

# CHESHIRE AND WIRRAL COUNCILS JOINT SCRUTINY COMMITTEE

Monday, 12 July 2010

<u>Present:</u>	Councillor	D Flude (Chair)	
	Councillors	P Lott	G Watt
		R Thompson	J Salter
		S Jones	C Povall
		C Beard	D Beckett
		C Andrew	W Livesley
		A Dawson	B Silvester
		D Roberts	
<u>Deputy:</u>	Councillor	R Wilkins (for A Bridson)	

## 12 APOLOGIES FOR ABSENCE

Apologies for absence were received from Cheshire West and Chester Councillors J Grimshaw and G Smith and Wirral Councillors A Bridson (substitute – Councillor R Wilkins) and S Mountney.

## 13 MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST

Councillors C Andrew and P Lott declared personal interests on the grounds that they were members of the Local Involvement Network.

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

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.

## 14 OFFICERS PRESENT

Julia Cottier, Cheshire and Wirral Partnership NHS Foundation Trust;  
Avril Devaney, Cheshire and Wirral Partnership NHS Foundation Trust;  
Denise French, Cheshire East Council;  
Val McGee, Cheshire and Wirral Partnership NHS Foundation Trust;  
Andy Styring, Cheshire and Wirral Partnership NHS Foundation Trust  
Mike O'Regan, Central and Eastern Cheshire Primary Care Trust.

## 15 MINUTES

**Resolved - That the minutes of the meeting of the Committee held on 25 May be confirmed as a correct record.**

## 16 CHIEF EXECUTIVE'S UPDATE

The Committee considered the Chief Executive's update report on the following items:

- Service developments and variations update – following reports to the last meeting on the consultation processes for 2 substantial developments – Delivering high quality services through efficient design; and Redesigning Adult and Older People's Mental Health Services, the Trust Board had noted the outcome of the consultations and commissioned feedback letters to stakeholders. The Adult and Older People's service redesign is to be progressed through the reconvening of the Project Team. The Delivering high quality services outcome is to be taken forward through the Trust's Annual Plan. This initiative links to a review of inpatient beds to be discussed at the mid point meeting;
- Update on Primrose Avenue and Crook Lane – the current position with the closure of Primrose Avenue and creation of a single health respite unit for Central Cheshire at Crook Lane, Winsford was outlined – service users and carers were to be notified of the proposal and a date agreed for the closure of Primrose Avenue, re-assessment of all service users based on new eligibility criteria would be introduced at a later date;
- Future format of Quality Accounts – an implementation plan was in place to deliver the priorities set out within the Quality Accounts 2010/11. The Committee would receive quarterly monitoring reports outlining progress against these priorities;
- Attendance Targets -2010/11 – since becoming a Foundation Trust, sickness levels had been reduced from 7% of working days lost to just over 5%; this compared with an average for NHS Mental Health Trusts in the North West region of 6%. Various measures had been introduced to continue to reduce days lost due to sickness absence and a trust wide target of 95.5% attendance was set for 2010/11. Members were advised that long term sickness absence was reducing and was easier to manage than short term sickness, future reports would specify levels of short term sickness compared with long term;
- Induction – an induction session on 21 September at the Trust Headquarters had been arranged, followed by a visit to Bowmere Hospital and all members of the Committee were welcome to attend;
- Suicide Prevention Strategy – this strategy was due to be renewed shortly and would be circulated to all members of the Committee.

## 17 PRIORITISATION PROCESS - CENTRAL AND EASTERN CHESHIRE PRIMARY CARE TRUST

Mike O'Regan, Central and Eastern Cheshire Primary Care Trust (CECPCT), briefed the Committee on proposed action in response to funding shortfalls within the PCT.

He explained that the PCT commissioned the majority of mental health services from Cheshire and Wirral Partnership NHS Foundation Trust (CWP). A shortfall of £1.4 million had arisen in the budget for CWP services as a result of changes to funding for Improving Access to Psychological Services (IAPT) announced by the Department of Health in spring 2010. The funding for IAPT was to end in April 2010 rather than October 2011; funding for IAPT services would now have to be found from within existing budgets from April 2010. In 2010 – 2011 this shortfall would be

met through a combination of one-off savings, one-off funding rebates and service redesign within IAPT services. From 2011, the shortfall would have to be met through recurrent savings within CWP services; in order to identify sufficient savings, CWP had agreed to apply a prioritisation process to all services and functions commissioned by the PCT. Mike O'Regan, explained that a prioritisation process had already been developed by the PCT Board and used previously with other services commissioned by the PCT.

A Project Board for the prioritisation process had been established which was shortly to include two service users. All services and functions currently provided by CWP were scored against a set of criteria including evidence of effectiveness, number of clients and quality of service; and an impact assessment undertaken. Each service would then be categorised as follows:

- Decommission;
- Decommission but absorb activity into other service or provider;
- Full service review;
- No change but set targets for the service etc.

The next steps would depend on which category each service fell into; it was anticipated that any services that fell into the decommission category would require consultation and engagement plans and the timescales for the service to be decommissioned would need to reflect this level of consultation required.

Members queried why the issue was only just being reported to the Committee when the PCT had been made aware of the cut in IAPT funding a few months earlier. In response, the Committee was advised that the PCT had been in discussion and negotiation with CWP to agree a plan to address this shortfall since being made aware of the issue. It was also explained that the impact was greater on CECPT because they were part of an IAPT pilot and had received extra funding which meant they had commissioned additional work from CWP and appointed additional staff to deliver IAPT. In comparison, NHS Wirral, which was not a pilot area, had only received a relatively small amount of top-up funding. Further details would also be submitted to the Cheshire East Health and Adult Social Care Scrutiny Committee.

**Resolved – That,**

**(a) the funding for mental health services in Central and Eastern Cheshire PCT and the prioritisation process to be introduced, be noted; and**

**(b) any further information be reported to the next meeting of the Committee.**

## 18 ALCOHOL SERVICES

The Committee considered a report on Alcohol Services. The report outlined figures relating to the impact that alcohol conditions could have on life expectancy. The figures, from the North West Public Health Observatory, suggested that for both men and women in both Cheshire and Wirral, the average amount of life lost (in months) was higher than the average rate for England.

The Cheshire and Wirral Partnership NHS Foundation Trust (CWP) was commissioned by NHS Wirral, NHS Western Cheshire and Central and Eastern

Cheshire Primary Care Trust to deliver alcohol treatment services. Services were available to those referred by their GP or who referred themselves and included people with moderate and severe, possibly dependent drinkers, drinkers with complex needs and those requiring community or inpatient detox. There was an additional service available in Wirral to those alcohol users assessed at increasing risk and at higher risk, which had originally been funded through Neighbourhood Renewal Funding but since 2008 had been continued to be funded by the PCT.

The report listed the funding provided by each commissioner and numbers of staff and clients. It was noted that the level of funding by Central and Eastern Cheshire PCT was lower than the other two areas but they served a higher population; Wirral had the most staff but also the greatest need. It was explained that there were also voluntary organisations providing services in some areas. It was noted that issues relating to commissioning could be raised at the local Scrutiny Committees.

**Resolved - That the report be noted and any issues relating to commissioning be referred to the individual Scrutiny Committees.**