

Agenda

Health Overview and Scrutiny Committee

Thursday, 10 March 2016, 10.00 am
County Hall, Worcester

All County Councillors are invited to attend and participate

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ਪੰਜਾਬੀ। ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਮਹੱਤਵ ਸਮਝ ਨਹੀਂ ਸਕਦੇ ਅਤੇ ਕਿਸੇ ਅਜਿਹੇ ਵਿਅਕਤੀ ਤੱਕ ਪਹੁੰਚ ਨਹੀਂ ਹੈ, ਜੋ ਇਸਦਾ ਤੁਹਾਡੇ ਲਈ ਅਨੁਵਾਦ ਕਰ ਸਕੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਮਦਦ ਲਈ 01905 765765 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

DISCLOSING INTERESTS

There are now 2 types of interests:
'Disclosable pecuniary interests' and **'other disclosable interests'**

WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3rd party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

NB Your DPIs include the interests of your spouse/partner as well as you

WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
 - you must **not participate** and you **must withdraw**.

NB It is a criminal offence to participate in matters in which you have a DPI

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:
You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests OR** relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
 - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

Health Overview and Scrutiny Committee
Thursday, 10 March 2016, 10.00 am, Council Chamber

Membership

Worcestershire County Council Mr A C Roberts (Chairman), Mr W P Gretton,
Mrs J L M A Griffiths, Mr P Grove, Ms P A Hill, Mr A P Miller,
Prof J W Raine, Mrs M A Rayner and Mr G J Vickery

District Councils Mr T Baker, Malvern Hills District Council
Dr B T Cooper, Bromsgrove District Council
Mrs F Oborski, Wyre Forest District Council
Mrs F S Smith, Wychavon District Council
Mr A Stafford, Worcester City Council
Mrs N Wood-Ford, Redditch Borough Council

Agenda

Item No	Subject	Page No
1	Apologies and Welcome	
2	Declarations of Interest and of any Party Whip	
3	Public Participation Members of the public wishing to take part should notify the Head of Legal and Democratic Services in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 9 March 2016). Enquiries can be made through the telephone number/email address below.	
4	Confirmation of the Minutes of the Previous Meeting Previously circulated	
5	Adult Mental Health Transformation	1 - 32
6	Health Overview and Scrutiny Round-up	33 - 36
7	Developing an Overview and Scrutiny Work Programme	37 - 40

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

10 March 2016

ADULT MENTAL HEALTH TRANSFORMATION –

- a) Secondary Care Community Services**
- b) Secondary Care Inpatient Services**

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to consider information provided in relation to Adult Mental Health Transformation.
2. Members have always taken a keen interest in mental health services and have received a number of briefings. At its 9 December 2015 meeting, the HOSC looked specifically at the development of the Employment and Reablement Pathway. This meeting will provide an update on all developments and more specifically focus on those associated with Secondary Care Community Services and Inpatient Services (paragraphs 6c-12)
3. Representatives from Worcestershire Health and Care Trust and Worcestershire County Council have been invited to attend.

Background

4. Adult Mental Health Services are currently provided by Worcestershire Health and Care Trust (WHCT) and commissioned by Worcestershire County Council (WCC) and the 3 Worcestershire Clinical Commissioning Groups (CCGs).
5. In this current fiscal climate both commissioners and providers are faced with really difficult decisions around how resources are used to best effect. Combined financial pressures across the system means that there will be a reduction in how much money is spent on mental health services across Worcestershire over the next few years. However, all stakeholders are committed to offering the very best services we can and modernising these within the constraints we have.
6. There are a range of changes and developments taking place:

a) *Employment and Reablement Pathway*

The Trust currently runs three vocational centres (Link Nurseries in Powick, Orchard Place Workshop in Redditch and Shrub Hill Workshop in Worcester). The budget to run these is circa £700k and a savings target of £250k has been set by commissioners, which they expect to be released through a new delivery model of vocational support from 2016/17.

Following a period of co-production, the Trust are continuing to develop the outreach model, which will replace current vocational centres, and will include a Worcester base (initially Shrub Hill Workshop) offering some activities

alongside a range of outreach projects in community venues across Worcestershire. The Trust has made connections with a range of community based groups/venues which deliver the appropriate activities to meet the requirements set out. Over the coming weeks the Trust will formally confirm which groups/venues will be used and available as part of this new model, with initial priority being given to placements for those who are currently accessing services at Link Nurseries and Orchard Place.

The new staffing model has been finalised and is being implemented, and staff redeployment into the new model is underway. Transition plans for service users who currently attend the centres are being developed. To date, the Trust has not received a full business case for any future use of Link Nurseries.

The focus remains on mobilising the new vocational service model, as agreed with commissioners, within the planned timeframe and we have agreed to continue with the college sessions at Link Nurseries until the end of June 2016. Once this work has been finalised, a briefing will be shared with all stakeholders, including HOSC, confirming and updating on the above.

b) Primary Care Mental Health Services (PCMHS)

The new model of enhanced primary care services will support people who are recovering from a mental health crisis to be cared for in primary care and ensure they have access to services which help them live well in the community and move towards self-management of care and improving wellbeing. The new service is called "Worcestershire Healthy Minds"; the brand and website was launched in September 2015 and the service is being rolled out in staged enhancements from April 2016.

