

**Meeting of:** Joint Mental Health Overview and Scrutiny Committee for Pennine Care NHS Trust

**Date:** 2nd October 2007

**Present:** Councillor Joan Grimshaw (Bury MBC) (Vice CHAIR)  
Councillor Olywn Chadderton (Oldham MBC)  
Councillor Derek Heffernan (Oldham MBC) (CHAIR)  
Councillor Barbara Dawson (Oldham MBC)  
Councillor Roy Driver (Stockport MBC)  
Councillor Chris Gordon (Stockport MBC)  
Councillor Richard Ambler (Tameside MBC)  
Councillor Andrew Doubleday (Tameside MBC)  
Councillor Eileen Shorrock (Tameside MBC)

Michael McCourt:	Director of Operations, Pennine Care NHS Trust
David Curtis:	Director of Nursing and Organisational Development, Pennine Care NHS Trust
Paul Davies:	Service Director, Adult Social Care, Adult and Community Services Directorate, Oldham MBC
Bev Worthington:	North Service Director, Pennine Care NHS Trust.
Steve Callender:	Head of Scrutiny, Stockport MBC
Diana Paver:	Scrutiny Officer, Tameside MBC
Julie Edwards:	Joint Health Overview and Scrutiny Officer (Pennine Care)
Alice Rea;	Joint Health Overview and Scrutiny Officer (Pennine Acute)
Marjorie Forster	Pennine Care PPIF
Stephen Taylor	Pennine Care PPIF

**Apologies:** Councillor Roy Walker (Bury MBC)  
Councillor Denise Bigg (Bury MBC)  
Councillor Jane Gartside (Rochdale MBC)  
Councillor Walter Brett (Stockport MBC)

#### **PC0708-27 APOLOGIES**

Apologies were addressed as detailed above.

#### **PC0708-28 DECLARATIONS OF INTEREST**

No declarations of interest were made.

#### **PC0708-29 PUBLIC QUESTIONS**

There were no public questions.

## **PC0708-30 MINUTES OF THE LAST MEETING**

Members of the Committee were asked to approve as a correct record, the minutes of the meeting held on 28<sup>th</sup> August 2007.

### **RESOLVED:**

That the minutes of the meeting of the Joint Mental Health Overview and Scrutiny Committee for Pennine Care NHS Trust held on 28<sup>th</sup> August 2007 be approved as a correct record.

## **PC0708-40 MATTERS ARISING**

Following on from the Director of Operations comments at the last committee regarding the improvements in staff sickness rates, Councillor Ambler asked why the subsequent report as promised by the Trust had not be presented at this meeting. The Joint Health Scrutiny Officer confirmed that the report would be presented at the next Committee meeting.

The Director of Operations confirmed that the funeral of the in-patient murdered at Birch Hill hospital had taken place and in attendance were the Chief Executive and the Chairman.

Councillor Driver reported that Stockport's 'Older People's Preventative Services' review panel would be conducting a review on older people accessing preventative services in Stockport. Councillor Driver informed the committee of their review and requested that the Joint Committee and the local review panel continue to keep each other informed of the progression of the review work, to avoid duplication.

The Joint Health Overview and Scrutiny Officer reported that Ivan Lewis MP, and under Secretary of State for Health has agreed to meet with Members of the Joint Committee.

### **RESOLVED**

1. The Pennine Care Trust will provide the Committee with a detailed report on the current sickness levels at the Trust.
2. The Joint Health Overview and Scrutiny Officer would liaise with officers at Stockport MBC regarding the work being done by the Older peoples preventative services review panel.
3. The Joint Health Overview and Scrutiny Officer would liaise with Ivan Lewis and arrange for him to meet members of the Committee.

## **PC0708-41 ANNOUNCEMENTS/UPDATES**

Site visits

The Chair informed the Joint Committee that on Thursday 27<sup>th</sup> September 2007, four Members of the committee visited the new adult in-patient facility at Fairfield Hospital. The Chair thanked the Trust for providing members with an opportunity to visit the Trust and the Chair commended the new facilities.

The Chair informed the Joint Committee that two further visits had been arranged:

#### **Stepping Hill Hospital : Stockport**

Monday 15<sup>th</sup> October 2007 visiting the crisis resolution team, outpatients, section 136 unit. Meet at 12.30pm at the Mental Health Unit, lunch will be provided.

#### **Birch Hill Hospital : Rochdale**

Monday 22<sup>nd</sup> October 2007 visiting the Children and Adolescent Mental Health Unit, older in-patient ward and out-patients. Meet at 12.30pm at the Management Team Offices, lunch will be provided.

Members discussed a change to meeting time and date to accommodate other members.

#### **RESOLVED**

Meetings dates would remain as initially agreed at the start of the municipal year.

