



Health and Well Being Overview and Scrutiny Committee

Date:	Monday, 20 June 2011
Time:	6.15 pm
Venue:	Committee Room 1 - Wallasey Town Hall

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AGENDA

1. MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST / PARTY WHIP

Members are asked to consider whether they have personal or prejudicial interests in connection with any item(s) on this agenda and, if so, to declare them and state what they are.

Members are reminded that they should also declare, pursuant to paragraph 18 of the Overview and Scrutiny Procedure Rules, whether they are subject to a party whip in connection with any item(s) to be considered and, if so, to declare it and state the nature of the whipping arrangement.

2. MINUTES (Pages 1 - 12)

To receive the minutes of the Health and Well Being Overview and Scrutiny Committee held on 22 March, 2011.

3. APPOINTMENT OF VICE-CHAIR

The Committee are invited to appoint a Vice-Chair for the ensuing municipal year.

4. EQUALITY FRAMEWORK - REFERRAL FROM SCRUTINY PROGRAMME BOARD (Pages 13 - 18)

The Scrutiny Programme Board at its meeting on 2 March, 2011 (minute 56 refers) referred this report with the following resolution:

'That each of the five themed Overview and Scrutiny Committees be requested to receive the presentation by the Corporate Equality and Cohesion Manager, to assist them in further developing the Council's scrutiny function so that the Council is on course to achieve Excellent status of the new Equality Framework for Local Government in November 2011.'

5. WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST

Len Richards, Chief Executive of WUTH NHS Foundation Trust, will give a verbal update on the Site Strategy and waiting times for tests.

6. CHESHIRE AND MERSEYSIDE VASCULAR SURGERY REVIEW - UPDATE

Len Richards, Chief Executive of Wirral University Teaching Hospital NHS Foundation Trust and Dr Tom Dent will give a verbal update to the Committee.

7. PRESENTATION ON FOURTH QUARTER PERFORMANCE 2010/11

The Quarter 4 Performance report on activities relevant to Health and Well Being Overview and Scrutiny Committee is available to view in the web library and a presentation will be made by the Interim Director of Adult Social Services.

8. STRATEGIC CHANGE PROGRAMME - REFERRAL FROM AUDIT AND RISK MANAGEMENT COMMITTEE

The Audit and Risk Management Committee at its meeting on 28 March, 2011 (minute 83 refers) considered a report of the Director of Technical Services, at which a Member referred to the 'risks associated with the non-delivery of benefits of the Strategic Change Programme' and at which the following resolution was passed:

'That the Health and Well Being Overview and Scrutiny Committee be requested to seek assurances from the Director of Adult Social Services in relation to the risks associated with the decision of the Cabinet to retain Fernleigh respite centre in the light of key staff having left under Early Voluntary Retirement/Voluntary Severance.'

9. DEMENTIA SCRUTINY REVIEW - REFERRAL FROM CABINET

The Cabinet at its meeting on 14 April, 2011 (minute 399 refers) considered the Dementia Scrutiny Review, referred from this Committee at its meeting on 22 March and passed the following resolution:

'That the Cabinet:

(1) welcomes the report of the Dementia Scrutiny Review and thanks

all those who have contributed to it;

(2) asks the Interim Director of Adult Social Care, in partnership with NHS Wirral, Cheshire and Wirral Partnership NHS Trust and Wirral University Teaching Hospital NHS Foundation Trust to facilitate the integration of services for people with dementia and similar conditions to produce a single pathway of support; and

(3) invites the Health & Wellbeing Overview and Scrutiny Committee to consider whether they would undertake a scrutiny review of the provision of Local Authority services for people with dementia, and what further steps could be taken to enhance outcomes through early intervention and support.'

The Committee is therefore asked to consider this request.

10. WORK PROGRAMME

To follow.

11. FORWARD PLAN

The Forward Plan for the period June to September 2011 has now been published on the Council's intranet/website and Members are invited to review the Plan prior to the meeting in order for the Committee to consider, having regard to the Committee's work programme, whether scrutiny should take place of any items contained within the Plan and, if so, how it could be done within relevant timescales and resources.

12. MINUTES OF THE CHESHIRE AND WIRRAL COUNCILS JOINT SCRUTINY COMMITTEE (Pages 19 - 30)

The Committee is requested to note the minutes of the meetings of the Cheshire and Wirral Councils' Joint Scrutiny Committee held on 10 January and 4 April, 2011.

13. ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR

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HEALTH AND WELL BEING OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 22 March 2011

<u>Present:</u>	Councillor	B Kenny (Vice-Chair)	
	Councillors	A Bridson W Clements P Glasman S Mountney	C Povall P Reisdorf T Smith G Watt
<u>Deputy:</u>	Councillor	J Salter (in place of M McLaughlin)	
<u>Co-opted</u>		D Hill (LINKs) S Lowe (Service users under OPP age group) S Wagener (Interim Carer's representative) S Wall (OPP)	

60 **WELCOME**

Councillor Brian Kenny, Vice-Chair, welcomed everyone to the meeting which he would be chairing as Councillor McLaughlin was away and had given her apologies.

He welcomed Christine Beyga, Interim Head of Service Provision, who was standing in for Howard Cooper, whilst he was on holiday.

61 **MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST / PARTY WHIP**

Members were asked to consider whether they had a personal or prejudicial interest in any matters to be considered at the meeting and, if so, to declare them and state what they were.

Members were reminded that they should also declare, pursuant to paragraph 18 of the Overview and Scrutiny Procedure Rules, whether they were subject to a party whip in connection with any matter to be considered and, if so, to declare it and state the nature of the whipping arrangement.

No such declarations were made.

62 **MINUTES**

Members were requested to receive the minutes of the meetings of the Health and Well Being Overview and Scrutiny Committee held on 22 January and 17 February, 2011.

Councillor Bridson referred to minute 59 (17/2/11) and the fourth part of the resolution which referred to a progress report being brought to this meeting on the progress of change.

Chris Beyga, Interim Head of Service Provision, indicated that a verbal update would be given at the end of the meeting under 'Any other urgent business' following consideration of a report by Cabinet at its meeting on 17 March.

Resolved – That the minutes be approved as a correct record.

63 **ORDER OF BUSINESS**

The Vice-Chair agreed to vary the order of business and take items 10 (Homeopathy Commissioning) and 4 (Providing Excellence in Healthcare into the Future) as the first two items of business in view of the presence of members of the public for these two items.

64 **HOMEOPATHY COMMISSIONING**

Kathy Doran, Chief Executive, NHS Wirral, introduced a report from the NHS Wirral Professional Executive Committee (PEC) on their commissioning plans for homeopathy.