The initial phase will see the development of a Wellbeing Hub which will be accessed by all. The Hub will be co-ordinated by Community First and will manage a directory of local voluntary and community (VCS), Trust and other services and will be collocated within the Single Point of Access (SPA). The new pathway for stepping up and down of patients between Primary and Secondary Care services will be modelled with the VCS and will focus on the Peer Support and Gateway Worker liaison models, which will be rolled out consistently across the county by October 2016.

£500,000 of existing funding from Secondary Care Community Services will be reallocated to accommodate the new 'Healthy Minds' service and to support delivery of future seamless service models (see paragraphs 7-12 on co-production work).

HOSC Members previously received a briefing which provided information on the engagement activities which Commissioners undertook in summer 2015. The Single Point of Access (SPA) was implemented mid-February and is now a countywide resource to improve open door access to all Mental Health, including Primary and Secondary Community and Inpatient Services, within the Trust.

All VCS engagement events have been completed which focused on the countywide provision of MoodMaster courses and Peer Support. Expressions of interest for the provision of those services have now been advertised and the Wellbeing Hub is on track for delivery from April 2016.

NB: Proposed national cuts to the Public Health Ring-fenced Grant could significantly impact on these developments. The 16 July 2015 Cabinet paper references £960,000 of savings relating to Primary Care Mental Health services. While funding is secure until 2016/17, withdrawal of funding after then is a significant risk to this redesign and to the sustainability of mental health services for patients. The Cabinet Member in November 2015 reconfirmed that the Council would maintain funding for these services until October 2016 as a minimum and consider whether it could maintain funding until the end of 2016/17. Funding and sustainability is still unclear.

c) Secondary Care Community Services and Inpatient Provision

As stated above, £500,000 will be reallocated following the review and redesign of Secondary Care Community Services to ensure the roll out of the PCMHS and phases of development, including an Enhanced SPA model proposal. A further £410,000 of savings from the Trust's Secondary Care Community budgets is required for the County Council's Future Lives Programme.

As well as the above savings and reallocation of funds, a further £500,000 is required for the national efficiency programme, which will be met through the redesign of Secondary Care Inpatient Services.

As highlighted previously, the Trust's long-term vision for inpatient care is to move towards a more centralised (Centre of Excellence) set of services based primarily on the Newtown site in Worcester, which would mean some of the inpatient beds the Trust has in other localities move onto this site. The Trust would want to see the resources remaining diverted into more recovery-focused community based crisis step up and down care with Intensive Home Treatment co-ordination of services.

The Trust is taking a co-production approach to the redesign of these services. This means we are collaborating and working in partnership with our service users and the wider public to shape a model together for what mental health services will look like. The approach is set out below.

Co-production of Secondary Care Community Services and Inpatient Provision

7. Three co-production workshops were held, as set out below, and the presentation for the workshops is included at Appendix 1:

- 23 February, Kidderminster
- 25 February, Redditch
- 29 February, Worcester.

8. In the workshops we have been clear about the financial challenges outlined above, the 'givens' and constraints, and

- explained what services make up secondary care and which services are included in this work
- given the facts and figures around each service
- asked some patients and carers to tell the attendees what matters most to them about secondary care services
- showcased some other ways of delivering services
- considered, collectively, how services could be organised differently, and what we think is needed to make a new model work.

9. Feedback will be collated from the three workshops, analysed for key themes, and shared with workshop participants – both the raw data and the themes with an invite to offer any thoughts/challenges/deviations.

10. A final development workshop is being held on 8 March 2016 and participants from the first three will be invited to attend, as well as anyone else who has responded directly to the Trust. The themes from the first three workshops will be considered in more depth and in particular, ways to strengthen, evolve and develop them into a co-produced model.

11. The co-production workshops will be followed by a dedicated piece of consultation work that takes the model out for a wider view to ensure that wider public and other stakeholders have a final opportunity to comment and input into the co-produced model.

12. The themes and key messages emerging from this work will be shared with HOSC at this meeting. In addition, the Trust will outline the next steps and timeframe for further development and assurance of the proposed model.

Purpose of the Meeting

13. Members are asked to consider the information provided and determine whether the HOSC has any comments on the proposals. Members may wish to consider the following:

- current and future service provision and performance
- impact on service users, including numbers affected
- how service users and other stakeholders have been involved
- next steps.

14. In May 2010, the Secretary of State for Health set out four key tests for service reconfigurations, requiring them to demonstrate:

- support from clinical commissioners
- strengthened public and patient engagement
- clarity on the clinical evidence base
- consistency with current and prospective patient choice.

15. The Centre for Public Scrutiny suggests a number of questions to ask when scrutinising NHS service redesign or reconfiguration:

- what is the purpose of the proposed redesign or reconfiguration?
- how extensive, inclusive and adequate is the consultation process?
- how will access to services be affected?
- what demographic assumptions have been made in formulating the proposals?
- what provisions are being made for the effects on patient flow of initiatives around choice and commissioning?
- what is the clinical evidence on which the proposals are based?
- how will proposed reconfigurations contribute to joint working?
- how will the proposals help the NHS achieve its health improvement goals and reduce health inequalities?
- what infrastructure will be available to support redesigned or reconfigured services?

