

# Public Document Pack



## Statutory Joint Scrutiny Committee

Thursday, 19 April 2007 4.00 p.m.  
Civic Suite, Town Hall, Runcorn

A handwritten signature in black ink, appearing to read 'David W R'.

**Chief Executive**

### **COMMITTEE MEMBERSHIP**

<b>Councillor Ellen Cargill (Chairman)</b>
<b>Councillor Diane Inch</b>
<b>Councillor Kath Loftus</b>
<b>Councillor Bowden</b>
<b>Councillor McGuire</b>
<b>Councillor Topping</b>
<b>Councillor Banner</b>
<b>Councillor Hoyle</b>
<b>Councillor Johnson</b>

*Please contact Caroline Halpin on 0151 471 7394 or e-mail [caroline.halpin@halton.gov.uk](mailto:caroline.halpin@halton.gov.uk) for further information.  
The next meeting of the Committee is on Date Not Specified*

**ITEMS TO BE DEALT WITH  
IN THE PRESENCE OF THE PRESS AND PUBLIC**

**Part I**

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<b>1. AGENDA</b>	<b>1 - 33</b>

*In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.*



St. Helens Council



Warrington Borough Council



**Town Hall, St. Helens, Merseyside, WA10 1HP**  
**Telephone 01744 456110 (Tina Molyneux)**

## Agenda

### STATUTORY JOINT SCRUTINY COMMITTEE 5 BOROUGH PARTNERSHIP NHS TRUST

#### Proposals Relating to Improving Services for Adults with Mental Health Needs in Halton, St. Helens and Warrington

Date: Thursday, 19 April 2007      Time: 4.00 p.m.      Venue: Civic Suite, Runcorn Town Hall,  
 Hall Heath Road  
 Runcorn, Cheshire WA7 5TN

**Halton            3 Councillors    Cargill (Chairman), Inch and Loftus**  
**St. Helens      3 Councillors    Bowden (Vice Chairman), McGuire and Stephanie Topping**  
**Warrington     3 Councillors    Banner, Hoyle and Johnson**

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5 BOROUGH PARTNERSHIP NHS TRUST PROPOSALS RELATING TO IMPROVING SERVICES FOR ADULTS WITH MENTAL HEALTH NEEDS IN HALTON, ST. HELENS AND WARRINGTON

Minutes of the meeting of this Committee held on 16 November 2006

**(Members Present)**

**Halton Council**

**Councillors Cargill (Chairman) and Loftus**

**St. Helens Council**

**Councillors Bowden (Vice Chairman), Ronan and Stephanie Topping  
Ronan (Substitute for Councillor McGuire)**

**Warrington Council**

**Councillors Hoyle, Johnson and Wright  
Wright (Substitute for Councillor Banner)**

**(Not Present)**

**Halton Council**

**Councillor Inch**

**St Helens Council**

**Councillor McGuire  
Ronan (Substitute for Councillor McGuire)**

**Warrington Council**

**Councillor Banner  
Wright (Substitute for Councillor Banner)**

**(Also Present)**

**Halton Council**

Dwayne Johnson, Strategic Director, Health and Community  
Audrey Williamson, Operational Director, Adults of a Working Age

**St. Helens Council**

Carole Swift, Service Manager Carers and Scrutiny  
Mike Wyatt, Assistant Director, Performance and Business Support

**Warrington Council**

Helen Sumner, Strategic Director, Community Services  
Alison Williams, Overview and Scrutiny Officer

Rob Vickers, Halton and St. Helens Primary Care Trust

Tina Molyneux, (Clerk to the Committee),  
Senior Democratic Services Officer, St. Helens Council

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32 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Banner, Inch and McGuire.

33 **MINUTES**

- \* **Resolved that the minutes of the meeting held on 19 October, 2006 be approved and signed.**

Councillor Hoyle here entered the meeting

34 **DECLARATIONS OF INTEREST FROM MEMBERS**

No Declarations of Interest from Members were made.

Councillor Wright entered the meeting during discussion on the following item.

The following item had not been notified five clear working days before the meeting. However, the Chairman had agreed to accept the report in order to progress the matter.

35 **SUMMARY REPORT - WARRINGTON BOROUGH COUNCIL**

A report was submitted which summarised the current position in Warrington in relation to the implementation of Models of Care by the 5 Boroughs Partnership Trust (5BPT). Following the last meeting of the Committee, local discussions had taken place at Executive Director level between the Borough Council, Warrington Primary Care Trust (PCT) and the 5BPT Trust in respect of the outstanding concerns of the Committee.