Currently, NHS Wirral had a block contract with Liverpool PCT for homeopathy to the value of £35,270 per year. This contract was due to expire on 31 March 2011. Due to the need to ensure a consistent commissioning approach and at a time of change by the provider, the future of the service required review.

NHS Wirral had received seven letters (to 23 February 2011) from service users relating to homeopathy treatments. These referred to a range of conditions (skin condition, prostate cancer, asthma and osteoarthritis, a learning difficulty/behaviour condition, several complaints together and also chronic fatigue syndrome and insomnia). All seven letters praised the homeopathy services and treatments received.

In addition, the Chairman of the 'North West Friends of Homeopathy' Mr J Cook, had written to the PCT in support of homeopathic services on the Wirral, and asking for an overview of the patient consultation plans should the treatments be discontinued. All letters had received a response with details that the PCT recognised that homeopathic care on the Wirral was valued by the patients receiving the care, and that the matter was currently under review due to changes being made by the provider of the homeopathy services.

The report also referred to scientific evidence for the use of homeopathic products and made reference to other PCTs who had reviewed their commissioning arrangements for homeopathic therapies.

The report went on to outline the different methods of consultation which had been undertaken. The Professional Executive Committee (PEC) of NHS Wirral had:

- Noted the evidence regarding the lack of efficacy and cost-effectiveness of homeopathic therapies.

- Approved a recommendation not to commission homeopathic therapies subject to patient and public engagement, and to ensure that all NHS Wirral policies were consistent to this effect.
- Agreed the need for GP consortia to engage with patients and patient groups with support from the Director of Communications and Engagement.

No final decision had been made as all comments would be fed back to the PEC at its meeting on 29 March. Patient Council views had been sought and they were broadly supportive of a recommendation not to re-commission the service.

With the permission of the Vice-Chair, Mr J Cook, Chairman of the 'North West Friends of Homeopathy' addressed the Committee, followed by Michael Marshall, of the Merseyside Skeptics Society.

At this point Councillor Mountney declared a prejudicial interest in the matter before the Vice-Chair opened it up for debate, due to him having made public comments on homeopathy and withdrew from the room during its consideration.

Responding to comments from Members, Kathy Doran together with colleagues from NHS Wirral and GPs representing GP Consortia informed the Committee that there were approximately 5 patients a month referred to the service, and some 140 in follow up treatment over a six month period which taken together equated to 0.05% of the population on Wirral. A public meeting had been held on 9 March, at which approximately 50 members of the public had attended. Over 20 people had completed the online questionnaire. The contract had been ongoing prior to the formation of the PCT and due to the changes taking place in the health service, there was now the opportunity to review it.

The GPs stated that they were not convinced at this time on the balance of evidence that homeopathy worked and the House of Commons Science and Technology Select Committee report did not pull any punches in its assessment and suggested that more research was needed.

Those wishing to use homeopathic remedies were able to purchase them from a number of high street outlets.

Resolved – That the report be noted.

65 PROVIDING EXCELLENCE IN HEALTHCARE INTO THE FUTURE

The Director of Nursing and Midwifery at Wirral University Teaching Hospital NHS Foundation Trust, Tina Long, submitted a report which provided an outline of the work undertaken to develop a Site Strategy for the Trust and the plans for engagement over the next three to four months. In addition it updated the Committee on progress with same sex accommodation, hospital discharge and bed reductions at Clatterbridge Hospital.

Len Richards, Chief Executive of Wirral University Teaching Hospital NHS Foundation Trust, introduced the report. The changes implemented at Clatterbridge included the closure of 10 inpatient beds on Ward M1 (Elective Orthopaedic), and the closure of the 15 (5 day) inpatient beds on Ward M2 (Elective Surgery and Urology). In the main, normal wards had circa 28, (7 day) inpatient beds. A draft outline

business case, developed following discussions with doctors, nurses and other clinical staff had been produced. This contained three main options for the future location of outpatient services, daycase and planned operations which would allow the Trust to continue to provide the best possible care, services and hospital experience for patients from accommodation at both Arrowe Park and Clatterbridge. He stated emphatically that the closure of Clatterbridge was not an option.

Len Richards also suggested that he would be happy to bring regular reports back to the Committee on developments at the Foundation Trust.

In connection with this item, additional documentation had been circulated to the Committee including an email received by the Chair and Vice-Chair from Sue Green, Director of HR and Organisational Development, Wirral University Teaching Hospital NHS Foundation Trust, dated 21 March, 2011 together with an attachment, a letter from Sue Green to Neil Wright and a paper, 'Surgical Division – Consultation and HR Framework Documents'. A submission had also been received from Colm Byrne, Regional Officer, Royal College of Nursing and this had also been circulated to the Committee.

With the permission of the Vice-Chair, Colm Byrne addressed the Committee and expressed his concern on behalf of staff at Clatterbridge over the reduction in capacity and the manner in which the decision to reduce beds was communicated to staff. He presented a petition to Mr Richards of some 1548 signatures which emphasised the concerns.

Responding to comments from Members, Kathy Doran, Chief Executive of NHS Wirral, stated that since the last ward closures at Victoria Central Hospital some five years ago, there had been other ward closures which following discussions with the Committee had not been brought before the Committee as there had not been a reduction in service provision or a reduction in quality of service. There had in fact been an increase in the number of patients treated.

In response to further comments Len Richards, Tina Long and Sue Green stated that in the last three years there had been a 5% increase in elective surgical cases, about 2000 more cases. The number of inpatient cases had reduced by 1200 whilst the number of day cases had increased by 3000. Patients were still being seen in Clatterbridge but there was now less need for overnight stays. A saving of £500,000 would be made from the bed reductions at Clatterbridge but there had also been significant developments on both sites, including improvements in A&E, investments in Department for Medicine for the Elderly, same sex accommodation and enhanced recovery.

Specific patient groups had been involved in the consultation on changes with wards M1 and M2 and a timetable on the consultation for the site strategy could be shared with all the Committee. The Trust would always work to improve the effectiveness of the service and was aware of the need to make it much more personalised. The Trust would also be engaging with the other occupiers of the Clatterbridge site, the Clatterbridge Centre for Oncology and the Cheshire and Wirral Partnership Trust about the site strategy.

The Vice-Chair welcomed the statement that the closure of Clatterbridge was not an option and also the suggestion for more regular communication with the Committee by the Trust.

Resolved – That the report be noted.

66 PRESENTATION ON THIRD QUARTER PERFORMANCE

Further to minute 44 (18/1/11) Steve Rowley, Head of Service (Finance and Performance) gave a presentation on the progress made against the indicators for 2010/2011 in the third quarter. A copy of the report had been made available to view in the web library. The report and presentation updated the Committee on the information given in January which was provisional.