Supporting Information

- Appendix 1 – Co-Production Workshop presentation

Contact Points

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Specific Contact Points for this Report

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Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of Cabinet on 16 July 2015 – available on the Council's website [here](#)
- Report and Decision Notice of the Cabinet Member for Health and Well-being on 20 November 2015 – available on the Council's website [here](#)
- Agenda and Minutes of the Health Overview and Scrutiny Committee's discussion of mental health services on 5 November and 9 December 2014 and the 3 March, 4 November and 9 December 2015 – available on the Council's website [here](#)

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29th February 2016

Co-designing Secondary Care Mental Health Services in Worcestershire

Darren Levett – Deputy SDU Lead
and

Zelda Peters – MH Transformation Lead





Welcome...

What is the aim of today's workshop?

- *To begin to co-design parts of adult secondary care mental health services*

How will we achieve this?

- *We will explain what services make up secondary care and which services are included in this work*
- *We will explain the financial challenges and the 'givens' and constraints*
- *We will explain the facts and figures around each service*
- *We will hear from some patients and carers who will tell us what matters most to them about secondary care services*
- *We will showcase some other ways of delivering services for us all to think about*
- *Together, we will consider how we could organise things differently, and what we think is needed to make it work*

What services make up secondary care?

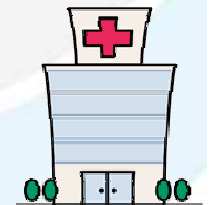
Services that need to be redesigned:

- **Community Mental Health Teams (CMHTs x 4):** Wyre Forest, Redditch and Bromsgrove, Wychavon, Worcester and Malvern
Specialist Assessment and Treatment Community based services for people with severe and / or enduring mental illness or disorder
- **Acute In-patient wards x 3:** Redditch, Kidderminster, Worcester :
Inpatient assessment and treatment of people with acute episode mental illness
- **Home Treatment Teams x 4:**
An alternative to hospital admission to a psychiatric ward, and facilitates early discharge for admitted patients



Services out of scope:

- **Specialist Services:** Eating Disorder, Perinatal, Early Intervention
- **Specialist in-patient services:** Psychiatric Intensive Care Unit, ECT suite, Section 136 suite
- Recovery Units
- Crisis Service
- Psychiatric Liaison Assessment Service
- Approved Mental Health Professional
- Single Point of Access (SPA) part of Enhanced Primary Care and Reablement / Vocational Centres which have been co-designed already





The givens and constraints.....



- Services have to be Clinically Effective and Safe and meet both the Trust's and National Quality Standards
- We have to meet NICE guidelines (referral to treatment times, the right intervention with the right professionals for the right conditions)
- Service User Expectations – Provide a High Quality and Clinically Safe seamless service
- Commissioner Expectations – no reduction in Quality or Performance
- We have a legal obligation to provide some services e.g. AMPHs
- We have clear implementation times – to leave change longer will mean we have to make more savings in the future
- We have to offer people a Secondary Care Service that combines In-Patient and Specialist Community Services
- We have to move (upstream) resources from Secondary to Primary & Make Savings



What is the new Enhanced Primary Care Service?

Services that have been redesigned to provide an easier and quicker access to services:

- **A Single Point of Access:**
 - Adult MH Trust SPA
 - County Wide (February 16)
 - Urgent & Routine - GP / Professional Referral for access to Mental Health Services
- **A Well Being Hub:**
 - Provided by VCS – Community First
 - Located in Trust SPA
 - Self Referral for low level anxiety and mood disorders- e.g. Mood master
 - Access to Directory of Services & Sign Posting to County Wide provision via VCS providers
- **Quicker access to a range of Talking Therapies:**
 - Counselling
 - CBT
 - Psychology
 - Family Therapy
- **Access to Gate Way Workers:**
 - County Wide (October 16)
 - GP liaison
 - Support for Transition from Secondary to Primary
- **Access to Peer Support:**
 - VCS provision of county wide network of Peer Support
 - Patient / Family / Carer Support Networks

The cost of funding the affected services

The total cost of funding Mental Health Services
- £23,500,000 from Health & £8,000,000 from Social Care.
of this amount direct costs include:

£6,400,000 is spent on CMHT's

£3,430,000 is spent on the affected inpatient services

£2,155,311 Is spent on Home Treatment



The financial challenges...



