



The Cheshire and Wirral Councils' Joint Scrutiny Committee Agenda

Date:	Thursday, 8th October, 2009
Time:	2.00 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 - 4)

To approve the minutes of the meeting held on 7 May 2009 as a correct record.

4. **Procedural Rules** (Pages 5 - 12)

To consider a report on proposed Procedural Rules for the operation of the Joint Scrutiny Committee.

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

Contact: Denise French

Tel: 01270 529643

E-Mail: denise.french@cheshireeast.gov.uk

5. **Chief Executive's update**

Ian Davidson, Interim Chief Executive of the Cheshire and Wirral Partnership NHS Foundation Trust, will verbally update the Committee on the following matters:

- The impact of the current financial climate;
- Emergency management action undertaken in relation to Bollin Ward, Macclesfield;
- Learning Disability Supported Housing Network – transfer of contract to three providers for Congleton, Macclesfield and Central Cheshire/Knutsford;
- Consultation by the Partnership Trust and the Primary Care Trusts in relation to the eligibility criteria for health respite care;
- Current developments – Greenways, Macclesfield, new build at Wirral and relocation of alcohol services in Wirral.

6. **Consultation on Substantial Variations or Developments to Services - Delivering Efficiencies and Modern Mental Health Services** (Pages 13 - 20)

To consider a report of the Cheshire and Wirral Partnership NHS Foundation Trust.

7. **Consultation on Substantial Variations or Developments to Services - Central and Eastern Cheshire Mental Health Inpatient Reconfiguration** (Pages 21 - 24)

To consider a report of the Cheshire and Wirral Partnership NHS Foundation Trust.

8. **Transfer of the Assertive Outreach function from separate teams to Community Mental Health Teams** (Pages 25 - 28)

To consider a report of the Cheshire and Wirral Partnership NHS Foundation Trust.

9. **Proposed Development of Soss Moss site, Nether Alderley, Macclesfield** (Pages 29 - 30)

To consider a report of the Cheshire and Wirral Partnership NHS Foundation Trust.

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Cheshire East/Cheshire West and Chester/Wirral Joint Scrutiny Committee**
held on Thursday, 7th May, 2009 at The Boardroom, Cheshire County Sports Club, Plas Newton Lane, Upton, Chester

PRESENT

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

Councillors C Andrew, G Baxendale, I Coates, A Dawson, P Donovan, J Grimshaw, S Jones, P Lott, P Reisdorf, A Richardson, D Roberts, G Smith, R Thompson and G Watt

Apologies

Councillors C Beard and S Taylor

1 APPOINTMENT OF CHAIRMAN

RESOLVED: That Wirral Councillor A Bridson be appointed Chairman of the Joint Scrutiny Committee.

2 APPOINTMENT OF VICE CHAIRMAN

RESOLVED: That Cheshire East Councillor D Flude be appointed Vice Chairman of the Joint Scrutiny Committee.

3 MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of the meeting of the Joint Scrutiny Committee held on 21 January be confirmed as a correct record.

4 ARRANGEMENTS FOR ESTABLISHING THE JOINT SCRUTINY COMMITTEE

The Committee considered a report of the Cheshire East Borough Solicitor on proposals for establishing the Joint Scrutiny Committee.

The report outlined the background to the Joint Scrutiny Committee - a Joint Scrutiny Committee had been in existence since 2004 between Cheshire County Council and Wirral Metropolitan Council to scrutinise the work of the Cheshire and Wirral Partnership Trust (CWP) – the provider of mental health, learning disability and drug/alcohol services across Cheshire and Wirral. The Committee noted that Terms of Reference for

the new Committee had been proposed based on those used for the previous Committee and updated accordingly:

“1 to undertake the Scrutiny of, and report on, any matter relating to the planning, provision and operation of services provided by the Cheshire and Wirral Partnership NHS Foundation Trust (including commenting on the annual “health check” of the performance of the Trust) within the areas of Cheshire East Council, Cheshire West & Chester Council and Wirral Metropolitan Borough Council

2 to consider and comment upon any proposals submitted by the Trust for substantial development or variation in the provision of its services

3 to consider any matters referred to the Joint Committee by Cheshire East Council Health & Adult Social Care Scrutiny Committee, or Cheshire West & Chester Health and Wellbeing Select Panel, or the Metropolitan Borough of Wirral’s Social Care, Health and Inclusion Overview and Scrutiny Committee

4 to consider any matters referred to the Joint Committee by the appropriate Local Involvement Network (LINK).”

The report outlined the legal framework in relation to Substantial Developments or Variations in service (SDVs) upon which health services must consult Scrutiny bodies. It was noted that SDVs were not defined but the key feature was that there was a major change to services experienced by patients. The Committee discussed adopting a Protocol to assist with dealing with SDVs based on three levels of changes to NHS services that would require notification/consultation to Scrutiny.