He referred to those performance indicators which had exceeded or met their target and expanded on those performance issues which weren't achieving on target, and the corrective action being taken to address them, these included:

- Self Directed Support
- Paid Employment (Learning Disability)
- Customers being reviewed
- Assistive Technology
- Self Directed Assessments
- Safeguarding Alerts (24 hours)
- Safeguarding Incidents (28 days)

In respect of the financial position he outlined the key financial pressures. The projected overspend was now expected to be £3.5m down from the previous reported figure of £5.4m.

He and officers from the department then responded to Members' comments and assured the Committee that the department was working towards national targets on personalisation. In respect of 'milestones' referred to in the report, and in particular the one awaiting 'traffic light' assessment, Steve Rowley said that he would be happy to supply this answer in writing.

Resolved – That the report be noted.

67 ALCOHOL RELATED HOSPITAL ADMISSIONS

Further to minute 33 (1/11/10) the Director of Public Health submitted a follow-up report on alcohol related hospital admissions. The report gave details of:

- The disease categories which were alcohol related
- The number of people receiving treatment and care for these conditions
- The responses being delivered in Wirral to tackle these conditions

The NHS Wirral alcohol programme aimed to address alcohol related harm, improve access to alcohol treatment services and reduce alcohol related admissions to Hospital. The programme, in broad terms, delivered the following initiatives:

- Delivering developments in primary care screening and brief intervention
- Increasing capacity in specialist treatment programmes
- Increasing the capacity of community based detoxification services
- Improving crisis management responses
- Increasing capacity in aftercare services
- Providing interventions in the criminal justice services
- Increasing the provision of information and awareness raising
- Delivering an alcohol programme for young people (under 18s)

The delivery of the alcohol programme was intended to reduce the risk and harm associated with alcohol consumption and, in turn, ease the burden placed upon the local criminal justice system and the local health and social care economy.

Responding to comments from the Committee, the Director of Public Health informed the meeting that locally there had been a marginal drop over the last couple of years although the rate of hospital admissions was still high. Len Richards, Chief Executive of Wirral University Teaching Hospital NHS Foundation Trust, confirmed that it was difficult to get accurate figures for alcohol related A&E hospital admissions as people would present with symptoms not immediately associated with alcohol, although nationally the position was thought to be approximately 1 in 3.

Resolved – That the report be noted.

68 **COMMITTEE REFERRAL - SCRUTINY REVIEW OF ACCESS TO ALCOHOL BY YOUNG PEOPLE IN WIRRAL**

Councillor Bridson introduced the report on the Alcohol Scrutiny Review which had been referred by the Scrutiny Programme Board on 5 January, 2011 (minute 44 refers) to a number of Overview and Scrutiny Committees.

The review had been managed by the Scrutiny Programme Board due to the cross-cutting nature of the topic and the impact on a number of areas such as health, young people, anti-social behaviour / community safety, trading standards and licensing.

The Panel of 4 Members, chaired by Councillor Dave Mitchell together with Councillors Sue Taylor, Chris Meaden and Ann Bridson had focussed its review on “access to alcohol by young people in Wirral” due to the high profile and significance of excessive drinking among young people.

The report gave details of the main issues for review which had been identified in the scope document. The Panel had used a number of methods to gather evidence for the review, including meetings with key officers, visits to local communities accompanied by Youth Outreach Workers and written evidence. The final report contained eleven recommendations, which had been presented to Cabinet on 17 March.

Councillor Bridson commented that it was important to keep up the interventions through schools and outreach work.

The Vice-Chair thanked the Review Panel for their excellent work on the subject.

Resolved – That the report be noted.

69 **HEALTH AND HOMELESSNESS UPDATE**

Further to minute 53 (18/1/11) the Director of Public Health and Director of Health Systems Management, NHS Wirral, submitted a report which provided an update on service developments to help homeless people. These services supported the delivery of medium and longer term homelessness targets in the Wirral Homelessness Strategy and addressed the health needs of local people who were homeless or at risk of homelessness.

The report gave details of the hospital discharge project, primary care for homeless people, mental health project and the development of a health and homelessness strategy. The hospital discharge project, which was due to finish at the end of March 2011, had now been extended for a further year.

Resolved – That the report be noted.

70 **CHANGES TO INDEPENDENT LIVING FUND - UPDATE REPORT**

Further to minute 20 (9/9/10), the Interim Director of Adult Social Services submitted a report which updated the Committee on developments following the changes made to the Independent Living Fund and their impact on the department and the Council.

The report gave details of a ministerial statement from the Department of Work and Pensions issued in December 2010, a result of which would mean the Department of Adult Social Services would need to respond to the future needs of people with disabilities with the understanding that ILF funding would not be available in the future.

Further to this, the Joint Committee on Human Rights had launched a consultation to find out what disabled people thought about the right to independent living. The committee was accepting information from a wide range of stakeholders, disabled people, their families and groups and organisations that supported disabled people. The consultation would end on 29 April 2011. This initiative would further inform the national direction of policy in relation to independent living and providing people with disabilities choice, control and access to the right support.

Responding to comments from the Committee the Head of Access and Assessment stated that whilst the department had not been in a position to directly replace ILF funding, the introduction of personalisation had meant that the impact of these changes had been reduced. People were being encouraged to live independently through different models of care.

Although the majority of people currently on ILF had learning disabilities, he acknowledged the need to look at how consultation could be undertaken with those who didn't.

Resolved – That the Committee notes the developments linked to ILF changes in the last six months.

71 **DASS COMPLAINTS ANNUAL REPORT**

The Interim Director of Adult Social Services submitted an annual report providing information on the quantity of the complaints received and the adequacy of the Complaints Process.

New legislation, The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and accompanying guidance (Listening, Responding, Improving) operated across Health and Adult Social Care had been introduced on 1 April, 2009 and placed significant emphasis on a personalised approach to complaints and 'learning from complaints'.

As a result the Department had made changes to how complaints were managed. A new 'Complaints, Comments and Compliments Procedure' was formally introduced on 1 June 2010; however, many of the changes had been in place throughout the year. The Department no longer operated a stage based system, instead complaints were handled in a reasonable and proportionate manner agreed with the complainant and detailed in a personalised Complaints Plan.

There had been an increase in average response times due to the switch to the new system of dealing with complaints and the removal of stages. This had been addressed and there was evidence in the early months of 2010-11 that performance was improving and would continue to do so. There was also a commitment to broaden out the area of work beyond complaints and to capture and learn from across the spectrum of customer experience including compliments and suggestions.