Cost Improvement Programme (CIP):

During the year 2016-17 the Trust has to find a 4% saving from the Mental Health Services. This equals £940,000 in total and the proportion for the included Secondary Care services is **£479,412**



Quality, Innovation, Productivity and Prevention Programme (QIPP):

During the year 2016-17 commissioners have asked us to find **£500,000** savings from Secondary Care services

Future Lives:

During the year 2016-17 Local Authority have asked us to find an additional **£410,000** savings from the Community Mental Health Teams



Up Streaming:

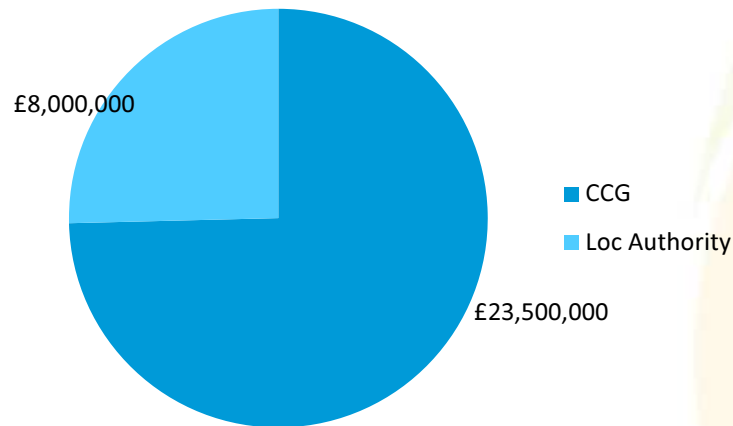
From 1st April 2016 we have to release **£500,000** from the Community Mental Health Teams to pay for the new Enhanced Primary Care Mental Health Service and SPA

The total savings through redesign during 16/17 is £1,889,412

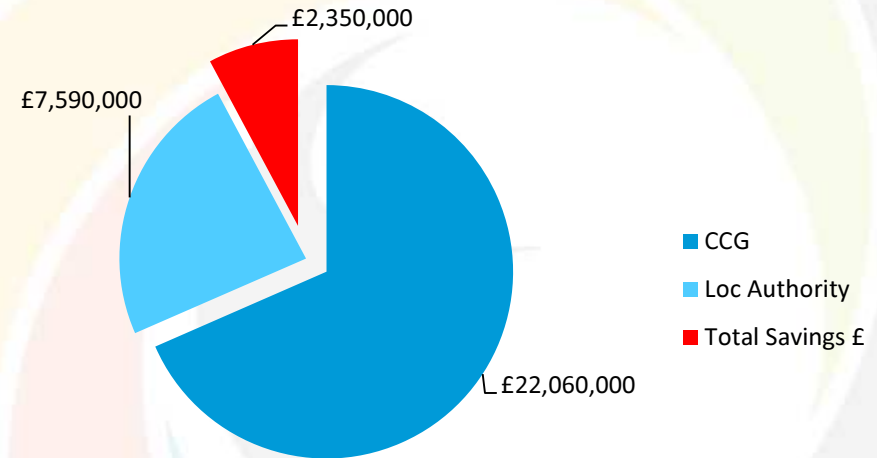
The total Mental Health savings to be made during 16/17 is: £2,350,000

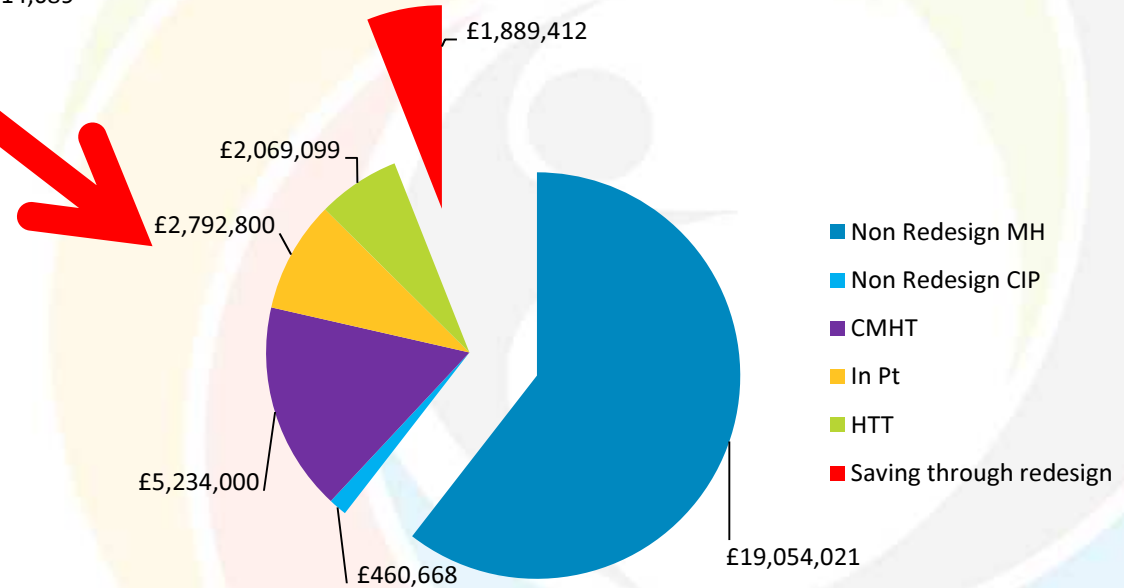
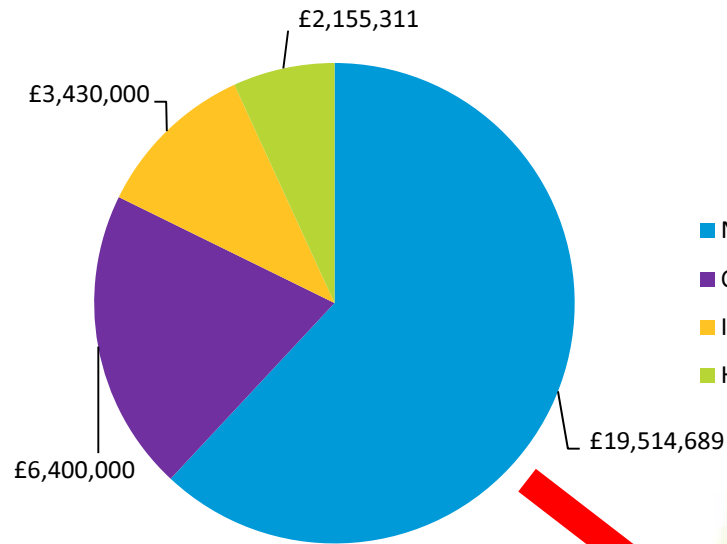
Mental Health Funding 16/17

