

# Health and Adult Social Care Overview and Scrutiny Committee

## Agenda

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**Date:** Thursday, 6th October, 2016  
**Time:** 10.00 am  
**Venue:** Committee Suite 1,2 & 3, Westfields, Middlewich Road,  
Sandbach CW11 1HZ

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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 3 - 8)

To approve the minutes of the meeting held on 8 September 2016.

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**

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For requests for further information

**Contact:** Mark Nedderman

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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 and 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. **Director of Public Health Annual Reports**

Lucy Heath Consultant in Public Health to give a presentation on the outcomes of Director of Public health reports for 2012/13,2013/14 and 2014/15.

7. **Cheshire Wirral Sustainability and Transformation Plan (STP)**

Eastern CCG to provide a presentation on the Cheshire and Wirral STP

8. **Redesigning Adult and Older Peoples Mental Health Services** (Pages 9 - 26)

To consider a report from the Cheshire and Wirral Partnership.

9. **Work Programme** (Pages 27 - 34)

To review the current Work Programme

**CHESHIRE EAST COUNCIL****Minutes of a meeting of the Health and Adult Social Care Overview and Scrutiny Committee**

held on Thursday, 8th September, 2016 at Committee Suite 1,2 & 3,  
Westfields, Middlewich Road, Sandbach CW11 1HZ

**PRESENT**

Councillor J Saunders (Chairman)  
Councillor S Pochin (Vice-Chairman)

Councillors D Bailey, Rhoda Bailey, B Dooley, L Jeuda, G Merry and A Moran

**Apologies**

Councillors (none)

**10 ALSO PRESENT**

Councillor Paul Bates - Communities  
Councillor Stewart Gardiner – Deputy Cabinet Member  
Councillor Gordon Baxendale – Visiting member  
Dr Tania Stanway – Cheshire and Wirral partnership  
Julia Cottier – Cheshire and Wirral partnership  
Sue Redmond – Interim Director of Adult Social Care  
Jacki Wilkes – Eastern Cheshire CCG  
Mike Moore - NWAS

**11 MINUTES OF PREVIOUS MEETING**

RESOLVED – That the minutes of the meeting held on 7 July be confirmed as a correct record and signed by the Chairman.

**12 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**13 DECLARATION OF PARTY WHIP**

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

**14 PUBLIC SPEAKING TIME/OPEN SESSION**

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

**15 AMBULANCE SERVICES REVIEW**

The Committee considered a report of the Director of Legal Services and Monitoring Officer relating to responses received in connection with a review of North West Ambulance Services (NWAS) carried out on 19 February 2016 and 24 March 2016.

On 19 February 2016, the Committee had undertaken a full day spotlight review of NWAS. The committee interviewed a variety of stakeholders about how their organisation contributed towards ambulance services, what they considered were the future challenges for services and what initiatives might contribute towards making improvements to performance and provide better outcomes for patients in Cheshire East.

The meeting held on 19 February 2016 was used as a 'fact finding' day and adjourned for a further half day session on 24 March 2016, when the Committee received additional information and discussed its conclusions and recommendations. The committee had published its findings, conclusions and recommendations in a formal report on 29 April 2016. Participants in the process had been invited to respond to the recommendations by Friday 19 August 2016.

The committee considered responses from:

- Department of Health;
- NWAS;
- Interim Director of Adult Social Care and Independent Living;
- Healthwatch;
- Eastern Cheshire and South Cheshire CCGs
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On behalf of NWAS, Mike Moore referred to a national pilot scheme called 'Dispatch on Disposition' which was a new way for ambulance services to respond to 999 calls. The new way of dispatching had a number of objectives including:

- Reduction in the number of inappropriate ambulance responses by increasing the percentage of patients treated by telephone advice;
- Improved accuracy of triage of ambulance incidents, ensuring the most appropriate and timely response to meet the patients clinical needs;
- Improved response to the most critical, life-threatening ambulance incidents (Red 1 incidents)
- Improvements in performance against the ambulance response time targets.

The changes to the dispatch process did not apply to incidents identified as immediately life-threatening (Red 1 incidents), where an ambulance would continue to be dispatched immediately. The process related to non-Red 1 incidents, whereby patients would be triaged over the telephone before dispatching an ambulance. The additional time spent on the telephone provided an opportunity to identify the most appropriate response which in some cases may not be an ambulance.

It was expected that from October 2016, the 'Dispatch on Disposition' system could be used in the North West.

In response to a question about how the inequity between Rural and Urban areas could be addressed over a large area like the North West region, Mike reminded the committee that although all CCGs across the region commissioned Ambulance Services, Blackpool CCG took the lead on behalf of all North West CCGs.

As of 1 September 2016, System Delivery Groups had been replaced by A&E Delivery boards whose role would be to influence quality initiatives. The main priority for the delivery boards had been to achieve a reduction in conveyance by ambulance and an improvement

in performance through, for example, better triage arrangements on a Cheshire/ Wirral footprint.

In response to a question about whether authority would be given to paramedics to prescribe drugs in future as had occurred in some of the trial areas, Tracy Parker – Priest informed the Committee that the statistical analysis of the pilot areas had not been evaluated yet and that CCGs would wish to see that evaluation before a decision was taken.

Members also raised the need for better co-ordination between mental health commissioners and NWAS in view of the proposals later on ion the agenda to reduce the number of locally available beds for adult metal care

Mike also explained the desire to recruit more first responders. However recruitment was quite a lengthy process taking up to three months which included DBS (Disclosure and Barring Service) checks.

**RESOLVED –**

- (a) That the Communities and Health Portfolio holder be requested to take up directly with Blackpool CCG, this committees concerns about the inequity in the current arrangements between urban and rural areas.
- (b) That the Communities and Health Portfolio holder be also requested to undertook a publicity drive to encourage more first responders to volunteer through the press, partnership organisations, Cheshire Association of Local Councils (CHALC);
- (c) That details of the evaluation of the trail which has authorised paramedics to prescribe drugs in some other local authority areas be brought to this committee when available;
- (d) That CWP be requested to liaise with NWAS on the proposed mental health redesign proposals;

### **16 REDESIGNING ADULT AND OLDER PEOPLES MENTAL HEALTH SERVICES**

Councillor Gordon Baxendale attended the meeting and addressed the committee in respect of this matter.

Julia Cottier, Cheshire and Wirral Partnership CWP Service Director for Central and Eastern Cheshire and Dr Tania Stanway, CWP Clinical Director and Consultant Psychiatrist attended the meeting and presented a report setting out proposals to re-design Adult and Older Peoples Mental Health Services in Cheshire East.

The report gave details of two delivery options which were being proposed to go forward to a formal consultation process. The two options involved:

Option 1 - Sustain inpatient care at current levels through a reduction in community mental health services

Option 2 - Enhance community mental health services so that more people can receive care closer to home and improve quality of inpatient provision by providing inpatient care from other existing purpose built sites.

CWP's preferred option was option 2. CWP suggested that a review of how these services could be provided in future had indicated that they could be provided in this way if further targeted investment was made in community services, and the implementation of new ways of working which had seen effective reductions in admissions and length of stay elsewhere in the Trust.

In response to questions about the commencement of the formal consultation period on the proposal and whether authorities at Cheshire West and Chester and Wirral would also be involved in the consultation process, the committee expressed a view that further information would be required to enable the committee to determine this matter.

RESOLVED

- (a) That consideration of this matter be deferred to the 6 October meeting;
- (b) That in the meantime, the Scrutiny manager be requested to ascertain from colleagues in Cheshire West and Chester and Wirral whether the matter is likely to be treated as a Substantial Variation or Development by the respective Health Scrutiny Committees in those Councils;
- (c) That CWP be requested to report back to the 6 October meeting with additional details of the number of patients likely to be affected by the proposals, current waiting times, and the impact on the service of the potential reduction in available beds.

