

DERBYSHIRE COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY REVIEW

**CASTLETON DAY UNIT, HARTINGTON UNIT –
PROPOSAL TO USE THE DAY UNIT FOR THE CRISIS
HOME TREATMENT AND IN-PATIENT THERAPY
ACTIVITY**

FINAL REVIEW REPORT

FEBRUARY 2006

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Foreword

We recognise that our decision to not pursue further enquiries with the Derbyshire Mental Health Services NHS Trust may frustrate some local people.

Having considered the information and evidence available to us, we believe that the Trust could have improved its patient and public involvement processes in the lead to the decision being taken to change the provision of service. However, we considered this matter in relation to the Trust's decision to relocate in-patients from Woodside Ward at Ilkeston Community Hospital to Kingsway Hospital in Derby, and made appropriate recommendations, which will positively impact on the Trust's future patient and public involvement work.

We have also given consideration to the assessment of patients previously in the Castleton Day Unit. Our information, at the timing of writing this Report, is that the remaining seven patients attending Castleton Day Unit have had a medical assessment and that care plans are being negotiated with carers and with patients. We feel that this is a detailed medical matter and an area where a health overview and scrutiny committee may have little influence.



Councillor Alan Jones
Chair
Improvement and Scrutiny Committee – Services for Older People and
Vulnerable Adults and Community Safety Services
Derbyshire County Council
County Hall
Matlock
Derbyshire

February 2006

1.	<u>Background to the Review</u>
1.1	At its Board meeting on 27 July 2005, the Derbyshire Mental Health Services NHS Trust agreed, in principle, to vary the provision of services at the Castleton Day Unit, which is part of the Hartington Unit at Chesterfield Royal Hospital.
1.2	The rationale behind the decision was to achieve a financial saving during 2005/2006 and in subsequent years, as part of a package of measures aimed at achieving annual savings of £1.345 million in 2005/6 and £2.554million in a full year. The Trust Board considered that these savings are essential to ensure the Trust operated within its financial resources.
1.3	Further information relating to the Trust's decision making process and financial issues are documented in the Derbyshire Health Scrutiny report <i>Woodside Ward, Ilkeston Community Hospital – Relocation of In-Patient Mental Health Ward</i> , published in December 2005. A copy of the report may be downloaded at www.derbyshire.gov.uk/scrutiny
1.4	At its meeting on 6 September 2005, the Health Overview and Scrutiny Committee agreed to establish a Members Panel ¹ to further explore the Mental Health Trust proposals arising from the financial recovery plan, relating to the relocation on in-patients on Woodside Ward, Ilkeston Community Hospital and changes in the use of Castleton Day Unit in the Hartington Unit, at Chesterfield Royal Hospital. The Health Scrutiny Panel agreed to prioritise its resources and consider the Woodside Ward issue first.
1.5	On 2 November 2005, two services users urged the Health Overview and Scrutiny Committee to examine the impact of the Trust decision to use the Castleton Day Unit services in a different way.
1.6	Further information was sought from the Mental Health Trust and Health Scrutiny Panel members were apprised of all of the information received, during November 2005 to January 2006. A summary of the information received is set out in Appendix 1.

¹ Panel Members included Councillors Alan Jones (Chair), Sharon Blank, Michelle Booth, Frank Hood

2.	<u>Executive summary and recommendations</u>
2.1	<p>The Review has raised two issues:</p> <ul style="list-style-type: none"> • Patient and Public Involvement by the Trust as part of the redesign of the new service, and • The services meeting the needs of local communities and access and accessibility of services.
2.2	<u>Patient and Public Involvement by the Trust as part of the redesign of the new service</u>
2.2.1	In relation to public and patient involvement, the service users claim that there has been no consultation, and the Trust claims that service user representative groups were involved as early as 2002, and that the decision to change the use of the Castleton Day Unit was taken in early 2004. The Trust Board decision, in principle, on 27 July 2005, related to the financial recovery plan, and confirmed the implementation of the change which was originally planned for 1 April 2004.
2.2.2	The Trust Board has reassured the Health Scrutiny Committee that it will seek to further improve the way in which it involves service users and carers as part of service planning. This assurance during the consideration of the recommendations arising from the recent health scrutiny review of the relocation of in-patients previously at Woodside Ward in Ilkeston Community Hospital.
2.2.3	There is no <i>added value</i> in seeking to further hold the Trust to account on public and patient involvement issues.
2.3	<u>The services meeting the needs of local communities and access and accessibility of services</u>
2.3.1	Twenty-seven service users are affected. All service users have had an Assessment undertaken of their mental health needs. The Trust confirms that twenty of the service users have Care Plans with alternative service providers identified.
2.3.2	The service users say that there are insufficient community-based services to fulfil demand.