#### **PC0708-42 REVIEW OF DAY SERVICES AT SYCAMORE HOUSE, OLDHAM.**

Prior to the start of the presentation, the Director of Operations reported that the plans presented today by the Oldham representatives would form part of the delivery of the Trusts service development strategy.

The Joint Committee received a presentation from Paul Davies, Associate Director, Adult Social Care, Adult and Community Services Directorate and Bev Worthington. The presentation contained the following information:

The Associate Director reported that the Oldham MBC and the Pennine Care NHS Trust had recently conducted a review of day service provision and care pathways for older people in Oldham. The review had established that existing provision was inadequate and the majority of service provision was based on the age of the person and not the needs of

the patient. The Associate Director had reported that this had meant a lack of choice in services available to older people and this had and would continue to be problematic.

The current established care pathways had meant a fragmentation of health and social care continuum, over emphasis on hospital basis services, lack of choice and variety in real alternatives to admission and an acknowledgement that improvements needed in accommodation to support privacy, dignity and gender separation.

The Service Director reported that in order to create better outcomes for service users and carers it would be necessary to, refocus the service into an enablement principle rather than a maintenance service; establish a single point of entry into specialist mental health services for both functional and organic illness; establish a discrete diagnostic and early intervention service for people with Alzheimer's disease; improve access to Psychological Therapies.

The Service Director reported that it would be necessary to move towards maintaining family and social networks and a need to make better use of financial resources.

The Service Director reported that in order to get better outcomes for Service Users and carers it would be also necessary to; improve access to psychological therapies; create new ways of working for consultants, greater integration with community teams, thus reducing the need for outpatient clinics; reduction of in-patient beds by 50%, to fund service redesign; reorganisation of day care facilities to maximise efficiency and develop an out reach and enabling intermediate home based treatment service.

The Service Director reported that in order to improve access and service provision it would be necessary to create a new service model. There would be changes to Primary Care Mental Health Services there would be a single point of entry, a functional Care pathway, a dementia Care pathway (including memory assessment service), a crisis resolution home treatment service, psychological therapies, day-care and intermediate care and specialist inpatient services.

The Associate Director reported that the Trust and the council had undertaken a review of day care services. The review found that there was an under utilisation, of all three day-care facilities, lack of clarity, choice and consistency of access arrangements; absence of planned and coordinated transfer between care settings, as needs of service users change.

The Associate Director reported that everyone who currently receives a service would continue to get the service they need and equity of access to specialist mental health services according to assessed needs.

In response to a Members question, the Service Director clarified what is meant by a single point of entry. Currently service users can access mental health services, via their GP, through the community or local authority, the Trust would like to establish a single point of entry to ensure consistency when accessing mental health services.

The Service Director reported that it would be necessary to move away from integrated services to a needs basis services. The Trust would be reviewing the service provision for those people suffering from Dementia who are under 65 years of age.

The Service Director reported that there would always be hospital beds available for those who need them. The establishment of a crisis resolution home treatment team, in line with national policy guidance, would enable treatment of some conditions to take place in the home.

The Director of Nursing and Organisational Development reported that the trust had “stepped outside” National Institute for Clinical Excellence (NICE) guidance and would allow consultant psychiatrist, were medically appropriate, to prescribe drugs for those patients suffering from early onset alzheimers.

The PPIF representative questioned the proposed closure of beds on Sycamore ward, as there had been evidence presented to the PPIF that accessing this ward, had, and continued to be very difficult. The Service Director reported with better use of resources and more improved services in the community, this would enable service users to receive more appropriate and effective treatment without the need for hospital admission.

In response to a Members question, the Service Director reported that the service could accommodate a reduction in out-patient appointments as some of these appointments would now take place in the community.

In response to a Members question, the Service Director confirmed that the Trust had consulted with service users on the proposed changes in Oldham and would continue to consult with service users and carers as the proposals develop.

The Associate Director reported that currently the local authority and the Trust did not provide a full range of services for the treatment of dementia.

**RESOLVED:**

1. The Joint Committee thanked the local authority and Trust representatives for their presentation.
2. The Joint Committee would continue to be kept informed of developments of the proposals.

## **PC0708- 42 SERVICE DEVELOPMENT STRATEGY**

The Joint Committee received an updated presentation from the Director of Operations on the Pennine Care NHS Trusts Service Development Strategy. The presentation contained the following information:

The Service Development Strategy would build on existing plans for the Trust for 2006/07. The plans would result in less hospital care and more community care, more diverse & specialist services, 38% of efficiencies from growth, 62% of efficiencies from current resource and workforce numbers increased.

The key challenges would be delivering a 12.5% efficiency target, ~£13million of efficiencies, managing local, specialist, growth & efficiency.

The benefits of the Service Development Strategy; would be an increase in capacity in community services, 24/7 cover, service improvements to in-patient & community care, in-patient care for younger people, eating disorder service. An increase in low secure services and talking treatments, improvements in older people services, workforce review, development and modernisation, learning and development centre, organisational development, and a communication strategy.

