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The Cheshire and Wirral Councils' Joint Scrutiny Committee

Agenda

Date:	**Monday, 11th October, 2010**
Time:	**2.30 pm**
Venue:	**Vauxhall 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 approve the minutes of the meeting held on 12 July.

4. **Chief Executive's update**

   To consider the verbal update report of the Chief Executive of the Cheshire and Wirral Partnership NHS Foundation Trust.

5. **28 Riseley Street, Macclesfield - decommissioning of learning disability respite services** (Pages 5 - 8)

   To consider a report prepared by the Cheshire and Wirral Partnership NHS Foundation Trust on proposals relating to learning disability services delivered at Riseley Street, Macclesfield.

6. **The Willows, Macclesfield - proposed closure** (Pages 9 - 16)

For any apologies or requests for further information, please contact
Contact: Denise French
Tel: 01270 686464
E-Mail: denise.french@cheshireeast.gov.uk

To consider a report prepared by the Cheshire and Wirral Partnership NHS Foundation Trust on proposals relating to the closure of The Willows, Macclesfield.

7. **The Millbrook Unit, Macclesfield - consolidation of mental health inpatient services** (Pages 17 - 18)

To consider a report prepared by the Cheshire and Wirral Partnership NHS Foundation Trust on proposals relating to The Millbrook Unit, Macclesfield

8. **Quality Account - quarterly report** (Pages 19 - 44)

To consider a report prepared by the Cheshire and Wirral Partnership NHS Foundation Trust on progress with items highlighted in the Quality Account.

9. **Transforming Community Services programme** (Pages 45 - 50)

To consider a report prepared by the Cheshire and Wirral Partnership NHS Foundation Trust on the impact of the Transforming Community Services programme.

10. **Appointment of a Co-opted Member** (Pages 51 - 52)

To consider a report of the Cheshire East Borough Solicitor on appointing a co-opted member onto the Joint Committee.

11. **White Paper - Liberating the NHS**

To receive a presentation on the implications of the White Paper.

Agenda Item 3

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)

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

PRO-FORMA: CONSULTATION ON SUBSTANTIAL VARIATIONS OR DEVELOPMENTS TO SERVICES: LEVEL 2

1. Title of Proposal:
Central & Eastern Cheshire Primary Care Trust (CECPCT) proposal is to decommission the provision of learning disability respite services delivered at 28 Riseley Street, Macclesfield

2. **Summary Rationale**
As a result of financial efficiencies, Central & Eastern Cheshire Primary Care Trust have recently notified Cheshire and Wirral Partnership Trust of a reduction in income. In order to reach decisions about how this reduction in income can be accommodated CWP and the PCT have undertaken a **'prioritisation process'** to evaluate all CWP services that are commissioned for residents in central and eastern Cheshire. All services have been reviewed using the same criteria to ensure that the process is fair and both CWP and CECPCT have made a commitment to ensuring that there is no negative impact on the quality of health care as a result of any changes.

One of the outcomes of the prioritisation process is the proposal to decommission the respite service currently delivered at 26 Riseley Street in Macclesfield and consolidate all Cheshire health respite services for people with learning disabilities onto the Crook Lane site in Winsford. .

1. Outline of Proposal
Background
There are a range of respite options for people with learning disabilities who live in central and eastern Cheshire. At present these include residential bed based services provided by CWP at Primrose Avenue in Crewe (due for closure), Crook Lane in Winsford, and Riseley Street in Macclesfield. Further residential respite services are provided by Cheshire East Council social services department at Warwick Mews in Macclesfield and at Queens Drive in Nantwich. In addition to these bed based services, people with learning disabilities and their families are able to make use of direct payments in order to fund alternative individual personalised options for support. This approach provides greater choice and flexibility than traditional bed based provision and allows families to be provided with a break from their caring responsibilities whilst still allowing people to access the support necessary for them to remain within their home environment and participate in preferred activities in familiar surroundings.

Following a previous consultation process plans are in place for the closure of the respite service provided at Primrose Avenue in Crewe and consolidation of health respite services in central Cheshire on to the Crook Lane site. The closure of Primrose Avenue is due to take place on 13th September 2010. The respite needs of all clients who currently use the service at Primrose Avenue will be met for a transitionary period at Crook Lane.

The previous consultation and planning process also confirmed eligibility criteria for health respite services provided by CWP. The agreed eligibility criteria and assessment process will soon be used to review the needs of all existing respite service users, i.e. including those who have received a service at Primrose Avenue, Crook Lane and Riseley Street. This work will commence in September 2010. Respite services provided by CWP in central and eastern Cheshire will then be allocated on the basis of the outcome of this assessment process and the resources available. CWP will continue to provide a mix of health and social respite for an agreed period of time to allow for the transition resulting from the closure of Primrose Avenue; there is a commitment from CWP, partners in the local authority and the PCT that all people

who currently use the service at Primrose Avenue will be provided with health respite services at Crook Lane during the transitionary period.

Where the assessment process in relation to Primrose Avenue service users identifies the need for health respite this will continue to be met at Crook Lane. Health and social services staff will work together to develop individual plans with timescales to provide alternative social care respite solutions for service users whose needs do not meet the eligibility criteria for health respite.

This Proposal

The PCT proposal is to decommission the respite service provided at Riseley Street and for all health respite services in Cheshire to be consolidated into a single unit and provided out of Crook Lane in Winsford. The proposal is made in the context of a range of respite services available in Cheshire including local authority provided residential respite services and other options for individualised support.

Riseley Street Respite Unit provides up to 6 respite beds to adults with learning disability. 22 clients are currently in receipt of respite care at Riseley Street. This number has been static for some time and the rate of referral for respite care at Riseley Street had reduced to one per year for the past 3 years. As a result of reduced demand, the occupancy rate for Riseley Street is running at 45%.

During the previous consultation an exercise was undertaken to test out eligibility criteria for health respite services. The purpose of this exercise was to confirm eligibility criteria and develop and agree a standardised assessment process. This exercise involved table top assessments of all health respite service users. The findings from this exercise in relation to the 22 people who use the service at Riseley Street indicated that between 2-4 clients met the eligibility criteria for health respite (based on needs of client for a specialist health learning disability service), a further 4 clients were assessed as potentially being able to be supported in social care accommodation with some Primary Care support /Specialist Health Support. The exercise identified that the remaining 16 clients respite needs could be met within a social care environment or package of respite care.

As previously stated the needs of all respite service users are shortly to be assessed against the agreed eligibility criteria and assessment process. Whilst the outcome of the forthcoming assessment process may differ from the findings of the table top exercise as described above it is probable that this will result in a significant number of people being assessed as having needs that can be met with social care respite options.

It has been identified that the environment at Riseley Street has shortfalls, for example; it is not purpose designed, offers limited ground floor accommodation and upstairs areas are inaccessible for some service users, there is no catering or housekeeping provision and nursing staff therefore do the cooking and laundry. …….Some investment has been made recently to address these shortfalls however the age, layout and fabric of the building at Riseley Street means it is more difficult and costly to achieve the changes necessary to address all its shortfalls and make it fit for purpose.

The Trust has recently made significant investments in Crook Lane to ensure the Unit meets all environmental standards and represents a comfortable environment for service users.

As previously agreed CWP will assess all people who use the respite service at Riseley against the agreed eligibility criteria (this process is due to commence in September 2010). This will provide the basis for future allocation of health respite services and initiate joint planning to provide social care respite solutions for people whose needs do not meet the eligibility criteria for health respite. It has been identified that Crook Lane will be able to meet the needs of the small number of people who require health respite services into the future.

The assessment process will identify those people using the service who do not meet the eligibility criteria for health respite. Plans will be developed to provide services to these people either via use of existing social care residential respite services or through the establishment of individualized packages of respite care / short breaks. In addition work will be undertaken with commissioners to ensure the needs of this group of people are reflected in the joint commissioning strategy for respite care/ short breaks.

The Trust is not resourced to provide a day service during periods of respite care and most service users therefore continue to attend day services whilst in respite. Changes in transport arrangements will be required to ensure that service users are able to continue to travel to and from day services during respite stays. As part of the previous consultation transport arrangements have been discussed with the Local Authority Transport Department who have indicated that, with suitable notice they could plan for rerouting of existing transport to accommodate the changes arising from the closure of Primrose Avenue. Work will be undertaken to extend these arrangements to accommodate the changes resulting from the closure of Riseley Street.

4. Consultation Process

4a. Consultation already undertaken

The prioritisation exercise was undertaken jointly between senior representatives of CECPCT and senior managers and clinicians from the learning disability Clinical Service Unit in CWP.

All CWP learning disability staff involved in the provision of respite services within the CECPCT area have been contacted by letter and invited to attend one of five briefing sessions regarding this and other proposed service changes. Staff briefings were delivered by Sheena Cumiskey, CWP Chief Executive and Andy Styring, CWP Director of Operations on Thursday 05.08.10. Adrian Moss, General Manager for the Learning Disability Clinical Service Unit was also present at all briefings to deal with queries and speak with staff at their request. A briefing for Governors was also delivered on 05.08.10.