Councillor Johnson outlined to the Committee that whilst significant progress had been made in Warrington in relation to the Joint Scrutiny Committee concerns, the key issue outstanding is the level of funding available to the 5BPT from Warrington PCT.

5BPT had been clear with the Statutory Joint Scrutiny Committee that their Models of Care proposals were based on having no funding withdrawn from PCTs.

Given assurances provided by 5BPT about no cross subsidy of services across boroughs, then the Statutory Joint Scrutiny Committee needed to consider whether the uncertain Warrington position needed to affect the implementation of the proposals in the other boroughs.

Warrington's own Health Overview and Scrutiny Committee had requested Warrington PCT to attend its meeting in December 2006 to discuss the key financial issues described above. This would include consideration to whether Models of Care implementation remained viable in Warrington. This would include consideration of the potential impact on the Council's own mental health services of such a position and whether joint mental health services in the community could continue to be provided in a safe way.

- \* **Resolved that the report be noted.**

36

**RESPONSE FROM 5 BOROUGH PARTNERSHIP NHS TRUST**

A report was submitted which informed Members of the response from the 5 Boroughs Partnership NHS Trust to issues raised at the meeting of the Committee held on 19 October 2006. Ray Walker, Director of Operational Services, Standards and Nursing and Jan East, Assistant Chief Executive, 5 Boroughs Partnership NHS Trust were present to answer questions from Members.

The Chairman had received written questions from a member of the public which were read out verbatim at the Committee. The of the 5 Boroughs Partnership Trust briefly answered the questions and a full response to the questions would be provided in writing.

\* **Resolved that**

- (1) **the report be noted;**
- (2) **the representatives from the 5 Boroughs Partnership NHS Trust were thanked for their attendance; and**
- (3) **a response be provided in writing to the questions submitted by a member of the public.**

37

**EXCLUSION OF THE PUBLIC**\* **Resolved that the public be excluded from the meeting during consideration of the following item for the reason stated:**

<u>Minute</u>	<u>Reason (under the Local Government Act 1972)</u>
38	Exempt information relating to an individual (Para 1 of Schedule 12A).

38

**RESPONSE FROM 5 BOROUGH PARTNERSHIP NHS TRUST - STAFFING NUMBERS**

A report was submitted which informed Members of the Staffing Numbers that had been proposed in the 'Change for the Better' model.

Ray Walker, Director of Operational Services, Standards and Nursing and Jan East, Assistant Chief Executive, 5 Boroughs Partnership NHS Trust were present to answer questions from Members.

The Committee requested a copy of the plans for the locations of the Local Delivery Teams which would be available after 27 November 2006.

\* **Resolved that**

- (1) **the report be noted; and**
- (2) **the plans for the locations of the Local Delivery Teams be circulated to the Committee after 27 November 2006.**

**39      RE-ADMISSION OF THE PUBLIC**

- \*      **Resolved that the public be re-admitted to the meeting.**

**40      FURTHER ACTION**

A report was submitted and considered by Members which set out the main options which the Committee may wish to take having received the response from the 5 Boroughs Partnership NHS Trust. The Committee discussed the options.

The Committee was satisfied with some aspects of the response and pleased that amendments to the model of care, however some concerns did remain.

It was proposed that the Committee should remain in being in order to monitor the future changes in Mental Health Services in the 3 Boroughs.

It was important that local issues were dealt with through the local delivery teams and the Councils scrutiny arrangements.

It was proposed that the Joint Committee reconvene in April 2007 to receive an update from the 5 Boroughs Trust or if the 5 Boroughs Trust or a local Committee believed an issue needed to be brought to the attention of the Statutory Joint Scrutiny Committee.

- \*      **Resolved that**
  - (1)      **the report be noted;**
  - (2)      **the Committee was satisfied with some aspects of the response and pleased that amendments to the model of care, however some concerns did remain.**
  - (3)      **the Committee should remain in being in order to monitor the future changes in Mental Health Services in the 3 Boroughs;**
  - (4)      **local issues be dealt with through the Local Delivery Teams and the Councils scrutiny arrangements;**
  - (5)      **the Joint Committee reconvened in April 2007 to receive an update from the 5 Boroughs trust or if the 5 Boroughs Trust or a local Committee believed an issue needed to be brought to the attention of the Statutory Joint Committee; and**
  - (6)      **a letter be sent to the 5 Boroughs Partnership NHS Trust from the Chairman of the Committee detailing the decision of the Committee as outlined above.**

The Committee thanked all Officers involved in the Statutory Joint Scrutiny Committee for their time and support.

