

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES  
HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL  
ON 11 NOVEMBER 2014**

<b>Present:</b>	Councillors B Rush (Chairman), J Stokes, M Lee, K Sharp, R Ferris, Sylvester and Shaheed	
<b>Also present</b>	Neil Winstone	Associate Director, Cambridge and Peterborough NHS Foundation Trust (CPFT)
	Dr Chess Denham	Medical Director, Cambridge and Peterborough NHS Foundation Trust (CPFT)
	Dr Gary Howsam	Chair, Borderline LCG
	Jessica Bawden	Director of Corporate Affairs, C&PCCG
	Stephen Graves	Chief Executive Officer, Peterborough and Stamford Hospitals NHS Foundation Trust
	Chris Wilkinson	Chief Nurse and Director of Care Quality, Peterborough and Stamford hospitals NHS Foundation Trust
	Jo Bennis	Deputy Chief Nurse, Peterborough and Stamford Hospitals NHS Foundation Trust
	Jill Metcalf	Healthwatch
<b>Officers Present:</b>	Jana Burton	Executive Director of Adult Social Care and Health and Wellbeing
	Paulina Ford	Senior Governance Officer

**1. Apologies**

Apologies for absence were received from Councillor Allen, Councillor Shabbir and David Whiles. Councillor Lee was in attendance as substitute for Councillor Allen and Councillor Sylvester was in attendance as substitute for Councillor Shabbir.

**2. Declarations of Interest and Whipping Declarations**

There were no declarations of interest or whipping declarations.

**3. Call-in of any Cabinet, Cabinet Member or Key Officer Decisions**

There were no requests for Call-in to consider.

**4. CPFT Consultation Paper – Personality Disorder Community Service/Complex Cases, including Lifeworks**

The report was introduced by the Associate Director, Cambridge and Peterborough NHS Foundation Trust (CPFT) and provided the Commission with the outcome of the Community Personality Disorder Service (CPFT) consultation and current position regarding the service.

Observations and questions were raised and discussed including:

- Do you feel the consultation has improved people's confidence? *Members were advised that the consultation had helped to rebuild confidence and most of the dissatisfaction was around the proposed closure of the Life Works. The co-design of work involving service users had also helped. It was no longer just about personality disorder but about all kinds of mental health problems.*
- Members noted that as a consequence of the sit in at the Life Works Centre in Cambridge the closure of the centre had now been delayed for another five years. How have you therefore managed to maintain the service and provide an equitable service across the area? *Members were informed that no one part of the service was for life and there were several components. The pathway implemented was now equitable.*
- Members noted that some of the comments received in the consultation seemed quite desperate. *Members were advised that these comments were anonymous but it was likely that they came from people who were part of Life Works. The clinical team had however been involved with those service users in supporting them during the time of the consultation.*
- How many consultation papers had been sent out? *Members were advised that approximately 400 to 500 had been sent out. There had also been an online version and focus groups had been held. The response of 58 had provided a fair representation of users.*
- Members commented that there had been several suicides reported recently at city centre car parks. *Members were informed that the Trust, the Council and the Car Park Authorities had all been involved in working together to address this by trying to make it harder for people to end their life by jumping from a car park. There was also various groups working together with the aim of making Peterborough a suicide free town. Suicide was everyone's business and not the responsibility of one agency. The Executive Director of Adult Social Care and Health and Wellbeing informed Members that there was a Suicide Prevention Strategy in place across Peterborough and Cambridgeshire.*
- Members noted with concern that the report mentioned that services were under severe pressure and there was an aspiration to provide more of the services within the voluntary sector. *Members were informed that there were many voluntary sector organisations already doing some of this work and it was more about linking up with these groups and providing a more joined up approach.*
- What more could the Commission do to support the CPFT? *The Associate Director, Cambridge and Peterborough NHS Foundation Trust welcomed the interest from the Commission which raised the profile of mental health issues. If there was scope within the Better Care Fund to provide resources that would also help. Consideration could be given to piloting the model in Peterborough.*
- In developing this proposal and model of care what thoughts and input had been given to the alignment from Adult Social Care? *Members were advised that this particular piece of work went back to the redesign of Adult Services in 2012 where Adult Services were involved. Going forward the council would be involved in the co-design piece of work.*
- Has there been any consideration of service users accessing facilities in Peterborough like Vivacity and links to the council's enablement services where appropriate. *Members were informed that the specialist team had been building up their case load in Peterborough over the past few months and this would be part of the work the team would be looking into.*

The Medical Director, Cambridge and Peterborough NHS Foundation Trust (CPFT) was also in attendance and tabled a report which provided a general update on Mental Health Services in Peterborough. The report is attached at Appendix 1 of the minutes. The Medical Director presented the report and Members asked questions in response.