4b. Proposed Consultation

The learning disability Clinical Service Unit senior management team will work with the PCT to consult with service users, their families, carers and other interested parties on the proposal to close Riseley Street. Consultation will focus upon how the impact of these changes can be minimised, ensuring that the respite care needs of people who use the service at Riseley Street continue to be met. To inform this, a CWP led project group has been convened in conjunction with social service colleagues. This group will manage the assessment process of eligibility for health respite which will be completed and reported upon between September and December 2010. These assessments will ensure full involvement of service users and carers who access respite at Riseley Street and will indicate the level of need of each individual and whether it is appropriately met within a specialist health respite service.

The consultation process will include agreeing in conjunction with colleagues from Central and Eastern Cheshire PCT the joint implementation of the following:-

- Initial awareness raising re the proposed consultation via individual letters to carers concerned and service users where possible.
- Awareness raising presentations to learning disability partnership boards.
- The opportunity offered to all Riseley Street families to have an individual discussion and consideration of the impact of the proposed change for them and their relative.
- Consultation exercise with service users, where possible to establish their wishes, concerns and expectations.

- Consultation with staff re the impact of the proposed change.
- Open sessions for Riseley Street families and service users to visit Crook Lane.
- Consultation with Partnership Boards, including service user, carer, advocacy, social services and voluntary representatives.
- To collect and collate views obtained regarding the proposal and summarise and respond within a consultation feedback report.

5. Timescales

As a result of a shortfall in the PCTs budget for mental health, learning disability and drug/alcohol services it has become imperative that CWP and CECPCT agree and implement plans for changes in services that will continue to meet the needs of the local population within the available financial envelope. It is therefore proposed that the closure of Riseley Street and transfer of health respite services in Cheshire to Crook Lane is achieved within 3 months of the approval decision, this process is to commence October 2010.

Sharon Vernon, Clinical Service Manager
September 2010

Agenda Item 6

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Report to:	**Joint Scrutiny Committee**
Date of Meeting:	**11th October 2010**
Title of Report:	**Consultation update re: Proposal to close Willows Day Services, Macclesfield**
Action sought:	**FOR NOTING**
Author:	**Cathy Walsh**
Presented by:	

Strategic Objective(s) that this report covers
SO2 - Ensure meaningful involvement of service users, carers, staff and the wider public
SO7 - Sustain financial viability

Distribution

Version	Name(s)/Group(s)	Date Issued
1	Osc 11th Oct	September 27th 2010

Executive director sign-off

Executive director (name and title)	Date signed-off

Purpose of the report

To provide an update to the OSC regarding level 2 consultation plans for the Willows. This paper details the proposal for closure of the Willows and provides the reader with an up to date position on the consultation plan on the proposal to close the willows.

Summary Rationale

Central and Eastern Cheshire PCT (CECPCT) have recently undertaken a prioritisation exercise of all commissioned mental heath services within Cheshire And Wirral Partnership NHS Foundation Trust (CWP), and, as the Willows offers services which are available via other social support channels, and similar services are not commissioned from CWP in other areas of the Trust, it is proposed by CECPCT that it be decommissioned

Recap on outline of Proposal

Within the CWP Adult Mental Health Services (AMH) – East Clinical Service Line, work is in progress to redesign services to incorporate Access, Acute, Recovery & Rehabilitation pathways with a single point of access to mental health services.

The Willows is a part of the overall review of services commissioned by CECPCT; consideration has been given as to whether this is part of CWP NHS business, whether it benefits a sufficiently large number of patients to justify the overall costs, and whether there is equity of access across the CECPCT footprint.

The Willows offers day services to patients already under the Care Programme Approach (CPA) of a Community Mental Health Team (CMHT). It is a service which serves a small population of up to 115 patients based in and around Macclesfield at an annual cost of £561,000. It offers support to service users in, for example, wellness recovery action planning (WRAP), social skills training, computer literacy and horticulture, and operates a small print workshop, all in collaboration with external agencies such as Macclesfield and Reaseheath Colleges and Connexions. All of the services provided are available via mainstream Local Authority or Educational initiatives and service users could be supported to access these services. This type of day service is not available from CWP in other parts of the Trust footprint.

The proposal is to close the Willows; The Willows (based in Macclesfield) is only accessed by service users from the eastern part of the area i.e. Macclesfield but not Crewe nor Vale Royal, it serves a relatively small population of our 5332 Adult & Older People service users (currently 115 out of 1015 for Adult service users known to the Macclesfield Adult Community Mental Health Teams). These 115 people would be supported by their care co-ordinators to access alternative services as identified in their care plans which could include. Macclesfield College, Cheshire East Council (Social Care), Supported Employment, Reaseheath College, Macclesfield Volunteer Centre, Richmond Fellowship, Making Space and Macclesfield Town Football Club. Mind,

Consultation Process

Service users, carers and staff

The prioritisation exercise was undertaken jointly between senior representatives of CECPCT and senior managers and clinicians from the Adult and Older peoples Clinical Service Unit in CWP. It is important to understand that the prioritisation process has been widely discussed at a number of service user and carer forums including East Cheshire Mental Health Forum. The project board for the prioritisation process led by the PCT had representation from service user and carer groups via Link members.

There is also a PCT led service development group where the prioritisation process has been discussed and members have been briefed throughout the process, at the group it was also decided that service users should be advised about the proposal being take to Trust Boards and Overview and scrutiny committees.

The rationale being that college courses commence in September for the academic year and if CECPCT & CWP awaited the outcome of the proposal it may mean service users missed opportunities to join courses in September 2010 which could be detrimental in the longer term.

Therefore service users were met with individually and advised of the **potential** changes. The staff from the Willows, involving the service users care co-coordinators (within the CMHT) discussed and reviewed the service users care plan in light of potential changes. Staff will continue to discuss how these potential changes may effect them and what would be their concerns and issues.

All CWP staff involved in the provision of the day service within the CECPCT area have been contacted by letter and invited to attend one of five briefing sessions regarding this and other proposed service changes. Staff briefings were delivered by Sheena Cumiskey, CWP Chief Executive, Andy Styring, and CWP Director of Operations on Thursday 05.08.10. Cathy Walsh, General Manager for the Adult and Older peoples Clinical Service was also present at all briefings to deal with queries and speak with staff at their request. A briefing for Governors was also delivered on 05.08.10.

There will also be accessible meetings led by the commissioner at CECPCT will be held to give people the opportunity to raise any concerns. We would explain how people have been and would be supported to access mainstream services and the wider opportunities that this will bring. This will improve the social inclusion of people with mental health problems and contribute to challenging stigma – a key issue raised by many of CWP service users and carers.

Staff consultation will be carried out in line with Trust management of change policy.

We would consult with service users on how we would work to be facilitating access to existing services in mainstream locations- we are currently working with partner organisations to communicate the changes and to discuss the support they may need to ensure service users can access services .

Timescales

Consultation could be completed within 4 weeks, staff consultation has been completed but is an ongoing process of collecting feedback by line management supervision and also manager staff briefing sessions held monthly. See attached Consultation Plan.

Cheshire & Wirral Partnership Foundation NHS Trust

Adult Mental Health East

Consultation Plan for the proposal to close Willows

as a result of the prioritisation process undertaken jointly by CECPCT and CWP.

	Actions To Be Taken	**Lead**	**Start Date**	**For Completion By**
Patient/Client & Carer issues	**Action**	**Lead**	**Start**	**Completion By**
Inform Service Users and their families	Communication plan to be drafted by coms team willows staff to work with care coordinators/consultants/partner Offer advocacy/PALS assistance to service users	Jane Critchley/Chris Link/Katherine Wright Peter Wilkinson/CCOs Peter Wilkinson/willows staff CCOs/service users/partner organisations/CECPCT	October 2010	November 2010
3 Communications Management	**Action**	**Lead**	**Start**	**Completion By**
Corporate	Communication dept will manage corporate updates supported by the Adult & Older Peoples MH Clinical Service Line Update Executives weekly	Comms Manager Cathy Walsh/Jane Critchley/Chris Link	October 2010	November 2010
Local	Communicate updates to staff, service users and carers using existing forums in a timely manner.	Katherine Wright/Jan Critchley/Chris Link		
External	Communication dept will manage corporate updates supported by the Adult & Older Peoples MH Clinical Service Line	Comms Manager/CECPCT/CWP		

4 Risk Management	**Action**	**Lead**	**Start**	**Completion By**
Unhappy concerned service users and carers Unhappy / concerned staff	Involve advocacy & PALS to support work jointly with HR and staff side Managers to be more visable to support and reassure staff concerns Offer to meet individually with staff to discuss issues or concerns	Jane Critchley/willows staff	Oct	End Nov
5 Monitoring	**Action**	**Lead**	**Start**	**Completion By**
Service User/carer monitoring	Seek feedback from Advocacy and PALS Service User feedback forms via cmhts Complaints Service User directly	Jane Critchley/Chris Link/Peter Wilkinson & willows staff	October 2010	November 2010

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Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Consolidation of mental health inpatient services at the Millbrook unit, Macclesfield

Summary of proposed changes

OSC briefing September 2010

1 Introduction

The Committee will be aware that the Trust carried out a public consultation at request of and on behalf of the Central and East Cheshire PCT. This was carried out between 1st December 2009 and 9th March 2010 to consolidate Adult and Older Peoples services from two sites to one in Central and Eastern Cheshire. The consultation exercise demonstrated that there was broad approval to centralise services onto a single site, to continue to develop new ways of working which will enable a reduction in inpatient beds and an expansion of community services and to make investment to improve the patient environment.

