

**PRESENT:** Councillor Andrew Dawson (Chairman)

Councillors Keith Butcher, Paul Dolan, Louise Gittins,  
Eveleigh Moore Dutton, Charles Fifield, Gordon Baxendale,  
Paul Edwards, Brian Silvester, Mo Grant, Wendy Clements,  
Patricia Glasman and Cherry Povall

Apologies for absence were received from Councillors Gill Boston, Carolyn Andrew  
and Ann Bridson

Reserve Member: Councillor Mo Grant

Visiting Member: Councillor Dorothy Flude

Officers in attendance:	Sheena Cumiskey	– Chief Executive
	Avril Devaney	– Director Of Nursing, Therapies and Patient Partnership
	Penny Housley	– Senior Manager-Overview and Scrutiny
	Deborah Ridgeley	– Democratic Services Officer

## **22 DECLARATIONS OF INTEREST**

Members did not declare any personal or prejudicial interests.

## **23 MINUTES**

**DECIDED: That**

the minutes of the meeting held on 10 October 2011 be confirmed as a correct  
record.

## **24 CHIEF EXECUTIVE OFFICER'S REPORT**

The Committee considered the report of the Cheshire and Wirral Partnership's  
Chief Executive, which provided an overview of activity since the last meeting.

Members were informed that following the unannounced visits by the Care Quality  
Commission (CQC), moderate concerns had been raised at Kent House and  
Greenways. It was stressed that there was no evidence of any patient being  
harmful, and the safeguarding concerns raised related to an individual who had  
made unsubstantiated allegations and there had been a delay in the reporting of  
this. Members enquired into how the results differed from Greenways achieving an  
"excellent" accreditation by the Royal College of Psychiatrists (RCP) Adult  
Inpatient Mental Health Service Accreditation Process AIMS. It was explained that  
the one service had been reviewed in two different ways. The CQC inspection took  
a "snapshot" of the Centre at the time of the visit, whilst the RCP took a more  
systematic approach to examine the way the Centre was being run.

Reference was also given to The Operating Framework for the NHS for 2012/2013 and the Quality Innovation Productivity and Prevention (QIPP) Level 2 Health Economy Savings.

Sheena Cumiskey then referred to the Member Engagement Events, which consisted of 3 half day events entitled “No Decision about me without me”, and of the disappointing turnout at the one event held on 18 January 2012. Councillors were invited to suggest ways of improving attendance at events, and the following were suggested:-

- Hold the event in a more public area, such as a market or shopping centre
- Hold the events at different times, they were often held during the day when people could be working; and
- Hold the event in a more central location within the Boroughs, the locations chosen were at the “extremity” of the local authority areas.

Members were reminded that the events were targeted at Board Members and interest groups. The CWP also attended other meetings to raise awareness, such as the Youth Parliament.

The recently launched television campaign regarding mental health at work was highlighted, and it was described as a national campaign to try and reduce discrimination at work, which did have an impact on services by raising awareness. Historical evidence had shown that during a recession, people did suffer from depression and anxiety and that had to be considered as part of the planning for service demand.

**DECIDED: That**

the report be noted.

## **25 FUTURE INPATIENT SERVICE CONFIGURATION**

The Committee considered a report updating Members on the future inpatient service configurations, which had been requested at the last meeting. It was anticipated that the Estates Strategy would be revised over the next 3 months and a further report to outline the development proposals and challenges in service configuration to the Joint Scrutiny Committee’s next meeting in April.

Members were informed that a Strategic Estates Partner had been appointed and a Joint Venture had been established. It was through the Joint Venture that it was hoped the Trust would be able to access funding sources unavailable via traditional routes. A tendering process would have to be followed in compliance with the Official Journal of the European Union, which would be completed by the end of 2012. Alternative venues for providing services were always explored, and where possible, sharing accommodation with other health providers was encouraged as it promoted joint working and was considered to be a better use of space.

Members welcomed the update.

**DECIDED: That**

the update be noted.

## **26 QUALITY ACCOUNTS: PATIENT SAFETY PRIORITY FOR 2011/12 - PROGRESS**

Avril Devaney, Head of Nursing, referred Members to the progress report which set out the Quality Account assurance process. Members were reminded of the aim of the inpatient safety metrics programme, which was to undertake an ongoing check of patient safety issues common to all 22 inpatient wards in order to regularly monitor performance in these areas. It was reported that there were no nationally set metrics for mental health, so the tables enclosed in the report were established locally.

Members expressed concern at the improvement percentages provided in the report, and requested more detail with regard to the starting point, as it appeared some services had seen an improvement of 600%, which alarmed Members as to the size of the improvement. Members queried the presentation of the information and suggested that it could have been presented as a Red Amber Green (RAG) system, which would alert Members to the main area of concern.

The Committee were informed that the CWP Board received this information as a RAG rated document, and this too had caused concern. Members were reminded that there was no established standard tool for recording this, and the production of this information would then become the benchmark for future comparisons. The Chairman requested that the detail behind the improvements be emailed to Members to aid their understanding of the results presented in the report.

### **DECIDED: That**

the report be noted.