The report gave a breakdown of the different types of complaint by customer group, issue and ward of which there had been 251. A breakdown of compliments was also given of which there had been 352.

Resolved – That the report be noted.

72 **CHESHIRE AND MERSEYSIDE VASCULAR SURGERY REVIEW CONSULTATION**

The Director of Health Systems Management, NHS Wirral, Cathy Gritzner, introduced a consultation document on the NHS Cheshire and Merseyside Vascular Review. The consultation had started in January and was due to finish in March with the recommendations being announced in May, 2011. The document gave details of some of the improvements which the NHS was planning to make to the way vascular services were provided in Merseyside and Cheshire, which might involve the relocation of some services.

Currently vascular services were provided at most district hospitals, including Arrowe Park. The changes under consideration would mean that complex and emergency operations would be carried out a small number of specialist vascular centres with the remaining care being provided locally. It was thought that about two vascular centres would be optimal ensuring that all patients were treated at hospitals that met the minimum number of operations per year specified by local clinicians and where specialist surgeons and interventional radiologists were available all the time.

Responding to comments from the Committee Dr Tom Dent, public health physician and adviser to the review stated that no recommendations had yet been made as to which two hospitals would be chosen. Consultation had included two meetings, one for the public and one for NHS staff. Also, an internet survey had elicited 1800 responses, 1300 of which were from the public. Stays of less than a week would be the norm at these specialist vascular centres with some being just an overnight stay and some being day cases. Annually there were only about 700 of these procedures across Cheshire and Merseyside.

Len Richards, Chief Executive of Wirral University Teaching Hospital NHS Foundation Trust, welcomed the review and the need for these specialised centres.

Resolved – That the report be noted and the Committee receive a report back later in the year when more details are known.

73 **DEMENTIA SCRUTINY REVIEW - FINAL REPORT**

Councillor Ann Bridson introduced the final report of the Dementia Scrutiny Review Panel, 'The Care of People with Dementia in an Acute Hospital Setting'. The Health and Well Being Overview and Scrutiny Committee had agreed the scope of the review at its meeting on 22 June 2009 (minute 13 refers)

The panel, consisting of Councillors Ann Bridson (Chair), Sheila Clarke, Denise Roberts and former Councillor Chris Tegg, supported by Alan Veitch, Scrutiny Support officer, had focussed on:

- Management of patients with dementia in an acute hospital setting.
- Impact of patients with dementia on other patients during a stay in hospital.
- Are there alternative approaches which allow more patients with dementia to be cared for outside an acute hospital setting?
- Is it possible to keep more people with dementia in their own home for as long as possible?

Details were given of the variety of methods used to gather evidence, including, meetings / visits with officers; meetings with carers of people with dementia; written evidence from individuals and written documentation / reports, both from a national and local perspective.

The report contained 14 recommendations and was submitted for the Committee's consideration.

Len Richards, Chief Executive of Wirral University Teaching Hospital NHS Foundation Trust, responding to the review, commented that he was in discussion with the Cheshire and Wirral Partnership NHS Trust regarding a joint approach and he would be happy to come back to the Committee in the next few months with a formal response to the review's recommendations.

Resolved –

(1) That the contents and recommendations of the Dementia Scrutiny Review be supported.

(2) That the Dementia Scrutiny Report be presented to the next appropriate cabinet meeting.

(3) That further reports be presented to the Health & Well Being Overview and Scrutiny Committee to update members regarding the outcomes of the recommendations.

(4) That the Review Panel be thanked for all their work on the review.

74 **REPORT ON WORK OF DOMESTIC VIOLENCE PANEL**

Councillor Pat Glasman presented an interim report from the Review Panel on Domestic Violence and highlighted the review's findings so far. Following the meeting of the Overview and Scrutiny Committee on 9 September, 2010 (minute 25 refers) a Panel of 4 Members had been established to look into the issue of domestic violence.

The panel consisting of Councillors Pat Glasman, Ann Bridson and Cherry Povall expressed an interest in being part of the panel and Councillor Moira McLaughlin agreed to act as chair.

The panel had met each month, and had been supported in their work by Jill Barr and Jayne Reid from the Family Safety Unit (FSU) of Wirral Borough Council, Steve McGilvray from the Community Safety Team, Dave Swarbrick, Area Team Manager from Wallasey, Children and Young People's Department (CYPD) and Julia Hassall, Branch Head, CYPD, all from the Council. They had also been supported by Val Saunders from Wirral Women's and Children's Aid, Dave Grisenthwaite from Merseyside Police and Ann Potter from Barnardos.

The report represented an interim summary of the panel's work to date and it was the intention to carry over the investigation to the next municipal year, if the next Chair and Committee members agreed.

Members commented on the interim report and also the need to be aware of the huge implications for children involved both in terms of their education and their emotional welfare.

Resolved – That the interim report be noted and the Review Panel be thanked for their work so far.

75 **WORK PROGRAMME**

The Committee received an update on its work programme.

Members suggested that the future work programme should include the continuing work of the Sub-Group monitoring the implementation of the improvement plan following the CQC inspection report. An Improvement Plan update report was circulated to the Committee, the Sub-Group having last met on 14 March, 2011.

The review panel into domestic violence should also continue and additions to the work programme should include further reports on the implications of changes to the Independent Living Fund (ILF) and also the Disability Living Allowance (DLA).

Resolved – That the report and additions to the work programme be noted.

76 **FORWARD PLAN**

The Committee had been invited to review the Forward Plan prior to the meeting in order for it to consider, having regard to the Committee's work programme, whether scrutiny should take place of any items contained within the Plan and, if so, how it could be done within relevant timescales and resources.

Resolved – That the forward plan be noted.

77 **ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR - CONTRACTS FOR RESIDENTIAL AND NURSING HOME CARE AND PERSONAL SUPPORT**

The Chair agreed to consideration of this item as a matter of urgent business following a report to Cabinet on 17 March, 2011.

Following consideration of a report, 'Transformation of Adult Social Services – Contracts for Residential and Nursing Home Care and Personal Support' by Cabinet at its meeting on 17 March, 2011 (minute 359 refers) Christine Beyga, Interim Head of Service Provision, gave an update to the Committee on the latest position.

The tendering procedure for contracts had been followed with an evaluation process that included Council officers, carers and people who used services along with NHS colleagues and Cabinet had agreed to award contracts to a number of providers:

- 94 for residential and nursing home care
- 43 for personal support
- 2 for intermediate care
- 3 for reablement

Cabinet had agreed to waive call-in as the new contracts needed to be in place as soon as was practicable as the current contracts expired no later than 11 April 2011.