In April 2010 the Chief Executive commissioned a review of all inpatient beds across Cheshire and Wirral to ensure they were being utilised appropriately and efficiently in line with Trust strategic objectives and business plans. This paper summarises the changes that were proposed by that review which have been approved in principle by the Trust Board.

The proposed changes refer only to adult and older peoples' acute mental health services.

While these changes are based on best clinical practice they have been developed against the background of the overriding need to develop structural changes that deliver the cost efficiency requirements that the Trust has to make.

These proposals have been developed as part of a two stage process. The first stage is changes in clinical practice and developing new ways of working. The second is the restructuring of services to bring them in line with these new ways of working. As part of this second stage, the review provided a full analysis of past and present bed capacity and utilisation, admission rates and lengths of stay. A number of models were developed to determine the impact on bed occupancy of a range of different options.

The key themes which emerged from the review were;

- New ways of working, in particular the implementation of the acute care model have reduced both admission rates and lengths of stay.
- There is significant over-capacity in South East Cheshire. Two wards are temporarily closed and there has been no pressure due to shortages of beds to reopen them. Additional capacity has become available due to the transfer of eating disorder service to Wirral.
- The most efficient service model for South East Cheshire would be to operate all acute inpatient services from a single site.
- Additional bed capacity can be created in Bowmere Hospital to support changes in South East Cheshire.
- Where changes have been made in the past such as the move to single site working in Wirral and the changes in the use of wards in Bowmere, this has been successful because a phased approach was adopted and capacity remained available in other units to support the site undergoing change

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2 Proposed changes

The proposed changes are;

2.1 The mental health inpatient at Leighton Hospital will close. Adult and older peoples' acute inpatient services based at Leighton will transfer to either Millbrook mental health unit in Macclesfield or, in the case of Vale Royal residents to Bowmere Hospital in Chester. There will be three acute inpatient wards in Millbrook, two for functional and one for organic services.

2.2 Adaptations will be made to wards in Bowmere to accommodate the Vale Royal patients

2.3 The overall impact on inpatient beds is a reduction of 4 from the current (September 2010) position of 70. This is accounted for as follows. There are currently 31 beds in Leighton Mental Health unit. 15 dementia beds will transfer to Millbrook with no change in bed numbers.6 of the 16 adult mental health beds will transfer to the beds which have become vacant as a consequence of the transfer of Eating Disorder services to Wirral. A further 6 will transfer to Bowmere in respect of the Vale Royal population.

2.4 To ensure there is sufficient bed capacity across the Trust during the implementation of these plans, there will be no changes to bed numbers in Wirral at this time

2.5 The Trust will maintain its commitment to improving the patient environment in South East Cheshire and the reprovision project team will report on the options for delivering this in March 2011.

John Loughlin
Head of Project Management
CWP
September 2010.

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Quality Quarterly Report

Quarter 2 – September 2010

Our Vision:
To have the highest ambitions and to be a leader in everything that we do

Our Purpose:
To improve health and well-being by creating innovative and excellent services

Award winning healing environment garden at Springview Hospital
See page 23

Contents

Introduction

CWP produced its first Quality Accounts in 2009/10. It is now in the process of producing its second Quality Accounts for 2010/11.

Quality Accounts are annual reports to the public from NHS providers about the quality of services they provide.

The aim is to enhance public accountability by listening to and involving the public, partner agencies and, most importantly, acting on the feedback we receive. By producing a series of quarterly reports during the year, CWP aims to constantly engage its staff, service users, carers, the public, commissioners and scrutiny groups, on the Trust's priorities to improve quality. CWP's quality priorities are identified against the three principal areas of service quality:

Patient Safety
Clinical Effectiveness and
Patient Experience

which it will continuously monitor and report on in each of its quarterly reports.

"NHS 2010–2015: from good to great made clear that we remain committed to the *Next Stage Review* vision of putting

quality

at the heart of all that we do"

The operating framework for the NHS in England 2010/11

CWP's Quality Priorities for 2010/11
Our Progress

We set out various **quality priorities** for 2010/11 in our first Quality Accounts for 2009/10 against each of the principal areas of service quality. The following describes our progress in implementing these.

Patient Safety

Priority 1

Applying lessons learned from Serious Untoward Incidents [SUIs] is a key measure of safety within any organisation. The Trust has always strived to ensure that any outcomes and recommendations resulting from investigations are shared and applied across the Trust. This is an area that the Trust is also being asked to consider as part of the Quality Schedule of the Trust's contract with its commissioners.

	Action by Q2 – end September 2010	Action by Q3 – end December 2010	Action by Q4 – end March 2011
Improve safety by monitoring of trends from SUI investigations and development of systems to monitor reduction of repeatable themes	Review of previous SUIs and themes developed from this review. The Trust incident management system [Datix] to be configured to record themes arising from SUIs.	All Root Cause Analysis reports undertaken as a result of a SUI to include themes. Analysis of SUI themes to establish whether there are recurring themes and actions developed to reduce repeatable themes if appropriate.	Demonstration of effectiveness of actions if appropriate, in order to reduce repeatable themes.
Have we achieved our target?	✓ Achieved	On track	On track

Priority 2

A patient falling is the most common patient safety incident reported to the National Reporting and Learning Service [NRLS] from inpatient services at a national, regional and Trust level. The Trust has on average 180 falls incidents reported each quarter. The last report from the NRLS showed the Trust to have a higher rate of falls compared to other mental health Trusts, however the NRLS data and Trust incident data shows that the majority of Trust falls [97%] were in the 'no' or 'low' harm category, which is an indication that in the majority of cases the Trust is actively managing the risk of falls. This will be investigated further.

	Action by Q2 – end September 2010	Action by Q3 – end December 2010	Action by Q4 – end March 2011
Reduction of preventable falls in inpatient areas by at least 10% by end March 2011	Falls collaborative developed with key senior clinical and management staff. Audit tool developed, sample size determined in order to audit a sample of inpatients falls within the Trust. Preventable falls criteria developed. Review of inpatient falls care plan.	Audit undertaken, analysed, results disseminated and action plan in place. Falls careplan to be reviewed and any amendments to be made, if appropriate.	Ongoing monitoring of inpatient falls to assess whether action plan has been implemented.
Have we achieved our target?	✓ Achieved	On track	On track

Clinical Effectiveness

Priority 1
This is a new regional priority for mental health services. 'Advancing Quality' measures clinical and patient reported outcomes to determine the level of care that patients have received, benchmarked against a set of agreed 'best practice' criteria. This has also been identified as a priority by the Trust's commissioners and is a Commissioning for Quality and Innovation [CQUIN] scheme for 2010/11.

	Action by Q2 – end September 2010	Action by Q3 – end December 2010	Action by Q4 – end March 2011
Implementation of the Advancing Quality programme for schizophrenia and dementia [including development of Patient Reported Outcome Measures]	Ensure that clinical outcome metrics for schizophrenia and dementia have been selected [in line with regional metrics] and that systems are in place to capture the data.	Data collection will have commenced for psychosis and dementia.	Data will be submitted to the Advancing Quality programme and regional benchmarking data will have been reported.
Have we achieved our target?	✓ Achieved	On track	On track

Priority 2
It is important that integrated care pathways are further developed to promote interface with other services i.e. primary care. This has been highlighted as a priority with commissioners, staff within the Trust and also service users/ carers, who see seamless care between primary and secondary care as a must do for improving quality of care.

	Action by Q2 – end September 2010	Action by Q3 – end December 2010	Action by Q4 – end March 2011
Development of integrated care pathways in mental health	Identification and planning of Integrated Care Pathways in place and those that need to be further developed.	Development and pilot of selected integrated care pathways with outcome measures and analysis of variance built in.	Roll out of care pathways Trustwide with analysis of variance in place.
Have we achieved our target?	✓ Achieved	On track	On track

Priority 3
Research has indicated that people with mental health problems have an increased likelihood of physical health problems and are at risk of dying prematurely. In recognition that CWP service users may have complex physical health demands, which may be at risk of being neglected, it is important not only to detect physical health problems but also promote physical health and wellbeing.

	Action by Q2 – end September 2010	Action by Q3 – end December 2010	Action by Q4 – end March 2011
Review of physical healthcare for Trust service users	The inpatient care pathway and assessment form for physical health will have been reviewed Ward audit to be conducted giving baseline for physical healthcare. Minimum standards to be developed for physical healthcare in the community in conjunction with primary care.	The reviewed physical health care pathway will have been piloted in Wirral in all wards [mental health, eating disorders, learning disability]. Minimum standards for physical healthcare in the community to be communicated back to GPs via clinical networks, contracting processes etc.	A planned programme in place and being implemented for roll out of use of revised physical health care pathway and assessment across all inpatient areas Trustwide. For patients in the community, the Trust will have worked with GPs to establish mechanisms to receive information on annual physical health checks undertaken in primary care for those people with enduring mental illness, drug and alcohol addiction and learning disabilities.
Have we achieved our target?	✓ Achieved	On track	On track

Patient Experience

Priority 1

Patient experience has always been an important measure of quality within the Trust and feedback from service users and carers has been sought in a variety of different ways - surveys, clinical audit, PALS Talkback, focus groups etc. The Trust however has recognised the importance of collecting 'real time' patient experience data [which is about asking the views of patients and/ or their carers/ relatives during or immediately after their treatment] to allow service users and carers to give more accurate and timely feedback on their care, as a good patient experience is integral to quality of care and will affect outcomes. This has also been identified as a priority by the Trust's commissioners and is CQUIN scheme for 2010/11.

