

# **Health and Adult Social Care Scrutiny Committee**

## **Agenda**

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**Date:** Wednesday, 18th November, 2009  
**Time:** 10.00 am  
**Venue:** Committee Suite 1,2 & 3, Westfields, Middlewich Road,  
Sandbach CW11 1HZ

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The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

### **PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT**

1. **Apologies for Absence**
2. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any personal and/or prejudicial interests in any item on the agenda

3. **Minutes of Previous meeting** (Pages 1 - 10)

To approve the minutes of the meeting held on 16 September 2009.

4. **Public Speaking Time/Open Session**

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Please contact Denise French on 01270 529643  
E-Mail: [denise.french@cheshireeast.gov.uk](mailto:denise.french@cheshireeast.gov.uk) with any apologies or requests for further information or to give notice of a question to be asked by a member of the public

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A total period of 15 minutes is allocated for members of the public to make a statement(s) on any matter that falls within the remit of the Committee.

Individual members of the public may speak for up to 5 minutes but the Chairman will decide how the period of time allocated for public speaking will be apportioned where there are a number of speakers.

Note: In order for officers to undertake any background research it would be helpful if members of the public notified the Scrutiny officer listed at the foot of the agenda, at least one working day before the meeting, with brief details of the matter to be covered.

5. **The Cheshire and Wirral Council's Joint Scrutiny Committee** (Pages 11 - 18)

To receive the minutes of the meeting of the Cheshire and Wirral Council's Joint Scrutiny Committee held on 8 October 2009.

6. **Central and Eastern Cheshire Primary Care Trust Commissioning Strategic Plan 2009 - 2016** (Pages 19 - 26)

Fiona Field, Director of Governance and Strategic Planning, Central and Eastern Cheshire Primary Care Trust will update the Committee on the current position with the Strategic Plan – presentation attached.

7. **Central and Eastern Cheshire Primary Care Trust - financial update**

The Committee has previously been advised of the current financial situation at the Primary Care Trust and has received the Sustainability Plan devised to address the financial challenges facing the PCT. Fiona Field, Director of Governance and Strategic Planning, will verbally update the Committee on the current financial position.

8. **Pandemic Flu and HPV vaccination programme** (Pages 27 - 30)

Fiona Field, Director of Governance and Strategic Planning, Central and Eastern Cheshire Primary Care Trust, will verbally update the Committee on the current situation with Pandemic Flu.

She will also update the Committee on the uptake of the HPV vaccination programme against cervical cancer – report attached.

9. **Vision and Strategy for integrated care in East and Mid Cheshire** (Pages 31 - 32)

To consider a report from Central and Eastern Cheshire Primary Care Trust on the development of the strategy for integrated care.

10. **Future healthcare project - consultation relating to Knutsford**

Fiona Field, Director of Governance and Strategic Planning, Central and Eastern Cheshire Primary Care Trust, will verbally update the Committee on the consultation process relating to the PCT proposals for future healthcare in Knutsford.

11. **Work Programme** (Pages 33 - 38)

To consider a report of the Borough Solicitor.

**CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Health and Adult Social Care Scrutiny Committee**  
held on Wednesday, 16th September, 2009 at Committee Suite 1,2 & 3,  
Westfields, Middlewich Road, Sandbach CW11 1HZ

**PRESENT**

Councillor G Baxendale (Vice-Chair, in the Chair)

Councillors S Bentley, S Furlong, O Hunter, S Jones, W Livesley, A Moran, C Andrew, C Beard, A Martin, C Tomlinson and R Domleo

**Apologies**

Councillors D Flude, J Wray and A Knowles

**12 APOLOGIES FOR ABSENCE**

Apologies for Absence were received from Councillors D Flude, A Knowles and J Wray.

**13 OFFICERS PRESENT**

M F Flynn, Legal and Democratic Services  
D J French, Legal and Democratic Services  
P Lloyd, Head of Services for Adults  
F Field, Director of Governance and Strategic Planning, Central and Eastern Cheshire Primary Care Trust  
P Ferguson, Deputy Director of Service Development, North West Ambulance Service (NWAS)  
C Hall, Assistant Director Foundation Trust Delivery, NWAS  
S Smith, Assistant Director Corporate Communications, NWAS

**14 COUNCILLOR ALLAN RICHARDSON**

The Vice Chairman, Councillor Gordon Baxendale, referred to the sad death on 6 September of Councillor Allan Richardson. Councillor Richardson had been the Chairman of the Committee and had been a long standing Councillor representing the needs of his local community for more than 60 years.

All present stood for a minute's silence in memory of Councillor Richardson.

**15 DECLARATION OF INTERESTS/PARTY WHIP**

There were no declarations made.

**16 PUBLIC SPEAKING TIME/OPEN SESSION**

Mrs Hughes asked a question relating to future health care provision in Scholar Green and the likelihood of the proposals for new health care premises to progress and the implications for local residents if the existing premises and provision were to remain.

Fiona Field, Director of Governance and Strategic Planning, Central and Eastern Cheshire Primary Care Trust undertook to provide Mrs Hughes with a written answer.

### 17 MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of the meeting of the Committee held on 29 July be approved as a correct record subject to an amendment to the portfolio holder title for Councillor R Domleo to read Portfolio Holder for Adult Services.

### 18 NORTH WEST AMBULANCE TRUST - PRESENTATION

The Vice Chairman welcomed the following representatives of the North West Ambulance Service (NWAS) to the meeting:

- Paul Ferguson, Deputy Director of Service Development
- Carol Hall, Assistant Director Foundation Trust Delivery
- Sarah Smith, Assistant Director Corporate Communications.

The representatives briefed the Committee on various current issues that related to the Ambulance Trust:

Taking Healthcare to the Patient – this was a Department of Health initiative to transform ambulance services. There were a number of strands:

- Call Connect – this was designed to improve the speed of responses and NWAS had invested in Emergency Control Centres, increased staffing levels especially call handling staff, improved technology and increased the levels of front-line operational resources. There was now a performance target for Emergency Response times that was measured from the time that the 999 call was connected. The target was that 95% of calls were answered within 5 seconds, NWAS reported that more patients were receiving a response within target;
- Hear and Treat – this had led to increased use of paramedic assessment for minor calls within Emergency Control Centres, an Advanced Paramedic Role had been developed, an alternative call categorisation and prioritisation system had been developed (NHS Pathways), a Regional Operational Control Centre had been established to oversee operations such as monitoring activity levels and service pressures and a new Operational Support Control Centre had been introduced in Carlisle;
- See and Treat – a Clinical leadership programme had begun and higher education programmes introduced for existing and future paramedics; 42 new Advanced Paramedics had been recruited, Care Pathways had been improved for Heart Attack and Stroke patients in line with clinical networks and a capacity management/health control system had been developed in partnership with Primary Care Trusts (PCTs) to assist in directing patients to appropriate care.

P Ferguson then briefed on performance in relation to Central and Eastern Cheshire PCT. He explained that NWAS had shown consistent Category A8 and A19 performance despite a continuous increase in 999 call volume. This had been due to the introduction of Call Connect. The overall Category A performance for the PCT was 66.5% with the overall NWAS performance being 74.8%. A Performance Improvement Plan had been developed in conjunction with the PCT and a number of challenges identified including growth in activity and hospital turnaround times.

