Public Document Pack

Democratic Services
Westfields, Middlewich Road
Sandbach, Cheshire
CW11 1HZ

Tel: 01270 686464

email: denise.french@cheshireeast.gov.uk

DATE: 7 June 2012 OUR REF: YOUR REF:

Dear Councillor

HEALTH AND WELLBEING SCRUTINY COMMITTEE - THURSDAY, 14TH JUNE, 2012

I am now able to enclose, for consideration at next Thursday, 14th June, 2012 meeting of the Health and Wellbeing Scrutiny Committee, the following reports that were unavailable when the agenda was printed.

Knutsford Integrated Health and Wellbeing Centre (Pages 1 - 20)

To consider a report of the Programme Director Knutsford Project

(a) Shadow Health and Wellbeing Board's Terms of Reference (Pages 21 - 42) and (b) oral update on the Health and Wellbeing Board from the Portfolio Holder

To consider a report of the Head of Integrated Strategic Commissioning and Safeguarding.

Yours sincerely

Denise French

Scrutiny Officer
Encs

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Agenda Item 6

CHESHIRE EAST COUNCIL

Health & Well Being Overview and Scrutiny Committee

Date of Meeting: 14 June 2012
Report of: Andy Bacon (CECPCT)
Subject/Title: Knutsford Integrated Health and Wellbeing Centre

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1.0 Report Summary

1.1 This report needs to be seen in the context of an aspiration for a greater integration of care between health (in its many forms: GP, community, hospital and, physical and mental health) and social care. The whole community is rallying around this vision which seeks to improve the quality of care whilst increasing the effectiveness with which resources are used.

1.2 The vision for integrated care is that 'Your GP, Your Specialist and their teams will be working together for Your care in Your town'. This will be enabled by the creation of a Health and Well Being Centre that will be a purpose designed and built facility housing GPs and other professionals, with a wide range of services under one roof, supporting them to work differently together with patients and carers in Knutsford. The centre will provide a great opportunity for communal access to all the professionals who can meet local health and social care needs. It will facilitate those people to share information and their different skills to care for patients more effectively through a team approach that is enhanced by being in the same building. It will ensure direct access to services in Knutsford that are aimed at helping you to get the best health and life outcomes that you can with a team of people who patients know, and who know them.

1.3 The paper places the options for public engagement and consultation in the context of significant past and recent discussions about the future of public services and buildings in and around Knutsford. It also suggests that other smaller and parallel consultations take place in a coordinated (but separate) way.

1.4 A new method of consultation is needed, as this procurement will place nearly all the risk on the private/independent sector (unlike past PFI and other 3PD schemes). Therefore the eventual developer (selected by competitive tender) will have significant autonomy as to how the services are provided and what services beyond a mandated core are provided.

1.5 The report looks at a range of options and seeks to find a balance between making best use of public resources and providing the opportunity for in-depth engagement with the affected population and giving them real say for them in the evaluation criteria and before any decisions are made.

2.0 Recommendation

2.1 That there be a formal consultation on the future of health and social care services based in Knutsford, that follows a period of engagement with the population over their needs and explaining the potential benefits to them of new ways of delivering care.

2.2 The outcome of the consultation would be that the public would have input into the evaluation criteria for the new health and social care centre, early enough to affect the outcome.

2.3 That this consultation be dealt with separately from the application of East Cheshire NHS Trust to become a Foundation Trust, because this covers a different population and is a relatively unrelated activity.

3.0 Reasons for Recommendations

3.1 There is a legal requirement to consult on major service changes, which this would be.
3.2 This is the most cost effective way to have timely and appropriate engagement and consultation.

4.0 Wards Affected

4.1 Knutsford, Mobberley and surrounding area

5.0 Local Ward Members

5.1 Stewart Gardiner, Olivia Hunter, Peter Raynes, Jamie Macrae

6.0 Policy Implications

6.1 The outcome of this consultation and any subsequent procurement could affect

- the Council's buildings policy
- the location and delivery of adults' and children's services
- the commissioning of adults' and children's services through the Council's budgets and those using personalised budgets

7.0 Financial Implications (Authorised by the Director of Finance and Business Services)

7.1 There are no immediate financial implications for Cheshire East, as the costs of the consultation would fall to the NHS. However if the outcome were the sale of the Bexton Road Site this could generate income or capital for the revenue.

8.0 Legal Implications (Authorised by the Borough Solicitor)

8.1 The Health and Social Care Act 2001 gives the Council a statutory role to undertake health scrutiny. This enables the Scrutiny Committee to respond to consultations by local NHS bodies on substantial variations or developments of health services as well as having a general overview of broader health issues. The role of scrutiny in relation to these proposals is:

- To be formally consulted on the proposals;
- To be confident that the engagement and consultation processes with the public and patients are sufficient and allow enough time for people to submit their views;
- To be assured that the proposals are in the interests of the local health and social care services.

At the end of the consultation period, the Scrutiny Committee can take a view on the engagement and consultation processes and has the power to refer the issue to the Secretary of State if it is felt that these processes have been inadequate. This is very much a last resort and every effort should be made to reach local agreement.

9.0 Risk Management

9.1 There is a risk register for the overall programme. However the main risk with this consultation is that the public do not wish to have change and this will make Knutsford services increasingly unsustainable.

10.0 Background and Options

10.1 There have been numerous past consultations and most recently one that affected the Stanley Centre and Stanley House.

10.2 Alternative Options will lead to increased costs, delays and possible confusion in the public's mind.

11.0 Access to Information

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

Name: Andy Bacon
Designation: Programme Director
Tel No: 07980958088
Email: >andy.bacon@nhs.net

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CONSULTATION AND ENGAGEMENT WITH REGARD TO EAST CHESHIRE AND KNUTSFORD

VISION FOR FUTURE CARE IN KNUTSFORD

"The bed I want to be cared in is my own." (Mrs. Cranford)

'**Your GP, Your Specialist and their teams working together for Your care in Your town**'

The Health and Well Being Centre will be a purpose designed and built facility housing your GP and other professionals, with a wide range of services under one roof, supporting them to work differently together with you, to care for you, in your town.

The centre will provide a great opportunity for communal access to all the professionals who can meet your health and social care needs. It will facilitate those people to share information and their different skills to care for you more effectively through a team approach that is enhanced by being in the same building.

It will ensure direct access to services in Knutsford that are aimed at helping you to get the best health and life outcomes that you can with a team of people who you know, and who know you.

"My GP knows about my condition better than anyone else." (Mr. Cranford)

PURPOSE

This document seeks the support of the Overview and Scrutiny Committee (Health and Well Being) to an agreed methodology to enable the legal, efficient and effective engagement and consultation with the population of East Cheshire with regard to proposed changes planned in healthcare provision, these planned changes include:

1. The application of East Cheshire NHS Trust to become a foundation trust, which is a statutory requirement of the process as set out by Monitor, the Independent Regulator of Foundation Trusts

2. The permanent closure of Tatton Ward which is an intermediate care ward consisting of 18 beds at Bexton Hospital site Knutsford based on it being economically unaffordable and not sufficiently able to meet the needs of the local population as currently configured and provided

3. The creation of a Health and Well Being Centre (contracted for a number of years) at a site in Knutsford, which will include the co-location of 2-3 GP practices on a single site and enabling extended primary care supported by hospital specialists, access to therapy services (i.e. physiotherapy, speech and language, occupational therapy etc.), community and social care services and diagnostic facilities, such as imaging and pathology, and possibly other services such as pharmacy.

BACKGROUND:

The requirement for a Health and Well Being Centre to be procured and located in Knutsford is driven by the needs of the local population for care services that are fit for the 21st Century. The current legislation for hospitals to become foundation trusts and the challenge to provide health and social care to meet ever increasing demands in difficult economic circumstances, alongside public expectations frame the procurement process for the physical building.

In deciding how to proceed to consult and/or engage with the local population the Overview and Scrutiny Committee (OSC) will need to understand that the consultation and engagement process will

need to be matched to the processes involved in carrying out a legal procurement of a physical building for the Health and Well Being Centre and the services to be provided..

It is recommended best practice that before any significant change in respect of health and social care services there should be a process to consult with and/or engage with the public who may be affected by the changes.

Formal consultation is required to be undertaken by East Cheshire NHS Trust as part of its application to become a foundation trust. Formal consultation is also required to seek to permanently close the intermediate care beds provided on Tatton Ward, at Knutsford Hospital (see report attached).

It is proposed that there is a period of public engagement around the co-location of the three GP practices in Knutsford and the redesign of existing health and social care services into a single Health and Well Being Centre providing integrated health and social care services. The current emphasis on integration of services is assumed to deliver higher quality care at a lower appropriate cost, through reducing duplication, and waste and bringing about consistency, it improves the experience for patients, carers, staff and the health and social care outcomes. The focus of such integrated working is on supporting people to manage their own conditions more effectively and working with people to put in place care plans that provide more effectively for peoples' needs.

