



The Cheshire and Wirral Councils' Joint Scrutiny Committee

Agenda

Date: Monday, 12th April, 2010
Time: 2.30 pm
Venue: Council Chamber, Cheshire West and Chester Council, County Hall, Chester, CH1 1SF

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 - 8)

To approve the minutes of the meeting of the Committee held on 26 January 2010.

4. **Jargon Buster** (Pages 9 - 10)

A "Jargon Buster" of frequently used acronyms and abbreviations is attached for the Committee's reference.

5. **Procedural Matters** (Pages 11 - 14)

To consider a report of the Cheshire East Borough Solicitor on Procedural Matters

For any apologies or requests for further information please contact:

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6. Chief Executive's Update

Sheena Cumiskey, Chief Executive of the Cheshire and Wirral Partnership NHS Foundation Trust, will update the Committee on current issues including:

- Financial position;
- Feedback on consultations on Substantial Developments or Variations in Service (SDV) – delivering high quality services through efficient design; and redesigning adult and older people's inpatient Mental Health services in Central and Eastern Cheshire; and
- Proposed closure of Primrose Avenue, Haslington – outcome of consultation.

7. Quality Account

Members of the Committee may be aware of the requirement that all providers of NHS services publish Quality Accounts – annual reports to the public on the quality of healthcare they deliver.

Providers have to share their Quality Accounts prior to publication in June with their commissioning Primary Care Trust (or Strategic Health Authority), the relevant Overview and Scrutiny Committee (OSC) and the Local Involvement Network (LiNK). The OSC and the LiNK will have the opportunity to comment on the Quality Account on a voluntary basis.

Ursula Martin will brief the Committee on the preparation of the Quality Account for CWP.

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

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **The Cheshire and Wirral Councils' Joint Scrutiny Committee**
held on Tuesday, 26th January, 2010 at Civic Suite, Ellesmere Port Civic Hall,
Civic Way, Ellesmere Port, CH65 0AZ

PRESENT

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

Councillors C Tegg, A Dawson, P Donovan, J Grimshaw, P Lott, G Smith, R Thompson, G Watt, G Baxendale, C Beard, C Andrew and Rachel Bailey

Apologies

Councillors I Coates, S Clarke, S Jones and D Roberts

20 DECLARATIONS OF INTEREST

RESOLVED: That the following Declarations of Interest be noted:

Councillor C Andrew, Personal Interest on the grounds that she was a Member of Nether Alderley Parish Council;
Councillor D Flude, Personal Interest on the grounds that she was a Member of the Alzheimers Society and Cheshire Independent Advocacy;
and
Councillor P Lott, Personal Interest on the grounds that she was a member of the Local Involvement Network (LINK).

21 MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of the meeting of the Joint Scrutiny Committee held on 30 November be confirmed as a correct record.

22 INTERIM CHIEF EXECUTIVE'S VERBAL UPDATE

Dr Ian Davidson, Interim Chief Executive of the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) presented an update report on current issues including:

- Older People's Service Improvement Programme, Wirral – the upgrade and refurbishment of the 2 older people's wards at Springview, Clatterbridge Hospital had been completed and now comprised Meadowbrook – a 20 bed assessment and treatment ward for people with a functional illness and Brackendale – 13 bed assessment and treatment ward for patients with an organic illness. Both wards had all single rooms with ensuite facilities and

would replace wards at St Catherine's Hospital. The Committee would be invited to the official opening in Spring;