S Smith briefed on the unannounced inspection by the Care Quality Commission (CQC) in July of the NWAS infection control procedures. The CQC had issued NWAS with a warning notice on cleanliness followed by an inspection report outlining specific areas where the Trust had to make improvements. A number of measures had been put in place including identifying Infection Control Champions (from among existing staff), the recruitment of a Specialist Paramedic of Infection Control and £100,000 investment into deep cleaning of vehicles. A number of actions were planned including an audit of vehicles for cleanliness, a deep clean of all vehicles by end of September 2009, an increased and regular programme of deep cleaning of ambulances throughout the year, a review of decontamination procedures and training/learning for staff, replacement of all bag/valve masks on all vehicles and recruitment of two more Infection Control Specialist Healthcare professionals.

The NWAS representatives then briefed on their Plan to deal with the flu pandemic and explained that this had been further developed taking into account lessons learned from the first wave of flu; Business Continuity Plans were being refined in preparation for wave 2 and winter; and staff health and safety issues were being addressed.

The Committee was advised of further action following on from Cheshire County Council's Scrutiny Review of Community First Responders – this included a PCT led Community First Responder Development Group had been established with membership from Nantwich Town Council and Audlem Parish Council, new CFR schemes had been introduced in Holmes Chapel, Audlem and Alsager with further schemes introduced for Winsford and Crewe (in association with St John Ambulance) and a Co-Responders scheme was to be piloted with Cheshire Fire and Rescue Service in Nantwich.

C Hall then briefed on the NWAS bid for Foundation Trust status. She explained that Foundation Trusts were NHS organisations and based on NHS principles of free care based on need, not ability to pay. A Foundation Trust enabled greater patient, public and staff involvement through the opportunity to become a Member. Members of a Foundation Trust would be able to have a say, raise awareness of ambulance services, represent the views and needs of the local community, influence future proposals, stand for election for the Council of Governors and vote in elections for the Council of Governors.

Foundation Trusts had organisational and financial freedoms and could make longer term plans that reflected the requirements of the local community. A Consultation Process would be implemented and views sought on vision and values, direction of travel, governance arrangements and membership. A period of awareness raising had been undertaken and full consultation plans included meetings at a wide range of geographically spread venues, staff engagement, attendance at existing meetings and forums and information on the website.

During discussion of the presentation the following issues were raised:

- The system would allow for prioritisation to be done within categories;
- Who determined who an Appropriate Care Provider was? In response the Committee was advised that the Capacity Management System would include details of care providers as advised to NWS; the system was also capable of conducting real-time monitoring to ensure the most up to date information was available to paramedics;
- How did NWS deal with stroke patients – Members were advised that paramedics were fully trained in dealing with stroke patients and would ensure that patients were transported to a specialist unit of which there was one at each of the Acute Trusts in Cheshire East;
- What was the protocol regarding single responders – in response the Committee was advised that in this case the responder was required to carry out their own risk assessment;
- The Committee was advised that NWS did have a cleaning regime in place but was undertaking a deep clean of all vehicles which involved taking it out of use and removing all the component parts within to enable a chemical and heat/steam clean to take place;
- All patients who arrived at a hospital whether in an ambulance or by their own means would have to go through the Triage system and would be seen based on clinical need;
- Defibrillators were checked on a regular basis and the NWS was shortly to develop a database of defibrillators.

RESOLVED: that the presentation from the North West Ambulance Trust be noted and regular updates provided to the Committee.

## 19 **TEENAGE PREGNANCY**

The Committee considered a report of the Strategic Director People on issues that had arisen from the visit of the National Support Team following sustained underperformance in the reduction of teenage pregnancy rates across Cheshire.

Lorraine Butcher, Head of Services for Children and Families, explained to the Committee that the Government's Teenage Pregnancy Reduction Strategy 1998 had set a target for Local Authorities to reduce by half the numbers of conceptions among under 18 year olds by 2010. In Cheshire the rate had not reduced by a sufficient amount. Under 18 conceptions were focused in small geographical areas with the pattern of conception being significantly greater than would be expected in these areas indicating that deprivation was only one of a number of responsible factors. Such "hot spot" areas had historically received prevention services but rates had remained steady or increased. Some areas had shown high levels of single or repeat terminations and there was concern for vulnerable groups such as care leavers.

The National Support Team had produced a formal report after the visit with the key recommendations being:

- An Executive Board to be developed and chaired by the Directors from the Council and the Primary Care Trust to lead, drive forward and performance manage the teenage pregnancy prevention strategy;
- A Senior Strategic post be recruited to the Council to lead on teenage pregnancy prevention – this was funded by Government grant;

- As part of the Children's Trust arrangements, data should be disseminated in an accessible and relevant format by all and between all partners, to better inform planning, targeting and performance management of the strategy;
- The Council and PCT communications leads to be responsible for the urgent development of a Teenage Pregnancy Communication Strategy and Action Plan;
- There should be an explicit and detailed young people's Sexual Health Needs Assessment to inform the design and delivery of young people's contraception and sexual health services as part of a strategic commissioning plan;
- There should be a radical overhaul of current Contraceptive and Sexual Health (CASH) provision to ensure it meets young people's needs.

During discussion of the report the following issues were raised:

- The data was always out of date by about 14 months so it was difficult to immediately assess the impact of any preventative measures;
- The Teenage Pregnancy rate was based solely on age and did not take into account marital status as evidence showed that outcomes were poorer for children of Teenage Parents;
- Sex education was to be compulsory in secondary schools from September 2010. It was thought to be more effective if delivered by young people, school nurses and school health advisors rather than teachers and there was some evidence to suggest that relationship and sex education was effective during Primary School;
- For some young people, teenage pregnancy was a deliberate choice and it was important to take into account aspirations of young people when considering strategies to address the issue.

RESOLVED: That the recommendations made by the National Support Team as listed above be supported and that Cheshire East Council work with the Primary Care Trust and other partners to finalise Action and Delivery Plans in line with the timescales outlined.

## **20 CENTRAL AND EASTERN CHESHIRE PRIMARY CARE TRUST SUSTAINABILITY PLAN/ EAST CHESHIRE REDESIGN**

Fiona Field, Director of Governance and Strategic Planning, Central and Eastern Cheshire PCT, updated the Committee on the current position with the PCT Healthcare Sustainability Plan. Members had received a full briefing to the previous meeting on the Plan and had received a copy of the Plan itself. The Committee was advised that the Plan was delivering the savings anticipated but the PCT was still in a challenging financial position.

Financial agreements were in place with the two Acute Hospital Trusts and there were regular consultations between the PCT and the Hospital Trusts regarding commissioning of services. The Knutsford project was to go out to consultation shortly with Congleton early in 2010. Fiona Field agreed to check the position with the Congleton project in the event of a General Election being called during the consultation period.

RESOLVED: That the update report be noted.