Observations and questions were raised and discussed including:

- Members noted that the Memory Clinic was relocating to the Dementia Resource Centre. Members were informed that the work of the Memory Clinic was excellent. *Members were advised that there was a need to develop the relationship between dementia and memory loss. It was everyone's business and not just a specialist service.*
- Were young people and adults with mental illness who were being taken into custody being assessed in police cells in Peterborough? *Members were informed that the mental health assessment facilities for people who have been detained by police were attached to an adult ward and children were not allowed to be assessed in an adult ward. There was no children's mental health ward for forty miles. There was a serious national problem of a shortage of beds for children with mental health problems. Children were currently being assessed in inappropriate settings and often located far from home as there was a shortage of mental health wards for children. There was a review currently being undertaken to bring in more children's mental health wards. In relation to adult mental health care there was a 136 Suite which was a place of safety in the Cavell Centre which was part of one of the wards. There was however difficulty in staffing this facility.*
- When a 'significant incident' is reported where does the information go? *Members were informed that there was a national process in place and it was reported to the Clinical Commissioning Group who would check that the process had been followed correctly. This was then reported to NHS England.*
- Members commented that the arts can help with mental health. *Members were informed that there had been little Arts Therapy provision in Peterborough but provision would now be put in place. There needed to be a distinction between arts and Arts Therapy. Arts Therapy was about working therapeutically with people and a specialist role.*

The Chair thanked the Associate Director, Cambridge and Peterborough NHS Foundation Trust (CPFT) and the Medical Director, Cambridge and Peterborough NHS Foundation Trust (CPFT) for attending the meeting and an informative report and presentation.

## **ACTIONS AGREED**

The Commission noted the reports.

## **5. Cambridgeshire and Peterborough Clinical Commissioning Group Update**

The report was introduced by the Director of Corporate Affairs, C&PCCG and provided the Commission with an update on the following services:

1. Minor illness and Injury Unit Peterborough (MIIU).
2. Future CCG Commissioning Intentions for specialist personality disorder services
3. Preferred bidder from the Older Peoples' healthcare and adult community services procurement programme.

Observations and questions were raised and discussed including:

- Was the MIIU the same as the walk in centre? *Members were advised that it was.*
- One Member commented that he had been asked to go to the MIIU for a blood test as his own surgery advised him that they no longer provided this service. *Members were informed that phlebotomy services were not available at all GP's surgeries due to not being funded to provide this service.*
- Members wanted to know if people attended the MIIU because they had difficulty in accessing their own GP's. Was there any data to confirm this? *Members were advised that there was a survey out at the moment and some responses coming through was about difficulties accessing GP's.*
- Members sought clarification on how it would be communicated to people on where to go for treatment instead of going straight to A & E. *Members were informed of various*

- marketing activities including work with Radio Cambridgeshire to target students, a competition with schools to come up with a 'jingle' and Parish magazines,*
- *Members commented that the NHS online service tended to signpost people to A&E. Members were informed that if a call is made to the 111 service they can pin point where the caller is located and direct them to the appropriate service which might be the MIU. In Peterborough there was a pilot scheme where a GP was on call at the 111 service to assist with diagnosis and help call handlers understand what an emergency was.*
  - *Members noted that A&E usage was up and the performance was down. Members were informed that it was a national problem and there was a mixture of issues causing the problem. The increase of population, change in demography, and introduction of the MIU were some of the issues. People today also seemed to have a lack of self-awareness and self-care.*
  - *What action was being taken to address the issue of performance with winter months approaching when it would only worsen? Members were informed that work was being undertaken with all providers including Adult Social Care, Peterborough and Stamford Hospitals NHS Foundation Trust and 111 to assess the risks and work out a plan of action. There would be an increase in staffing in all services over the Christmas holidays.*
  - *The Chair requested a visit to the 111 Call Centre for members of the Commission.*
  - *A Member commented that he had met with some migrant workers recently that advised him that if they were ill they would automatically go to A&E. Was information on where to go provided in different languages? Members were advised that most migrant workers were registered with GP's. All materials provided for the campaign were provided in a number of different languages, community groups were also involved in delivering the message.*
  - *Members asked if notices were put in local shops where migrant workers went. Members were informed that this had not been done but would be looked into.*

## **ACTION AGREED**

The Commission noted the report and requested that a visit be arranged to the 111 Call Centre.

