



Cheshire and Wirral Councils Joint Scrutiny Committee

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| Date: | Monday, 12 July 2010 |
| Time: | 2.30 pm |
| Venue: | Capesthorne Room, Town Hall, Macclesfield |

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AGENDA

1. APOLOGIES FOR ABSENCE

2. MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST

Members are invited to declare any personal and / or prejudicial interests in any item on the agenda.

3. MINUTES (Pages 1 - 8)

To approve the minutes of the meeting held on 25 May, 2010.

4. CHIEF EXECUTIVE'S UPDATE

To receive a verbal update on various matters including:

- the current position with Substantial Developments or Variations in Service (SDVs);
- the current position regarding facilities at Primrose Avenue, Haslington, Cheshire and Crook Lane, Winsford, Cheshire;
- Attendance Management arrangements;
- The future format of the Quality Account.

5. ALCOHOL SERVICES (Pages 9 - 10)

To consider the report of the Cheshire and Wirral Partnership NHS Foundation Trust.

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **The Cheshire and Wirral Councils' Joint Scrutiny Committee**
held on Tuesday, 25th May, 2010 at Middlewich Civic Hall - Middlewich Civic Centre, Civic Way Middlewich CW10 9AS

PRESENT

Councillor D Flude (Chairman)
Councillor P Lott (Vice Chairman)

Councillors D Beckett, A Bridson, D Bebbington, S Jones, W Livesley, D Roberts, R Thompson, G Watt, B Silvester, S Mountney

37 APOLOGIES FOR ABSENCE

Apologies for absence were received from Cheshire East Councillors C Andrew and C Beard (substitute - Councillor B Silvester) and Cheshire West and Chester Councillors A Dawson, J Grimshaw and G Smith.

38 OFFICERS PRESENT

Sheena Cumiskey, Chief Executive, Cheshire and Wirral Partnership NHS Foundation Trust;
Ursula Martin, Associate Director, Cheshire and Wirral Partnership NHS Foundation Trust;
Natalie Park, Associate Director, Cheshire and Wirral Partnership NHS Foundation Trust;
Mike Flynn, Legal and Democratic Services, Cheshire East Council
Denise French, Legal and Democratic Services, Cheshire East Council

39 APPOINTMENT OF CHAIRMAN

RESOLVED: That Cheshire East Councillor D Flude be appointed Chairman of the Joint Scrutiny Committee.

40 APPOINTMENT OF VICE CHAIRMAN

RESOLVED: That Cheshire West and Chester Councillor P Lott be appointed Vice Chairman of the Joint Scrutiny Committee.

41 NOTIFICATION OF SPOKESPERSON

RESOLVED: That the name of the Spokesperson from Wirral Borough Council be notified to the Secretary.

42 **APPOINTMENT OF SECRETARY**

RESOLVED: That Cheshire East Council be appointed Secretary to the Joint Scrutiny Committee for 2010 -11.

43 **DECLARATIONS OF INTEREST**

RESOLVED: That the following Declarations of Interest be noted:

- Councillor D Flude, Personal Interest on the grounds that she was a Member of the Alzheimers Society and Cheshire Independent Advocacy;
- Councillor P Lott, Personal Interest on the grounds that she was a member of the Local Involvement Network; and
- Councillor D Roberts, Personal Interest on the grounds that her daughter was an employee of the Cheshire and Wirral Partnership NHS Foundation Trust.

44 **MINUTES OF PREVIOUS MEETING**

RESOLVED: That the minutes of the meeting of the Committee held on 12 April be confirmed as a correct record.

45 **JARGON BUSTER**

The Jargon Buster was noted.

46 **CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST - QUALITY ACCOUNT**

Sheena Cumisky, Chief Executive of the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) presented the Quality Account for 2009/10.

The Quality Account was in three parts:

- A strategic overview;
- A forward look at priorities and statement of assurance against the three priorities identified against the three principal areas of service quality – ie patient safety, clinical effectiveness and patient experience;
- A backward look and review of quality performance over the past year.

