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# Health and Adult Social Care Scrutiny Committee

# Agenda

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| **Date:** | **Thursday, 11th November, 2010** |
| **Time:** | **10.00 am** |
| **Venue:** | **Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ** |

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. **Declaration of Interests/Party Whip**

   To provide an opportunity for Members and Officers to declare any personal and/or prejudicial interests or members to declare the existence of a party whip in relation to any item on the agenda.

3. **Public Speaking Time/Open Session**

   A total period of 15 minutes is allocated for members of the public to make a statement(s) on any matter that falls within the remit of the Committee.

   Individual members of the public may speak for up to 5 minutes, but the Chairman will decide how the period of time allocated for public speaking will be apportioned, where there are a number of speakers

   Note: In order for officers to undertake any background research, it would be helpful if members of the public notified the Scrutiny officer listed at the foot of the agenda, at least one working day before the meeting with brief details of the matter to be covered.


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| Please contact | Denise French on 01270 686464 |
| E-Mail: | denise.french@cheshireeast.gov.uk |

4. **Minutes of Previous meeting** (Pages 1 - 8)

5. **The Cheshire and Wirral Councils Joint Scrutiny Committee** (Pages 9 - 12)

   To receive the minutes of the meeting of the Joint Scrutiny Committee held on 12 July 2010.

6. **Patient Services Transport Review** (Pages 13 - 18)

   To consider a report on a review of Patient Services Transport.

7. **Implications of the proposed closure of Riseley Street, The Willows, Macclesfield and Tatton Ward, Knutsford** (Pages 19 - 24)

   To consider a report of the Head of Strategic Commissioning and Safeguarding.

Agenda Item 4

# CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care Scrutiny Committee**
held on Thursday, 9th September, 2010 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

## PRESENT

Councillor B Silvester (Chairman)
Councillor C Beard (Vice-Chairman)

Councillors C Andrew, S Bentley, D Flude, S Furlong, S Jones, A Moran, A Thwaite and C Tomlinson

## 60 ALSO PRESENT

Councillor R Domleo, Portfolio Holder for Adult Services
Councillor O Hunter, Cabinet Support Member for Adult and Health Services

## 61 OFFICERS PRESENT

P Lloyd, Director of Adults, Community, Health and Wellbeing
G Kilminster ) Adults, Community, Health and Wellbeing
L Scally ) Directorate
S Shorter )
Dr H Grimbaldeston, Director of Public Health
F Field, Central and Eastern Cheshire Primary Care Trust
D Parr, Central and Eastern Cheshire Primary Care Trust
T Bullock, Deputy Chief Executive and Director of Nursing, Mid Cheshire Hospitals Foundation Trust,
Dr M Dickinson
M Flynn, Scrutiny Team
D J French, Scrutiny Team

## 62 APOLOGIES FOR ABSENCE

Apologies for Absence were received from Councillors G Baxendale and D Bebbington, and Portfolio Holder Councillor A Knowles.

## 63 DECLARATION OF INTERESTS/PARTY WHIP

RESOLVED: that the following declarations of interest be noted:

- Councillor C Andrew, personal interest on the grounds that she was a member of the Cheshire Area Partnership;
- Councillor D Flude, personal interest on the grounds that she was a member of the Alzheimers Society and Cheshire Independent Advocacy; and
- Councillor A Moran, personal interest on the grounds that he was a member of Mid Cheshire Hospital Foundation Trust.

## 64 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public present who wished to address the meeting.

## 65 MINUTES OF PREVIOUS MEETING

RESOLVED: that the minutes of the meeting of the Committee held on 12 August be confirmed as a correct record.

## 66 DR FOSTER REPORT "HOW SAFE IS YOUR HOSPITAL?"

Dr M Dickinson, GP and Tracy Bullock, Deputy Chief Executive and Director of Nursing, Mid Cheshire Hospitals Foundation Trust, briefed the Committee on mortality rate figures following concerns that had been raised in the Dr Foster report “How Safe is your Hospital?” in relation to the Hospital Trust.

Dr Dickinson explained that the two main commercial companies which provided information on the Standard Mortality Rate (SMR) were Dr Foster and CHKS. However, each used a different logistic model, which meant different Standardised Mortality Rates could arise for the same hospital. This had resulted in criticism nationally.

Nonetheless, the Hospital Trust was committed to ensuring mortality rates were as low as possible and had introduced a Mortality Reduction Group whose role was to review patients’ records and highlight any lessons to be learned. The Trust had also recruited 3 Acute Physicians to deal with admissions via Accident and Emergency; this had resulted in improved patient flow and fewer moves between wards following admission. Mortality rates were measured using an average of 100 and in July, the Hospital Trust mortality rate was 65.

Members of the Committee were given the opportunity to ask questions and the following points were raised:

- Whether there were pre and post operative delays in treating fractures? In response, the Committee was advised that there were not usually lengthy waits for surgery and the Hospital used an emergency list to operate within around 24 - 48 hours where it was safe to do so; the Hospital also had low infection rates particularly in relation to orthopaedic surgery;
- The need when looking at performance and target information in relation to the health service to take into account local demographic information such as whether there were local areas of deprivation that would impact on people’s health. In response the Committee was advised that alcohol had a significant impact with 2 medical wards often having patients with alcohol issues such as liver failure;
- The Committee was advised that targets relating to time taken to admit onto a ward began 15 minutes after arrival in an ambulance (if not admitted straightaway) but in the case of suspected stroke, a rapid triage system was in place due to the importance of early admission and treatment.

RESOLVED: That representations be made to the Department of Health urging the use of one model to measure Standard Mortality Rates.

67 **TEMPORARY CLOSURE OF TATTON WARD, KNUTSFORD COMMUNITY HOSPITAL BY EAST CHESHIRE HOSPITAL TRUST**

The Committee considered a report from Kath Senior, Director of Performance and Quality, East Cheshire NHS Trust outlining proposals for the temporary closure of the Tatton Ward, Knutsford Community Hospital. The ward had been closed on 6 September which meant the temporary loss of 18 intermediate care beds. The Hospital Trust also had 28 intermediate care beds at Congleton War Memorial Hospital and 10 at Macclesfield.