- Greenways Learning Disability Service, Macclesfield – this was a 12 bed purpose built assessment and treatment unit for adults with Learning Disabilities which had opened in November 2009;
- Soss Moss – the proposed work at the Soss Moss site, Nether Alderley, Cheshire had received planning approval from Cheshire East Council and buildings were scheduled to be demolished on 1 March 2010;
- Learning Disability Housing Network Transfer – the network would transfer to new providers by end March 2010, CWP would not register the facilities with the Care Quality Commission;
- Financial and performance issues – CWP was still in an uncertain position in terms of levels of expected funding from commissioners from April 2010, 3 year Mental Health contracts had not been introduced at the moment for national reasons. If the current contracts were rolled forward and the rules of the operating framework for the NHS for 2010 – 11 were applied CWP was confident that financial pressures could be managed internally and efficiency savings to the level required by the operating framework could be made. It was likely that NHS Wirral and NHS Western Cheshire would roll forward existing contracts in line with the operating framework. The commissioning intentions of Central and Eastern Cheshire PCT (CECPCT) remained unclear, Pricewaterhousecoopers, who were working with CECPCT, had presented a report to the PCT Board meeting recommending a 5% cut in income across all major providers, along with a range of services and ways that providers could achieve this level of savings; however, none of this applied to services delivered by CWP.
- CWP had also not received income for services delivered in Tier 4 CAMHS (Pine Lodge and Maple Ward) since 1 September 2009 due to disputes between PCTs and Specialist Commissioners.
- Greenfields Ward, Leighton Hospital – CWP decided to close this ward before Christmas as heating was inadequate, sufficient beds were available within the CWP patch to deal with the closure. The ward remained closed although some work had been carried out with further work to be done.
- Chief Executive – the new Chief Executive, Sheena Cumiskey, would commence work on 22 February.

During the discussion the following issues/questions were raised:

- The Soss Moss proposals had generated local concern due to the isolated location with little public transport and concern about the type of patients who would be staying at the facility. The Committee was advised that the proposals did not relate to a change of use but involved bringing derelict buildings back into use, the facility would remain as low secure, patients were not locked up but often left the premises to visit friends; dialogue would continue with the local population to try to address concerns;
- Contracts with commissioners would be agreed by the deadline of end February so CWP would have a better understanding of

financial issues then, it was noted that the NHS operating framework required 3.5% efficiencies;

- Patients receiving Tier 4 services would still receive a service, the problems with non-payment to CWP seemed to have arisen from communication problems between the contract negotiating body and the commissioners with some commissioners unaware that the contract had not been paid.

RESOLVED: That

(a) the update report be received;

(b) thanks be recorded to Dr Davidson, for his contribution to the Joint Committee's work, in his role as Interim Chief Executive; and

(c) an update on the Tier 4 issues be made to the Mid Point meeting.

23 CONSULTATION ON SUBSTANTIAL DEVELOPMENT OR VARIATION IN SERVICE - DELIVERING HIGH QUALITY SERVICES THROUGH EFFICIENT DESIGN

The Committee considered a consultation document on a Substantial Development or Variation in Service (SDV). The consultation set out how CWP proposed to deliver high quality mental health, drug and alcohol and learning disability services:

- Changing demographics and health need – develop services based on function and need wherever appropriate rather than based on age;
- Best evidence on successful interventions;
- New models of care – continue to improve access to services, respond to new ways of working by adopting care pathways that improve patient experience in the least restrictive setting, further develop partnerships with other agencies;
- Provide services in an effective and efficient manner – reduce inefficiencies associated with under-occupied wards by having a smaller number of general acute admissions wards, develop specialist wards, make best use of highly specialist staff;
- Commissioner intentions and available resources – use facilities flexibly so as to respond to national guidance which may mean adapting current services, take opportunities to further develop and/or establish wider range of specialist services due to emerging demand.

Dr Davidson explained that the consultation questionnaire was one of a number of methods of seeking views, there were also a number of public consultation events taking place, views would be sought from user groups/support groups and also through the Engage magazine which had a distribution of hundreds and through the website.

RESOLVED: That

(a) the report be received and the proposals be confirmed as a substantial development or variation to the provision of services; and

(b) the arrangements made by CWP for public consultation on the issues and options be noted and supported.

24 CONSULTATION ON SUBSTANTIAL DEVELOPMENT OR VARIATION IN SERVICE - REDESIGNING ADULT AND OLDER PEOPLE'S MENTAL HEALTH SERVICES IN CENTRAL AND EASTERN CHESHIRE

The Committee considered a consultation document on a Substantial Development or Variation in Service (SDV) relating to in-patient services in Central and Eastern Cheshire.

The document outlined that a review of services had indicated that in future provision could be made through four in-patient wards (two older persons and two adult acute). CWP had six wards at present although one was temporarily closed. The proposal was based on further investment being made in community services and continuation of new ways of working which had resulted in effective reductions in admissions and length of stay elsewhere in the CWP patch.