The Quality Account as presented to the Committee was a draft document for the Committee to comment upon and any comments would be considered by CWP's Board the following day.

The priorities for improvement included:

Patient Safety

- improve safety by monitoring trends from Serious Untoward Incident investigations and development of systems to monitor reduction of repeatable themes;

- reduce preventable falls in in-patient areas by at least 10% by end of March 2011 – the Committee was advised that the current level of falls was 180 per quarter although 97% of these caused low to no harm. The target would be addressed through monitoring every fall and mapping it against the Falls Policy;

Clinical Effectiveness

- implement the Advancing Quality programme for schizophrenia and dementia (including development of Patient Reported Outcome Measures). This was a new regional priority for mental health services and measured clinical and patient reported outcomes to determine the level of care that patients had received benchmarked against a set of agreed “best practice” criteria.
- Develop integrated care pathways in mental health – this had been highlighted as a priority by commissioners, CWP staff and also service users and carers with an aim of seamless care between primary and secondary care;
- Review physical healthcare for CWP service users – based on research that suggested people with mental health problems had an increased likelihood of physical health problems and premature death.

Patient Experience

- Collect real time patient experience data – seek the views of patients and carers/relatives during or immediately after treatment to get accurate and timely feedback.
- Ensure that patient experience of previous Assertive Outreach service users and carers is sought and continuously monitored during the merger of the Assertive Outreach function into Community Mental Health Teams (CMHTs) – this would include regular reporting to the Joint Scrutiny Committee and the Local Involvement Network.

Part 3 of the Quality Account contained a Review of Quality Performance over 2009/10 and specific work to improve the quality of services included:

- Investment of £2.8 million to co-locate all adult and older people’s services on a single site with improved facilities at Springview Hospital on Wirral;
- Establishment of three health facilitator posts in mental health services to support public health and health promotion and work with partners;
- Opening in September 2009 of the Maple Ward, a new 10 bedded emergency service for young people aged between 13 and 18 to enable in-patient mental health care to be available for admissions from across Cheshire and Merseyside for 24 hours a day;
- Opening in February 2010 of Greenways assessment and treatment unit for adults with learning disabilities that included all en-suite rooms, additional lounges for privacy, patient kitchen, computer suite sensory room and dedicated education and learning spaces; the Committee would be visiting Greenways prior to its next meeting on 12 July;
- National praise for the Wirral drug service for work on recovery services.

During the discussion the following issues/questions were raised:

- Recognition of support to carers was welcomed but information requested as to how the out of hours support was advertised to those who may need it;
- How was safeguarding dealt with and how were issues or concerns raised by staff; what measures were in place regarding checks on people who undertook Personal Assistant roles;
- Participation in the National Confidential Enquires relating to suicide was welcomed and information sought as to whether the rate of suicide was particularly high; the Committee was advised that a full risk assessment was undertaken and the environment designed to minimise any opportunities to self harm; CWP had a Suicide Prevention Strategy which showed how work was undertaken with primary care;
- The achievement of the goal relating to improved access and reduction in waiting times for accessing 0 – 16 specialist Child and Adolescent Mental Health Service was welcomed;
- Diagnosis of dementia by a specialist – this was welcomed but concern was raised around possible delays and difficulties in checking for dementia symptoms at primary care level;
- It was felt that the format was not very user friendly and a traffic light approach would make such documents easier to understand and more accessible, although Members noted that the format was largely prescribed.