	Action by Q2 – end September 2010	Action by Q3 – end December 2010	Action by Q4 – end March 2011
Collection of real time patient experience data	Identify areas to take part in real time patient experience work, i.e. use of touch screen tablets to collect patient experience data at the point of delivery of care. Areas to have participated.	Analysis and action planning from those areas that have participated.	Repeat the exercise in the areas to assess whether actions have improved patient experience. Consider rolling out to further areas across the Trust.
Have we achieved our target?	✓ Achieved	On track	On track

Priority 2

CWP has undertaken a recent review of the Assertive Outreach function, in conjunction with service users, carers, staff and partner organisations. It was agreed that the work of the Assertive Outreach Teams would be incorporated into Community Mental Health Teams [CMHTs], rather than being a stand alone function. The review was based on clinical research and also to ensure a more efficient service.

	Action by Q2 – end September 2010	Action by Q3 – end December 2010	Action by Q4 – end March 2011
Ensure that patient experience of previous Assertive Outreach service users and carers is sought and continuously monitored during the merger of the Assertive Outreach function into Community Mental Health Teams.	Monitoring system to be set up to record outcomes measures, activity and patient feedback - to be reviewed April 2010 and July 2010 following on from baseline. Staff evaluation exercise to have commenced.	Monitoring to continue.	Final monitoring to be undertaken in January 2011 to establish safety, effectiveness and experience of service users and staff.
Have we achieved our target?	✓ Achieved	On track	On track

Our Quality & Risk Profile

"Cheshire and Wirral Partnership NHS Foundation Trust performed well across our assessments"

Source: Care Quality Commission

Independent assessments of CWP and what people have said about us can be found by accessing the Care Quality Commission's website. Here is the web address of our page:

http://healthdirectory.cqc.org.uk/findcareservices/informationabouthealthcareservices/summaryinformation/searchfororganisation.cfm?cit_id=RXAandwidCall1=customWidgets.content_view_1

- ✓ As part of the new registration standards applicable to all NHS Trusts, CWP was required to register all the services it provides with the Care Quality Commission. The Trust has had **no conditions** placed on its registration.
- ✓ The Care Quality Commission has **not** taken enforcement action against the Trust to-date during 2010/11.

Now that CWP has registered its services, the Care Quality Commission will continuously check and monitor whether the services we provide are meeting their **essential standards**. The Commission will do this based on our Quality & Risk Profile, which is a tool used to assess where risks lie when monitoring our compliance against the new essential standards. In the autumn of 2010 we will receive access to an updated version of our profile, which we will report on in our next quarterly report. We have reviewed the initial 'trial' version of our profile to determine how best to monitor the proposed "judgements" it contains about the quality of services we provide. We will monitor any actions through our internal meetings and report back, as necessary, to the Care Quality Commission and our commissioners.

Our Patient Related Performance

We report our performance against key national priorities to the Board of Directors and our regulators throughout the year. Actions to address any areas of under performance are put in place where necessary. The patient related performance measures and outcomes below help us to monitor how we deliver our mental health services.

		Average length of stay [days]	28-day readmission rate [%]	Delayed transfers of care [%]	7-day follow up [%]
Why do we measure this?		A service user's care and treatment should be received in the least restrictive environment possible. Our Crisis Resolution Home Treatment Team facilitates the earliest discharge from hospital possible, taking into account the needs of the service user and their carer/s, to provide home based acute care.	Readmission rates help us to monitor our success in preventing or reducing unplanned readmissions to hospital following discharge.	Once a service user no longer requires hospital treatment, they should not unnecessarily continue to be in hospital waiting for discharge or transfer of care. The delay of a service user's transfer to the next care setting has an impact on the quality of care they receive.	Follow up within 7 days for service users discharged from hospital is important because the early days after discharge are when service users and their carers can feel especially vulnerable.
How does this support the health economy?		High lengths of stay have economic significance due to the high cost of inpatient care and impacts on health outcomes due to potential delays in receiving the right care and delays to recovery.	Readmission rates are an effective measure of treatment across the entire patient pathway across all sectors of health and social care.	This contributes to what is a wider health and social care responsibility to work jointly to prevent delays in all patients receiving *the right care in the right place at the right time*.	This contributes to reducing the overall rate of death by suicide across the NHS.
Aspiration/ Target		Reduction	Reduction	Reduction/ No more than 7.5*	Increase/ No less than 95%**
Month of admission	Apr	18.0	8.8	1.8	100
	May	22.6	14.1	1.6	99.6
	Jun	23.4	6.3	2.0	100
	Jul	24.0	6.4	1.8	100
How are we doing?		We are demonstrating an increase in length of stay, with the range over the past three months of 1.4 days. **We will monitor the significance of any increases in this measure at our Performance & Compliance Sub Committee.**	We are demonstrating a downward trend over time.	We are exceeding the target set by Monitor. *Source: Monitor – target as part of our terms of authorisation	We are exceeding the target set by the Care Quality Commission. **Source: Care Quality Commission – priority indicator 2010/11

Quality and Our Contracts

Commissioning for Quality and Innovation

A proportion of CWP's income in 2010/11 is conditional on **achieving quality improvement and innovation goals** agreed by us and those who buy the NHS services we provide [our commissioners], through the Commissioning for Quality and Innovation [CQUIN] payment framework. The total CQUIN monies in 2010/11 equates to £1,246,093, subject to achievement of certain goals. These are set out below, along with our progress to-date from April to August 2010.

No.	Goal	Indicator	April 2010	May 2010	June 2010	July 2010	August 2010
Regional goals							
1	To promote Clinical Effectiveness, Safety & Patient Experience through the Green Light Toolkit	Green Light Toolkit	Indicator agreed	Compliance rating being undertaken for all 39 Green Light Toolkit areas being reported through Interface Clinical Network	Baseline completed with all action plans to be developed	Action plans in development [Green Light Toolkit and Healthcare for All action plans integrated]	On course - Action plans being monitored by Interface Clinical Network
2	To promote Clinical Effectiveness, Safety & Patient Experience through Advancing Quality [AQ]	Advancing Quality – Psychosis and Dementia	Indicator agreed	Trust participating in Steering Group and roll out	Trust meeting milestones from AQ regional project plan	Trust meeting milestones from AQ regional project plan	On course - Trust meeting milestones from AQ regional project plan
Local goals							
3	Improve Patient Experience	The indicator will be a composite, calculated from 5 survey questions captured at near real time using hand held technology	Indicator agreed	Recruiting clinical areas to participate	Clinical areas signed up	Leads and meeting being scheduled	On course - Leads and meeting being scheduled

No.	Goal	Indicator	April 2010	May 2010	June 2010	July 2010	August 2010
4	The overall goal is to achieve the development of an outcome based high level pathway for people with Dementia, to enable people and their carers to live well with Dementia. This requires the development of Dementia Dashboard with associated metrics/audits, in order for commissioners and providers to develop a fuller understanding of the quality of patient and carer experience in this service area	% of carers of people newly and currently diagnosed with Dementia offered a Carers Assessment	Indicator agreed	This is being discussed with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	On course - Final metrics agreed for Dementia - agreed milestones. Audit tool being drafted
		Ensuring a carers assessment is undertaken and a support plan is in place	Indicator agreed	This is being discussed with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	On course - Final metrics agreed for Dementia - agreed milestones. Audit tool being drafted
		% of carers with a support plan being reviewed	Indicator agreed	This is being discussed with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	On course - Final metrics agreed for Dementia - agreed milestones. Audit tool being drafted
		% of carers without a support plan reviewed	Indicator agreed	This is being discussed with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	On course - Final metrics agreed for Dementia - agreed milestones. Audit tool being drafted

No.	Goal	Indicator	April 2010	May 2010	June 2010	July 2010	August 2010
		To work towards a reduction in anti psychotic prescribing in line with national targets to reduce by one third by 2013	Indicator agreed	This is being discussed with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	On course - Final metrics agreed for Dementia - agreed milestones. Audit tool being drafted
		All service users with Dementia who develop behaviour that challenges should receive a comprehensive assessment and the results should be recorded in the service user's notes	Indicator agreed	This is being discussed with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	On course - Final metrics agreed for Dementia - agreed milestones. Audit tool being drafted
		Provide mapping of all therapies currently available for patients diagnosed with Dementia	Indicator agreed	This is being discussed with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	This is being finalised with PCT following publication of AQ metrics	On course - Final metrics agreed for Dementia - agreed milestones. Audit tool being drafted
5	Development of an alcohol pathway in Learning Disability [LD] and Child & Adolescent Mental Health Services [CAMHS 16 - 19 years] to support the use of brief interventions	% of staff who have been trained in brief interventions following a training needs analysis	Indicator agreed	Analysis being undertaken and training dates being arranged with Drug & Alcohol Services	Training needs analysis to be completed end June - training booked	Training being delivered	On course - Training being delivered
		% of individual patients within LD and CAMHS identified needing brief	Indicator agreed	On course	On course	On course	On course