Due to insufficient capacity within the market, 11 beds had been retained in-house at Sylvandale and Girtrell Court to support people with learning disabilities. Details were also given of placements made through the reablement service. There were enough beds to provide respite care for most of the different groups and very positive feedback had been received, by and large, from carers.

Due to uncertainty over the capacity of care in the market providing services to people with mental health problems Cabinet had agreed to retain Fernleigh. The uncertainty would be resolved by further work with providers and the consideration of commissioning replacement services from the voluntary, community and faith sectors or the consideration of a social enterprise solution. Consultation would continue with people who used services and carers and a report would be taken to Cabinet later in the year with options, which could include the retention of Fernleigh respite centre and services continuing to be provided by the Council.

Details of those who had been awarded contracts had not been made public yet as not all of those who had successfully tendered had been informed. The Head of Integrated Communities and Well Being, Maura Noone, assured the Committee that

she had contacted personally each of the people on the Learning Disability Panel to keep them updated with developments, and it was certainly not intentional if anyone did feel they had been kept 'out of the loop'.

It was then moved by Councillor Kenny, seconded by Councillor Smith, that –

“This Committee recognises that the provision of respite services, intermediate care and home reablement services are vital to the Council’s strategy of maintaining people within their own homes and reducing the number of individuals who need full time residential care.

Committee also notes that they play a key role in preventing bed blocking on hospital wards.

This Committee remains concerned that, in changing the way these services are provided, the Council is moving too far, too fast and risks jeopardising its long term strategy and creating instead a costly surge in residential care further down the line as individuals are failed by the system and can no longer cope.

This Committee notes that the decision to keep Fernleigh open, following a lack of viable alternatives, is indicative of the dangers that exist when decisions are taken before proper alternatives have been explored and put in place.

This Committee remains to be convinced that the reality of what is happening on the ground now in any way matches the rhetoric of what the public are being told. Committee believes that this credibility gap, which continues to leave carers and service users confused and afraid, can only harm any planned change programme which should have been allowed to proceed at a pace that could be assimilated by carers and users and in a way that guaranteed the quality of services for the future.”

Following some debate on the motion it was then moved as an amendment by Councillor Bridson, seconded by Councillor Mountney, that –

“Committee recommends to Cabinet that the current process of change should continue with all due diligence for the best interests of service users and their carers, ensuring that the quality of service is maintained or improved, and that a progress report be brought to the next scheduled meeting of this Committee.”

The amendment was put and carried (6:4).

The amendment, then becoming the substantive motion, was put and it was –

Resolved (6:4) –

Committee recommends to Cabinet that the current process of change should continue with all due diligence for the best interests of service users and their carers, ensuring that the quality of service is maintained or improved, and that a progress report be brought to the next scheduled meeting of this Committee.

WIRRAL COUNCIL

SCRUTINY PROGRAMME BOARD

WEDNESDAY, 2 MARCH 2011

SUBJECT:	EQUALITY FRAMEWORK FOR LOCAL GOVERNMENT – COUNCIL PROGRESS TOWARDS EXCELLENT STATUS
WARD/S AFFECTED:	ALL
REPORT OF:	DIRECTOR OF LAW, HR AND ASSET MANAGEMENT
RESPONSIBLE PORTFOLIO HOLDER: LEADER (FINANCE AND BEST VALUE)	COUNCILLOR JEFF GREEN
KEY DECISION	NO

1.0 EXECUTIVE SUMMARY

- 1.1 At its meeting on 4 March 2010 the Programme Board received a report entitled Equality and Diversity – Council Progress and agreed to further develop the scrutiny function to incorporate the criteria of the Equality Framework for Local Government.
- 1.2 The purpose of this report is to remind Members of the Council’s achievements in being awarded Level 3 of the Equality Standard for Local Government in November 2009, to highlight the role for scrutiny to ensure that the Council reaches ‘Excellent’ status of the new Equality Framework for Local Government by November 2011 and to propose that the Scrutiny Programme Board and the five themed Overview and Scrutiny Committees each receives a presentation on the criteria of the Equality Framework for Local Government, at their first meetings in the new Municipal Year, so that Members are fully equipped to provide effective scrutiny in the areas identified as being necessary for Excellent accreditation by the November 2011 deadline.
- 1.3 It is proposed that the presentation is made by Jacqui Cross, Corporate Equality and Cohesion Manager, who is leading the Council’s programme to reach ‘Excellent’ status.

2.0 RECOMMENDATIONS: That

- (1) the progress made to date with regard to the Equality Standard for Local Government be noted; and
- (2) this Programme Board and each of the five themed Overview and Scrutiny Committees be requested to receive a presentation to help them further develop the Council's Scrutiny Function so that the Council is on course to achieve excellent status of the new Equality Framework for Local Government in November 2011.

3.0 REASON/S FOR RECOMMENDATION/S

- 3.1 To ensure the Council is fulfilling all of the criteria necessary in respect of the Scrutiny Function for it to progress and be awarded excellent status in respect of the Equality Standard for Local Government in November 2011.

4.0 BACKGROUND AND KEY ISSUES

- 4.1 At the Scrutiny Programme Board meeting on 4 March 2010 the Deputy Chief Executive/Director of Corporate Services provided Members with a report that contained an overview of the Council's achievements, which led to the award, in November 2009, of Level 3 of the Equality Standard for Local Government.
- 4.2 Achieving Level 3 had been a major milestone for the Council. Members had been made aware that the Improvement and Development Agency assessors had considered it to be a 'good and solid level 3'. Details of a number of appointments, which had significantly improved the Council's capacity to provide the necessary leadership had been provided and it had been noted that expertise to ensure that equality and diversity issues had been embedded across the organisation. The report had also set out examples of the ways in which the Council had led the way in Wirral in relation to the equality agenda.
- 4.3 The report had informed that the Improvement and Development Agency (IDeA) had developed a new Equality Framework for Local Government, which had now replaced the original Equality Standard. Instead of reaching Levels 1 to 5, Councils would now work towards the following three levels:
 - Developing
 - Achieving
 - Excellent
- 4.4 The Council had automatically migrated to 'Achieving' status of the new Framework and would need to be assessed for 'Excellent' status by November 2011 or risk having 'Achieving' status removed. Therefore, an action plan for reaching 'Excellent' status was currently being developed by the Corporate Equality and Diversity team.
- 4.5 The report had also set out a number of areas, highlighted by the new Equality Framework for Local Government, as being in need of effective scrutiny in order for the Council to reach 'Excellent' status by November 2011 and the Chair of the Council Excellence Overview and Scrutiny Committee had indicated that Equality and Diversity had been a major focus of her Committee

and she had referred to the work that had been undertaken to achieve Level 3 of the original Equality Standard.