RESOLVED: That

1) the draft Quality Account for 2009/10 be received, and the information provided on the quality of care and services be welcomed;

2) the Trust's priorities for improvement for 2010/11 be endorsed, and progress be reviewed if necessary in year and as part of the consideration of the draft Quality Account for next year;

3) the format of the Quality Account, although prescribed, does not make it easy to focus attention on any areas of particular concern and it would be better if a "traffic lights" approach or similar could be adopted to highlight specific performance issues. Although the Trust was working to provide in future a "discretionary" summary to help, the issue should be drawn to the attention of the Department of Health, to consider altering the format of the Quality Account reports;

4) attention be drawn to the following issues:

a) reducing inpatient falls remains a priority area for the Trust as despite a number of initiatives the incidence level is 180 falls each quarter, although 97% are in the no or low harm category. The target of a 10% reduction in the number of preventable falls over the next year is welcome, and it would be helpful for the actual figures to be included in the report in future;

b) the wording of the Account could be appropriately strengthened in places, for example on page 8 the reference to integrated care pathways should

be changed from “who would like to see seamless care between primary and secondary care” to “who are endeavouring to achieve seamless care.....”;

c) the proposal on page 9 for surveys on the implementation of the Assertive Outreach changes to be reported in year to the Joint Committee is welcome so that the impact of the new arrangements can be monitored;

d) the availability of out of hours outreach support for carers (page 11) is viewed as an important element of the service, and further information on how this support will be communicated to carers should be included;

e) that the Trust performs well in responding to complaints, generally achieving 100% of response targets. The Trust has also introduced rigorous quality assurance reviews, focussing in particular on the more complex complaints, which are overseen at Board level;

f) the Trust has developed a systematic approach to safeguarding for adults and children, but it would be worth saying more in the Quality Account about staff training in safeguarding, and the overlap with the local authority for patients in receipt of social care, and staff awareness of the Council's procedures for safeguarding;

g) the Committee is concerned about the number of suicides involving people with mental illness, and is of the view that more work should be done to address this. Whilst recognising that the Trust has in place extensive risk assessment procedures, including the provision of a safe environment for inpatients, and a prevention strategy for patients in primary care, the Committee requests further information and data on the Trust's suicide prevention strategy;

h) the Trust's success in reducing staff sickness absence levels to just under 5.1%, which compares favourably with the national average of 6%. The Committee has requested more detailed information on the management of staff sickness absence;

i) good performance by the Trust in diagnosing dementia by a specialist within 13 weeks of referral, which accords with national best practice. Further comment on the participation of GP's in the referral process should be included in the Account;

j) there is welcome recognition in the Account of the importance of physical health wellbeing for patients with mental illness, and the Trust's contribution towards promoting healthy lifestyles, particularly targets for improving the percentage of inpatients receiving a physical health examination (79%) and having their Body Mass Index measured (83%) are important and should be kept under review.

5) these comments be forwarded to the Partnership Trust for inclusion in their Quality Account and to the three Primary Care Trusts and Wirral and Cheshire Local Involvement Networks for information.

47 CONSULTATION ON SUBSTANTIAL DEVELOPMENTS OR VARIATIONS IN SERVICE (SDV)

The Committee considered the reports of the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) on the outcome of the public consultation on the following Substantial Developments or Variations in Service (SDVs):

- Delivering high quality services through efficient design - how CWP proposed to deliver high quality mental health, drug and alcohol and learning disability services. The consultation exercise had been independently analysed by the Faculty of Health and Social Care at the University of Chester. They concluded that there were a small number of respondents to the questionnaire contained within the consultation document (32) and a significant majority supported the position of CWP in terms of the necessity to redesign mental health services to deliver greater efficiency. There was a general view that the main driver for the development of mental health services was underpinned by a reduction in in-patient beds which was itself driven by financial issues. Some respondents raised concerns regarding access to in-patient services and poor public transport facilities. There was general support for the development of small specialist units across the Trust's geographical areas and a request for an improvement in communication of information.
- Redesigning Adult and Older people's mental health services in Central and Eastern Cheshire – the proposed provision of all adult and older persons' acute mental health inpatient services from a single site. This consultation exercise had also been independently analysed by the Faculty of Health and Social Care at the University of Chester. They concluded that there were a small number of respondents to the questionnaire contained within the consultation document and many accepted the position of CWP in terms of the need to redesign mental health services and understood the position regarding financial constraints. Concerns were expressed about the potential location of a single unit and access to it. No significant issues were raised that would suggest that from a consultation point of view CWP needed to reconsider or revise their intentions.

