

Health and Wellbeing Scrutiny Committee

Agenda

Date:	Thursday, 10th January, 2013
Time:	10.00 am
Venue:	Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

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

To approve the minutes of the meeting held on 6 December 2012.

3. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

4. **Declaration of Party Whip**

To provide an opportunity for Members to declare the existence of a party whip in relation to any item on the agenda

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

For any apologies or requests for further information please contact:

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

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

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

6. **Learning Disability Service Redesign** (Pages 5 - 10)

To consider the report of Andy Styring, Director of Operations, Cheshire and Wirral Partnership NHS Foundation Trust

7. **Forward Plan**

To consider extracts of the Forward Plan that fall within the remit of the Committee.

8. **Consultations from Cabinet**

To note any consultations referred to the Committee from Cabinet and to determine whether any further action is appropriate.

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Scrutiny Committee**
held on Thursday, 6th December, 2012 at Committee Suite 1,2 & 3,
Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor R Domleo (Vice-Chairman)

Councillors M Grant, A Martin, G Merry, A Moran and J Saunders

Apologies

Councillors G Baxendale, G Boston, M Hardy, D Hough and J Wray

67 ALSO PRESENT

Councillor A Thwaite, substitute for Councillor M Hardy
Councillor J Clowes, Portfolio Holder for Health and Adult Social Care
Councillor S Gardiner, Cabinet Support Member

68 OFFICERS PRESENT

G Kilminster, Head of Health Improvement
Dr H Grimbaldeston, Director of Public Health
D Taylor, Children, Families and Adults
D French, Scrutiny Team
M Nedderman, Scrutiny Team
A Bacon, Project Director
F Field, South Cheshire Clinical Commissioning Group
Councillor D Beckett, Cheshire West and Chester Council
D Jones, Cheshire West and Chester Council
W Connor Scahill, Cheshire and Wirral Partnership NHS Foundation Trust

69 MINUTES OF PREVIOUS MEETING

RESOLVED: that the minutes of the meeting of the Committee held on 8 November be confirmed as a correct record.

70 DECLARATIONS OF INTEREST

There were no declarations of interest made.

71 DECLARATION OF PARTY WHIP

There were no declarations of the existence of a party whip.

72 PUBLIC SPEAKING TIME/OPEN SESSION

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

73 KNUTSFORD INTEGRATED HEALTH AND WELLBEING CENTRE UPDATE

Mr Bacon, Programme Director, briefed the Committee on the current position with the integrated health and wellbeing centre for Knutsford. His report updated the Committee on the project and made recommendations for the timing and content of the consultation process.

Mr Bacon explained that consultations were underway on both Foundation Trust status for East Cheshire Hospital Trust and for the closure of the Tatton Ward, Knutsford Hospital. These consultations would end in February 2013.

In relation to the Health and Wellbeing Centre, local GPs had had 2 formal meetings to develop new clinical models. Outline clinical specifications were expected by the end of February 2013. Engagement activity with patient groups had started, as well as meetings with Knutsford Town Council and Town Plan representatives. Articles had been published in the local press and on the website Knutsford.com. A recruitment process was underway to appoint someone to lead on the consultation.

In view of the on-going clinical work; to enable clear separation of this consultation from that on Foundation Trust status and the Tatton Ward closure proposals; and to enable the recruitment of someone to lead on the communication and engagement process, it was proposed that the engagement period be extended from the end of January to mid February. This would mean delaying the consultation period for 6 weeks. It was proposed that the consultation period remain at 12 weeks but the start be delayed.

Draft consultation questions were suggested with the two key questions relating to the co-location of the GP practices and the siting of the new centre.

During discussion of the item the following issues were raised:

- Whether the current integrated health centres were delivering the services that were envisaged? Members reported that anecdotally the new Centres seemed highly regarded and were well attended. Fiona Field of the South Clinical Commissioning Group suggested it may be helpful for the Committee to receive a list of services that had moved out of hospital provision and were now provided in GP surgeries which Members agreed;
- What were the limitations in having a commercial landlord for the proposed Centre at Knutsford? In response, Mr Bacon explained that as GP practices would be the anchor tenant of the Centre it would be important that the landlord ensured they were satisfied with the provision etc. A Memorandum of Understanding had also been signed between partners and GPs would have certain residual rights.

