provide the Joint Committee with such information about the planning, provision and operation of health services as it may reasonably require in order to discharge its health scrutiny functions. Reasonable notice of requests for information or reports will be given to CWP.

10.2 CWP will not provide confidential information that relates to and identifies an individual, or information that is prohibited by any enactment.

10.3 Information relating to an individual can be disclosed, provided the individual or their advocate instigates and agrees to the disclosure.

10.4 The local authority may require the person holding information to anonymise it in order for it to be disclosed. The Joint Committee must be able to explain why this information is necessary.

10.5 CWP will provide regular briefings for Joint Committee Members on key issues.

10.6 In the case of a refusal to provide information that is not prohibited by regulation, the Joint Committee may contact the relevant NHS performance management organisation, which should attempt to negotiate a speedy resolution.

11 Attendance at Meetings

11.1 The Joint Committee may require any officer of CWP to attend meetings to answer questions on the review or scrutiny.

11.2 Requests for attendance will be made through the Chief Executive of CWP.

11.3 The Joint Committee will give reasonable notice of its request and the date of attendance. The Joint Committee will provide the officer with a briefing on the areas about which they require information no later than one week prior to the attendance.

11.4 If the scrutiny process needs to consider health care provided by the independent sector on behalf of the NHS, it will consider the issue through the lead commissioning body, generally a PCT. The NHS will build into its contracts with independent sector providers a requirement to attend a review or scrutiny or provide information at no cost to the Committee.

11.5 The Chair or non-executive Directors of CWP cannot be required to attend before the Joint Committee. They may, however, wish to do so if requested.

11.6 Local independent practitioners such as GPs, dentists, pharmacists and opticians may be willing to attend the Joint Committee but cannot be required to do so. Local independent practitioners may be willing to attend at the request of a PCT. An alternative source of information may be the Local Medical Committee or appropriate professional organisations.

12 Reporting

12.1 In their reports the Joint Committee will include:

- An explanation of the issues addressed
- A summary of the information considered
- A list of participants involved in the review or scrutiny
- Any recommendations on the matters considered
- Evidence on which the recommendations are based
- Where appropriate, recognition of the achievements of CWP.

12.2 The Joint Committee will send draft reports to CWP and other bodies that have been the subject of review to check for factual accuracy.

12.3 The report is made on behalf of the Joint Committee not the local authorities and there is no requirement for the Executives or the full Councils to endorse it. However the report will be sent to the Cabinet and full Council (either of the local authority primarily concerned or, if more than one, all Councils concerned) and, if required, a briefing will be arranged to identify the main implications.

12.4 If the Joint Committee request a response from CWP this will be provided within 28 days. If CWP is unable to provide a comprehensive response in this time it will negotiate with the Joint Committee to provide an interim report, which will include details of when the final report will be produced.

12.5 The response will include:

- The views on the recommendations
- Proposed action in response to the recommendations
- Reasons for decisions not to implement recommendations

12.6 Copies of the final report and the response will be widely circulated and made publicly available.

13 Conflict of Interest

13.1 The Joint Committee must take steps to avoid any potential conflicts of interest arising from Members' involvement in the bodies or decisions they are scrutinising.

13.2 Conflict of interest may arise if councillors or their close relatives are:

- An employee of an NHS body, or
- A non-executive director of an NHS body, or
- An executive member of another local authority
- An employee or board member of an organisation commissioned by an NHS body to provide goods or services.

13.2 These councillors are not excluded from membership of overview and scrutiny committees but must follow the local authority Codes of Conduct regarding participation and as necessary seek advice from the Monitoring Officer of their own Council where there is a risk of conflict of interest.

13.3 Executive Members from all of the constituent Councils are excluded from serving on the Joint Committee in any capacity.

14 Liaison between the Committee and Local Involvement Networks (LINks)

14.1 The Joint Committee will develop an appropriate working relationship with the LINks in the area.

- LINks may refer issues to the Joint Committee, which must take these into account. If issues are not urgent they may be considered when planning future work programmes.
- The Joint Committee will where appropriate advise the LINks of actions taken and the rationale for these actions.
- The outline and process of a scrutiny review will be discussed with members of relevant LINks.
- One or more LINk representatives shall be eligible for appointment as non – voting Co – Opted Members of the Joint Committee, either fully or for the duration of a particular Scrutiny or Review. The Committee will decide how these arrangements will operate.

