

# Cheshire CC / Wirral Council Joint Scrutiny Committee

## 10 October 2007

### Cheshire County Council

Councillors R D Andrews  
Mrs D H Flude  
S Proctor

### Wirral Council

Councillors A Bridson (Chair)  
D E Roberts

### Co-opted Members

Mr F Cook  
Mr M Kennedy

### Apologies

Wirral Councillors I Coates, P T C Reisdorf and G C J Watt and Cheshire County Councillor M Simon

## **6. DECLARATIONS OF INTEREST**

Members were invited to consider whether they had any personal or prejudicial interest in connection with any matter to be considered at the meeting and, if so, to declare them and state the nature of such interest.

Councillor Mrs D Flude declared a personal interest as a Member of the Alzheimer Society and also as Treasurer of the Cheshire Learning Disability Advocacy Service.

## **7. WELCOME**

The Chair welcomed everyone to the Committee and referred to the fact that it was World Mental Health Day.

Avril Devaney, Director of Nursing, Therapies and Patient Partnership, informed the meeting that as part of World Mental Health Day a poetry reading had taken place at the Chester City Library earlier that day and she had a number of Challenging Stigma Poetry books with her which she was happy to sell to members at the end of the meeting.

## **8. MINUTES**

The minutes of the meeting held on 18 June, 2007 were submitted for the Committee's confirmation as a correct record.

**Resolved - That the minutes of the meeting held on 18 June, 2007 be confirmed as a correct record.**

## **9. CHIEF EXECUTIVE'S REPORT**

The Chief Executive, Peter Cubbon, briefed the Committee on various matters relating to the Trust, these included, the Healthcare Commission's Annual Health Check, Service Improvement Reviews and the Mental Health Patient Survey 2007. In terms of national performance requirements the Trust had declared compliance with standards for the Annual Health Check 2006-07. The Healthcare Commission's (HCC) cross checking of this declaration (via other data sources) had not resulted in identifying a need for inspection. 73% of the cross checked items had been described as performing as expected, by national comparisons. Alongside the Annual Health Check the Healthcare Commission had also carried out two Service Improvement Reviews and a Community Mental Health Survey and details were given of each of these. The Trust would receive the results from the HCC on 17 October and they would be published 2 days later.

Information was also provided on:

(i) Deprivation of Liberty Safeguards (DOLS) - this would be introduced on 1 October, 2008 following an amendment to the Mental Capacity Act 2005. This would mean that a hospital or care home had to seek authorisation from a supervisory body (for a hospital this meant from the PCT and for care homes the local authority) in order to be able to deprive someone who had a mental disorder, and who lacked capacity to consent, of their liberty. It was anticipated that these would apply largely to people with learning disabilities and older people suffering from dementia but it did not cover every person admitted to a hospital or care home.

(ii) Sickness Management - The sickness rate in July 2007 was 5.43% (July 2006 4.46%). The rate had dropped over summer months (as was usual from previous years) by August 2007 it was 5.14% but was still running higher than last year. It was unlikely that the target of 4.5% would be achieved by December. The impact of the new schemes implemented had yet to be measured. Statistics were also provided in terms of hours lost per month and a breakdown in terms of types of sickness.

(iii) The Trust's re-branding exercise - a unanimous decision had been reached to retain the formal name of the trust as 'Cheshire and Wirral Partnership NHS Foundation Trust' whilst developing the branding around the initials 'CWP'. A new colourful CWP icon would be introduced across Trust stationery, publications and the website, which would become associated with the Trust and tie all of its communications materials together. The new branding was launched on World Mental Health day, Wednesday 10th October 2007.

With regard to the DOLS, Keith Evans, Senior Manager (Mental Health), Cheshire County Council / CWP, suggested that Members might find it helpful to have a more detailed presentation on implementation and the Chair welcomed this suggestion.

In response to Members' comments, Avril Devaney, Director of Nursing, Therapies and Patient Partnership, commented that the Substance Misuse Services Improvement Review had focussed on drugs and there was an issue regarding resources for alcohol services. This was a national issue and lobbying was taking place for more investment in alcohol services.

The Chief Executive was thanked for the sickness report and it was suggested this report could be brought to the Committee once a year.

**Resolved -**

**(1) That the report be noted and the Chief Executive be thanked for his report.**

**(2) That a report on sickness absence be presented annually.**

## **10. UPDATE ON ADULT AND OLDER PEOPLE'S BED MANAGEMENT ISSUES**

Avril Devaney, Director of Nursing, Therapies and Patient Partnership, introduced a progress report on the redesign of adults and older people's inpatient services including an update on key areas such as occupancy levels, models of care and sickness levels. A full report evaluating the first year's impact of the redesign would be reported to the January 2008 Cheshire and Wirral Partnership Foundation Trust Board meeting.