## 21 PANDEMIC FLU

Fiona Field, Director of Governance and Strategic Planning at Central and Eastern Cheshire Primary Care Trust (PCT), briefed the Committee on the current position with Pandemic Flu.

She explained that within the PCT patch there were 34 Anti Viral Collection Points as a number of Community Pharmacists were now offering this service. The number of cases of Pandemic Flu was now decreasing and to date 4000 doses of anti viral medication had been issued within the PCT patch. It was expected that there would be a second wave during the Autumn/Winter.

The programme of mass vaccination was likely to begin around Christmas time with certain groups of people being classed as a priority:

- Pregnant women;
- People with chronic illnesses;
- Those who were front line staff in health and social care.

The vaccination would comprise two injections given a certain length of time apart.

The PCT would be seeking venues in which to offer the vaccination as primary care premises would not be adequate for the large numbers of people attending. It was also important to try to make arrangements for people who worked during the day so as to minimise disruption.

The Committee was advised that the United Kingdom had a good track record of thorough testing of drugs and the only known reaction to the vaccination was soreness in the arm that received the injection.

RESOLVED: that the update report be received.

## 22 THINK FAMILY

The Committee considered a report of the Strategic Director People on the Think Family agenda which had been one of the Big Ideas underpinning the proposals for establishing two new Unitary Authorities in Cheshire. The Big Idea had a number of strands:

- It was felt that the organising principles often used by Councils when setting up departments were artificial and irrelevant;
- There was an ambition to bring services together not on the basis of the ideas of the professionals but on the basis of experiences and perceptions of the people who use those services;
- In particular, it was believed that a fundamental experience of most people is that of being or having been part of a family.

When adopting a Think Family approach it was important to use “family” in an embracing and inclusive way that embraced families of every sort. Think Family could be seen as an aspiration whereby the Council would not respond to people’s needs in a narrow way but rather would put services together in ways that reflected people’s lives.



The report outlined a practical example of a Think Family approach – the People Directorate had submitted a bid in the context of the National Dementia Strategy, to become a Demonstrator Site for the development of Peer Support Networks. Part of the Pilot would be about seeking involvement of grandchildren and great-grandchildren in Networks to enable greater understanding of what is happening to their relative, respond in appropriate ways and retain positive feelings and memories of their relative. The experience of continued contact with children and young people would also be positive for a person with dementia.

The Appendix to the report listed a number of Think Family issues including Obesity whereby good work could be done in school but it was important to also focus upon the family environment.

RESOLVED: That the report be received and the Think Family approach be supported.

### 23 CARE AND SUPPORT GREEN PAPER

The Committee considered a report on the Government's Green Paper "Shaping the Future of Care Together". The Green Paper essentially addressed two large matters:

- The nature of the system for delivering care and support. The Government recommended the development of a National Care Service in England which would ensure a consistent approach to standards and quantity of care and support in England. Within this were two options for either a fully National Service whereby Central Government decided how much funding an individual should receive and a mixed services whereby a division of responsibility was maintained between local and Central Government;
- The funding for the system for delivering care and support. Five funding models were set out in the Green Paper of which two the Government was inclined to discard as unaffordable. The remaining three models upon which views were invited were the Partnership Model, Insurance Model and Comprehensive Model. The Partnership Model would mean a guaranteed minimum of every individual's care costs paid for by the State (regardless of income) with the remainder of costs met by the individual (subject to their means); the Insurance Model was an extension of the partnership model with the option of additional care costs covered through insurance; and the Comprehensive model requiring everybody over retirement age to pay into a state insurance scheme.

The report outlined the implications of a fully national system which it was felt would undermine what was the traditional role of the Local Authority to assess needs and commission services to meet them. There was also a risk of raising public expectations about what every adult ought to get as a result of reform of the care and support system but if resources were not made available and difficult changes not pushed through, there was a risk of serious disappointment.

During discussion of the item Members welcomed the personalisation and consistent approach within the proposals and hoped the intended support to carers would materialise.

RESOLVED: that the Cabinet be advised that this Committee:

- Welcomes the emphasis which the Green Paper gives to prevention and early intervention, believing that a sustainable future for Adult Social Care in Cheshire East will depend upon such an approach.
- Welcomes the encouragement given to joining up services, recognising that within Cheshire East significant work is under way on that agenda.
- Welcomes the commitment expressed to pushing forward the development of personalisation, noting that Cheshire East is already well advanced with the task of extending greater choice and control to people.
- Welcomes the ambition to achieve greater consistency, but deplores the idea of establishing a fully National system.
- Recommends that further consideration should be given to the development of a compulsory insurance model, built around a state based insurance scheme.
- Welcomes the attention given to the needs of carers, on the basis that investment in supporting informal carers will be crucial to the future of Cheshire East's Adult Social Care Services.
- Urges that in the development of thinking about the future funding of care and support, more of a whole system approach should be taken, which embraces the resources of both Local Government and the NHS.

## 24 WORK PROGRAMME

The Committee considered a report on progress with items identified for the Committee's Work Programme. A number of items had been progressed and regular updates were to be submitted to the Committee by North West Ambulance Services and on Social Care Redesign and Safeguarding of Adults.

The Committee considered the Action Plans arising from two of Cheshire County Council's Scrutiny Reviews relating to Tackling Obesity and Tackling Diabetes and considered whether any further Scrutiny work would be appropriate.

Members noted the criteria against which any potential Scrutiny issues should be assessed.

RESOLVED: That

- (a) a Task/Finish Panel be established to undertake a Scrutiny Review of Diabetes and Obesity based on a 4:1:1:1 basis and a Scoping Report be submitted for consideration to the Mid Point meeting;
- (b) a presentation be made to a future meeting on Diabetes; and
- (c) a Scoping Report be submitted for consideration to the Mid Point meeting on a possible Scrutiny Review of Community Support Transport related matters.

The meeting commenced at 10.00 am and concluded at 12.50 pm

Councillor G Baxendale (Vice-Chair, in the Chair)

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**CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **The Cheshire and Wirral Councils' Joint Scrutiny Committee**  
held on Thursday, 8th October, 2009 at Council Chamber, Cheshire West and  
Chester Council, County Hall, Chester, CH1 1SF

**PRESENT**

Councillor A Bridson (Chairman)  
Councillor D Flude (Vice-Chairman)

Councillors I Coates, A Dawson, P Donovan, P Lott, D Roberts, G Smith, R Thompson, G Watt, G Baxendale, S Jones, C Beard and C Andrew

**Apologies**

Councillors J Grimshaw, P Reisdorf and S Clarke

**5 ALSO PRESENT**

Councillor R Bailey, Cheshire East Council;  
Councillor R Wilkins, Wirral Council (substitute Member)

**6 COUNCILLOR ALLAN RICHARDSON**

The Chairman referred to the recent sad death of Councillor Allan Richardson of Cheshire East Council, who was a Member of this Committee.

Councillor D Flude paid tribute to Councillor Richardson and made particular mention of his helpful nature and dedication to the role of Overview and Scrutiny.

