

**CHESHIRE COUNTY COUNCIL/ METROPOLITAN BOROUGH OF WIRRAL  
JOINT SCRUTINY COMMITTEE**

**MINUTES OF A MEETING OF THE CHESHIRE COUNTY COUNCIL/  
METROPOLITAN BOROUGH OF WIRRAL JOINT SCRUTINY COMMITTEE  
held on 27 March 2007 at Cheshire County Sports Club, Chester**

**PRESENT:**

Cheshire County Council

Councillor Mrs D H Flude (Chairman)  
Councillor R D Andrews  
Councillor S Proctor  
Councillor A Richardson

Wirral Metropolitan Borough Council

Councillor A Bridson  
Councillor I Coates  
Councillor J Quinn  
Councillor D E Roberts

Co-opted Members:

Mr F Cook  
Mr M Kennedy

Apologies for Absence

Apologies for absence were received from Councillors C Blakeley, Mrs J McKelvie, D J Newton and Mrs M J Simon.

**6 PROCEDURAL MATTERS**

**RESOLVED:** That the Minutes of the meeting of the Joint Committee held on 16 January 2007 be confirmed as a correct record.

(Note: Councillor Mrs D H Flude declared a personal interest on the grounds that she was a Member of the Alzheimer's Society and also was Treasurer of the Cheshire Learning Disability Advocacy Service).

**7 CHIEF EXECUTIVE'S REPORT**

Peter Cubbon, Chief Executive of the Partnership Trust, briefed the Committee on various matters relating to the Partnership:

Foundation Trust application – the Trust anticipated an authorisation date of 1 July 2007 following the completion of the assessment process by Monitor. Membership of the Trust currently stood at 3384 including members of the public, service users and carers and staff. The process of obtaining elected Governors was underway and partner organisations were expected to confirm their Governor appointments shortly. An induction programme for Governors was being developed. The Trust was trying to encourage greater public membership through

## CHESHIRE COUNTY COUNCIL/ METROPOLITAN BOROUGH OF WIRRAL JOINT SCRUTINY COMMITTEE

advertising in local papers and direct mailing. Members asked how the Trust would liaise with organisations such as Local Strategic Partnerships to which Peter Cubbon said he would welcome a role for Scrutiny in assisting with this;

- Contract Development – discussions around contract development were ongoing and a process was in place for constructing arrangements around a model contract generated nationally;
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- Out of Hours access to Crisis Resolution Home Treatment Teams (CRHTT) – The Committee was updated on this matter following concerns raised at the previous meeting particularly regarding the service in Cheshire. In Cheshire, access was available 24 hours a day, 365 days a year with out of hours' services provided by the Social Services Emergency Duty Team. In Wirral access to the out of hours' service was via the GP. A service user questionnaire was under development to collect views of those who had used the CRHTT service;
- Public Health – a Public Health Strategy had been approved in February which would enable the Trust to work towards improving the health and well-being of Service Users, Carers and Staff as well as partners in the local health and social care communities. The aims of the Strategy were to:
  - Liaise with Public Health departments within Primary Care Trusts to tackle health inequalities among those with mental health, learning disabilities and drug and alcohol problems;
  - Demonstrate how to be a healthy employer;
  - Encourage health promoting practice in wards, clinics and departments throughout the Trust;
  - Develop community partnerships with key stakeholders;
  - Promote greater understanding of the public health agenda within the Trust.

The Trust had recently held an event to promote the support that it could offer to employers and representatives of various organisations including the Fire Service and Post Office had attended. In response to a Member's question, Peter Cubbon explained that the Trust worked with Styal Prison via an in-reach team.

- Proposals for investment of a 1% uplift in budgets for 2007/08 – the Trust Board had been notified of a proposed 1% uplift in mental health funding beyond the standard inflationary tariff raise of 2.5%. Discussions had been held between clinical divisions within the Trust to influence the decision making of Commissioners. In principle, the Trust believed that the resources would be best used to support and sustain existing developments in service to ensure they became fully clinically viable at an early stage in their expected scheme of implementation and to address variations in availability of some aspects of the care pathway to ensure more equitable delivery.

## CHESHIRE COUNTY COUNCIL/ METROPOLITAN BOROUGH OF WIRRAL JOINT SCRUTINY COMMITTEE

- Health Care Commission – Mersey Internal Audit had recently assisted the Trust Board with its internal assessment of compliance against the core standards in the “Assessment for Improvement Framework” used by the Health Care Commission. This assessment indicated that the views of the Board were coherent and had validity. All evidence would be formally considered and the Trust Board expected to declare itself compliant against all standards at the March Trust Board meeting. The views of partners and stakeholders including this Committee would be a significant consideration for the Board in finalising its response.

**RESOLVED:** That the Chief Executive’s update be noted.

### 8 CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

The Committee considered a report following on from the previous meeting when the concern of the Joint Committee was noted at the current levels of investment locally in the CAMH service.

A report had been submitted to Cheshire County Health Scrutiny Select Committee’s (HSSC) meeting of 24 January at which the Chief Executive of Western Cheshire PCT had acknowledged the concerns expressed about the CAMHS and informing the Committee that both Cheshire PCTs were about to commission their own joint wide-ranging review. A further report had been submitted to the HSSC on 14 March outlining the scope, timescale and potential outcome of the review, which was currently underway. An update report would be submitted to the HSSC in the summer. To avoid duplication, it had been agreed that the HSSC would await the outcome of the PCTs review before considering whether or not to undertake any review of its own.