No.	Goal	Indicator	April 2010	May 2010	June 2010	July 2010	August 2010
		interventions who receive one					
6	To improve clinical services for Learning Disability patients who present with challenging behaviour and reduce inappropriate admissions to inpatient facilities and emergency admissions	% of patients on a clinical care pathway for people who present with challenging behaviour	Indicator agreed	Action plan in place to develop care pathway and strategy	Progress update provided via sharing of notes from strategy meeting	Progress update provided via sharing of notes from strategy meeting	On course - Progress update provided via sharing of notes from strategy meeting
		The development and implementation of an associated learning and development plan for specialist health staff	Indicator agreed	Analysis on course to be completed	Training needs analysis to be completed end June	Training analysis completed- training being delivered	On course - Training analysis completed - training being delivered
Specialist commissioner goals							
7	Outcome measurement in secure services	HoNOS/ risk assessment	Indicator agreed	On course	Update report given	On course	On course
8	Ward Climate	Essen scale	Indicator agreed	On course	Implementation plan in place - to implement before end July	On course	On course
9	Initiatives developed from patient views	Patient initiatives	Indicator agreed	On course	Update report given	On course	On course
10	Ensuring therapeutic activity is taking place	Patient activity	Indicator agreed	On course	Update on progress and exceptions given	On course	On course
11	Recovery Planning	Recovery tool	Indicator agreed	On course	Update given on % of service users with completed recovery plan	On course	On course

Advancing Quality

A goal that is included in the CQUIN payment framework is participation in the Advancing Quality programme. This is a programme introduced by NHS North West in order to **drive up quality improvement across the North West** region. Along with our partner mental health trusts in the region, CWP will start collecting and submitting information in relation to the quality of services we provide for service users with dementia and schizophrenia. We can then compare our performance in the following quality performance areas with that of our partner mental health trusts:

Dementia quality measures

1. An assessment of functional capacity completed and recorded in the clinical record prior to discharge from hospital.

2. An assessment of cognitive ability completed and recorded in the clinical record within 7 days of hospital admission, or by discharge if length of stay is less than 7 days.

3. An assessment of physical health completed and recorded in the clinical record within 7 days of hospital admission, or by discharge if length of stay is less than 7 days.

4. A tailored care plan that aims to help carers address specific challenging behaviour is completed and evidence that this has been passed onto carers is recorded in the clinical record upon discharge from hospital.

5. An assessment for depression and anxiety completed and recorded in the clinical record within 7 days of hospital admission, or by discharge if length of stay is less than 7 days.

Schizophrenia quality measures

1. A complete assessment of the risk of harm to themselves and others documented in the Early Intervention Service clinical record within 30 days of acceptance into Early Intervention Service.

2. Care co-ordinator assigned with their name recorded in the clinical notes within 24 hours. The patient is informed of their care co-ordinator's name within 72 hours of acceptance into Early Intervention Service, and there is clear evidence in the clinical notes of how the patient was informed.

3. An antipsychotic medication review within 6 weeks of antipsychotic medication being prescribed with recording of adherence to treatment and positive or negative side effects of treatment. This information is reported to, and reviewed by, the Multi Disciplinary Care Team

Data collection will commence from January 2011 onwards and an update will be provided in the next quarterly report.

Other Contractual Quality Requirements

We also have certain quality requirements agreed in other 'schedules' of our contracts, which are monitored through the contract monitoring process, to ensure that the aim to improving quality of care is on track. Our performance highlights include:

- Providing inpatient care in a safe environment:
  - **100% compliance** against the targets in the **Delivering Same Sex Accommodation** Plan 2010/11 so that men and women do not share bedrooms, bed bays, bathing and/ or toilet facilities.
  - **No 16 or 17 year olds admitted to an adult psychiatric ward** unless the admission is in accordance with their needs.

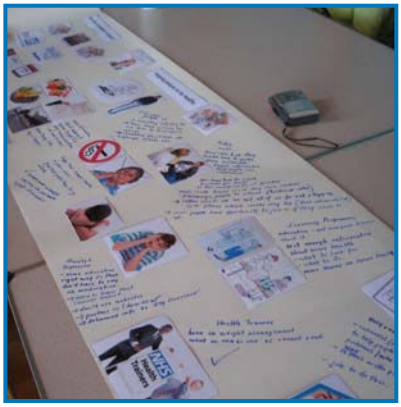
- Ensuring people with a mental disorder who are involved in the criminal justice system receive a high quality service by providing a comprehensive and rapid response and intervention service.

- **No inpatient suicides by use of non-collapsible rails.** The National Patient Safety Agency calls this a Never Event, which is a serious, largely preventable patient safety incident that should not occur if the available preventative measures have been implemented.

Clinical Audit

"Clinical audit is a way of measuring the practice of healthcare professionals and the standards of care and treatment delivered to service users, so that any necessary improvements can be made or excellence in practice consolidated and shared"

CWP won a **National Clinical Audit Award** in April for the approach used by our **Learning Disability Service** in obtaining the views of service users.



The award was presented by the Healthcare Quality Improvement Partnership, who operate the national clinical audit programme on behalf of the Department of Health. Awards are presented for **excellence and innovation within clinical audit**. We won the **patient involvement** award for the innovative development of '**patient stories**' to obtain the views of service users with a learning disability as part of our care planning audits. By acknowledging the specific communication needs of our service users and involving them in recording and mapping their experiences pictorially [left], we are able to accurately capture what they want to tell us in their own words.

CWP was also named as a runner-up in the category of **partnership working** for our joint work with NHS Western Cheshire in evaluating and developing our **Intensive Home Treatment Team**. The Team provides crisis intervention for older people with dementia and the clinical audit of the service demonstrated that the Team prevents hospital admissions allowing service users to remain at home in familiar settings.

Clinical Audit Programme

So far this year, CWP has prioritised 31 Trust level clinical audits as part of our clinical audit programme, an increase of 13 on the previous year. This includes two national clinical audits that cover NHS services that CWP provides. These are not due to be completed until March 2011, progress will therefore be reported in the next quarterly report. As at September 2010, the reports of four Trust level clinical audits have been reviewed and the following actions identified in order to improve the quality of healthcare we provide:

1 – 2. Resuscitation audits

CWP aims to ensure the optimum management of adult and child cardio-respiratory arrests, should they arise, and a policy is in place to guide and support staff. The learning from the clinical audits conducted in the period covering this report have resulted in the following actions:

- Placed areas of low compliance on the local risk registers.
- Distributed and ensured that Ward Managers display new resuscitation equipment location signs in staff only areas.
- Purchased spare defibrillator [AED] pads and a portable suction unit for the occupational health department in Wirral.
- Purchased a portable suction unit for the Alderley Unit and replaced a leaking cylinder.
- Has organised electrical testing of the resuscitation equipment on those wards where this was lacking.
- Reviewed access to pulse oximeters and purchased them where required.

3. Medicines management and rapid tranquilisation re-audit

CWP undertakes an annual audit regarding medicines management to constantly improve the safe use of medicines. Actions identified from this year's audit include:

- Pharmacy staff have arranged to visit all recently opened wards to ensure that all medicines management procedures are in place.
- Staff have been made aware to document all reviews of medication, the side effects of medication and how they are being managed in the clinical note entries.
- The Trust's policy on psychotropic drugs in pregnancy has been added to induction and mandatory training for staff and will be included in the appropriate care pathways.

4. Ward re-audit

CWP is undertaking two ward audits this year, in order to assess compliance with clinical standards that are in place across all inpatient areas of the Trust. This is due to the fact that Trust policies are undergoing a significant review following changes in service redesign and a review of governance arrangements within the Trust. The outcome of the ward audit undertaken in the period of this report, prior to the implementation of new inpatient policies, has highlighted improvements in the majority of standards and informed those areas that need to improve further, as identified in the following actions:

- The inpatient suite of policies are being updated to respond to the findings of the audit, for example the duplication of record keeping requirements.
- Staff have been reminded that the admission checklist, nutrition screening tools, physical health checklists and smoking intervention plans must be fully completed and filed in the patient's casenotes.
- All wards have been asked to display a list of medication leaflets that are available.
- All wards have been asked to make a 'Welcome Pack' available to all service users admitted to the ward.
- All wards have been asked to ensure that they have weighing scales that meet the Trust's guidelines.
- Advance statements need to be further promoted and this will be facilitated by introducing an alert on the patient's record when one is in place.

Other Trust level clinical audits

National Prescribing Observatory for Mental Health clinical audits

CWP participates in the National Prescribing Observatory for Mental Health clinical audit programme run by the Health Foundation, Royal College of Psychiatrists. In July we participated in the '**prescribing antipsychotics for children and adolescents**' audit, assessing patients who are under the care of child and adolescent mental health and/ or paediatric services, and who are currently being prescribed antipsychotic medication. The Trust will identify actions from the results of this audit once they have been received from the Royal College of Psychiatrists.

