

PRESENT: Councillor Andrew Dawson (Chairman)

Councillors Paul Dolan, Louise Gittins, Charles Fifield,
Gordon Baxendale, Gill Boston, Carolyn Andrew,
Brian Silvester, Jacquie Weatherill, Wendy Clements,
Patricia Glasman, Cherry Povall and Bob Wilkins (Reserve)

Apologies for absence were received from Councillors Keith Butcher, Ann Bridson,
Tony Smith and John Salter

Reserve Member: Councillors Bob Wilkins

Officers in attendance:	Ros Francke	– CWP Director of Finance NHS Foundation Trust
	Avril Devaney	– Director Of Nursing, Therapies and Patient Partnership
	David Jones	– Scrutiny Team
	Deborah Ridgeley	– Democratic Services Officer

14 DECLARATIONS OF INTEREST

Members did not declare any personal or prejudicial interests.

15 MINUTES

Members were informed that references to Councillor Gill Bidston was recorded in error and should read Councillor Gill Boston.

DECIDED: That

subject to the above amendment, the minutes be confirmed as a correct record

16 CHIEF EXECUTIVE OFFICER'S REPORT

Ros Francke, Director of Finance, CWP Trust, presented the Chief Executive's Report on behalf of Sheena Cumiskey, Chief Executive, who was unable to attend. Work with regard to integrating community care within Western Cheshire was progressing well. The post transaction plan had been completed, and the focus had now turned to residents to ensure they did not suffer from changes in service provider. Work was also underway on achieving the expected level of savings, which required the engagement of all GP's in the Trust's area along with health care providers such as the Countess of Chester Hospital.

An overview was provided of the services currently being tendered, under the 'Talking Changes' umbrella. The transfer and transition of services that were no longer being delivered was being planned, which would involve TUPE arrangements for staff, who had been kept fully informed of the changes.

Members were informed of two “spot checks” that had taken place by the Care Quality Commission in the last three weeks, of the Learning Disabilities Inpatient Services Unit, which were the first visits following the Winterbourne View Unit in Bristol incidents. No formal feedback had yet been received, but the Joint Committee would be informed as soon as the information was available.

Members welcomed the report, and additional information provided.

DECIDED: That

the report be noted.

17 CHESHIRE AND WIRRAL PARTNERSHIP FOUNDATION NHS TRUST - ANNUAL REPORT AND SUMMARY ANNUAL PLAN

Ros Francke, Director of Finance, provided Members with an overview of the Annual Report and Summary Annual Plan, which had been made available for Members to view online. The document had been produced on a disc, had an interactive element to it; and had been nominated for a communications award.

The Annual Report covered three key sections; Quality Accounts; Financial Accounts and a Narrative section which covered the Directors' Reports.

Work was still on-going on Specialist Services, in particular the Eating Disorder Service, as there was still a gap between demand and supply and working with a nationally re-knowned clinician it was hoped this service would be developed.

Reference was made to the staff survey recently undertaken, which targeted a specific group. Using this information as a benchmark, it was hoped to see an improvement in performance next year. The next staff survey would cover all employees, and managers were confident staff would find the CWP a good place to work.

The membership of the Foundation Trust currently stood at 1,500 members, which was described as a good engagement at different levels. The CWP had received a Financial Risk rating of 4, where 1 was poor and 5 was best. The Governance Rating was arranged in a traffic light formation, ranging from red to green. The CWP had received a Green rating, which meant they were performing reasonably well.

Ros Francke set out the 10 key priorities in the Annual Plan, which had been referred to at the training for Members in August 2011. These covered specific projects undertaken and completed and those on-going; the skills needed by staff; enhancement of data quality; incentives for good performance and assistance with regard to the move to payment by results.

The capital investment programme for the next five years was outlined, including expected expenditure on inpatient care.

Plans in progress included the likely areas of consultation, one example being Future Inpatient Service Configuration, which the Chairman suggested could be the subject of a report back to the Joint Committee at its meeting in January 2012.

Also suggested as a future agenda item was the 7 day follow up post discharge benchmark, which recently slipped from 95% to 92%, and was listed amongst the Areas for Improvement, along with access to physical health care for those with a mental illness/physical disability.

There then followed an opportunity for Members to ask questions about the Report and Plan, which included:-

- Had the CWP considered tendering for more services than they currently do?
- Is there a contingency plan if services were lost through tendering?
- An overview of stretch targets would be welcomed
- How the quarterly reports are reported to the Joint Committee – could be a discussion before the next meeting, for Chairman, Deputy Chairman and Spokesperson.
- Further information on mandatory, voluntary and other targets.

Members welcomed the presentation and the opportunity to ask direct questions.

DECIDED: that

- 1 the presentation be noted and welcomed;
- 2 two items from the presentation be considered at the next meeting of the Joint Committee:- Future Inpatient Service Configuration and the 7 day follow up post discharge benchmark.

18 TASK GROUPS - UPDATE

Members were reminded of the three Task Groups established at the last meeting of the Joint Committee. A Clinical Adviser had been assigned to each Group. The first meeting would consist of discussion of the proposed scoping document and a master class in the specific area, to which all Members of this Committee would be invited to attend.

It was expected that the Task Groups would need to provide an update report back to the Joint Committee in January 2012, with a final report in April 2012. Members were requested to be as flexible as possible with their availability to permit this.

DECIDED: That

- 1 the update be noted
- 2 Members confirm their availability for the task groups as soon as possible; and
- 3 attendance at the first meeting and master class be open to all Members of the Joint Committee.

19 TRAINING SESSIONS - FEEDBACK

Members were referred to the two training sessions held on 22 and 24 August 2011, which involved an overview of the responsibilities of the Trust and provided examples of pathways through the various services.

Members welcomed the sessions, which the Chairman described as the best he had attended, and the Deputy Chairman thanked the officers concerned for the training. Further sessions would be arranged for those who were unable to attend.

DECIDED: That

the feedback be noted.

20 FUTURE SCRUTINY ROLE OF CHESHIRE AND WIRRAL JOINT SCRUTINY COMMITTEE

The Joint Committee discussed a report setting out issues around the future scrutiny role of the Cheshire and Wirral Joint Scrutiny Committee. The current terms of reference were described as being quite specific but possibly too simplistic in the current climate.

The Chairman reminded Members that the Committee had not had the continuity of Chairmen as this alternated on an annual basis. The future shape of the NHS was also discussed, and whilst changes were expected within the next three months, the footprint of the services involved in this area were expected to remain the same.

The questions considered by the Joint Committee included:-

- Do the current terms of reference, procedures and protocols reflect the current and future responsibilities of the CWP?
- Is the Joint Committee too large?
- Should the Chairmanship rotate every two years?
- What should the Committee's work plan concentrate on? Need to define which aspects are appropriate for the Joint Scrutiny Committee and which would be for individual Health and Wellbeing Committees
- Should health pathways be scrutinised rather than just services?
- How does the Committee address links with the new public health function and Health and Wellbeing Boards?
- How far does the Committee look beyond just health and include social care?

The CWP reported that only 44% of mental health care services within the three local authorities were provided by them and further investigations would be undertaken by the CWP with regard to who provided the remaining 56%.

The need to avoid duplication was then discussed, as was the fact that some services were provided by the CWP to specific areas only,

DECIDED: That

the Chairman, Deputy Chairman and Spokesperson meet with officers to discuss the issues raised, and a report be considered at the next meeting of the Joint Committee, with a view to developing a work plan.

21 ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS URGENT.

There were no items of urgent business.

Chairman

Date