It would therefore, seem sensible to run this engagement process and the required formal consultation processes in tandem with the procurement process for the building.

PROCUREMENT OF A HEALTH AND WELL BEING CENTRE

The diagram below attempts to show why there is a requirement to engage with the public on this and that this process will be more complex and different than previously because the collective NHS (coloured blue) and Social care community (in orange) will need to procure a developer (or External Development partner- coloured green) to deliver and take the risks on the property and its utilisation.

The developer will use the rental income from the building to access capital funds, design and construct buildings, market for its tenants and have the operational skills of building service management, and to manage the risks of occupancy of the building.

The rental income comes from a mix of public and non-public sectors payers (coloured yellow or white). It is possible to see from the diagram that each colour appears more than once and therefore has multiple roles.

The development partner will receive income in two ways:

- Guaranteed rent for GP services and integrated services (the first funded from the new NHS Commissioning Board and represented by NHS Cheshire, Warrington & Wirral (NHS CWW)) and the latter indirectly from the commissioners at the top (Clinical Commissioning Groups (CCG), Cheshire East Council (CEC) Commissioning and from personalised budgets). Note that the commissioners will not pay the rent directly but pay multiple providers who will be tenants of the building and use their income from services provided to pay a rent;
- The income more at risk is that which is gained from the rental by the Developer to other tenants (other than NHS) that may occupy the building.

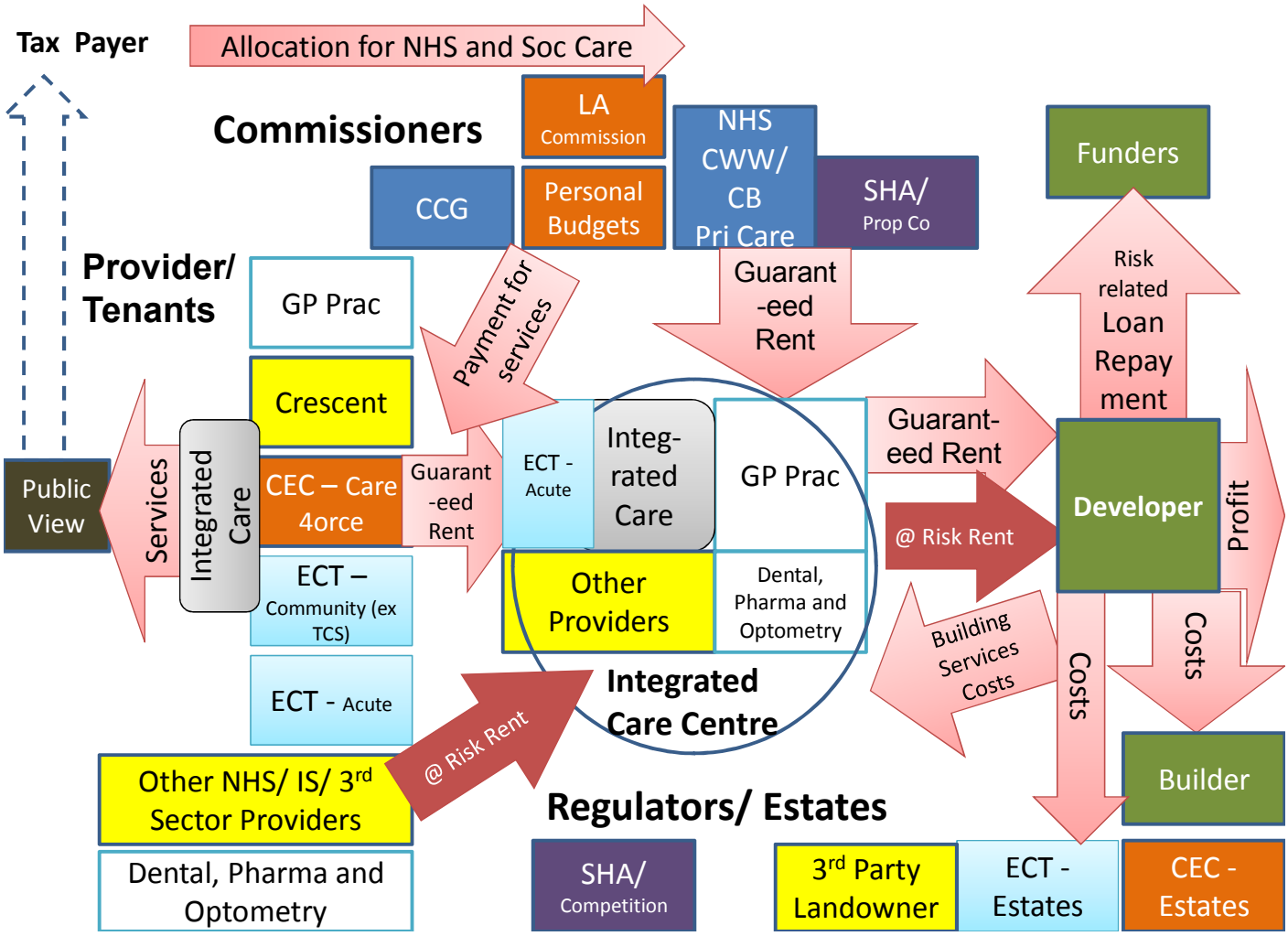

Diagram Key:

Green – the developer
Yellow and White – Public sector and non public sector payers
Blue – East Cheshire NHS Trust
Pink Arrows – show financial flows

Any engagement and consultation needs to be coordinated with the procurement process, such that the public's views can be taken into account before irrevocable procurement decisions are made. A separate paper has been written on procurement options for another Board and is appended for information (see Annex A). It concluded that there should be a joint public sector procurement that would be led by the NHS Commissioning Board and NHS Eastern Cheshire Clinical Commissioning Group and involving other public sector interested parties.

The procurement process will be in phases which will include:

<u>Bid Specification</u>

1. Public Consultation and Prior Information Notice (PIN) and Pre-Qualification Questionnaire (PQQ).
2. Advertisement
3. Bid Submission.
4. Bid Evaluation.

LEGALITY & PROCESS RULES OF CONSULTATION

In considering the links between the formal consultants and the engagement process running alongside the procurement process it is important to take note of the legal requirements for consultation. The following section sets them out briefly:

Tests of reconfigurations:
The Secretary of State for Health has determined 4 ("Lansley's") Tests of Reconfigurations, these are:

1. Clarity about the clinical evidence base underpinning the proposals
2. Support of the commissioning GPs involved ensuring that the local CCG supports these changes
3. Genuinely promote choice for their patients
4. Process must have genuinely engaged the public, patients, and local authorities

In respect of the Knutsford proposal the clinical evidence base and learning is extensive, not only from twenty years of experience in the USA, but more recent European and British examples, around integration of teams and models of care that espouse self management, care planning, closer interface working that reduces duplication, improved medicines management and use of protocols and training to reduce variation and waste. In most exemplars the individual's health and social care needs are known and understood and the models of service provision are built around these needs.

ECCCG has most recently on behalf of the health and social care system, appointed a Programme Director for Integrated Care to support the development of integrated care at scale and pace across Eastern Cheshire, recognising it as one of their key commissioning intentions.

A health and wellbeing centre in Knutsford would support patients being able to access services locally these would include primary, secondary health services along side community services and social care. The choice agenda would not be limited through this development, and indeed could provide many opportunities for providers of services to be co-located.

Legal requirements for consultations and engagement that are at Sections 242 & 244 of National Health Service Act 2006 (as amended by the Health and Social Care Bill 2012):

Again for clarity these are referenced below:

- s242 - The right to be consulted over substantial change in services.
- s244 – The right to be engaged in changes in ownership and service redesign

It should be noted that Overview and Scrutiny Committees have some discretion over what they choose to consult on and how and further details about this are attached at Annex B.

COST EFFECTIVENESS OF ENGAGEMENT AND CONSULTATION

The population of Knutsford/East Cheshire have been consulted on a number of times recently and this process of engagement and consultation is costly and does not necessarily bring about any of the expected benefits. In the last six months or so the following consultation and engagement exercises around health and wellbeing have been undertaken:

- CEC Consultation on Building Based services (Stanley Centre, Bexton Court, etc.) in March 2012
- Knutsford Community Hospital Consultation in March 2009 and two other questionnaires
- Engagement events have sought the views of:
    1. Knutsford Residents:
        - A formal meeting of the Town Council October 2011

- Town Council/Plan Group Listening Events of Dec 2011

2. Local Elected Representatives:
   - Meetings with Rt Hon G Osborne MP (in Dec 2011 and Mar 2012)
   - Meetings with Health & Wellbeing OSC on 10 Nov 2011 and 12 Jan 2012
   - Meetings with interim Health and Wellbeing Board on 29 Nov 2011

There is however, a legal requirement for ECT to consult over the whole East Cheshire footprint in respect of their application to become a foundation trust.