The membership of the new Joint Scrutiny Committee comprised 6 Members from each of the 3 Authorities. It was proposed that the position of Chairman and Vice Chairman should rotate on a yearly basis with the Authority that did not hold one of those positions nominating a Spokesperson. The Committee agreed quorum should be set at 6 Members representing each of the three Authorities. The former Committee had allowed named Substitute Members and it was agreed that this should continue.

The Committee discussed frequency of meetings and meeting venues. It was also proposed that mid point meetings should be held involving the Chairman, Vice Chairman and Spokesperson to meet with relevant officers including from the Partnership Trust to identify and prioritise in advance anticipated Committee business.

The Committee noted that the previous Joint Scrutiny Committee had had co-opted Members from the former Patient and Public Involvement Forum. This organisation had now been replaced by the Local Involvement Network (LINK). It was agreed that the issue of co-option should be considered at a later date.

RESOLVED: That

(a) the Terms of Reference be approved;

- (b) a Spokesperson from Cheshire West and Chester Council be nominated to officers before the next meeting;
- (c) updated Protocol and Procedure Rules be submitted to the next meeting of the Committee;
- (d) the principle of holding Mid Point meetings comprising the Chairman, Vice Chairman and Spokesperson be approved;
- (e) the quorum for the Committee be 6 Members with a minimum of 2 from each Council;
- (f) a Briefing/Training Session be held on Thursday 18 June at 10.00am at the Trust Board offices.

The meeting commenced at 11.30 am and concluded at 1.00 pm

Councillor A Bridson (Chairman)

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CHESHIRE EAST COUNCIL

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

8 OCTOBER 2009

Date of Meeting:

Report of:

Subject/Title:

BOROUGH SOLICITOR

PROCEDURAL RULES

1.0 Report Summary

- 1.1 The report sets out Procedural Rules for the Committee to consider and adopt.

2.0 Recommendations

- 2.1 That the Procedural Rules set out in Appendix 1 to the report be approved and adopted.

3.0 Reasons for Recommendations

- 3.1 It is helpful to have an agreed set of procedural rules to enable the smooth transaction of the Committee's business.

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 There are no identifiable risks.

11.0 Background and Options

11.1 The Committee at its last meeting considered a report on proposals for establishing a Joint Committee. The Committee agreed various matters including the positions of Chairman, Vice Chairman and Spokesperson, to continue holding "Mid Point" meetings and the Terms of Reference. It was also agreed that Procedural Rules would be submitted to this meeting for consideration and approval.

11.2 Draft Procedural Rules are attached at Appendix 1 for consideration.

12.0 Overview of Year One and Term One Issues

12.1 A clear set of Procedural Rules will assist the Committee in the conduct of its business.

13.0 Access to Information

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

Name: Mike Flynn
Designation: Legal and Democratic Services
Tel No: 01270 529643
Email: michael.flynn@cheshireeast.gov.uk

**THE CHESHIRE AND WIRRAL COUNCILS
JOINT SCRUTINY COMMITTEE OF CHESHIRE & WIRRAL
PARTNERSHIP NHS FOUNDATION TRUST**

PROCEDURAL RULES

The Joint Committee will operate in accordance with the Local Government Acts and Department of Health Regulations & Guidance. Procedural Rules are as set out below. Where, exceptionally, a matter of procedure is not covered below and a ruling is required, the appropriate and relevant Rules and Procedures set out in the Constitution of the Authority providing the Secretarial support will apply. The Terms of Reference of the Joint Committee have been agreed by the participating Councils, and a copy is attached at Appendix 2 for reference purposes.

1 TITLE OF THE COMMITTEE

The Joint Committee shall be known as the Cheshire and Wirral Councils Joint Scrutiny Committee.

2 MEMBERSHIP AND CO-OPTION ARRANGEMENTS

Membership of the Committee is

6 Cheshire East Councillors
6 Cheshire West and Chester Councillors
6 Metropolitan Borough of Wirral Councillors

as notified to the Secretary.

The representatives of the three Authorities must reflect the Political proportionalities of the nominating Council.

Each Member's term of office shall be in accordance with the constitutional arrangements of their own Council.

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

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.

3 APPOINTMENT OF CHAIR AND VICE-CHAIR AND TERM OF OFFICE

The Chair and Vice-Chair shall be appointed annually by the Joint Committee from the elected Members.

The Chair shall be held by one Authority and the Vice-Chair by another.

Nominations for the Chair and Vice Chair may be made by any Members with voting rights. If there is more than one nomination a secret ballot will be held to determine who shall be appointed.

The Authority which does not hold either the Chair or the Vice Chair shall appoint a Spokesperson from amongst its Members and notify the Secretary accordingly.