## **6. Peterborough and Stamford Hospitals NHS Foundation Trust Update Report**

The report was introduced by the Chief Nurse and Director of Care Quality and provided the Commission with an update on the Trust's overall position with specific detail regarding staffing levels and "winter pressures" planning.

Observations and questions were raised and discussed including:

- *When you survey why nurses are leaving was there one particular reason as to why they leave? Members were advised that there were various reasons including: family members moving away and they therefore wanted to relocate with them or different opportunities e.g. moving into more specialist roles at another hospital*
- *What is the target for staffing levels? The Chief Nurse did not have the exact numbers but stated that there were currently 84 vacancies. There was a 10% to 11% vacancies rate and the target was to reduce this to 5% or 6% by the end of the current financial year.*
- *A recent article in the Peterborough Telegraph stated that the hospital was more interested in reducing the debt than patient care. Members were informed that this was definitely not the case.*
- *There was a perception that Stamford Hospital services were being wound down. If this was the case what was the implication to Peterborough. Members were informed that there was a differentiation between the services being provided and the site. The money from the sale would be ploughed back into the services provided at Stamford. Much of the site was either not being used or under used therefore it was the intention to sell part of the site. There was no plan to reduce activity at Stamford.*

Councillor Lee left the meeting at this point.

- The Chair mentioned the recent visit to the hospital by members of the Commission and thanked the Chief Executive and Chief Nurse for a very interesting and informative visit. The Chair made particular mention to a visit to the dementia ward and discussions with the lead dementia nurse who had come across as very dedicated and enthusiastic about ideas for improving the dementia ward. The Chair asked how her proposals were progressing. *Members were informed that the proposals had not been presented to the Board yet.*

The Chair informed the Commission that the Chief Nurse and Director of Care Quality after almost 13 years at the Trust would be retiring in January. As this would therefore be her last scrutiny meeting the Chair thanked her on behalf of the Scrutiny Commission for her dedication to improving the quality of patient care over the years. The Chair read out a brief resume of her career. The Chair also thanked her for all the work that she had done for Peterborough and the Scrutiny Commission and wished her a happy retirement

#### **ACTION AGREED**

The Commission noted the report.

#### **7. Scrutiny in a Day – One Year On**

The report was introduced by the Senior Governance Officer. The report informed the Commission of a proposal to hold a further joint scrutiny event on 9 January 2015 to review the progress made against the lines of enquiry developed at the Scrutiny in a Day event on the impacts of welfare reform which had been held on 17 January 2014.

#### **ACTION AGREED**

The Commission noted the report and endorsed the proposal to hold a further Scrutiny in a Day – One Year On event.

#### **8. Notice of Intention to Take Executive Decisions**

The Commission received the latest version of the Forward Plan of Executive Decisions, containing Executive Decisions that the Leader of the Council anticipated the Cabinet or individual Cabinet Members would make during the course of the following four months. Members were invited to comment on the Forward Plan of Executive Decisions and, where appropriate, identify any relevant areas for inclusion in the Commission's work programme.

#### **ACTION AGREED**

The Commission noted the Forward Plan of Executive Decisions.

#### **9. Work Programme 2014/2015**

Members considered the Committee's Work Programme for 2014/15 and discussed possible items for inclusion.

The Senior Governance Officer advised the Committee that Scrutiny of the Budget would be held in two phases this year. The first meeting would be held on 3 December 2014 and the second meeting would be on 9 February 2015.

#### **ACTION AGREED**

To confirm the work programme for 2014/15 and the Senior Governance Officer to include any additional items as requested during the meeting.

The meeting began at 7.00pm and finished at 9.20pm

CHAIRMAN

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>
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<b>11 NOVEMBER 2014</b>
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## **Tabled Report of Dr Chess Denman, Medical Director, Cambridge and Peterborough NHS Foundation Trust (CPFT)**

### **GENERAL UPDATE ON MENTAL HEALTH SERVICES IN PETERBOROUGH.**

#### **1. PURPOSE**

- 1.1 This report is being presented to the committee at its request following changes to the mental health services over the past year. The committee also wanted to be advised of any planned changes to mental health services in future.

