

AGENDA FOR

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR PENNINE CARE NHS FOUNDATION TRUST

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To: All Members of Joint Health Overview and Scrutiny Committee for Pennine Care NHS Foundation Trust

Councillors: Paul Adams, John Bell, Cecile Biant, Laura Booth, Yvonne Cartey, John Wright, Joan Grimshaw, Colin McLaren, Chris Murphy, Rina Paolucci-Escobar, Gillian Peet, Vita Price, Sara Rowbotham, Roy Walker and Diane Williamson

Dear Member/Colleague

Joint Health Overview and Scrutiny Committee for Pennine Care NHS Foundation Trust

You are invited to attend a meeting of the Joint Health Overview and Scrutiny Committee for Pennine Care NHS Foundation Trust which will be held as follows:-

Date:	Tuesday, 28 March 2017				
Place:	Peel Room, Bury Town Hall, Knowsley Street, Bury BL9 0SW				
Time:	1.30 pm				
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.				
Notes:					

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

Members of the Joint Committee are asked to consider whether they have an interest in any of the matters on the agenda and, if so, to formally declare that interest.

3 PUBLIC QUESTIONS

Members of the public present at the meeting are invited to ask questions on any matter relating to the work or performance of the Pennine Care NHS Foundation Trust. A period of up to 30 minutes will be set aside for public questions.

4 MINUTES (*Pages 1 - 6*)

Minutes of the meeting held on the 6th October 2016 are attached.

5 STRATEGIC PLAN UPDATE (Pages 7 - 22)

Dr Henry Ticehurst, Medical Director/Deputy CEO (Acting) Laura Rooney, Head of Communications will be in attendance, presentation attached.

6 CARE QUALITY COMMISSION REPORT AND ACTION PLAN

Dr Henry Ticehurst, Medical Director/Deputy CEO (Acting) will report at the meeting.

7 CHIEF EXECUTIVE AND SENIOR MANAGEMENT UPDATE (Pages 23 - 24)

Laura Rooney, Head of Communications will report at the meeting.

8 URGENT BUSINESS

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

Agenda Item 4

Meeting of: Joint Health Overview and Scrutiny Committee for

Pennine Care Foundation Trust

Date: Thursday 6th October 2016

Present:

Councillor McLaren (Oldham MBC)
Councillor Biant (Rochdale MBC)
Councillor Booth (Stockport MBC)
Councillor Adams (Bury MBC)
Councillor Walker (Bury MBC)
Councillor Wright (Stockport MBC)
Councillor Peet (Tameside MBC)
Councillor Cartey (Tameside MBC)

Councillor Paolucci-Escobar (Tameside MBC)

Apologies:

Councillor Rowbotham (Rochdale MBC)

Councillor Price (Oldham MBC)
Councillor Turner (Oldham MBC)
Councillor Bell (Tameside MBC)
Councillor Grimshaw (Bury MBC)
Councillor Murphy (Stockport MBC)

In Attendance:

Keith Walker, Executive Director, Pennine Care NHS

Foundation Trust

Emma Tilston, Deputy Director of Finance, Pennine Care NHS

Foundation Trust

Sarah Barnes, CAMHS, Pennine Care NHS Foundation Trust

PC 16/17-01 APPOINTMENT OF CHAIR AND VICE CHAIR

It was agreed:

- 1. That Councillor Colin McLaren be elected as Chair of the Committee for the municipal year 2016/17.
- 2. That Councillor Roy Walker be elected as Vice Chair of the Committee for the municipal year 2016/17.

PC 16/17-02 APOLOGIES

Apologies were detailed above.

PC 16/17-03 DECLARATIONS OF INTEREST

There were no declarations of interest

PC 16/17-04 PUBLIC QUESTIONS

There were no questions from members of the public

PC 16/17-04 MINUTES OF THE LAST MEETING

It was agreed:

The minutes of the meeting held on the 3rd March 2016 be approved as a correct record.

PC 16/17-05 POLITICAL BALANCE REPORT

The Joint Health Overview and Scrutiny Officer submitted the Political Balance report.

It was agreed:

That the necessity, that the Joint Health Overview and Scrutiny Committee for Pennine Care NHS Foundation Trust be politically balanced, be waived for the municipal year 2016.2017.

The Joint Committee resolved that agenda items 6 and 7 would be considered together.