Over recent months there had been persistent problems in recruiting middle grade doctors and this had been compounded by a consultant staff vacancy. Attempts to secure locum staffing had also been unsuccessful. It was also not sustainable to use staff to cover both Congleton and Knutsford. It was not thought appropriate to close the beds at Congleton because this would cause a significant level of reduction which would lead to additional pressure on remaining beds in the area. The 18 beds temporarily closed at Knutsford could be re-provided at Macclesfield where 15 beds on an acute medical ward had been closed to enable essential maintenance work to be carried out; there had not proved any demand to re-open these beds so they could be re-provided as intermediate care beds.

The Tatton Ward would be closed to admissions for 4 months and medical, nursing and clinical support staff redeployed across the two remaining sites. The arrangements would be reviewed weekly by the senior management team. The Committee was advised of the communication process about the temporary closure which included staff, patients, carers, the local MP as well as the general public.

During discussion of the item, Members raised the issue about the building not being fit for purpose and concern that if the Tatton Ward was closed it would cause further deterioration to the building's fabric. Members also raised transport issues for families visiting relatives; in response, the Committee was advised that the Trust did have a pool of volunteer drivers who could help if required.

The Committee expressed concern about the impact the closure would have on social care provision and the viability of Bexton Court; this was a facility linked to the Tatton Ward and the two provisions existed as one unit. Members also noted the Task/Finish Group which had been set up to look at future healthcare provision in Knutsford and whether the Group had a role in looking at the impact of this proposal.

RESOLVED: That

(a) a report be submitted to the next meeting of the Committee on the implications for social care provision at Bexton Court following the temporary closure of the Tatton Ward, Knutsford Community Hospital; and

(b) the Department of Health be advised of the Committee's concerns regarding the apparent shortage of medical staff in the appropriate grades, with expertise in the care of the elderly, particularly in light of the ageing population.

## 68 PROPOSED CHANGES TO MENTAL HEALTH SERVICES IN CENTRAL AND EASTERN CHESHIRE

The Committee considered a report on proposed changes to services provided by the Cheshire and Wirral Partnership Trust NHS Foundation Trust (CWP). As a result of changes to the way that some mental health services were funded, the PCT had identified a shortfall of £1.4 million in its budget to commission mental health, learning disability and drug and alcohol services. CWP and the PCT had worked together over a number of months to develop a prioritisation tool to use to review all services. This had resulted in three proposals:

- CWP would no longer provide social support services at The Willows day centre in Macclesfield. All service users were already cared for by community mental health teams and would be assessed and supported to use alternative day services through mainstream facilities such as colleges and local authority run schemes;
- CWP would no longer run learning disability respite care services from Riseley Street in Macclesfield; service users requiring this respite care would receive it from Crook Lane, Winsford. The service at Riseley Street was currently under occupied;
- CWP would redesign the PCT's Improving Access to Psychological Therapies service to make it more efficient, with no adverse impact on care for patients.

The proposals were supported by GP commissioners through the Commissioning Executive and patients and the public had been involved through the project board for the prioritisation process, which included representation from service user and carer groups. Further consultation would be undertaken.

Members noted that the proposals relating to Riseley Street and The Willows would have implications for social care provision, including because alternative provision at Crook Lane was in Cheshire West and Chester. It was important to look at all provision, both health and social care, as a whole, as changes in one area would often impact on another area. It was also noted that patients and carers accessing services at Crook Lane instead of Macclesfield may have transport issues.

The Committee also commended CWP whose services had recently been judged as excellent by The Royal College of Psychiatrists' Psychiatric Liaison Accreditation Network (PLAN) who had rated their services as among the best in the country.

RESOLVED: that

(a) the proposed changes to Riseley Street and The Willows, Macclesfield be noted and confirmed as Level 2 changes and as such should be consulted upon with patients, carers, staff and the Local Involvement Network; and

(b) the proposed changes to the Primary Care Trust's Improving Access to Psychological Therapies service, to make it more efficient, be noted and no consultation be required as service delivery will not be affected.

## 69 ANNUAL PUBLIC HEALTH REPORT

Dr Heather Grimbaldeston, Director of Public Health, presented her Annual Report.

There were 3 main areas on which to focus attention:

- Consequences of an ageing population – the Primary Care Trust had the fastest growing ageing population in the North West and this would result in an increase in conditions relating to ageing such as falls and fractures.;
- Health inequalities/differences – breastfeeding rates were lower than the national average and comparable areas. This linked to childhood obesity were there were higher rates of overweight children aged 4-5 years. The teenage pregnancy conception rate was lower than the England rate but there were "hotspot" wards in Crewe and Macclesfield;
- Wide gaps in life expectancy – there were wide variations across Cheshire East in life expectancy rates. The biggest cause of death was through Cardiovascular Disease (CVD) such as heart disease and stroke which accounted for 36% of all deaths; 26% of deaths were premature and preventable if lifestyles were modified. The second biggest cause of premature death was cancer with half of the cancers preventable with lifestyle modification. There were issues with alcohol and some older people using alcohol to deal with loneliness.

Presentations had been made to the Local Area Partnerships highlighting relevant health issues.

Dr Grimbaldeston made reference to Sir Michael Marmot's review of health inequalities "Fair Society, Healthy Lives" which had a number of recommendations aimed at informing the strategic direction of relevant partners for the next ten years. There were a number of policy directives including giving every child the best start in life and create and develop healthy and sustainable places and communities.