### **17 CAMHS AND THE PROCUREMENT AROUND PRIMARY MENTAL HEALTH SERVICES**

RESOLVED – That consideration of this matter be deferred.

### **18 SCRUTINY PROTOCOL**

The Committee considered a revised Overview and Scrutiny Protocol which had been amended to accurately reflect the name of this committee and to take account of consequential minor amendments resulting from the Health and Adult Social Care Act 2012.

RESOLVED – That the revised protocol be approved.

### **19 WORK PROGRAMME**

The Committee reviewed its work programme.

RESOLVED – That the work programme be approved:

The meeting commenced at 10.00 am and concluded at 12.57 pm

Councillor J Saunders (Chairman)

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### CONSULTATION ON SUBSTANTIAL VARIATIONS OR DEVELOPMENTS TO SERVICES

#### **Title of Proposal**

“Redesigning Adult and Older People’s Mental Health Services in Central and Eastern Cheshire”

#### **Summary of Proposal**

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

The purpose of the consultation is to address five key pressures being experienced by CWP;

1. Suitability of existing buildings
2. Increased demand on services
3. Shortfall in funding
4. Shortage of health professionals in the area
5. Geographical challenges for care close to home

CWP is proposing to consult on two potential delivery options:

- 1) Sustain inpatient care at all 3 current locations through a reduction in community mental health to Central and Eastern Cheshire residents.
- 2) Provide inpatient care from Bowmere Hospital, Chester and Springview Hospital, Wirral and increase community mental health services to Central and Eastern Cheshire residents.

A review of how these services could be provided in future indicates that these can be provided in this way if further targeted investment is made in community services, and through the implementation of new ways of working which have seen effective reductions in admissions and length of stay elsewhere in the Trust.

The proposal refers to both community and inpatient adult and older people’s services covering the Eastern and South Cheshire CCG footprint. Patients in the Vale Royal CCG footprint already receive inpatient and home treatment care from Bowmere Hospital in Chester.

Overview and Scrutiny Committee is asked to consider and approve CWP’s proposals for public consultation.

It is anticipated that CWP will conduct public consultation between late October 2016 and February 2017.

#### **Case for change**

##### **Suitability of existing buildings**

The Millbrook Unit is located on the Macclesfield District General Hospital site and is owned by East Cheshire NHS Trust. CWP has invested over £1.35m into the Millbrook Unit over the last five years to ensure the Trust provides a safe and effective environment for service users, carers and staff.

Despite this investment, the Millbrook Unit is not as good as it could be when compared to the excellent environmental standards required for modern mental health practice ([Health Building Note 03-01: Adult acute mental health units](#)).

For example:

- An integral part of the Acute Care Pathway for those who are most unwell is easy access to Psychiatric Intensive Care (PICU). PICU is specifically designed and staffed to provide a low stimulus, highly supportive environment for patients when they are most unwell. It allows for patients who may be behaviourally disturbed, as a consequence of acute mental illness, to be managed in the least restrictive environment possible. The enhanced levels of nursing and low stimulus environment can make it possible to minimize the use of sedative medication and may facilitate more rapid recovery. There is no PICU facility at Millbrook. Patients from Millbrook unit do have access to PICU facilities at Bowmere hospital in Chester and Springview on Wirral. However it can be difficult to provide rapid access to these facilities as patients may be too ill to safely move.
- The layout of the ward areas results in limited separation of bedroom areas on a gender basis. These issues are further compounded by a lack of en-suite bathroom provisions.
- There are limited therapeutic facilities away from the wards to support people's recovery.
- There is a lack of formal and informal communal space on the ward areas e.g. lounges, quiet rooms etc.
- The layout of the building results in increased physical observations being necessary to effectively manage risk.
- There is limited natural daylight in ward areas and access to outside space.

How the Millbrook Unit compares to CWP's other hospitals:

	Bowmere Hospital (Chester)	Millbrook Unit (Macclesfield)	Springview Hospital (Wirral)
Statutory Requirements	Safe	Safe	Safe
En-suite	Yes	No	Yes
m <sup>2</sup> per bed ( <i>average</i> )	50m <sup>2</sup>	38m <sup>2</sup>	52m <sup>2</sup>
CWP owned	Yes	No	Yes
Maintenance liability	Low	High	Low

Further to the above, PLACE (Patient Led Assessments of the Care Environment) is the method the NHS adopts for assessing the quality of the patient environment. The assessments see local people go into hospitals as part of teams to assess how the environment supports patient privacy and dignity, food, cleanliness and general building maintenance. It focuses entirely on the care environment and does not cover clinical care provision or how well staff is doing their job.

The 2016 PLACE data for CWP's inpatient facilities can be seen below:

	Cleanliness	Food	Ward food	Privacy, dignity and wellbeing	Condition, appearance & maintenance	Dementia	Disability
Bowmere Hospital, Chester	100%	94%	97%	95%	98%	97%	94%
Millbrook							

Unit, Macclesfield	98%	85%	80%	85%	94%	92%	79%
Springview Hospital, Wirral	99%	93%	100%	97%	99%	96%	95%

The Millbrook Unit scores below Bowmere and Springview Hospital in all categories with significant differences identified in the disability, food and privacy, dignity and wellbeing categories.

The summary statement for 2016 completed by patient representatives included the following comments:

- “Overall the building is not fit for purpose”
- “The staff teams are doing their best for the patients under the circumstances”
- “This site lets the Trust down; it is not equal to the standards in other sites in terms of environment”.

### Increased demand on services

The level of demand for inpatient and community services cannot be met within the current resources allocated to mental health services.

Evidence suggests that there is significant and increasing demand for inpatient beds. The greater the demand for inpatient admission the less resource is available to CWP to provide community mental health services. Consequently, additional pressure is also placed on inpatient services by the absence of a full range of community services.

The range of community mental health services that CWP provides in Central and Eastern Cheshire is limited in comparison to other areas locally. Failure to provide care early on means that the acute area of mental health care is under immense pressure. By increasing the resource in community services the demand on inpatient beds can be managed more effectively.

There are also a number of other key statistics which are contributing to an increased demand on services:

1 in 4 people will experience a common mental health problem (including anxiety, depression, phobias etc). In terms of numbers of people living in the region this would equate to 93,500 people.

Eastern Cheshire has the fastest growing number of people aged over 65 and 85 in the north west of England. This group represents approximately 30% of the local population who use 70% of the local health and social care. When planning mental health care services this has a significant impact, as research now suggests that one in three people over 65 will develop dementia.

One in six people aged 18-64 living in Eastern Cheshire has a common mental disorder such as anxiety or depression, whilst more than 1,500 people in Eastern Cheshire live with serious mental health conditions.

People in Eastern Cheshire aged under 75 living with a serious mental illness are four times more likely to die at an earlier age than the general population.