In respect of the closure of a ward it is anticipated that this will almost certainly require formal public consultation.

It is expected that engagement will be required over the redesign of services.

Recognising the need to ensure cost effectiveness and to not increase confusion the following options for engagement and consultation are proposed for your consideration.

Options for Number of Consultations (See Table Below):

Option One

To hold just a single consultation for all the issues that require consultation as set out above.

Option Two

To have a co-ordinated consultation on five issues -

- East Cheshire Hospital's foundation trust application, which is a statutory requirement of the application process and will need to be conducted across the whole of East Cheshire
- Closure of Tatton ward which affects Knutsford residents predominantly
- Co-location of the three GP practices in Knutsford into the Health and Well Being Centre
- The proposed clinical model and the redesign of services to support more integrated care provision
- The physical/geographical location of the new Health and Well Being Centre.

Option Three

To hold a co-ordinated consultation on three of the issues after the bids through the procurement process have been received, these would be:

- Foundation Trust application consultation
- Tatton ward closure
- The proposed clinical model

Option Four

To hold the consultations as set out in Option Three but, to hold them before the final bids have been received.

Option Five

This option has a single consultation that incorporates the proposals for the closure of Tatton Ward with the clinical model. This option sets out how existing resources will be redesigned to provide more integrated care and to support people to self manage most effectively, and to have in place care

plans that support them and their families more effectively to manage their conditions, utilising professional expertise in different ways to bring about increased efficiency.

This would then involve holding two separate consultations before the final bids are received:

- Foundation Trust application

Knutsford Integrated Care Centre (including Ward Closure)

The following factors should be considered when considering which option to choose. Each option should be evaluated against these and a preferred option agreed:

The preferred option should be able to demonstrate that it ensures:

- a full and representative range of public views being heard from all parts of the town's (and sub-region's) population that maximises public understanding and minimises confusion
- value for money in respect of the consultation and engagement process
- professional and technical input
- democratic accountability
- legality

The table below sets out the options for ease of reference against these factors and gives some opinion in respect of their application.

	Option I (1 consultations)	**Option II (5 coordinated consultations)**	**Option III (3 Consultations plus additional engagements) Main consult after bids received**	**Option IV (3 Consultations plus additional engagements) Main Consult before bids received**	**Option V (2 Consultations plus aditional engagements) Main Consult before bids received**
Full capture of (representative and informed) views	Variation in catchment areas	Theoretical maximisation but confusion is very likely and could be used to deliberately undermine effect of public consultation	Engagement will ensure that views are appropriately captured. Some loss of key stakeholder involvement and accountability.	Engagement will ensure that all views are appropriately captured. Key stakeholders accountable for final decisions.	Engagement will ensure that all views are appropriately captured. Key stakeholders accountable for final decisions.
Value for Money	Maximum	Minimum	Moderate	Moderate	Moderate
Genuine Choices and influence for the Public	Single Consultation does not allow public to express clear views on separate but related areas.	Traditional Consultation maximises the influence of activists at public meetings but minimises rational debate and the engagement of the "harder to hear" groups	If public have direct influence on the selection of the bidder, bidders will need to be mindful of public views in their proposals.		
Full professional and technical input	Likely to be lost in the mass of other data	May be reduced as noise of many complex processes may undermine visibility	Separate engagement themes can be discussed and managed within the whole	Separate engagement themes can be discussed and managed within the whole	Separate engagement themes can be discussed and managed within the whole
Democratic accountability	All offer acceptable levels of democratic oversight				
Timeliness	12 weeks	12 weeks (but risk of more)	36 weeks	42 weeks	42 weeks
Legality All are legal but subject to OSC agreement	High Risk	Very Low risk	Moderate risk	Moderate risk	Moderate risk

PREFERRED OPTION

In undertaking the review of the options against the proposed factors for selection it seems that Option 5 could be the preferred option. This option appears to maximise public engagement and also their input into the evaluation criteria of the procurement but, still holds professionals accountable for the key decisions that they must deliver.

CONCLUSIONS

There is a need to formally consult with the public in respect of:

- The foundation trust application
- The permanent closure of Tatton Ward

There is also a need to engage with the public in respect of the proposals to co-locate the GP practices in Knutsford and the designing of existing health and social care services to ensure maximum efficiency and effectiveness through more integrated working. Both of which would be facilitated better housed under a single roof.

The formal consultation processes and the engagement process should be in line with all legal requirements and should be matched to the procurement process.

RECOMMENDATION

It is recommended that the OSC support the preferred option for consultation and engagement that is detailed above in Option Five.

APPENDICES

The appendices are for information only.

Annex A: Procurement Options (for Information)
Annex B: Legal Issues with Regard to Consultation and Engagement

ANNEX A

PROCUREMENT OPTIONS FOR THE KNUTSFORD INTEGRATED HEALTH AND CARE CENTRE.

OPTIONS

Who. There would appear to be 4 options for the leadership of the procurement, whose advantages and disadvantages are set out below.

1. NHS Leadership. The NHS will be (in Primary Care) becoming the main (anchor) tenant. However the body that will procure primary care in the future (NHSCB) is in the process of formation and that which is responsible for the leasing of properties is not yet formed (NHS Prop Co). ECT is also in the process of becoming a Foundation Trust and is a co-owner of the preferred site (with CEC) and so this would have to involve the SHA (which is to be disbanded in Apr 2013). The co-ownership of the site and of the commissioning and delivery of integrated services will mean that exclusion of CEC would not be advisable. The CCG can (on behalf of the NHS CB) manage the programme but is not in a position to commit to becoming a guarantor of tenancy income. Conclusion. The NHS is not on its own a suitable procurement leader.
2. CEC Leadership. CEC has co-ownership of the site and of the commissioning and delivery of integrated services will mean that exclusion of NHS would not be advisable. Conclusion. CEC is not on its own a suitable procurement leader.
3. GP Procurement. GP Practices and independent legal entities and are exempt some (public sector and EU) procurement laws. However whilst avoiding these rules may save time and money, avoiding these rules on such a large procurement is unwise and the basic principles of good procurement are embedded in the rules. Whilst the GPs may be the Anchor tenants, they are not likely to represent the wider interests of the scheme. Conclusion. GP practices are not a suitable procurement leader as they are only a small element of the Public Sector commissioned services and as separate businesses their interests and those of the wider public sector are not identical.
4. A Public Sector Grouping led by one Party. A consortium adds to complexity but is the only way that the interests of the 6 parties can make sure that their (potentially competing) interests are met. Conclusion. A grouping or consortium from the public sector is one of the most suitable procurement vehicles as this will ensure that all parties' interests are reflected to allow the deal to be done. This may be a legal entity or could be an agreement to have one party act as a lead on behalf of all (with suitable governance). The NHS will be the lead tenant and so should have primacy.
5. Final Sign Off. At a later date it will be necessary to agree who will sign off the deal and it is most likely that this will be NHS Prop Co – though this decision cannot (and need not) be made yet.

How

1. EU/Non EU. As stated above an EU procurement is recommended.
2. With/without PIN/PQQ. There is likely to be significant market interest in this procurement, but in order to be able to realistically assess bids (at the level of detailed required) these will need to be at a high level of detail. Bidders will not provide such detail if they are in competition with too many competitors. Therefore a period of pre-engagement using a PIN and short listing using PQQ is advocated to get only a few but detailed full bids with more than one site option each.
3. ITT/ITN/CD. There is likely to be significant variation in the nature of the bids and how they achieve the outcomes specified. Therefore a simple Tender is not likely to suffice. EU (and others) believes that the negotiated process leads to unfair changes in specification between advert and final service and so Competitive Dialogue is recommended, even though this is more time consuming and liked less by bidders.

Public Engagement and Consultation.

It is almost certain that the Oversight and Scrutiny Committee of CEC will deem this a substantial change and so formal Public Consultation will be needed. A separate paper recommends that this is done:

- After engagement over new service models
- Before bids are submitted
- So that the public have a say in the evaluation criteria

Timing.

- A specification should be ready within 3 months and lead to a PIN and PQQ (Jun- Aug 12)
- PQQs should be submitted whilst public consultation is underway (Sep – Nov 2012)
- PQQ evaluation and Final specification should be issued in Nov 2012
- Bids should be received Feb 2013
- Evaluation should be completed Apr 2013
- (Planning agreements should be reached c Sep 2013)

By Whom:

1. The complexity of the procurement suggests that an external partner will need to manage the procurement process under the direction of the Programme Board. The NHS has a contract with Shared Business Services for such a partnership arrangements and this is recommended.
2. The evaluation will also be complex and so the procurement agent will also need to ensure that there is sufficient expertise within the PSC or go outside for the skills to evaluate bids at PQQ and/or CD stage and to manage the dialogue.