The impact of the changes would result in, no reduction in response to acute need for adults and older people, increasingly reduced reliance on in-patient care, access would however remain 24/7 & 365 days a year; bed changes compensated by crisis & home treatment and in-patient CAMHS, patients requiring in-patient care will be admitted when needed, community improvements overall.

The impacts of the changes per borough would be:

Bury and Rochdale

- Workforce efficiencies
- Review Trust wide service arrangements & plan for years 3,4 & 5
- CAMHS interim scheme at ward 27 in Bury (12 beds)

Oldham

- Older Peoples review
- Potential to agree ward and/or day hospital reductions and investment in community model

- Estimated (31) staff displaced
- Oldham possible site for CAMHS in-patient

#### Stockport

- Warren ward to close
- Establish crisis resolution and home treatment capacity
- (25) staff displaced
- 15 bed OP step down into Warren ward

#### Tameside and Glossop

- Ward 38 to close
- Establish Crisis & Home treatment
- Exchange activity from hospital to community
- (22) staff displaced
- Specialist OP ward in HIT scheme
- Low secure development into ward 38

The Director of Operations reported that there would also be changes to the workforce at the Trust. These changes would involve staff being displaced (there are however (65) current comparable vacancies). 60 posts created over the next 2 years, a commitment to avoid redundancies, career support, training & development and close consultation with the staff side representatives.

The Director of Operations acknowledged that it would be a challenging and ambitious plan. The Trust would focus on growth to protect local services and there would be exciting opportunities in diverse services, growing year on year. It is hoped the plan would generate efficiency and retain quality improvements overall.

The Director of Operations asked that the Joint Overview & Scrutiny Committee to note the proposals as submitted, and that the Pennine Care NHS Trust to be advised on the process required for discussion, consultation and implementation of these plans.

In response to a question raised by the Chair of the Joint Committee, the Director of Operations reported that 3 trade union representatives have been invited to join the decision making forum where the workforce efficiencies would be discussed. The Director of operations reported that there would be no directive to stop recruitment of band 6 staff. The Director of Operations reported that there would be no reduction in the quality of staff but some work could be carried out by different staff.

In response to members concerns, the Director of Operations reported that the treatment would be available in the community. Currently the Trust has 27 patients who are medically fit to be discharged but the Trust are unable to find an appropriate placement in the community; by increasing more services in the community this would resolve this

situation. The Pennine Care NHS Trust would want to see more investment in the community, whilst continuing to provide 90 in-patients beds.

The Director of Operations reported that the Trust have made a commitment to the Primary Care Trusts not to request further funding. The bed occupancy rates on the in-patient wards would frequently be over 100%, the Trust would want to see occupancy levels of 90 to 95%.

The Director of Nursing reported that the creation of Home Treatment Teams would enable treatment that would previously have been provided in a hospital setting to be provided in the community.

The Pennine Care NHS Trust would be conducting a site option appraisal for the CAMHS facility, Oldham site would be the Trust's preferred site.

The Service Director reported that the elderly unit in Oldham would reduce by 16 beds. The money saved from closing Ward 38 and Warren ward would be re-invested into crisis resolution and home treatment teams and any surplus would be put towards meeting the Trusts efficiency target.

Members of the committee expressed concern that the raise in the number of patients suffering from dementia would create capacity issues for the Trust. The Director of Operations reported that they would expect to see an increase in the number of patients requiring care, but this would have to be balanced with the government requirement to make efficiency savings.

*(Officers from the Trust left the meeting)*

The Joint Committee discussed the proposed changes as contained within the Service development strategy, and the Joint Committee's duties under Section 7 and 11 of the Health and Social Care Act. Members expressed concern about some of the changes but did not feel it would be financially viable to insist that the Trust conducts a full public consultation on the proposals.

#### **RESOLVED:**

1. The Joint Committee thanked the Trust for the presentation.
2. The Joint Health Overview and Scrutiny Officer would write a letter to the Pennine Care NHS Trust, detailing the decision not to request a full public consultation
3. The Pennine Care NHS Trust would provide regular briefings and as requested information relating to the Service Development Strategy.



**PC0708-43 FOUNDATION TRUST UPDATE**

The Director of Operations reported that the integrated business plan was submitted to the Department of Health at the end of July 2007. The Trust application was considered by the Department of Health at a panel meeting on 11 September 2007, the outcome of which will determine whether the Trust has been granted Secretary of State approval to proceed to the final stage of the application process. We expect to be notified of the outcome of this during week commencing 1 October 2007. If successful, the Trust would expect the Independent Regulator (Monitor) to commence their assessment of the Trust some time between January and March 2008. Membership recruitment is ongoing, with membership currently standing at 4212 members, against our initial target of 5,000 members.

**PC0708-44 URGENT BUSINESS**

There was no urgent business.