PC 16/17-06 PENNINE CARE NHS FOUNDATION TRUST UPDATE

Members of the Joint Health Overview and Scrutiny Committee considered a verbal presentation from Keith Walker Executive Director, Pennine Care NHS Foundation Trust and Emma Tilston, Deputy Director of Finance, Pennine Care NHS Foundation Trust. The presentation contained information on the following areas:

- Care Quality Commission (CQC)
- Manchester Mental Health & Social Care Trust
- Finances
- CAMHS

The Executive Director, Pennine Care, reported that the CQC visit had now taken place and an initial draft of the report had been received by the organisation. The Trust had highlighted some areas of concerns in respect of the inspection process. The Trust also has the opportunity to comment on issues of factual accuracy contained within the report. As part of the inspection process the CQC will hold a Quality summit in November to feedback to stakeholders, members of the Joint Committee will be invited to attend.

With regards to the Trust's bid to provide service once provided by Manchester Mental Health and Social Care Trust, the Executive Director reported that Pennine Care's bid was unsuccessful. The Executive Director reported that the Trust had put together a strong bid, which included innovative work with General Practice. The contract had been awarded to the Greater Manchester West Trust.

The Executive Director reported that the work undertaken by the Trust in preparation for the contract had not been time wasted. The Executive Director reported that there is a definite move towards less providers in the system which will ultimately result in a more standardised approach to mental health provision across Greater Manchester.

Emma Tilston, Deputy Director of Finance, Pennine Care NHS Foundation Trust, provided members with a financial update. The Deputy Director of Finance reported that in the financial year 2012/13 NHS providers reported a financial surplus of £500 million. In the financial year 2015/16 the same providers reported a deficit of £2.44 billion. PCFT results in comparison show strong financial resilience, the normalised surplus, in 2012/13 was £3.1 million, $2013/14 \pm 5.7$ million, $2014/15 \pm 3.4$ million and in $2015/16 \pm 0.19$ million.

The Deputy Director of finance reported that the Trust is expected to spend £12 million pounds on agency staff in the financial year 2016/17. The Trust will not be spending on capital programmes as initially planned. An ICT strategy is being developed and the consultants Price Waterhouse Cooper have been asked to conduct a Trust wide sustainability review.

The Pennine Care NHS Foundation Trust is also being asked to contribute additional savings to a fund to assist Trusts across Greater Manchester with large financial deficits.

The Executive Director reported that how services are developed will have to change, services will need to be co-designed and co-developed, one of the biggest drivers for this will be the Locality Plan. Pennine Care will want to be involved in the development of each Boroughs Locality plan.

Members expressed concern that there is no incentive for the Trust to achieve a surplus if the money is then going to be used to support other Trusts in Greater Manchester. The Executive Director reported that following GM Devolution if a Trust is struggling within Greater Manchester all Trust will feel the consequences of an underperforming Trust.

Members discussed the problems with the large amounts of spend on agency staff. The Executive Director reported that this is a national problem, a national framework agreement commenced on 14th May 2014. The Framework was established in collaboration with three other NHS procurement hubs to meet the need for ensuring the provision of quality temporary and permanent staff from the UK and overseas.

In response to a Member's question, the Executive Director reported that all the staff supporting the bid for Manchester mental health services, bar one already worked within the Trust and the work was undertaken as part of their ongoing workload. The work undertaken as part of the bid process will inform future develop work and long term planning within the Pennine Care Trust and will therefore not be wasted.

The Deputy Director of Finance reported that the consultants PCW will provide the Trust with a review report on all the services provided by the Trust and all

the costs associated with providing each service. The report will also include information in relation to the sustainability of each service.

Child and Adolescent Mental Health Services

Sarah Barnes, CAMHS, Pennine Care NHS Foundation Trust attended the meeting to provide members of the Committee with an update in respect of Child and Adolescent Mental Health Services provided by the Trust. The verbal update contained the following information:

Pennine Care provides two inpatient CAMHS facilities at the Hope and Horizon units. When a child presents out of hours requiring an inpatient bed and there is none available within the Trust, staff would try to find a bed within the northwest, failing that and if appropriate they would then look to place the child on an adult ward. There are no inpatient beds in the Yorkshire and Humber regions, a problem that has been recognised by NHS England.

The following young people aged 16-18 years were admitted to adult wards:

2013/14 - 16 young people

2014/15 - 16 young people

2015/16 - 6 young people

2016/17 -1 young person

Over the last four years Pennine Care CAMHS teams have undergone significant transformation.

Community promotion & prevention:

• Early identification & intervention via community, education & peer-led interventions.