### Shortfall in funding

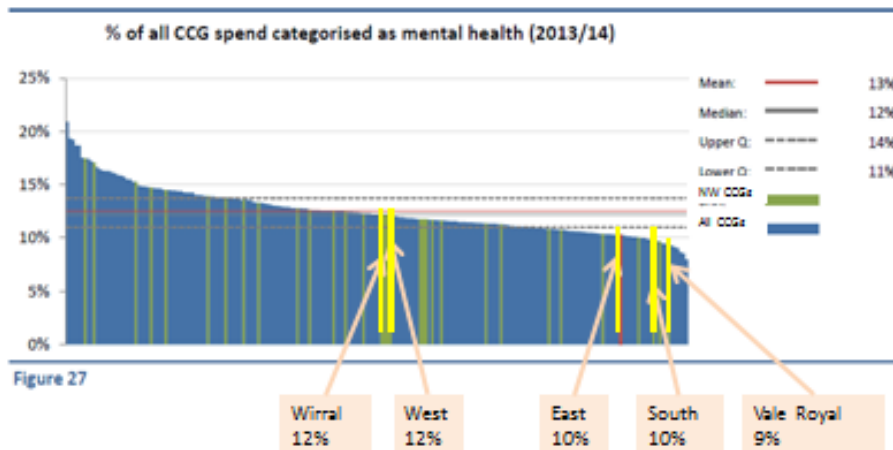
Like most NHS organisations CWP has had a challenging financial year resulting in a bottom line deficit. These pressures remained in March 2016 resulting in CWP submitting an annual finance plan for 2016/17 showing a £1.9m deficit.

This picture is mirrored across the local health and social care economy in Central and Eastern Cheshire with all organisations reporting increasing financial pressures for a number of years.

## Our CCGs all spend less than average on mental health services (overall) than other CCGs

All CCGs (blue), North West CCGs (green), 5 local CCGs (yellow)

Figures from the Health and Social Care Information Centre suggest that over a five year period from 2008/09 to 2013/14 social care expenditure on adults with mental health needs aged between 18 and 64 reduced in cash terms from £1.2 billion to £1.1 billion.



Source: NHS Benchmarking CCG reports published May 2016 (data are from 2013/14)

CWP is committed to providing the best care possible within allocated resources. The current situation cannot be sustained as growing pressures increasingly mean that people who access our services are not always receiving the best care possible.

The current access figures for adult and older people's mental health services in Central and Eastern Cheshire are shown below:

2.2% of the current adult and older people's mental health services case access inpatient care\*

97.8% of the current adult and older people's mental health services receive their care in the community\*

\*Based on July 2016 data

There are approximately 5,100 people accessing community adult and older people's mental health services in Central and Eastern Cheshire at any given time\*

- 2,632 from Eastern Cheshire CCG
- 2,446 from South Cheshire CCG

There are approximately 48 people accessing acute inpatient adult and older people's mental health services in Central and Eastern Cheshire at any given time\*

- 25 from Eastern Cheshire CCG
- 23 from South Cheshire CCG

\*Based on July 2016 data

## Other contributing factors

There are also a number of other driving factors for service redesign including workforce challenges. Nationally, the number of qualified nurses working in the psychiatry area has dropped by almost 11% between 2010 and 2015. There is also a national shortage of junior doctors.

In Central and Eastern Cheshire, there are typically 6.5% of the inpatient mental health workforce posts vacant at any one time through inability to recruit or sickness. This adds pressure to staff who will often work extra time to maintain safe staffing levels or resort to temporary staffing. It is also more difficult to retain clinical staff to work in the poorer building environments mentioned earlier.

The rural nature of Central and Eastern Cheshire can also provide challenges to delivering community services as the distance between visits are often significant, meaning health professionals can spend a lot of time travelling rather than providing care. In an average week a community mental health nurse in Eastern Cheshire will visit 14 patients. In comparison, on an average week a nurse on the Wirral will visit 18 patients and 17 in West Cheshire.

## Options considered

A range of options have been considered to meet the challenges outlined above and evaluated as to their feasibility. An options appraisal has been undertaken and each option has been scored. The scores against each of the criteria resulted in the two options which will form the basis of the public consultation.

Below is the list of options generated together with comment and conclusion.

### OPTION:

1. **Do nothing** – This was considered not to be feasible as it fails to address the challenges previously outlined. If this option was progressed, CWP would remain in financial deficit as there is no prospect of additional funding being found to make up the shortfall of funds received. The Trust would continue to pay to rent the Millbrook Unit, a large amount of money that could be spent directly on patient care.

Demand on services would not change with gaps in community service provision putting increasing pressure of inpatient services. The workforce challenges would remain with the use of temporary staff to cover sickness/vacancies becoming costly and not supporting continuity of care. This continued demand cycle would result in a negative impact on the quality of the services delivered and for patient experience and outcomes.

This option also fails to address the environmental issues associated with the building.

2. **Reduce specialist services to ensure adequate funding for other inpatient services -** Specialist services are services CWP delivers directly for NHS England. They are services like eating disorders and low secure services. CWP is not contractually allowed to reduce spending in this area to divert to another service such as inpatient or community mental health services. If CWP didn't deliver these services, NHS England would not provide the funding to do so.

If this option was progressed CWP would remain in financial deficit as there is no prospect of additional funding being found to make up the shortfall of funds received. CWP would continue to pay to rent the Millbrook Unit, a large amount of money that could be spent directly on patient care.

Demand on services would not change with gaps in community service provision putting increasing pressure of inpatient services. The workforce challenges would remain with the use of temporary staff to cover sickness/vacancies becoming costly and not supporting continuity of

care. This continued demand cycle would result in a negative impact on the quality of the services delivered and for patient experience and outcomes.

This option also fails to address the environmental issues associated with the building.

3. **Specialise in one hospital and have acute services only in two other hospitals** – Whilst services would be reconfigured, no savings would be generated to invest in community services.

CWP would remain in financial deficit as there is no prospect of additional funding being found to make up the shortfall of funds received. CWP would continue to pay to rent the Millbrook Unit, a large amount of money that could be spent directly on patient care.

Demand on services would not change with gaps in community service provision putting increasing pressure of inpatient services. The workforce challenges would remain with the use of temporary staff to cover sickness/vacancies becoming costly and not supporting continuity of care. This continued demand cycle would result in a negative impact on the quality of the services delivered and for patient experience and outcomes.

This option also fails to address the environmental issues associated with the building.

4. **Reduce inpatient beds in all three of CWP's hospitals (Bowmere Hospital in Chester, Millbrook Unit in Macclesfield and Springview Hospital, Wirral)** - Whilst services would be reconfigured, economies of scale savings would only be achieved in a meaningful sense if a whole ward were to close. The closure of a ward in each locality would see a higher reduction in bed numbers than would be acceptable and therefore not favourably affecting demand. Each inpatient unit would be left with a vacant ward with significant fixed costs. Therefore this would not release the necessary savings to be invested into Community Care.

Demand on services would not change with not enough care in the Community or beds for patients in hospital. This continued demand cycle would result in longer waiting lists, a negative impact on the quality of the services delivered and for patient experience and outcomes.

Workforce challenges would remain however, closure of a ward in each locality may free a number of staff to cover vacancies at the Millbrook Unit.

This option also fails to address the environmental issues associated with the building.

5. **Reduce community services to ensure adequate funding for inpatient services** – This option releases sufficient funding to support inpatient services in their current model at the expense of community services. Inpatient and community services are very closely linked and it is essential to provide a balance between the two. In the absence of community services, more demand will be placed on inpatient services which will subsequently require even more investment. It is likely that many people who can be cared for in the community could be admitted to hospital creating more demand for beds. This increased demand would result in a negative impact on the quality of the services delivered and for patient experience, safety and outcomes. Overall it would have the impact of increasing demand for beds beyond current capacity and cost more money.

Workforce challenges would remain and the use of bank staff to cover vacancies would continue. This option also fails to address the environmental issues associated with the building.