-oOo-



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**Better**

5 Boroughs Partnership **NHS**  
NHS Trust

# Programme Manager's Report March 2007



## Document History

<b>Document Name</b>	Change for the Better Interim Report
<b>Purpose</b>	To provide an update on the key deliverables and outputs of the Change for the Better programme of work
<b>Document Author/ Further Information/ Additional Copies</b>	Suzy Ning  5 Boroughs Partnership NHS Trust, Hollins Park House, Hollins Park, Hollins Lane, Winwick, Warrington, Cheshire. WA2 8WA Tel No: 07836 614168 Email: <a href="mailto:suzy.ning@5bp.nhs.uk">suzy.ning@5bp.nhs.uk</a>
<b>Document Owner</b>	Ray Walker
<b>Date of Issue</b>	22 March 2007
<b>Supersedes Document</b>	Not applicable
<b>File Name</b>	CFB_CFBPB_InterimReport_V1.0_20070301
<b>Location</b>	E:\CftB\Programme_Board\
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### REVISION HISTORY

This document is only valid on date of printing. On receipt of a new version, please destroy all previous versions (unless a specified earlier version is in use throughout the project, eg as a baseline/benchmark)

Version No (eg)	Revision Date	Summary of Changes	Amended By
Draft 01	01/03/07	First draft	
Draft 02	22/03/07	Final draft	

### QUALITY ASSURANCE REVIEWERS

Name	Comment	Issue Date	Version
John Kelly, Programme Manager			

### APPROVALS REQUIRED: YES / NO (delete as appropriate)

This document requires the following approvals.

Name	Title/Responsibility	Signature	Issue Date	Version
Ray Walker	Senior Responsible Officer on behalf of the programme board			

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## **Change for the Better Report**

### **Introduction**

Change for the Better is a project to bring significant change to how the 5 Boroughs Partnership NHS Trust delivers specialist mental health services to people over 18 years in Halton, St. Helens, Knowsley and Warrington. The decision to change our services was taken in consultation with staff, service users, carers, partner and voluntary agencies and members of the public in Autumn 2006.

Change for the Better will improve our hospital and community based adult and older person's services for people with a functional illness – for example, those with depression, anxiety, manic depression (bi-polar psychosis) or schizophrenia type illnesses. It will not affect our other services however, such as Child & Adolescent Mental Health or services for people with dementia. The new model focuses on a recovery approach and will ensure that people who need our services can access them at the right time and in the right environment.

### **Background**

The Change for the Better programme was approved by the Trust Board after a twelve-week public consultation and approval from the Joint Overview and Scrutiny Committee. Change for the Better is a programme of change within 4 boroughs in response to both the joint commissioning strategy and service user and carer needs and to enable the modernisation of mental health services provided by 5 Boroughs Partnership NHS Trust.

### **Methodology**

Project management methodology has been utilised to support the delivery of the programme with a PRINCE2 practitioner taking the role of programme manager. Each borough has a multi-professional and multi-agency (inclusive of service user and carer representation) Local Delivery Team (LDT) led by the local Head of Service who is accountable for the successful delivery of Change for the Better within their borough. The LDTs report to the Programme Board, led by the Director of Nursing, Operations & Standards who is the identified Senior Responsible Officer for the programme.

Regular highlight reports are produced for the programme board, including adhoc exception reports, which are created when a deliverable has been identified by the programme manager as falling outside the preset tolerances of time, quality or budget.

A risk log has been created and is managed within each of the LDTs, which have identified and action planned the risks associated within their borough.

## **Objectives**

- Recruit in to the new teams identified in the model
- Produce & implement a training plan to support the changes
- Carry out building work and refurbishments to ensure areas are fit for purpose
- Define the operational protocols and care pathways to support the changes within teams
- Successfully deliver the programme within financial constraints identified at the outset and on time

## **Other work supporting the programme**

- Risk management
- Benefits realisation
- Partner involvement
- Equality Impact Assessment

## **Recommendations**

The Trust Board is requested to acknowledge and take note of the progress being made and to continue its support for the full implementation of the model.

## **Progress to date – Pan-Borough**

### **Training Plan**

A full training plan has been developed to support the changes brought about by Change for the Better. As part of the development of this training plan, an audit was conducted at the outset to identify staff perceptions of the organisation's readiness for change and development. There were several findings concluded at the end of the report, however these are the 3 key findings identified by the training lead:

1. Communications – there was a lack of clarity on the availability of funding for teams for training and development
2. There was overall satisfaction for the learning development programmes available to staff which they attributed to a positive working environment
3. There was a general feeling that success was not often celebrated within the organisation

The lead for the training plan development met with the Heads of Service, team managers and medical staff to ascertain training requirements (training needs analysis) and agree the release of staff for both attending and providing training. A £50,000 budget was identified to support staff to attend training as backfill monies. After the training needs analysis was conducted it was identified that no staff commencing employment in the new roles from 1<sup>st</sup> April would be operating at risk.