The Joint Committee was informed that at a recent meeting, the Board of Wirral PCT had agreed to reinstate the funding previously reduced for the CAMH service on Wirral. The position in Cheshire was yet to be confirmed.

**RESOLVED:** That the current position be noted and the Committee be updated on the CAMH service at the October meeting following the completion of the joint review of the service by the Cheshire PCTs.

### 9 UPDATE ON ADULT AND OLDER PEOPLE’S BED MANAGEMENT ISSUES IN CHESHIRE AND WIRRAL PARTNERSHIP NHS TRUST

The Committee considered an interim report on the implications of the Trust’s decision to close beds as part of a redesign so as to achieve the requirements of the Cash Releasing Efficiency Savings (CRES) and based on the increased efficiency of the Crisis Resolution Home Treatment Teams.

The report outlined the impact on admissions, the position with out of locality beds and delayed discharges.

During the debate on the issue the following points were raised:

- Were the bed occupancy figures affected by beds being kept empty for patients ‘on leave’? In reply, it was explained that patients being on leave was necessary as a way of assessing whether they were able to

**CHESHIRE COUNTY COUNCIL/ METROPOLITAN BOROUGH OF WIRRAL  
JOINT SCRUTINY COMMITTEE**

manage at home, a bed occupancy figure of 85% was the most appropriate as this would mean in-patient facilities would be available to those who needed them;

- Delayed discharges could be due to the difficulty of finding appropriate accommodation for people who did not need to be in hospital, there was a need for intermediate facilities which would provide a service between acute hospital provision and home;
- The possibility of using the savings made from bringing patients back into the area for the provision of an intermediate facility.

**RESOLVED:** That the report be noted and a comprehensive report be submitted to the next meeting in June.

**10 HEALTHCARE COMMISSION: THE ANNUAL HEALTH CHECK OF PERFORMANCE**

The Annual Health Check was designed to help the Healthcare Commission to undertake its annual assessment of the performance of every NHS organisation against the framework of national standards and targets set by the Government. An annual performance rating of excellent/good/fair/weak would be given on Quality of Service and Use of Resources.

The Joint Committee had previously agreed that it would wish to submit a commentary on the Health Check of the Trust for 2006/07 focusing on standards relating to Patient Experience, Consultation and Public Health. To facilitate this, the Committee would draw on evidence arising from interaction it had had with the Trust over the past 12 months.

**RESOLVED:** : That the Joint Committee endorses the comments in paragraphs 4 – 11 of the report now submitted as the Overview and Scrutiny Committee's commentary on the Healthcare Commission Health Check of the Partnership Trust 2006/07 subject to some additions to paragraph 7 to now read:

“7. The Partnership has a good track record on engagement with patients and carers in designing and planning services, together with a good working relationship with the Joint Committee. Proposals to substantially vary or develop services are brought to the notice of the OSC (and the PPIF) at an early stage so that there is an opportunity to influence the consultation activity for the better. An example is the consultation on the Redesign of Adult and Older People's Services where the OSC expressed concern with the locations chosen for public meetings, and the Trust subsequently did take some remedial action. Also, following concerns raised at a Joint Committee meeting in relation to the Out of Hours access to Crisis Resolution Home Treatment Teams' service in Cheshire, monitoring of the service was to be undertaken including seeking views of service users. The Joint Committee noted the therapeutic benefits that can arise for service users if they are invited to participate in a consultation exercise.”

**CHESHIRE COUNTY COUNCIL/ METROPOLITAN BOROUGH OF WIRRAL  
JOINT SCRUTINY COMMITTEE**

**11 PROPOSALS FOR A HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE**

The Committee considered a report outlining proposals for the Annual Meeting of Cheshire County Council in May to amend the terms of reference of its Health Scrutiny Select Committee to include the scrutiny of Adult Social Care with immediate effect. One of the main drivers for this change was the Government's expectation that the focus for Health Scrutiny in future should be on the plans and performance of commissioners both within Health Care and Social Care.

As the Partnership Trust was shortly to be awarded Foundation Trust status it was felt that it may be appropriate to review whether any changes should be made to how this Joint Committee operated.

**RESOLVED:** That the Chairman and Vice Chairman consider whether any changes should be made to how this Joint Committee operates and bring forward any proposals for consideration at a future meeting.

**12 PATIENT AND PUBLIC INVOLVEMENT FORUM (PPIF) ITEMS**

Mr Murdo Kennedy of the PPIF had submitted the following items:

- Access to Crisis Resolution Home Treatment Services in Cheshire – the Forum was pleased to report that uncertainties and inconsistencies had now been resolved and felt that the needs of people and carers on enhanced CPA had been met;
- Bed blocking of Mental Health beds – this had been covered in minute number 9 above;
- Update on powers and people for LINKs:
  - a LINK would be able to refer a matter to Overview and Scrutiny, refer any concerns to an appropriate regulator and set up a Specialist Joint Committee with full delegated powers in relation to specialist services such as oncology that covered more than one LINK;
  - Membership would be via a register of existing local groups and voluntary organisations with a small number forming a LINK Stewardship Board with powers to require answers and entry to premises/services with most of the day to day work carried out by Sub Groups of the Stewardship Board;
  - The number of people on the Stewardship Board was still to be decided but the Forum suggested 15 as a maximum workable number with membership comprised of volunteers elected by the membership on constituencies based on geographical and functional criteria.

It was noted that funding for LINKs would be allocated by Government to Social Services' authorities who would have the duty to establish a LINKs service.

**RESOLVED:** That the report from the PPIF be noted.