**7 DECLARATIONS OF INTEREST**

RESOLVED: That the following declarations of interest be noted:

- Councillor D Flude, Personal Interest on the grounds that she was a Member of the Alzheimers Society and Independent Advocacy;
- Councillor P Lott, Personal Interest on the grounds that she was a Member of the Local Involvement Network; and
- Councillor D Roberts, Personal Interest on the grounds that her daughter was an employee of the Cheshire and Wirral Partnership NHS Foundation Trust.

**8 MINUTES OF PREVIOUS MEETING**

RESOLVED: That the minutes of the meeting of the Committee held on 7 May be confirmed as a correct record.

**9 PROCEDURAL RULES**

The Committee considered a report setting out draft Procedural Rules for consideration.

The Procedural Rules covered various matters including membership and co-option, arrangements for Secretarial and Proper Officer support, quorum, Work Programme and urgent business. The Rules proposed that the Chair and Vice Chair should be appointed annually and the authority that did not hold either of these positions should nominate a Spokesperson.

During discussion of the item Members discussed the importance of ensuring that the Committee received regular updates outlining the impact of any proposals on service users, carers and staff. The Committee also requested an update on the impact of the Talking Therapies programme which the Committee had received an earlier briefing on. The Committee also felt that consideration should be given to changing the name of the Committee so that it was clearly understood what the Committee was scrutinising.

RESOLVED: That

- (a) the Procedural Rules as submitted be approved and adopted subject to a minor amendment under the heading of Work Programme to clarify that the Work Programme is a rolling programme;
- (b) the Procedural Rules, as amended, be submitted to the three constituent Councils;
- (c) consideration be given at the next meeting to amending the name of the Committee to reflect more clearly the role of the Committee; and
- (d) an update report be submitted to the next meeting on the Improving Access to Psychological Therapies scheme.

### 10 CHIEF EXECUTIVE'S UPDATE

The Committee considered a verbal update report from Dr Ian Davidson, Interim Chief Executive of the Cheshire and Wirral Partnership NHS Foundation Trust on the following matters:

#### Impact of the current financial climate

Ros Preen, Director of Finance, briefed on the current financial position. She explained that Foundation Trust status had been successful for the Trust for various reasons in that it had enabled investments to be made, enabled greater engagement through membership, greater focus on longer term planning and contracts that were “legally” binding.

There were a number of key financial drivers impacting on the Trust including an on-going driver for efficiencies and a reduction in resources for the Health Services. It was also important to note that Payment by Results did not apply to mental health and that the service was very staff intensive, more so than in the acute sector.

The Trust was planning efficiency savings but it would not be possible to meet these by back office savings alone. There were increasing costs in meeting continuing care needs and specialist services. Commissioners' funding issues would impact on providers who would be expected to show increasing Value for

Money with a risk that funding could be reduced. The Trust would need to respond quickly in such cases.

Dr Davidson explained that demand for the Trust's services had increased due to the growth in the older person's population, with two major mental health issues affecting older people – dementia and depression. For most people care in their own home was most appropriate with support from community services but some would need hospital provision so it was important to have the correct mix of both types of care.

He outlined that 2 of the Primary Care Trusts that were major commissioners of the Trust's services were currently in financial balance – Wirral and Western Cheshire – but Central and Eastern Cheshire PCT was predicting a financial overspend if remedial action was not taken and had devised a Sustainability Plan to address the financial situation. As a result of these difficulties the Central and Eastern Cheshire PCT had advised the Trust that they would not be able to pay £1m previously agreed and this was currently under discussion between the PCT and the Trust.

The Trust did not own buildings nor was it given rental funding. Commissioners would determine a Mental Health Programme Budget and would then commission services from the Trust and other providers.

### Emergency Management Action

Dr Davidson briefed Members on a Trust Board decision to temporarily close Bollin Ward, Macclesfield Hospital. This was due to the Trust spending more on delivering mental health services in Central and Eastern Cheshire PCT than it received in income from the PCT. The level of funding from the PCT had been an issue for several years and the PCT was committed to resolving this but in the meantime the Trust could not afford to overspend alongside the efficiency savings it was required to make. The closure of Bollin Ward was seen as the safest action to take with the least impact on services to local people. There was spare capacity within Older People's Inpatient Services and was confident that high quality care could continue to be provided from a reduced number of beds. The Trust was also committed to providing community care and this was consistent with national policy. The closure would be managed carefully.#

### Update on Supported Housing Network

This service, that provided supported living services for people with learning disabilities, had now been transferred to new providers:

- Macclesfield – Lifeways;
- Congleton – Choice Support;
- Central and Knutsford/Wilmslow – Alternative Futures.

The arrangements were still to be finalised due to discussions taking place between the Trust and Central and Eastern Cheshire Primary Care Trust regarding the contract value and how much funding would transfer to the Local Authority. The transfer would be cost neutral for the Trust.

### Update of Respite Care Consultation

The Trust was consulting on the eligibility for and process of assessment and allocation of respite care in Cheshire and also on (on behalf of commissioners) the proposal to close the Primrose Avenue unit and operate an improved single service for central Cheshire at Crook Lane Winsford. A number of representations had been received on the order and content of the consultation resulting in delays to the consultation process which was now expected to be completed by December. All information received would then be reviewed and recommendations drafted and a report submitted to the Committee.

### Update of relocation of Wirral Alcohol Services to the Stein Centre

This project was currently out to tender with an expected start on site aimed for February 2010 and move into the new building in July 2010. The service would include the alcohol harm reduction team, dependent drinker's team and engagement team, there would also be clinic facilities to enable nurse practitioners to offer health checks, blood tests etc.

### Update on the Development of Older Peoples In-Patient Services from St Catherine's Hospital to Springview Hospital, Clatterbridge

This project was on target for service users to move in on 20 January 2010. An open day would be held on 22 December. All rooms would be single, en-suite and there would be a male only area, female only area and a communal area. Service users had been asked to make suggestions as to the names for the two wards.

### Update on Greenways Assessment and Treatment Unit, Macclesfield

This was a purpose built 12 bed assessment and treatment unit for adults with a learning disability on a site adjacent to Macclesfield District Hospital. Patients would transfer into the Unit in November.

### World Mental Health Day 10 October 2009

A family event had been planned at Winsford Lifestyle Centre to mark World Mental Health Day. There would also be the Annual Members Meeting on the same day.

Members discussed the financial issues outlined at the meeting and proposed a special meeting to hear from the Primary Care Trusts directly. It was also agreed that a visit to Greenways Unit would be helpful.

RESOLVED: That

(a) a meeting be arranged as soon as possible between the Joint Committee and representatives of the Cheshire and Wirral Partnership NHS Foundation Trust, the 3 Primary Care Trusts and the North West Strategic Health Authority to consider the financial position and future allocation of resources to the Partnership Trust at a venue located in East Cheshire;

(b) a visit to Greenways Assessment and Treatment Unit, Macclesfield be arranged.



## **11 CONSULTATION ON SUBSTANTIAL VARIATIONS OR DEVELOPMENTS TO SERVICES - DELIVERING EFFICIENCIES AND MODERN MENTAL HEALTH SERVICES**

The Committee considered a report on a Substantial Development or Variation in Service relating to reconfiguring services in Central and East Cheshire. The reconfiguration was part of efficiencies to enable services to be provided in the most cost efficient way with no reduction in service to users and carers. The proposals were not finalised but were likely to involve reconfiguration of beds in Central and Eastern Cheshire and Wirral. However consultation would involve the whole area as any proposals would need to be considered across the whole of the Trust's patch.