RECOMMENDATIONS

It is recommended that the Programme Board:

- NHS Seeks legal advice to check:
  - Optimum procurement routes are chosen
  - Likelihood of legal challenges to the consultation are minimised
  - That the use of a PSC and employ SBS to manage its procurement process, using EU procurement rules. At a cost to NHS of c£70k
- Uses the PIN and PQQ to develop the market and get a small number of high quality bidders to submit detailed bids.
- Engagement on service options begins at once and a PIN is issued to start the debate with the market
- Public Consultation is used to help the evaluation of bids.

ANNEX B

LEGISLATION WITH REGARD TO CONSULTATION AND ENGAGEMENT

Consultation duty section 242

Section 242(1B) of the National Health Service Act 2006 ("2006 Act"), as amended by the Local Government and Public Involvement in Health Act 2007 ("2007 Act"), provides as Follows:

> *"Each relevant English body must make arrangements, as respects health services for which it is responsible, which secure that users of those services, whether directly or through representatives, are involved (whether by being consulted or provided with information, or in other ways) in—*
>
> *a. the planning of the provision of those services,*
> *b. the development and consideration of proposals for changes in the way those services are provided, and*
> *c. Decisions to be made by that body affecting the operation of those services."*

Subsections (b) and (c) need only be observed if the proposals would have an impact on:

a. the manner in which the services are delivered to users of those services; or
b. The NHS bodies to whom the section applies are as follows:
   - Strategic Health Authorities;
   - Primary Care Trusts;
   - NHS trusts; and
   - NHS Foundation Trusts.

This duty was previously contained in section 11 of the Health and Social Care Act 2001, so in documents prior to 2006 it is referred to as "the section 11 duty". The legal duty to consult both patients and the wider public falls both on the commissioner of health services and on to those providing services and on the range of health services available to those users.

Overview and Scrutiny Committees section 244

The Health and Social Care Act 2001 extended the scope of the local authority Overview and Scrutiny Committees ("OSC") to review and give opinions on the health services in their area. This provision is now contained in Section 244 of the National Health Service Act 2006.

Regulation 4 of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 provides that where a local NHS body has under consideration any proposal for a "substantial development of the health service" in the area of a local authority, or for a "substantial variation in the provision" of such service, it shall consult the overview and scrutiny committee of that authority. The meaning of the phrase "substantial development of the health service" has not yet been tested in court but what is substantial must depend on the circumstances. The Guidance suggests that major changes in any of the following may lead to a duty to consult the OSC:

- Outdated buildings and facilities;
- New standards (such as National Service Frameworks);
- Evidence of what works;
- Workforce pressures;
- Advances in technology and technique;
- New thinking about how services are designed; and
- The needs of local people.

Agenda Item Number 7: TB 12 (27)

TRUST BOARD
29 March 2012

Report of : **Responsible Officer -** **Accountable Officer -**	Val Aherne Director of Strategy
Author of Report:	Val Aherne Director of Strategy
Subject/Title:	Tatton Ward
Background papers (if relevant):	
Purpose of Paper:	Update to the Board and decision re Tatton ward
Action/Decision required:	Decision to move to consultation re the permanent closure of Tatton ward
Identify NHSLA and CQC Standards to which this report relates:	
Link to: ➢ **Trust's Strategic Direction** ➢ **Corporate Objectives**	Fits the Service and Financial Plan for 12/13 and the draft 5 year Integrated Business Plan. Is in line with the Trust Objectives to improve quality, maintain financial stability and move towards integrated health and social care.
Resource impact:	
You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box.	ECT – East Cheshire Trust ECCGp – Eastern Cheshire Clinical Commissioning Group PCT – Primary Care Trust GP – General Practitioner KAFKA – Knutsford Area For Knutsford Action OSC – Overview and Scrutiny Committee

1. Purpose

To update East Cheshire NHS Trust (ECT) Board on the Health and Social Care strategic developments in Knutsford and to recommend the next actions in relation to the 18 Intermediate Care beds provided at Tatton Unit of the Knutsford District and Community Hospital.

2. Executive Summary

2.2 The ECT Trust Board took the decision in September 2010 to participate in the vision to transform health and social care in Knutsford. The work is being led by clinicians and supported by the Primary Care Trust cluster and Eastern Cheshire Clinical Commissioning Group (ECCGp). The ECT Board is committed to this vision and has been working with partners to refine it. The clinical pathway work is being led by the Medical Director. The participation of all three General Practices in the combined estate solution would be the ideal and these negotiations are complex and have taken time, they are due to be completed by 31 March 2012. ECT Board has been kept updated of the project and its risks and emerging issues.

2.3 In addition in August 2010 the Medical Business Unit recommended the temporary closure of Tatton Unit at Knutsford District and Community Hospital. The recommendation in 2010 was due to the inability to recruit an appropriate senior clinician. Patients were moved to the Langley Unit of Macclesfield District General Hospital. The facility provides a superior environment and improved access to therapy. ECT Board acknowledged the inconvenience and potential hardship to patients and carers who would need to travel from Knutsford.

2.4 ECT Board has been informed of the financial cost of reopening Tatton Unit these are considerable and are not part of the financial plan for 2012/13.

2.5 This paper recommends that ECT Board move to formal consultation on the permanent closure of Tatton Unit at Knutsford District and Community hospital. The consultation will be set in the context that we expect the vision for health and social care in Knutsford to be implemented which is likely to provide intermediate care facilities and therefore replace the Tatton Unit facilities.

2.6 The other existing services provided at the Community Hospital which include a wide range of community services and specialist outpatient facilities have not been and will not be affected by this consultation.

3. The Vision for Health and Social Care for the people of Knutsford

3.1 East Cheshire NHS Trust is one of several Health and Social Care partners whose combined vision is to transform the services in Knutsford into services that are fit for today's demands and can be afforded in today's financial context. In brief the vision will ensure that primary and secondary care clinicians are working in a local team to promote health, prevent illness and aid the management of existing long term conditions for example heart disease, diabetes, respiratory illness. The expected benefits of this approach will mean healthier patients, greater independence and less hospitalisation. The proposed approach is in line with the strategic commissioning intentions of the Eastern Cheshire Clinical Commissioning Group and the Clinical Strategy of the East Cheshire NHS Trust.

3.2 In addition the vision involves re-providing the health services accommodation in order that it is fit for purpose. This will facilitate shared team accommodation for health and social care staff. The ECCGp and ECT have supported the development of clinical care pathways by dedicating resources to this as a priority.

3.3 There are a number of risks to the delivery of this vision, to most, if not all of the organisations involved, these have been discussed in earlier papers. The Primary Care Cluster is managing the project on behalf of the NHS, the partners are ECT, 3 Knutsford GP practices, Eastern Cheshire Clinical Commisioning Group and Cheshire East Council. By the 31 March 2012 the GPs will have signed an inter- practice agreement which will be the basis of entry into the wider agreement. The remaining partners have signed a memorandum of understanding that indicates their commitment to the project.

4. Background to the temporary closure of Tatton Unit at Knutsford District and Community Hospital

4.1 The Board took the decision at the September 2010 meeting to proceed to a temporary closure of Tatton Unit at Knutsford District and Community Hospital. In summary the initial reason for the temporary closure was the inability to maintain safe services due to lack of senior medical cover. All other community and specialist outpatient services have remained open throughout the period.

4.2 The historical context of services in Knutsford is of relevance. Firstly East Cheshire NHS Trust had achieved preferred bidder status for the reprovision of Intermediate Care Services. This involved an enhanced specification and increased numbers of beds and patients related to the expected increase in demand due to a growing older population. This development was deferred by Central and Eastern Cheshire PCT during 2010-11. In addition the reprovision of the facilities and services of the 3 GP practices in Knutsford was also deferred. It had been anticipated that the reprovision of the Intermediate Care beds would be physically linked to the primary care development. The deferment of both projects was taken near the completion of the planning stage when a vast amount of public consultation had taken place and expectations raised both of the public and the staff and this organisation. Much time and money had been spent by ECT in preparing and winning the Intermediate Care bid and in aiding the planning of the primary care facility.

4.3 Patients who would have received services at Knutsford are accommodated in the Langley Unit. The ward offers a significantly superior environment and increased access to therapy services. The clinical staff have made the most of the temporary solution and have strengthened our delivery of intermediate care on the Macclesfield District General Hospital site. By doing so they have reduced the length of stay in a hospital bed, when appropriate, thereby improving the chances of the patient returning to an independent life. To date there have been no formal complaints re patient and carer satisfaction in relation to the re-provided facilities as always there have been numerous compliments relating to the Langley Unit (42 compliments since September 2010 to present).