15 Conclusion

15.1 This Protocol was considered and adopted by the Joint Scrutiny Committee on 26 January 2010 and is endorsed by CWP.

CHESHIRE EAST COUNCIL

REPORT TO: The Cheshire and Wirral Councils' Joint Scrutiny Committee

Date of Meeting:	26 January 2010
Report of:	Cheshire East Borough Solicitor
Subject/Title:	Procedural Matters – Co-option and the name of the Joint Committee

1.0 Report Summary

1.1 This report provides the opportunity to discuss whether to co-opt onto the Joint Committee and gives further consideration to the name of the Joint Committee.

2.0 Recommendations

2.1 a) that one non-voting co-opted Member (with a named substitute) be appointed to the Joint Committee, to represent the three LINks in the area, drawn from the LINks' Mental Health Sub Group, to serve until 30 April 2011;

b) that, as appropriate, one further representative from the local LINk be invited to attend the Joint Committee for consideration of specific business; and

c) that the name remain as The Cheshire and Wirral Councils' Joint Scrutiny Committee and consideration be given to the proposed description of the Joint Committee's role.

3.0 Reasons for Recommendations

3.1 The appointment of a co-opted Member(s) from the Local Involvement Network (LINk) may assist the Joint Scrutiny Committee in its work. By amending the information on the agenda and the relevant part of the 3 Local Authority websites, this will provide further clarity about the role and responsibilities of the Joint Committee.

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 All

6.0 Policy Implications including - Climate change
- Health

6.1 None

7.0 Financial Implications for Transition Costs (Authorised by the Borough Treasurer)

7.1 None

8.0 Financial Implications 2009/10 and beyond (Authorised by the Borough Treasurer)

8.1 None

9.0 Legal Implications (Authorised by the Borough Solicitor)

9.1 None

10.0 Risk Management

10.1 None identified

11.0 Background and Options

11.1 The Joint Committee's Procedural Rules make the following provision for co-option:

"The Joint Committee may choose to co-opt other appropriate individuals, in a non-voting capacity, to the Committee or for the duration of a particular review or scrutiny."

11.2 At the Mid Point meeting on 14 December 2009, Members reviewed the position of the Local Involvement Networks (LINks) which cover the three PCT's in the Joint Committee's area. It was understood that there was likely to be a Sub Group established by the 3 LINks to focus particularly on Mental Health and related matters. Accordingly Members felt that it would now be appropriate to co-opt one LINk representative (plus one named substitute) on to the Joint Committee, in a non voting capacity, drawn from the LINks' Mental Health Sub Group. In addition, it was envisaged that, as appropriate, a further representative from the relevant LINk could be invited to attend the Joint Committee, for the consideration of specific items of business.

11.3 The Joint Committee is asked to approve these arrangements, on the basis that the appointment of the Co-opted Member (and substitute) would be made until 30 April 2011.

11.4 At the last meeting of the Committee, the question of changing the name of the Joint Committee was raised, so as to reflect its role and responsibilities more clearly to the public. This was considered further at the Mid Point meeting in December, when the possibilities for changing the title were reviewed. On balance, Members felt it better to avoid further changes to the name, but that a brief statement describing the role of the Committee might be included appropriately on the Agenda front sheet for each meeting, and also shown prominently on the constituent Councils' Websites. The proposed text of the statement is:

"The role of the Joint Committee is to scrutinise and review the work of the Cheshire and Wirral Partnership NHS Foundation Trust, which provides Mental Health Services for children, adults and older people, Learning Disability Services, and Drug and Alcohol Services across the whole of Cheshire and Wirral."

12.0 Overview of Year One and Term One Issues

12.1 Co-option can help the Joint Committee in its work particularly as it establishes its role and can also assist in the development of liaison arrangements with the relevant Local Involvement Network(s).

13.0 *Access to Information*

The background papers relating to this report can be inspected by contacting the report writer:

Name: Mike Flynn
Designation: Cheshire East Council Scrutiny Team
Tel No: 01270 686464
Email: mike.flynn@cheshireeast.gov.uk

This page is intentionally left blank