Infection Prevention and Control clinical audits

The Trust has introduced an audit programme that is led by our Modern Matrons. Monthly audits are undertaken with the support of the Infection Prevention and Control Assistant Practitioner. As a result of these, action plans are generated for each Ward Manager in order to improve performance.

Improvements that have been identified include the need to:

- Fully complete weekly cleaning checklists.
- Ensure equipment is dusted.
- Ensure the underside of dining room tables are checked for food debris.
- Promote hand hygiene before and after each service user contact.

Areas of good practice that have been identified include:

- The maintenance of a tidy environment on wards.
- The display of promotional materials to improve infection prevention and control performance.
- Access to appropriate hand washing/ decontamination facilities.

The audits are unannounced to provide assurance that staff are continually maintaining standards. In addition to action plans being generated for each Ward Manager, the key themes from the audits are reported to the Board of Directors via the Director of Infection Prevention and Control's quarterly Infection Prevention and Control report.

Learning from Experience

The actions identified from clinical audits are discussed at the Trust's newly convened Learning from Experience Group so that they are analysed alongside other learning across the Trust from incidents, complaints, claims, compliments, and contacts with the Patient Advice & Liaison Service [PALS]. This 'aggregated analysis' helps to identify trends and spot early warning signs so that actions can be taken to prevent shortfalls in care. The Trust produces a quarterly 'Learning from Experience' publication to bring this learning together. Sharing learning is key to ensuring that safety is maintained and that action can be taken to prevent recurrence of similar issues. This publication is available on request from the Trust's Clinical Governance Department at the Trust's Headquarters:

http://www.cwp.nhs.uk/1/Pages/contactus.aspx

Highlights of lessons learned contained within quarter one's report include:

- To reduce risks to challenging behaviour, Greenways, one of our Learning Disability assessment and treatment units, has introduced zones within the ward to manage challenging patients.
- Following an incident of an admission of an under 18 year old service user to an adult mental health ward, the admission pathway for all presentations by under 18 year olds to Maple Ward have been distributed to all on-call Crisis Resolution Home Treatment Team staff and all Adult Mental Health psychiatrists to ensure that the appropriate admission pathways are adhered to.
- Following an incident where the telephone lines at Bowmere Hospital were rendered inactive due to generator tests, business continuity plans are being reviewed to ensure that wards are aware of contingency plans in the event of this occurrence so that telephone communications can still be made.
- Following an incident where a service user was able to climb up a wall within a ward courtyard, remedial works have been carried out to ensure that the risk of recurrence is reduced.
- Following a complaint, staff have been reminded that if complaints cannot be resolved on the spot, they are forwarded to the Complaints Team as soon as possible to ensure that the correct triage is assigned and that they are acknowledged within three working days. This will be further enhanced by production of an updated Complaints Policy.

For quarter one of 2010/11, our performance against key indicators was:

Performance indicator			Current numbers	Change since previous quarter	
Number of patient safety incidents/ near misses reported			1186	10.3%	↑
Average number of incidents per 1000 bed days			36.1	8.1%	↑
Severity of patient safety incidents	Category A *e.g. death, homicide*		18	40%	↓
	Category B *e.g. attempted suicide, unlawful detention*		8	55.5%	↓
	Category C *e.g. medication errors, certain self harm incidents*		132	41.9%	↑
	Category D *e.g. minor injuries*		809	11.4%	↑
	Category E *e.g. very low or no harm incidents*		182	2%	↑
Reports to external agencies	Strategic Health Authority		26	18.8%	↓
	Medicines & Healthcare Regulatory Authority		0	↓	
	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations		5	↓	
	NHS Litigation Authority	Clinical claims	2	↔	
		Non clinical claims	3	81.3%	↓
	National Patient Safety Agency		1186	10.3%	↑
	Health Protection Agency		0	↓	
Number of complaints			61	1 complaint	↑
Acknowledgement of complaints within 3 days			60	1 complaint	↓
Number of compliments			301	25.4%	↑

Our 'Learning from Experience' publication discusses our performance described above in more detail and discusses the themes identified by analysing our performance further.

It is encouraging that our performance for quarter one of 2010/11 in respect of reporting incidents indicates that we are a **learning organisation** and that **patient safety is a high priority**. The National Patient Safety Agency encourages high reporting and analysis of patient safety related incidents, particularly those resulting in no or low harm, as it provides an opportunity to reduce the risk of future incidents. Research shows that organisations which report more usually have a stronger learning culture where patient safety is a high priority. Through high reporting, the whole of the NHS can learn from the experiences of individual organisations.

Examples of compliments we have received can be found on page 24.

Research & Effectiveness

In June, CWP held its annual **research and effectiveness conference** to raise awareness about research at CWP and to explore opportunities and ideas surrounding funding, training and Trust developments. The event was attended by over 80 people and included presentations by the National Institute for Health & Clinical Excellence [NICE], other mental health trusts, and the Universities of Liverpool and Oxford.

Research

CWP's involvement in research studies, including those supported by the National Institute for Health Research, helps the Trust to improve patient outcomes both within the Trust and experience across the NHS. The following research projects have been approved to be carried out within CWP and are presently ongoing:

- Donepezil and Memantine in Moderate to Severe Alzheimer's Disease
- The Viewpoint Survey
- The Oxford Community Treatment Evaluation Trial
- HELPER [ReCAP]
- Brains for Dementia
- Rehabilitation Effectiveness and Activities for Life
- Mental illness among victims of homicide
- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, including a specific project:
  - The Aetiology and Prevention of Inpatient Suicide

National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

This is a research project that aims to improve mental health services and to help reduce the risk of similar incidents happening again in the future. The data collection that has been completed as part of this research project is listed below, alongside the number of cases submitted to each category as a percentage of the registered cases required by the terms of the Inquiry:

1 April 2010 – 31 August 2010		
Number of cases	Categories of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	Percentage of registered cases
2	Sudden unexplained death in psychiatric inpatients	100%
6	Suicide	100%
1	Homicide	100%
0	Victims of homicide	100%

NICE

The National Institute for Health and Clinical Excellence [NICE] is an independent organisation responsible for providing national guidance on **promoting good health** and **preventing and treating ill health**.

CWP makes every effort to ensure NICE guidance is implemented and monitored effectively and is fully compliant with 66% of the relevant guidance issued that CWP has been able to fully assess so far.

The table below lists the five categories of NICE guidance and the numbers within each category that we are fully, partially or not compliant with.

Type of NICE guidance	As at July 2010			
	Full Compliance	Partial Compliance	Non Compliance	Total
Clinical Guideline	13	8	5	26
Public Health Interventions	10	6	0	16
Interventional Procedures	2	0	0	2
Technology Appraisal	13	1	0	14
Patient Safety	1	0	0	1
Total	39 [66%]	15 [25.5%]	5 [8.5%]	59

We are working with our clinical leads in the Trust and our commissioners to further promote compliance with NICE guidance. The reasons we are non-compliant with five of NICE's clinical guidelines are:

- Restrictions where we are not commissioned to provide a full service across the whole of the Trust for [i] Attention Deficit Hyperactivity Disorder, [ii] Antisocial Personality Disorder, and [iii] Borderline Personality Disorder.
- An external restriction where the accommodation at one of our sites is not compliant with self harm guidance because of lack of funding from our commissioners. This risk is being carefully managed and we are currently undertaking a review of future provision of services at this site.
- An internal restriction where we do not have a current head injury pathway and we are not currently using the Glasgow Coma Scale as recommended by NICE. We are addressing this as part of the work currently being undertaken as part of our Physical Health Group, as outlined as a key clinical effectiveness priority in our Quality Accounts 2009/10 [see page 6].

A six monthly report of compliance with NICE guidance, including actions being taken to further improve compliance, is presented at our Patient Safety and Effectiveness Sub Committee.

Quality News

Our Success Stories –

- *Patient Safety* News

Valleybrook Ward, **Crewe**, has reviewed arrangements for children visiting service users. Staff have donated toys and books and a designated and well equipped **child visiting room** has been created to ensure that children visiting their relatives on can now do so in a welcoming and safe environment.

The Springview ECT clinic, **Wirral**, has achieved level 2 re-accreditation from the Royal College of Psychiatrists' **ECT Accreditation Service**. The accreditation recognises adherence to best practice and patient safety standards.

We have conducted **Patient Safety Walkarounds** on our wards. One of the Executive Team attends the ward to meet with staff and ask a series of open questions to promote discussion on patient safety issues. As a result of these walkarounds, we have identified a number of themes:

- Good communication, teamwork and support within teams.
- A strong patient safety culture, whereby staff are comfortable in reporting incidents to improve patient safety without fear of unfair recriminations.

Actions that have been undertaken in response to discussion with wards include:

- A follow-up visit to a ward by the Trust's Security Manager to advise on measures to increase staff and service user safety.
- Ordered more 'wet floor' signs.
- Reviewed staffing levels on wards.

- *Clinical Effectiveness* News

InnovateNoW, the NHS regional innovations fund for the North West, has awarded CWP **£40,000** to pilot two key mental health projects across Cheshire and Wirral. These are work on neuro-behavioural rehabilitation for people with alcohol related brain damage and psychological interventions in binging/addictive eating for overweight and obese people. The projects are due to commence in January 2011.

