

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 : P Adams, J Bell, C Biant, Y Cartey, C
Gordon, J Wright, J Grimshaw, J Howard, J McCann, C
McLaren, C Murphy, G Peet, V Price, S Rowbotham and
R Walker

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:	Thursday, 21 September 2017
Place:	Crompton Suite, West Street, Oldham. OL11UT
Time:	10.00 am
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 - 4*)

Minutes from the meeting held on the 29th June 2017 are attached.

5 VERBAL PRESENTATION FROM JON ROUSE, CHIEF OFFICER GREATER MANCHESTER HEALTH & SOCIAL CARE PARTNERSHIP

Jon Rouse, will present at the meeting.

6 UPDATE FROM PENNINE CARE NHS FOUNDATION TRUST (*Pages 5 - 24*)

The update will include

- Recent CQC inspection of inpatient areas
- Recovery and quality improvement work plan
- Mental health strategy

Representatives from Pennine Care in attendance will include; Claire Molloy, Chief Executive; Martin Roe, Executive Director of Finance/Deputy Chief Executive; Dr Henry Ticehurst, Medical Director and Julie Taylor, Director of Business Development

7 URGENT BUSINESS

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

Meeting of: Joint Health Overview and Scrutiny Committee for Pennine Care Foundation Trust

Date: Thursday 29th June 2017

Present:

Councillor McLaren (Oldham Council)
Councillor Murphy (Stockport Council)
Councillor Walker (Bury Council)
Councillor Wright (Stockport Council)
Councillor Grimshaw (Bury Council)
Councillor Rowbotham (Rochdale Council)
Councillor Price (Oldham Council)
Councillor Adams (Bury Council)
Councillor Williamson (Oldham Council)
Councillor Gordon (Stockport Council)

Apologies:

Councillor Biant (Rochdale Council)
Councillor Bell (Tameside Council)
Councillor Peet (Tameside Council)
Councillor Cartey (Tameside Council)
Councillor Howard (Rochdale Council)

In Attendance:

Martin Roe, Acting Chief Executive Pennine Care NHS Foundation Trust
Andrea Morris, Head of Integrated Governance, Pennine Care NHS Foundation Trust
Julie Taylor, Head of Business Development, Pennine Care NHS Foundation Trust
Laura Rooney, Head of Communications Pennine Care

PC 17/18-01 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 2017/18.
2. That Councillor Roy Walker be elected as Vice Chair of the Committee for the municipal year 2017/18.

PC 17/18-02 APOLOGIES

Apologies were detailed above.

PC 17/18-03 DECLARATIONS OF INTEREST

There were no declarations of interest

PC 17/18-04 PUBLIC QUESTIONS

There were no questions from members of the public

PC 17/18-05 MINUTES OF THE LAST MEETING

It was agreed:

The minutes of the meeting held on the 28th March 2017 be approved as a correct record.

PC 17/18-06 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 2017.2018.

The Joint Committee resolved that agenda items 7, 8, 9 and 10 would be considered together and be re-named Pennine Care NHS Foundation Trust update.

PC 17/18-07 PENNINE CARE NHS FOUNDATION TRUST UPDATE

Martin Roe, Acting Chief Executive, Pennine Care NHS Foundation Trust provided members with a verbal update in respect of the Care Quality Commission Action Plan, the Trust's financial position, a Strategic Plan Overview and a general management organisational update.

A robust CQC action plan is in place, the simple and immediate actions have been completed and the majority of the short/medium-term actions have also been completed or are on track, the longer-term actions are in the early stages.

The Acting Chief Executive reported that challenges continue regarding funding to support recommendations and it is estimated that approximately £15 million additional funding is required. Funding is being considered by commissioners and the GM Health and Social Care Partnership. The CQC were onsite recently re-inspecting some of the core services inspected last time.

With regards to the financial position the Acting Chief Executive reported that the Trust will be reporting its first deficit plan in the history of £6.6m.