Chapter 6 of the Annual Report expanded on the Choose Well concept – this included starting to identify where waste in health services could occur both nationally and locally and suggested how waste could be avoided or reduced. There was an emphasis on how all were "partners in health" and should work together to reduce unnecessary expenditure and manage demand to allow the most efficient and effective use of resources. This included;

- medications - £2million worth of unwanted or unused prescribed medication was returned to community pharmacies with a cost of £60,000 to the PCT to incinerate returned medicines;
- alcohol – in the PCT area there were 22,228 alcohol related admissions to hospital between 2002 – 2006 and the cost to the PCT for alcohol related problems was £31.5 million. It was estimated that alcohol was a factor in 35% of all Accident and Emergency cases during the week and 70% at weekends;
- sexual health – Chlamydia was the most commonly diagnosed Sexually Transmitted Infection for both men and women in the UK; almost 1 in 10 sexually active young people under the age of 25, who were tested, had Chlamydia.

During discussion of the presentation the following issues were raised:

- it was noted that Suicide prevention services was on the work programme of the Joint Scrutiny Committee;
- it was noted that in Chapter 3 reference was made to Chelford being in the Wilmslow Local Area Partnership patch when in fact it was in Knutsford and this could impact on the statistical information;
- sometimes Teenage Pregnancy was an informed choice particularly in some cultures;
- breastfeeding rates may be affected by a lack of suitable facilities and this had resulted in initiatives in some libraries where private facilities were available with "breastfeeding friendly" stickers to indicate this;
- it was important to reduce differences in life expectancy between geographical areas but also ensure lives were longer and healthier.

RESOLVED: That the Director of Public Health's Annual Report be noted.

## 70 JOINT STRATEGIC NEEDS ASSESSMENT

The Committee considered a report on the Joint Strategic Needs Assessment (JSNA). This was a process that identified the current and future health and wellbeing needs of a local population, informed the priorities and targets and lead to agreed commissioning priorities that would improve outcomes and reduce health inequalities.

The JSNA was a web based tool, hosted on the Council website, which enabled regular updates to be made. There were various sections including demography, older people and services, with each section having various chapters. The Steering Group was jointly chaired by the Director of Public Health and the Director of Adults, Community, Health and Wellbeing and reported progress to the Local Strategic Partnerships on a six monthly basis.

A peer review had been undertaken to investigate how the Steering Group could establish more effective ways of monitoring the use of the JSNA and its impact on the ways in which services were planned and commissioned. The key areas for improvement included ensuring awareness and use by commissioning and middle managers and therefore influencing services and plans, more engagement with wider council departments, NHS providers and voluntary and community organisations, more use of information from the local authority rather than just from the health service and ensuring the JSNA informed a wide range of commissioning decisions.

RESOLVED: That the Joint Strategic Needs Assessment be noted.

## 71 REVIEW OF HEALTH INEQUALITIES IN CHESHIRE EAST

The Committee considered a report on health inequalities; a health inequality could be described as a gap or variation in health status, and in access to health services, between different social and ethnic groups and between populations in different geographical areas. The report gave an overview of health inequalities and the actions taken in partnership to address these.

The report outlined that there was extensive knowledge of health inequalities informed by the Annual Public Health Report and Joint Strategic Needs Assessment. The Local Strategic Partnership Health and Wellbeing Thematic Partnership was established in September 2009 as the lead partnership for

facilitating actions to support healthier lifestyles and tackle the wider determinants of health.

A Cheshire East Health Inequalities Statement of Intent Charter was due to be published which was a short summary of the major challenges in relation to improving health outcomes and reducing health inequalities in Cheshire East. It would make recommendations for GP commissioners, the LSP; local communities, public health; local authorities and Health and Well being Boards (proposed in the NHS White Paper). The aim was for partners to sign up to this Statement of Intent and agree and set the future direction of travel including new ways of working such as an asset approach to supporting healthy communities.

There was also to be a conference on Friday 12 November bringing together key stakeholders under the banner "Living Well in Cheshire East – a call to action to reduce inequalities". There would be a number of high profile speakers who would set out the future challenges and how partners could support work to improve health outcomes and reduce inequalities. There would also be an opportunity for partners to sign up to the charter. All Members would be invited to the conference.

RESOLVED: That the report be received and the future work outlined, be supported.

72 **NHS WHITE PAPER - EQUITY AND EXCELLENCE, LIBERATING THE NHS**

The Committee considered a report of the Primary Care Trust Director of Governance and Strategic Planning on the NHS White Paper – Equity and Excellence: Liberating the NHS. The proposals aimed to ensure that the NHS was a world class service that was easy to access, treated people as individuals and offered care that was safe and of the highest quality. The White Paper and its 5 supporting documents were currently out for consultation until 11 October.

The supporting paper "Local democratic legitimacy in health" was of particular relevance for both the Council and the Committee. The paper outlined how power would be given to those who knew best through their work in the communities such as GPs and local authorities. There was an enhanced role for local authorities who would take on responsibility for public health through Health and Well Being Boards. There would also be a powerful local voice through the introduction of HealthWatch, which would see an expanded role for the Local Involvement Networks.

The report outlined that the PCT and Council were jointly considering the proposals.

RESOLVED: That the proposals contained in the White Paper be noted and any response be considered by the Mid Point meeting on 7 October.

The meeting commenced at 10.00 am and concluded at 12.40 pm

Councillor B Silvester (Chairman)

# CHESHIRE EAST COUNCIL

Minutes of a meeting of the **The Cheshire and Wirral Councils' Joint Scrutiny Committee**
held on Monday, 12th July, 2010 at The Capesthorne Room - Town Hall, Macclesfield SK10 1DX

## PRESENT

Councillor D Flude (Chairman)
Councillor P Lott (Vice Chairman)

Councillors D Beckett, C Andrew, C Beard, Dawson, S Jones, W Livesley, Roberts, Thompson, Watt, B Silvester, Povall and Salter

## 48 ALSO PRESENT

Councillor R Wilkins – substitute for Councillor A Bridson (Wirral Borough Council).

## 49 APOLOGIES FOR ABSENCE

Apologies for absence were received from Cheshire West and Chester Councillors J Grimshaw and G Smith and Wirral Councillors A Bridson (substitute – Councillor R Wilkins) and S Mountney.