5.0 BEYOND LEVEL 3 – EXCELLENT STATUS

5.1 The Action Plan for reaching ‘Excellent’ status, developed by the Corporate Equality and Diversity team, is currently being refreshed following:

- The publication of the Government’s equality strategy, ‘Building a Fairer Britain – December 2010, and
- The publication of the Council’s Corporate Plan – publish date not yet known

6.0 THE ROLE OF SCRUTINY IN REACHING ‘EXCELLENT’ STATUS

6.1 The Equality Framework for Local Government highlights the need for effective scrutiny in the following areas:

- (a) Is the Council meeting its equality objectives in partnership with others?
- (b) Is the Council able to identify how communities are changing and the impact this may have on equality priorities?
- (c) Can the Council demonstrate improvements and outcomes as a result of its Equality Scheme?
- (d) Is the Council scrutinising its own and its partnerships’ performance with regard to equality objectives and outcomes?
- (e) Can the Council demonstrate that commissioned/procured services are delivering the Council’s equality objectives?
- (f) Are communities involved in the scrutiny process?
- (g) Do Members and Senior Officers demonstrate personal leadership and understand the relevance of equality and cohesion to their local communities?
- (h) Are equality impact assessments built into all aspects of decision-making, scrutiny and policy reviews?

7.0 RELEVANT RISKS

7.1 The report sets out the improvements necessary to the Scrutiny Function for the Council to attain Excellent status in respect of new Equality Framework for Local Government by November 2011. If the Scrutiny Function does not develop as indicated in the report the Council runs the risk of not attaining Excellent status.

8.0 OTHER OPTIONS CONSIDERED

8.1 There are no other options to consider at this time. The Council has indicated it wishes to pursue Excellent status.

9.0 CONSULTATION

9.1 The Council's single equality scheme 'Equality Watch Scheme 2009 – 2012 is due to be refreshed during April to June 2011 to take into consideration the Equality Act 2010. Consultations will take place across the Council, with partner agencies and among members of the Council's equality watch scheme.

10.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

10.1 Any voluntary, community, faith sector organisation providing services on behalf of the Council will need to adopt acceptable equality practices as prescribed by the Council.

11.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

11.1 There are no additional resource implications.

12.0 LEGAL IMPLICATIONS

12.1 The Equality Act 2010 states that public bodies must have due regard to the need to (a) eliminate unlawful discrimination, harassment and victimisation, (b) advance equality of opportunity, and c) foster good relations.

13.0 EQUALITIES IMPLICATIONS

13.1 The Equality Act 2010 states that public bodies must have due regard to the need to (a) eliminate unlawful discrimination, harassment and victimisation, (b) advance equality of opportunity, and (c) foster good relations.

13.2 Equality Impact Assessment (EIA)

- (a) Is an EIA required? No
- (b) If 'yes', has one been completed?

14.0 CARBON REDUCTION IMPLICATIONS

14.1 No

15.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

15.1 No

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APPENDICES

None

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Scrutiny Programme Board	4 March 2010

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **The Cheshire and Wirral Councils' Joint Scrutiny Committee**

held on Monday, 10th January, 2011 at Winsford Lifestyle Centre, The Drummer, Winsford CW7 1AD

PRESENT

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

Councillors D Beckett, A Bridson, C Beard, A Dawson, J Grimshaw, W Livesley, D Roberts, G Watt and B Silvester

Apologies

Councillors S Jones, G Smith, C Povall and J Salter

69 ALSO PRESENT

Councillor W Clements, Wirral Borough Council, substitute member for Councillor C Povall
Mr P Hough (Co-opted Member)

70 DECLARATIONS OF INTEREST

RESOLVED: That the following Declarations of interest be noted:-

- Councillor Flude - personal interest on the grounds that she is a member of the Alzheimer's Society and Cheshire Independent Advocacy.
- Councillor D Roberts - personal interest on the grounds that her daughter is an employee of the Cheshire and Wirral Partnership NHS foundation Trust (CWP).

71 OFFICERS PRESENT

Mike O'Regan, Central and Eastern Cheshire Primary Care Trust (CECPCT),
Avril Devaney, Andy Styring and Michelle Bering (Cheshire and Wirral Partnership NHS Foundation Trust (CWP),
Mike Flynn and Ross Paterson (Cheshire East Council Scrutiny Team)

72 MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of the meeting of the Joint Committee held on 11 October 2010 be confirmed as a correct record.

73 CHIEF EXECUTIVE'S UPDATE

The Committee considered the Chief Executive's Update Report which had been tabled. The report covered the following issues:

- Transforming Community Services; in West Cheshire work is progressing with the transfer of community services, from Western Cheshire PCT to CWP. Furthermore, NHS Wirral is proposing to go ahead with its plans to establish a Community Trust, and this will function as an entirely separate organisation from 1 April 2011. Community Services in Central and Eastern Cheshire would transfer to East Cheshire Hospitals Trust on the same timescale.
- The CWP is scheduled to move the clinical services from Leighton Hospital to the Millbrook unit by 19th January 2011. Procedures are also in place to assist carers who may have difficulty with transport to visit their relatives in Millbrook. The situation concerning patient and carer travel would continue to be monitored. Concerns were raised over the availability of public transport between Crewe and Macclesfield, which could create difficulties for members of the public. It was also proposed that Members should visit the Millbrook site.
- The CWP plans to renew its Suicide Prevention Strategy by April 2011.
- Work is underway at Bowmere to construct an outside garden for the ward, for people with dementia. This is in partnership with Kings Fund under the Enhancing the Healing Environment Scheme.
- The Committee was also advised that the progress report on the integration of the Assertive Outreach Function was due to be considered by the CWP Board at the end of January, following which it would be circulated to the Committee and considered at the next meeting.

RESOLVED: That the Report be received and a visit to the Millbrook Site be arranged.

74 PROPOSED CHANGES TO MENTAL HEALTH SERVICES IN CENTRAL AND EASTERN CHESHIRE - RISELEY STREET LEARNING DISABILITIES HEALTH RESPITE SERVICE, MACCLESFIELD

The Committee considered a report from Mike O'Regan of Central and Eastern Cheshire Primary Care Trust on the proposed closure of Riseley Street Respite Service.

It was explained to the Committee that a level 2 consultation had been carried out in November, which raised issues regarding the respite centre in Crook Lane, Winsford. The Centre had recently been flooded which had created difficulties in offering alternative services for users at both Riseley Street and Primrose Avenue in Crewe which had also been subject to a consultation on closure.