4.4 Staff who have previously worked at Tatton Unit have received contracts of employment in other parts of the Trust. Although the closure had a temporary status the length of time that we had waited led the Business Unit to relocate staff in order to provide the best possible care for patients and certainty for staff.

4.5 The building that houses Tatton Unit is owned by the Cheshire East Council and shared catering facilities with Bexton Court a social care facility. There are economies of scale in relation to the costs of providing services; Bexton Court has been temporarily closed for a similar period of time. In March 2012 the Cabinet of Cheshire East Council recommended the permanent closure of Bexton Court. The decision has been challenged by a small but significant number of Councillors. The result of this is that the decision will need to be taken to the Overview and Scrutiny Committee.

4.6 There is understandable concern expressed from representatives of the Knutsford Town Plan that the temporary closure is causing hardship for those carers where transport is a difficulty. In addition a new organisation has emerged in Knutsford, KAFKA (Knutsford Area for Knutsford Action) which has indicated that in their view the Tatton Unit should reopen until the vision is confirmed and built.

5 Options

5.1 A decision needs to be made in order that the public are clear about the year ahead and the facilities to be provided at Knutsford District and Community Hospital and that the ECT Board is clear about the annual plan and the financial and service assumptions There are three options

1. Reopen the Tatton Unit
2. Close the ward permanently
3. Wait until the vision for the health and social care in Knutsford is finalised.

5.2 The following criteria are helpful in recommending a decision;

- Safety and quality of the service
- Confidence of the public in the East Cheshire NHS Trust i.e. ability to be open about decision making
- Satisfaction of the patients and their carers in the East Cheshire NHS Trust i.e. preferred solution
- Clarity about the future service configuration and the need to articulate this in the 5 year Integrated Business Plan
- Consistent with the strategic vision for Health and Social Care in Knutsford.
- Affordability

5.3 Re-open Tatton Unit

This option would be seen as a positive in terms of the public's confidence in our decision making and in providing local services that fit with the vision.

Given that the environment and access to therapies is of higher standard at the Macclesfield District General Hospital site it would be reducing the quality of services to be provided.

This option would result in a higher Cost Improvement Programme in order to deliver the 2012/13 service and financial plan due to £85K one off non-recurring costs that would be needed to return it to being fit for purpose and the recurring costs of £165K. It is therefore not consistent with the first year of our 5 year plan.

5.4 Close the Unit permanently

This option would give certainty for patients and carers. It would be made in the context of the expectation that the vision will be delivered. It maintains quality of services on the Macclesfield District General Hospital site and is affordable.

5.5 Delay the Decision

The delay in a decision has for the most part been connected to the progress of the Health and Social Care vision. To delay a decision further is a concern for ECT Board as we believe the right decision is to support the vision not to reopen a service that is not designed for the expectations and needs of the public and staff.

6 Recommendations

The East Cheshire NHS Trust Board make the recommendation to close the Tatton Unit permanently in line with our intention to contribute to the vision for health and social care in Knutsford. This recommendation will be taken to the Overview and Scrutiny (OSC) Committee where the appropriate level of consultation will be decided. Due to the national local election period the consultation will begin no earlier than Mid May 2012.

The issue of transport will be considered as part of the discussion at the OSC.

7 Risks

The recommendation to close the Unit permanently will go to the OSC. There is a potential that this will not be immediate and the consultation will be at the same time as the Foundation Trust consultation. There is every expectation that by this time we will be able to describe the next steps to achieving the vision. This will be a very useful and practical example of achieving the strategic vision of ECCGp and ECT.

Val Aherne
Director Strategy
27.3.2012

CHESHIRE EAST COUNCIL

REPORT TO: Cabinet

Date of Meeting:	25/6/2012
Report of:	Lorraine Butcher, Strategic Director – Children, Families and Adults Services
Subject/Title:	Report in relation to Shadow Health and Wellbeing Board's Terms of Reference
Portfolio Holder:	Cllr. Janet Clowes Portfolio Holder Health & Wellbeing

1.0 Report Summary

1.1 Cabinet received a full report on the Cheshire East Shadow Health and Wellbeing Board's Terms of Reference in November 2011 [Appendix 1]. This was then presented and debated at full Council on 15 December 2011.

1.2 Full Council raised a number of concerns in respect of the proposed Terms of Reference and these primarily related to member representation on the board and voting rights of board members.

1.3 The draft Terms of Reference took account of the current information from the proposed Health & Social Care Bill and guidance provided centrally on the role and expectations of the Health and Wellbeing Board.

1.4 The current Cheshire East Shadow Health and Wellbeing Board is now in formal shadow year. The board will assume its statutory functions from April 2013 following the royal assent of the Health & Social Care bill on the 27th March 2012.

1.5 The Health and Wellbeing Board's focus is to develop a clear vision and sense of collective purpose that will ensure collaborative system transformation through strong, inspirational leadership. The board will:

- Lead – through building relationships between health and local communities
- Collaborate – through working together to better affect and increase life expectancy
- Engage – through emphasising that one agency can not resolve the challenges we face in addressing and improving the health and wellbeing of our communities

1.6 This report will explain the subsequent review and revised terms of reference for the board in its shadow year which will then be further reviewed in late autumn in preparation for the board assuming its statutory powers in April 2013.

2.0 Decision Required

2.1 That Cabinet and Council support the shadow Health and Wellbeing Board's Terms of Reference.

2.2 That Cabinet and Council support the recommendation to further review the Board's Terms of Reference in advance of the Board assuming its statutory functions taking account of Board priorities expressed within the Joint Health and Wellbeing Strategy which will be finalised in the autumn following a period of consultation.

3.0 Reasons for Recommendations

3.1 The Board's initial draft Terms of Reference have been reviewed against a number of other terms of reference– Buckinghamshire, Leicestershire, Warwickshire, Lincolnshire, Croydon, Coventry Oldham, and Stockport. This analysis can be found in appendix 2.

3.2 The number of Council Members in most authorities is three, with Coventry having a member of the opposition party on the Board; this is in line with the current CEC shadow HWB arrangements and shows our awareness of the pattern of emerging good practice. The role and responsibility of members is outlined in **all** Terms of Reference and these are similar in all cases.

3.3 Voting arrangement - The Health and Social Care Bill [2012] does not specify voting arrangements and leaves it open to local determination. When the Board becomes statutory [April 2013] a local constitutional change will be required to account for the board being a formal subcommittee of the Council with both member and officer representation.

Lincolnshire is one of two authorities to have a section stating voting arrangements, they state that:

- Each Core member and substitute member shall have one vote
- Where possible decisions will be reached by consensus. In exceptional circumstances and where decisions cannot be reached by consensus of opinion, voting will take place and decisions agreed by a simple majority. The Chairman will have a casting vote.
- Decisions of the Shadow Board will be as recommendations to the partners organisations

These arrangements could be considered by our shadow Health and Wellbeing Board, **but any consideration should not detract from the emphasis on collaborative whole system benefit to its decision making**. Focusing on accountability to 'Place' and 'Local Population', and to what works, with reference to the highest evidence based interventions.

3.4 General observations:

- The majority of authorities included in this analysis have a section that looks at conflict of interest and conduct at meetings. Cheshire East's initial draft doesn't have either of these arrangements. We have also made no comments about reviewing these Terms of Reference which is important given that from April 2013 the Board will assume its statutory responsibilities. Board membership may need to be further shaped to support the work of the Board to address the priorities within the Joint Health and Wellbeing Strategy. The role of Core Membership and that of Associated Membership could be explored once the sub structure for the board has been fully determined.

- A useful addition to many of the Terms of Reference is a sub structure. This work has commenced but has not been concluded as yet but will be following the consultation on the Joint Health and Wellbeing Strategy. Currently the Board has agreed that the Joint Strategic Needs Assessment Steering Group and the Ageing Well Programme Board will be a part of this arrangement. However we would also anticipate that the Children's Trust, the Local Safeguarding Children and Adults Boards would also be part of this structure.

- We have included outcomes expected as have a few others, however the majority of councils include these within their aims or objectives, therefore this is about getting our language right within the revised Terms of Reference.

- Communications is only featured in one authority's Terms of Reference. This could be included, and links to the Board's communication strategy, when completed could be added.

- Another noted good practice was the inclusion of links to other policies such as the Joint Strategic Needs Assessment in the introduction to the Terms of Reference.

- Oldham state that the Board will be independently scrutinised by the Health and Wellbeing Select Group of the Borough Council, our revised Terms of Reference will emphasis this role and note that it will be undertaken by the Health and Wellbeing Overview and Scrutiny Committee.

