

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **The Cheshire and Wirral Councils' Joint Scrutiny Committee**
held on Monday, 4th April, 2011 in Room 1, Wirral Borough Council, Brighton
Street, Wallasey, Wirral, CH44 8ED

PRESENT

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

Councillors A Dawson, W Livesley, D Roberts, J Salter, B G Silvester,
R Thompson and G Watt

IN ATTENDANCE

Councillor W Clements	Wirral Borough Council
	Substituting for Councillor C Povall
Mr P Hough	Co-opted Member

OFFICERS IN ATTENDANCE

Cheshire and Wirral Partnership NHS Foundation Trust

Sheena Cumiskey	Chief Executive
Avril Devaney	Director Of Nursing, Therapies and Patient Partnership
Ursula Martin	Associate Director of Quality, Compliance and Assurance
Dr A Ellis	Associate Medical Director

Cheshire West and Chester Council

David Jones	Scrutiny Team
Deborah Ridgley	Democratic Services Officer

Cheshire East Council

Carol Jones	Democratic Services
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APOLOGIES

Councillors C Andrew, C Beard and S Jones	Cheshire East Council
Councillor C Povall	Wirral Borough Council

79 DECLARATIONS OF INTEREST

Councillors D Flude and P Lott each declared a personal interest in the proceedings on the basis that they were members of the Alzheimer's Society.

Councillor D Flude also declared a personal interest in the proceedings on the basis that she was a member of Cheshire Independent Advocacy.

Councillor D Roberts declared a personal interest in the proceedings on the basis that her daughter was an employee of the Cheshire and Wirral Partnership NHS Foundation Trust.

80 MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of the meeting held on 10 January 2011 be approved as a correct record.

81 DEMENTIA PATHWAY

Dr Andrew Ellis, Consultant Psychiatrist, made a presentation to Members outlining the Dementia Care Pathway whose aim was to focus on patient-related outcomes to ensure that patients could live well with dementia.

The presentation covered:

- The statistical information in respect of the number of people with dementia and the expected rise in dementia by 2030. It was noted that the number of people with dementia currently was 700,000 in the UK, costing an estimated £17b per annum. The number of sufferers was likely to rise to 1,400,000 by 2030, with a consequential increase in cost to £51b.

Dementia in under 65 years of age was rare. 1 in 14 of dementia sufferers were, over 65 years of age, with 1 in 6 over 80 years of age.

- The cost of treating patients with dementia. In the previous year, a sum of £160m had been allocated under the National Dementia Strategy, but as the funding had not been “ring-fenced” it had been used in other areas of patient care.
- The use of anti-psychotic drugs in treatment of dementia.
- Detection/Assessment: Early detection was important in improving the outcome for sufferers. A television advert, piloted in the North-West, encouraged close relatives or carers to seek GP diagnosis where relatives were exhibiting memory loss.
- Challenges presented by NICE HTA, and issues surrounding drug costs and service capacity.
- Dementia pathways:
 - detection
 - initial assessment
 - initial management
 - specialist referral
 - specialist assessment

- specialist management
- discharge

■ The Committee was informed that in Wirral, more people with dementia were admitted to hospital than in other areas (1,000 per annum). In the absence of other prevailing health conditions, this was not appropriate.

■ CWP initiatives, including –

- new in-patient wards
- Anti-psychotics in dementia – project with PCT awareness pilot in four care homes and four GP practices
- Memory Assessment Scheme: nurse-led working with partner organisations focusing on early diagnosis and support
- Local initiatives:
(West)
 - Advanced nurse practitioner
 - Intensive home treatment team
 - Accreditation Cedar Ward
 - Memory clinic accreditation
 - Service redesign
 (East)
 - Advanced nurse practitioner
 - Care Services Efficiency Delivery (CSED) Project
 - Acute care consultant
- Introduction of acute care model

■ Future Challenges

- Increasing demand for services
- Move to patient-related outcomes
- Impact on partnership organisations such as Social Services and Acute Hospital Trusts

Dr Ellis was thanked for his presentation and Members were able to ask questions –

■ Was research into dementia being undertaken?

Members were informed that there had been no major breakthroughs for approximately 10 years. Dementia was a progressive deterioration in the brain and could take up to 20 years to manifest itself. The current focus was on the quality of care and support which could be provided to ensure, as far as possible, that dementia sufferers could remain independent.