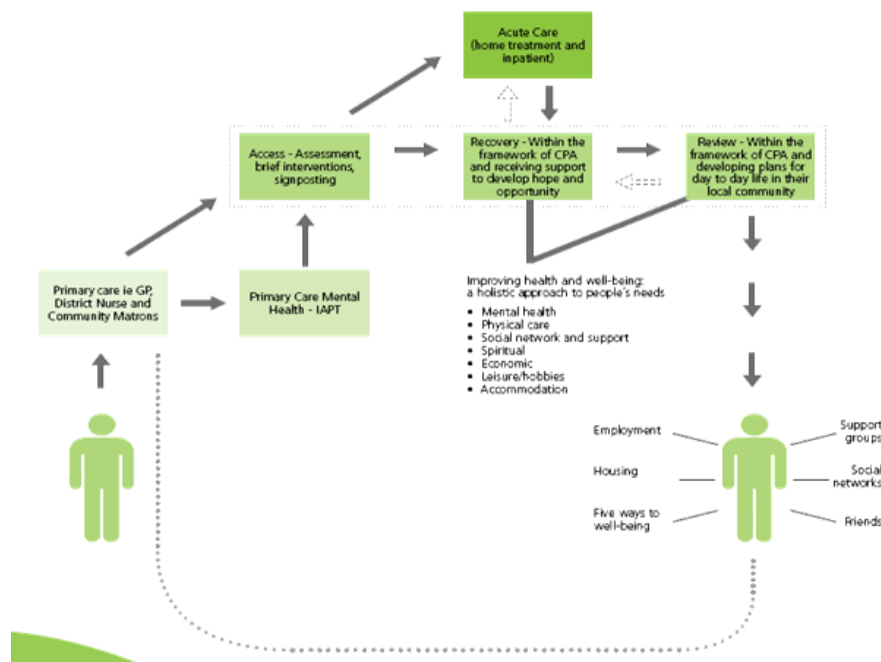
Although this option does not address all of the challenges outlined, it is being progressed to public consultation for consideration.

6. **Close one main inpatient site** – The closure of one site would generate significant savings to be reinvested in community services. The increased investment in community services would also help alleviate the demand pressures on inpatient services resulting in a positive impact on the quality of the services delivered, patient experience and safety.

The feasibility study undertaken and the case for change (above) has indicated that the most suitable site for closure is the Millbrook Unit in Macclesfield.

### Current model

The current service model pathway is pictured below:



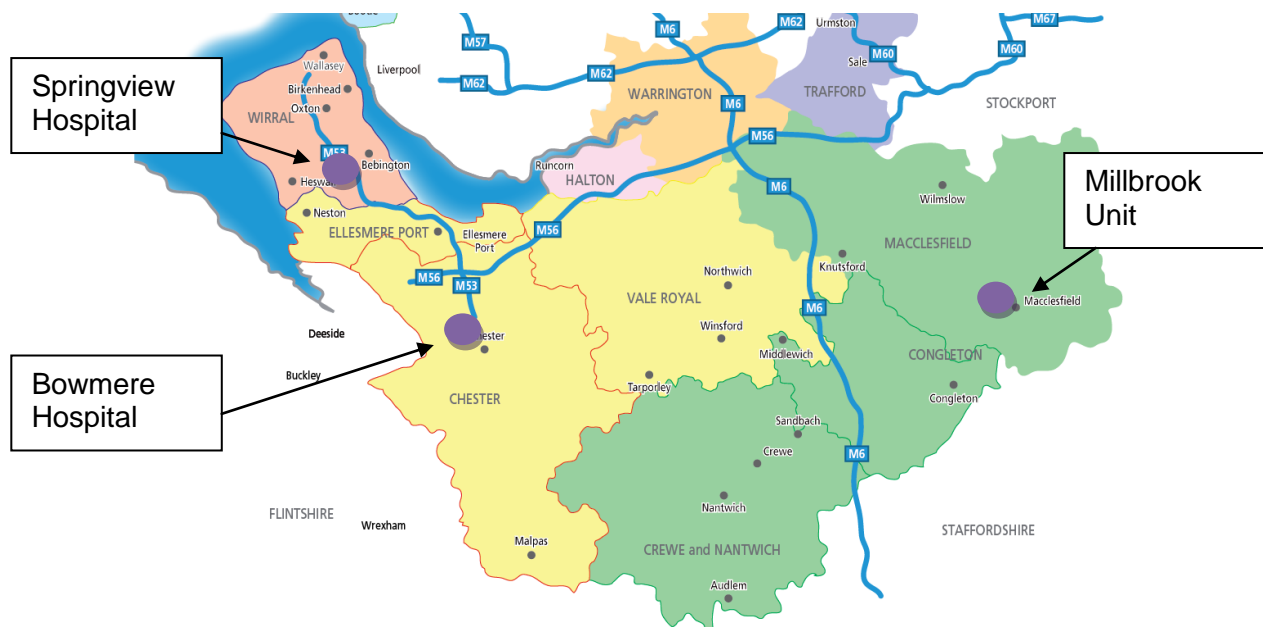
Community mental health provision is currently delivered from two main community resource centres which are detailed below:

- Jocelyn Solly Resource Centre, Macclesfield (Eastern Cheshire CCG footprint)
- Delamere Resource Centre, Crewe (South Cheshire CCG)

The inpatient acute care provision within CWP is currently provided from three main locations across Cheshire and Wirral:

- Millbrook Unit, Macclesfield District General Hospital
- Bowmere Hospital, Countess of Chester Health Park
- Springview, Clatterbridge Hospital





CWP manages its total number of beds on a Trustwide basis although the majority of service users who require inpatient care from the Eastern Cheshire and South Cheshire footprint receive this at the Millbrook Unit. The unit currently consists of the following inpatient services:

- Adelphi Ward - 23 beds for adults and older adults with a functional mental health condition
- Bollin Ward - 21 beds for adults with a functional mental health condition
- Croft Ward - 14 beds for older adults with an organic mental health condition
- CARS Ward - 15 bed all male rehabilitation unit

The current average length of stay for inpatient care at the Millbrook Unit is shown below:

Average length of stay (July 2016)	Days
<b>Adelphi Ward</b>	<b>15.63</b>
NHS EASTERN CHESHIRE CCG	16.33
NHS SOUTH CHESHIRE CCG	16.40
<b>Bollin Ward</b>	<b>12.49</b>
NHS EASTERN CHESHIRE CCG	18.12
NHS SOUTH CHESHIRE CCG	8.14
<b>Croft Ward</b>	<b>85.13</b>
NHS EASTERN CHESHIRE CCG	99.83
NHS SOUTH CHESHIRE CCG	41.00

There has been a drive in mental health services for many years to meet the needs of service users in the community rather than requiring an admission to an inpatient facility. In the vast majority of cases service users care needs are fully met by community mental health services or in some cases by input from the Home Treatment Team (HTT) who deliver acute care at home, thereby avoiding the need for inpatient admission.

It is important to recognise that the number of people requiring input from community mental health services is steadily increasing month on month across both adult and older adult services. This is resulting in considerable pressures within existing community services. It should also be recognised that within the current community model there is a gap in service provision, particularly in relation to



service users with a diagnosis of Personality Disorder which leads to an over reliance on inpatient services along with other services within the whole health economy e.g. Emergency Departments.

### Future inpatient provision

It is proposed that acute adult inpatient services going forward are delivered from two main sites within the CWP footprint, these being Bowmere Hospital, Chester and Springview Hospital, Clatterbridge. Both of these units are owned by CWP and are better able to meet current healthcare standards. Both inpatient facilities also benefit from having a Psychiatric Intensive Care Unit (PICU) on site and additionally have dedicated Occupational Therapy (OT) activity facilities.