## 50 DECLARATIONS OF INTEREST

RESOLVED: That the following Declarations of Interest be noted:

- Councillors C Andrew and P Lott, personal interests on the grounds that they were members of the Local Involvement Network;
- Councillor D Flude, personal interest on the grounds that she was a member of the Alzheimers Society and Cheshire Independent Advocacy;
- Councillor D Roberts, personal interest on the grounds that her daughter was an employee of the Cheshire and Wirral Partnership NHS Foundation Trust.

## 51 OFFICERS PRESENT

Julia Cottier, Cheshire and Wirral Partnership NHS Foundation Trust
Avril Devaney, Cheshire and Wirral Partnership NHS Foundation Trust
Denise French, Cheshire East Council
Val McGee, Cheshire and Wirral Partnership NHS Foundation Trust
Andy Styring, Cheshire and Wirral Partnership NHS Foundation Trust
Mike O'Regan, Central and Eastern Cheshire Primary Care Trust

## 52 MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of the meeting of the Committee held on 25 May be confirmed as a correct record.

## 53 CHIEF EXECUTIVE'S UPDATE

The Committee considered the Chief Executive's update report on the following items:

- Service developments and variations update – following reports to the last meeting on the consultation processes for 2 substantial developments – Delivering high quality services through efficient design; and Redesigning Adult and Older People's Mental Health Services, the Trust Board had noted the outcome of the consultations and commissioned feedback letters to stakeholders. The Adult and Older People's service redesign is to be progressed through the reconvening of the Project Team. The Delivering high quality services outcome is to be taken forward through the Trust's Annual Plan. This initiative links to a review of inpatient beds to be discussed at the mid point meeting;
- Update on Primrose Avenue and Crook Lane – the current position with the closure of Primrose Avenue and creation of a single health respite unit for Central Cheshire at Crook Lane, Winsford was outlined – service users and carers were to be notified of the proposal and a date agreed for the closure of Primrose Avenue, re-assessment of all service users based on new eligibility criteria would be introduced at a later date;
- Future format of Quality Accounts – an implementation plan was in place to deliver the priorities set out within the Quality Accounts 2010/11. The Committee would receive quarterly monitoring reports outlining progress against these priorities;
- Attendance Targets -2010/11 – since becoming a Foundation Trust, sickness levels had been reduced from 7% of working days lost to just over 5%; this compared with an average for NHS Mental Health Trusts in the North West region of 6%. Various measures had been introduced to continue to reduce days lost due to sickness absence and a trust wide target of 95.5% attendance was set for 2010/11. Members were advised that long term sickness absence was reducing and was easier to manage than short term sickness, future reports would specify levels of short term sickness compared with long term;
- Induction – an induction session on 21 September at the Trust Headquarters had been arranged, followed by a visit to Bowmere Hospital and all members of the Committee were welcome to attend;
- Suicide Prevention Strategy – this strategy was due to be renewed shortly and would be circulated to all members of the Committee.

## 54 PRIORITISATION PROCESS - CENTRAL AND EASTERN CHESHIRE PRIMARY CARE TRUST

Mike O'Regan, Central and Eastern Cheshire Primary Care Trust (CECPCT), briefed the Committee on proposed action in response to funding shortfalls within the PCT.

He explained that the PCT commissioned the majority of its mental health services from Cheshire and Wirral Partnership NHS Foundation Trust (CWP). A

shortfall of £1.4 million had arisen in the budget for CWP services as a result of changes to funding for Improving Access to Psychological Services (IAPT) announced by the Department of Health in spring 2010. The funding for IAPT was to end in April 2010 rather than October 2011; funding for IAPT services would now have to be found from within existing budgets from April 2010. In 2010 – 2011 this shortfall would be met through a combination of one-off savings, one-off funding rebates and service redesign within IAPT services. From 2011, the shortfall would have to be met through recurrent savings within CWP services; in order to identify sufficient savings, CWP had agreed to apply a prioritisation process to all services and functions commissioned by the PCT. Mike O'Regan, explained that a prioritisation process had already been developed by the PCT Board and used previously with other services commissioned by the PCT.

A Project Board for the prioritisation process had been established which was shortly to include two service users. All services and functions currently provided by CWP were scored against a set of criteria including evidence of effectiveness, number of clients and quality of service; and an impact assessment undertaken. Each service would then be categorised as follows:

- Decommission;
- Decommission but absorb activity into other service or provider;
- Full service review;
- No change but set targets for the service etc.

The next steps would depend on which category each service fell into; it was anticipated that any services that fell into the decommission category would require consultation and engagement plans and the timescales for the service to be decommissioned would need to reflect this level of consultation required.

Members queried why the issue was only just being reported to the Committee when the PCT had been made aware of the cut in IAPT funding a few months earlier. In response, the Committee was advised that the PCT had been in discussion and negotiation with CWP to agree a plan to address this shortfall since being made aware of the issue. It was also explained that the impact was greater on CECPCT because they were part of an IAPT pilot and had received extra funding which meant they had commissioned additional work from CWP and appointed additional staff to deliver IAPT. In comparison, NHS Wirral, which was not a pilot area, had only received a relatively small amount of top-up funding. Further details would also be submitted to the Cheshire East Health and Adult Social Care Scrutiny Committee.

RESOLVED: That

(a) the funding for mental health services in Central and Eastern Cheshire PCT and the prioritisation process to be introduced, be noted; and

(b) any further information be reported to the next meeting of the Committee.

55 **ALCOHOL SERVICES**

The Committee considered a report on Alcohol Services. The report outlined figures relating to the impact that alcohol conditions could have on life expectancy. The figures, from the North West Public Health Observatory, suggested that for both men and women in both Cheshire and Wirral, the average amount of life lost (in months) was higher than the average rate for England.

The Cheshire and Wirral Partnership NHS Foundation Trust (CWP) was commissioned by NHS Wirral, NHS Western Cheshire and Central and Eastern Cheshire Primary Care Trust to deliver alcohol treatment services. Services were available to those referred by their GP or who referred themselves and included people with moderate and severe, possibly dependent drinkers, drinkers with complex needs and those requiring community or inpatient detox. There was an additional service available in Wirral to those alcohol users assessed at increasing risk and at higher risk, which had originally been funded through Neighbourhood Renewal Funding but since 2008 had been continued to be funded by the PCT.