4 PROVISION OF ADMINISTRATIVE SUPPORT

Normally an Officer from the Chair's Authority shall be responsible for providing Secretarial, Administrative and Proper Officer support to the Joint Committee.

The Secretary, in consultation with the appropriate Officers of the other Authorities and the Chair, Vice-Chair and Spokesperson, shall draw up the business for each meeting of the Joint Committee. The Secretary shall be responsible for giving notice of meetings to the press and public.

For the relevant purposes under the Local Government Act 1989 and Part III of the Local Government Act 2000, individual Members of the Joint Committee should refer to the Monitoring Officer of their appointing Council. This will include the need to register any interests arising out of their membership of the Joint Committee.

The Monitoring Officer of the Council providing Secretarial services to the Joint Committee shall deal with any issues arising from the conduct of the individual Joint Committee meetings, and shall, if necessary, notify the Monitoring Officer of the other Council of any appropriate matters concerning individual Members of the Joint Committee.

5 SUBSTITUTION ARRANGEMENTS

Each Council shall identify up to three alternate Members as voting substitutes (one per Political Group).

Where a Council wishes to effect a change of representation for a particular meeting, written notice to this effect shall be served on the Secretary so that it may be reported at the start of the meeting.

It shall be the responsibility of the Member being substituted to pass on all relevant papers to his/her substitute.

6 PROGRAMME OF MEETINGS

The Joint Committee shall meet a minimum of four times per annum, at such times and venues considered appropriate.

Arrangements for the dates, times and venues of meetings shall be agreed by the Chair, Vice Chair and Spokesperson.

7 QUORUM

Business cannot be transacted at meetings of the Joint Committee unless there is a minimum of 6 of the Local Authority members present, of whom a minimum of 2 shall be from each Council.

8 RECORD OF PROCEEDINGS

Subject to the provisions of the Access to Information requirements, Minutes from each Joint Committee meeting shall be submitted to the next available meeting of the appropriate Overview and Scrutiny Committee of each Authority; and thereafter included in the record of proceedings sent to the full Council Meetings of each Authority. Each Council may decide on any additional distribution of the Minutes which they feel is appropriate.

9 WORK PROGRAMME

The Joint Committee shall forward a copy of its proposed annual work programme to the appropriate Overview and Scrutiny Committee of each Council, the Partnership Trust and appropriate PCTs for consultation, to develop overall consistency in Health Scrutiny activity and to make an assessment of the resources required to support the programme. The draft annual programme shall include terms of reference for each proposed Scrutiny review and how it is proposed the review should be undertaken. The Joint Committee may establish task and finish Joint Panels on a basis to be determined. The annual programmes will need to allow for short notice scrutiny work such as items referred by the Local Involvement Network or other bodies.

10 MANAGEMENT OF REPORTS

Draft copies of Scrutiny reports produced by the Joint Committee shall be sent to the relevant NHS, or other, bodies that have been the subject of the review to enable them to comment on issues of factual accuracy, and to inform them when the final report will be published. Copies of the final report shall also be sent to the appropriate Overview and Scrutiny Committee of each Council.

11 REFERENCE OF MATTERS TO OTHER BODIES

The Joint Committee may if deemed necessary, and prior to settling its response, refer any substantial development or variation (SDV) proposals on which it is being formally consulted to the appropriate Overview and Scrutiny Committee of any of the constituent Councils affected by the proposals for consideration and advice.

12 URGENT BUSINESS PROCEDURES

An item of urgent business, which cannot await the next meeting, may be determined by the Chair and Vice-Chair, in consultation with the Spokeperson. A report of any action taken on an urgent basis shall be made to the next meeting of the Joint Committee.

13 ATTENDANCE OF MEMBERS OF CONSTITUENT BODIES AND OTHERS

Any other Member of the constituent Authorities and, subject to the Access to Information requirements, members of the public may attend a meeting of the Joint Committee. They may speak with the consent of the Chair of the meeting.

14 JOINT ARRANGEMENTS

If appropriate, the Joint Committee may appoint a Joint Panel with another Health Scrutiny Committee.

APPENDIX 2

TERMS OF REFERENCE

- 1 to undertake the Scrutiny of, and report on, any matter relating to the planning, provision and operation of services provided by the Cheshire and Wirral Partnership NHS Foundation Trust (including commenting on the annual “health check” of the performance of the Trust) within the areas of Cheshire East Council, Cheshire West & Chester Council and Wirral Metropolitan Borough Council
- 2 to consider and comment upon any proposals submitted by the Trust for substantial development or variation in the provision of its services
- 3 to consider any matters referred to the Joint Committee by Cheshire East Council Health & Adult Social Care Scrutiny Committee, or Cheshire West & Chester Health and Wellbeing Select Panel, or the Metropolitan Borough of Wirral’s Social Care, Health and Inclusion Overview and Scrutiny Committee
- 4 to consider any matters referred to the Joint Committee by the appropriate Local Involvement Network (LINK).