The training plan focuses on 3 key areas: the Recovery Model, PSI (Psycho-Social Interventions) and Essentials for Clinicians. A 1 day Introduction to Recovery and PSI has already commenced aimed at qualified staff, with 2 day training sessions being developed by the Equality, Diversity and Inclusion team for all staff, service users, carers and partners to attend that will commence in April 2007. Essentials for Clinicians will commence on 27<sup>th</sup> March 2007 which is an 8 day programme (to be taken over 6 months), compulsory for staff on preceptorship and the modules of which can be accessed by all staff as per their PDR (Performance Development Review). A programme called Essentials for Administrators is currently being developed and follows the framework for capable practice. The training plan also encompasses specific needs identified such as STORM training, Cognitive Behavioural Therapy and the Step Care Model.

Accompanying the formalised training, targeted workforce learning has been supported. For example, members of the Assertive Outreach Team in Warrington are spending time with the Assertive Outreach Team in Knowsley to benefit from their experience.

Specific funded training has been identified externally, in particular there have been unfulfilled PQF (Post Qualification Framework) places within Edge Hill

for modules such as 'Home Treatment and Crisis Resolution' and 'Assessment and management of risk in mental health' which have been advertised widely in the trust.

Finally, Weaver Ward in Halton has been nominated by the trust to take part in the 'Creating Capable Teams Approach' run by CSIP. If chosen, it will be the only acute inpatient area to adopt this approach in the country.

## Recruitment

The impact of Change for the Better on staff was a key focus from the outset of the project. The Human Resource department took the initial lead on the developments by adopting a planned, systematic approach to the process. This process was managed through effective consultation and partnership working with staff-side colleagues, and was designed to minimize the distress and uncertainty for staff involved in the changes. The majority of staff members were 'matched# to posts, with most interviews taking place before Christmas 2006. An Organisational Change Policy and Vacancy Management Procedure were developed prior to 'going live' to help strengthen the process and enable a better outcome for staff.

The process has covered 4 stages:

1. Matching – all staff whose role was identical in the new team structure and to which there would be no competition were automatically matched to that role.
2. Displacing/Redundancy – those staff whose role was not identically matched in the new team structure OR whose role was subject to competition were displaced. Those staff who could not be placed within the new team structures were served notice of their redundancy
3. Preference – All displaced staff went through a preference process identifying their choice of jobs within the new team structure. This was then followed by a matching process whereby all those whose first choice did not have competition were automatically matched and all those who did have competition went through an interviewing process.
4. 1:1 action planning –members of staff who require further work in identifying a way forward which is being managed by the appropriate Head of Service supported by HR

The changes brought about by Change for the Better affected 584 members of staff across the 4 boroughs. Of these, 412 were automatically matched in to the new posts and 172 members of staff were displaced in November 2006. As of the 14<sup>th</sup> March 2007, there remain only 14 members of staff who are working through the 1:1 action planning process

Overall the process has helped strengthen the working relationship between Corporate and Operational Management and has provided opportunities to develop other works streams such as the Job Description/Job Title working group

### Model Development

Workshops have been set up for each of the teams identified within the new model. These workshops have been running concurrently with the LDTs, and are tasked with defining the operational protocols for the team and the care pathways. A joint workshop is arranged on the 30<sup>th</sup> March 2007, inviting all the LDT members (inclusive of Local Authority, Primary Care, Service User and Carer members) from across the 4 boroughs to review work done to date and provide further input in to the development of the policy and pathway.

### Finances

Change for the Better was developed in response to the commissioning strategy and service user and carer identified needs to modernise the mental health service provided by 5 Boroughs Partnership NHS Trust. It was identified that this modernisation programme provided an opportune moment to use it as a vehicle for CRES for 2006/7 and 2007/8. The original plans were to make £4.4 million savings, however revisions were made in response to the consultation process resulting in adjusted savings of £3.4 million (see table below). During this implementation phase of Change for the Better, these savings remain on target.