The total number of adult acute beds available currently within the Millbrook Unit is 44, therefore the proposed new model has been developed to maintain as close to this total number as possible. It is proposed that an additional 22 adult acute beds are provided within Bowmere Hospital in Chester with an additional 20 beds being provided within Springview Hospital, Clatterbridge. This will result in 42 beds being reprovided within the remaining two inpatient facilities.

In respect of the model of care which will be delivered for service users with an organic illness this has been designed to meet the two distinct needs of this group, these being service users who display challenging behaviour and secondly those who experience a deterioration in their condition and require a period of stabilisation. It is proposed that the first group of service users' needs can be met within the existing older adult organic bed provision within CWP which is detailed below:

- Cherry Ward - 11 beds provided within Bowmere Hospital, Chester
- Meadowbank Ward - 13 beds provided within Springview Hospital, Clatterbridge, Wirral

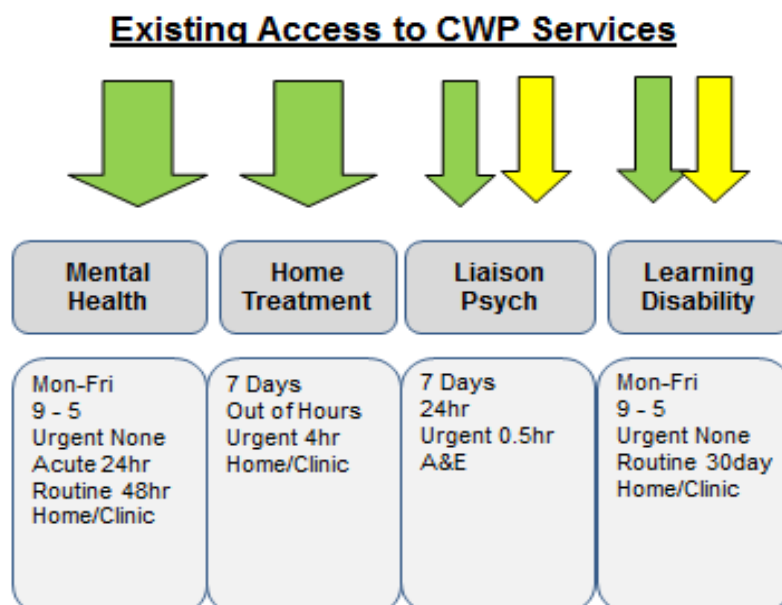
It is proposed that the needs of the second group identified above could be met by CWP entering into a contract arrangement with a local provider of specialist Elderly Mental Illness (EMI) nursing home beds (approximately 6 beds). Both registered nursing and medical input would be provided by CWP.

These proposals provide CWP with an opportunity to develop new models of working which will include exploring inter provider arrangements. The pathways for dementia will look at how CWP can work closely with care home providers, providing support and interventions to avoid hospital admission.

The models of care and the way the Trust manages clinical risk will remain unchanged.

### Community Services

The current model in operation is detailed below:



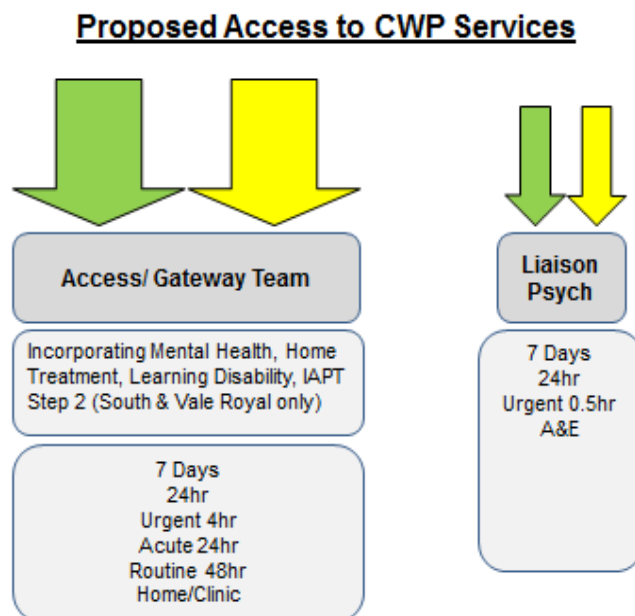
The caseloads within both adult and older adult community mental health services are steadily increasing month on month across the Eastern Cheshire and South Cheshire CCG footprints.

- In July 2016 Eastern Cheshire CCG had 2632 people on the adult and older adult community mental health caseload, of which only 0.9% used inpatient services.
- During July 2016 South Cheshire CCG had 2446 people on the adult and older adult community mental health caseload, of which only 1.3% used inpatient services.

### Future Community provision

In response to the challenges outlined, CWP is proposing to work with people who access services, carers, staff and partners to co-produce a new model of community mental health care.

Based on initial feedback and intelligence from other areas of the Trust, it is proposed that community provision would be redesigned as follows:



The closure of the Millbrook Unit would generate an estimated £1.1 million that would be reinvested into community services. The indicative breakdown of spend is shown below:

Indicative investment breakdown	£ 000s
Community Mental Health Teams	411
Home Treatment Teams	451
Older Persons Service	248
<b>TOTAL</b>	<b>1,109</b>

Practically, it is estimated that this may equate to:

## Adult community mental health teams\*

- 1 additional Medic – this equates to a 16% increase
- 7 more Nurses – this equates to a 22%

## Older community mental health teams\*

- 1 additional Medic – this equates to a 16% increase
- 5 more Nurses – this equates to a 33% increase

## Home Treatment Team\*

- 10 additional Nurses – this equates to a 48% increase

\*Final numbers will be determined following the outcome of the consultation and further stakeholder engagement.

As stated above CWP intends to engage with people who access services, carers, staff and partners to co-produce any new community model however, the following guiding principles are central to this:

- Easier access to CWP Services via the introduction of a single point of access
- Improved response to urgent and acute referrals across mental health and learning disability services
- Earlier intervention to prevent a crisis situation
- Ensuring that everyone accessing services receives a quality mental health assessment by an appropriately skilled practitioner at the first contact
- People are placed on the most appropriate care pathway at the earliest opportunity
- More effective aligning of secondary care services to integrated teams within the Caring Together/ Connecting Care agenda
- Provide evidence based interventions that are person centred
- The focus is on recovery, linking into the existing community resources to ensure that people received the right care at the right time in the right place.

It is proposed that the new model will provide an easier entry point to services via a single point of access. This will include easier access for people who have previously been in contact with services and discharged but who now need further support. It is hoped that this will also aide easier discharge as one of the main hesitations for service users regarding discharge is how long they would need to wait to be re-referred.

The existing team structures would be redesigned to ensure that senior clinicians are the first point of contact ensuring that everyone receives a quality mental health assessment by an appropriately skilled practitioner at the first contact. Referrals would be triaged on entry to services, ensuring that service users' needs are correctly risk assessed and prioritised.

Under the proposed new model senior clinicians would have increased capacity to see more complex service users who will be care co-ordinated by Nurse Practitioners. The service would be further enhanced by additional clinical and occupational therapy support. The introduction of additional Nurse resource would also facilitate an increase in the remit of the Health & Wellbeing Clinics to form a 'One Stop Shop' for service users who are prescribed anti-psychotic medications to monitor their physical health needs such as weight management.

The new model would include the introduction of psychology provision to the Older People's Community Mental Health Team for the first time. This would include access to cognitive behavioural therapies and other support which would equip people and their families with coping strategies and resilience in the early stages after diagnosis.