The report listed the funding provided by each commissioner and numbers of staff and clients. It was noted that the level of funding by Central and Eastern Cheshire PCT was lower than the other two areas but they served a higher population; Wirral had the most staff but also the greatest need. It was explained that there were also voluntary organisations providing services in some areas. It was noted that issues relating to commissioning could be raised at the local Scrutiny Committees.

RESOLVED: That the report be noted and any issues relating to commissioning be referred to the individual Scrutiny Committees.

The meeting commenced at 2.30 pm and concluded at 3.50 pm

Councillor D Flude (Chairman)

# Patient Transport Services (PTS)
# Eligibility Criteria Implementation
# OVERVIEW AND SCRUTINY COMMITTEE
# Briefing Paper

## 1. Introduction

This briefing paper seeks to inform Overview and Scrutiny Committees of the proposed service improvement for Patient Transport Services (PTS) provided by the North West Ambulance Service (NWAS). It outlines the major stages of the improvement programme and highlights its primary aim - to develop a service, proven to be of high quality and effective for all patients. The service improvement does not seek to change current eligibility criteria for access to PTS but seeks to ensure that criteria are applied consistently across the North West. It should be noted that the proposals in this paper will have no effect on the provision Emergency Ambulance Services operated by NWAS.

## 2. Background

The North West PCT Alliance has developed and implemented a robust Performance and Governance Framework in partnership with NWAS. The aim of this framework is to ensure that all aspects of contractual requirements are met to ensure that patients get the best service possible. The Performance and Governance Framework reflects the complexity of commissioning and engagement arrangements for PTS and recognises each of the 24 North West PCTs as key partners involved in the improvement process. To ensure consistency the co-ordinating lead for the 24 PCTs with commissioning responsibilities with respect to Ambulance Services is NHS Blackpool. Improvement plan for PTS has been developed with NWAS and with the support of the Commissioning Business Service (CBS) of Greater Manchester and NHS North West. The improvement plan for PTS has also benefited from stakeholder input from the Department of Health and inputs from the following areas:

- Communications
- Patients
- Finance
- Contract monitoring
- Commissioning
- Clinicians
- Human Resource

## 3. The Requirement for service development

### 3.1 Drivers for change

In 2007, the Department of Health (DoH) published a national policy document entitled *Eligibility Criteria for Patient Transport Services,* which provided revised criteria for non-emergency patient transport services. This document stated that it is the responsibility of the PCTs/commissioners to ensure that eligibility criteria are rolled out across providers of PTS services. As defined by the DoH, patients are eligible for PTS in the following circumstances:

- A patient's medical condition requires the skills or support of PTS staff on/after the journey

- It would be detrimental to a patient's condition/recovery if they were to travel by other means
- A patient's medical condition impacts upon their mobility to such an extent that they would be unable to access healthcare or it would be detrimental/hinder recovery to travel by other means
- A recognised parent/guardian where children are being conveyed.

Following a comprehensive review of PTS across the North West the 24 PCTs agreed the need to improve access to PTS services as there was a high level of variation in the interpretation of the above access criteria. In early 2010, NHS Blackpool established a project implementation team to progress the consistent use of the DoH's defined eligibility criteria. This would allow all healthcare professionals to ensure equity when booking PTS journeys through NWAS.

To ensure the criteria are applied consistently work has been undertaken by the project team to devise a small number of pre-eligibility assessment questions which will be used by staff when making a PTS booking.

### 3.2 Impact of New Technology

Currently all transport bookings are done via a variety of booking methods including booking centres, hospital administration systems, telephone, Ambulance Liaison Officers and a number of other routes.

To capitalise on the opportunities offered by new technology the access pathway to PTS will now feature a pre assessment tool which will be web based. The web based system will capture all the information required and allow booking centre staff, booking agents or healthcare professionals to take a patient through the eligibility assessment in order to book their transport. The system will speed up the process and offer a full audit trail of all bookings made.

For the small cohort of patients that self book; they will be able to book their transport by telephoning an NWAS Control Centre.

Telephone booking will still be available for staff should they not have access to a computer terminal. All telephone bookings will still be captured on the web based system via the ambulance control centre.

## 4. Current Position

### 4.1 Early Adopters

As members will have noted there is currently an inconsistent application of eligibility criteria across the region. The result of this is often confusion for patients, carers and staff. A single patient may use PTS services to travel to specialist centres for treatment for some elements of care and to local hospitals for other appointments. Where different interpretations of criteria have been applied this can lead to the same patient accessing PTS in one area and being denied it in another. It also means that the current mix of patients on vehicles include both those who genuinely meet the DoH's eligibility criteria for transport and those who do not.

Following the work of the project team, NHS Blackpool and NWAS are now in a position to roll out the pre assessment tool to promote the consistent application of eligibility criteria. Initially to roll out will cover five 'early adopter' sites across the North West. The aim of the early adopter sites is to test out the pre-eligibility assessment process before it is widened out across all 24 PCT areas. It is planned that the roll out will take place over a period of 6 months (1 October 2010 – March 2011) in order to

assess the impact of the assessment across all patient groups. The early adopter sites are as follows;

- NHS Bolton
- NHS Heywood, Middleton & Rochdale (for application across the NE Sector)
- NHS Central and Eastern Cheshire
- NHS East Lancashire (also incorporating Blackburn with Darwen)
- NHS Cumbria

From 1st October 2010 it is proposed that all new requests (i.e. a patient referred for treatment of a new condition defined as not having had an appointment for three months) for non-emergency patient transport services by NWAS in the early adopter areas, will be taken through this new pre-eligibility assessment process once their appointment for treatment has been confirmed.

