Minutes of: **JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR PENNINE CARE NHS FOUNDATION TRUST**

Date of Meeting: 28 March 2017

Present: Councillor (in the Chair)
Councillors J Grimshaw and R Walker

Also in attendance:
Public Attendance: No members of the public were present at the meeting.

Apologies for Absence: Councillor P Adams, Councillor , Peet, Price and Councillor Williamson

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8 DECLARATIONS OF INTEREST

There were no declarations of interest

9 PUBLIC QUESTIONS

There were no questions from members of the public

10 MINUTES

It was agreed:

The minutes of the meeting held on the 6th October 2016 be approved as a correct record.

11 MATTERS ARISING

The Joint Health Overview and Scrutiny Officer reported that the NHS England Child and Adolescent Mental Health procurement process had not yet commenced.

12 STRATEGIC PLAN UPDATE

Members of the Joint Health Overview and Scrutiny Committee considered a verbal presentation from Laura Rooney, Head of Communications, Pennine Care. The Strategy is focused on the delivery of whole person, placed based care. The strategy includes the Trust's vision, values, goals, offer to the people, offer to the place and key priorities.

The transformation programme sits alongside the strategic plan and includes the Greater Manchester Strategic Plan and each Boroughs Locality Plan. As well as the following transformation programmes:

- System and relationship management
- LCO Development
- Operating model and leadership
- Mental health strategy
- Community services standards

- Improvement to Innovation

Members of the Joint Committee requested more detail as to what the strategy and in particular the transformation programme meant for each Borough.

In response to a Member's question, the Medical Director reported that the structure of the service will change going forward. The Greater Manchester Mental Health Strategy will be underpinned by the Pennine Care MH Strategy, the Locality Plans and the CQC Action Plan. There will be some very difficult decisions going forward in respect of the Trust Estate and which services are provided in which Boroughs.

Members discussed the continuing problems with IT infrastructure; in Greater Manchester currently there are 50 providers all with different IT structures. The Pennine Care Trust uses the PARIS system which is an IT interface for mental health patients which can be accessed by other Professionals.

It was agreed:

A report will be considered at the next meeting of the Joint Committee that will provide members with a Borough by Borough overview of the Transformation proposals.

13 CARE QUALITY COMMISSION REPORT AND ACTION PLAN

Dr Henry Ticehurst, Medical Director provided members with an update in respect of the CQC Action Plan.

The CQC conducted an announced visit week commencing 13th June 2016. The inspection was conducted as part of an ongoing comprehensive mental health inspection programme.

The Overall ratings for the services of the provider was:	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services good?	Good
Are services responsive?	Good
Are services well led?	Requires Improvement

Staff were on the whole responsive, respectful and caring and professional in their attitudes and worked to support the patients.
Staff had a good understanding of safeguarding.
The Trust had business continuity plans in place across services for emergencies and staff said they were supported by their managers.
Multi-disciplinary team working was well developed across the Trust both internally and externally.
The Trust had a range of facilities that provided and promoted recovery, comfort, dignity and confidentiality to the patients and families in their care.

Good practice was highlighted in: Older people's services, learning disability services; CAMHS and End of Life Care

Six services were rated as requires improvement, these were:
• Wards for older people with mental health problems
• Acute wards for working age adults and psychiatric intensive care units
• Community based mental health services for adults of working age
• Mental health crisis services and mental health-based places of safety
• Community end of life care
• Community health services for adults

The main areas for improvements:
Breaches of guidance for same sex accommodation in wards for older people and acute wards for working age adults and psychiatric intensive care units.
Trust medicine management policy was not being observed. Issues around deprivation of liberty of those age over 16 and mandatory training was under the Trust minimum

- The monitoring of physical health was varied across the mental health services, with some of the mental health services not monitoring physical health and recording it in their care records.
- There were inconsistencies in staff composition in teams within the same service, with different levels of staff and different skill mix of staff.
- On the wards for working age adults there was high bed occupancy across all of the wards which led to patients' needs not being met in a timely manner.
- On wards for working age adults patients did not always have a bed to return to upon return from leave.
- Patients in some community services were waiting longer than the targets for assessment and commencement of treatment. This meant that patients were waiting longer than 12 weeks for assessment and longer than 18 for treatment in the Health Young Minds service.
- There was a lack of cohesive working across the boroughs in some of the services. Teams in some services did not have much interaction between them and worked separately.
- There were inconsistencies regarding skill mix in teams across, different areas of the same service as well as inconsistencies in local governance arrangements
- There was no fixed timescale for completing management investigations and some investigators had not had investigation training. Investigations were not all sufficiently thorough, actions did not identify nor any future risk mitigation plans identified. They were not always undertaken by an impartial investigator.

Members were invited to ask questions and the following issues were raised:

In response to a Member's question in respect of wheelchairs and the Corporate Risk Register, the Medical Director reported that this is an ongoing issue for the Commissioners within the CCG.

In response to a question about Matrons, the Medical Director reported that there had been a drop in the number of Matrons across the Trust and this was in part due to financial constraints.

Members of the Joint Committee raised concerns that issues in respect of training and medicine management highlighted in the report are in part due to problems with supervision, lack of training and lack of funding.

With regards to the Duty of Candour, the Medical Director acknowledged the concerns raised by members, the Trust challenged the information presented in the CQC report as they did not think it fairly represented the Trust's position.

In response to a Member's question in relation to staff engagement, the Head of Communications reported clinicians will visit programmes, wards and community services. The Trust is planning an engagement event with staff in respect of the mental health strategy; Board meetings rotate around the Pennine Care footprint and the staff engagement strategy is currently being revised.

In response to concerns raised in respect of a lack of cohesive working across the Trust, the Medical Director reported that work is underway to prevent this. Those who work within mental health services are usually wedded to an organisation whereas those who work in community services are wedded to a locality. The Medical Director acknowledged more work could be done to share the learning within Community services.

The Medical Director reported that the Trust financial position is an issue for the Trust it is hoped that this may be a helped by additional funding being made available as part of GM Devolution.

It was agreed:

Members will continue to scrutinise the CQC Action plan and may consider establishing a task and finish group to review a particular area of the plan

14 CHIEF EXECUTIVE AND SENIOR MANAGEMENT UPDATE

The Head of Communications reported that a process has commenced to replace Michael McCourt as Chief Executive of the Trust. The Trust will also look to recruit a new Chairman.

In response to a Members question, where does this leave the CQC Action Plan, the Medical Director reported that the plan has been developed by Commissioners, representatives from GM and NHS Improvement.

It was agreed:

A further update will be provided at a future meeting.

15 URGENT BUSINESS

It was agreed:

Comments from elected members in respect of the Trust's Quality Account will be forwarded to the Joint Health Overview and Scrutiny Officer for inclusion in the submission.

COUNCILLOR
Chair

(Note: The meeting started at Time Not Specified and ended at Time Not Specified)