#### C.F.T.B. Summarised Financial Model

Locality	Current Existing Services	Current New Services	Variance
	£'s	£'s	
Halton	6,149,790	5,264,424	-885,366
St Helens	6,398,252	5,958,788	-439,464
Knowsley	5,696,889	5,873,967	177,078
Warrington	7,372,191	6,114,298	-1,257,893
	25,617,121	23,211,477	-2,405,644
back office savings			-1,000,000
total savings			-3,405,644

There has been capital investment in to upgrading inpatient facilities and accommodation for the resource elements of the model. There has also been further investment to provide improved infrastructure such as IT and furniture within accommodation.

### Partner Involvement

Local Authority and Primary Care colleagues are members of the Local Delivery Teams. Each borough has differing levels of attendance to the



weekly meetings from these partners, but all receive the weekly minutes which detail agreements and action plans.

There has been good representation of service users and carers on the LDTs in all boroughs, however there has been difficulty in identifying carer representation within Knowsley. There is service user and carer representation on the Programme Board, and a pan-borough event purely for service users and carers was held on the 20<sup>th</sup> March 2007, primarily focusing on their feedback and questions around Change for the Better. Preliminary analysis of the evaluation forms have identified that 95% of the attendees found the event 'Useful' or 'Extremely Useful' (with 5% finding the event 'Rather Useful')

Access to office space has been made available in all 4 boroughs for use by the Voluntary Sector.

### **Caseload Audit**

An audit has been commissioned by the Trust, which will provide a snapshot of caseload management on the 26<sup>th</sup> April 2007. The audit will cover 16 yrs+ caseloads, and will consequently include CAMHS and Older People's services as well as the Adult and PTS services. This audit will take place within each of the 4 boroughs covered by Change for the Better (Wigan has previously undertaken a similar exercise). A Project Support Secretary has been appointed within each of the boroughs to facilitate this audit, and a report is due for July 2007 by the audit lead, Dr Tony Ryan.

### **Benefits Realisation**

The LDTs, in partnership with the Service Development and Performance Directorate and the Programme Board Service User representative are developing borough specific benefits papers which set out the anticipated benefits that Change for the Better will deliver within the borough and how these will be measured using performance indicators. This piece of work has followed on from an overarching paper which links the perceived benefits of Change for the Better with the Integrated Service Improvement Programme (ISIP).

### **Equality Impact Assessment**

The Race Relations (Amendment) Act 2000, Disability Discrimination Act 2005 and the Equality Act 2006 requires the Trust to prioritise and undertake Equality Impact Assessments on those of its existing and proposed policies and functions (services) that have been assessed as being relevant to the general duty of promoting equality. During initial assessments undertaken whilst developing the Trust's Equality Scheme it was agreed that all policies, procedures and functions (services) would be included in the process.

A meeting is taking place between the Change for the Better Programme Manager, Equality, Diversity and Inclusion Unit and a Service User and Carer on the 2<sup>nd</sup> April to commence this work. The deliverable from this work-stream

will be an equality impact assessment of the Change for the Better programme.

### **Medical Staffing**

There is currently a delay in finalising the job description for medical staff for the new roles within Change for the Better. Ray Walker, Director for Nursing, Operations and Standards and Gail Briers, Assistant Director for Adult Services are meeting with medical staff to finalise key issues. A proposal has been put forward to medical staff and LDT members identifying the pathways for older people with functional mental health problems. A final report will be produced from the feedback received on this document, with the expectation to have the pathways ratified at the next Programme Board (2<sup>nd</sup> April 2007).

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5 Boroughs Partnership **NHS**  
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# Halton



## **Progress to date – Halton**

### **Introduction**

The Local Delivery Team (LDT) in Halton commenced on 9<sup>th</sup> November 2006, with the Head of Adult Services as chair supported by the Change for the Better Programme Manager. The LDT's membership comprises representation from the Local Authority, Primary Care Trust, Primary Care Mental Health Team, Halton staff (including medical representation), Service User and Carer representatives. The team has been meeting weekly since November with the remit (as defined within the Terms of Reference) of ensuring the deliverables within Change for the Better are achieved on time and within budget.

The 'Joint Community Mental Health Review' impacted on the frequency of attendance to the LDT by Primary Care and the Local Authority until the end of January 2007. The LDT also experienced difficulty in both service user and carer representation in the early stages. The LDT is now fully represented, with a communications plan to support the delivery of key messages to all stakeholders and a defined process for managing communications that are sent in to the LDT.

The impact of Change for the Better has already begun in Halton, with a reduced bed occupancy on the adult inpatient beds.