### 4.2 Milestones

The table below illustrates the indicative dates required to take the implementation forward:

| ACTIVITIES | INDICATIVE DATES |
|---|---|
| Briefing | August 2010 |
| Early adopter engagement | September 2010 |
| Key stakeholder engagement | September 2010 |
| Patient group engagement | September 2010 |
| Media engagement | September 2010 |
| Stakeholder engagement | October 2010 |
| Early Adopters assessment/audit | Nov/Dec 2010 |
| Reiteration of engagement | March 2011 |
| Implementation | April 2011 |

## 5. Pre-eligibility Assessment Questions

The pre-assessment questions detailed below are to ensure all patients are assessed equally and fairly and are based on the national guidance;

| **Pre Eligibility Assessment Questions (Pre Screening Questions)** | |
|---|---|
| Is the Patient able to use their own transport to attend the hospital/clinic? | If yes advise the patient they should use their own vehicle to attend their appointment |
| Is the Patient able to use public transport to attend the hospital/clinic? (i.e. train, bus, taxi) | If yes but patient unsure of how to attend appointment provide contact details for travel line.<br>If yes but patient unable to afford own transport provide information on HTCS eligibility |
| Could the patient make their own way to the appointment if it was at an alternative date/time? | Provide patient with contact number for booking centre and ask them to rearrange their appointment for a time convenient for them |
| Does the Patient have friends or family who could take them to the hospital or clinic? | If yes ask if the Patient is able to go with friends/family to attend their appointment |

## 6. Key objectives of the assessment process

**6.1 To Improve the Quality of Service –** the aim of the programme is to place the patient at the centre of the service, in accordance with the National agenda and offer the patient transport that meets their clinical needs and is based on equity.

### 6.2 Key messages

- Patient Transport Services are for those patients whose medical condition means that they cannot attend their appointment or treatment any other way
- A patient's eligibility is determined by the healthcare professional responsible who will take the patient through an assessment before booking the transport
- If a patient is not deemed to be eligible, alternative modes of transport will be advised e.g. public transport, taxi, friends/family cars
- All patients will be eligible to the appropriate level of support by trained staff whilst travelling on NHS transport
- The eligibility criteria will be applied to all new requests for patient transport (new is defined as haven't had a appointment for three months)
- The only members of the public entitled to ride on NHS transport are parents or carers travelling with patients who are children or adults who have been assessed as vulnerable
- Although we recognise other patients would like the support of family/friends with them on their journey, places taken up this way, means that other patients with medical need cannot be transported

Additional information regarding the patient's clinical condition will also be considered, for example:

- Partially sighted or blind?
- Suffer from severe mental difficulties?
- Require medical treatment (including oxygen) en route?
- Hospital treatment likely to cause severe physical side effects e.g. for renal dialysis or oncology treatment?

## 7. Conclusion

This paper has sought to inform the Overview and Scrutiny Committee of the intention to apply the existing PTS Eligibility Criteria in a more uniform manner. The 24 Primary Care Trust in the area covered by NWAS wish to improve both equity of access to PTS transport and the quality of this transport.

The Committee is asked to note the proposed early adoption process outlined above and agree to receive a report on the outcomes of this pilot in January 2011.

**Patient Transport Services Implementation Group**
**02/09/2010**

***Possible Q and A's***

***What is Patient Transport Service?***

*In England, Patient Transport Services (PTS) undertake planned, non-urgent transport of patients with a medical need, to and from a premises providing NHS healthcare and also between NHS healthcare provider premises. This requires transport in an appropriate vehicle and a level of care consistent with the patients' medical needs.*

***Who commissions and provides PTS?***

*In the North West currently, PTS is commissioned by a variety of Primary Care and Acute Trusts. From April 2011, as NWAS' Lead Commissioner, NHS Blackpool, will take overall responsibility for PTS in the North West and from April 2011 there will be a single collaborative contract based on the national standard contract PTS framework.*

*North West Ambulance Service NHS Trust is the largest provider of PTS in the country, with almost 70 service level agreements in place across the region. PTS is also carried out by some private providers.*

***Who uses/accesses PTS?***

*Patient Transport is used by a variety of patients travelling to outpatient appointments, patients travelling home after being discharged from hospital and patients being transferred between healthcare sites for medical treatment. Across the North West, there is currently no consistent methodology used to assess who should and shouldn't access the treatment and there is no clear guidance for healthcare professionals when booking transport on patients' eligibility.*

***What are the benefits to the public and patients?***

*Patient Transport Services are commissioned by NHS commissioners in order to ensure that all patients who have a genuine need to travel on an ambulance or an ambulance car with access to a trained member of ambulance staff are able to do so. This will eventually apply to everyone across the region, regardless of their location of residence. Those patients who do not need to use the service can retain their independence and travel to or from hospital by another means. When the Patient Transport Service is carrying patients who meet the eligibility criteria outlined above, it will be able to improve the service it offers to those patients and operate more efficiently. The NHS is a publicly funded body and public funds will be/should be used on those who have a genuine need for the service.*

***How these changes will be implemented?***

*In order to manage these changes slowly and ensure that patients and the public can be supported through the process, it is proposed that these changes are done in a phased way. The pre assessment and assessment of eligibility criteria will be consistently applied to all* ***new*** *requests for patient transport within the early adopter sites from October 2010.*

*Early in 2011, when the impact on patients can be truly assessed, wider PCTs will be brought in to roll out implementation within other PCT areas.*

***Who will be affected?***

*All patients who are referred for new treatment which results in a new booking will go through*

*this process. All patients who are currently in the system travelling with PTS for existing or long term conditions will continue to travel on PTS until such a time when their treatment has ceased or they are referred through the system for new treatment or a new condition, when they will be assessed for eligibility.*

***How will patients and the public be engaged in the process?***

*Education and awareness is currently taking place with all NHS personnel within the early adopter sites who currently book patient transport for patients regarding the pre assessment and eligibility assessment tools so that they can explain the changes fully to patients. A public information leaflet is currently being produced which will be given to all new patients going through a new referral so that they and their relatives can understand the process.*

