

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

Date: Thursday 18th June 2015

Present:
Councillor McGee (Stockport MBC) (Chair)
Councillor Turner (Oldham MBC)
Councillor Wright (Stockport MBC)
Councillor McClaren (Oldham MBC)
Councillor Gartside (Rochdale MBC)
Councillor Gordon (Stockport MBC)
Councillor Adams (Bury MBC)
Councillor Walker (Bury MBC)
Councillor Bowden (Tameside MBC)
Councillor Rowbotham (Oldham MBC)

Apologies:
Councillor Bell (Tameside MBC)
Councillor Judge (Oldham MBC)
Councillor Grimshaw (Bury MBC)
Councillor Welsh (Tameside MBC)

In Attendance:
Stan Boaler – Service Director North and South Division.
Karen Maneely – Adult Service Line Manager, South Division.
Jackie Dyson – Royal College of Nursing.
Julie Gallagher – Joint Health Overview and Scrutiny Officer.

PC 15/16-01 APPOINTMENT OF CHAIR

It was agreed:
That Councillor T. McGee be elected as Chair of the Committee for the municipal year 2015/16

PC 15/16-02 APPOINTMENT OF VICE CHAIR

It was agreed:
That Councillor C. McClaren be elected as Vice Chair of the Committee for the municipal year 2015/16

PC 15/16-03 APOLOGIES

Apologies were detailed above.

PC 15/16-04 DECLARATIONS OF INTEREST

Councillors Gordon and Walker declared personal interests in all matters under consideration as they are both members of the Pennine Care Foundation Trust.

PC 15/16-05 PUBLIC QUESTIONS

There were no questions from members of the public

PC 15/16-06 MINUTES OF THE LAST MEETING

It was agreed:

The minutes of the meeting held on the 14th April 2015 be approved as a correct record.

PC 15/16-07 MATTERS ARISING

There were no matters arising.

PC 15/16-08 POLITICAL BALANCE

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 2015.2016.

PC 15/16-09 INTRODUCTION FROM THE CHAIR

The Chair began by welcoming Elected members, Officers and members of the public to the meeting. The Chair remarked that this will be a very challenging year for all those working in public service and in particular the NHS. The Chair reminded Elected Members of the importance of their role within this committee as a critical friend.

**PC 15/16-10 CHANGES TO SECONDARY MENTAL HEALTH SERVICES
A BOROUGH BY BOROUGH UPDATE**

Representatives Stan Boaler; Service Director North and South Division. Karen Maneely; Adult Service Line Manager, South Division; Pennine Care NHS Foundation Trust attended the meeting to provide an update on changes to secondary mental health services in each of the Boroughs within the Pennine Care Trust footprint.

Tameside and Glossop CMHT -

The total Cost Improvement Plan (CIP) saving required for 2013/2014 was £212,000 for 2014/2015 £212,000. It was reported that a decision was made in Tameside and Glossop CMHT to undertake these CIP's together to avoid staff affected having to be involved in two complex HR changes in quick succession.

This consultation focused on a structural change to Tameside & Glossop Secondary Community Mental Health Services. The new structure merged Community Mental Health Teams with Review and Recovery Teams and the new structure comprises of two generic Community Mental Health one for the North of the Borough and one for the South of the borough.

Caseload for the CMHT did sit at approximately 24. Within the new restructured team model the practitioners have a mixture of complex acute need service users with low level review service users. There will be a strong emphasis to

step down service users to primary care and the 3rd sector if clinically indicated. It was therefore envisaged the new caseload size would be approximately 13-15 complex acute service users and 20 review service users.

The proposed structure saw the removal of a number of posts, some of which were vacant posts, some of which did have postholders in place.

Members reviewed the proposed service model.

In response to a Member's question; the Adult Service Line Manager reported that the Trust has engaged with the Service User Forum in relation to the Trust's proposed plans for reconfiguration and the feedback has been very positive.

Bury CMHT

In order to manage the demand and capacity within the teams work commenced on new ways of working, case load analysis, discharge planning and asset mapping local resources available outside of PCFT and LA commissioned services in order to support individuals to access appropriate support available within their local community.

2.0 WTE Band 3 Support workers (to be aligned to the wellness and recovery function) will be created from the current vacant posts to ensure that a recovery focused service can be developed with capacity to support individuals to access resources available within their local communities and maximise independence. The occupational therapy posts that are currently aligned with the CMHT's will be realigned to the Wellness and Recovery function of the service.

One of the existing band 5 posts within Review and Recovery was realigned to the Treatment service and Reviewing Officer function (50:50 split), the other existing band 5 post within Review and Recovery has been realigned to the Treatment service.