### **Teams**

- Access and Advice team will be fully operational on 2<sup>nd</sup> April 2007.
- Early Intervention Service is shared with Warrington borough, however the service only became available in Halton on 18<sup>th</sup> December 2006. It currently has 12 service users within the Halton service and is anticipated to meet its LDP target by 31<sup>st</sup> March 2007.
- Enhanced Day Treatment (EDT) will become operational on the 2<sup>nd</sup> April 2007 with continuing work identifying the links with primary care and the use of the stepped care model in Halton. The EDT will provide clinical psychology, cognitive behavioural therapy and occupational therapy
- Resource & Recovery Centre – the Crisis Resolution/Home Treatment team is currently operating. The service commenced 24 hour provision on 12<sup>th</sup> February 2007, and a social worker has been appointed (to commence June 2007) to make the team Policy Implementation Guidance (PIG) compliant.
- Resource & Recovery Centre – Inpatient beds, namely in Bridge and Weaver Ward, are on target to be reduced to 14 beds each and become gender specific once the Estates work has completed (26<sup>th</sup> March 2007). Bridge will be the male ward and Weaver will become the female ward.
- Resource & Recovery Centre – Leadership Team: a service manager and modern matron (shared with Warrington) have been appointed.

- Assertive Outreach Team is currently operating within Halton and is on track to meet its LDP target.
- Community Mental Health Teams are currently operating with the Runcorn CMHT based in the Brooker Centre and the Widnes CMHT based in St Johns Unit.

### **Estates**

Phase 1 of the Estates work commenced on the 17<sup>th</sup> January 2007 working on the inpatient areas (Bridge and Weaver Wards) and landscaping the gardens. This work is on target for completion on the 26<sup>th</sup> March 2007. The plans for Phase 1 were open for consultation prior to work commencing, with views being taken from all stakeholders to help shape the final plan.

Phase 2 of the Estates work will commence in 2007/8 pending financial approval from the Trust Board on the 30<sup>th</sup> March 2007. Current plans (to be ratified once financial approval has been achieved) include a consultation on the plans in the 3<sup>rd</sup> week of April 2007, with work commencing in July 2007 and final handover of the building by September 2007.

Phase 2 is focused on providing accommodation within the Brooker Centre for the Leadership Team, Crisis Resolution/Home Treatment, Access & Advice, Enhanced Day Treatment, the Runcorn Community Mental Health Team and office space for partners such as the voluntary sector.

### **Closure of Heath Ward**

Heath Ward was dedicated to providing beds for older people with a functional illness. During the implementation of Change for the Better, it was necessary to close this ward as service users previously accessing the beds would now be accommodated within the adult services. The closure took place on Monday 12<sup>th</sup> February 2007 with minimal disruption to service users and carers. Older people with a functional illness will now access either Bridge Ward or Weaver Ward (dependant on gender) via the Crisis Resolution/Home Treatment team.

### **Management of Day Hospital services**

One of the deliverables for Halton was the closure of the day hospitals (Pine Day Unit in Runcorn and St Johns Day Hospital in Widnes). Communications played a key role with every service user who received either care, treatment or clinic arrangements being sent a letter informing them of the proposed plans for the day hospitals. Two Open Events were held (one in Runcorn and one in Widnes), which provided an opportunity for service users to discuss the plans directly with the Head of Service (91 attendees).

A detailed action plan has been produced to manage the closure, and covers the following key challenges:

- The transfer of 64 patients on Enhanced CPA to the relevant CMHTs in either Runcorn or Widnes

- The CMHTs to run depot clinics to meet the service user population needs in the area.
- Medicines management to be maintained until Shared Care becomes operational within the borough
- The Clozaril resource to be delivered in both Runcorn and Widnes
- To work closely with partners to manage the service users who currently access the Pine Day Unit for primarily recreational purposes

### **Frodsham & Helsby**

An agreement has been reached with West Cheshire PCT on the provision of services within Frodsham and Helsby. Services provided by 5 Boroughs Partnership Trust will be transferred to the Cheshire and Wirral Partnership Trust, with a meeting to define the action plan taking place in April 2007.

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5 Boroughs Partnership **NHS**  
NHS Trust

# Knowsley



## **Progress to date – Knowsley**

### **Introduction**

The Local Delivery Team (LDT) in Knowsley commenced on 9<sup>th</sup> November 2006, with the Head of Adult Services as chair supported by the Change for the Better Programme Manager. The LDT's membership comprises representation from the Local Authority\*, Primary Care Trust\*, Knowsley staff (including medical representation) and Service User. The team has been meeting weekly since November with the remit (as defined within the Terms of Reference) of ensuring the deliverables within Change for the Better are achieved on time and within budget.