3.5 The revised terms of reference based on analysis of the emerging best practice includes the following: [**Note that these Terms of Reference can be viewed at appendix 3.**

Heading	Content summary
Context	Explaining the origins of the HWB.
Purpose	Explaining the main roles and expectations of the Board within the Health and Social Care Bill.
Objectives	Provide strategic leadership Monitor health and wellbeing targets Ensure production of the JSNA Ensure production of JHWS Ensure joint work on integration of services and systems
Roles and Responsibilities	Describes how the Board members will work collectively to achieve its purpose and objectives.
Accountability	**The Shadow Board carries no formal delegated authority from any of the statutory bodies.** **Core Members bring responsibility, accountability to their individual duties and to their role on the Shadow Board.** **The Shadow Board will discharge its responsibilities by means of recommendations to the relevant partner organisations, who will act in accordance with their respective powers and duties.** The Council's Core Members will ensure that they keep the wider Council advised of the work of the Shadow Board. The Shadow Board will report to Full Council and to both NHS Clinical Commissioning Groups (CCG's) by ensuring access to meeting minutes and presenting papers as required. The Shadow Board will not exercise scrutiny duties around health or adult social care services directly. This will remain the role of the Cheshire East Health and Wellbeing Overview & Scrutiny Committee. Decisions taken and work progressed by the Board will be subject to scrutiny by this committee. A governance diagram explains the role of Local authority Scrutiny across the health and social care system.
Membership	Portfolio Holder – Health & Adult Social Care [Chairman], Portfolio Holder – Children & Families, Opposition Party Member The Chief Executive of the Council,

	The Director of Public Health, The Director of Children, Families and Adults (+1)[1]Chief Officer / Accountable Officer of the NHS South Cheshire Clinical Commissioning Group Chair. GP Lead of the NHS South Cheshire Clinical Commissioning Group Chief Officer / Accountable Officer of the NHS Eastern Cheshire Clinical Commissioning Group Chair. GP Lead of the NHS Eastern Cheshire Clinical Commissioning Group A designated representative from HealthWatch (LINks will fulfil this role until HealthWatch is established). [1] Due to the Statutory Director holding two statutory roles for both Children's and Adults Services, they will nominate an appropriate Head of Service to attend to support this dual function. The above would be Core Members of the Board with Associate Members being considered once the Board's sub structure has been fully determined. The National Health Commissioning Board would be an associate member.
Frequency of meetings	The Shadow Board will meet no less than six times per year including an AGM. Additional meetings of the Shadow Board may be convened with agreement of the Chairman.
Agenda and Notice of Meetings	Any agenda items or reports to be tabled at the meeting should be submitted to the Council's Democratic Services no later than seven working days in advance of the next meeting. No business will be conducted that is not on the agenda. Democratic services will circulate and publish the agenda and reports at least five working days prior to the next meeting. Exempt or Confidential Information shall only be circulated to Core Members.
Annual General meeting	The Shadow Board shall elect the Chairman and Vice Chairman at each AGM, the appointment will be by majority vote of all Core Members present at the meeting. The Shadow Board will approve the representative nominations by the partner organisations as Core Members.
Quorum	Any full meeting of the Shadow Health and Wellbeing Board shall be quorate if attended by a representative from NHS Eastern Clinical Commissioning Group, NHS South Clinical Commissioning Group, Health Watch, Portfolio Holder, and an Officer of the Council [CFA Directorate] or their representative.

	Failure to achieve a quorum within thirty minutes of the scheduled start ofthe meeting, or should the meeting become inquorate after it has started, shall render the meeting adjourned until the next scheduled meeting of the Shadow Board.
Procedure at meetings	Meetings of the shadow Board are not open to the public but papers, agendas and minutes will be published on the Cheshire East Health and Wellbeing website [**once the terms of reference have been accepted].** The Board will meet in public once it assumes its statutory responsibilities in April 2013. Only the Core Members are entitled to speak through the Chairman. Associate Members and the Public are entitled to speak only at the invitation of the Chairman. With the agreement of the Shadow Board, the Shadow Board can set up subgroups to consider distinct areas of work. The subgroup will be responsible for arranging the frequency and venue of their meetings. Any recommendations of the subgroup will be made to the Shadow Board who will consider them in accordance with these terms of reference.
Expenses	The partnership organisations are responsible for meeting the expenses of their own representatives.
Conflict of Interest	At the commencement of all meetings all Core Members shall declare any Conflicts of Interest. Following the declaration of a Conflict of Interest the Member can decide to:- • Remain for all or part of the meeting, • Participate in the meeting, • Vote at the meeting, • Leave the meeting.
Conduct of Core Members at Meetings	Board members will agree to adhere to the seven principles outlined in the Board Code of Conduct when carrying out their duties as a Board member – Nolan Principles
Review	The above terms of reference will be reviewed at the last meeting of the financial year or earlier if necessary. Any amendments shall only be included by unanimous vote.

4.0 Wards affected

All

5.0 Local Ward Members

All

6.0 Policy Implications

6.1 The health and wellbeing of the residents of Cheshire East is everyone's business, and as such implications for future policy development, service redesign and budget setting should account for the impact on the health and wellbeing of our population and indeed the future priorities of the Health and Wellbeing Board once this is formally constituted from April 2013.

6.2 The NHS Operating Framework for 2012/13 describes the Health and Wellbeing Board's primary responsibility as to ' ….provide local systems leadership across health and social care and public health...'. Establishing a collaborative decision making approach of this Board is essential to achieving whole system accountability for the improvement of the health and wellbeing of Cheshire East citizens. This requires the delivery of integrated care services and effective integrated commissioning approaches to achieve the maximum benefits for people, families and communities within the collective resources of the health and social care organisations.

7.0 Financial Implications

7.1 None to note in respect of the terms of reference themselves.

7.2 Shadow Board carries no formal delegated authority from any of the statutory bodies in respect of resource decision making.

7.3 The Shadow Board will discharge its responsibilities by means of recommendations to the relevant partner organisations, who will act in accordance with their respective powers and duties.

8.0 Legal Implications

8.1 The Health and Social Care Act 2012 requires the Local Authority to establish a Health and Wellbeing Board for its area. Mandatory membership includes at least one local Councillor (nominated by the Council's Leader) the Directors of Adult Social Services, Children's Services and Public Health, a representative of the Local Healthwatch Organisation and a representative of each Clinical Commissioning Group. The Local Authority may also nominate such other individuals as they consider appropriate.

8.2 Once established in April 2013 the Board will be Committee of the Local Authority but regulations under the Act may modify some of the normal

requirement of the Local Government Act 1972. The Board has a number of duties under the Act but specifically is tasked with a duty to encourage integrated working in the provision of health and social care services.

9.0 Risk Management

9.1 Corporate risks have been determined in respect of Health Partnerships, and this is reported to the Corporate Risk Management Group. Failure to establish a strong collaborative Board will impact on the health and wellbeing of Cheshire East citizens and indeed the councils own objectives within the Sustainable Communities Plan and Budget Book for 2012/13.

9.3 The NHS Clinical Commissioning Groups are required to seek formal authorisation during this year. Having an effective HWB with agreed terms of reference will be a requirement. Evidence of such will need to be supplied as part of this process including the terms of reference.

9.2 The Health and Wellbeing Board has established a Risk Register with responsible Board members owning specific risks. The Board has determined that they would wish to review these quarterly. This discipline will assist the Board in the management of issues of challenge.

10.0 Background and Options

10.1 The Health and Social Care Act 2012 has initiated a number of significant changes that will affect the local health and social care landscape. This includes the establishment of the Cheshire East Health and Wellbeing Board, the NHS Clinical Commissioning Groups and the transfer of Public Health responsibilities from the PCT to the Local Authority. When enacted, the Authority will have a greater role to play in setting policy, providing leadership and commissioning activity that will contribute to improved health outcomes for the population of Cheshire East with NHS Clinical Commissioning Groups.

The Joint Health and Wellbeing Strategy will be the mechanism by which the needs identified in the Joint Strategic Needs Assessment are met, setting out the agreed priorities for collective action by the key commissioners, the local authority, the NHS Clinical Commissioning Groups and the NHS Commissioning Board.

The key legislative changes are summarised as:

i. Clinically led commissioning – the Bill puts clinicians in charge of shaping services, enabling NHS funding to be spent more effectively. Supported by the newly established **NHS Commissioning Board**, new **NHS Clinical Commissioning Groups** which will directly commission services for their populations.

ii. Ensure provider regulation to support innovative services – enshrining a fair playing field in legislation for the first time, this will enable patients to be able

to choose services which best meet their needs – including from a charity or independent sector provider, as long as they meet NHS costs. Providers, including NHS Trusts, will be free to innovate to deliver quality services. **Monitor** will be established as a specialist regulator to protect patient's interests.

iii. A greater voice for patients – the Bill establishes **Healthwatch,** a patient and public organisation, both locally and nationally, to drive involvement across the NHS and local government.

iv. New focus for Public Health – The Bill establishes a new body **Public Health England**, to drive improvements in the public's Health.

v. Greater accountability locally and nationally – the Bill sets out clear roles and responsibilities, whilst retaining the Minister's ultimate responsibility for the NHS. The Bill limits micro-management and gives local authorities a new role to join up local services through the **Health and Wellbeing Board** with key other stakeholders.

vi. Streamlined arms-length bodies – the Bill removes unnecessary tiers of management, releasing resources to the frontline.