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PRO-FORMA: CONSULTATION ON SUBSTANTIAL VARIATIONS OR DEVELOPMENTS TO SERVICES Level 3

1 Title of Proposal

Consultation On Delivering Efficiencies And Modern Mental Health Services.

2 One Page Summary of Proposal

CWP is proposing to continue in the direction of reconfiguring clinical and non-clinical services to drive efficiencies that enable us to further develop community based services. The aim of efficiencies is not to reduce services to patients but to provide them in the most cost effective way. Efficiencies are sought from back room services and non-clinical services as well as across clinical services. In providing the best possible services within resources CWP must make sure that we have the minimum number of wards to provide safe, clinically effective services. The detail of the proposals have not been finalised at this stage. All options are being considered. The consultation is likely to include a reconfiguration of beds in Central And Eastern Cheshire and Wirral because these proposals are the furthest developed. Any changes, however, need to be considered in terms of the whole footprint of the trust and it is proposed that the consultation is carried out in all areas whether or not there are specific changes proposed for an area.

Croft Ward at Macclesfield Hospital currently has 24 beds, 6 for adults with an eating disorder and 18 for older people with a functional mental illness. It goes against best practice that care is provided in one ward environment for two sets of clients with differing and complex needs.

The Trust has agreed to develop a separate ward on Wirral for service users with eating disorders. However, as a result, the older people's inpatient beds on Croft Ward become financially non-viable (because some of the resource will be transferred with the eating disorder clients).

There are also two other small bedded wards for older patients with organic illness, which are very costly to run. The three older people's wards are across two sites so there is little joint learning and development across older peoples' wards. However, this scenario provides an opportunity to reconfigure beds available for older people needing admission in Central/East, to create a more efficient and effective approach to their care.

The proposal is to manage all of our older people's services in Central/East Cheshire in Crewe, using two ground floor wards. This will provide better accommodation and ensure that staff with the skills to manage this specific client group are co-located, so that skills can be shared more effectively. This will improve the available skill-set to concentrate on all aspects of care ie. emotional, psychiatric, physical, social and spiritual well-being. This will help develop quality standards, strong clinical leadership and enhanced clinical care.

The reconfiguration of the older people's wards will also enable a more efficient and streamlined use of senior clinical time and expertise.

A more consistent model of care for both adults and older people called the Acute Care Model is also being introduced. This model allocates one consultant to manage all inpatients, leaving the other consultants to concentrate their expertise on the majority of service users who live in the community. Service users, whilst in hospital, will have the opportunity to see the consultant daily, benefit from increased access to senior clinical staff, enhanced decision making and care planning - with better outcomes around reducing length of stay, reduction in loss of function and early integration back to a familiar environment.

There is also evidence that there has been a slight reduction of admissions of older people. And significantly, bed occupancy has reduced mainly due to the attention given to reducing the number of service users who were designated as "delayed transfer of care".

The Acute Care Model should also reduce the need to admit service users from Central/East and Central Cheshire to other parts of the Trust, which is routinely required at present. It should provide greater continuity of care and reduce anxiety for service user and their carers.

In respect of adult wards, we are proposing three acute adult wards: one in Crewe and two in Macclesfield, based on current and anticipated need in light of the Acute Care Model's adoption and the evidence on the impact on admission elsewhere in the Trust.

Proposals at Wirral include developing a ten bedded eating disorder service and reviewing the number of adult beds.

2a Outline of Proposal

Background

The current configuration of older people's beds in Central/East is shown in the box below. The beds are accommodated in either the Millbrook Unit at Macclesfield, or in Leighton Hospital at Crewe. Significantly, and inappropriately, there is a mix of patients who are over 65 with a functional mental illness who are nursed and clinically managed with a cohort of patients with an eating disorder. This has occurred due to 20% less than average mental health funding by CECPCT. Changes to the way care is delivered elsewhere in the Trust means that overall the Trust has managed the total demand for beds.

Current Beds	Older Peoples	Eating Disorder	Total
Weaver – Leighton	12 - Organic		12
Bollin - Macclesfield	12 - Organic		12
Croft – Macclesfield	18 - Functional	6	24
Total	42	6	48

It is inappropriate to care for older people/adults with complex needs on wards for younger adults (Audit Commission, 2002): this could place them at risk and deprive them of the specialist nursing, medical and other care that they require. This view has also been supported by the Mental Health Act Commission

This factor, together with the Trust's strategic direction of enhancing the eating disorder service with plans to develop a 10-bedded eating disorder unit on the Wirral, has led to a re-

evaluation of bed stock in Central/East. The older people's inpatient beds on Croft Ward become financially non-viable as a result of the move of eating disorder patients, because some of the resource will be transferred with those clients.