The consultations had been launched as the three sites collectively were running at around 40-45% occupancy levels. Following legal advice the decision was made to have a further 4 week consultation on the proposed closures, covering the issues at all of the sites. The implications had been considered in detail at the Cheshire East Health and Adult Social Care Scrutiny Committee.

After consideration of the report, the following points were raised;

- Concerns were expressed over the numbers of people who are assessed or actually need respite care and over the possible confusion about the local boundaries from which people can access respite care. The proposed changes also raised questions about payment, as NHS facilities were provided free of charge, whereas service users transferring to Social Care respite facilities could be charged. The arrangements intended to deal with this were explained in detail.
- A change of wording in the report was noted by committee in that it should read; “discussed” rather than “accepted in Principle” on page 10 of the Agenda.

RESOLVED: That the Report be received and a further report be made in due course on the outcome of the consultations.

75 UPDATE ON CONSULTATION ON THE PROPOSAL TO CLOSE THE WILLOWS DAY SERVICES, MACCLESFIELD

The Committee considered a report on this issue from Mike O'Regan.

It was explained that following a level 2 consultation which had been conducted in November, it was decided that the Willows day care centre in Macclesfield should be closed.

The Committee was informed that everyone in the centre would be assessed and alternative care provided where required in view of the closure.

Service users had been consulted in individual meetings to advise them and their care plans had been reviewed accordingly. Service users were disappointed about the closure and felt they had benefitted from the services provided at the Willows. However, CWP felt the service was social care rather than health care and such provision was not made available

elsewhere in the Trust. Also, services provided at the Willows were accessible via other mainstream providers.

It was expected that the Willows service would close in mid January 2011; the impact of the changes would be monitored and service users would be supported to access mainstream services.

The Cheshire East Health and Adult Social Care Scrutiny Committee had also considered the issues and had noted the outcome of the consultations. The Committee had raised the question of whether the services at the Willows could be provided in different ways using the Voluntary Sector. The Committee had also asked that the possibility of setting up a pilot scheme for Admiral Nursing (which offered specialist nursing for dementia patients) in the area should be investigated jointly with the Primary Care Trust. The Cheshire West and Chester Scrutiny Committee would consider the report on the Willows later in the day.

RESOLVED: That the Report be received and the issues related to Admiral Nursing be considered at the next Mid Point meeting.

76 PUBLIC HEALTH STRATEGY

The Committee received a presentation by Michele Bering which gave an overview of the new Public Health White Paper and its implications for the CWP and the populations it serves.

The presentation focused on the shift of emphasis from simply treating people, to promoting and maintaining well being, with importance being placed on all organisations working together to achieve this goal.

The presentation also addressed what the CWP are already doing in terms of the public Health Agenda and the various core functions which they carry out, including; Strategic development and project work, teaching, training and health promotion, and direct clinical work to support access to Primary and Acute Secondary Care.

During the discussion the following points were raised:

- How the funding required to support the promotion of good health and the prevention of illness was going to be found and what the impact on other current services would be. It was explained that the money would be sourced from the existing budgets, and also through the redesigning of the Trust's internal structure in order to facilitate these changes and fund the services.
- In addition improvements in the training of staff would lead to efficiencies being made. It was explained that there was a change of emphasis now towards prevention, to encourage people into trying to improve their health rather than just treating people for health problems. The Trust would also be delivering

services in different ways in the future, better to meet the new requirements.

- Concerns over the way in which the quality of these services would be measured and monitored, and where the controls would come from.
- It was explained that the Government's White Paper proposals envisaged the setting up of a Public Health Board nationally, and Health and Wellbeing Boards in each Council area, which would oversee the new arrangements.
- Concerns that the money for funding the CWP's service is not ring fenced, and therefore the success of the new approach would be dependent on effective prioritisation and target setting, and careful monitoring of the impact of new initiatives as they were brought into effect.
- Confirmation from a commissioning perspective, that funding would allow the priorities identified nationally to be pursued and tailored to address local need.

RESOLVED: That Michele Bering be thanked for her presentation, and that the implications for the Trust be noted.

77 APPOINTMENT OF A CO-OPTED MEMBER

The Joint Committee's Procedural Rules provide that it "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."

Following consideration at the Mid-Point meeting, CWP had circulated the Patients and Public Involvement members of the Trust, as a result of which Mr Phil Hough (carer member) had applied to become a Co – opted Member of the Committee.

The Chairman welcomed Mr Hough to the meeting, and he outlined his background as a carer, and his activities and experience both in CWP and more widely in the NHS.

RESOLVED: That Mr Phil Hough be appointed as a non-voting co-opted member on the Joint Committee, initially for the remainder of the municipal year.

78 FUTURE MEETING DATES

RESOLVED: That the following dates for future meetings be agreed:

- 11 July 2011;
- 10 October 2011;

- 23 January 2012;
- 16 April 2012.

All meetings to start at 2.00 pm; venues to be confirmed.

The meeting commenced at 2.00 pm and concluded at 3.20 pm

Councillor D Flude (Chairman)

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **The Cheshire and Wirral Councils' Joint Scrutiny Committee**
held on Monday, 4th April, 2011 in Room 1, Wirral Borough Council, Brighton Street, Wallasey, Wirral, CH44 8ED

PRESENT

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

Councillors A Dawson, W Livesley, D Roberts, J Salter, B G Silvester, R Thompson and G Watt

IN ATTENDANCE

Councillor W Clements Wirral Borough Council
Substituting for Councillor C Povall
Mr P Hough Co-opted Member

OFFICERS IN ATTENDANCE

Cheshire and Wirral Partnership NHS Foundation Trust

Sheena Cumiskey Chief Executive
Avril Devaney Director Of Nursing, Therapies and Patient Partnership
Ursula Martin Associate Director of Quality, Compliance and Assurance
Dr A Ellis Associate Medical Director

Cheshire West and Chester Council

David Jones Scrutiny Team
Deborah Ridgley Democratic Services Officer

Cheshire East Council

Carol Jones Democratic Services

APOLOGIES

Councillors C Andrew, C Beard and S Jones Cheshire East Council
Councillor C Povall Wirral Borough Council

79 DECLARATIONS OF INTEREST

Councillors D Flude and P Lott each declared a personal interest in the proceedings on the basis that they were members of the Alzheimer's Society.

Councillor D Flude also declared a personal interest in the proceedings on the basis that she was a member of Cheshire Independent Advocacy.

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

80 MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of the meeting held on 10 January 2011 be approved as a correct record.

81 DEMENTIA PATHWAY

Dr Andrew Ellis, Consultant Psychiatrist, made a presentation to Members outlining the Dementia Care Pathway whose aim was to focus on patient-related outcomes to ensure that patients could live well with dementia.