#### **2. RECOMMENDATIONS**

- 2.1 The committee is asked to note the contents of this report.

#### **3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY**

Supporting vulnerable people in furtherance of Priority 1: Creating Opportunities - Tackling Inequalities

#### **4. BACKGROUND**

- 4.1 The need, in common with other health service providers to make recurrent annual savings in mental health services as well as a desire to continue to develop and improve services where this is possible has led to a number of service changes that affect mental health provision in Peterborough.

#### **5. KEY ISSUES**

##### **Service changes already implemented**

##### **333 acute care model**

The Acute Care Services in Peterborough has under gone a major transformation in the last few years and has developed a care model that focuses on early recovery and focussed interventions that allow patients to be treated at home, assessed in hospital for shorter periods and also receive treatment in hospital for longer periods where needed. This model is called 3-3-3 model and includes a 3 day Acute Assessment Unit, 3 week Treatment Unit and 3 month recovery unit. All admissions are gate kept by the Crisis and Home Treatment Team which works closely with the Acute Assessment Unit and other wards allowing smooth transition from community in to hospital and vice versa. From Acute Assessment Unit about 70% of patients are discharged back to community (CRHT, locality teams and Primary care) thus ensuring bed availability and shorter hospital stay.

All service areas of the Acute care (wards, Crisis team, ECT service) are accredited through the Royal college of Psychiatrists accreditation

programme to improve the quality of care in mental health or going through the accreditation process and some have achieved excellence meaning that they are one of the best in the country.

#### **Adult community redesign.**

In 2013 adult community mental health team were redesigned. The rationale being:

- the need to achieve significant savings (£1.6M) across adult MH services due to national efficiency targets over the next three years
- the requirement to implement Payment by Results (PbR) from April 2014
- A desire to build on the current quality of our services, delivering safe and effective services which are seen as providing good value for money.
- The need to implement the proposals detailed in the 2011 public consultation, including the Trust wide implementation of the Advice and Referral Centre (ARC).

From October 2013 a new locality pathway based model was introduced. 5 locality teams and 2 specialist county wide teams (CAMEO – Early Intervention in Psychosis, and the Personality Disorder Community Service) were established delivering 4 main pathways, plus perinatal mental health and an assessment/advice pathway.

In Peterborough the initial focus was in addressing significant waiting times and numbers of patients waiting. This was a significant safety concern for the Trust. Additional resource was provided by the Trust and later by the CCG to mitigate the impact of the cost improvements, improve waiting times.

Since then the P'boro Adult Locality Team have made significant improvements in a number of key areas:

- Referral response times have improved so that currently all urgent referrals are seen within 5 working days and routine referrals within 3 weeks
- A new direct booking clinic service started in Oct
- A new aligned integration model (between CPFT and PCC funded social care staff) has been implemented by PCC that has provided better performance on key Section 75 performance indicators
- Senior clinicians are developing closer working relationships through the locality focus – consultant psychiatrists have clusters of surgeries that they work with. This provides better opportunity for collaboration pre and post referral.
- A new ARC referral form was issued to all GPs/practices in October. This aims to improve the quality of referrals and reduce the number of inappropriate referrals coming to locality teams.

Future plans:

- Continue to fully implement redesigned teams, building on the positive impacts of the aligned integration model through the PCC/CPFT contract performance meetings
- Further improve ARC systems and efficiency
- Develop further the partnerships between the locality team, consultant psychiatrists and primary care. Broaden the use of CONFER (Secure message facility between consultants and GPs) to improve outcomes of service users.



### **Reprovision of care for service users of Otters retreat.**

The CCG Governing body met in public and approved the closure of Otter's Retreat in Peterborough and for the support needs of families who have children who meet the eligibility for Continuing Care to be met through a multi agency process and plan which will allow for individualised and personalised packages of care. This would also follow the model of the Education, Health and Care (EHC) plans which are integral to the Children and Families Act 2014 (Part 3).

The service model was of a health led service where the majority of the care was provided by qualified nurses. Whilst highly appreciated by the 8 families who used the service this is a model of care which the evaluations following the Aiming High initiatives have been found not to meet the needs of the majority of families.

The service had declining numbers over the last 2-3 years as the process for accessing support services has developed within Peterborough, with the formation of an integrated 'panel' on which health, social care and education are represented. The children who received a service from Otter's Retreat had not previously had a holistic assessment of their needs by health and social care; this also meant the children had not been assessed under the National Framework for Children and Young People's Continuing care (DOH 2010).