The board did not support cost reductions of £2.2m in mental health as this would have resulted in closure of two wards or reductions in community mental

health or psychological therapies. A summit meeting was held on 22 June 2017 to discuss sustainability and CQC plans.

A new Chief Executive Claire Molloy has been appointed and is due to commence her post in September, the tenure of the Chairman ends in October, the recruitment process is underway.

Members discussed the various plans in respect of the establishment of the Locality Care organisations in each of the localities within the Pennine Care NHS Foundation Trust. The Acting Chief Executive also shared with members a summary of an "a typical" night on an older peoples ward with the purpose of emphasising to Members the stress and strain the Trust and staff are under at this current time.

Those present were invited to ask questions and the following issues were raised:

In response to a Member's question the Acting Chief Executive reported that two of the biggest problems facing the Trust is historic under investment in informatics and a pre-occupation in Bury, Oldham and HMR with re-tendering services. The Trust has one of the lowest reference costs in the country.

In response to a Member's question in respect of the Board, the Pennine Care Board met to consider the financial position at the Trust, the Board did not feel they could support additional cost reductions. The Board also could not support the closure of any beds as the occupancy levels currently within the hospital in most wards are above 100%.

In response to concerns raised by members in respect of the CQC report and action plan, the Trust's primary aim has been to support front line clinical services. One such concern was in respect of mixed sex wards. The Acting Chief Executive reported that if the Trust was to enforce this rigourously as required by the CQC, this would result in an increase in the number of patients placed out of area. Out of area placements are not in the best interest of the patient and would result in greater financial pressure placed on the Trust.

The Acting Chief Executive reported that Pennine Care requires an additional £15million to stabilise the Trust. A joint meeting with commissioners and GM Health and Social Care Partnership has taken place.

In response to a Member's question the Acting Chief Executive reported that it is becoming increasingly difficult to recruit staff. This is due to a number of factors including the removal of the nursing bursary, an ageing workforce and Brexit.

Members discussed different aspects of the CQC action plan including risk assessments, supervision models, bed occupancy and timescales for completion.

In response to a Member's question with regards to the development of each Boroughs Locality Plans; the Acting Chief Executive reported that going forward Commissioners may need to provide further funding for services or redesign to reflect the financial position. The Trust will need to improve its financial position, invest in staffing while still maintaining quality.

Members of the Joint Committee asked for further information in respect of how the increasing numbers and complexity of Deprivation of Liberty Orders have impacted the Trust.

As a result of concerns raised by the CQC, the Head of Integrated Governance reported that two bed managers had been recruited to enable clinicians more time to spend with patients.

It was agreed:

1. A briefing note in respect of Pennine Care NHS Foundation Trust's plans for clinical supervision be circulated to members of the Joint Health Overview and Scrutiny Committee
2. Further information be presented at the next meeting of the Joint Health Overview and Scrutiny Committee in respect of how deprivation of Liberty Orders have impacted the Pennine Care NHS Foundation Trust.
3. A summary report will be presented for consideration at the Local Health Overview and Scrutiny Committee in respect of the Pennine Care NHS Foundation Trust's plans for each Borough.
4. The Joint Health Overview and Scrutiny officer will invite Jon Rouse to the next meeting of the JHOSC
5. Following discussions with Jon Rouse members may want to consider arranging a meeting with Local Authority and CCG leads to discuss the current financial position at the Trust.

PC 17/18-08 URGENT BUSINESS

There was no urgent business considered.