As part of this re-evaluation, CWP has considered both the cost of small bedded units and the need for the ward environment, whilst a clinical area, to be conducive to being a patient's home for a variable period of time. So attention needs to be given to all aspects of emotional, psychiatric, physical, social, spiritual, and cultural wellbeing.

Acute care model

To support the reconfiguration of beds, the Clinical Service Unit (CSU) in the East will be implementing the Acute Care Model for adults and older people from the 5th October 2009. The current model means that often there has been the need to admit patients to other parts of the Trust, in contrast to the desire to treat people as near to home as possible. The introduction of the model will help to facilitate care closer to home and enhance the quality of care. CWP has appointed an inpatient acute care consultant specifically for older people, which enables the remaining consultants to work in community mental health teams.

This model ensures that those patients with the most complex needs are receive timely expert senior medical advice and support. It is also anticipated that the Acute Care Model will reduce demand for inpatient services as has been demonstrated in other parts of CWP by supporting the whole acute care pathway. The appointment of an Older person's consultant to the Liaison service will also assist in managing the emergency pathway into the inpatient service.

Proposed Bed Configuration – Central/East

The following proposed bed configuration will increase bed capacity on the smaller bedded wards thereby giving value for money, close a ward which is not economically viable and balance the number of adult and older people's beds to meet the needs of the ageing population, whilst taking account of the proposed impact of the introduction of the acute care model and the expansion of liaison services.

Proposed beds	
Weaver – Leighton	15 - Organic
Bollin - Macclesfield	15 – Adult Functional
Croft – Macclesfield	closed
Valley Brook	16 – Adults
Greenfields	18 – Old Age Functional
Adelphi	20 - Adults
Total	84

2b Rationale for Proposal

There are a number of drivers for the proposals. The main driver is to ensure that CWP continues its direction of travel in ensuring efficient use of inpatient beds that allow for the continued development of community services. There has been a long standing issue regarding the care of older adults with complex needs on wards for younger adults. This view has also been supported by the Mental Health Act Commission. However in order to meet this requirement Croft Ward becomes financially unviable. At the same time, the introduction of a different model of service delivery (Acute Care Model) which should reduce demand for inpatient services, ensuring that admissions are reserved for the most ill and care closer to home can be provided more effectively, together with the expansion of the liaison service - means there is an opportunity to re-configure beds in Central/East to ensure that they are used as effectively and efficiently as possible. This will also ensure that, where possible, patients are admitted to a local bed, facilitating timely discharge and promoting independence. CWP now has the opportunity to ensure that younger patients with eating disorders and older people with functional disorders are no longer cared for on the same ward. Having all older peoples' wards on one site with dedicated staffing will assist in deriving up standards by sharing learning and promote quality.

2c Measuring the Impact

A full evaluation of the benefits and impacts of the Acute Care Model in Wirral was conducted 6 months after its introduction. The evaluation showed statistical information regarding bed usage, Mental Health Act admissions, numbers of complaints and incidents, as well as views from service users and staff. Most notably service users and carers were pleased with the increased availability of a consultant psychiatrist. A similar evaluation is currently being undertaken in the West where the model is in place and this evaluation will also be conducted in Central/East.

The number of incidents and complaints are higher in Central/East then elsewhere in the Trust. Moving older people's beds to ground floor wards will provide better accommodation for older people, as well as ensuring that staff with the skills to manage this specific client group are co-located so that the skills can be shared more effectively. A service user and carer questionnaire will be used to ascertain views to explore this, as well as comparative monitoring of complaints and incident trends to monitor improvements.

Service users needing inpatient services will continue to receive this service. Our impact assessment will monitor overall bed usage across the trust to identify if patients from any particular locality are disadvantaged in any way by the changes. Continued monitoring of community services will also measure identify any trends or issues. If the evidence indicate that there are too few beds to provide a safe service then CWP will take steps to rectify this.

3 All Options

Other options on the configuration of beds were considered and continue to be considered. Alternative, viable options will be included in the consultation paper.

4 Consultation Process

4a Consultation Already Undertaken

Consultation internally amongst clinical and managerial staff to develop proposal. It is proposed that the consultation is carried out in conjunction with the consultation on re-provision of services in Central and Eastern Cheshire.

