Scrutiny Report

Agenda Item	

MEETING: JOINT HEALTH AND OVERVIEW AND SCRUTINY COMMITTEE

DATE: April 2015

SUBJECT: DEVELOPMENT OF A WORK PROGRAMME FOR 2015/2016

REPORT FROM: Joint Health Overview and Scrutiny Officer

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1.0 SUMMARY

This report sets out details of potential items to assist in the development of a Work Programme for 2015/2016.

2.0 MATTERS FOR CONSIDERATION/DECISION

Members of the Health Scrutiny Committee are requested to:

Agree and set an Annual Work Programme for the 2015/16 Municipal year.

3.0 JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE – TERMS OF REFERENCE.

The terms of reference state (appendix 1), that the primary purpose of the Joint Committee is:

To scrutinise generic services provided by the Pennine Care Foundation Trust relating to the health of the population in Bury, Oldham, Rochdale Stockport and Tameside and contribute to the development of policy to improve health and reduce health inequalities in respect of services provided by the Hospitals.

Key Objectives and Responsibilities

The JHOSC has the delegated powers of the five Local Authorities, Bury, Oldham, Rochdale, Stockport and Tameside to undertake all the necessary functions of Health Scrutiny in accordance with Part 4, Health Scrutiny by Local authorities, of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, relating to reviewing and scrutinising health service matters provided by the Trust's Hospitals. Such matters to include:-

(a) Receipt and consideration of performance information relating to the Pennine Care Foundation Trust;

(b) Receipt and consideration of any Annual reports and Quality Accounts of the Trust or outcomes of official inspections e.g. the Care Quality Commission, Monitor, PLACE (Patient Led Assessments of the Care Environment) inspections, National Clinical Audit and Patients' Outcome Programme.

(c) Improving access to NHS services

(d) The review of proposals for the implementation of new initiatives which affect people in Bury, Oldham, Rochdale Stockport and Tameside in respect of patients and public involvement.

4.0 WORK PROGRAMME 2014/2015

4.1 The Joint Health Scrutiny Committee is required to set a work programme for 2015/2016 which it will monitor throughout the year.

4.2 The Work Programme of the Health Scrutiny Committee will need careful consideration, bearing in mind the resources available, time constraints of Members and also the interests of the local community.

4.3 Reviews undertaken to date:

- Dementia
- Suicide prevalence and prevention
- Child and Adolescent Mental Health Service
- Pennine Care Foundation Trust Complaints service
- Financial Contributions from each of the PCTs within the Pennine Care Trust Footprint
- Review of the Trust's Foundation Trust application
- Review of the Military Veterans Service/Access to Psychological Therapies
- Transfer of Community Services into the Pennine Care Foundation Trust.
- Review of the Trust's Whistleblowing policy
- Review of the Trust wide Drug and Alcohol service
- Access to Psychological Therapies
- Blue light response to mental health sufferers in crisis

- Work force skill mix

5.0 TOPICS IDENTIFIED

I have split the topics identified into three categories:

1. Topics not previously scrutinised by the Joint Committee
2. Topics that the Joint Committee may wish to re-visit
3. Standing agenda items

Suggested item	Context	Methodology	Outcome
1. New topics			
Mental health waiting times standards	In Oct 2014, NHS England and the DofH jointly published "improving access to mental health services by 2020". Improvements will come into effect from April 2015 for achievement by 1st April 2016 and are focused in three areas: 1. More than 50% of people experiencing a 1st episode of psychosis will be treated with a NICE approved care package within 2weeks of referral. 2. 75% of people referred to the IAPT programme will be will be treated within 6 weeks of referral and 95% will be treated within 18 weeks of referral. This standard applies to adults. 3. £30m to be targeted on effective models of liaison psychiatry in a greater number of Acute hospitals. The Autumn statement 2014 outlined provision	• Interview representatives from the Pennine Care Trust in relation to how the Trust plan to achieve the required standards • Interview a representative from the CCG in relation to their commissioning intentions in respect of the proposals. • Interview a representative from the Acute sector in respect of the proposals in relation to Acute Liaison Psychiatry • Speak to service users/carers with regards to their experiences of the service.	• The Joint Committee receives assurances from relevant stakeholders that the required standards are met or preferably exceeded.

	of additional funds of £30million recurrently for 5 years to be invested in Central NHS England programme to improve access for children and young people to specialist evidence based community CAMHS eating disorder services. Part of this programme funding will be used to develop an access and waiting time standard.		
Prevalance of people with mental health problems in the criminal justice system	• The Home Affairs Select Committee has recently published a report entitled "Prevalance of people with mental health in the criminal justice system." February 2015. Following on from the blue light workshop it may be useful to continue to re-visit this topic. The Committee made the following recommendations: • The Mental Health Act 1983 should be amended so that police cells are no longer stated as a place of safety for those detained under section 136. • It is clear that too many NHS Clinical Commissioning Groups (CCGs) are failing in their duty to provide enough health-based places of safety that are available 24 hours a day, seven days a week, and are adequately staffed. CCGs must not only acknowledge local levels of demand and commission suitable health-based places of safety, they must also design local backup policies to deal with situations where places are occupied. CCGs need to provide more "places of safety" in NHS hospitals so the police are not forced		