2.3.3	Given the detailed and operational nature of the issues raised by the service users, it is felt that the Chesterfield Primary Care Trust Patient and Public Involvement Forum (PPIF), the North Eastern Derbyshire PPIF and the Derbyshire Mental Health Services NHS Trust PPIF are the more appropriate organisations to challenge the Trusts on these issues.
2.3.4	The Health Overview and Scrutiny Committee's recommendations are set out below.
RECOMMENDATION 1: Derbyshire Mental Health Services NHS Trust has agreed to provide information relating to improving its' patient and public involvement strategy. The Committee will continue to monitor public and patient involvement as part of the Trust's service modernisation and reconfiguration strategy.	
RECOMMENDATION 2(a): Chesterfield Primary Care Trust and North Eastern Primary Care Trust, as commissioners of north Derbyshire mental health services, are made aware of the issues raised in this Review Report.	
RECOMMENDATION 2(b): Chesterfield Primary Care Trust Patient and Public Involvement Forum (PPIF), North Eastern Derbyshire PPIF and Derbyshire Mental Health Services NHS Trust PPIF are made aware of the issues raised in this Review Report.	

3.	<u>Issues raised by service users and the Trust's proposals</u>
3.1	<u>Issues raised by service users</u>
3.1.1	In their letter dated 2 November 2005, Oliveria Maginn and Rosemary Cludlow, two service users, set out a large number of concerns in relation to the Castleton Day Unit. These concerns are reproduced in Table 1.

Table 1 – Issues raised by Castleton Day Unit service users

<ul style="list-style-type: none"> • <i>There has been a significant shift in emphasis on the criteria for patients to access day services at the unit.</i>
<ul style="list-style-type: none"> • <i>In the past the day unit has been used by consultant's referral for people in the community in order to prevent a worsening of conditions and hospital admission.</i>
<ul style="list-style-type: none"> • <i>From April to September 2005 the only people who have been on the day unit were those who had been first admitted to hospital.</i>
<ul style="list-style-type: none"> • <i>Hospital admissions have been made more difficult for patients in the County because of the closure of 25 beds at the Psychiatric Unit at Derby City General Hospital.</i>
<ul style="list-style-type: none"> • <i>Referrals from consultants are not being acted upon as places are only being allocated through the Crisis Team. The Trust acknowledges that the Crisis Team is not yet fully operational and there are still a substantial number of vacancies to the Team.</i>
<ul style="list-style-type: none"> • <i>This situation is becoming more urgent in view of the fact that the majority of the patients on the day unit are being taken from the wards for assessments by the day care staff. Groups are being focussed on ward patients and the unit now has a depressing atmosphere with little input to day unit patients who are feeling neglected.</i>
<ul style="list-style-type: none"> • <i>The Chief Executive claims that patients who are no longer considered eligible for the day unit will be able to access services in the community. Service users in north Derbyshire have told the Trust on numerous occasions that these facilities are not available. Community Mental Health Teams are struggling to find suitable alternatives for patients.</i>

- *The Trust is only just conducting a baseline assessment of current day service provision. At the Trust's Annual Public Meeting, Mr Shewan acknowledged that care in the community was a duty for the various PCTs to provide and fund and agreed that these are currently inadequately provided.*
- *We believe that the proposed service to provide home treatment to those patients who might otherwise have been on the day unit is not practical or always therapeutic. There will be increased costs and a reduction in the number of people who will be able to be supported by the crisis team – even when it does have a sufficient number of staff.*
- *We are very concerned that these changes will increase the potential for people to self harm and we believe that the number of incidents (including suicides and attempted suicides) is rising locally. Service users and staff felt that it is not too late to reverse this decision and hope that the Overview and Scrutiny Committee will support us in this.*