The families' agency panel felt that the children's needs could be met with a range of individual health and social care packages and alternative resources. Therefore the Children and Young People's Commissioning Team recommended the decommissioning of respite care at Otter's Retreat and that this resource be used more equitably for children and young people with complex health needs and physical disabilities in Peterborough., and recommended a more integrated service model which will offer families greater choice and flexibility, in line with both the personalisation and personal health budgets agenda.

There were two formal consultation meetings with the parents whose children accessed Otter's Retreat. At these meetings there was representation from the CCG commissioning team, CPFT and Peterborough City Council. Interpretation services were offered and the parents were offered the support of both the Otter's Retreat Parents Liaison Worker and Family Voice. There were also meetings with the CCG and parents to discuss alternatives to Otter's Retreat. Discussions also took place individually with parents to discuss their concerns and wishes.

### **Proposed further service changes**

#### **Arts Therapy review**

A review of arts therapies within mental health started in October 2013 as part of a wider initiative to provide recovery orientated services, and to improve productivity and value. Arts therapies have not been reviewed recently, in line with other services, and analysis of service provision and activity indicates that there are a number of issues with the current structure and provision of arts therapies. For example, there is inequality of access with service users in Cambridge city receiving twice as much access to arts therapies as all other Trust geographical areas combined.

An initial period of review and consultation took place between March and April 2014, which resulted in extensive feedback from stakeholders. The feedback from this was used alongside further analysis and engagement to reshape the proposals, which culminated in a second set of formal proposals (staff consultation 28 August 2014-26 September 2014).

A formal response document was provided to staff in October 2014. The new service model aims to ensure that arts therapies are;

- ✓ accessible to those who will benefit from it most

- ✓ available across the whole Trust (county of Cambridgeshire)
- ✓ delivered in a way which promotes self management, social inclusion and support recovery
- ✓ cost effective
- ✓ providing evidence of effectiveness (outcomes)

The changes are designed to contribute to the Trusts cost savings requirements whilst improving the service. Crucially, whilst there will be a reduction in substantive workforce hours / posts, capacity for arts therapies will actually increase through;

- ✓ More effective matching of referrals against capacity using specific criteria
- ✓ Increased use of group work
- ✓ Clear agreements about clinical activity (face to face contact time)
- ✓ Use of honorary contract staff as well as volunteers and students, which with good supervision and governance can enhance provision. There are examples of this working effectively within other Trusts.

In addition, there will be additional flexibility to 'spot purchase' additional therapy time and/or modalities if required, and this will be considered on an individual basis.

We are now working towards implementing the new service model. The formal response document has been shared with staff. Clinical teams are now communicating with people currently receiving arts therapies to advise them that changes are being made, and that they will be asked to take part in a collaborative care plan meeting to review their arts therapies in relation to their needs and goals, and agree a revised care plan. The revised care may include 'no change' as arts therapies may progress / be completed as planned.

#### **Co- location of children's services with social care provision.**

Plans are in progress for improvement of Children's Services which are currently based at the City Care Centre and neighbouring Winchester Place in Peterborough. These services are to be co-located and sites are being explored. The Trust is also exploring the exciting possibility of co-locating a small number of colleagues from Peterborough City Council to further integrate children's services for the benefit of service-users and staff. The correct venue for this development is currently being considered.

#### **Improvements to care for elderly patients – Integrated care.**

The trust and Cambridge University Hospital have been jointly appointed preferred providers for integrated care for frail elderly patients and chronic conditions. The provider organisation will be called Uniting Care Partnership.

The bid involves an innovative integrated model for the provision of care to patients centred on neighbourhood teams whose composition will be adapted to take account of local needs and priorities.

This is a very significant development in the structure and organisation of care and has attracted considerable national interest.

At the time of writing contract negotiations between UCP and the clinical commissioning group remain in progress.

#### **Liaison psychiatry for Peterborough City Hospital**

A Liaison Psychiatry Service has recently been commissioned for Peterborough City Hospital and the first phase of this development was implemented in April 2014. The team are already demonstrating impact and are now providing a service for older patients on the medical and surgical wards with both physical and mental health problems (the most common being dementia, delirium and depression). This is facilitating more rapid discharge and better outcomes for older patients.