	into filling the gap. • The police need to make sure they use their powers in relation to mental health correctly, to reduce the numbers detained and so reduce pressure on both the police and the NHS. Frontline staff need to learn from one another, and each organisation needs to understand the priorities of others. • The fact that children are still detained in police cells under section 136 reflects a clear failure of commissioning by NHS Clinical Commissioning Groups. The de facto use of police cells as an alternative relieves the pressure on CCGs to commission appropriate levels of provision for children experiencing a mental-health crisis. The NHS needs to make places available to look after such children locally. • People encountering a mental health crisis should be transported to hospital in an ambulance if an emergency services vehicle is needed. Transportation in a police car is shameful and in many cases adds to the distress. It enables the patient's health to be monitored on the way and improves access to healthcare pathways. • Early indications of the effectiveness of the Street Triage scheme are very positive, it is important that the scheme is fully appraised. We recommend that the Government give a clear commitment that funding will be made available for schemes which have been proven to be cost-effective.		

Eating Disorder Services	Key statistics on eating disorders: • Anorexia kills more people than any other mental health condition • between 5% and 20% of people with anorexia will die from it – this is why early intervention is so important • people aged between 14 and 25 are the most likely to be affected by an eating disorder • there may be as many as 1.1 million people in the UK directly affected A report by the Health and Social Care information Centre (HSCIC) in January this year showed that in the 12 months to October 2013: • there was a national rise of 8% in the number of admissions to hospital for an eating disorder • the most common age for female admissions was 15 years old (300 out of 2,320) and for males this was 13 years old (50 out of 240) • the biggest rise was among young people aged 10 to 19 Today's announcement will focus on channelling money from expensive institutional care to local provision and act as a base for the development of waiting time and access standards for eating disorders for 2016 by: • supporting schemes to get young people with eating disorders and self-harm early access to services in their communities with properly		

	trained teams, making hospital admission a last resort • extending access to talking therapies so that children and young people have a choice of evidence-based therapies, a treatment plan agreed with their therapist and monitored and recorded outcomes This will deliver: • swifter access to evidence based community treatment • fewer transfers to adult services – reducing up to approximately 70% of those who need to be treated as adults • an end to the current cliff edge of transition for young people with eating disorders when they turn 18 • a more standardised level of provision for children, young people and their families		
Mental Health Tariff			
Bury/HMR new tenders for the Community Services			
Delayed discharge (Community services)			
Additional items for consideration....			
2. Topics re-visited			

Suicide prevalence and prevention	At the commencement of this review the Joint Committee wanted to examine the different services available to Pennine Care NHS Trust service users and determine and identify any inequity of service provision. However, during the course of the Joint Committee's investigations, the Committee choose to concentrate its attention on the discrepancies in service provision for those service users presenting at Accident and Emergency across the Pennine Care Trust.	i) The Trust conduct a review of the services provided for those threatening self harm and suicide at all Accident and Emergency Centres across the Pennine Care footprint. The Joint Committee would wish to see a consistency and standardisation of service provision across the footprint. ii) The Pennine Care NHS Foundation Trust working in partnership with the Acute Trust and Primary Care Trusts develop a system that facilitates, direct access to rapid Multi-disciplinary team assessment prior to deterioration, by seeking investment in good Liaison Psychiatry services. iii) That Crisis Resolution Home Treatment Teams are operational 24 hours a day, seven days a week across the entire Pennine Care NHS Foundation Trust footprint.	
Blue light response to people with mental health problems in crisis.	A number of recent reports have demonstrated the need for health, social care and criminal justice agencies to work together to ensure that people with mental health problems get the care and treatment they need. The DofH have published a Mental Health Care Concordat, a commitment from national organisations as signatories to the document, to work together to improve crisis care for people with mental health problems across England. It challenges local services to make sure beds are	Piece of review work? If so, identify the purpose of the review and any objectives. Specify Witnesses/Experts Identify Lead Officer Examine how well the Trust and partner agencies are doing in relation to the principles of the Crisis Care Concordat: • Health-based places of safety and beds are available 24/7 in case someone	Examine how well partner agencies, Police, Fire and Rescue, NWAS, the Acute Trust and the Pennine Care Trust work together. Review A&E liaison teams. Pennine Care Trust and CCG performance against the Crisis Care Concordat... ask that the Trust sign up to the Concordat.