Three options had been considered:

Option 1 – continue to provide services as at present from the Mental Health Units at Leighton Hospital and Macclesfield – this would not be achievable as CWP had already been given notice to vacate the Mental Health Unit at Leighton, even if it were possible, there would be clinical risks by stretching limited resources across two sites and existing wards were not capable of being redesigned to provide the environmental improvements required;

Option 2 – Provide the service currently available at Leighton elsewhere but continue to provide services from two main inpatient sites – this would create clinical risk issues if two sites were used as there would not be enough staff on duty at certain times to ensure clinical safety, this option would not be as financially efficient as option 3 and would not free up funding for community service developments;

Option 3 – provide all adult and older persons' acute mental health inpatient services from a single site – this was CWP's preferred option. Capital investment would be made to maximise the number of single rooms and ensure the provision of adequate therapeutic and day care facilities. Greater financial efficiencies would enable funding to be released for further developing community services.

After the consultation a full economic analysis would determine how a single site would be provided taking into account the financial position of the local and national health economies. A working group had been established to look at the criteria to be used when selecting a preferred location for an inpatient mental health unit. Any transport or access issues would be addressed in partnership with Cheshire East Council.

Public meetings were arranged in major towns in Cheshire East to run alongside the other SDV consultation (minute XX refers).

RESOLVED: That

- (a) the report be received and the proposals be confirmed as a substantial development or variation to the provision of services;
- (b) the arrangements made by CWP for public consultation on the issues and options be noted and supported; and
- (c) Option 3 (the provision of services from a single site) be supported.

25 CONSULTATION ON LEARNING DISABILITY RESPITE CARE

The Committee received an update on the consultation by CWP on the eligibility for and process of assessment and allocation of Learning Disability respite care in Cheshire and the proposal to close the Primrose Avenue unit in Haslington and operate an improved single service for central Cheshire at Crook Lane, Winsford. CWP had established a Task and Finish Group who had looked at eligibility criteria and the process and allocation of health respite and suggested that the low indication of need did not suggest a shortfall of provision if Primrose Avenue were to close. There was sufficient capacity at Crook Lane to meet the current level of allocation for both units. As part of the consultation CWP had held discussions with current users of Primrose Avenue and their families to consider all the potential impacts of moving to Crook Lane.

RESOLVED: That the report be received and the proposed closure of the unit at Primrose Avenue be supported.

26 UPDATE ON IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES

The Committee considered a report on the Improving Access to Psychological Therapies (IAPT) scheme. The programme had been in place in Western Cheshire and Central and Eastern Cheshire since September 2008, which had both been chosen as Wave 1 sites in the initial rollout. National Institute for Health and Clinical Excellence (NICE) guidelines had been followed that recommended a stepped care approach to treating common mental health problems:

- Step 1 – Watchful waiting, usually carried out by the GP;
- Step 2 – psycho-education, including telephone treatment and computerised Cognitive Behavioural Therapy (cCBT) for people with mild psychological problems;
- Step 3 – time limited CBT and time limited counselling for people with moderate psychological problems;
- Step 4 – longer term interventions (up to 26 sessions) for people with complex problems;
- Step 5 – psychological support to people requiring secondary care mental health services.

CWP had employed 7 new High Intensity Therapy Workers in West Cheshire and 21 in Central and Eastern Cheshire. These workers

provided high intensity Cognitive Behavioural Therapy interventions at Step 3. Both areas had Psychological Wellbeing Practitioners (PWP) who provided low intensity CBT interventions at Step 2 (7 in West and 14 in Central and Eastern Cheshire). New staff had joined existing primary care mental health teams to provide an integrated primary care psychological therapy service for Steps 2 to 4.

Central and Eastern Cheshire were also one of 12 regional pilot sites for the IAPT Employment Advisory Services to target people who were in work but struggling due to anxiety/depression or who were on sick leave from work.

Western Cheshire IAPT had completed and discharged 134 clients and returned 56 clients to work, waiting times for the service averaged between 4 – 6 weeks. In Central and Eastern Cheshire over 2000 clients had completed treatment and 233 people had been taken off sick pay and benefits, there were over 1000 people currently on the waiting list for the service.

Wirral was not an official IAPT site but the Talking Changes services commissioned by Wirral PCT worked to the principles of IAPT. The service received an average of 170 referrals a week and saw clients within Steps 2 – 4.

RESOLVED: That the update report be noted and a further update on waiting times be made to the Mid Point meeting.