*CBS and NWAS will also be engaging with some key patient groups to discuss the changes and how it may impact upon their members. This includes; Local Involvement Networks, NWAS' critical friends network, Age UK, the Older People's Partnership, PALS. The early adopters will also engage with their patient forums too.*

# CHESHIRE EAST COUNCIL

## REPORT TO: Health and Social Care Overview and Scrutiny Committee

| | |
|---|---|
| **Date of Meeting:** | 11 November 2011 |
| **Report of:** | Lucia Scally – Head of Strategic Commissioning and Safeguarding |
| **Subject/Title:** | Report on implications of the proposed closure of Riseley Street, The Willows and Tatton Ward |
| **Portfolio Holder:** | Cllr Roland Domleo |

### 1.0 Report Summary

1.1 Overview and Scrutiny requested a view for Adult Social Care of the impact of these proposed closures.

1.2 Riseley Street provides short break accommodation for adults with a learning disability and their carers. The service is based in Macclesfield.

1.3 The Willows provides support to adults experiencing mental ill health during the day through providing meaningful activities that assist in stabilising mental health and wellbeing.

1.4 The Tatton Ward is in Knutsford and provides Intermediate Care Beds within a Community Setting for Older People requiring health input.

1.5 We want to work in partnership with Central and Eastern Cheshire Primary Care Trust (CECPCT) and service providers to achieve the necessary financial savings for each organisation. This collaborative work is essential to ensuring that no one party [including the Council] faces additional cost pressures as a result of service changes.

### 2.0 Riseley Street – Macclesfield [Health Respite Service]

2.1 The proposal to close Riseley Street will result in no health respite provision being available within the footprint of Cheshire East. Cheshire and Wirral Partnership (CWP) and CECPCT have undertaken a review of all services commissioned from CWP to determine where financial savings could be realised. The conclusion of this work has identified that current customers using Riseley Street could access health respite from Crook Lane in Winsford.

2.2 The consultation being undertaken will not conclude until the end of November therefore views of customers and families will not be available until December. Additionally the joint reviews of customers using this service to establish health and social care needs will not be completed until the end of November. This review will also include, where appropriate a Carers Assessment.

2.3 Until the consultation and individual review work has been completed a true analysis of the impact of this proposed closure on Adult Social Care cannot truly be identified. However we would anticipate that customers accessing Crook Lane in Winsford would incur additional transport costs for the Council. It is also likely that demand for current building based services in the Council will increase. The cost of reassessments in a tight timeframe also needs noting.

2.4 Adult Social Care recognise that the building currently used by CWP for health respite currently within CEC footprint is not suitable for such provision and that CQC registration is of concern to CWP. However for an adult with a learning disability and their carer, they want access to short break options that can meet their needs appropriately. Their needs are not defined by who should technically provide the service, and it is for this reason that we would propose a joint review of health and social care respite across the footprint of Cheshire East Council.

2.5 We [CECPCT and CEC] would want to investigate the potential for providing respite provision jointly that has step up and step down support factored into its delivery [Health and Social Care staff]. This would need to recognise that CECPCT and CEC also need to make financial savings, but importantly could consider the numbers of people who require a building based solution now as opposed to more personalised solutions. This work would also project the demand forward as we anticipate a reduced need for building based solutions as people increasingly opt for personal budgets.

2.6 The proposed review would need to specify a terms of reference, that included consultation and engagement of adults with a learning disability and their families to assist in developing any longer term proposals.

**3.0 The Willows – Macclesfield [Resource Centre]**

3.1 The Willows [Macclesfield] provides support for up to 75 people experiencing mental ill health; focusing on enabling people to recover and engage in their community. The service provides WRAP training as a means of enabling individuals to manage their health needs and wellbeing. Access to other skill development opportunities assist recovery and engagement as well as social networking.

3.2 Individual reviews will need to be undertaken and until this has occurred we can not be specific about the potential impact on Adult Social Care. As part of those reviews, reablement, along with employment and voluntary opportunities will be considered in the first instance. Health and Wellbeing Services can also be used to facilitate access to groups and activities to sustain peoples health needs and wellbeing in their local communities. Where possible there are benefits from support being provided in one's own community as this enables valuable relationships to be forged with links to local resources.

3.3 The individual reviews will allow people an opportunity to make their preferences known regarding future services, and opportunity to make their individual preferences known regarding future services. This may include views on both traditional services and personal budgets.

3.4 The individual reviews will have an impact on CMHTs. The work to complete the individual reviews will have an impact on the CMHT team work load and their capacity to complete them, will need to be planned within their work load.

**4.0 Tatton Ward – Knutsford [Community Hospital]**

4.1 The proposal for Bexton Court, Community Support Centre was reported to cabinet on the 18th October 2010.

4.2 The East Cheshire Acute Health Trust temporarily closed Tatton Ward -Knutsford Hospital on 6 September and the Director of Adults, Community, Health and Wellbeing has previously reported that there would be financial and practice impacts for Cheshire East Council.

4.3 We have vacancies in our other Community Support Centres in Crewe, Macclesfield and Congleton, which are being adapted as priority to offer dementia respite support for people locally.

4.4 As not all customers who currently access Bexton Court are local to Knutsford, the offer of an alternative service will be nearer to their home. We also have specialist day services in Handforth and Macclesfield and for customers living in Knutsford and its vicinity we will be discussing with individuals local options available via a personal budget. Mountview CSC will also be able to offer dementia day care.

4.5 The East Cheshire Acute Trust's current intention is to re-open Tatton Ward in January 2011. The reopening of Bexton will be taken in consultation with East Cheshire Trust and will be linked to the re-opening of Tatton Ward. Further work is underway to identify the costs associated with ensuring the building and facilities are fit for future purpose. A further report and business case with options will be presented to OSC.

4.6 The individuals' needs will be determined through an individual review, which is currently underway. Dedicated social workers have been allocated to support this process.