Carer representation within the LDT has been sought through various channels but has not been successful to date. Further work is ongoing to attain carer representation on the LDT in partnership with Equality, Diversity and Inclusion team within 5 Boroughs.

Although not part of Change for the Better, it is worth noting that the Eating Disorder Service will remain in St Helens and Knowsley.

### **Teams**

- Access and Advice, formerly known as the Gateway Team is fully operational
- Early Intervention Service is shared with St Helens and is fully operational
- Enhanced Day Treatment (EDT) is due to commence on the 2<sup>nd</sup> April 2007. The EDT will provide clinical psychology, cognitive behavioural therapy and occupational therapy
- Resource & Recovery Centre – Crisis Resolution/Home Treatment is fully operational and integrated with the inpatient wards
- Resource & Recovery Centre – Inpatients, namely T1 and T2 are fully operational
- Resource & Recovery Centre – Leadership Team: a service manager and modern matron (shared with St Helens) have been appointed
- Assertive Outreach Team is fully operational
- Community Mental Health Teams are fully operational

### **Estates**

Phase 1 of the Estates work commenced in September 2007 pending financial approval from the Trust Board on the 30<sup>th</sup> March 2007 and the successful relocation of the St Helens service to Peasley Cross. The work will be on the inpatient areas (T1 and T2) and landscaping the gardens. This work is due for completion in January 2008. The plans for Phase 1 were open for

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\* Delegated authority to Head of Adult Services in Knowsley



consultation prior to work commencing with views being taken from all stakeholders to help shape the final plan.

Phase 2 of the Estates work will commence in February 2008 pending financial approval from the Trust Board on the 30<sup>th</sup> March 2007 and the successful completion of Phase 1. Current plans (to be ratified once financial approval has been achieved) include a public consultation on the plans, with the completion of work due for June 2008.

Interim arrangements have been made to accommodate the new Enhanced Day Treatment and the Access & Advice team together in the Prysmian Building, Prescott, with minor refurbishments to the existing building.

A sub-project group has been formed to manage the transition of St Helens services moving out of the Sherdley Unit; T1 & T2 moving to the first floor during the refurbishment and the final move back down to the ground floor once the refurbishment is complete.

A group has been set up to pursue the business case for a new build within Knowsley. The group has met twice (most recently in the 22<sup>nd</sup> March 2007) to identify the specification and scope of the new build.



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# St Helens





## Progress to date – St Helens

### Introduction

The Local Delivery Team (LDT) in St Helens commenced on 9<sup>th</sup> November 2006, with the Head of Adult Services as chair supported by the Change for the Better Programme Manager. The LDT's membership comprises representation from the Local Authority, Primary Care Trust, Primary Care Mental Health Team, St Helens staff (including medical representation), Service User and Carer. The team has been meeting weekly since November with the remit (as defined within the Terms of Reference) of ensuring the deliverables within Change for the Better are achieved on time and within budget.

Attendance to the weekly meetings by the Local Authority and Primary Care representatives has been sparse which has been formally raised with our partners. They receive a copy of the weekly minutes and communications brief, and Change for the Better is a standing agenda item at the Partnership Board. There is strong participation at the LDT from the service user and carer representatives whose input has been invaluable to the implementation within St Helens.

A sub-project group has been formed to manage the transition from St Helens services moving to Peasley Cross.

Although not part of Change for the Better, it is worth noting that the Eating Disorder Service will remain in St Helens and Knowsley.

### Teams

- Access and Advice will become fully operational on the 2<sup>nd</sup> April 2007
- Early Intervention Service is shared with Knowsley and is fully operational
- Enhanced Day Treatment (EDT) will become fully operational on the 2<sup>nd</sup> April 2007. The EDT will provide clinical psychology, cognitive behavioural therapy and occupational therapy
- Resource & Recovery Centre – Crisis Resolution/Home Treatment is fully operational and integrated with inpatients.
- Resource & Recovery Centre – Inpatients, namely T4 and T5 are full operational
- Resource & Recovery Centre – Leadership Team: a service manager and modern matron (shared with Knowsley) have been appointed
- Assertive Outreach Team is fully operational
- Community Mental Health Teams are fully operational

## **Estates**

Phase 1 of the Estates work began in the week commencing 22<sup>nd</sup> January providing a refurbishment and extension to Peasley Cross providing the inpatient area, with office space available for the voluntary sector on a sessional basis. This work is on target for completion by the end of July 2007. The plans for Phase 1 were open for consultation prior to work commencing with views being taken from all stakeholders to help shape the final plan.