3.1.2	Four Castleton Day Unit service users, including Ms Maginn, forwarded a statement to the Committee, undated but received on 24 November 2005. In the statement, the services users asked the Committee to “refer the matter for consideration by the national Independent Reconfiguration Panel”. The signatories cited four grounds for objection to the Trust’s proposals, including:
	<ul style="list-style-type: none"> • <i>The Derbyshire Mental Health Trust has breached its statutory duty under section 11 of the Health and Social Care Act 2001.</i>
	<ul style="list-style-type: none"> • <i>The reasons for the change of use of the Castleton Day Centre are not based on clinical need or evidence-based practice.</i>
	<ul style="list-style-type: none"> • <i>The Trust has been disingenuous when it states that the Castleton Day Centre was not closing. The proposals are being done without regard to the Care Programme Approach or risk assessments for individual service users who have in the past been well-supported by the Centre and its staff.</i>
	<ul style="list-style-type: none"> • <i>Financial information has not been provided detailing the cost of reconfiguration, projected savings and whether the reconfiguration will, or will not, secure the financial stability of the Trust in this financial year.</i>

3.2	The Trust's proposals
3.2.1	<p>In September 2005, the Trust provided a synopsis of the planned changes in the use of the Castleton Day Unit, so that beyond October 2005 the Unit would be used by the Crisis Home Treatment Team and for In-patient active therapy. The Trust confirmed that changes would be implemented in October 2005.</p> <p>The paper summarises, <i>"the service changes will benefit in-patients, promote closer working between in-patient staff, the crisis home treatment team, and mental health liaison team. It will facilitate the move of the assertive outreach team from sub-standard accommodation, provide a potential pool of staff for redeployment into vacancies and deliver recurrent savings on expenditure."</i></p> <p>The Trust also set out its rationale for change: <i>"The rationale for this proposal is based on the need to enhance the quality of emergency care services, focus occupational therapy at the Hartington on the needs of in-patients, improve the quality of accommodation occupied by (staff and patients) and achieve savings through staff redeployment."</i></p>
3.2.2	<p>The Trust also identifies benefits and risks associated with its' proposal:</p> <ul style="list-style-type: none"> • Risks <ul style="list-style-type: none"> ○ Potentially increase the pressure on community services. ○ Inability to deliver services to people receiving Clozapine during initiation. ○ Reduction in day service treatment venues for out-patients • Benefits <ul style="list-style-type: none"> ○ Increased ward based therapy for all in-patients ○ Increased home assessment, with a view (to) facilitating early discharge. ○ Delivery of day services within community settings. ○ Promote partnership working in emergency care services. ○ Release costs up to £185,000 (recurring in future financial years) ○ Fill staff vacancies through redeployment.
3.2.3	<p>The Trust Chief Executive set out details of the Trust's 2005/2006 financial recovery plan to Panel members on 11 October 2005, when considering the Woodside Ward issues. A</p>

	copy of the presentation is attached as Appendix 2.
3.2.4	The Trust provided further information relating to the number of patients attending Castleton Day Unit on 19 September 2005, in November 2005 (information forwarded on 30 November 2005) and in January 2006 (information forwarded on 10 January 2006). The Trust also provided information relating to the home town / village address of patients and the service provider on discharge from the Castleton Day Unit.
3.2.5	Table 2 summaries the information provided by the Trust.

Table 2 – Information provided by Derbyshire Mental Health Services NHS Trust relating to Castleton Day Unit Patients

19 September 2005

- 27 patients accessed the services at Castleton Day Unit.

30 November 2005

- 11 patients continue to access the services at Castleton Day Unit, 3 of whom had a discharge planned.
- 16 patients had been discharged following an assessment and the preparation of a care plan, to the following services,
 - 8 to the Community Mental Health Team (CMHT).
 - 4 to the Inpatients Ward in the Hartington Unit (this is a normal feature of this type of day service and not associated with change).
 - 2 to the Discharge Liaison Team (a bridge between the Inpatients Ward and the CMHT).
 - 2 to Primary Care Trust services (GPs).

10 January 2006

- 7 patients accessed the services at Castleton Day Unit
- A further 4 patients had been discharged following an assessment and the preparation of a care plan, to the following services
 - 2 to the Community Mental Health Team.
 - 1 to the Discharge Liaison Team.
 - 1 destination not reported.