At this stage the proposals involved providing a separate ward on Wirral for service users with eating disorders by taking those adult beds out of Croft Ward on Macclesfield. Currently Croft Ward had beds both for adults with eating disorders and older people with a functional mental illness, this mix was against best practice. Removing the eating disorder beds would mean Croft Ward would not be viable. There were two other small bedded wards for older patients with organic illness. This provision of three older people's wards across two sites meant there was little joint learning and development across older people's wards. It was proposed to manage all older people's services in Central/East Cheshire in Crewe using two ground floor wards. This would enable the provision of better accommodation and ensure that staff with specialist skills were co-located.

Three adult wards were proposed in Central and East Cheshire – one in Crewe and two in Macclesfield. The total number of beds in Central and East would be 84.

Alongside the reconfiguration, a new model of care was to be introduced called the Acute Care Model. This model allocated one consultant to manage all inpatients, with other consultants concentrating on the majority of service users who lived in the community. This would enable inpatients to see the consultant on a daily basis and benefit from increased access to senior clinical staff. This model was already in operation in Wirral and West Cheshire and service users and carers were pleased with the increased availability of a consultant psychiatrist.

It was proposed that the changes be consulted on alongside proposals relating to inpatient reconfiguration in Central and Eastern Cheshire and would include four public meetings.

**RESOLVED:** That the consultation process be endorsed and the proposals supported.

## **12 CONSULTATION ON SUBSTANTIAL VARIATIONS OR DEVELOPMENTS TO SERVICES - CENTRAL AND EASTERN CHESHIRE MENTAL HEALTH INPATIENT RECONFIGURATION**

The Committee considered a report on a Substantial Development or Variation to Service relating to the reconfiguration of Adult and Older Persons Mental Health

Inpatient Services in Central and Eastern Cheshire. The consultation would cover three key issues:

- The need to invest to make significant improvements in the inpatient environment to meet current standards;
- The proposal to provide all Adult and Older Persons inpatient Mental Health services from a single site;
- The introduction of new ways of working which would see further investments in community based services and as a consequence a reduced requirement for inpatient beds.

The background to the proposal included:

- A need to improve environmental standards, including single bedrooms and appropriate therapeutic and day care facilities;
- Provide a specialist inpatient unit of sufficient critical mass with highly trained and well motivated staff to ensure consistent high standards of nursing and medical care;
- Develop a plan in response to the requirement to vacate the Mental Health unit at Leighton for which the Trust had been served notice to vacate by Spring 2012.

Both the Strategic Health Authority and National Clinical Advisory Team had reviewed and supported the proposals.

The Trust and Central and Eastern Cheshire Primary Care Trust were proposing to undertake a full public consultation exercise from December 2009 – March 2010. The PCT Board was to consider the consultation shortly.

RESOLVED: That the public consultation process to date be noted and endorsed, subject to the Central and Eastern Cheshire PCT Board agreeing to proceed to the next stage of public consultation, the relevant Overview and Scrutiny Committees of Cheshire East and Cheshire West and Chester Councils be requested to consider the proposals as a Substantial Development or Variation in Service – Level 3 to be dealt with, if possible, at a joint meeting.

### **13 TRANSFER OF THE ASSERTIVE OUTREACH FUNCTION FROM SEPARATE TEAMS TO COMMUNITY MENTAL HEALTH TEAMS**

The Committee considered a report on a Substantial Development or Variation in Service regarding the transfer of the Assertive Outreach function from separate teams to within Community Mental Health Teams.

The Trust currently had four Assertive Outreach Teams who provided a service for service users who were hard to engage. They were separate from Community Mental Health Teams (CMHTs) who were the cornerstone of community based mental health services and acted as a single point of access for secondary care. Low use of hospital beds was seen as a measure of good CMHTs - within the Trust inpatient admissions were managed successfully in fewer than the national average beds. Service users who required intensive case management were referred from CMHTs to Assertive Outreach Teams. This transfer could cause disruption and uncertainty to service users and carers at a time of increased risk and was an inefficient way of working with duplication of assessment and paperwork.

It was therefore proposed to integrate the Assertive Outreach function into CMHTs, detailed work had been undertaken to ensure capacity and resource would be available to support service users.

Consultation would be undertaken with a range of stakeholders and including any service users or carers directly involved with the current service. Subject to the results of the consultation, the change would be implemented in December 2009.

RESOLVED: That

- (a) the proposal be confirmed as a Level 2 change;
- (b) the proposals and consultation process be supported: and
- (c) a report be submitted to the Committee early in the new year with initial feedback on the impact of the proposals and the outcome of the consultation and a further report be submitted approximately six months after implementation listing financial impact and impact on service users and carers.

#### **14 PROPOSED DEVELOPMENT OF SOSS MOSS SITE, NETHER ALDERLEY, MACCLESFIELD**

The Committee considered a report on the development of the Soss Moss site, Nether Alderley, near Macclesfield. The proposal was to build an additional 15 bed low secure unit for mental health or learning disability services as a first stage to the redevelopment of the whole site. The proposals had been shared with local residents and the Parish Council who supported the proposals.

RESOLVED: That:

- (a) the proposals be confirmed as a Level 2 change; and
- (b) the proposed redevelopment be supported.

The meeting commenced at 2.00 pm and concluded at 4.50 pm

Councillor Bridson (Chairman)

