

CHESHIRE AND WIRRAL COUNCILS JOINT SCRUTINY COMMITTEE

Monday, 12 April 2010

Present:

Councillor	A Bridson (Chair)	
Councillors	Grimshaw Lott Thompson Baxendale Beard Andrew	D Roberts G Watt Flude C Teggin Bailey

30 APOLOGIES FOR ABSENCE

Apologies for absence were received from Cheshire East Councillor S Jones, Cheshire West and Chester Councillors A Dawson and P Donovan (substitute Councillor P Merrick) and Wirral Councillor I Coates.

31 MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST

Councillor D Flude declared a personal interest on the grounds that she was a Member of the Alzheimers Society and Cheshire Independent Advocacy.

Councillor P Lott declared a personal interest on the grounds that she was a Member of the Local Involvement Network.

Councillor D Roberts declared a personal interest on the grounds that her daughter was an employee of the Cheshire and Wirral Partnership NHS Foundation Trust.

32 MINUTES

Resolved - That the minutes of the meeting of the Joint Scrutiny Committee held on 26 January be confirmed as a correct record subject to an amendment to Minute 24 to read "(Minute 23 refers)".

33 JARGON BUSTER

The Jargon Buster was received and noted.

34 PROCEDURAL MATTERS

The Committee considered a report of the Cheshire East Borough Solicitor on procedural matters relating to co-option, meeting venues and the appointment of Chair, Vice Chair and Spokesperson for 2010 – 2011.

The Committee's Procedural Rules made provision for co-option as follows:

“The Joint Committee may choose to co-opt other appropriate individuals, in a non-voting capacity, to the Committee or for the duration of a particular review or scrutiny”.

The Committee had previously resolved to co-opt one Local Involvement Network (LINK) representative from the LINKs’ Mental Health Sub Group. However, the mid point meeting had subsequently been made aware that, contrary to previous expectation, such a Sub Group was unlikely to be formed for some time. The mid point meeting had therefore reviewed the position and concluded that rather than formally co-opt a LINK representative onto the Committee, a representative from the relevant LINK should be invited to attend the Committee for consideration of specific items of business and/or onto any Task/Finish Groups where appropriate. Discussions were on-going with officers of the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) regarding service user/carer contributions to the Committee.

The Committee noted that meeting dates had previously been agreed and discussed venues and start times. It was agreed that most meetings would commence at 2.30pm and venues would be rotated with further discussion at the mid point meeting of specific details.

The Procedural Rules provided that the Chair and Vice Chair should be appointed annually from the elected Members of the Committee and the Chair should be held by one authority and the Vice Chair from another, the Authority that did not hold either of these positions would elect a Spokesperson.

Resolved – That,

(a) the previous decision of the Committee to offer one co-opted place to a representative of the LINKs Mental Health Sub Group be not pursued on the basis that the Sub Group is not yet in being;

(b) as the Joint Committee meets in different venues, a representative of the relevant local LINK be invited to attend each meeting with the right to speak (and the Joint Committee’s Procedural Rules be amended accordingly);

(c) all LINKs be notified of the dates and venues for the forthcoming year’s meetings, and be supplied with an electronic copy of the agenda for each meeting;

(d) the option to co-opt LINK representatives to Task and Finish Scrutiny Review Groups in a non-voting capacity be noted;

(e) further discussions take place with officers of CWP through the Mid Point meeting concerning Service Users and Carers representation;

(f) the venues for the Joint Committee’s meetings for the forthcoming year be approved as follows:

- Monday 12 July, Capesthorne Room, Macclesfield Town Hall;**
- Monday 4 October, Chester or Ellesmere Port;**
- Monday 10 January, Winsford Lifestyle Centre;**
- Monday 4 April, Committee Room 1, Wallasey Town Hall**

with a start time of 2.30 pm subject to the Mid Point meeting considering an earlier start for the January meeting and agreeing the venue for the October meeting;

(g) the position concerning the appointment of Chair and Vice Chair and the notification of Spokesperson for the forthcoming year be noted.

35 CHIEF EXECUTIVE'S UPDATE

Sheena Cumiskey, Chief Executive of the Cheshire and Wirral Partnership NHS Foundation Trust, was welcomed to her first meeting of the Committee.

She explained that due to the election purdah period it would not be possible to brief the Committee on potential service changes or consultations.

However, Ms Cumiskey was pleased to report that for the current year contracts had been resolved with the majority of commissioners and the 5% reduction across all CWP commissioned services that had been anticipated from one commissioner had not been implemented.

Actions for the forthcoming year included to further reinforce partnership working; focus on preventative work such as early intervention work with dementia sufferers that was taking place on Wirral in partnership with the Borough Council; and looking at the wider determinants of well-being again through work with partners such as Councils in areas such as housing and work with employers generally in terms of mental health awareness raising (Mindful Employer) and challenging stigma and support to staff in the work place.

Resolved - That the update report be noted.

36 QUALITY ACCOUNT

Ursula Martin, Associate Director Quality, Compliance and Assurance, briefed the Committee on the process for submitting a Quality Account for Cheshire and Wirral Partnership NHS Foundation Trust (CWP).

All providers of NHS services were required to publish Quality Accounts – annual reports to the public on the quality of healthcare that they delivered. Prior to publication of the finalised Quality Account in June, providers were required to share their draft Account with the commissioning Primary Care Trust (or Strategic Health Authority), the Overview and Scrutiny Committee (OSC) and the Local Involvement Network (LINK).

Ursula Martin explained that part of the process of producing a Quality Account involved identifying Priorities for Improvement which had to include at least one priority relating to each of the following categories – Safety, Clinical Effectiveness and Patient Experience. CWP had identified:

- Under the Safety Priority- 2 priorities relating to monitoring trends from Serious Untoward Incident investigations and reducing preventable falls in inpatient areas;

- Under the Effectiveness Priority – 3 priorities were identified relating to implementing the Advancing Quality programme for schizophrenia and dementia; developing systems to help identify adherence to National Institute for Health and Clinical Excellence (NICE) guidance as part of an electronic care pathway and reviewing physical health for those with a mental illness;
- Under the Patient Experience – collecting real time patient experience data and ensure that patient experience of previous Assertive Outreach service users and carers is sought and continuously monitored during the merge of this function into Community Mental Health Teams.

CWP had reviewed the quality of its past performance and could demonstrate improvements in a number of areas including:

- Improved learning from patient safety incidents by increasing reporting by 3.1% - this upward trend was encouraging and in line with best practice which suggested that organisations where incident reporting by staff was high (incidents that were of low or no harm), were safer;
- Strengthen hand decontamination compliance – almost 2500 staff had attended hand decontamination training and audits had been carried out to measure compliance;
- Increase offer of psychological intervention to service users with schizophrenia – the target was 70% and a rate of 68% had been achieved;
- Diagnosis of dementia by a specialist – almost 95% of service users referred to the Trust were diagnosed and assessed within 13 weeks;
- Increased patient experience feedback – a target of 5% had been surpassed with patients' experience through comments, compliments, concerns and complaints increasing by over 7%.

CWP was also regulated by Monitor and the Care Quality Commission. The draft Quality Account would be submitted to a Special meeting of the Committee for consideration and comment prior to publication in June 2010.

Resolved - That the process of producing a Quality Account be noted and the CWP draft Quality Account be considered at a Special meeting of the Committee on Tuesday 25 May.