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

Appendix 1 add weblink to Cabinet / Council report 2011
http://moderngov.cheshireeast.gov.uk/ecminutes/Published/C00000239/M00003670/$$ADocPackPublic.pdf – pages 31-48.

Appendix 2 TOR Analysis document

TOR analysis.doc

Appendix 3 Cheshire East revised Shadow Health and Wellbeing Boards Terms of Reference

Draft Terms of Reference.doc

Name: Lucia Scally
Designation: Head of Service – Integrated Strategic Commissioning & Safeguarding
Tel No: 07740-378289
Email: lucia.scally@cheshireeast.gov.uk

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Draft Terms of Reference:
Cheshire East Shadow Health and Wellbeing Board

1. Context

1.1 The full name shall be the Cheshire East Shadow Health and Wellbeing Board.

1.2 The Shadow Board is established and will be reviewed prior to the board assuming its statuary responsibilities in April 2013. This review will include the revised terms of reference.

1.3 The development of the Shadow Board was a requirement of the Health White Paper 'Equity and Excellence - Liberating the NHS'. This progressed as the Health and Social Care Act and received Royal Assent on the 27/3/12.

2. Purpose

2.1 To act as the Shadow Cheshire East Health and Wellbeing Board between September 2011 and 31st March 2013.

2.2 The Shadow Board must provide advice assistance and support for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.

2.3 The Shadow Board may encourage those involved in arranging the provision of Health-Related Services to work closely with the Shadow Board.

2.4 The Shadow Board may encourage those involved in arranging for the provision of any Health or Social Care services or Health Related services to work closely together.

3. Objectives

3.1 To provide strong local leadership for the improvement of the health and wellbeing of its population.

3.2 To monitor the implementation and performance of the health and well being targets.

3.3 To lead on the production of a Joint Strategic Needs Assessment (JSNA).

3.4 To lead on the Joint Health and Wellbeing Strategy (JHWS) link to the JSNA.

3.5 To support the joint commissioning plans to meet the needs identified by the JSNA and the priorities outlined within the JHWS.

3.6 To maximise the opportunities for joint working and integration of services and make the best use of existing opportunities, and processes to prevent duplication or omission.

4. Roles and Responsibilities

4.1 To work together effectively to ensure the delivery of the JSNA and JHWS.

4.2 To work within the Shadow Board to build a collaborative partnership to key decision making that embeds health challenge, issue resolution and provides strategic leadership.

4.3 To participate in board discussions to reflect the views of their partner organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery.

4.4 To champion the work of the Shadow Board in their wider networks and in community engagement activities.

4.5 To ensure that there are communication mechanisms in place within the partner organisation to enable information about the priorities and recommendations of the Shadow Board to be effectively disseminated.

4.6 To promote any consequent changes to strategy, policy, budget and service delivery within their own partner organisations to align with the recommendations and priorities of the Shadow Board.

5. Accountability

5.1 The Shadow Board carries no formal delegated authority from any of the statutory bodies.

5.2 Core Members bring responsibility, accountability to their individual duties and to their role on the Shadow Board.

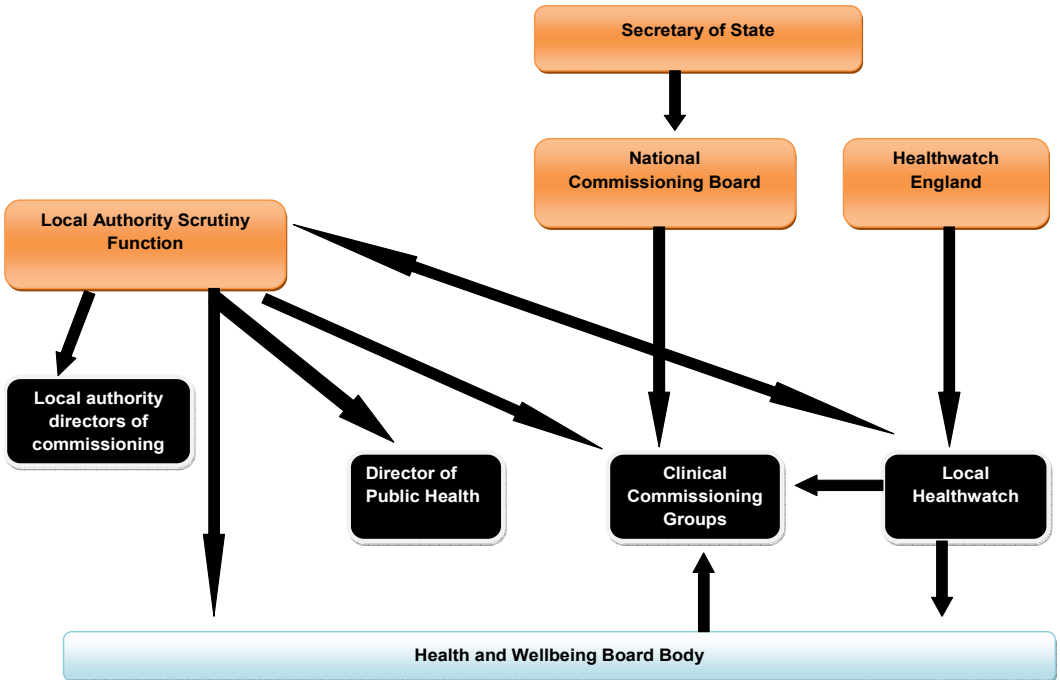
5.3 The Shadow Board will discharge its responsibilities by means of recommendations to the relevant partner organisations, who will act in accordance with their respective powers and duties.

5.4 The Council's Core Members will ensure that they keep the wider Council advised of the work of the Shadow Board.

5.5 The Shadow Board will report to Full Council and to both NHS Clinical Commissioning Groups (CCG's) by ensuring access to meeting minutes and presenting papers as required.

5.6 The Shadow Board will not exercise scrutiny duties around health or adult social care services directly. This will remain the role of the Cheshire East Health and Wellbeing Overview & Scrutiny Committee. Decisions taken and work progressed by the Board will be subject to scrutiny by this committee.

The model below demonstrates Scrutinys function and is taken from Health Places Councils leading on public health NLGN May 2012.



5.7 The Shadow Board will provide information to the public through publications, local media, and wider public activities and by publishing the minutes of its meetings on the Council's website once it assumes statutory role.

6. Membership

6.1 The core membership of the Shadow Board will comprise the following:

- Portfolio Holder – Health & Adult Social Care [Chairman],
- Portfolio Holder – Children & Families,
- Opposition Party Member
- The Chief Executive of the Council,
- The Director of Public Health,
- The Director of Children, Families and Adults (+1)[1]
- Chief Officer of the NHS South Cheshire Clinical Commissioning Group
- Chair. GP Lead of the NHS South Cheshire Clinical Commissioning Group
- Chief Officer of the NHS Eastern Cheshire Clinical Commissioning Group
- Chair. GP Lead of the NHS Eastern Cheshire Clinical Commissioning Group

[1] Due to the Statutory Director holding two statutory roles for both Children's and Adults Services, they will nominate an appropriate Head of Service to attend to support this dual function.

- A designated representative from HealthWatch (LINks will fulfil this role until HealthWatch is established).

6.2 The Core Members through a majority vote have the authority to approve individuals as Associate Members of the Shadow Board. The length of their membership will be for up to one year and will be subject to re-selection at the next Annual General Meeting "AGM". Associate Members will assist the board in achieving the priorities agreed within the Joint Health and Wellbeing Strategy and may indeed be chairs of sub structure forums where they are not actual core members of the Board.

6.3 Each Core Member has the power to nominate a single named substitute. Should a Substitute Member be required, advance notice of not less than 2 working days should be given to the Council. The Substitute Members shall have the same powers and responsibilities as the Core Members.

7. Frequency of Meetings

7.1 The Shadow Board will meet no less than six times per year including an AGM.

7.2 Additional meetings of the Shadow Board may be convened with agreement of the Chairman.

8. Agenda and Notice of Meetings

8.1 Any agenda items or reports to be tabled at the meeting should be submitted to the council's Democratic Services no later than seven working days in advance of the next meeting. No business will be conducted that is not on the agenda.