RESOLVED: That

(a) the engagement period for the integrated Health and Wellbeing Centre in Knutsford be extended for a period of six weeks;

- (b) the consultation on the Centre starts in March 2013, after the engagement period;
- (c) the consultation period takes place over a 12 week period;
- (d) the draft list of consultation questions and themes be supported;
- (e) a list of services that have been moved out of hospital and into GP surgeries be submitted to a future meeting.

74 HEALTH AND WELLBEING BOARD - UPDATE

Councillor Clowes, Portfolio Holder for Health and Adult Social Care, updated on the following matters:

- The Joint Health and Wellbeing Strategy had been approved by the two Clinical Commissioning Groups and would be submitted to Cabinet on 17 December;
- There would be a statutory responsibility to carry out health checks as part of the Council's public health role. Dr Grimbaldston explained that this service would be provided through primary care and discussions had been held with the 2 Clinical Commissioning Groups around how the service would operate. As well as general checks, there would also be a targeted approach based on local needs. The health check system would enable the Council to have a greater understanding of the health of its population and would contribute towards achieving the priorities in the Health and Wellbeing Strategy;
- The Clinical Commissioning Groups were progressing towards authorisation with another stage having been completed;
- Draft Terms of Reference for the Health and Wellbeing Board were still in preparation and awaiting further guidelines which were expected in January;
- The Health and Wellbeing Board Launch had taken place on 7 November; it had been well attended and had received positive feedback;
- Interviews had been held for the contract for the local Healthwatch with 4 organisations being interviewed. Each tender was now being evaluated.

In discussing the item, the following issues were raised:

- How would GPs be helped to ensure that health checks were carried out for harder to reach people? In response, the Committee was advised that methods would include holding health checks in areas where people were already attending, such as a football ground. There was also work taking place within the Council regarding engaging harder to reach groups and GPs could link in with this work;
- It was important to ensure focus was put on wellbeing rather than just health. The Committee was advised about work that had been started about 10 months ago where council departments, such as environmental health, were asked to identify where health and wellbeing was being embedded in services; the outcome of this work was expected shortly.

RESOLVED: that the update be noted.

75 WORK PROGRAMME

The Committee considered its work programme. Members asked for an update on the previous scrutiny review of Diabetes/Obesity. It was noted that the report

following the Scrutiny Review had been referred to the Health and Wellbeing Board to progress.

Mrs Towse reported on the work of the Local Involvement Network which was continuing with its Enter and View work specifically looking at paediatric and maternity services.

Councillor Clowes explained that the winter warmth programme was underway and a Winter Planning Group met regularly comprising representatives of various bodies such as the Police, Fire and Rescue Service, Third Sector and Council departments. This should enable a coordinated approach. The Group would continue to meet all year round to ensure preventative work took place and contribute to personal and community resilience. Reference was made to Home Safety Assessments carried out by the Fire Service which included information on heating methods and costs.

RESOLVED: the work programme be noted.

76 FORWARD PLAN

There were no items on the Forward Plan for the attention of the Committee.

Councillor Clowes reported on an item on the agenda for Cabinet on 10 December which considered the commissioning of a Lifestyle Centre for Crewe.

77 CONSULTATIONS FROM CABINET

There were no consultations from Cabinet.

The meeting commenced at 10.00 am and concluded at 10.45 am

Councillor R Domleo (Vice Chairman in the chair)

CHESHIRE EAST COUNCIL

Health and Well-being Scrutiny Committee

Date of Meeting: Thursday 10th January 2013
Report of: Cheshire and Wirral Partnership NHS Foundation Trust
Subject/Title: Learning Disability Service Redesign

1.0 Report Summary

- 1.1 This report is to brief committee members on the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) Learning Disability Service re-design

2.0 Recommendation

- 2.1 That committee members note the report and comment on CWP's approach to the Learning Disability Service Redesign public consultation commencing in January 2013

3.0 Reasons for Recommendations

- 3.1 To progress the programme proposals and consultation as outlined in the report

4.0 Wards Affected

- 4.1 All

5.0 Local Ward Members

- 5.1 Not applicable

6.0 Policy Implications

- 6.1 Not applicable at this stage

7.0 Financial Implications (Authorised by the Director of Finance and Business Services)

- 7.1 None for the local authority

8.0 Legal Implications (Authorised by the Borough Solicitor)

- 8.1 None for the local authority

9.0 Risk Management

9.1 There have been comprehensive impact assessments undertaken including an Equality Impact Assessment. We have used these assessments to inform the evaluation process we plan to put in place to monitor the proposed service change to:

- demonstrate the benefits outlined in the consultation are achieved and
- potential adverse impacts are minimised.