In **Macclesfield**, a new **gardening scheme** has been launched, run by CWP's ground staff, to aid service users' recovery and to enable them to gain employment skills.

The occupational therapy department within Leighton Hospital's mental health unit in **Crewe** has refurbished a newly named '**Activity Centre**' [left]. Service users were involved in the refurbishment and the centre is now home to their artwork and provides a therapeutic environment for them to take part in recreational activities to help them in their recovery.

As prioritised in our annual plan, we have launched the **CWP Alcohol Service** in Birkenhead, **Wirral** to provide advice and support for people with alcohol related problems [right]. The new site offers much more modern and comfortable surroundings from which to deliver high quality services, enabling service users to access support for all levels of harmful drinking from one base.

A CWP alcohol associate practitioner, **Wirral**, has used an **innovative way to engage with clients**. She joined residents of a local hostel on a canal boat trip [left], during which she discussed topics such as triggers, word scrambles, and catch phrases around alcohol. This informal and safe environment helped to break down barriers and gave the opportunity for clients to discover themselves and prove they are capable of many things.

CWP has returned from a partnership visit to Kisiizi Hospital in **east Africa** [right]. The Trust secured a grant from the International Health Links Funding Scheme which enabled three members of staff to visit the remote 235-bed hospital, with one mental health ward, in Uganda. Our staff worked with the mental health team to identify how best we can work together to help develop the hospital's mental health services. We have agreed key areas for **partnership working** including psychological therapies and public health information.

CWP has employed three dedicated **health facilitators** to ensure service users receive the best possible **physical healthcare** as well as mental healthcare. The innovative appointments are in response to a report by the Disability Rights Commission that highlighted substantial physical health inequalities experienced by people with mental health problems.

The Child & Adolescent Mental Health Service [CAMHS] held a **Good Practice in Tier 4 CAMHS** workshop in June 2010 that focused on services provided within Tier 4 [highly specialised] CAMHS as well as future aspirations for the service. This workshop improved information to and communication with our commissioners and those who refer patients to our services.

- *Patient Experience* News

As prioritised in our annual plan, we have opened a new ten bedded **inpatient eating disorder unit** at Springview Hospital, **Wirral**, to support both adults and young people from the age of 16 years with eating disorders. As many as 50% of inpatients in the eating disorder service are in full time study, **Oaktrees** therefore provides service users with access to computers, WiFi and an internet café as well as extensive occupational therapy, physical therapy, day space and an award winning healing environment garden [see front page].

Assessments have shown that CWP provides **excellent patient environments, privacy and dignity and catering services**. Springview Hospital, **Wirral**, Pine Lodge, **Chester**, and Greenways and Alderley Unit, **Macclesfield**, have each featured in the top 3% of all Trusts in England following a Patient Environment Action Team [PEAT] site assessment.

Our Learning Disability Services have developed '**easy read**' versions of leaflets on the Mental Health Act for their **service users**, including pictures, to make them easier to understand.

We have received a 25% increase in the number of **compliments** received from service users and others about their experience of our services. Below are a selection of the comments and compliments we have received:

"Thank you for all the time that you spent with me, it has improved by life substantially and I feel happier than I have in years. The therapy was invaluable for helping start enabling some positive changes in my life. Thank you." Adult Mental Health Services

"Just a few words of thanks. X has been an absolute rock for me, by that I mean always there to help me and listen to me. She didn't always do and say what I wanted but I feel she definitely acted with my best interest at the forefront of her decision making. Her troubleshooting skills, foresight and anticipation are exemplary." Drug and Alcohol Services

"Thank you to all the ladies in reception. It is a pleasure to come into Ashton House as you always make me feel welcome and you all do your work well." Learning Disability Services

"I just want to take the opportunity to thank you sincerely for all your advice, guidance and support over this academic year in terms of our partner agency meetings. Your input is invaluable to us and we very much appreciate your attendance in what I know are extremely demanding times in terms of all our work loads. I hope, however, that these meetings continue to be a way to ultimately reduce all professionals' caseloads by us all contributing to finding multi-faceted interventions for our students." Child & Adolescent Mental Health Services

To improve the quality of services that the NHS delivers, it is important to understand what people think about their care and treatment. One way the Care Quality Commission does this is by asking people who have recently used their local mental health services to tell them about their experiences. We have recently received the results from the annual patient survey report conducted by the Commission entitled **Survey of people who use community mental health services**. This report shows how each Trust has scored for each question in the survey, compared with national average results. We will use the report to review our performance and to identify areas where it needs to improve. Feedback on this will be provided in the next quarterly report.

Quality News

Improving Outcomes for Our Service Users –

We are committed to improving outcomes for our service users so that the care and treatment that we provide improves our service user's **quality of life**, **social functioning** and **social inclusion**, self reported **health status**, and **recovery** from illness. Below are two examples of the services that we provide which have demonstrated improved outcomes for our service users.

- Focus on...

Our Adult 'Attention Deficit Hyperactivity Disorder' [ADHD] Service

We provide access to quality ADHD services for all ages but offer the only adult multidisciplinary service, based in Wirral, with practitioner and psychological input in the region. Symptoms of ADHD include chronic problems with concentration, distractibility, irritability, impulsiveness, restlessness and disorganisation, all of which have a negative impact on a person's daily functioning.

"An estimated 2% of adults in the UK have attention deficit hyperactivity disorder"

Dr P R Mason
Consultant Psychiatrist - Adult ADHD Service

Our Adult ADHD Service, sees most referrals from GPs, community mental health teams, and other mental health trusts. Treatment options vary and include medical, psychological and social treatments. Outcome measures have demonstrated that these treatments have resulted in both statistically and clinically significant positive outcomes for our service users, including:

- improved quality of life -
  such as becoming **medication free**
- improved health status -
  such as **improved symptoms**
- improved social inclusion -
  through **behavioural improvements** and **better social functioning**
- fewer problems associated with substance misuse

These positive outcomes for our service users also have positive **health care**, **social** and **economic** benefits and outcomes, such as individuals being able to return to employment, a reduction in the amount and cost of medication, and service users having fewer additional conditions [co-morbidities] requiring treatment.

- Focus on...
Our Liaison Psychiatry Service

We provide specialist mental health, social and risk assessment to patients presenting to Accident and Emergency Departments or receiving care and treatment within general hospitals. As part of this we support and advise general hospital staff of patients presenting with:

- self harm
- physical health conditions **and** mental ill health
- adjustment to and behavioural reactions to physical health conditions and treatment
- 'medically unexplained' symptoms
- psychiatric emergencies
- suicide risk
- dementia, delirium and organic mental disorders

The service uses the **Health of the Nation Outcome Scale** [HoNOS] in Wirral amongst patients seen in clinics. As its use is developed across the Trust, it will have an even greater potential to demonstrate improved outcomes relating to **psychiatric symptoms**, **physical health**, and **social functioning**.

The Liaison Psychiatry Service is also using and developing other outcome measures to help improve **health** and **emotional well-being** of patients and **reduce health inequalities**. These include:

- health improvement measures –
  such as improvement in:
  - depression and
  - general mental health conditions
- improved patient experience and satisfaction –
  such as:
  - minimal waiting at the Accident and Emergency Department
  - minimal waiting for mental health assessments and interventions on general hospital wards
  - minimal delays in transfer of care from hospital, and
  - improvements in the experience of patients with dementia being cared for in a general hospital
- reduction in repetition of self harm
- contribution to suicide prevention

Quality standards that contribute to delivering better outcomes for patients are monitored by our commissioners. Additionally, in August 2010, our psychiatry teams in **Chester** [right] and **Wirral** demonstrated achievement of quality standards to the Royal College of Psychiatrists' Psychiatric Liaison Accreditation Network [PLAN] and were '**accredited as excellent services**' - the first teams to gain this rating in the country. This accreditation recognises our work in ensuring that patients with mental health needs receive high quality care.

Agenda Item 9

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Document Reference (2010/11 *insert number***)**

Report to:	**Overview and Scrutiny Committee**
Date of Meeting:	**27/09/10**
Title of Report:	**Transforming Community Services**
Action sought:	**FOR NOTING**
Author:	**Anne Richardson, Project Manager, Service Innovation and Development Team**
Presented by:	**Natalie Park, Associate Director of Service Innovation and Development**

Strategic Objective(s) that this report covers *(delete as appropriate):*
SO1 - Deliver improved and innovative services that achieve excellence
SO2 - Ensure meaningful involvement of service users, carers, staff and the wider public
SO3 - Be a model employer and have a competent and motivated workforce
SO4 - Maintain and develop robust Partnerships with existing and potential new stakeholders
SO7 - Sustain financial viability

1. Purpose of the report

The purpose of this report is to inform the Overview and Scrutiny Committee of the recent Developments relating to the Transforming Community Services Programme in Wirral, Western Cheshire and Central and Eastern Cheshire and the Proposal for staff within the Provider arm of the Western Cheshire PCT to transfer to Cheshire and Wirral Partnership NHS Foundation Trust (CWP) from April 1ST 2011 and the related timescales (Appendix A).