8.2 Democratic services will circulate and publish the agenda and reports at least five working days prior to the next meeting. Exempt or Confidential Information shall only be circulated to Core Members.

9. Annual General Meeting

9.1 The Shadow Board shall elect the Chairman and Vice Chairman at each AGM, the appointment will be by majority vote of all Core Members present at the meeting.

9.2 The Shadow Board will approve the representative nominations by the partner organisations as Core Members.

10. Quorum

10.1 Any full meeting of the Shadow Health and Wellbeing Board shall be quorate if not less than a third of the Core Members are present. This third should also include a representative from the NHS clinical

Commissioning Group, a Council Portfolio Holder and either the Chairman or Vice Chairman.

10.2 Failure to achieve a quorum within thirty minutes of the scheduled start of the meeting, or should the meeting become inquorate after it has started, shall render the meeting adjourned until the next scheduled meeting of the Shadow Board.

11. Procedure at Meetings

11.1 Meetings of the shadow Board are not open to the public but papers, agendas and minutes will be published on the Cheshire East Health and Wellbeing website [once the terms of reference have been accepted]. The Board will meet in public once it assumes its statutory responsibilities in April 2013.

11.2 Only the Core Members are entitled to speak through the Chairman. Associate Members and the Public are entitled to speak only at the invitation of the Chairman.

11.3 With the agreement of the Shadow Board, the Shadow Board can set up subgroups to consider distinct areas of work.

11.4 The subgroup will be responsible for arranging the frequency and venue of their meetings.

11.5 Any recommendations of the subgroup will be made to the Shadow Board who will consider them in accordance with these terms of reference.

12. Expenses

12.1 The partnership organisations are responsible for meeting the expenses of their own representatives.

13. Conflict of Interest

13.1 At the commencement of all meetings all Core Members shall declare any Conflicts of Interest.

13.2 Following the declaration of a Conflict of Interest the Member can decide to:-

- Remain for all or part of the meeting,
- Participate in the meeting,
- Vote at the meeting,
- Leave the meeting.

14. Conduct of Core Members at Meetings

14.1 Board members will agree to adhere to the seven principles outlined in the Board Code of Conduct when carrying out their duties as a Board member.

15. Review

15.1 The above terms of reference will be reviewed at the last meeting of the financial year or earlier if necessary.

15.2 Any amendments shall only be included by unanimous vote.

Updated May 2012

Definition

Exempt Information
Which is information falling within any of the descriptions set out in Part I of Schedule12A to the Local Government Act 1972 subject to the qualifications set out in Part II and the interpretation provisions set out in Part III of the said Schedule in each case read as if references therein to "the authority" were references to "Shadow Board" or any of the partner organisations.

Confidential Information
Information furnished to, partner organisations or the Shadow Board by a government department upon terms (however expressed) which forbid the disclosure of the information to the public; and information the disclosure of which to the public is prohibited by or under any enactment or by the order of a court are to be discussed.

Conflict of Interest
You have a Conflict of interest if the issue being discussed in the meeting affects you, your family or your close associates in the following ways;
- *The issue affects their well being more than most other people who live in the area.*
- *The issue affect their finances or any regulatory functions and*
- *A reasonable member of the public with knowledge of the facts would believe it likely to harm or impair your ability to judge the public interest.*

Associate Members
Associate Member status is appropriate for individuals wanting to be involved with the work of the Shadow Board, but who are not designated core members. The Shadow Board has the authority to invite Associate Members to join and approve their membership before they take their place. Associate Members will not, unless specifically requested, be consulted on dates and venues of meetings, but are invited to submit agenda items, and have a standing invitation to attend meetings if an issue they are keen to discuss is on the agenda.

Health Services
Means services that are provided as part of the health service.

Health-Related Services *means services that may have an effect on the health of individuals but are not health services or social care services.*

Social Care Services
means services that are provided in pursuance of the social services functions of localauthorities (within the meaning of the Local Authority Social Services Act 1970

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Terms of Reference Analysis

Council	Intro	Aims Purpose	Role	Membership	Meeting Frequency	Conduct	Accountability/Governance	Review	Quorum/ Standing Orders	Voting	Expenses	Conflict	outcomes	Comms & Engagement
Cheshire East _ Conservative  Board draft ToR.doc	Yes	Yes	Yes	3 x portfolio holder, Labour Group Leader	Yes	Yes	Yes	No	Yes in A	Yes to be decided	No	No	Yes in	Yes in
Buckinghamshire - Conservative  HWB_ToR.PDF	No	Yes	Yes	2 by portfolio holder	Yes Meeting arrangements	No	Yes	Yes	No	No	No	Yes	No	No
Leicestershire- Conservative – Lib Dem main opp  leics_health_wellbeing_board_t...	Yes	Yes	Yes	3 x portfolio holders	No	No	No	No	Yes	Not established	No	No	Yes	yes
Warwickshire - Conservative  03b Draft Terms of Reference S...	No	Yes		Leader and relevant portfolio holders x2	No	Code of conduct attached	yes	No	No	No	No	Yes	No	No
Lincolnshire – Conservative http://www.lincolnshire.gov.uk/residents/community-and-	Yes	Yes	Yes	3 x portfolio holder	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		

living/health/healthier-														
Croydon - Conservative  Croydon shadow health and well...		Yes		1 x council member as chair										
Coventry - Labour  Coventry HW Board ToR (2).pdf	No	Yes	Yes	Yes Council Leader Portfolio member x 2 & Opposition Rep	Yes	Yes	Yes	Yes	No	No	No	No	No	No
Oldham – Labour  Oldham Health and Wellbeing Board TOR.	Yes	Yes	Yes	Yes LA elected members x 3	Yes	No	Yes	Yes	No	Yes (para)	No	No	No	No
Stockport – Lib Dem TOR not available membership details gained from website				Yes Portfolio members x 3										

Analysis of TOR for HWB May 2012
Eight Terms of Reference from local authorities have been analysed to determine effectiveness and good practice and comparison with Cheshire East's first draft Terms of reference.

Number of Council Members
As shown on the table above, most authorities have 3 Council Member representatives, with Coventry having a member of the opposition on the Board; this is in line with CEC shadow HWB arrangements currently showing awareness of the pattern of emerging good practice. The role and responsibility of members is outlined in **all** Terms of Reference and these are similar in all cases.

Voting arrangements
The Health and Social Care Bill does not specify voting arrangements and leaves it down to local determination.
When the Board becomes statutory [April 2013] a local constitutional change will be required to account for the board being a formal subcommittee of the Council with both members and officers representation.

Lincolnshire is the one of two authorities to have a section stating voting arrangements, they state that:

- Each Core member and substitute member shall have one vote
- Where possible decisions will be reached by consensus. In exceptional circumstances and where decisions cannot be reached by consensus of opinion, voting will take place and decisions agreed by a simple majority. The Chairman will have a casting vote.
- Decisions of the Shadow Board will be as recommendations to the partners organisations

These arrangements could be considered by our shadow HWB, **but any consideration should not detract from the emphasis on collaborative whole system benefit to its decision making**. Focusing on accountability to 'Place' and 'Local Population', and to what works, with reference to the highest evidence based interventions.

General observations

- The majority of authorities included in this analysis have a section that looks at conflict of interest and conduct at meetings. Cheshire East's initial draft doesn't have either of these arrangements. We have also made no comments about reviewing those Terms of Reference which is important given that from April 2013 the board will assume its statutory responsibilities. Board membership may need to be further shaped to support the work of the board to address the priorities within the Joint Health and Wellbeing Strategy. The role of Core Membership and that of Associated Membership could be explored once the sub structure for the board has been fully determined.

Terms of Reference Analysis

- A useful addition to many of the Terms of Reference is a sub structure. This work has commenced but has not been concluded as yet but will be following the consultation on the Joint Health and Wellbeing Strategy. Currently the board has agreed that the Joint Strategic Needs Assessment Steering Group and the Ageing Well Programme Board will be a part of this arrangement. However we would also anticipate that the Childrens Trust, the Local Safeguarding Children and Adults Boards would also be part of this structure.

- We have included outcomes expected as have a few others, however the majority of councils include these within their aims or objectives, therefore this is about getting our language right within the revised terms of reference.

- Communications is only featured in one authorities Terms of Reference. This could be included, and links to the boards communication strategy, when completed added.

- Another noted good practice was the inclusion of links to other things such as the Joint Strategic Needs Assessment in the introduction to the Terms of Reference.

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- Oldham state that the board will be independently scrutinised by the Health and Wellbeing Select Group of the Borough Council, our revised terms of reference will emphasis this role and note that it will be undertaken by the HWB Scrutiny committee.

Diane Taylor

Partnerships Manager – Children's Trust & Shadow Health and Wellbeing Board

May 2012