Those remaining as Day Unit patients have had an assessment, and care plans are being negotiated with patients and carers.

3.2.6	The Trust has also provided further information on the process which led to the change of use of the Castleton Day Unit, in its' letter 10 January 2006.
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3.2.7	The Trust states that:
	<ul style="list-style-type: none"> • <i>The decision to change to role and function of the Castleton Day Unit was taken following a process of review that dates back to 2002.</i>
	<ul style="list-style-type: none"> • <i>The review process involved a wide range of service user and carer groups including Derbyshire Voice, the Patients' Council and NEDCASH. In further discussion with the Trust's Assistant Director, Emergency Care, it is thought that neither the Community Health Council, nor the Trust's Patient and Public Involvement Forum were involved. The Derbyshire County Council Health Overview and Scrutiny Committee were also not involved².</i>
	<ul style="list-style-type: none"> • <i>The review process also involved local commissioners and professionals from within the Castleton Day Unit, in-patient services and the community mental health services.</i>
	<ul style="list-style-type: none"> • <i>The review group completed its work in 2004 and agreed an operational policy which changed the role and function of Castleton Day Unit. It was agreed, at that time, that the primary role of the Day Unit would be to provide an alternative to admission and also to facilitate early discharge.</i>
	<ul style="list-style-type: none"> • <i>The proposed service changes were due to come into effect on 1 April 2004, and subsequently this date was delayed until 1 June 2004. Further delays due to staffing pressures in the Crisis Home Treatment Team led to the final implementation being delayed until August 2005.</i>

² Formal Health Scrutiny powers under the Health and Social Care Act 2001 were introduced on 1 January 2003.

4.	<u>Issues for the Health Scrutiny Panel and Committee</u>
4.1	<p>Generally, Derbyshire scrutiny experience has shown that there are areas where health scrutiny may “<i>add value</i>” in service reconfiguration, for example</p> <ul style="list-style-type: none"> • Public and patient involvement, section 11 responsibilities³. • Services meeting the needs of local communities. • Addressing access / accessibility issues.
4.2	<u>Public and patient involvement, section 11 responsibilities</u>
4.2.1	There is a difference in the understanding of consultation undertaken as part of this service change between the Trust and service users. The service users believe that the consultation has been inadequate (see section 3.1.2) and the Trust comments that community organisations have been involved in the service redesign since 2002 (see 3.2.7).
4.2.2	The Health Overview and Scrutiny Committee was first informed of proposals to change the use of the Castleton Day Unit in August 2005, by which time the Trust Board had already taken an “in principle” decision, on 27 July 2005. From the information subsequently received in the Trust letter dated 10 January 2006, it appears that the Board decision ratified an earlier decision to change the use of Castleton Day Unit.
4.2.3	The Health Scrutiny Panel explored the need for the Trust to improve public and patient involvement across all of its services as part of its drive to modernise and improve services as part of the Woodside Ward review.
4.2.4	Specifically, Recommendation 2 of the Woodside Ward review related to improvements in public and patient involvement in shaping service delivery. The principle of this recommendation was accepted by the Trust Board at its meeting on 25 January 2006. Some service users have already fed back anecdotal information to the Health Scrutiny Advisor that such improvements are already taking place.
4.2.5	Given the commitment by the Trust Board at its meeting on 25 January 2006 to further improve patient and public involvement, it is recommended that no further enquiries are made beyond monitoring the Trust’s stated commitment to further improvement

³ Section 11 of the Health and Social Care Act 2001 - a duty on NHS organisations to involve patients and the public