Phase 2 of the Estates work will commence in February 2008, pending financial approval from the Trust Board on the 30<sup>th</sup> March 2007. Current plans (to be ratified once financial approval has been achieved) include a consultation on the plans, with work due for completion by July 2008.

Phase 2 is focused on providing accommodation within Knowsley House for the Leadership Team, Access & Advice, Enhanced Day Treatment and a base for the Crisis Resolution/Home Treatment Team.

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# Warrington







## **Project Deliverables – Warrington**

### ***Introduction***

The Local Delivery Team (LDT) in Warrington commenced on 9<sup>th</sup> November 2006, with the Head of Adult Services as chair supported by the Change for the Better Programme Manager. The LDT's membership comprises representation from the Local Authority, Primary Care Trust, Primary Care Mental Health Team, Warrington staff (including medical representation), Service User and Carer. The team has been meeting weekly since November with the remit (as defined within the Terms of Reference) of ensuring the deliverables within Change for the Better are achieved on time and within budget.

There has been strong representation from Local Authority, Primary Care, Service Users and Carers throughout the lifetime of the LDT. Closer ties have been developed with the service users' forum, particularly with the leaflet created by the service user forum on Change for the Better in partnership with the LDT.

Warrington PCT commissioning intentions for 2007/8 are currently being drawn up. The impact on the delivery of Change for the Better has yet to be clarified, however the project within Warrington will continue as planned until a definitive plan has been finalised.

### **Teams**

- Access and Advice is fully operational.
- Early Intervention Service is shared with Halton and is fully operational.
- Enhanced Day Treatment (EDT) will become operational on 2<sup>nd</sup> April 2007. The EDT will provide clinical psychology, cognitive behavioural therapy and occupational therapy.
- Resource & Recovery Centre – Crisis Resolution/Home Treatment is fully operational.
- Resource & Recovery Centre – Inpatient wards, namely Austen and Sheridan are fully operational.
- Resource & Recovery Centre – Leadership Team: a service manager and modern matron (shared with Halton) have been appointed.
- Assertive Outreach Team is fully operational.
- Community Mental Health Teams are fully operational.

### **Estates**

Phase 1 of the Estates work on the inpatient provision within Hollins Park was due for completion on the 12<sup>th</sup> March 2007. Although the work on the bedrooms has completed, there is still some outstanding work to be done on both the interior and the gardens. This work will be completed by the 31<sup>st</sup> March 2007. The plans for Phase 1 were open for consultation prior to work

commencing with views being taken from all stakeholders to help shape the final plan.

Phase 2 of the Estates work will commence in June 2007, pending financial approval from the Trust Board on the 30<sup>th</sup> March 2007. Current plans (to be ratified once financial approval has been achieved) include a consultation on the plans, with work due for completion by July 2007.

Phase 2 is focused on providing accommodation within Wakefield House for Access & Advice, Enhanced Day Treatment, Assertive Outreach, Early Intervention Service and the Primary Care Mental Health Team. Wakefield House will become the community and resource centre as a central site within Warrington in line with service user and carer wishes. Full use will be made of the building to support partners including the voluntary sector and for carers use out of hours.

### **Closure of Byron Ward**

Byron Ward was dedicated to providing beds for older people with a functional illness. During the implementation of Change for the Better, it was necessary to close this ward as service users previously accessing the beds will be accommodated within the adult services, in accordance with the non-ageist approach. The closure took place on 16<sup>th</sup> February 2007 with minimal disruption to service users and carers. Older people with a functional illness are currently on Kingsley Ward and will move across to either Sheridan or Weaver once the pathway for Older People has been agreed at the Programme Board (2<sup>nd</sup> April 2007).

**Statutory Joint Scrutiny Committee to Consider**

**5 Boroughs Partnership NHS Trust**

**Proposals Relating to Improving Services for Adults with Mental Health Needs**

**In Halton, St Helens & Warrington**

**Terms of Reference**

1. To establish a statutory joint committee to scrutinise proposals from the 5 Boroughs Partnership NHS Trust to improve services for people with mental health needs in the boroughs of Halton, St Helens and Warrington.
2. To undertake the scrutiny of the proposals in accordance with the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, and the Directions to Local Authorities (Overview and Scrutiny Committees, Health Scrutiny Functions) July 2003.
3. To complete a report outlining the statutory committees views of the proposals and to make recommendations to the 5 Boroughs Partnership NHS Trust where relevant.
4. To monitor the Trust's responses to the report and agree mechanisms for the ongoing monitoring of future changes to mental health services.