■ In response to a question about dementia statistics, Members were informed that there were no specific areas where there were significantly high or low incidences of dementia.

■ Training of GPs.

Training on psychiatric disorders formed only 6 weeks training for GPs. Members commented that this appeared to be inadequate in view of the new role of GPs who would be able to commission health services under the Health and Social Care Bill.

It was suggested that at a future meeting, the Committee examine the staffing structure in respect of dementia services.

RESOLVED: That the presentation be noted.

82 **QUALITY ACCOUNT**

Cheshire and Wirral Partnership NHS Trust (CWP) had produced its first Quality Accounts in 2009/2010.

The Quality Accounts for the period 2010/2011 were tabled at the meeting by Ursula Martin, Associate Director of Quality, Compliance and Assurance for CWP. A covering briefing note was also tabled, suggesting a timeline for Scrutiny Committee Members to comment .

Members expressed disappointment that the report had not been made available with the agenda. In response, the Joint Committee was informed that the final guidance for preparation of the accounts had not been given until 31 March 2011.

The Regulations required CWP to allow its Commissioners (Primary Care Trusts) 30 days to review the Quality Accounts and provide a commentary for inclusion in the final accounts. CWP confirmed that it was affording this time to all third parties required to comment. Comments representing the views of the Joint Committee were required by 1 May 2011.

Brief comments were made as follows:

- Concern was expressed in respect of the deadline date for the commentary and its close proximity to the forthcoming elections.
- Insufficient performance data included.
- Means of measuring performance not identified for priorities identified for the forthcoming year.
- No explanation of the reasons for non-compliance with NICE guidance.
- Lack of bench-marking information and comparisons with last year's performance

In response, the Officer from CWP stated that the timeframes were nationally specified by the Department of Health. There was some discussion regarding the quality priorities and outcomes identified for 2011/2012. Dr Ellis commented that patient-related outcomes, in mental health for example, were relatively new and there were no comparisons available yet.

The Chairman suggested that Members submit all comments to Democratic Services (Cheshire East Council) as soon as practicable. She would arrange to meet with Councillor Lott (Cheshire West and Chester Council) and Councillor Bridson (Wirral Borough Council) to review comments received. Where appropriate, amendments would be made; all comments would be included as an unedited Annex to the Quality Accounts.

The Chairman's suggestion was supported by Members and it was agreed that Officer input was essential to the process.

RESOLVED:

- (a) That Members submit comments on the Quality Accounts 2010/2011 to Democratic Services, Cheshire East Council; and
- (b) That Councillors Flude, Bridson and Lott meet to review the comments submitted, the meeting to be supported by appropriate CWP Officers; and
- (c) That the report be re-submitted to the Joint Committee at the first available meeting after 30 June 2011.

83 CHIEF EXECUTIVE'S UPDATE

Owing to administrative difficulties, the report of the Chief Executive was not available at the meeting.

The Chief Executive provided an oral update and undertook to e-mail copies of her report to Members of the Joint Committee.

As part of the update, the Chief Executive responded to queries which had been raised on the minutes of the previous meeting.

84 "NO HEALTH WITHOUT MENTAL HEALTH"

The Chief Executive drew Members' attention to the recent publication of the Government's mental health outcomes strategy for people of all ages "No Health Without Mental Health". It recognised that mental health was central to quality of life. The strategy had been developed with a wide range of partner organisations to agree a set of six shared objectives –

- 1 More people will have good mental health
- 2 More people with mental health problems will recover
- 3 More people with mental health problems will have good physical health
- 4 More people will have a positive experience of care and support
- 5 Fewer people will suffer avoidable harm
- 6 Fewer people will experience stigma and discrimination

A sum of £400m was to be invested over the next four years in psychological services. The Chief Executive suggested that the Joint Committee might wish to consider this document at one of its meetings.

RESOLVED: That “No Health Without Mental Health” be included on a future agenda of the Joint Committee.

85 **CLOSING REMARKS**

The Joint Committee expressed its thanks to Councillor Dorothy Flude for her chairmanship of the Committee over the previous year.

Councillor Flude responded, and wished her colleagues good luck in the forthcoming elections.

The meeting commenced at 2.00 pm and concluded at 4.15 pm

Councillor D Flude (Chairman)