	patient and public involvement.
RECOMMENDATION 1: Derbyshire Mental Health Services NHS Trust has agreed to provide information relating to improving its' patient and public involvement strategy. The Committee will continue to monitor public and patient involvement as part of the Trust's service modernisation and reconfiguration strategy.	
4.3	<u>Services meeting the needs of local communities and access and accessibility issues</u>
4.3.1	The service users indicate that there are no sufficient alternative services for patients who previously accessed the Castleton Day Unit.
4.3.2	This issue is conceded in the risks identified in the synopsis of service changes provided to the Health Scrutiny Panel in September 2005. The Trust identified that there exists the potential to increase pressure on community services and there is a reduction in the day service treatment venues for out-patients. However, the Trust also identifies opportunities in what it sees as modernisation of services, such as increased Home Assessment with a view to facilitating early discharge and the delivery of day services in community settings.
4.3.3	The Trust has carried out an individual assessment of the needs of each of the Castleton Day Unit patients. It has been recognised that some of the patients will need to access on-going support, and information on the provider of such support has been given to the Committee. (See Table 2).
4.3.4	However, the service users contend that The Trust Chief Executive has <i>"acknowledged that care in the community was a duty for the various PCTs to provide and fund and agreed that these are currently inadequately provided."</i> (See Table 1).
4.3.5	Of the twenty patients discharged from the Castleton Day Unit, and following Assessment and the preparation and agreement of a Care Plan, ten have been discharged to the supervision of the Community Mental Health Team, four have been admitted as In-patients, three have been referred to the Discharge Liaison Team – a team which sits between the In-patients team and the Community Mental Health Team and two to the supervision of GPs. The supervision details of a further patient has not been disclosed to the Panel.
4.3.6	Given the low numbers of patients accessing a variety of

	<p>services, it appears that there is little “added value” in the Health Scrutiny Panel following up matters of operation detail. This area of enquiry is more suited to the Primary Care Trust and Mental Health Trust Patient and Public Involvement Forums. However, the Chesterfield and North Eastern Derbyshire Primary Care Trusts should be made aware of the issues raised in this Review Report, as commissioners of mental health services on their patch.</p>
<p>RECOMMENDATION 2(a): Chesterfield Primary Care Trust and North Eastern Primary Care Trust, as commissioners of north Derbyshire mental health services, are made aware of the issues raised in this Review Report.</p>	
<p>RECOMMENDATION 2(b): Chesterfield Primary Care Trust Patient and Public Involvement Forum (PPIF), North Eastern Derbyshire PPIF and Derbyshire Mental Health Services NHS Trust PPIF are made aware of the issues raised in this Review Report.</p>	

APPENDIX 1 – SUMMARY OF INFORMATION RECEIVED

<u>Information Source</u>	<u>Summary</u>
Derbyshire Mental Health Services NHS Trust – Undated, but received on 21 September 2005	Overview of project proposal to use the Castleton Day Unit services in a different way – including “ <i>to discontinue providing the Hartington day service in its present form and concentrating the occupational therapy resource on the in-patient wards</i> ”.
Letter and enclosures from Oliveria Maginn and Rosemary Cludlow, service users – dated 2 November 2005	Request for the Scrutiny Committee to examine the impact of the decision on service users. Petition included, as well as notes from Mental Health Trust Project Team meetings.
Derbyshire Mental Health Services NHS Trust, dated 2 November 2005	Information relating to numbers of patients attending Castleton Day Unit on 19 September (27 patients)
Letter from former Castleton Day Unit service users – undated, received on 24 November 2005	Request for the Scrutiny Committee to refer the matter to the national Independent Reconfiguration Panel.
Derbyshire Mental Health Services NHS Trust, dated 30 November 2005	Information relating to numbers of patients attending Castleton Day Unit and referral on discharge (10 patients)
Derbyshire Mental Health Services NHS Trust, dated 10 January 2005 (should be 2006)	Information relating to the service redesign at Castleton Day Unit and numbers of patients attending the service and referral on discharge (7 patients)