## **27 7 DAY FOLLOW UP PROGRESS**

Members considered the report of the Head of Performance and Information which provided an explanation as to the drop in performance in relation to the 7 day follow-up, highlighted at the last meeting.

It was reported that due to an issue with manually recorded data, this information in the July 2011 report was incorrect. An internal task and finish group had been established to oversee a move away from a manual process of collecting this information which is now fully automated.

### **DECIDED: That**

the update and explanation provided be noted.

## **28 CWP NHS TRUST SUICIDE PREVENTION STRATEGY**

The Committee considered recently developed CWP NHS Trust Suicide Prevention Strategy, and were referred to the 6 objectives set out in the report, which were outlined:-

Objective 1 – to work in partnership with public and private agencies and organisations to prevent and reduce suicide rates in our population

Objective 2 – to target high risk groups to prior reduction in harm and effective recovery strategies

Objective 3 – to promote and endeavour to provide a safe environment for our patients

Objective 4 – to have high quality risk assessment and management as part of the effective care planning for all our patients

Objective 5 – to have appropriately trained and competent staff to ensure effective suicide awareness and prevention; and

Objective 6 – to ensure that there are robust processes in place within the trust to learn lessons identified nationally, regionally and locally from confidential enquiries, national patient safety alerts, serious untoward incidents etc.

Members discussed the Strategy and were informed that reviews would be required due to the production of a new national strategy and the formation of the Health and Wellbeing Board, which would become a local authority responsibility from 2013. The CWP would be targeting their resources towards the individuals currently receiving their services, but were aware that not everyone who commits suicide has mental health issues.

Members enquired if anyone had committed suicide and had mental health issues but were not known to CWP would there be any way of finding this out. It was reported that when the Coroner recorded a death by suicide, or an open verdict, the CWP were not always requested to provide information so were not automatically aware of an individual's circumstances. When the CWP was asked to provide a report, this information guided the budget for support for the following financial year.

Members enquired if consideration had been given to the bereaved family members or friends, and if any support mechanisms were available. It was confirmed that this was contained in the Strategy, and took either an informal or formal approach, depending on the preferences of the individuals concerned. The work carried out by other agencies and connections with partner organisations was outlined in the Implementation Plan, appended to the report, and this recognised that the issue was not just a CWP issue, and that the wider community played an important role.

Objective 3 of the Strategy was referred to, and Members were informed that discharge from inpatient care did present issues for patients going from a hospital environment to home. Families were involved in care planning, where this was permitted by the patient. The subject of discharge was mentioned early in the care if a patient. CWP was involved in a national piece of work entitled "The Triangle of Care", which emphasised the importance of family involvement.

The Chairman suggested that a regular report be submitted to the Joint Committee and it was debated whether this should be quarterly, or based on which information as the reports from the National Confidential Enquirer were usually 12 – 18 months out of date. This would be debated further at the next meeting of the Joint Committee.

Members thanked the officers for their report and full debate.

**DECIDED: That**

- (i) the report be noted;

- (ii) the most appropriate reporting mechanism be discussed at the next meeting of the Joint Committee.

## **29 TASK GROUPS - PROGRESS**

Members were reminded of the three Task Groups established at an earlier meeting of the Committee, and that two had met since the last meeting. The topics covered were Community Treatment Orders and Alcohol Acquired Brain Injury, which were filmed and copies of the DVD and sound file were available, along with the Powerpoint presentations used at the groups.

Members welcomed the first meetings of the Task Groups and it was suggested that due to problems with availability, a date be arranged for the outstanding Group and make it available for anyone who is able to attend. This would also be filmed, and the DVD would be available after the Group.

### **DECIDED: That**

The update be noted and the remaining Task Group be arranged for mid-February 2012.

## **30 FUTURE OF THE CHESHIRE AND WIRRAL JOINT SCRUTINY COMMITTEE**

Members considered a tabled document concerning suggestions for the future of the Cheshire and Wirral Joint Scrutiny Committee. The document set out the issues that arose from the telephone conference held between the Chairman and the spokesperson.

Members held a detailed discussion about the Joint Scrutiny Committee and the value placed on the Committee by the CWP. Sheena Cumiskey confirmed that she found the Joint Committee to be valuable as it raised the profile of their work and enabled them, through discussion, to improve services and maintain close working with the local authorities of their footprint. The Joint Committee were reminded that the CWP was not alone in being a service provider for mental health, and that the other service providers would be welcome to also attend meetings to discuss service provision.

It was reported that any changes suggested to the remit of the Joint Committee would need to be considered by the three local authorities. A variation in numbers was also discussed, and any changes to this would also require agreement by the three authorities, and the corresponding impact on proportionality. The impact of the changes within the NHS would also have to be considered, with the transfer of the Health and Wellbeing function to local authorities from 2013 and the role of the Joint Committee and the Joint Commissioning Committee.

### **DECIDED: That**

the update be noted.

## **31 PROVISIONAL DATES FOR FUTURE MEETINGS**

### **DECIDED: That**

the dates for future meetings be noted as 16 April 2012, 9 July 2012, 21 January 2013 and 15 April 2013.

Chairman .....

Date .....