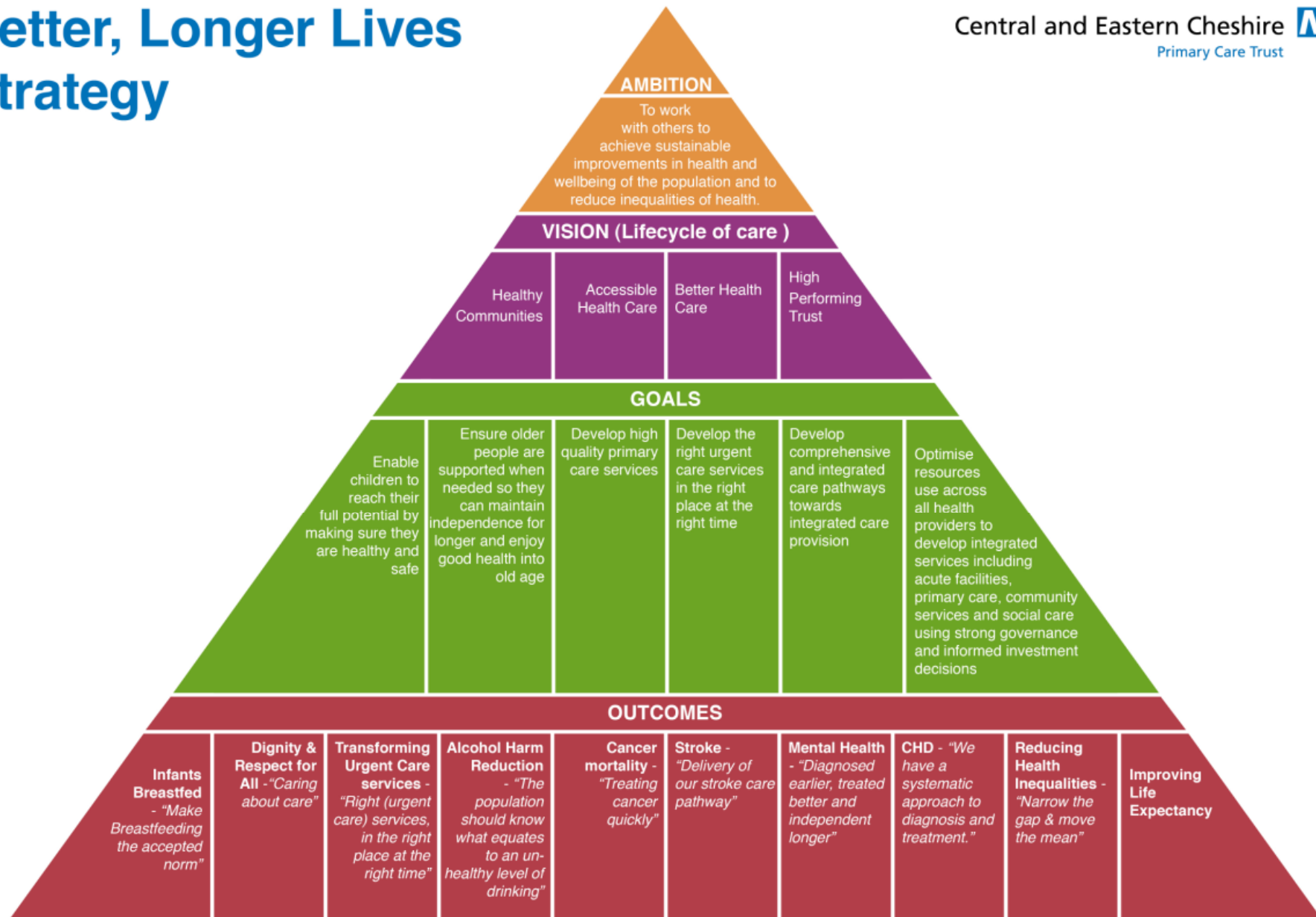
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# COMMISSIONING STRATEGY 2009-16 Refresh of Terminology

Presented By : Fiona Field

*Working with others to achieve sustainable improvement in health & wellbeing of the population we serve*

# Better, Longer Lives Strategy



**AMBITION : Working with others to achieve improvement in health & wellbeing of the population we serve.....BETTER, LONGER LIVES**

<i>VISION 1</i>	<i>VISION 2</i>	<i>VISION 3</i>	<i>VISION 4</i>
<b>Healthy Communities</b>	<b>Accessible Healthcare</b>	<b>Better Healthcare</b>	<b>High Performing Trust</b>
<i>Strategic Goals</i>	<i>Strategic Goals</i>	<i>Strategic Goals</i>	<i>Strategic Goals</i>
Enable <b>Children</b> to research their full potential by making sure they are healthy.	To assist <b>Urgent Care Providers</b> to develop right services, right time, right place.	To develop comprehensive <b>Integrated Care</b> pathways	To ensure the Trust operates within <b>integrated governance</b> arrangements
Ensure <b>Older People</b> are supported when needed, so that they can remain independent.	To assist <b>Primary Care Providers</b> to develop right services, right time, right place.		To recruit, retain and develop <b>Staff</b> to provide effective health workforce
			Ensure Financial requirements are in line with Use of Resource Assessment to provide <b>value for money</b> services
			To ensure robust <b>Patient , Public &amp; Partner engagement</b> helps measure understanding and satisfaction levels
<i>Success Outcomes</i>	<i>Success Outcomes</i>	<i>Success Outcomes</i>	<i>Success Outcomes</i>
Infants Breastfed	Transforming Urgent Care	Stroke Care	Better value services provided
Alcohol Harm Reduction	Dignity and Respect for All	Dementia Care / CHD	Obtain good satisfaction levels from all stakeholders
Reducing Health Inequalities		Mental Health	
Improve life expectancy		Cancer Mortality	
<i>Work Stream Initiatives</i>	<i>Work Stream Initiatives</i>	<i>Work Stream Initiatives</i>	<i>Work Stream Initiatives</i>
CP1 Lifestyles CP5 Maturity & Children Services P13 Sexual Health Strategy	CP2 Urgent Care Modernisation CP3 Intermediate Services CP8 Community Hospital Project CP11 Primary Care Development CP15 Transforming Community Services CP17 Dignity & Respect	CP4 Integrate care pathways for Long Term Conditions CP6 Dementia Care CP7 Stroke Services CP9 Cancer Outcomes CP10 End of Life Care CP12 Healthcare at Styal Prison CP14 Reduce CVD & improve cardiac services CP16 Commissioning elective capacity	
<i>Accountable Measures</i>	<i>Accountable Measures</i>	<i>Accountable Measures</i>	<i>Accountable Measures</i>
Reduce by ??% number of recorded alcohol, smoking and obese related illnesses	Reduce waiting times by ??%	Develop Stroke services to increase by ??% number of physiotherapy Assessment within 72 hours	Healthcare Standards improve grade from Fair to Good.
Increase by ??% number of mothers breastfeeding their baby until 6 months old.	Increase by ??% number of cancer treatments dealt within the 62 day pathway target	50,000 undiagnosed population to receive screening for CHD controlled blood pressure to prevent hypertension.	Use of Resources to improve score from 2 to 3
		Increase number of people with mental health conditions to return to work	Improve satisfaction levels from the Staff Survey and GP Access Survey.



### **"What we did"**

As part of the Trust's steps towards becoming a high performing organisation in terms of being the key leader within the local health economy, managing our financial resources and training and retaining high quality staff to deliver the required healthcare services has been demonstrated through ???WHAT????

The Trust's ??? team working in collaboration with other key public sector providers within Central & Eastern Cheshire through the Local Area Agreement in terms of delivering against the Comprehensive Area Agreement.

The Trust's offers various

The support being provided to

There have

### **"What you think"**

Ascertain stakeholder feedback 'quotes' + images on performance activity

### **"How we performed"**

Include key accountable measures being used to help monitor performance activity include:-

**Better, Longer Lives**



Healthy Communities

Accessible Health Care

Better Health Care

High Performing Trust

Central and Eastern Cheshire  
Primary Care Trust



# A step change to...

...enabling healthcare providers to offer right services, at right place, at right time

Year 2009-10

### 'What we did'

As part of the Trust steps towards enabling our healthcare providers to offer right services, in the right place, at the right time is being delivered through shared business links with key suppliers from Primary Healthcare, Secondary Healthcare and Mental Health Services.

The Trust's Medicines Management team working in collaboration with Community Pharmacists using funding allocated by our Public Health team to train health advocates as part of improvement on health and wellbeing of the community we serve.

The Trust's Advocates scheme offers various ays for residents to?????????. In Summer 2009, the Trust successfully assisted ??????????