Mental Health Commissioners



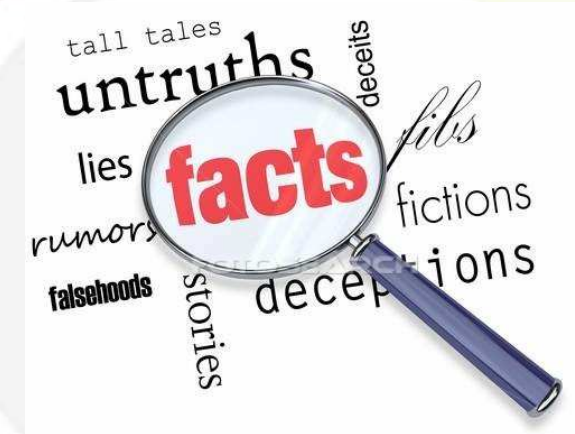
Mental Health Savings 16/17





The Facts and Figures you need to know...

- CQC Report and Harvington Ward refurbishment & decant costs – estimated c. £820,000
- Recent cost of Hillcrest Ward upgrade - £590,000
- Average bed occupancy figures for the period from Dec 2014 - Sep 2015 - 45/54 and no out of county bed use
- c. 5000 patients use CMHT's at any one time
- c. 72 patients use HTT at any one time
- What each service currently does (Table Packs)
- The direct costs that we have to redesign within
- Additional targeted funding for mental health services
- What we will do to ensure an effective transition of patients from secondary to primary



What do patients and carers say matters most to them?



Friends and Family Test feedback for all teams – December 2015 / January 2016

What is good...

'The friendly relationship with staff; someone to talk to, safety, feeling supported, being listened to'

'Services that are informative, timely, helpful, efficient'

'A space that is calm and peaceful'

What is not so good...

'Parking at some sites'

'Buildings that are noisy, poor quality, cold, the food'

What would make it better...

'More activities in in-patient services'



Home Treatment Team survey – July 2014- January 2016

What is good...

Staff are compassionate, supporting, understanding. They listen, give people time, and provide reassurance.

Staff who help with practical things to enable people to 'get back to a stable existence as quickly as possible'

Services that enable people to keep living their own lives, whilst receiving treatment

What could be improved...

Patients want more information provided about medication, treatments, tests/results, prognosis/diagnosis, patient rights, patient progress, care plans, future treatments/support

Staff visit times could be longer and more frequent with a consistency in staff

Integration with other mental health teams so that messages are consistent and people are helped on their journey through services

Access to therapeutic interventions – DBT and CBT

Drop in centres should be provided

Waiting times reduced



Mental Health Inpatient Service User Survey 2015 from Quality Health

A CQC rolling programme of surveys

Refers to the period July-December 2014

Patients said they felt welcomed onto safe wards by staff who treated them respectfully, and that overall the care provided was very good/excellent although the following areas for improvement were identified:

- *Better integrated working across teams*
- *Improved privacy for patients*
- *Listen to patient views on talking therapies*
- *More activities required on the wards*
- *Ensure physical health needs are met*
- *Give patients notice about discharge*



Mental Health Community Service User Survey 2015 from Quality Health

A CQC rolling programme of surveys

Refers to the period September-November 2014

Patients said they knew how to contact staff and those who sought crisis support said they were given help when they needed it. Patients also said they were supported in other areas of their life. The identified areas for improvement were:

- *Increased frequency and length of patient/clinician contact time*
- *Involve patients in decisions about their care, medication, therapies*
- *Annual reviews with patients*
- *Consistency in staff*
- *Accessible and understandable crisis contact information*
- *Peer support*



Complaints and compliments...

Teams were complimented for listening, for being supportive and encouraging, and for providing compassionate care and a safe space.