DERBYSHIRE COUNTY COUNCIL HEALTH OVERVIEW AND SCRUTINY COMMITTEE

11TH OCTOBER 2005

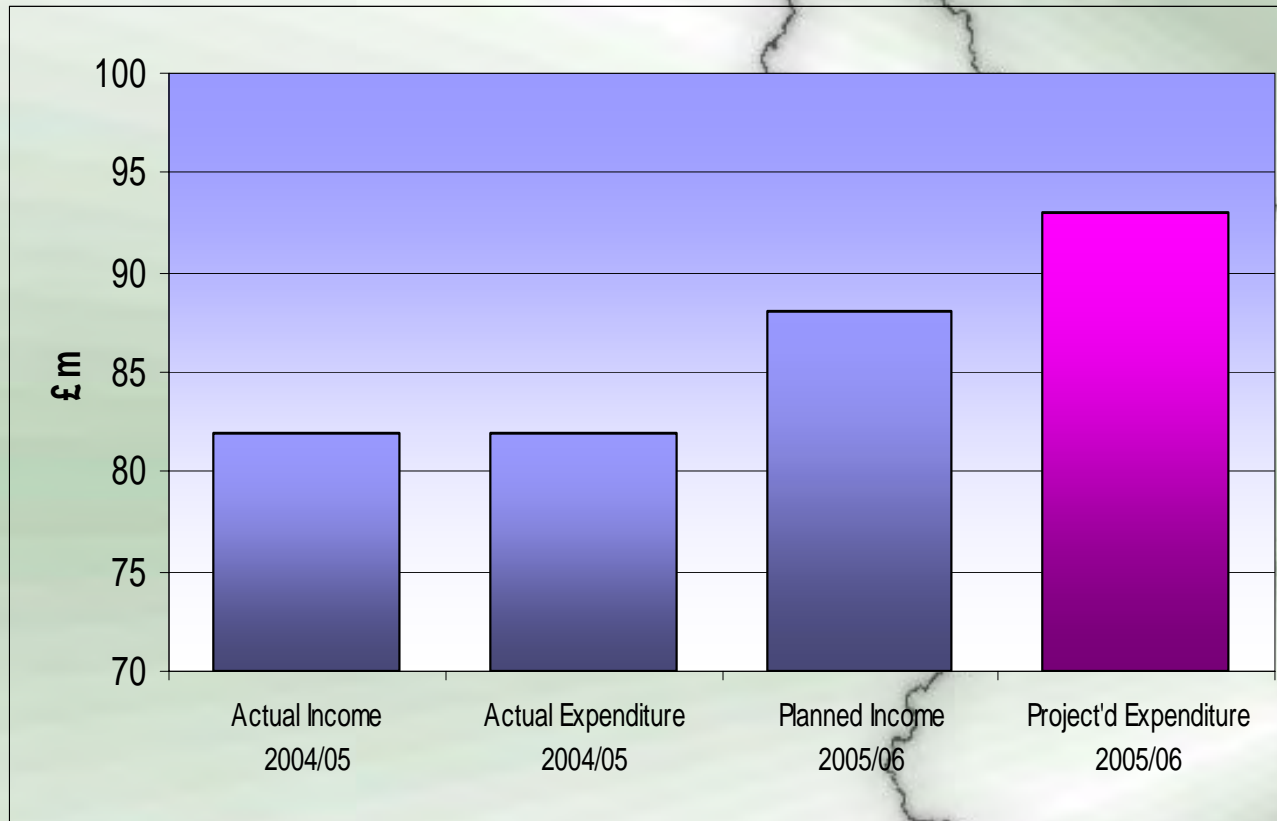
- *Context of Financial Recovery Plan*
- *Consultation and Communication*
- *Continuity of Care*

FINANCIAL RECOVERY PLAN 05/06


TRUST BACKGROUND

- Underlying deficit post-mergers (2001 and 2002) £2M
- Cost improvement efficiency target (2005/06) (1.7%) £1.5M
- Statutory duty to achieve financial balance
- Local delivery plan:
 - Commissioners give priority to national targets primarily
 - Unable to fund Trust cost pressures
- Non-recurrent solutions (as previous years) now exhausted
- Evidence of increasing overspend/excessive use of agency staff – situation unsustainable
- Situation unsustainable if financial balance to be achieved
- Action deemed **URGENT**

WHAT IS THE PROBLEM WE ARE TRYING TO FIX?



By end of June there was the prospect of £5M overspend



“It is not acceptable for any NHS organisation to spend more than it has been allocated in income.”

Sir Nigel Crisp
NHS Chief Executive

Achieving financial balance is single most important statutory duty for NHS Trusts

SO WHAT OPTIONS HAVE BEEN OPEN TO US?

- Argue the case for increased income
- Reduce costs to match income
 - HOW?