2. Policy Context

In January 2009, *'Transforming Community Services: Enabling new patterns of provision'* was published, which set out how the Next Stage *Review* for community services would be realised. It was described as 'enabling guidance' to help PCTs move the relationship between direct provider and commissioner to a purely contractual one and that there should be demonstrable separation in the governance of commissioner and provider functions within PCTs. This separation was a move towards greater contestability and exploration of opportunities for increasing autonomy for provider services of PCTs.

In December 2009, '*The Operating Framework for the NHS in England 2010/11'* was published and set out a stark picture of NHS environment moving forward into the economic downturn. Within this, it requested all PCTs by March 2010 to have *'agreed with SHAs proposals for the future organisational structure of all current PCT-provided community services.'* These should provide *'certainty for staff and a stable foundation for service transformation'.* Options for future organisational models included a wide and varied range of options, from Foundation Trusts to Social Enterprises. Further, it outlined that *'PCTs will need to demonstrate that any provider changes are needs and pathway driven and will provide more integrated sustainable*

primary, community and secondary care services, which bind in the support of primary and social care'.

The operating framework outlined a process around testing for fitness of purpose, assurance and approval processes for proposals. It indicated that '*proposals must deliver improved quality and patient experience, as well as increased productivity; must be affordable (reducing management costs and transaction costs); and must help to manage the demand for services more effectively (e.g. reducing acute admissions and lengths of stay). Potential providers will be expected to show how they will provide the leadership capability, governance structures and culture to engage and empower staff to lead service transformation. We shall build these 'tests' into the assurance and approval processes for proposals – testing fitness for purpose.'*

Alongside the Operating Framework, *'NHS 2010-2015: From good to great. Preventative, people centred, productive'* was also published which reiterated the need for existing providers to work together to provide seamless, integrated care across the NHS and with other local partners. This strategy is explicit that with regard to community services - *'for most of the NHS, we do not believe that creating new organisations is the right solution'*. It gave support to the NHS locally to determine which model will best support integration of services.
In addition to this, the document also makes it clear that the Department of Health '*will significantly reduce management costs in PCTs and strategic health authorities (SHAs) by setting a clear goal of reducing costs by 30% over the next four years.'*

3. Local PCT plans

Central and Eastern Cheshire

The latest position is that the preferred model for community services is transfer to East Cheshire Hospitals Trust. This does not include primary care mental health services which would continue to be provided by this Trust. The PCT and East Cheshire Trust have made a formal submission to the SHA on 23rd September 10.

Wirral

Shortly after the General Election the PCT were informed that their licence to continue provision of community services beyond April 2011 was to be revoked. This has meant that the PCT has had to develop alternative proposals and their preferred option is to develop a social enterprise / community foundation Trust.

Western Cheshire

In July the Trust was invited to submit an outline business case to the PCT to transfer all primary care community services (Appendix B) to Cheshire and Wirral Partnership NHS Foundation Trust (CWP). CWP made a decision to express an interest in the provision of these services based on the following key factors:

- The belief that the integration of community services across western Cheshire would provide significant opportunities to improve the services provided to patients both in the community and within mental health services.
- A key feature of all the PCT requirements was the ability to transfer care from inpatient settings to community provision and to reshape the pathways for services to support this shift. The Trust brings significant experience of this type of work and this proposal fits with The Trust's service development strategy to provide care closer to home.

- The experience of Directors of running an integrated community and mental health trust successfully gave the Trust the experience and confidence to provide a successful vehicle for these services.
- The integration of community services fits with the Trust's Vision to be a leading provider of innovative and excellent services that improve the health and well being of people, with positive outcomes for individuals and local communities. We will continue to achieve this by sustaining and improving the quality of the services we provide, ensuring the delivery of value for money provided within our geographical footprint.
- The requirement to achieve challenging efficiency targets across the public sector, of which the Trust has significant experience.
- The integration of community services will benefit the population of western Cheshire with respect to the Quality, innovation, prevention and productivity agenda

The Outline Business Case, written jointly by CWP and the PCT has been approved by Board executives and submitted to the SHA on Thursday 23rd September, and is supported by the GP Consortia and staff employed in the Provider Services of the PCT.

A Project Structure has been agreed, which includes robust Due Diligence Processes to provide assurance to all organisations/stakeholders involved.

Communication and engagement for Western Cheshire Transfer

Throughout implementation of Transforming Community Services, every effort has been made to engage all key stakeholders in both the local approach to the options appraisal, as well as in assessing the available options.

There have been on-going communications and engagement events provided for all staff from the Provider Services of the PCT over the last 18 months. A Communication and Engagement Strategy will be developed as part of this work in partnership with the PCT. It will include development of a range of key messages about the transfer of services, how the project structure will support this, what will happen at local level and how the Trust will work with a variety of partners about potential changes.

It is not envisaged that there will need to be a formal consultation linked to the transfer of services as this proposal affects a change of management and NOT the delivery of services.

Appendix A

SHA Timeline

Transforming Community Services Timeline

Submission	SHA Board	DH Conditional Approval	SHA feedback to PCT	Heads of agreement signed off	PCT contact CCP as soon as SHA feedback rec'd	CCP timeline	CCP contact Secretary of State & PCT with recommendations
23rd Sept 2010	14th Oct 2010	15th Oct 2010	w/c 18th Oct 2010 call booked for 19th October	27th September	20th October	10 days -	2nd November
Have you spoken to CCP about your model? YES							
STAFF ENGAGEMENT TUPE CONSULTATIONS CONTRACTS							

Due Diligence – sign off date	Monitor Date (have you booked)	Monitor timeline	Business transfer agreement date	Monitor recommendations FT Board sign off	Inform SHA of Board approval for CCP/Monitor/TUPE	Implementation
5TH November	December	NP to check with Letitia	February 2011	February 2011	March 2011	1st APRIL 2011
STAFF ENGAGEMENT TUPE CONSULTATIONS CONTRACTS						

Appendix B

Services Transferring to CWP

Acquired Brain Injury
Cardiac Rehabilitation Service
Children & Young People and Families Community Health
Community Contraception and Sexual Health Service
Community Matrons
Community Rehabilitation and Musculo-Skeletal Service
Continence Service
COPD Service
District Nursing Services (including evening and night nursing to include home cannulation and intravenous antibiotic service)
Dressing Clinics in Neston and Ellesmere Port
Healthcare Acquired Infections
Heart Failure Nurses
Home Support Team
Infection Control (MRSA and TB)
Integrated Falls Service
Macmillan Nursing
Occupational Therapy - Ellesmere Port Therapy Unit
Operational Services
Out of Hours Service
Parkinson's
Podiatry Department
Primary Care Mental Health Team
Primary Child and Adolescent Mental Health Service
Rehabilitation Link Team
Safeguarding Children and Looked After Children
Single Point of Access
Speech And Language Therapy (Primary Years and Secondary Years)
Stroke Service & TIA

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CHESHIRE EAST COUNCIL

The Cheshire and Wirral Councils' Joint Scrutiny Committee

Date of Meeting:	11 October 2010
Report of:	Cheshire East Borough Solicitor
Subject/Title:	Appointment of a Co-opted Member

1.0 Report Summary

1.1 This report outlines further consideration of the appointment of a co-opted Member.

2.0 Recommendation

2.1 That further consideration and, if appropriate, approval be given to the procedure for the appointment of one non voting co – opted Member and one named substitute to represent the interests of service users on the Joint Committee.

3.0 Reasons for Recommendations

3.1 The Joint Committee previously requested the Chair and Spokespersons, in consultation with the Partnership Trust (CWP), to keep under review the possibility of co – option to the Committee, and it is now possible to bring forward such a proposal.

4.0 Wards Affected

4.1 N/A

5.0 Local Ward Members

5.1 N/A

6.0 Policy Implications including - Climate change - Health

6.1 None known.

7.0 Financial Implications

7.1 None.

8.0 Legal Implications (Authorised by the Borough Solicitor)

8.1 None other than as outlined in the report.

9.0 Risk Management

9.1 No identified risks at this stage.

10.0 Background and Options

10.1 The Joint Committee's Procedural Rules provide "that the 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."

10.2 At the meeting on 12 April 2010, the Committee considered the appointment of co – opted Members and resolved (inter alia) that "further discussions take place with officers of CWP through the Mid Point meeting concerning Service Users and Carers representation".

10.3 Accordingly further consideration was given by the Chair and Spokespersons to the possibility of co – opting a patients' representative at the Mid Point meeting on 17 September, with a preference for a service user rather than a carer. CWP have indicated that that they would be willing to circulate the patients membership of the Foundation Trust, namely the Patients and Public Involvement (PPI) group of members, to establish whether there is any interest from individuals in serving on this Committee. In the event that a number of volunteers came forward, the PPI Task Force would be invited to assess the applications, so as to put forward one individual to serve as a co – opted Member of the Committee, (non voting) together with one named substitute.

10.4 As the National Code of Conduct for Members would apply to the co – optee, it would not be possible for the nominee also to be a Member of the CWP Foundation Trust Board.

10.5 This process would be conducted during the Autumn, with the formal appointment of the Co – opted Member (and named substitute) being made at the next meeting of the Committee on 10 January.

11.0 Access to Information

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

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