4b Proposed Consultation

Stakeholder	Timescales
Public and all stakeholder groups 4 public meetings to incorporate consultation on the Central and Eastern Cheshire Inpatient reconfiguration – Vale Royal, Macclesfield, Crewe and Congleton 3 public meetings in West Cheshire and Wirral	December 2009 to March 2010
Service Users and Carers CWP PPI Sub-Committee LINKS – briefing & offer to attend mtg Mental Health Forums across Cheshire and Wirral – to fit with existing meetings Support groups/ voluntary organisations across Cheshire & Wirral eg Vale Royal Support Group, Oxtan Area Forum – briefings & meeting attendance Local Implementation Teams	27 th October 2009 Dec 2009/March 2010 Dec 2009/March 2010 NHS Wirral – 22 nd October 2009 Central and Eastern Cheshire PCT – 8 th October 2009 NHS West Cheshire and Chester PCT-12 th November 2009
Governors	

Council of Governors' meeting	6 th November 2009
PCT & local authority colleagues Local meetings with commissioners Joint partnership meeting with colleagues from Department of Adult Services from 3 Local Authorities. One-off meeting with senior councils officers GP leads/clinical engagement meetings	NHS Wirral – 6 th November 2009 Central and Eastern Cheshire Pct – 15 th October 2009 NHS Western Cheshire and Chester – 10 th November 2009 6 th October 2009 East Cheshire Council – 7 th October 2009 October/November 2009
Staff Staffside representatives within CWP Trustwide briefing	Regular meetings scheduled during October and November 2009 Via newsletter/ team briefings

5 Timescales

5a Fixed

This will form part of a 3 month public consultation commencing December 2009 to March 2010

5b Proposed

As above.

Completed Pro-forma to be forwarded to Director of Nursing, Therapies and Patient Partnership office for sign off by Chief Executive and circulation to:

Joint Overview And Scrutiny Committee
Patient And Public Involvement Sub Committee
LINKs
Executive Team

Service Innovation And Development Team

Primary Care Trust

Local Implementation Team

Operational Board

Social Services

Consultation & Negotiation Partnership Committee / Local Medical Negotiating Committee

Governors

Ends.

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

1. Title of Proposal

“Central and Eastern Cheshire Mental Health Inpatient Reconfiguration”

2. One Page Summary of Proposal

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) intends to conduct a consultation exercise, on the reconfiguration of Adult and Older Persons Mental Health Inpatient Services in Central and Eastern Cheshire.

The consultation will cover three key issues;

- 1) The need to invest to make significant improvements in the inpatient environment to meet current standards
- 2) The proposal to provide all Adult and Older Persons inpatient Mental Health services from a single site.
- 3) The introduction of new ways of working which will see further investments in community based services, and as a consequence a reduced requirement for inpatient beds.

The Overview and Scrutiny Committee are asked to approve this consultation exercise which it is proposed will take place between the beginning of Dec 2009 and the beginning of March 2010.

2a. Outline of Proposal

The proposal refers to all acute Adult and Older Persons Services in Central and Eastern Cheshire. These services will in the future be provided from a single site. The location of this unit is yet to be determined. The recent comprehensive review of how these services should be provided in future indicates that these can be provided from four inpatient wards (two older persons and two adult acute), if further targeted investment is made in community services, and the implementation of new ways of working which have seen effective reductions in admissions and length of stay elsewhere in the trust.

Within the service review, revised care pathways were developed. An analysis was undertaken of each part of the service to identify when patients could have been treated in less restrictive community services if these had been available. The review identified that an enhanced Crisis Resolution Home Treatment (CRHT) service which operates 24 hours each day could reduce admissions. In addition CWP will be introducing the ‘Acute Care Model’ which has proved to be effective in delivering care outside hospital in both Wirral and West Cheshire.

It is recognised that the move to a single site may present access issues for service users and carers. In the event that the location does present transport difficulties this will be addressed with the Local Authority.

2b. Rationale for Proposal

The rationale for the proposal is as follows:

- 1) To improve environmental standards. Current facilities in Leighton Mental Health Unit in Crewe and Millbrook Mental Health Unit in Macclesfield do not meet the current environmental standards required in modern psychiatric practice in respect of privacy, dignity and security. It would be the Trust's intention to provide single bedrooms throughout any future facility, as well as appropriate therapeutic and day care facilities.
- 2) To provide a specialist inpatient unit of sufficient critical mass, with highly trained and well motivated staff to ensure consistent high standards of nursing and medical care. This includes the removal of the need for staff, in particular junior doctors to travel between sites.
- 3) To enable service modernisation which will see a greater emphasis on clinically effective models of community based care.
- 4) To develop a plan to meet the requirement to vacate the Mental Health unit at Leighton. Mid Cheshire Hospitals NHS Foundation Trust which owns the Inpatient Mental Health unit have informed CWP that this site is required for its own strategic development and has served notice for CWP to vacate the premises.
- 5) To enable the most efficient and clinically effective model of care within the available funding.