IN MEDIUM TO LONG-TERM, THE ANSWER LIES IN SIGNIFICANT SYSTEM REFORM AND SERVICE REDESIGN

- *“Many of you (NHS Trusts) will have system reform as one of your top priorities. For those of you in financial difficulty, it is your ONLY priority.”*
- *“Many Trusts say that they are facing financial difficulties because they are being told to modernise. The reality is they are facing financial difficulty because they are failing to modernise.”*

Patricia Hewitt

Secretary of State for Health

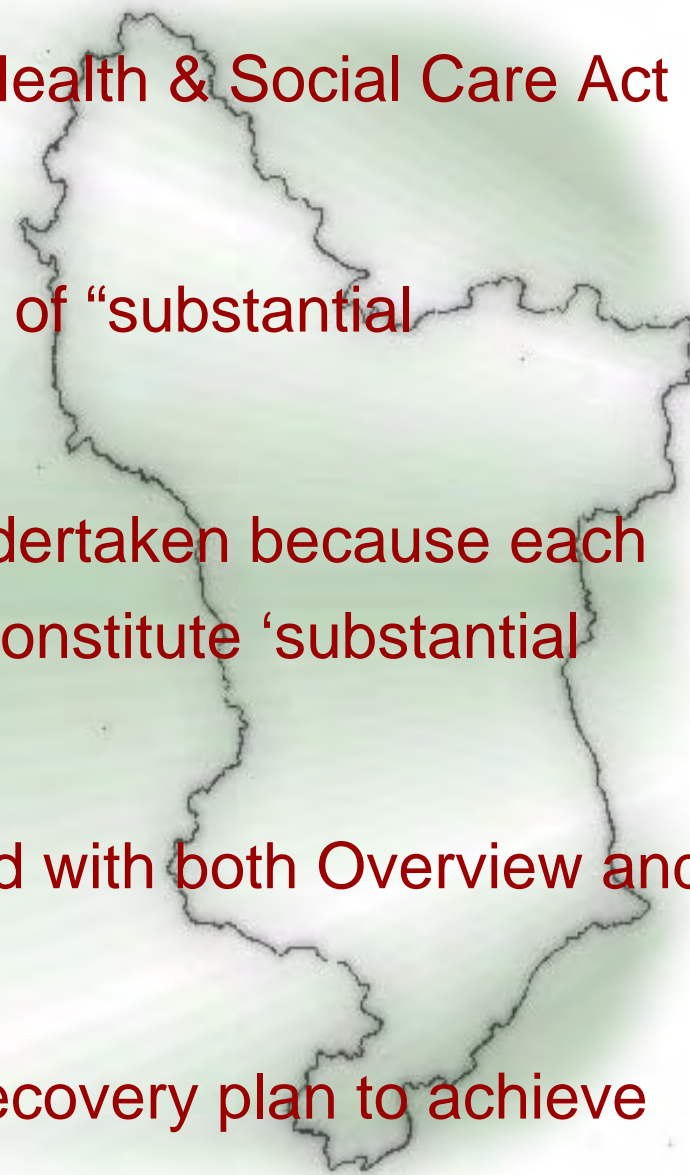
IN SHORT-TERM, WE HAVE FOCUSSED ON 4 KEY PRINCIPLES

- Reducing the use of agency staff to a minimum
- Ensuring the economic viability of every Ward/Department
- Speeding up modernisation and Service redesign processes
- Continuing the agreed strategic direction of travel