Joint Health Overview and Scrutiny Committee

21 September 2017

Jon Rouse, Chief Officer, GM Health and Social Care Partnership

Claire Molloy, Chief Executive

Martin Roe, Executive Director of Finance/Deputy Chief Executive

Dr Henry Ticehurst, Medical Director

Julie Taylor, Director of Business Development

Working together
LIVING WELL

Agenda

- Recent CQC inspection of inpatient areas
- Recovery and quality improvement work plan
- Mental health strategy

Recent CQC inspection of mental health inpatient areas

Dr Henry Ticehurst, Medical Director

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Mental health inpatient areas

- CQC conducted focused inspections in July 2017
- Focus on the 'safe' domain
- Not a re-rating exercise
- Checking on progress made since the full inspection in June 2017
- Inspectors visited all adult mental health wards, older people's wards and the psychiatric intensive care unit (PICU)

Key findings

- Patients were mostly positive about staff, the care they received and said they felt safe.
- The Trust still needs to fully implement changes to address mixed sex accommodation issues and reduce associated risks.
- Incident investigations were found to be of variable quality and learning was not always shared effectively.
- Improvements have been made in storing medicines safely.
- Mandatory training compliance has improved.

Key findings continued

- Risk assessments were properly carried out and overall standards have improved.
- Appropriate staffing levels on mental health wards have been raised as a concern.
- More physical health checks need to be carried out when patients are taking strong medications.
- Some basic environmental issues were identified but it was acknowledged that improvements have also been made.
- Staff conducted appropriate checks to ensure the ward environments are safe.

Action plan

- £5.6m funding support requested to address urgent staffing issues on wards
- Immediate action to rectify mixed sex accommodation issues being undertaken
- New leadership structure being mobilised, Mental Health Managing Director and Deputy Director already appointed

Quality improvement and recovery plan

Martin Roe, Executive Director of Finance/Deputy Chief Executive

Current position

- First deficit plan submitted for 2017/18 of -£6.6m
- NHS Improvement estimate it will increase to -£16.7m in 2018/19
- 'Requires improvement' rating from CQC inspection June 2017
- 13 overarching improvement themes identified
- Comprehensive improvement action plan in place
- Requires co-production with commissioners and partners
- Series of Recovery Board meetings chaired by Jon Rouse to agree short-term recovery proposals, ahead of medium-term sustainable solution