The acute care model which had been introduced on Wirral in June was currently being evaluated. It had resulted in a reduction in bed occupancy from 107% in August 2006 to 95% in August 2007. Nursing staff were able to spend more therapeutic time with service users because the number of ward reviews had been replaced with a system whereby the consultant saw the service user at their request and convenience.

The Chester Crisis Resolution Home Treatment Team (CRHT) had introduced a system of fast track discharges, whereby those service users who were deemed inappropriate for inpatient care were discharged as soon as the assessment process was complete. The Chester wards continued to accept admissions from Crewe and Macclesfield but had received none from Wirral since the introduction of the acute care model.

For the South East Services (Vale Royal, Crewe and Nantwich, Congleton and Sandbach and Macclesfield) bed occupancy rates remained a concern and clinicians and managers had been working closely to examine the role of consultants in the Crisis Resolution and Home Treatment service. This had now been resolved and the new ways of working would be introduced shortly. Other management initiatives were being introduced to strengthen the management and leadership of the teams as well as creating a lead practitioner post for the Macclesfield CRHT.

Robin Roberts, Scrutiny Policy Manager, Cheshire CC, referred to the resolution which the Cheshire Health and Adult Social Care Scrutiny Select Committee had

passed following the referral on this matter. It had resolved -

"That the Committee:

(a) notes the referral from the PPIF, the supporting Statement and the Response from the PCT;

(b) notes the work being commissioned in the form of a whole-system Review of Mental Health Services across Cheshire and the Mental Health Needs Assessment to be undertaken by the PCT;

(c) asks that the issues raised by the PPIF be addressed as part of this work and a further report be brought back to the Committee".

Keith Evans, Senior Manager (Mental Health) Cheshire County Council / CWP, reported that NHS North West had established a commission on Mental Health Services which was expected to report publicly in September 2008.

In connection with this item, the Committee also considered the paper which had been submitted by Mr Murdo Kennedy of the Patient and Public Involvement Forum giving the PPIF's update on the referral of CRHT staffing levels to the OSC. He informed the Committee that he had not had an explanation as to the staffing shortfall of the CRHT Team in Central Cheshire. He stated that the responses from the Cheshire Health and Adult Social Care Scrutiny Select Committee and the Joint Committee had been exemplary.

**Resolved -**

**(1) That the report of the Cheshire and Wirral Partnership Foundation Trust be noted.**

**(2) That the reports on the action taken by the Cheshire Health and Adult Social Care Scrutiny Select Committee be noted.**

## **11. MEMBERSHIP REPORT**

A report was submitted which gave an update on membership of the Trust. It summarised members recruited during the past week, method of recruitment, total members to date and how that compared to targets. Peter Cubbon, Chief Executive, reported that the latest figures, as at 5 October, were that there were now 2543 public members and a total membership of 5086.

In response to comments from Members, Peter Cubbon, stated that the target was to reach 5000 public members by next July. There were certain geographical areas where membership was low and these would be targeted.

**Resolved - That the report be noted.**

## **12. DEVELOPING LOCAL INVOLVEMENT NETWORKS IN CHESHIRE AND WIRRAL**

The Joint Commissioning Manager - Health, Wirral Council and the Scrutiny Policy Manager, CCC submitted a report which gave details of the development of Local Involvement Networks (LINKs). LINKs were the new mechanism for involving

patients, the public, people who used social care services, carers, and interested groups and organisations in improving health and social care. They would provide a stronger voice for local people in the planning, commissioning and provision of health and social care services and would commence in areas where the local authority had responsibility for social services in April 2008.

The main changes from the current system of patient and public involvement forums were:

- LINKs would cover social care as well as health care.
- LINKs were a broad network covering health and social care services across a local authority area, rather than being linked to specific NHS trusts or PCTs.
- LINKs would be supported and administered by host organisations commissioned and contracted by local authorities, rather than by forum support organisations commissioned through the Commission for Patient and Public Involvement in Health which would be disbanded in April 2008.

The report gave details of how LINKs were being developed in both Wirral and Cheshire. There were probably two main models for how a LINK could operate:

- (i) Participants and members appoint a steering group, board or 'membership hub' which acted as a governing body for the work of the LINK.
- (ii) A co-operative, non-hierarchical approach without a steering hub. For example, periodic 'citizens meetings' would be arranged by the host organisation to identify priorities. Task groups would be set up to take action on the priorities and report back.

Within these two models there would be a wide variety of options.

Funding would be based on a traditional formula basis and the amount of funding should be known by the end of this week. It would be for each LINK to develop its own governance arrangements.

Murdo Kennedy suggested that a structured hub model of LINK could be made to work and that a caretaker board should be established by April 2008. He expressed concern that, with regard to children's services, LINKs would have no power of entry nor the ability to receive answers to questions within a 20 day timescale.

**Resolved - That the report be noted and the development of LINKs be kept under scrutiny.**

### **13. PATIENT AND PUBLIC INVOLVEMENT FORUM ITEM**

(See minute 10 ante)