A major part of the re-investment would be to extend the existing Home Treatment Team (HTT) to offer a 24 hour service. The HHT are able to rapidly respond to referrals by visiting people in their own homes to offer acute care, thereby avoiding the need for inpatient admission. The new teams are able to visit people up to 4 times daily in their own familiar environment, often surrounded by family or loved

ones. HTT are also able to help with early discharge from hospital by working closely with service users and carers whilst they are in hospital and can facilitate outpatient electro convulsive therapy (ECT).

### **Patient stories**

Example patient stories are attached as appendix 1.

### **Considerations**

#### Travel

CWP acknowledge the travel impact of the proposals contained within this report and recognises the importance of friends and families being able to visit their loved ones whilst receiving treatment as an inpatient.

There are approximately 120 people accessing acute inpatient adult and older people's mental health services in Central and Eastern Cheshire at any given time:

There are approximately 48 people accessing acute inpatient adult and older people's mental health services in Central and Eastern Cheshire at any given time

- 25 from Eastern Cheshire CCG
- 23 from South Cheshire CCG

\*Based on July 2016 data

It is proposed that as part of the consultation service users, carers and families' views from all locality areas will be sought on how we can best support them should any changes take place including providing transport assistance where required.

It is anticipated that under the new model approximately 6 organic illness beds would be reprovided locally in a care home setting which would limit the travel impact for this group.

Should the modified service be approved, service users and carers travelling from the Eastern Cheshire CCG footprint would notice the most significant travel impact. If traveling from Macclesfield by car the average distance to Bowmere Hospital in Chester is 41 miles with an average journey time of 54 minutes. If travelling from Macclesfield by car to Springview Hospital in Wirral the average distance is 47 miles with an average journey time of 55 minutes.

People accessing services from South Cheshire already travel on average 21 miles (if travelling from Crewe by car) to access inpatient care at the Millbrook Unit in Macclesfield with an average journey time 37 minutes. If inpatient provision was relocated to Bowmere Hospital, Chester this would constitute a limited travel impact on this group with an average distance (if travelling from Crewe by car) of 24 miles and an average journey time of 41 minutes. There are also improved public transport links if traveling from Crewe to Chester via bus or train. The average journey time if travelling from Crewe to Springview Hospital, Wirral by car is 48 minutes with an average distance of 36 miles.

Patients from Vale Royal CCG already access inpatient mental health provision at Bowmere Hospital, Chester and therefore for this this group the service offer would not change.

As part of the pre-consultation planning process a full travel impact assessment has also been undertaken.

#### Implications for other NHS organisations

CWP works closely with other NHS providers across Cheshire and Wirral and has undertaken a stakeholder analysis for the proposed service reconfiguration.

Should CWP's preferred option be progressed further to public consultation, community services will continue to operate within Central and Eastern Cheshire and on-call Doctors will continue to cover Central and Eastern Cheshire and undertake Mental Health Act assessments.

Other providers will benefit from the enhancement of community services through increased access and capacity. CWP have access to their own transport for service users which is routinely utilised for service users from Central and Eastern Cheshire who require a Psychiatric Intensive Care bed which is based in Bowmere, Chester.

As part of the consultation, blue light services and partner organisations views will be sought on how we can continue to deliver a safe and effective service, provide enhanced levels of service and minimise disruption for all.

### Equality impact assessment

CWP has undertaken a full and thorough equality impact assessment regarding the proposals to redesign adult and older people's mental health services.

## **Consultation**

### Pre-consultation

A Project Team and Project Board have been established with membership from clinicians and managers of services. A series of focus groups have been held with staff and service users to look at ideas and capture considerations.

### Proposed consultation

CWP is proposing to undertake a full public consultation over 12 weeks, with the option to extend for a further two weeks to ensure a strong volume of responses, on the options discussed above in line with NHS England guidance on planning, assuring and delivery of service change for patients.

It is proposed that the consultation will be supported by a programme of six public events spread across Central and Eastern Cheshire and engagement events with relevant stakeholder groups such as the Mental Health Forum, MIND etc. An independent evaluator will also be appointed to analyse the results of the consultation and produce a report which will be published on the Trust's website.

## **Timescales**

CWP is proposing to launch a full public consultation from late-October 2016 to early-February 2017.

Following the outcome of the public consultation, a report on the redesign of adult and older people's mental health services will be presented to CWP Trust Board, Eastern Cheshire CCG, Vale Royal CCG and South Cheshire CCG's Governing Bodies, CWP's Council of Governors and the Cheshire East Health and Adult Social Care Overview and Scrutiny Committee – prior to any changes taking place.

If the proposals are supported by the local health and social care economy, CWP will begin implementation of operational plans with the intention of completing the proposals by Quarter 2 of 2017/2018 financial year.

## Appendix 1 – Example patient stories

When reviewing adult and older people's mental health services a number of redesign options have been considered to deliver the best care possible to patients within the allocated resources. To demonstrate the challenges explained on pages 1-5 in practice, example patient stories are shown below.

### Andrew's story...

Andrew is a 24 year old man who has been met by the Street Triage Team following a call to the Police from a member of the public reporting that a man was behaving unusually in Macclesfield town centre in the early hours of the morning.

In the weeks leading up to this incident Andrew had become very afraid as he started to hear voices telling him that someone was going to kill him. At first he was able to ignore these voices but they became increasingly insistent until they were there almost all the time. The voices were angry and told him that he had done bad things and must die. They whispered into his ears but also talked amongst themselves discussing how they would harm him.

Following assessment by the Street Triage Team, Andrew was diagnosed as having his first episode of psychotic illness and taken to A&E to be seen by the Liaison Psychiatry Team and sectioned under the Mental Health Act.

Andrew would benefit from a psychiatric intensive care environment. This is a more secure ward with less patients and more nursing staff to offer support. Here there are areas he can go to be calm when his voices are at their worst and a greater ratio of staff to patients so that there is more support when things are difficult. He would also benefit from a safe and contained outside area so that he can get fresh air even when he is not well enough to be away from the ward.

### Under option 1:

As there is no PICU at the Millbrook Unit, Andrew will need to be transferred to one of CWP's other sites, either in Chester or Wirral. Whilst awaiting transfer, Andrew would be admitted to an acute ward at the Millbrook Unit.

The ward is a busy place and other patients are coming and going all the time. Andrew started to believe that some of these patients were not what they seemed and had been sent to the ward to hurt him. Andrew was scared and became angry – shouting at other patients and staff and barricading himself into his room. Unfortunately as he is very frightened and angry now, it would be unsafe to transfer him to PICU until he is calmer. As the ward environment at the Millbrook Unit is small, it is difficult to give Andrew the space he needs away from other patients. He needs quite a lot of medication to help him feel less afraid and this leaves him feeling groggy and confused.

After 24 hours, Andrew is now able to be transferred to the PICU in Chester or Wirral. The secure nature of PICU will help Andrew feel safer and there are fewer patients to distract him. After a period of treatment, Andrew is well enough to be transferred back to the Millbrook Unit. Although he receives the same standard of care here, he has to share toilet facilities with other patients. He also has limited access to therapeutic activities away from the ward and feels he doesn't get the space he needs.

After receiving treatment Andrew is well enough to be discharged. Under this option, Andrew will receive less frequent visits from the Community Mental Health Team.

### **Under option 2:**

Andrew would be directly transferred and admitted to Bowmere Hospital, Chester or Springview Hospital, Wirral. As both hospitals have PICU on site, Andrew would be transferred within minutes of arriving at hospital.

The calmer environment means that Andrew's voices become less insistent and he required less medication to help resolve his symptoms and did not become groggy. Whilst in hospital Andrew is able to regularly access a gymnasium and therapeutic activities away from ward which contributed to his overall physical and mental wellbeing. The ward environment at both Bowmere and Springview Hospital is larger with en-suite rooms giving Andrew the space he needs.