27 EVALUATION AND MONITORING OF ASSERTIVE OUTREACH CHANGES

The Committee considered a report on the outcome of consultation on delivering the Assertive Outreach Function (AOT) from Community Mental Health Teams. The outcome of the Level 2 consultation was:

CWP must provide the same level of contracted Assertive Outreach service based on clinical need;
Avoid disadvantaging service users of Community Mental health services;
Ensure that access to AOT remained for service users who required it within contractual service levels.

A full evaluation of the consultation was circulated at the meeting.

RESOLVED: That the consultation be noted and any comments forwarded to CWP via the Secretary by 14 February.

28 PROTOCOL

The Committee considered a draft Protocol that set out the working relationships between the Joint Committee and CWP particularly for identifying and responding to proposals for Substantial Developments or Variations in Service. The protocol picked up current changes in the way scrutiny and patient and public involvement operated. The revised

national guidance from the Department of Health on the conduct of NHS scrutiny was still awaited and once received would be incorporated into the protocol as necessary.

RESOLVED: that the protocol be approved and adopted subject to one amendment to paragraph 8.7 under the heading Level 3 to refer to local Ward Councillors being notified by the Secretary.

29 PROCEDURAL MATTERS - CO-OPTION AND THE NAME OF THE JOINT COMMITTEE

The Committee considered a report on the name of the Committee and whether to have a non-voting co-opted member from the Local Involvement Network (LINK). The Procedural Rules allowed for the appointment of a co-opted member(s) and the mid point meeting had been advised that a Sub Group was likely to be established by the 3 local LINKs to focus particularly on mental health issues.

At the last meeting of the Committee, consideration had been given to changing the name of the Committee to reflect its role and responsibilities more clearly to the public. This had been considered at the mid point meeting where it was felt that, on balance, the name should remain as it was but a brief statement could be included on the Agenda front sheet and 3 Council websites describing the role of the Committee.

RESOLVED: That

- (a) one non-voting co-opted place (with a named substitute) be offered to the LINKs Mental Health sub group to serve until 30 April 2011;
- (b) the possibility of offering further co-opted places to representatives of the LINKs and/or patient or service users be considered further at the mid point meeting; and
- (c) the name remain as The Cheshire and Wirral Councils' Joint Scrutiny Committee and a description of the role of the Committee be included on future Agenda sheets and on the 3 Council websites.

The meeting commenced at 2.30 pm and concluded at 4.35 pm

Councillor A Bridson (Chairman)

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Jargon Buster

A4C	=	Agenda for Change
AHP	=	Allied Health Professionals
AMH	=	Adult Mental Health
BMA	=	British Medical Association
BOD	=	Board of Directors
C & EC	=	Central and Eastern Cheshire
CAMHS	=	Children and Adolescent Mental Health Services
CC	=	Care Co-ordinator
CDW	=	Community Development Worker
CEC	=	Cheshire East Council
CHAI	=	Commission for Healthcare Audit and Inspection
CHRT	=	Crisis Home Resolution Team
CMHT	=	Community Mental Health Team
CMN	=	Community Mental Health Nurse
COG	=	Council of Governors
CPA	=	Care Plan Approach
CPN	=	Community Psychiatric Nurse
CQC	=	Care Quality Commission
CRHTT	=	Crisis Resolution Home Treatment
CWP	=	Cheshire and Wirral Partnership NHS Trust
DAAT	=	Drug and Alcohol Action Team
DH/DoH	=	Department of Health
DPA	=	Data Protection Act
ECMHF	=	East Cheshire Mental Health Forum
EIT	=	Early Intervention Team
FOI	=	Freedom of Information
FTN	=	Foundation Trust Network
GMC	=	General Medical Council
HCA	=	Health Care Assistants
IAPT	=	Improving Access to Psychological Therapies
ICAS	=	Independent Complaints Advocacy Service
IM&T	=	Information Management and Technology
IR	=	Independent Review

CHESHIRE EAST COUNCIL

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

Date of Meeting:	12 April 2010
Report of:	Cheshire East Borough Solicitor
Subject/Title:	Procedural Matters

1.0 Report Summary

- 1.1 To consider procedural matters relating to co-option, meeting venues and arrangements for the appointment of Chair, Vice Chair and Spokesperson for 2010 – 2011.