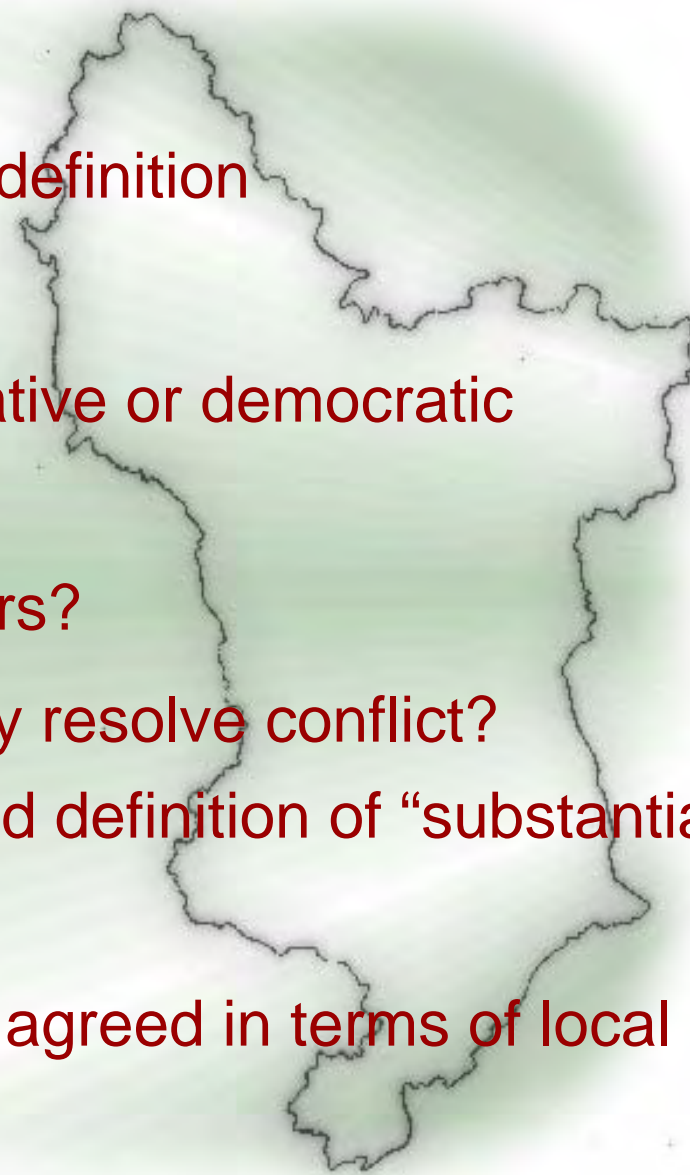
PROPOSED SAVINGS SCHEMES	POTENTIAL SAVING 0506 Approx £ DIRECT COSTS ONLY	POTENTIAL SAVING 0607 Approx £ DIRECT COSTS ONLY	COMMENTS
1.Early closure of Beresford Ward	315	464	Has now closed (14 th July), bringing forward previously agreed plans required for Kingsway retraction. Currently being temporarily re-utilised by Wirksworth Ward
2. Merger of rehabilitation services on Monsal ward and Cherry Tree Close onto Cherry Tree	175	350	Closure of Monsal Ward
3. Transfer of Woodside Ward inpatients to Kingsway	250	525	Subject to PCT approval, also possibility of relocating day services/CMHT to Woodside
4. Reduction of acute beds and eventual closure of Ward 34	350	700	Consistent with Crisis Resolution investment objectives
5. Review of Castleton Day Unit	90	185	Potential benefit of relocating Crisis Service and improving inpatient activity
6. Amalgamation of Quarnmill Day services with Dovedale	Up to 75	Up to 175	May need to find alternative use for Quarnmill due to lease tie-in
7. Community Teams management reconfiguration – Move to 3 teams from 7 teams	70	115	
8. Car Park charges for staff	20	40	Nominal charge for all staff to be taken via payroll
TOTAL SCHEMES REQUIRING BOARD APPROVAL	1,345	2,554	

COMMUNICATION & CONSULTATION

- Regular briefing of Trust's financial pressures since beginning of year no suggestions of action forthcoming
- Schemes approved 'in principle' subject to further discussion (Trust Board 17/07/07)
- Each scheme considered in its own right
- Immediate discussions with Trades Union, staff and users directly affected, and subsequently with wider interested parties
- Discussions with Chair of Trust PPI Forum and Lead Commissioner

- 
- Requirements of Sect. 11 Health & Social Care Act considered
 - No locally agreed definition of “substantial change/variation”
 - Formal consultation not undertaken because each scheme determined not to constitute ‘substantial change/variation’
 - Informal contact established with both Overview and Scrutiny Committee Officer
 - Urgency of implementing recovery plan to achieve statutory financial duties

PARTNERSHIP/CONSULTATION/WORKING TOGETHER

- 
- All require less ambiguous definition
 - Examples of ambiguity
 - Is partnership a participative or democratic process?
 - Where are the parameters?
 - How do we constructively resolve conflict?
 - What is the locally-agreed definition of “substantial change or variation?”
 - What has already been agreed in terms of local strategic direction?

THE WAY FORWARD?

- 
- Unequivocal commitment to partnership **MUST** be underpinned by more formal written agreements (in **ALL** partnerships!)
 - Remove the ambiguity
 - Clarify what partnership is, and as important, what it is not
 - Working more closely with Health Overview and Scrutiny Committees
 - Where could reviews add value in Mental Health?
 - Clarify levels of consultation needed, and what has already been agreed