After receiving treatment Andrew is well enough to be discharged. Under this option, Andrew will initially receive more frequent visits from the Community Mental Health Team.

### **Carol's story**

Carol is a 56 year old lady who has suffered from bipolar affective disorder since she had her first child in her twenties. When she was younger she had episodes where she felt elated and hyperactive but lately her illness means that she feels depressed most of the time. She struggles to motivate herself to get out of the house and often feels lonely. She is on a lot of medication and worries about the effect this is having on her body.

Sometimes her moods become so bad that she feels like killing herself and she has had to be admitted to hospital. However this is infrequent and she has only had two admissions in the last 10 years. Carol is very reliant on the support she gets from the Community Mental Health Team. She has noticed that her Community Nurse and her Consultant Psychiatrist both seem much busier these days and she is not able to see them as often as she would like.

In the past few weeks Carol has been feeling very low and has started to think it might be better if she wasn't here and has spoken to her Community Nurse about how she is feeling.

### **Under option 1:**

Carol's Community Nurse would ask the Home Treatment Team who offer more intensive support and more frequent visits to be involved. Although Carol feels supported throughout the day, things are much worse at night. She can't sleep and feels she has no one to turn to when she wakes in the night.

Carol calls the emergency out-of-hours contact number and talks to a Nurse on the ward. The Nurse listens and is supportive, however Carol feels she has to tell her story all over again. The ward is busy and unfortunately the nurse has to keep interrupting Carol. The nurse explains to her that if she is feeling suicidal she should go to A&E.

Things are so bad that Carol goes to a busy A&E and has to wait for a number of hours. A&E is loud and Carol begins to feel more distressed and alone. After receiving an assessment with the Liaison Psychiatry Team, Carol is admitted as an inpatient to the Millbrook Unit for further treatment.

Upon discharge, Carol would receive less frequent visits from the Community Mental Health Team.

### **Under option 2:**

Carol's Community Nurse would ask the Home treatment Team who offer more intensive support and more frequent visits to be involved. Carol feels supported throughout the day, but things are much worse at night. She can't sleep and feels she has no one to turn to when she wakes in the night.

Carol would be able to call the 24 hour Home Treatment Team and they would be able to visit her at home during the night. The Practitioner knows about Carol's case and what has been happening recently. This puts Carol at ease and she does not need to explain herself all over again.

The team help Carol feel understood and she is able to go back to sleep without harming herself. This is followed up with another visit first thing in the morning to see how Carol is feeling and whether she needs any additional support.

When Carol is well enough to be discharged from the Home Treatment Team, Carol would initially receive more visits from the Community Mental Health Team. She would also be able to access her local Recovery College where she can learn new skills, meet new friends and plan for her future away from services.

### **Kamil's story**

Kamil is a 75 years old gentleman with a diagnosis of Alzheimer's disease of mild to moderate severity. He has been found to be wandering the streets at night and has got lost on two separate occasions which the Police were brought in to help find him.

Kamil's wife, Agata is finding it increasingly difficult to meet his needs and keep him safe. As time goes on, Kamil is becoming more dependent on his wife to meet his physical care needs. He is now incontinent and can sometimes resist personal care interventions; this has left Agata feeling that she is struggling to cope. Meal times can also be troublesome as Kamil now needs support to feed himself properly.

Kamil believes that he is very young and should be going to work and can become verbally abusive towards Agata if she tries to stop him going out. He is also failing to recognise his children and visits have started to become quite distressing for everybody.

Agata is also dealing with arthritis and is physically feeling the effects of caring for Kamil both night and day. The full care package provided by the local authority and NHS community mental health services is now not enough and Kamil has refused to accept respite or permanent care. His care team has advised that he would benefit from a place of safety.

### **Under option 1**

Kamil would be admitted to the Millbrook Unit to receive an assessment of his mental state. In hospital he receives a comprehensive assessment including occupational therapy, physiotherapy, speech and language therapy and a medication review in order to stabilise his mental state.

The ward Kamil is on is busy and the nursing staff are having to focus their time and resources into caring for patients who are experiencing confusion, hallucinations and aggression. Kamil and Agata both find their time on the ward stressful and upsetting as they are worried about how Kamil's illness may develop in the near future.

Following assessment, Kamil is more stable and his family are invited to attend a Best Interest Meeting to discuss whether he would benefit from returning home or to an alternative setting such as a care home. Under this option, Kamil and Agata would receive less support from the Community Mental Health Team if he was to return home.

### **Under option 2**

Kamil would be admitted to an available elderly mental illness (EMI) placement at a local care home. Here Kamil would receive the same assessment of his mental health which he would have received at the Millbrook Unit.

Kamil and Agata both find the environment more homely and Kamil settles in well, showing limited signs of agitation. In the care home there are more staff available to care for Kamil and offer reassurance to Agata.

The care home offers the same level of safety as the Millbrook Unit with locked doors at in the evening so he cannot leave unattended and also offers a programme of activities adding structure to Kamil's day. The staff at the care home are also able to meet Kamil's physical care needs which enables



Agata to feel less stressed and more confident in the decisions she has to make about Kamil's care in the future.

Following assessment, Kamil is more stable and his family are invited to attend a Best Interest Meeting to discuss whether he would benefit from returning home or through a longer term placement in a care home. Under this option, Kamil and Agata would receive more support from the Community Mental Health Team if he was to return home.

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## CHESHIRE EAST COUNCIL

### REPORT TO: Health and Adult Social Care Overview and Scrutiny Committee

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**Date of Meeting:** 6 October 2016  
**Report of:** Director of Legal Services and Monitoring Officer  
**Subject/Title:** Work Programme update

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#### **1.0 Report Summary**

- 1.1 To review items in the 2016/17 Work Programme, to consider the efficacy of existing items listed in the schedule attached, together with any other items suggested by Committee Members.

#### **2.0 Recommendations**

- 2.1 That the work programme be reviewed and updated following actions from the meeting and other amendments.

#### **3.0 Reasons for Recommendations**

- 3.1 It is good practice to agree and review the Work Programme to enable effective management of the Committee's business.

#### **4.0 Wards Affected**

- 4.1 All

#### **5.0 Local Ward Members**

- 5.1 Not applicable.

#### **6.0 Background and Options**

- 6.1 In reviewing the work programme, Members must pay close attention to the Corporate Priorities and Forward Plan.
- 6.2 Following this meeting the document will be updated so that all the appropriate targets will be included within the schedule.
- 6.3 In reviewing the work programme, Members must have regard to the general criteria which should be applied to all potential items, including Task and Finish reviews, when considering whether any Scrutiny activity is appropriate. Matters should be assessed against the following criteria:

- Does the issue fall within a corporate priority

- Is the issue of key interest to the public
- Does the matter relate to a poor or declining performing service for which there is no obvious explanation
- Is there a pattern of budgetary overspends
- Is it a matter raised by external audit management letters and or audit reports?
- Is there a high level of dissatisfaction with the service

6.4 If during the assessment process any of the following emerge, then the topic should be rejected:

- The topic is already being addressed elsewhere
- The matter is subjudice
- Scrutiny cannot add value or is unlikely to be able to conclude an investigation within the specified timescale

### **7.0 Access to Information**

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

Name: Mark Nedderman  
Designation: Scrutiny Managerr  
Tel No: 01270 686459  
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## Health and Adult Social Care Overview and Scrutiny Committee – 6 October 2016