10.0 Background

10.1 This briefing provides an outline of the forthcoming consultation on the proposed changes to trust-wide learning disability services provided by Cheshire and Wirral Partnership NHS Foundation Trust. The changes are proposed as part of the NHS efficiency saving requirements, of which the Trust has to achieve over £13m of savings over the next three years. The learning disability service redesign is part of this process

10.2 Learning Disability services comprise community learning disability teams, respite services and inpatient services (assessment and treatment; and low secure). In recent years we have seen a move towards more proactive support to service users and carers in their own homes, and working to prevent admission to hospital based services such as assessment and treatment.

10.3 The landmark publication 'Valuing People' (Department of Health, 2001) described how learning disability services make a critically important contribution to meeting people's health needs and have developed new roles and ways of working. More recent evidence shows, that despite these changes, unequal treatment continues. Following the investigation of events at Winterbourne View Hospital (Department of Health, July 2012), reducing admissions to learning disability hospital units and enhancing community services were confirmed as a national priority in the interim report and confirmed in the full report (Department of Health, November 2012). As part of this response, the Government have produced a concordat: programme of action. This states:

The Government's Mandate to the NHS Commissioning Board sets out:

"The NHS Commissioning Board's objective is to ensure that Clinical Commissioning Groups work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities; we expect to see a substantial reduction in reliance on inpatient care for these groups of people".

In the summary of the Government response, it is stated;

"The review makes it clear that the Government expects urgent progress to be made on improving standards. In your area you can expect that:

- NHS and social care commissioners will review all current hospital placements by June 2013;
- NHS and social care commissioners will support everyone inappropriately placed in hospital to move to community based support as quickly as possible and no later than 1st June 2014;
- Every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviours which accords with the model of care by April 2014. “ *(Department of Health - A national response to Winterbourne View – December 2012)*

10.4 In response to the challenges outlined above, the objective of the review was to ensure that:

“Quality services, with positive evidence based outcomes, are provided to meet the health needs of people with learning disabilities and are delivered as efficiently as possible within the available financial resource”.

10.5 A review of Learning Disability Services provided by CWP was undertaken in 2011 that considered all community and inpatient services. Information from a review of national and local evidence regarding the needs of people with learning disabilities was used to inform the proposed way forward. The review also considered the views of the existing primary care trust (PCT) and the Care Quality Commission on interim report on inspections of assessment and treatment services nationally. Other aspects of the review included alternative models of care in learning disability services nationally, an audit of service users needs, data collection, analysis of work activities and analysis of caseload weightings.

10.6 The findings of the review were that it was clear that the following improvements were required:

- Care Pathways: establish an improved clinical model with better service user outcomes
- Community learning disability teams: Redesign LD community services
- Inpatient Services: Reduce the reliance on inpatient facilities

11.0 Recommendations from the review

11.1 Care Pathways

The needs audit completed as part of the review process demonstrated that most of the needs currently being addressed by the Community Learning Disability Teams fall into four primary areas - **challenging behaviour, mental health, physical health including profound intellectual multiple disability, and forensic needs (offending behaviour).**

As such the review recommended that each pathway be defined and include direct clinical, crisis intervention, transition, capacity building and strategic functions, in order to provide specialist support to best meet the needs of service users. Each pathway should:

- include care bundles (individualised packages of care) that are based upon evidence for clinical efficacy and best practice to ensure that there is clear

focus for the work of staff in the teams; including for inpatient care to ensure high quality multi-disciplinary care and reduced length of stay.

- include outcomes and outcome measurement.
- include crisis intervention and intensive work to prevent admission and/or out of area placement.
- include dedicated therapy resources.
- support for specific activities to improve partnership working, address inequalities and build capacity for working effectively with people with learning disabilities in other agencies and organisations.

11.2 Community learning disability teams

The review recommended a redesign of the current community teams to provide a core team in each area. This would reflect the level of need within each of the four care pathway areas to maximise the beneficial impact for service users. This would also ensure equal access to expert level clinical input and leadership. These changes would have no impact on where service users currently receive support from community teams, and will improve the quality of the service.