Primary care, community services, voluntary sector and education Assessment and signposting

- Self-help, E-interventions, Brief & group Interventions
 Primary care, community services, voluntary sector and education in partnership with CAMHS
 - Time limited, goal focused evidence based interventions, CAMHS in your community led interventions, Complex assessment, formulation and intervention.

CAMHS hospital and hospital at home services

• For serious illness/crisis/risk

In response to a member's question, the CAMHS Service Manager reported that a NHS England national procurement exercise is currently underway in respect of CAMHS inpatient beds, this will attempt to address the identified need in Yorkshire and Humber which inadvertently buts pressure on Pennine Care beds.

The CAMHS Service Manager reported that a Greater Manchester whole system review of the CAMHS crisis pathway is underway.

The Trust will provide support with early intervention for psychosis from 14 years and an eating disorder pathway upto the age of 19. The CAMHS service manager reported that a challenge for the Trust is the transition from CAMHS provision into adult service. Up to 6000 children access Trust CAMHS provision every year.

In response to a Member's question, the CAMHS Manager reported that if a child is place on an adult ward that it would be unusual for that child to remain there for more than two days, if the stay lasts longer than five days then a meeting must be arranged with stakeholders from a number of different agencies.

In response to a Member's question, the CAMHS Manager reported that there were no plans to build a CAMHS inpatient facility in the south of the Borough.

With regards to safeguarding concerns highlighted by elected members, the CAMHS Manger reported that the children would always be properly safeguarded and an adult would be with them at all times. If it is necessary to place a child on an adult this would be reported as a serious incident within the Trust and it would be because this would be the safest place for the child and the trust would ensure that the ward was age appropriate for that child/young person.

The Service Director reported that the Trust's Service manager lead the work being undertaken on behalf of Greater Manchester, it is hoped that this piece of review work will ensure that CAMHS provision across the Borough is fair and equitable.

It was agreed:

The Trust would provide further information at a future meeting in respect of the NHS England procurement exercise in respect of CAMHS inpatient beds and the Greater Manchester wide review.

PC 16/17-07 URGENT BUSINESS

There was no urgent business reported.





Joint Health Overview and Scrutiny Committee

Dr Henry Ticehurst, Medical Director/Deputy CEO (Acting)

Laura Rooney, Head of Communications

28 March 2017

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Agenda

- Strategic Plan overview
- Update on the CQC improvement programme
- Trust leadership arrangements
- Any other business



Strategic plan overview







Our five year strategy: 2016-2021

our strategy is focused on the delivery of whole person, place-based care

Our vision:

Our vision is to deliver the best care to patients, people and families in our local communities by working effectively with partners to help people to live well.

our values:

Compassionate **Accountable** Responsive **E**ffective Safe

our goals:

- Put local people and communities first
- Provide high quality whole person care
- Deliver safe and sustainable services
- Be a valued partner
- Be a great place to work

offer to the people:

We will create a positive experience by delivering care that:

- Empowers you to live well and stay well
- Is high quality and evidence-based
- Is personalised and tailored to your needs
- Is integrated and seamless
- Is local, accessible and responsive

offer to the place:

We will be a committed

- Working in partnership, proactively contributing to the strategic and operational development of each town
- · Providing a bespoke service offer based on local needs
- Sharing our clinical innovation and expertise
- Assuring the safety and effectiveness of our services through robust governance
- · Providing a highly-skilled and motivated workforce to deliver person-centred care

Key priorities:

Supportive local strategies

Develop and implement a strategy and operating model tailored to each town to ensure services meet the needs of each place.

Building effective relationships

Be a valued partner by sharing expertise, acting with integrity and empowering staff at all levels to build effective relationships that strengthen communities.

Continually improve quality

Refresh the Trust's Quality Strategy, incorporating CQC findings, refine the Quality Assurance process and attract increased investment into research and development.

Space for innovation

Stimulate innovation and commercial thinking by sharing best practice,

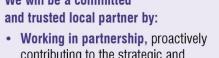
developing ambitious whole person, place-based initiatives, and adopting a co-design approach to create richer outcomes.

A workforce for the future

Ensure that recruitment processes reflect our values. focus staff development on whole person, placebased care delivery, invest in workforce planning and explore new approaches to attract and empower a more diverse workforce.

Health informatics

Use health information and technology to effectively support and enhance patient care, multi-agency working, service delivery, commissioner relationships and allow us to have an in-depth understanding of our local communities.