3. All Options

Option 1- Continue to provide services as at present from the Mental Health units at Leighton and Millbrook

This option is not achievable as CWP has been given notice to vacate the Mental Health unit at Leighton. Irrespective of this the reduction in ward numbers proposed by the revised service proposals would result in issues of clinical safety if inpatient services continue to be provided on 2 sites. Existing wards are also not capable of being redesigned to provide the required environmental improvements.

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

This option has been discounted as this would not deliver the required critical mass of services in line with revised service proposals.

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

This option would see all inpatient services located on a single site. Capital investment would be made to maximise the number of single rooms and to ensure the provision of adequate therapeutic and day care facilities.

The decision as to how this will be provided will be determined by a full economic analysis which will take place after the consultation exercise. This will take into account the financial position of CWP and of the local and national health economies. The critical decision will be whether the Trust is in a position to commit to immediate investment in a new building or should implement its service change proposals by consolidating inpatient services on the Millbrook site.

4. Consultation Process

4a. Consultation Already Undertaken

A Project Team and Project Board have been established with membership from clinicians and managers of services, GPs, PCT and Social services representatives in Central and Eastern Cheshire, Service users and carers and governors.

A series of briefing meetings have been held with staff, service users and local GPs. All Foundation Trust user and carer members were sent a summary of proposals and were given an opportunity to offer their ideas and comments.

Two external reviews have taken place, an SHA review and the National Clinical Advisory Team (NCAT). The feedback reports from these is awaited.

4b. Proposed Consultation

The Trust and PCT will jointly undertake a full public consultation exercise as outlined above from December 2009 to the beginning of March 2010. Four public meetings are proposed to be held as part of this exercise in Vale Royal, Macclesfield, Crewe and Congleton. At these meetings the Trust will also include the consultation on proposed efficiency initiatives which are subject to a separate but concurrent exercise. In addition arrangements have been made for a full NHS Gateway review in October 2009

5. Timescales

5a. Fixed

CWP have been asked to vacate the Leighton site by April 2011. To achieve this CWP is keen to hold the consultation exercise as soon as possible to allow detailed planning to take place.

5b. Proposed

A detailed summary of proposals will be prepared in the form of a Strategic Outline Case (SOC) and presented to the Board of the Trust and the PCT in October. This will include the Case for change, a statement of future clinical services requirements and details as to how the options for taking the project forward will be formulated.

The public consultation exercise will commence in December 2009 and finish at the beginning of March 2010. More specific plans will then be developed which will be influenced by the economic analysis. It is expected that these plans will be available by the end of June 2010.

The Overview and Scrutiny Committee will be kept fully informed as these details are formulated.

25th September 2009

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**BRIEFING NOTE: ON VARIATIONS OR DEVELOPMENTS TO SERVICES
LEVEL 2****1 Title of Proposal:**

Transfer of the Assertive Outreach function from separate teams to Community Mental Health Teams.

2 Summary Rationale

The proposal is to incorporate the assertive case management function within Community Mental Health Teams.

There is no evidence that stand alone assertive outreach teams improve patient care. However, there is evidence that creating separate stand alone teams has introduced inefficient ways of working – for example duplication of assessments and paperwork. Transfer between teams when a service user is very vulnerable also adds to anxiety, disruption and uncertainty. Managing a service user's increased level of need within the team that already manages their case will provide a continuation of high quality care, whilst being clinically safe and more efficient.

3 Outline of Proposal**Background**

Assertive Outreach Teams (AOTs) were set up as part of the National Service Framework for working age adults. They were designed to provide a service for those service users who are hard to engage. The principle was a 24-hour multi disciplinary team who work in an integrated way, and were separate from Community Mental Health Teams (CMHTs).

Across the Trust footprint there are currently four AOTs. The Wirral team has a caseload of 136, Chester has 80 cases and Crewe and Macclesfield have a combined caseload of 137. It is expected that service users within an AOT receive visits twice a week, within the community setting.

Across the Trust footprint there are currently 17 CMHTs which provide integrated multi-disciplinary care for the majority of service users. They are the cornerstone of community based mental health services and act as a single point of access for secondary care. There are currently 130 inpatients beds available for adults at CWP. Low use of hospital beds is used as a measure of good CMHTs - and a key principle of CWP is to manage people as close to home as possible in line with national policy. Service users requiring intensive case management are at present transferred from CMHTs to AOTs.

Evidence of effectiveness

Evaluation of AOTs, including large scale trials, has shown that the assertive outreach function improves service user engagement. However, there is no national evidence that these stand alone teams reduce admission rates. Whilst a number of trials nationally have

shown that when hospital use is high, intensive case management can succeed in reducing bed usage, this is less successful when hospital use is low. This is the case within CWP, where inpatient admissions are managed successfully in fewer than the national average beds.