Due to the retirement of the existing post holder the band 6 post that was aligned to CHOICES will be vacant prior to the implementation of the new service and will be realigned to the active care coordination function.

All substantively employed staff within the existing service will be allocated to a role within the new service structure.

Members reviewed the proposed service model.

In response to a Member's question, the Service Director reported that the reconfiguration in Bury would ensure that patients avoid being "stuck" within the service and that the patients receive the service that is most appropriate to their need/condition.

Oldham CMHT

The new structure was that the Community Mental Health Teams and Review and Recovery team operate on A Borough wide whole service model. This

pathway model is designed to have a greater level of staffing and expertise according to the need of the service user.

There will be improved access with a dedicated Assessment and Short term Intervention team which will deliver interventions. The development of the function to provide Active Care coordination will ensure that service users with the most complex mental health and social care needs have access to dedicated care coordination. Similarly the development of staff providing Clinic and Care Management functions will enable development of expertise and service users will receive input according to their level of need and engage with our partners in the local authority and in primary care. Psychiatry input will remain according to current GP practices therefore this will not impact on their patient group. The Community Psychiatrists will all provide input into the service.

The staff will be slotted into the positions based upon the function of each part of the service. The job roles will be more focused but will still rely upon them having their current skill base.

Caseload identified for each function

Assessment / Short term intervention: 77

Active Care Coordination: 332

Care management: 145

Treatment: 133

Community Resilience: 94

Members reviewed the proposed service model.

In response to a question from the Chair, the Service Director reported that demand is still continuing to rise and that the Trust could not continue to manage the demand within the current system.

The Trust is working on plans to develop a Recovery College in Oldham; the college will assist with educating service users, providing advice on self management and training.

Members expressed concern about the appropriate size of staff caseloads. The Trust must ensure that as a result of the reconfiguration of the community mental health teams that those in need of assistance can still access the mental health support that they require.

The Service Director reported that a disproportionate amount of NHS spend is spent on hospital care and that care and support must be provided at the earliest stage of a person's condition to prevent further deterioration.

Rochdale CMHT

The Pennine Care target for savings in Rochdale's CMHT were £165,000 for 2015/16. The savings were achieved by the disestablishment of vacant posts; no substantively employed staff within the service were put at risk. Transformation meetings were held to review the mental health care pathway in Rochdale.

In order to manage the demand and capacity within the teams work has commenced on new ways of working, case load analysis, discharge planning, review of paperwork as well as asset mapping.

The Director reported that the current reconfiguration in Sudden has resulted in operational difficulties and it has been necessary to put an interim arrangement in place whilst undergoing the full transformation process. This has been done following staff engagement and with minimum disruption to service users.

Current Caseloads for the borough are indicated below;

Assessment 73

Active Care co ordination 577

Clinic 114

Wellbeing/ Recovery 243

Care Management 27

Total 1034

The wider transformation for the whole of Rochdale borough will continue, reviewing the whole community pathway with continued consultation with staff, service users and key partners.

Further discussions with RMBC highlighted the need to robustly embed the social care agenda. In order to achieve this RMBC would fund Advanced Practitioners in each team

This would provide senior practitioner level of social care across the teams for continuity.

Members reviewed the proposed service model.

Members sought assurances that occupational therapy services would work with the CMHT to provide a holistic support to service users as part of their recovery.

Stockport CMHT

The Director reported that the Trust is currently reviewing their proposals in relation to Stockport CMHT and as of yet a new model of service delivery has not been implemented. The Trust will continue with discussions with staff and relevant stakeholders and will update on progress at a future meeting of the Committee.

In response to a Members question the service director reported that Stockport Local Authority had always invested heavily in lower tier mental health services, staff and service users/carers have been resistant to change.

In response to a member's question the Service Director reported that monies have been made available for mental health services from central government. However, the money is only for very specific projects and specific purposes and cannot be used to subsidise the provision of other services.

It was agreed:

1. Details of the proposed changes to mental health services would be forwarded to each local health overview and scrutiny committee for their consideration.

2. The Joint health overview and scrutiny committee would continue to monitor the impact of the changes to community mental health teams.

PC 15/16-11 WORK PROGRAMME DISCUSSION

Members reviewed the work programme.

It was agreed:

Subject to the inclusion of the following items: provision for those who have suffered sexual abuse; update on suicide prevention; and the re-tendering of the military veteran service; the Joint Health Overview and Scrutiny Committee approves the work programme 2015.16

**PC 14/15-13 QUARTERLY COMPLAINTS AND COMPLIMENTS REPORT
For Information**

It was agreed:

The report be noted

PC 14/15-14 URGENT BUSINESS

There was no urgent business reported.

PC 15/16-15 MEETING DATES FOR 2015/16

It was agreed:

The meeting dates for 2015/16 be agreed.