The Committee was advised that a total of 7 public meetings had been held on the SDVs and 200 people had attended overall. One consistent theme was around the provision of support to carers. CWP had also received responses on behalf of organisations as well as individual responses. The results of the consultation exercise would be considered by the CWP Board the following day.

Members noted the work undertaken to consult on the two sets of proposals and the disappointing number of responses. It was felt that some wording could have been made more clear and simple and that one concern regularly mentioned was regarding a balance between a need for in-patient beds and community based care and support. There was also

concern regarding the possible location of any new unit in Central and Eastern Cheshire.

RESOLVED: That the reports on the outcome of the public consultation be received and further reports be made to the Joint Scrutiny Committee covering the Committee's response and the proposals for implementing both sets of proposals.

The meeting commenced at 1.00 pm and concluded at 2.45 pm

Councillor D Flude (Chairman)

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**OVERVIEW AND SCRUTINY COMMITTEE**
12th July 2010**ALCOHOL SERVICES****CONTEXT****AVERAGE AMOUNT OF LIFE LOST DUE TO ALCOHOL CONDITIONS (NWPFO 2008)**

Men – England 9.4 months

Wirral 13 months

Cheshire 12 months

Women – England 4.4 months

Wirral 6 months

Cheshire 6 months

ALCOHOL RELATED HOSPITAL ADMISSIONS per 100,000 POPULATION 2002-9

Central and Eastern Cheshire – 1,616

64% increase over the seven years

Western Cheshire – 1,647

60% increase over the seven years

Wirral – 2,423

92% increase over the seven years

CWP are commissioned by NHS Wirral, NHS Western Cheshire and Central & East Cheshire PCT to deliver alcohol treatment services to the population of Cheshire and the Wirral. The population of Wirral is 330,000. The population of West Cheshire is 264,000. The population of Central and East Cheshire is 466,980.

The services in Cheshire are available to those who are referred by their GP or who refer themselves and are :

- Moderate and severe, possibly dependent, drinkers
- Drinkers with complex needs
- Those with complicating factors, eg. Pregnancy, treatment for other conditions
- Those for whom brief interventions are not appropriate
- Alcohol users within hospital settings (local variations)
- Alcohol users requiring community detox or inpatient detox

The services in Wirral are available to those alcohol users who meet the criteria listed for Cheshire and also for alcohol users assessed as at increasing risk and at higher risk. The services for these users assessed as at increasing risk and at higher risk were commissioned originally by Neighbourhood Renewal Funding in 2006 and since 2008 this funding has been continued by the PCT.

There are alcohol services based in Birkenhead, Ellesmere Port, Chester, Northwich, Crewe and Macclesfield with satellite services from community bases on a part time basis in other areas.

WIRRAL

Contract Value - £1,373.944

23 wte staff

351 clients in structured treatment (14th May 2010)

WEST CHESHIRE

Contract Value - £861,341

12 wte staff inc. Hospital Liaison Worker

Temporary six month funding from LA for homeless outreach worker

437 clients in structured treatment (14th May 2010)

CENTRAL AND EAST CHESHIRE

Contract Value - £730,519

Central

1.8 wte staff

Temporary funding from Probation for 1 wte for 2010/11

59 clients in structured treatment (14th May 2010)

Integrated Service with CIC (Community Integrated Care) (commissioned separately by PCT)

East

7.69 wte staff including Hospital Liaison Worker

160 clients in structured treatment (14th May 2010)

Definitions: wte – whole time equivalent

structured treatment – treatment provided following the Models of Care for Alcohol Misuse best practice guidance, eg: comprehensive assessment, care planning and review, a range of evidence based prescribing interventions, a range of structured evidence-based psychosocial therapies and support

Julia Cottier

General Manager

Drug & Alcohol Clinical Service Unit