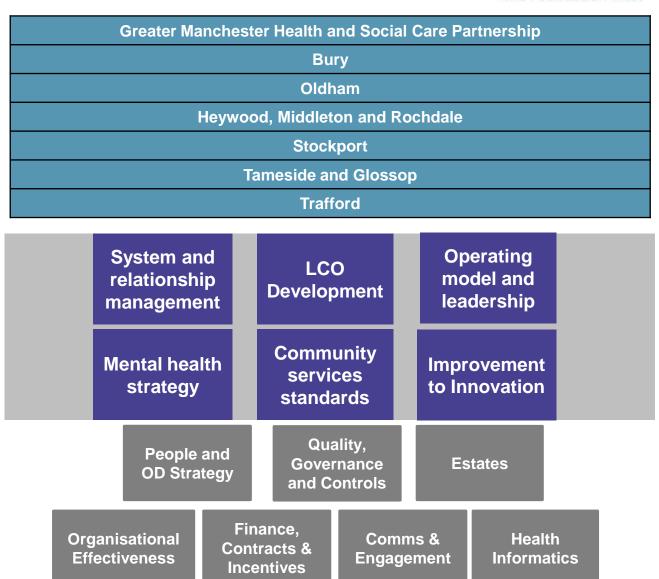
Transformation programme



GM Strategic Plan & Locality Plans

PMO transformation programmes

PMO enablers / cross cutting programmes





CQC improvement programme

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Inspection outcome

Overall rating	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Requires improvement	

Outcome by service line



	Overall	Safe	Effective	Caring	Responsive	Well-led
Cambeck Close	Good	Good	Good	Good	Outstanding	Good
Older Peoples Wards	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement
CAMHS inpatient	Outstanding	Outstanding	Good	Outstanding	Outstanding	Outstanding
Older Peoples CMHTs	Good	Good	Good	Good	Good	Good
Community LD	Good	Requires improvement	Good	Good	Good	Good
Forensic inpatient/secure wards	Good	Good	Good	Good	Good	Good
Adult CMHTs	Requires improvement	Requires improvement	Requires improvement	Good	Good	Good
Community CAMHS	Good	Good	Good	Good	Requires improvement	Good
Children's Community Services	Good	Requires improvement	Good	Good	Good	Good
Intermediate Care	Good	Good	Good	Good	Good	Good
RHSD Wards	Good	Good	Good	Good	Good	Good
Drug and Alcohol	Good	Good	Good	Good	Good	Good
Acute Wards and PICU	Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement
Crisis Services and Health Based Places of Safety	Requires improvement	Requires improvement	Requires improvement	Good	Good	Requires improvement
End of Life	Requires improvement	Requires improvement	Requires improvement	Not rated	Requires improvement	Requires improvement
Adult Community Services	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Pennine Care Overall	Requires improvement	Requires improvement	Requires improvement	Good	Good	Requires improvement



Key headlines

- One service rated as outstanding, nine rated as good, six rated as requires improvement
- 90% of services rated good or outstanding for caring
- No services rated as inadequate
- No enforcement actions
- No warning notices



Key improvement themes

Bed occupancy

Ward environment

136 suites and seclusion

Mental Capacity Act

Medicine management

Risk assessment

Care planning

Physical health checks

Record keeping

Clinic rooms procedures

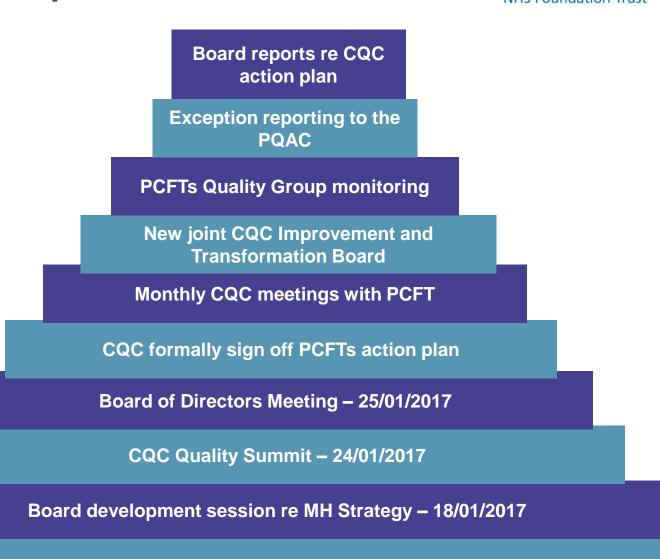
Training and development

Supervision

Use of Data and information

Assurance process





Requirement Notice Action Plan draft – 16/01/2017



Leadership update

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Summary of changes

- Michael McCourt finished in February
- Martin Roe now Acting Chief Executive
- Dr Henry Ticehurst, Medical Director, also Acting Deputy Chief Executive
- Emma Tilston, Acting Executive Director of Finance
- Chairman's tenure due to end in October