	always available for people who need them urgently and also that police custody should never be used just because mental health services are not available. It also stipulates that police vehicles should not be used to transfer patients between hospitals and encourages services to get better at sharing essential need-to-know information about patients which could help keep them and the public safe.	experiences a mental health crisis • Police custody should not be used because mental health services are not available and police vehicles should also not be used to transfer patients. We want to see the number of occasions police cells are used as a place of safety for people in mental health crisis halved compared 2011/12 • Timescales are put in place so police responding to mental health crisis know how long they have to wait for a response from health and social care workers. This will make sure patients get suitable care as soon as possible • People in crisis should expect that services will share essential 'need to know' information about them so they can receive the best care possible. This may include any history of physical violence, self-harm or drink or drug history • Figures suggest some black and minority ethnic groups are detained more frequently under the Mental Health Act. Where this is the case, it must be addressed by local services working with local communities so that the standards set out in the Concordat are met • A 24-hour helpline should be available for people with mental health problems and the crisis resolution team should be accessible 24 hours a day, 7 days a week.	
Additional items for			

consideration....			
3. Standing Agenda items			
PC Trust quarterly and annual complaints reports	In light of the Francis report the Joint Committee resolved to receive regular complaints reports. Council checks were described as an "unreliable detector of concerns" in health services by Sir Robert Francis QC, following the public inquiry he led into care failings at Stafford Hospital. He described Staffordshire County Council's scrutiny committee as being "wholly ineffective", and argued "scrutiny ought to involve more than the passive and unchallenging receipt of reports".	Ben Woffenden Complaints Manager sends through quarterly reports and an annual report.	Next report due: July 2014 Annual report.
PC Trust Quality Account Statement	All providers of NHS services are required to produce and publish an annual QA. The quality of service is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided. Every QA will include: 1. A signed statement from the most senior manager 2. Answers to a series of questions including how well the Trust is doing? 3. A statement from the Trust detailing the quality of services it provides. 4. As well as statements from Healthwatch and the local HWB and shared with the CCG.	Quality Account – priorities for quality improvement in 2014.15 are: ○ **Priority 1: Quality Thermometer – Patient Safety** ○ **Priority 2: Self Management – Patient Experience** ○ **Priority 3: Skills Mix – Clinical Effectiveness** Members may want to consider scrutinising one of the priority areas	Submission to Monitor April 2015 (Approx)

JHSOC 6 monthly review of Whistleblowing incidents	The review of the Whistleblowing policy was concluded December 2013. Members produced a scrutiny report containing seven recommendations, which included; The inclusion of an employer/employee flow chart, a staff frequently asked questions factsheet, a proforma sheet for reporting incidents of whistleblowing and the introduction by the Trust of a register for reporting whistleblowing incidents.	The joint committee asked the Trust to record the incidents of whistleblowing and report that information to the Joint Committee on a six monthly basis.	
Access to psychological therapies	Psychological therapies is the term used to describe a group of formal structured interventions designed to help people gain insight into their difficulties or distress, establish a greater understanding of their motivation and enable them to find more appropriate ways of coping or bring about changes in their thinking mood and behaviours.	Piece of review work? If so, identify the purpose of the review and any objectives. Specify Witnesses/Experts Identify Lead Officer	Military veteran Service put out to tender current contract will end 31st March 2014.
CAMHS	The joint committee reviewed the Trusts CAMHS provision in 2012 The review identified 9 key themes; tackling stigma; early intervention; transistion from primary to secondary and from children to adult mhs; support at secondary school, specialist CAMHS, lack of integration; Advocacy; Training for GPs; problems at A&E;	At the same time the Joint Committee conducted its scrutiny review of CAMHS the Trust too, undertook its own review. The Joint Committee asked that the nine key themes were incorporated within their review. CAMHS is due to be considered at the July 2014 meeting of the JC.	Review the Trust performance against key performance indicators. Ensure that no CAMHS users are receiving treatment on adult inpatient wards.
Service Development Strategy	The Service Development Strategy sets out the Pennine Care Trust's vision to deliver the best possible care to patients, people and families in	The Draft Proposals in relation to the £45 million shortfall will be completed in October 2014 and initial discussion with	Key questions for the Joint Committee? a. Do the changes propose amount to a

	the local communities by working effectively with partners to help people live well. The Pennine Care NHS Foundation Trust Financial Challenge equates to £45m. The Trust needs to assure itself and Monitor that it is capable of continuing as a "going concern" for the foreseeable future.	Commissioners will take place in November and December 2014. Wider stakeholder consultation will commence between January and March 2015; Public Consultation will take place between April and June 2015 with a view to implementation from July to March 2016. Quality cannot be compromised therefore the only variable the Trust has left is capacity.	substantial variation in service provision? b. Requirement to engage with the Public? c. Engagement with the Trade unions and staff? d. How does the Trust prioritise budget areas? e. What are the statutory service areas that the Trust must provide? f. What are the requirements from Monitor? g. What happens if the Trust is unable to make the savings? h. What does this mean for my Borough?

6.0 CONCLUSION

A well thought out and effective Work Programme, focused on outcomes will strengthen the role of Health Scrutiny within the Council and more widely with partners and stakeholders.

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Pennine Care - 18th June - Rochdale	
Pennine Care – 4th September - Tameside	
Pennine Care – 26th November - Stockport	
Pennine Care – 3rd March - Oldham	
Additional T&F Groups	