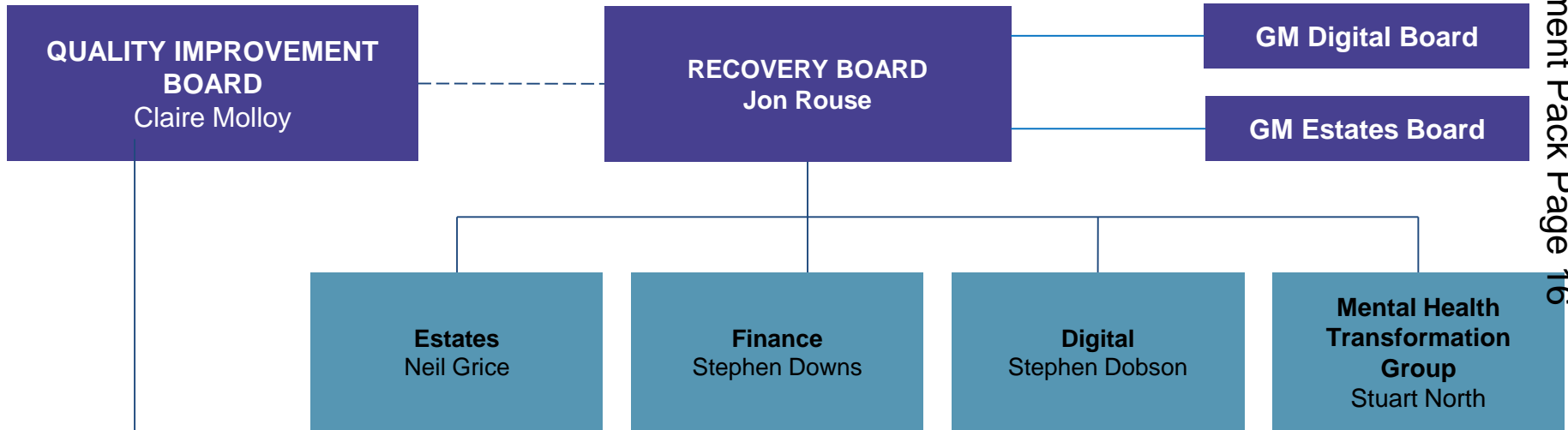
Reminder of CQC full inspection

	Overall
Cambeck Close	Good
Older Peoples Wards	Requires improvement
CAMHS inpatient	Outstanding
Older Peoples CMHT	Good
Community LD	Good
Forensic inpatient/secure wards	Good
Adult CMHTs	Requires improvement
Community CAMHS	Good
Children's Community Services	Good
Intermediate Care	Good
RHSD Wards	Good
Drug and Alcohol	Good
Acute Wards and PICU	Requires improvement
Crisis Services & Health Based Places of Safety	Requires improvement
End of Life	Requires improvement
Adult Community Services	Requires improvement

Recovery plan

- Quality Improvement Board established
- Recovery Board, chaired independently by Jon Rouse
- Sub-groups for finance, estates, digital and mental health transformation, chaired by GM Partnership leads
- Members include Pennine Care executives, NHS Improvement, CQC, GM Partnership leads, CCG commissioners and Councils
- Purpose is to jointly own the recovery plan and drive progress

Governance structure



Objectives:

1. Improvement plan (including CQC Action Plan)
2. Workforce requirements
3. Communications plan
4. Variation of service delivery in the Trust

Objectives:

1. GM MH Estates strategy
2. Short term urgent improvement actions CQC safe must dos
3. Priority and longer term estates plan

Objectives:

1. Need agreement in principle by July summit and agreed/signed off 2 year CCG investment plan by August summit
2. CQC must dos safe
3. Safe staffing issues on wards

Objectives:

1. GM mental health digital strategy
2. Develop an options appraisal and recommendations for agreement by all stakeholders
3. Identify monies to enable implementation

Objectives:

1. To collectively agree across the footprint the schemes to be supported through the CCG locality plan funding (£10.8m GM wide).
2. Focus to be on adult crisis and urgent care and integrated psychological therapies

Priorities

- Immediate financial solution for 2018/19
- Agree medium-term financial solution during 2018/19
- Put plans in place to achieve CQC 'good' by April 2019
- Implementation of informatics strategic outline case
- Establish mental health estates strategy across Greater Manchester

Mental health strategy

Dr Henry Ticehurst, Medical Director

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Introduction

Our vision 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.



Priorities for core services

Inpatient areas

Improve levels of resource available to support therapeutic care, release staff for training requirements and strengthen clinical leadership.

Community Mental Health Teams and community CAMHS

Reduce waiting lists, especially for people with acute needs; reduce pressure on staff and risk levels; clearly define service responsibility; improve recruitment and retention.

Crisis resolution and Home Treatment Teams

Further develop consistent crisis response across the Trust footprint. Increase capacity and operational hours for Home Treatment Team.



Priorities for transformation

Developing alternatives to admission

Create community-based 'safe spaces' or 'crisis cafes'; a community personality disorder service; health and wellbeing college resources.