The support being provided to

There have been ???? children aged ?? to ?? over the last year who have sought support from the team which has seen

### 'What you think'

Ascertain stakeholder feedback 'quotes' + images on performance activity

### "How we performed"

Include key accountable measures being used to help monitor performance activity include:-

Better, Longer Lives

Healthy  
Communities

Accessible  
Health Care

Better  
Health Care

High  
Performing Trust

Central and Eastern Cheshire   
Primary Care Trust



## A step change to...

... developing better healthcare treatment  
for life time events

Year 2009-10

### 'What we did'

As part of the Trust's steps towards redesigning healthcare pathways that provide better journey for patients who present with life time events  
??WHAT?????

The Trust's ???? team working in collaboration with other key public sector providers within Central & Eastern Cheshire through the Local Area Agreement in terms of delivering against the Comprehensive Area Agreement.

The Trust's offers various

The support being provided to

There have

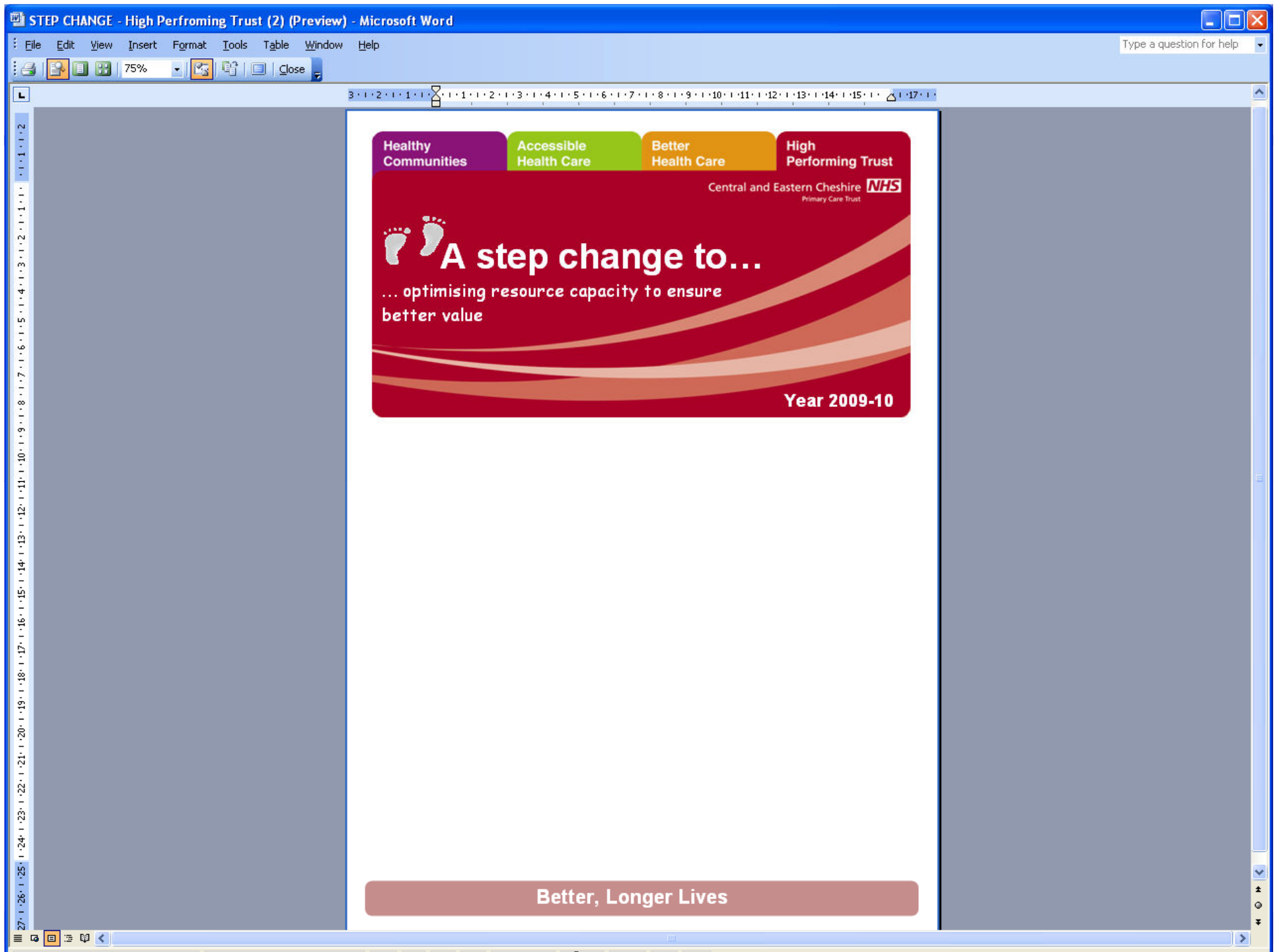
### 'What you think'

Ascertain stakeholder feedback 'quotes' +  
images on performance activity

### "How we performed"

Include key accountable measures being used to help monitor performance activity include:-

Better, Longer Lives



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**MEETING : HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE**  
**DATE : 18 NOVEMBER 2009**

REPORT OF Fiona Field, Director of Governance and Strategic Planning,  
Central and Eastern Cheshire Primary Care Trust

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**CENTRAL AND EASTERN CHESHIRE PCT  
HPV VACCINATION PROGRAMME AGAINST CERVICAL CANCER**

**BACKGROUND**

On Monday 28th September 2009, the safety of the national HPV vaccination programme came under scrutiny following the death of 14 year-old Natalie Morton on the same day as her HPV immunisation. The PCT took a precautionary decision on Tuesday 29th September to suspend the local HPV vaccination programme for the remainder of that week while further information was sought about the death. The post-mortem in Coventry found that Natalie's death was caused by a large malignant tumour affecting her heart and lungs, and that the HPV vaccine did not play a role.

A recent review by the Commission on Human Medicines has shown that Cervarix HPV vaccine has an excellent safety record. Around 2,100 suspected side-effects have been reported following the administration of over 1.4 million doses of Cervarix vaccine during its first year of use. Most of these were signs and symptoms of recognised side-effects, or were due to the injection process and not the vaccine itself.

Unfortunately some national newspapers have made allegations that the vaccine is responsible for a wider range of conditions. With so many HPV vaccines being given in a relatively short time period, it is inevitable that conditions which can naturally occur in adolescents will happen not long after vaccination. The evidence does not suggest that there has been any increase in such conditions following the introduction of Cervarix.

**CURRENT POSITION AND FUTURE PLANS**

HPV vaccine is routinely offered to girls in school Year 8 (aged 12/13 years), and last year 94.5% of girls in this PCT completed the full course of three vaccinations (one of the highest rates in the country). A catch-up programme to immunise all teenage girls aged between 14 and 18 has recently started, and the media allegations have had a significant impact on parental acceptance of HPV vaccine in this PCT. Comparing the same schools for 2008 and 2009, the percentage uptake among Year 8 girls has fallen by 12.2%. There are marked differences at school level, where uptake of the first dose ranges from 43.8% to 88.6%. As at early November, it appears that up to 1,500 (18%) of 8,500 Year 8, 10 and 11 girls may have been withdrawn from the programme.