In addition, the transfer between the AOT and CMHT teams can cause disruption and uncertainty to service users and their carers at a time of increased risk. Creating separate stand alone teams has also introduced inefficient ways of working, for example duplication of assessments and paperwork.

Way forward

Therefore CWP proposes to integrate the AOT function into CMHTs. Fidelity to the assertive community treatment model is only significant in regards to team organisation, ie case managers working as a team rather than independently, and we are proposing that this way of working would be continued within CMHTs. This would ensure that the improved service user engagement achieved via the intensive case management assertive outreach approach is continued.

However, replicating staffing requirements as recommended for AOTs ie. 10 cases per care co-ordinator, does not confer significant benefits. Specific staffing features e.g. team size, low caseloads and professional make up are not important in reducing hospital admissions (as referenced above).

Detailed work has been undertaken to test capacity within each CMHT and what resource will need to be transferred to support service users. This reflects the morbidity and the needs of the populations being served.

The change in delivery will ensure that all service users who require an assertive outreach approach and intensive case management will receive it, according to need. The additional benefits are the elimination of the transfer of service users across teams, reducing disruption, uncertainty and duplication. This will also ensure that all staff are skilled in managing difficult to engage service users.

4 Consultation Process

CWP will consult with a range of stakeholders including service users and carers, staff, governors, PCT and local authority colleagues - including local LITs. A number of service user and carers groups and forums exist and consultation will take place with these groups, including any service and carers directly involved in the current service. See page 3 for breakdown of consultation process.

5 Timescales

It is anticipated that consultation on the changes will take place during October and November, with implementation - if approved - by 1st December 2009.

Stakeholders	Timescales
Service Users and Carers CWP PPI Sub-Committee LINKS – briefing & offer to attend mtg Mental Health Forums across Cheshire and Wirral – to fit with existing meetings Support groups/ voluntary organisations across Cheshire & Wirral eg Vale Royal Support Group, Oxtan Area Forum – briefings & meeting attendance Local Implementation Teams	27 th October 2009 October/November 2009 October/November 2009 October /November 2009 NHS Wirral – 22 nd October 2009 Central and Eastern Cheshire PCT – 8 th October 2009 NHS West Cheshire and Chester PCT-12 th November 2009
Governors Council of Governors’ meeting	6 th November 2009
PCT & local authority colleagues Local meetings with commissioners Joint partnership meeting with colleagues from Department of Adult Services from 3 Local Authorities. One-off meeting with senior councils officers GP leads/clinical engagement meetings	NHS Wirral – 6 th November 2009 Central and Eastern Cheshire Pct – 15 th October 2009 NHS Western Cheshire and Chester – 10 th November 2009 6 th October 2009 East Cheshire Council – 7 th October 2009 October/November 2009
Staff Staffside representatives within CWP Trustwide briefing	Regular meetings scheduled during October and November 2009 Via newsletter/ team briefings

Completed pro-forma to be forwarded to Joint Overview and Scrutiny Committee for noting. Consultation and Negotiation Partnership Committee/ Local Medical Negotiating Committee for comment.

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Cheshire and Wirral Partnership

NHS Trust

BRIEFING NOTE: ON VARIATIONS OR DEVELOPMENTS TO SERVICES LEVEL 2

1 Title of Proposal:

Low Secure Services: Proposed Development of Soss Moss site, Nether Alderley, Macclesfield

2 Summary Rationale

The Trust has been successful in its application to be recognised as a future provider of secure services in the North West after a rigorous assessment process. As part of the preparation of the bid options for locating additional secure services were considered. The Soss Moss site was chosen for development as it is the only suitable site which is owned by the Trust, it has a history of providing hospital care, and since 1996, secure care. The site has been able to become assimilated within the community in a discreet fashion and acceptable overall to the local community. In addition, the Soss Moss site has a number of disused, unsafe buildings which should be demolished.

3 Outline of Proposal

The Proposal is to build an additional 15 bed low secure unit on the Soss Moss site, which currently has the Mary Dendy Unit located within its footprint. At this stage the unit could be for mental health or learning disability services. There is a site development control plan that shows the future potential development of the whole site, based upon the current footprint (land occupied by buildings).

The site development control plan shows the potential for 45 secure beds in total, comprising 3 separate, 15 bed units, when fully developed, together they would form a horseshoe shape. The completed development would also allow for a central administration/training block for multi-purpose use.

The Trust is intent upon developing the first 15 bed unit, but will respond to demands for beds from Specialised Commissioners before undertaking the development of the second 15 bed unit. The third unit would at this stage be intended to be a replacement of the existing Mary Dendy Unit.

The cost of the 15 bed unit is approximately £5m. The development of the first unit will incur infrastructure costs, such as services, roads etc required for this unit and potential future units.

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