### Future Meetings

Formal Meeting	Formal Meeting	Formal Meeting	Formal Meeting	Informal Meeting	Formal Meeting
Date: <b>6 Oct 2016</b> Time: 10:00am Venue: Committee Suites, Westfields	Date: <b>3 Nov 2016</b> Time: 10:00am Venue: Committee Suites, Westfields	Date: <b>1 Dec 2016</b> Time: 10:00am Venue: Committee Suites, Westfields	Date: <b>12 Jan 2016</b> Time: 10:00am Venue: Committee Suites, Westfields	Date: <b>2 Feb 2017</b> Time: 10:00am Venue: Committee Suites, Westfields	Date: <b>9 Mar 2017</b> Time: 10:00am Venue: Committee Suites, Westfields

### Essential items

Item	Description/purpose of report/comments	Outcome	Lead Officer/organisation/Portfolio Holder	Suggested by	Current position	Key Dates/Deadlines
Implementation of the Care Act 2014	Committee offered the opportunity to take part in co-design of new service and delivery models for care	People live well and for longer	Deputy Chief Executive and Executive Director People	Director of Adult Social Care & Independent Living	This item needs to be updated.	TBA
Adult Social Care Provider Fees	Committee offered the opportunity to take part in the review of delivery models for domiciliary and residential care in future	People live well and for longer	Deputy Chief Executive and Executive Director People	Director of Adult Social Care & Independent Living	This item needs to be updated	TBA
Caring Together Eastern Cheshire	Fleur Blakeman to come back after report to July meeting	People live well and for longer	Eastern CCG			October/November 2016
Redesigning adult and older people's mental health services.	Consultation on how best to deliver adult and older people mental health services currently provided across Central and Eastern Cheshire with allocated resources.	People live well and for longer	Cheshire and Wirral Partnership(CWP)	CWP	Additional information requested at 8 September 2016	6 October 2016

## Health and Adult Social Care Overview and Scrutiny Committee – 6 October 2016

Access to GPs and GP Services	To consider the level of access and range of services provided by GPs across the Borough with a view to promoting greater access and reducing health inequalities- also to include pharmacies, recruitment of GPs and nurse specialists.	People live well and for longer	GPs/NHS England CCGs Healthwatch	Chairman	Healthwatch Cheshire East has recently completed a piece of research on access to services which will inform Cttee's direction	20 January 2016 HWCE event was postponed. Report to be submitted to Cttee
Pharmacies	Potentially to be considered alongside GP Access	People live well and for longer	Public Health, CCGs, NHSE	Committee	Healthwatch is planning to carry out a patient survey	On hold
Director of Public Health Annual Report 2013, 2014 and 2015 review	To look at whether the recommendations of the DoPH in previous reports have been implemented and improvements made	People live well and for longer	All Cheshire East commissioner and providers	Chairman	Letter to commissioners drafted and due to be spent. 29 April item postponed	6 October 2016
Bed Based Review	To consider the state of services via annual reports	People live well and for longer	Deputy Chief Executive and Executive Director People	Interim Director		Tentative 1 December 2016
Cancer Screening	To receive a briefing on up take of screening services and impact of cancer survival rates	People live well and for longer	Consultant of Public Health	Chairman's 1:1	Dealt with on 9 June 2016. To be re-visited to asses take-up	TBA
Mental Health Reablement	To establish the future delivery of mental health reablement services	People live well and for longer	Council, SCCC and ECCC	Committee	Commissioners to be requested to provide item	3 November 2016
South Cheshire Mental Health Gateway	To provide Committee's view on proposals relating to a new Mental Health Service	People live well and for longer	South Cheshire CCG	South Cheshire CCG	Presentation considered on 6 July. South CCG agreed to come	March/April 2017

## Health and Adult Social Care Overview and Scrutiny Committee – 6 October 2016

					back to Committee March/April 2017	
Public Health Service Projects	To assess the schemes which public health piloted	People live well and for longer	Director of Public Health	Committee	Committee added to work programme at Feb meeting	TBA
Cheshire and Wirral Partnership NHS Trust	To consider performance information specific to Cheshire East following Quality Account meeting in May 2016	People live well and for longer	CWP	Committee	CWP agreed to provide item when required. Proposed 3 Nov meeting	3 Nov 2016
Residential and Domiciliary Care Commissioning Annual Reports	To consider the state of services via annual reports	People live well and for longer	Deputy Chief Executive and Executive Director People	Chairman's 1:1	Director agree but deferred from July	TBA
Delayed Discharges from Hospital	To undertake a spotlight review of the effect of delayed discharges in Cheshire East.	People live well and for longer	Deputy Chief Executive and Executive Director People	Chairman's 1:1	Special meeting to be set up	January 2017
Cheshire/Wirral Commissioning Policy	To review a consultation on new commission policy across Cheshire/Wirral footprint	People live well and for longer	CCGs	Esastern Cheshire CCG		1 December 2016

### Monitoring Items

Item	Description/purpose of report/comments	Outcome	Lead Officer/organisation/Portfolio Holder	Suggested by	Current position	Key Dates/Deadlines

## Health and Adult Social Care Overview and Scrutiny Committee – 6 October 2016

Cheshire and Wirral STP	To receive a briefing on the details of the STP	People live well and for longer	CCCGs	Chairman		6 October 2016
CAMHS and the Procurement around Primary Mental Health Services	Update from Eastern Cheshire CCG				Deferred from 8 September meeting	6 October 2016
Joint Strategy for Carers	Presentation of the draft Joint Carers Strategy 2016-2018 and the planned 3 year action plan to support carers in Cheshire East	People live well and for longer	Commissioning Manager (Rob Walker)	Committee	Strategy and response to Carers Task Group Report received in Jan 2016. Follow up TBA	October/November 2016
Future of Carer Respite	Further to the Call In Meeting – to review the progress of the decision to secure alternative carer respite support via a formal tender process, initially in November 2015	People live well and for longer	Deputy Chief Executive and Executive Director People	Committee	Report updating the committee on implementation of the Cabinet decision received in Nov 2015. First report on performance received in April 16	Next update 3 November 2016
Health and Wellbeing Board	Consider report and action plan developed following a peer review of the HWB in November 2014	People live well and for longer	Head of Health Improvement	Committee	Development of an MoU with the Board and Healthwatch ongoing	On hold
Better Care Fund	To monitor the achievement of health and social care integration and improved health outcomes through BCF schemes	People live well and for longer	Commissioning Manager (Caroline Baines)	Committee	Briefing on 2016/17 funding received at 3 March 2016 meeting	TBA
Local	The Committee wishes to receive	People live	Business	Committee	Robert Templeton	12 January



## Health and Adult Social Care Overview and Scrutiny Committee – 6 October 2016

Safeguarding Adults Board	a presentation from the Board at an informal meeting as part of it's scrutiny role to monitor the adult safeguarding	well and for longer	Manager LSAB		invited to present Annual report	2017
ESAR	To monitor the performance of the Charitable Trust set up to run the Council's leisure facilities	People live well and for longer	Corporate Commissioning Manager: Leisure	Committee	Most recent item received in sept 2015	1 December 2016
Mid Cheshire NHS Trust Quality Accounts	To consider the Quality Accounts of Local NHS Trust	People live well and for longer	NHS Trusts	Committee		May 2017
Cheshire and Wirral Partnership Quality Accounts	To consider the Quality Accounts of Local NHS Trust	People live well and for longer	NHS Trusts	Committee		May 2017
East Cheshire NHS Trust Quality Accounts	To consider the Quality Accounts of Local NHS Trust	People live well and for longer	NHS Trusts	Committee		May 2017

### Possible Future/ desirable items

- Healthwatch Commissioning (Lynn Glendenning)
- Mental Health Services

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