Strengthening current access models

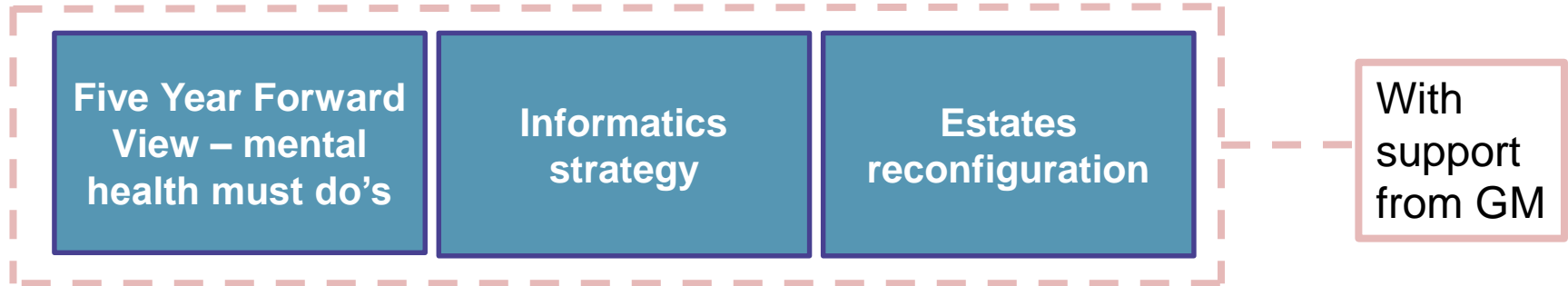
Multi-disciplinary team approach with a range of professionals; deliver a community hub for people to 'walk in' for support; have a comprehensive service directory for sign-posting.

Develop the mental health offer in primary care/neighbourhoods

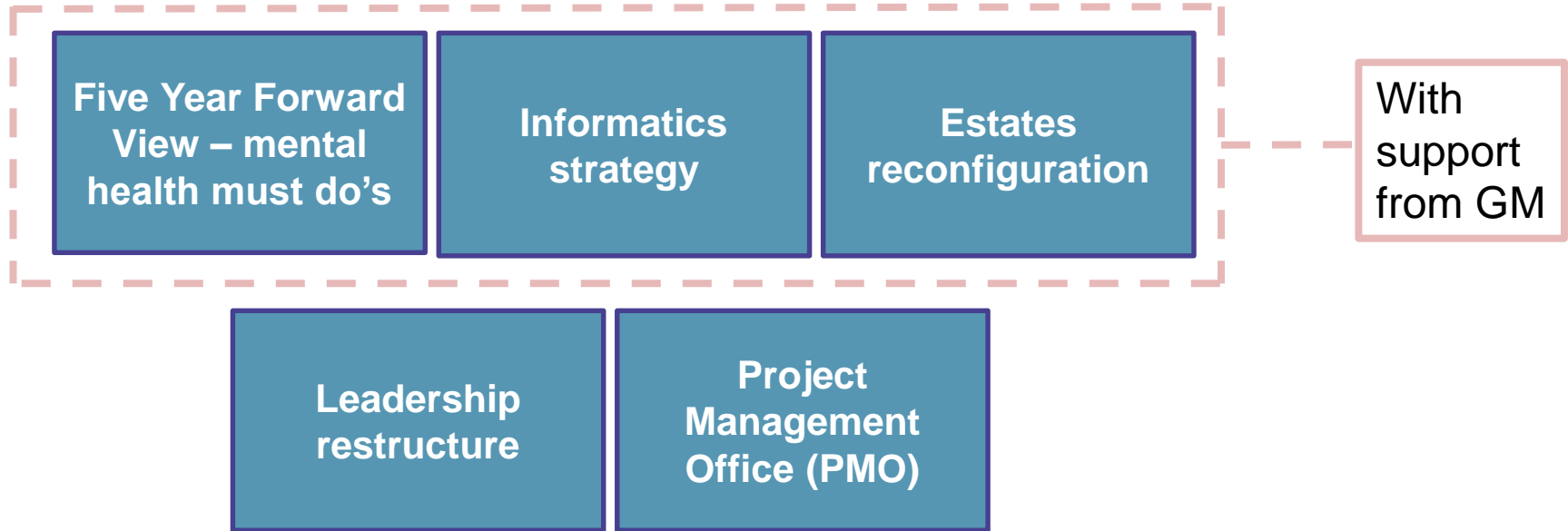
Create better links between teams such as community mental health teams and local neighbourhood teams to deliver the integration of physical and mental health



Enablers and implementation



Enablers and implementation



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