Executive Directors

Trust Board



John Schofield Chairman



Martin Roe Chief Executive (Acting)



Joan Beresford Non-Executive Director Deputy Chair



Tony Berry Non-Executive Director/ Chair of Audit Committee



Dr Henry Tioshurst Medical Director/ Deputy Chief Executive (Acting)



Ian Trodden Executive Director of Nursing and Healthcare Professionals



Non-Executive Directors

lan Bevan Non-Executive Director



The Rt. Hon. Lord Keith Bradley Non-Executive Director



Judith Crosby Executive Director of Service Development and Sustainability



Keith Walker **Executive Director** of Operations



Professor Sandra Jowett Non-Executive Director/Senior Independent Director



Mike Livingstone Non-Executive Director



Emma Tileton Executive Director of Finance (Acting)





CEO recruitment

- Specialist agency GatenbySanderson appointed to conduct recruitment process
- Role has been advertised nationally in Health Service Journal and Management Journal
- Closing date 31 March 2017
- Final assessment and interviews 9/10 May 2017
- Will include stakeholder engagement
- Council of Governors final ratification
- Candidate in post circa Sept/Oct pending notice period



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- @PennineCareNHS
- www.penninecare.nhs.uk



23 February 2017

To:
CCG Chief Officers
Local Authority Chief Executives
Acute Chief Executives
Joint Health Overview and Scrutiny
Healthwatch
GM Health and Social Care Partnership
NHS Improvement
MPs

Trust Headquarters
225 Old Street
Ashton-under-Lyne
Lancashire

OL6 7SR

Telephone: 0161 716 3000

Email: john.schofield2@nhs.net Tel: 0161 716 3035

Dear Colleague,

Re: Board changes at Pennine Care NHS Foundation Trust

A number of key developments and changes are taking place at Board level within Pennine Care.

Following the announcement made in December, we can now confirm Michael McCourt's last working day will be 28 February 2017. Michael is taking up a new role with Central Manchester Foundation Trust as the interim Chief Executive of the Manchester Provider Board. He will oversee the Board's response to deliver new models of care within the city.

The Board of Pennine Care would like to thank Michael for his leadership and commitment over the last three years as Chief Executive and 16 year career with the Trust. He has been instrumental in ensuring our continued success and sustainability. We wish him every success in his new role and are sure he will continue to positively influence the future of health and social care services across Greater Manchester.

Interim arrangements

The executive team will continue to ensure the efficient and effective running of the Trust through the following interim arrangements, effective from 1 March 2017:

- Martin Roe, current Executive Director of Finance/Deputy Chief Executive, will become Acting Chief Executive.
- Dr Henry Ticehurst, Medical Director, will also become Acting Deputy Chief Executive
- Emma Tilston, current Deputy Director of Finance will become Acting Executive Director of Finance

Current priorities include implementing improvements following the CQC inspection, moving forward with the five-year Strategic Plan, continuing to have a lead role in the Greater Manchester health and social care developments and above all enabling services to deliver high quality care.



The Trust has now appointed a specialist agency to support the recruitment of a permanent Chief Executive. The role will be advertised nationally to attract a high calibre candidate. The selection process will be robust, involving a number of stages including interview, assessment and stakeholder engagement. It is likely to take up to eight months before an appointed candidate will be in post.

There have also been some changes to the composition of Non-Executive Directors due to terms of office coming to an end:

- Robert Ainsworth's nine-year tenure ended in December 2016
- Ian Bevan was appointed in October 2016
- Joan Beresford is now Deputy Chair
- Professor Sandra Jowett is now Senior Independent Director
- Tony Berry will end his six-year term in May 2017

After nine years, John Schofield's tenure as Chair will also come to an end in October 2017. Therefore, the Trust will also undergo a recruitment process to appoint a new Chair, led by the Council of Governors, later in the year.

During his final eight months John will remain focused on appointing a suitable Chief Executive to lead Pennine Care, whilst continuing to oversee the Board through this period of change.

Thank you for your continued support, do get in touch should you have any further queries.

Yours Faithfully,

John Schofield Chairman Martin Roe Executive Director of Finance/Deputy Chief Executive