2.0 Recommendations

- 2.1 That

- 1) further consideration be given to the options for the involvement of the Local Involvement Networks (LINK) in the Joint Committee's meetings;
- 2) further discussions take place with Cheshire and Wirral Partnership NHS Foundation Trust (CWP) through the Mid Point meeting concerning Service User and Carer representation;
- 3) the venues for the Joint Committee's meetings in the forthcoming year be agreed, with a start time of 2.30pm; and
- 4) the position concerning the appointment of the Chair and Vice Chair, and the notification of Spokesperson for the forthcoming year be noted.

3.0 Reasons for Recommendations

- 3.1 The involvement of co-opted members may assist the Committee with its work; and agreeing meeting start times, venues and the appointment of Chair, Vice Chair and Spokesperson at an early stage in the year will help with the smooth running of the Committee.

4.0 Wards Affected

- 4.1 All

5.0 Local Ward Members

5.1 Not applicable

**6.0 Policy Implications including - Climate change
- Health**

6.1 None

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

7.1 None

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

8.1 None

9.0 Legal Implications (Authorised by the Borough Solicitor)

9.1 None

10.0 Risk Management

10.1 None identified

11.0 Background and Options

Co – option:

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

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

11.2 At the last meeting of the Joint Committee, Members reviewed the position of the Local Involvement Networks (LINKs) which cover the three PCT’s in the Joint Committee’s area. It had been understood that the three LINKs had formed a Cheshire and Wirral Sub Group to focus particularly on Mental Health and related matters. Accordingly the Committee resolved to co-opt one LINK representative (plus one named substitute) on to the Joint Committee, in a non voting capacity, drawn from the LINKs’ Mental Health Sub Group. In addition, the Committee decided that further consideration be given to the possibility of offering further co – opted places to representatives of the LINKs, and to representation from Service Users and/or Carers.

11.3 These issues were discussed at the Mid Point meeting on 17 March, where it was reported that, contrary to the previous expectation, there was no prospect of a joint LINKs Mental Health Sub Group being formed for some

time. Members therefore reviewed the overall position, taking into account the respective roles of the Committee and the LINKs, and the input which might be required of the LINKs to contribute to the Committee's business.

11.4 The conclusion reached at the Mid Point was that formal co-option from each of the three LINKs was not required, but that, as appropriate, a representative from the relevant LINK should be invited to attend the Joint Committee, for the consideration of specific items of business. Members also recognised that the Joint Committee meetings were held in public, so that LINK representatives were able to attend the meetings and to observe the business in any event. It was envisaged that a LINK representative would be co-opted to any "Task and Finish" Reviews, where this was appropriate.

11.5 With regard to the involvement of Service Users and/or Carers, it is understood that CWP is currently seeking to identify designated representatives of these interests from amongst the Trust's own membership, to participate more fully in the Trust's business meetings. It may well be that these individuals would be well placed to contribute also to meetings of the Joint Committee, and it is suggested that further discussions take place with CWP on these appointments, with a view to decisions being made at the July meeting of this Committee.

11.6 It is assumed that any appointment of Co-opted Members (and substitutes) would be made until 30 April 2011.

Future Meeting Arrangements:

11.7 The dates for next year's meetings have already been agreed as 12 July and 4 October 2010, and 10 January and 4 April 2011. At the Mid Point meeting it was proposed that the Joint Committee should continue to meet at 2.30pm, and that the meetings should rotate across all three local authority areas. Accordingly there remains a need to settle the meeting venues for 2010 – 2011. It is proposed that meetings are held in the Cheshire East and Wirral areas when days are light (July and April) and more centrally in the autumn and winter, as follows:

- 12 July - Town Hall, Macclesfield;
- 4 October - Chester/Ellesmere Port;
- 10 January – Winsford Lifestyle Centre;
- 4 April – Committee Room 1, Wallasey Town Hall.

Appointment of Chair, Vice Chair and Spokesperson:

11.8 The Joint Committee's Procedural Rules provide that the Chair and Vice Chair shall be appointed annually from the elected Members of the Committee, and that the Chair shall be held by one Authority and the Vice Chair by another. The Authority which does not hold either of these positions shall appoint a Spokesperson from amongst its Members and notify the Secretary accordingly. The appointment of the Chair and Vice Chair needs to

be made at the 12 July meeting, this being the first of the 2010 – 11 municipal year.

12.0 Overview of Year One and Term One Issues

12.1 To help establish the Joint Scrutiny Committee and its role.

13.0 Access to Information

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

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