Areas for improvement focussed on the information provided and how we communicate. Particular areas mentioned relate to admission and discharges, access to services, medication, ward information and staff changes



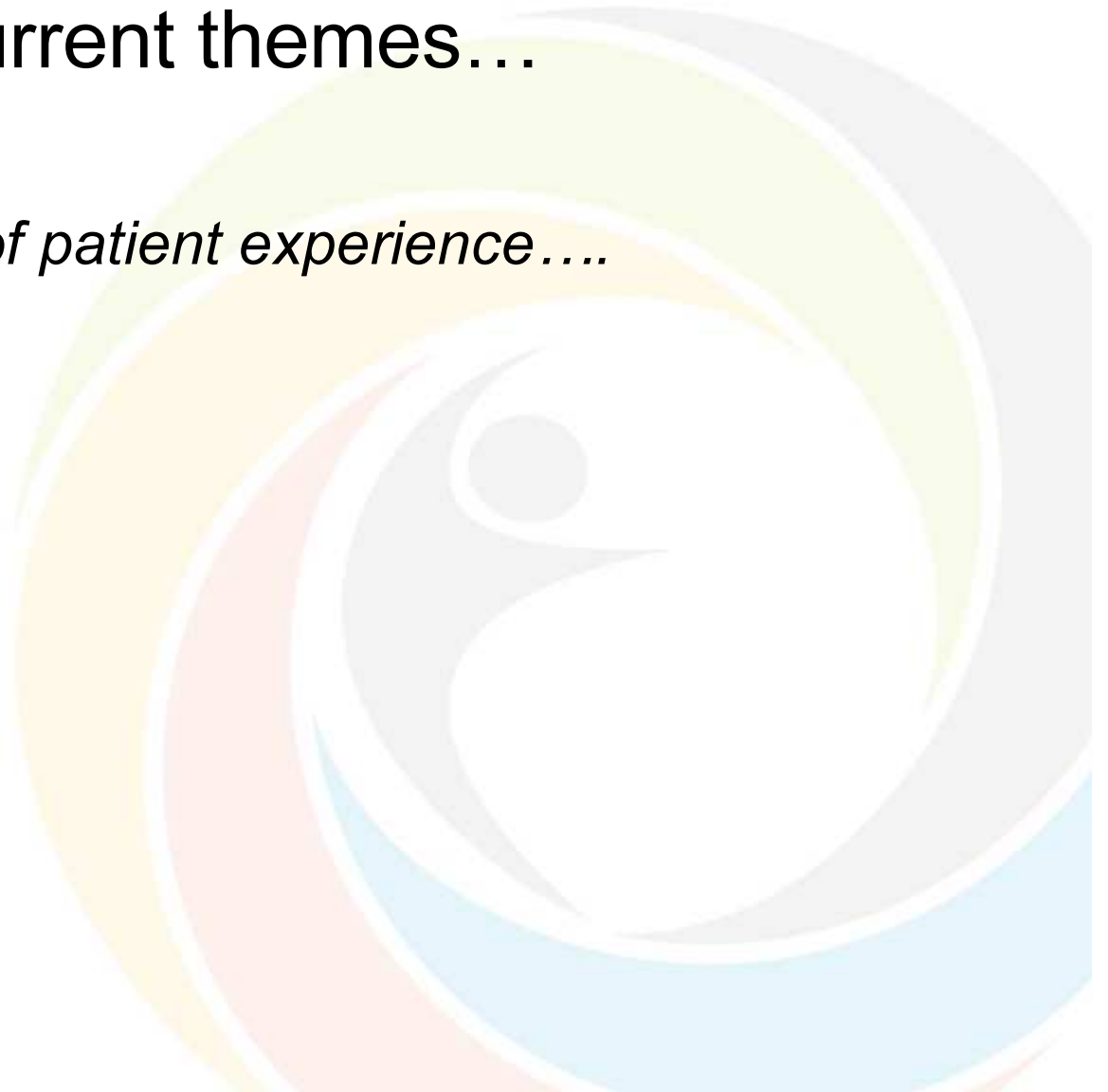
Feedback from in-patient wards – what patients say they want...

- *Access to space for indoor and outdoor activity - books, music, sport, exercise*
- *Calm, homely spaces that help us recover - not volatile, cold and noisy ones where we have no privacy and feel overwhelmed*
- *Spaces with the right mix of people – some shouldn't be in here and the chaos is distressing*
- *In-patient services only for those who really need them – which isn't many*
- *Staff who relate to our interests*
- *Someone to talk to who understands – peer support*
- *Services that understand we are more than our illness – we have families, lives, homes that are important to us*
- *Talking therapies from the start, not just medication*
- *CMHT's that really help us deal with our challenges*



Recurrent themes...

...captured in a piece of patient experience....



Every person with a mental health problem should be able to say:

I am confident that the services I may use have been designed in partnership with people who have relevant lived experience.

I can access support services without waiting for a medical referral.

I am able to access a personal budget for my support needs on an equal basis to people with physical health problems for example, to help my recovery or to stay well. My mental and physical health needs are met together.

I am provided with peer support contact with people with their own experience of mental health problems and of using mental health services.

I can find peer support from people who understand my culture and identity.

Peer support is available at any point in my fluctuating health – in a crisis, during recovery, and when I am managing being well.

I have a place I can call a home, not just ‘accommodation’. I have support to help me access benefits, housing and other services I might need.

**“The Five Year Forward View for Mental Health”
The Mental Health Taskforce, Feb 2016.**

Some approaches used elsewhere and possible alternatives...