The presentation covered:

- The statistical information in respect of the number of people with dementia and the expected rise in dementia by 2030. It was noted that the number of people with dementia currently was 700,000 in the UK, costing an estimated £17b per annum. The number of sufferers was likely to rise to 1,400,000 by 2030, with a consequential increase in cost to £51b.

Dementia in under 65 years of age was rare. 1 in 14 of dementia sufferers were, over 65 years of age, with 1 in 6 over 80 years of age.

- The cost of treating patients with dementia. In the previous year, a sum of £160m had been allocated under the National Dementia Strategy, but as the funding had not been “ring-fenced” it had been used in other areas of patient care.
- The use of anti-psychotic drugs in treatment of dementia.
- Detection/Assessment: Early detection was important in improving the outcome for sufferers. A television advert, piloted in the North-West, encouraged close relatives or carers to seek GP diagnosis where relatives were exhibiting memory loss.
- Challenges presented by NICE HTA, and issues surrounding drug costs and service capacity.
- Dementia pathways:
 - detection
 - initial assessment
 - initial management
 - specialist referral
 - specialist assessment

- specialist management
- discharge

■ The Committee was informed that in Wirral, more people with dementia were admitted to hospital than in other areas (1,000 per annum). In the absence of other prevailing health conditions, this was not appropriate.

■ CWP initiatives, including –

- new in-patient wards
- Anti-psychotics in dementia – project with PCT awareness pilot in four care homes and four GP practices
- Memory Assessment Scheme: nurse-led working with partner organisations focusing on early diagnosis and support
- Local initiatives:
 - (West)
 - Advanced nurse practitioner
 - Intensive home treatment team
 - Accreditation Cedar Ward
 - Memory clinic accreditation
 - Service redesign
 - (East)
 - Advanced nurse practitioner
 - Care Services Efficiency Delivery (CSED) Project
 - Acute care consultant
- Introduction of acute care model

■ Future Challenges

- Increasing demand for services
- Move to patient-related outcomes
- Impact on partnership organisations such as Social Services and Acute Hospital Trusts

Dr Ellis was thanked for his presentation and Members were able to ask questions –

■ Was research into dementia being undertaken?

Members were informed that there had been no major breakthroughs for approximately 10 years. Dementia was a progressive deterioration in the brain and could take up to 20 years to manifest itself. The current focus was on the quality of care and support which could be provided to ensure, as far as possible, that dementia sufferers could remain independent.

■ In response to a question about dementia statistics, Members were informed that there were no specific areas where there were significantly high or low incidences of dementia.

- Training of GPs.

Training on psychiatric disorders formed only 6 weeks training for GPs. Members commented that this appeared to be inadequate in view of the new role of GPs who would be able to commission health services under the Health and Social Care Bill.

It was suggested that at a future meeting, the Committee examine the staffing structure in respect of dementia services.

RESOLVED: That the presentation be noted.

82 QUALITY ACCOUNT

Cheshire and Wirral Partnership NHS Trust (CWP) had produced its first Quality Accounts in 2009/2010.

The Quality Accounts for the period 2010/2011 were tabled at the meeting by Ursula Martin, Associate Director of Quality, Compliance and Assurance for CWP. A covering briefing note was also tabled, suggesting a timeline for Scrutiny Committee Members to comment .

Members expressed disappointment that the report had not been made available with the agenda. In response, the Joint Committee was informed that the final guidance for preparation of the accounts had not been given until 31 March 2011.

The Regulations required CWP to allow its Commissioners (Primary Care Trusts) 30 days to review the Quality Accounts and provide a commentary for inclusion in the final accounts. CWP confirmed that it was affording this time to all third parties required to comment. Comments representing the views of the Joint Committee were required by 1 May 2011.

Brief comments were made as follows:

- Concern was expressed in respect of the deadline date for the commentary and its close proximity to the forthcoming elections.
- Insufficient performance data included.
- Means of measuring performance not identified for priorities identified for the forthcoming year.
- No explanation of the reasons for non-compliance with NICE guidance.
- Lack of bench-marking information and comparisons with last year's performance

In response, the Officer from CWP stated that the timeframes were nationally specified by the Department of Health. There was some discussion regarding the quality priorities and outcomes identified for 2011/2012. Dr Ellis commented that patient-related outcomes, in mental health for example, were relatively new and there were no comparisons available yet.

The Chairman suggested that Members submit all comments to Democratic Services (Cheshire East Council) as soon as practicable. She would arrange to meet with Councillor Lott (Cheshire West and Chester Council) and Councillor Bridson (Wirral Borough Council) to review comments received. Where appropriate, amendments would be made; all comments would be included as an unedited Annex to the Quality Accounts.

The Chairman's suggestion was supported by Members and it was agreed that Officer input was essential to the process.

RESOLVED:

- (a) That Members submit comments on the Quality Accounts 2010/2011 to Democratic Services, Cheshire East Council; and
- (b) That Councillors Flude, Bridson and Lott meet to review the comments submitted, the meeting to be supported by appropriate CWP Officers; and
- (c) That the report be re-submitted to the Joint Committee at the first available meeting after 30 June 2011.

83 CHIEF EXECUTIVE'S UPDATE

Owing to administrative difficulties, the report of the Chief Executive was not available at the meeting.

The Chief Executive provided an oral update and undertook to e-mail copies of her report to Members of the Joint Committee.

As part of the update, the Chief Executive responded to queries which had been raised on the minutes of the previous meeting.

84 "NO HEALTH WITHOUT MENTAL HEALTH"

The Chief Executive drew Members' attention to the recent publication of the Government's mental health outcomes strategy for people of all ages "No Health Without Mental Health". It recognised that mental health was central to quality of life. The strategy had been developed with a wide range of partner organisations to agree a set of six shared objectives –

- 1 More people will have good mental health
- 2 More people with mental health problems will recover
- 3 More people with mental health problems will have good physical health
- 4 More people will have a positive experience of care and support
- 5 Fewer people will suffer avoidable harm
- 6 Fewer people will experience stigma and discrimination

A sum of £400m was to be invested over the next four years in psychological services. The Chief Executive suggested that the Joint Committee might wish to consider this document at one of its meetings.

RESOLVED: That “No Health Without Mental Health” be included on a future agenda of the Joint Committee.

85 CLOSING REMARKS

The Joint Committee expressed its thanks to Councillor Dorothy Flude for her chairmanship of the Committee over the previous year.

Councillor Flude responded, and wished her colleagues good luck in the forthcoming elections.

The meeting commenced at 2.00 pm and concluded at 4.15 pm

Councillor D Flude (Chairman)