4.7 The main financial impact is that rent of £173k per annum is linked to the lease of the wing of Bexton Court that is known as the Tatton Ward. This also covers the provision of catering and domestic facilities with staff posts at risk. Negotiations are continuing to work out what the loss will be during this temporary closure and the implications of a longer/ permanent closure on the viability of Bexton itself

**5. 0 Wards Affected**
All

**6.0 Local Ward Members**
All

**7.0 Policy Implications including**

### 7.1 Valuing People Now

7.1.1 Choice and control through the personalisation of services is the strategic direction of Valuing People Now. Reviewing individuals and carers currently using the services at Riseley Street will enable people to exercise this choice and consider a personalised budget as an option for respite care to meet their future needs.

### 7.2 Recovery & Social Inclusion

7.2.1 The principles of recovery and social inclusion need to be taken into account when any changes to services are being planned. It is important that services maintain this focus to enable people "to live in a society which provides for each individual to realise his or her own potential to the fullest" (Equalities Review). For this to be achieved organisations need to work in partnership.

7.2.2 The concepts of recovery are clearly associated with social inclusion. Recovery is about having the opportunities to rebuild your life and level of independence despite illness. Social inclusion is essential for this to happen. Where possible there are benefits from support being provided in one's own community as this enables valuable relationships to be forged with links to local resources.

7.2.3 Social outcomes being achieved through support/services needs to be measurable. This may include access to employment, voluntary opportunities, Reablement, housing, ways of achieving potential within a stepped approach towards recovery. As recovery is achieved the level and type of support changes with people taking more control of their own lives.

7.2.4 To be socially excluded disadvantages people and we need to ensure that there are appropriate resources available for people who would otherwise become isolated within their communities. For some of the most vulnerable people in our society who meet the criteria for services to be provided.

7.2.5 Those who may be affected by any proposed changes should be included in discussions and have an opportunity to contribute, to make their preferences known regarding future services. This may include views on both traditional services and personal budgets.

### 8.0 Financial & Risk Implications

8.1 The Council and CECPCT currently operate a Learning Disability Pooled Budget based on the Council's footprint. The latest financial projection for the Pooled Budget for 2010/11 is an overspend of some £3.6m, the Council's share of which has been captured within the Mid Year Review financial reporting. The PCT budget for 2010/11 anticipates a 5% cash saving from all budgets. The Council's underlying financial position in terms of inherent budget pressures and the recent Comprehensive Spending Review announcement of annual reductions of over 7% p.a to local

government budgets for each of the next 4 years. Clearly therefore, there is significant pressure to reconfigure service provision and in doing so to reduce costs overall.

**9.0 Legal Implications (Authorised by the Borough Solicitor)**

9.1 The commissioning of services for Learning Disabled service users in Cheshire was undertaken under a Partnership arrangement. This partnership agreement was between Central and Eastern Cheshire PCT, Western Cheshire PCT and Cheshire County Council. This agreement allowed for the pooling of resources to enable the decision making body to commission both health and local authority services.

9.2 This body was known as the Executive Commissioning Group and it was responsible for the commissioning of health and social care provision for Learning Disabled service users.

9.3 Under this decision making body respite services for Learning disabled service users with Health needs were commissioned; these services included Primrose Avenue and Risley Street.

9.4 The decision to close Primrose Avenue was made by the Executive Commissioning Group in March 2010. This decision was based on a review undertaken by Cheshire and Wirral Partnership Trusts and their recommendation that the building was unfit for purpose, and would not meet Health Commissioners requirements. It was felt that Crook Lane would be able to meet demand for services..

9.5 Since the 1st April 2010 a new partnership agreement has been made between Cheshire East Borough Council and Central and Eastern Cheshire PCT. As part of this new agreement the decision making body was renamed 'The Cheshire East Learning Disability Management Group'.

9.6 The decision to close Primrose Avenue is currently under Judicial Review Proceedings. The Applicants are challenging the lawfulness of the decision to close and whether or not appropriate consultation was carried out.

9.7 Health is now seeking to consult with regard to the closure of Risley Street respite home. This service was also commissioned under the partnership agreement and so may also be subjected to legal challenge.

9.8 The proposed closures will impact on the demand for social care services. Whereas the NHS has no statutory duty to address the support needs of carers the Local Authority does. There will be financial implications of this over and above the travel/transportation costs.

9.9 The services provided by the Willows and Tatton Ward are directly commissioned by health but their closure will impact on the provision of social care services. Adequate consultation with and assessment of the affected service users will be required, this Consultation should include consultation with the Local Authority Overview and Scrutiny Committee. Human Rights Act Assessments (loss of friendship groups) and Equality Impact Assessments under sc 49 A of the Disability Discrimination Act 1995.

Finally, it is not clear if the lease mentioned has expired and there may be legal implications surrounding this which should be explored further.

**10.0 Background**

10.1 For people with a Learning Disability there is access to Health Respite at Riseley Street [Macclesfield] and Primrose Avenue [Middlewich]. Social Care also provide Short Stay facilities in Nantwich Queens Drive and Macclesfield Warwick Mews. In addition to this individuals and their carers can opt to take a personal budget to arrange their own short break and or access family based care. There is an outstanding proposal to close Primrose Avenue that has been halted on legal services advice. Primarily as parents of customers using the proposed service to be accessed as the alternative [Crook Lane in Winsford] have sought legal representation.

10.2 The Willows Macclesfield was developed using a CEC building leased to CWP to provide day support services for people experiencing mental ill health. This allowed the Rosemount site to be released for the development of other service provision. The service was designed to enable people to access with appropriate support community activities and college facilities therefore achieving recovery through assisting with establishing routine and social networks.

10.3 The Tatton ward has been closed due to access to the required medical staff. This has led to the temporary closure of Bexton Court as the closure of Tatton Ward has a significant impact on the costs of running Bexton Court.

***10.0 Access to Information***

The Cabinet Report for 18 October 2010 can be found at

http://moderngov.cheshireeast.gov.uk/ecminutes/Published/C00000241/M00003098/$$ADocPackPublic.pdf