Information on tables available re:

- Glossary & Definitions
- Triage and Assessment Model
- Crisis Beds
- Recovery Houses
- Safe Houses
- Step-up, Step-down
- Rehabilitation Units – Community, High Dependency and Longer-term complex care



External documents and reports summaries:

- Defining Mental Health Services - MHN NHS Confed endorsed by RCN & CQC: 2012
- Old Problems, New Solutions - Commission Review of Acute Inpatient Psychiatric Care for Adults: Feb 2016
- The Five Year Forward View for Mental Health - The Mental Health Taskforce: Feb 2016

Questions?



Our questions to you

- In patient services – we currently have three in-patient wards, and Home Treatment Team

Against the backdrop of what patients say matters most to them and the need to make savings please consider the following:

What elements do we need to keep and how could these be organised?

What is needed to make the changes work and what would be the cost implications?



Our questions to you

- Community services – we currently have four CMHTs

Against the backdrop of what patients say matters most to them and the need to make savings please consider the following:

What elements do we need to keep and how could these be organised?

What is needed to make the changes work and what would be the cost implications?



Next Steps...

- The third of three workshops – 23rd, 25th and 29th February
- A final development workshop – 8th March
- HOSC – 10th March
- Board Assurance April 2016
- Implementation will begin May





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HEALTH OVERVIEW AND SCRUTINY COMMITTEE 10 MARCH 2016

HEALTH OVERVIEW AND SCRUTINY COMMITTEE ROUND-UP

Summary

1. To receive a round-up of information on:
 - County Council activities in relation to health
 - District Council activities in relation to health
 - NHS Board meetings
 - Consultations in Worcestershire
 - Urgent health issues in Worcestershire; and
 - Items for future meetings of the Scrutiny Committee

Background

2. In order to ensure that Members of the Scrutiny Committee are fully informed about issues relating to health scrutiny in Worcestershire, communication will be essential. To assist in this, an item will be placed on the agenda for each meeting of the Scrutiny Committee to consider consultations, County Council activities, District Council activities, urgent health issues arising in Worcestershire and future agenda items. Regard for the Council's statutory requirements in relation to access to information will be critical.

County Council Activities in Relation to Health

3. A range of County Council services can impact upon and also be impacted upon by health services. Recognising that the health-related work of the County Council will be of interest to the District Councillors on the Health Overview and Scrutiny Committee, an oral update on such activities, and on other matters the Chairman has been involved in, will be provided at each meeting by the Committee Chairman at each meeting of the Scrutiny Committee.

District Council Activities in Relation to Health

4. The statutory power of health scrutiny, including the power to require an officer of a local NHS body to attend before the Council, rests with the County Council. However, it is recognised that a number of District Councils within Worcestershire are undertaking work in relation to local health issues, under their duty to promote the economic, social or environmental well-being of their area.
5. Recognising that the work of the District Councils will be of value and interest to the wider Health Overview and Scrutiny Committee, an oral update will be provided on such activities by District Councillors at each meeting of the Scrutiny Committee.

NHS Board Meetings

6. To help Scrutiny Committee Members to keep up to date and maintain their knowledge of health issues around the County, it was agreed that a 'Lead Member' would be identified for each of the local NHS bodies to attend their Board Meetings and then provide an oral update at each meeting of the Scrutiny Committee.

Consultations in Worcestershire

7. The Health Overview and Scrutiny Committee has a duty to respond to local Health Trusts' consultations on any proposed substantial changes to local health services. An oral update will be provided at each meeting of the Scrutiny Committee on both developments relating to consultations previously undertaken and forthcoming consultations.

Urgent Health Issues in Worcestershire

8. Worcestershire County Council's constitution makes provision for urgent items to be considered. Standing Order 12.2 specifies that the Chairman of the Scrutiny Committee "may bring before the meeting and cause to be considered an item of business not specified in the summons or agenda where the Chairman is of the opinion, by reason of special circumstances (which shall be specified in the minutes) that the item should be considered at the meeting as a matter of urgency".

9. Additionally, Standing Order 9.4.2 allows for the Chairman of the Scrutiny Committee at any time to call a special meeting of the Scrutiny Committee. Standing Order 9.4.3 allows for at least one quarter of the members of the Scrutiny Committee to requisition a special meeting of the Scrutiny Committee. Such a requisition must be in writing, be signed by each of the Councillors concerned, identify the business to be considered and be delivered to the Director of Commercial and Change. In accordance with Access to Information Rules, the Council must give five clear days' notice of any meeting.

Items for Future Meetings

10. It is necessary that the Scrutiny Committee's ability to react to emerging health issues in a timely manner and the public's expectation of this is balanced against Worcestershire County Council's statutory duty to ensure that meetings and issues to be considered are open and transparent and meet legislative requirements. This agenda item must not be used to raise non-urgent issues. Any such issues should be raised with the Democratic Services Unit at least two weeks in advance of a scheduled meeting of the Scrutiny Committee.

Contact Points

County Council Contact Points

Worcestershire County Council: 01905 763763

Worcestershire Hub: 01905 765765

Email: worcestershirehub@worcestershire.gov.uk

Specific Contact Points for this Report

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel; 01905 844964 / 844965

Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Worcestershire County Council Procedural Standing Orders, May 2015 [which can be accessed on the Council's website here](#)

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

10 March 2016

DEVELOPING AN OVERVIEW AND SCRUTINY WORK PROGRAMME

Purpose of the Meeting

1. The Health Overview and Scrutiny Committee (HOSC) is asked to:
 - (a) consider the programme agreed by OSPB for developing the 2016/17 work programme; and
 - (b) consider suggestions for inclusions in the Overview and Scrutiny Work Programme for 2016/17.