We are proposing enhanced community teams with more emphasis on specific professional disciplines, such as occupational therapy, psychology and speech and language therapy.

11.3 Inpatient services

The review recommended changes to bed-based inpatient services, involving the closure of one Assessment and Treatment Unit (Kent House); with a view to further reductions in the number of beds in the longer term. This shift in emphasis would enable Commissioners to reduce dependence on Assessment and Treatment Units and out of area placements, and concentrate resources where they are most needed to achieve good outcomes - as per national guidance and commissioner intentions.

Following the proposed closure of Kent House, the needs of service users in Wirral who require inpatient services would be accommodated at Eastway in Chester (if required, beds within Greenways in Macclesfield are also available).

The bed occupancy data considered as part of the review indicates that the average number of service users from Wirral and West Cheshire in Eastway and Kent House (between April 2012 and July 2012) was 9 – all of whom could be accommodated at Eastway (which has 10 beds).

Kent House is the smallest commissioned Unit and is not on a hospital site with access to 24 hour emergency support if required. This means people cannot get help quickly in an emergency. Kent House is also not in a building which meets the needs of all people with a learning disability.

Learning Disability assessment and treatment units provide intensive, multi-disciplinary, therapeutic assessment and treatment, which is person-centred

and tailored to the needs of each service user. An appropriate skill mix and staffing levels are crucial to the quality and success of the unit. Changes to the workforce in Assessment and Treatment, Respite and Low Secure Services are therefore also recommended in order to provide a clearer supervisory structure and appropriate skill mix and staffing levels to deliver safe, effective and efficient inpatient services.

11.4 Clear aims for the service

A core statement of the purpose of CWP's specialist learning disability services was agreed in the course of the review – "To enable people with learning disabilities to achieve good health, live locally and be supported in a place of their choice in the community".

This should involve working:-

- directly with people to meet complex needs not otherwise provided for in the wider NHS
- in partnership with people with learning disabilities, their families, carers and others to provide direct support to ensure that people are able to benefit from other non-CWP services and;
- strategically to develop ability across the health and social care economy to effectively respond to the needs of people, address health in-equalities, and achieve health and well-being.

12.0 Options considered following review

Following the review findings and recommendations, we considered the following options:

12.1 Option 1) Make no changes to learning disability services.

The challenge of the national economic situation, together with the specific NHS savings requirements, means that 'doing nothing' to the way we currently provide learning disability services is not a viable option. CWP, like every other service provider in the NHS, is being challenged to 'do more for less'. In order to continue to provide quality and safe services, CWP has to respond to this challenge to remain a viable provider in the health economy.

- 12.2 In addition, by making no changes to services we would not be able to improve services based on the learning from the review we have undertaken. We want our services to reflect the latest best practice guidance nationally which is to focus delivery of services and pathways to meet people's needs locally, via enhanced community support rather than over-relying on the provision of assessment and treatment beds.

12.3 Option 2) Introduce a care pathway model which promotes supporting people in the community, with access to enhanced community services and access to inpatient services for those who need it.

We want our services to reflect the latest best practice guidance nationally which is to focus delivery of services and pathways to meet people's needs locally, via enhanced community support rather than over-relying on the provision of assessment and treatment beds. We also want to introduce

improved access to a range of therapies when people do access inpatient services.

- 12.4 We think option 2 is the best option to improve outcomes for service users. Proposed changes to trustwide learning disability services will go through consultation - running for three months starting Monday 14th January 2013. The public consultation will seek feedback from service users, carers, staff, our foundation trust membership and partner organisations.
- 12.5 The public consultation on the proposed changes will take several forms. This will include an easy read paper based document and questionnaire, an online questionnaire, and a series of public meetings held locally. Invitations to these will be extended to anyone with an interest in the developments. The meetings will be hosted and attended by senior officers from the Trust who will present an overview of the proposed changes, and will answer any arising questions and queries. Consultation events for East Cheshire are planned as follows:

East Cheshire Partnership Board, 24/01/13
East Cheshire North Local Forum, 14/02/13
East Cheshire South Local Forum, 21/02/13
Public Meeting, Greenways, Macclesfield, 28/02/13, 10.00-12.30
Public Meeting, Macon House, Crewe, 05/03/13, 10.00-12.30

- 12.6 The full consultation document will be circulated to committee members on 14th January 2013.

13.0 Access to information

Further information relating to this report can be provided by contacting the presenting officer:

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