The PCT has produced an information sheet which is being sent to parents of girls who have not yet started their course of vaccinations. It also includes the dedicated PCT email address for HPV advice that has been set up to deal with parental queries.

**RECOMMENDED: That the Committee receive and note this report**

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## Cervical Screening

# URGENT HPV - DON'T MISS OUT!

We will soon be going into schools to start the second round of HPV vaccinations

If you want your daughter to be vaccinated, it is still possible for her to begin a course of HPV vaccination, if we receive consent in time

During this school year only, we are also providing a HPV catch-up programme for all girls aged 14 to 18 years in addition to the routine Year 8 vaccination programme

Girls who are currently in school Years 10, 11 and older will not be invited again for HPV vaccination after this school year

- 
- One in eight women aged 25 to 29 receives an abnormal cervical screening result. Many of them will need further tests and treatment of the cervix
  - Cervarix gives long-lasting protection against up to 90% of cervical cancers
  - At age 12, girls will develop over twice as much antibody protection from Cervarix than if they are immunised when they are older
  - Cervarix is safe. For the most up-to-date information please read the letter from Professor Kent Woods at [www.mhra.gov.uk/hpvvaccine](http://www.mhra.gov.uk/hpvvaccine)

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**VISION AND STRATEGY FOR INTEGRATED CARE IN EAST AND MID CHESHIRE**  
**East & Mid Cheshire Caring Together (E=MC<sup>2</sup>gether)**

**INTRODUCTION**

**Background.**

The organisations in the East and Mid Cheshire health and social care economy have agreed to work together to create a system of integrated care.

The rationale for this work includes:

- Transforming and enhancing the service user and carer experience of health and social care;
- A desire to develop integrated care systems that deliver high quality health and social care;
- To enable sustained achievement of system and organisational performance objectives;
- A need to ensure financial stability across the system in the light of significant future decreases in public sector spending;
- The Payment by Results (PbR) system not being 'fit for purpose' for health economies with small(er) hospitals;
- Transforming Community Services (TCS) and the drive towards greater PCT commissioner and provider separation;
- A desire to sustain an appropriate level and range of secondary care services for the local population;
- The fact that Foundation Trust status is unlikely for some small(er) health organisations under the current regulations and financial frameworks;
- The personalisation of care
- The Reablement of service users
- To build on previous and existing workstreams
- Delivery of the Comprehensive Area Assessment (CAA) objectives

There are already a large range of projects and programmes that will contribute to this wider system review including:

- the Transforming Community Services programme
- the community hospital developments in Knutsford, Northwich and Congleton
- primary care developments (premises and services)
- urgent care centre commissioning
- intermediate care commissioning
- the very high intensity user project
- practice based commissioning developments
- transforming social care
- Decentralisation of mental health services.

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## **CHESHIRE EAST COUNCIL**

### **REPORT TO: HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE**

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**Date of Meeting:** 18 November 2009  
**Report of:** Borough Solicitor  
**Subject/Title:** Work Programme update

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#### **1.0 Report Summary**

- 1.1 To consider current progress with the items identified for the Committee's Work Programme.

#### **2.0 Recommendations**

- 2.1 That the Committee consider items for inclusion in the Work Programme.

#### **3.0 Reasons for Recommendations**

- 3.1 It is good practice to agree and review the Work Programme to enable effective management of the Committee's business.

#### **4.0 Wards Affected**

- 4.1 All

#### **5.0 Local Ward Members**

- 5.1 Not applicable.

#### **6.0 Policy Implications including - Climate change - Health**

- 6.1 Not known at this stage.

#### **7.0 Financial Implications for Transition Costs (Authorised by the Borough Treasurer)**

- 7.1 None identified at the moment.

**8.0 Financial Implications 2009/10 and beyond (Authorised by the Borough Treasurer)**

8.1 Not known at this stage.

**9.0 Legal Implications (Authorised by the Borough Solicitor)**

9.1 None.

**10.0 Risk Management**

10.1 There are no identifiable risks.

**11.0 Background and Options**

11.1 At previous meetings of the Committee, Members have considered and identified potential items for the Work Programme:

- North West Ambulance Services/Community First Responders;
- Social Care Redesign;
- Safeguarding Adults;
- Community Support Transport related matters;
- Future Healthcare proposals relating to Knutsford and Congleton;
- Review of previous Scrutiny Reviews.

11.2 Progress has been made in relation to a number of these items:

- The Committee has received a presentation from the North West Ambulance Service and will continue to receive updates;
- The Committee will be receiving progress updates to a future meeting on Social Care Redesign and Adult Safeguarding;
- The Committee agreed at the meeting on 29 July to establish a Task/Finish Panel to undertake the health scrutiny role in relation to the Primary Care Trust's proposals relating to Knutsford and Congleton and the first meeting was held on 10 November;
- The Committee agreed at the meeting on 16 September to establish a Task/Finish Panel to undertake a Scrutiny review of Diabetes/Obesity.

11.3 At the Mid Point meeting in October, Members considered the Work Programme further and an updated version is now attached (Appendix 1).

11.4 When determining items for the Work Programme, matters should be assessed against the following criteria :

- Does the issue fall within a corporate priority
- Is the issue of key interest to the public
- Does the matter relate to a poor or declining performing service for which there is no obvious explanation

- Is there a pattern of budgetary overspends
- Is it a matter raised by external audit management letters and or audit reports.
- Is there a high level of dissatisfaction with the service

If during the assessment process any of the following emerge, then the topic should be rejected:

- The topic is already being addressed elsewhere
- The matter is subjudice
- Scrutiny cannot add value or is unlikely to be able to conclude an investigation within the specified timescale

## **12.0 Overview of Year One and Term One Issues**

- 12.1 It is good practice to have a Work Programme for the Committee to consider and prioritise on a regular basis.

## **13.0 Access to Information**

The background papers relating to this report can be inspected by contacting the report writer:

Name: Denise French  
Designation: Scrutiny Officer  
Tel No: 01270 529643  
Email: [denise.french@cheshireeast.gov.uk](mailto:denise.french@cheshireeast.gov.uk)

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**Health and Adult Social Care Scrutiny Committee  
Work Plan 2009-10**

<b>Issue</b>	<b>Priority</b>	<b>Comment</b>	<b>Date</b>
North West Ambulance Service/Community First Responders	High	Presentation made to Committee;  Committee to receive regular updates;	16 September 2009  13 January 2010
Social Care Redesign	High	Committee to receive regular updates to full meeting or mid point	20 May 09  January 2010
Safeguarding Adults	High	Training event to be arranged for all Committee Members	January 2010
Future Healthcare Proposals – Knutsford and Congleton	High	Task/Finish Panel set up and first meeting held on 10 November	
Diabetes/Obesity – Scrutiny Review	High	Task/Finish Panel established and Scoping Report agreed, first meeting to be arranged	
Give views on health and social care to Care Quality Commission			January 2010

**Dates of Meetings**

16 September 2009  
18 November 2009  
13 January 2010  
10 March 2010

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