Background

2. Each Overview and Scrutiny Panel and HOSC is required to have a work programme that details the activities that they will be undertaking during the year. Members are reminded that work programmes should be living documents that are able to adapt and change throughout the year to meet the demands and needs that best serve the people of Worcestershire.
3. The current Scrutiny Work Programme was developed in the Spring of 2015. Suggestions for future topics were sought from Members and discussed with Directors and other relevant officers. The resulting proposed Work Programme was considered and agreed by the OSPB on 23 April 2015 and Council on 14 May 2015.
4. At the last meeting of OSPB, it was agreed that the Overview and Scrutiny work programmes for 2016/17 would benefit from greater consultation with various groups and stakeholders. The consultation would hopefully raise the profile of the Overview and Scrutiny function and make the work programmes more relevant to the people of Worcestershire.
5. OSPB agreed that a consultation exercise would be undertaken that would involve seeking suggestions for inclusion in the work programmes from:
 - a) Business Community
 - b) Partners and Stakeholders
 - c) Non-Executive Members, O&S Panels and HOSC
 - d) Cabinet
 - e) Officers of the County Council
 - f) The Public.
6. At its April 2016 meeting, OSPB will agree a work programme report to be sent for consideration at the Full Council, this report will detail the consultation responses by category listed above as well as the work programme suggestions made by the

Budget Scrutiny Process and a list of topics that were included in the 2015/16 work programmes but remain incomplete or have not begun.

7. Full Council will then be better informed of the issues and topics that Worcestershire business, residents, partners and Members would like Overview and Scrutiny to get involved in.

Developing the 2016/17 Work Programme

8. Overview and Scrutiny is a Member-led function and it is important that Members are involved in every stage of development of the Work Programme.

Elected Member Consultation

9. Overview and Scrutiny is a Member-led process, it is therefore important that the views of Members are taken into account in determining the content of the Work Programme, particularly as Members are community champions and most likely to be aware of issues of concern to the public.

10. OSPB has agreed that the views of Members be sought via the following groups:

- Overview & Scrutiny Panels and HOSC
- Non-Executive Members
- Cabinet

11. Overview & Scrutiny Panels and HOSC – OSPB has agreed that each Panel and HOSC be consulted with to put forward suggestions of topics that they believe should be included in its work programme for 2016/17.

12. Non-Executive Members – OSPB has agreed that Non-Executive County Councillors be consulted directly in addition to the Panel/HOSC consultation so that they have the opportunity to suggest topics for inclusion in all the Overview and Scrutiny Panel work programmes.

13. Cabinet – OSPB has agreed that Cabinet be consulted directly to provide suggestions for inclusion in the work programme from an Executive perspective.

Overview and Scrutiny Panel Consultation

14. OSPB has agreed that each Overview and Scrutiny Panel and HOSC be consulted directly to provide suggestions for inclusion in that Panel's 2016/17 work programme.

15. The HOSC is asked to discuss and consider what topics and issues it would like to put forward for inclusion in the 2016/17 HOSC work programme. For HOSC, the work programme will need a degree of flexibility to be able to fulfil its role of responding to NHS plans for substantial change.

16. The HOSC will meet on 10 March 2016 and Members are asked to give some thought to the types of issues and topics that they would like to see in the work programme and be prepared to discuss and put forward suggestions.

Guidance

17. HOSC is reminded that it has agreed to use criteria listed below to help determine its Work Programme. A topic does not necessarily need to meet all of these criteria in order to be included, but the criteria is intended to help guide the Overview and Scrutiny Performance Board in prioritising topics for inclusion. The criteria is as follows:

- Is the issue a priority area for the Council and for the County?
- Is it a key issue for local people?
- Will it be practicable to implement the outcomes of the scrutiny?
- Are improvements for local people likely?
- Does it examine a poor performing service?
- Will it result in improvements to the way the Council and/or its partners operate?
- Is it related to new Government guidance or legislation?

18. HOSC Members are reminded that a good Overview and Scrutiny Work Programme will:

- Complement the priorities and work of the council and its partners
- Reflect the concerns of local communities, and
- Identify those issues where scrutiny can make most impact

19. Similarly the HOSC may wish to consider the following criteria in identifying issues and topics that are **not** suitable for inclusion in the Work Programme:

- The issue is already being examined by another body
- The matter relates to a specific case falling within the complaints procedure
- The issue relates to an individual disciplinary matter or grievance.

Supporting Information

OSPB Work Programme Report – available on the Council's website [here](#)

Contact Points

County Council Contact Points

Worcestershire County Council: 01905 763763

Worcestershire Hub: 01905 765765

Email: worcestershirehub@worcestershire.gov.uk

Specific Contact Points for this report

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965

Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Agenda and minutes of Council meeting held on 14 May 2015
- [All agendas and minutes are available on the Council's website here.](#)

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