

Health and Adult Social Care Scrutiny Committee

Agenda

Date: Tuesday, 20th January, 2009

Time: 2.00 pm

Venue: Council Chamber, Municipal Buildings, Earle Street, Crewe CW1 2BJ

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. **Public Speaking Time/Open Session**

In accordance with Procedure Rules Nos.11 and 35 a total period of 10 minutes is allocated for members of the public to address the Committee on any matter relevant to the work 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 questions were submitted at least one working day before the meeting.

4. **Minutes of Previous meeting** (Pages 1 - 4)

To approve the minutes of the meeting held on 16 December 2008.

5. **Strategic Needs Assessment**

John Weeks, Strategic Director for People, will verbally update the Committee on the Strategic Needs Assessment.

6. **"Independence, Well-Being and Choice"**

John Weeks, Strategic Director for People, will verbally update the Committee on "Independence, Well-Being and Choice" – Adult Safeguarding.

7. **Joint Health Scrutiny Committees** (Pages 5 - 8)

To consider a report of the Governance Lead Officer on the role of Joint Health Scrutiny Committees and recommending the establishment of a Joint Scrutiny Committee in relation to the Cheshire and Wirral Partnership Foundation NHS Trust.

8. **Review of Burn Care Services** (Pages 9 - 12)

To consider a letter dated 16 December 2008 from the Chairman of the Northern Burn Care Network inviting Chairs of Overview and Scrutiny Committees to an event to consider the provision of Burn Centres.

9. **Cooption** (Pages 13 - 14)

To consider a report of the Governance Lead Officer with information on cooption and seeking the views of the Committee on whether to progress the matter further.

10. **Annual Work Programme** (Pages 15 - 20)

To consider a report of the Governance Lead Officer detailing the requirement for the preparation of an Annual Work Programme and outlining how this can be facilitated.

11. **Future Meeting Dates**

To consider dates for future meetings.

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care Scrutiny Committee** held on Tuesday, 16th December, 2008 at Council Chamber, Municipal Buildings, Earle Street, Crewe CW1 2BJ

PRESENT

Councillors A Richardson, G Baxendale, Mrs S Bentley, R Fletcher, Miss S Furlong, Ms O Hunter, Mrs S Jones, A Martin, A Moran, Mrs L Smetham, A Thwaite and J Wray

Apologies

Councillors Mrs D Flude and M Hardy

1 APPOINTMENT OF CHAIRMAN

RESOLVED: That Councillor A Richardson be appointed Chairman of the Health and Adult Social Care Scrutiny Committee.

2 APPOINTMENT OF VICE CHAIRMAN

RESOLVED: That Councillor G Baxendale be appointed Vice Chairman of the Health and Adult Social Care Scrutiny Committee

3 APOLOGIES FOR ABSENCE

Apologies for Absence were received from Councillor D Flude and M Hardy.

4 DECLARATIONS OF INTEREST

RESOLVED: That the following Declarations of Interest be noted:

- (a) Councillor A Richardson – personal interest on the grounds that he was a Member of Cheshire County Council and Crewe and Nantwich Borough Council;
- (b) Councillor G Baxendale - personal interest on the grounds that he was a Member of Congleton Borough Council and Congleton Town Council;
- (c) Councillor R Fletcher – personal interest on the grounds that he was a Member of Cheshire County Council, Congleton Borough Council and Cheshire Fire Authority;
- (d) Councillor S Jones – personal interest on the grounds that she was a Member of Alsager Town Council;
- (e) Councillor A Moran – personal interest on the grounds that he was a Member of Cheshire County Council and Nantwich Town Council;
- (f) Councillor A Martin – personal interest on the grounds that he was a Member of Nantwich Town Council;
- (g) Councillor A Thwaite – personal interest on the grounds that he was a Member of Congleton Borough Council.

5 PUBLIC SPEAKING TIME/OPEN SESSION

There were no Members of the Public present who wished to address the Committee.

6 SCRUTINY OF HEALTH AND ADULT SOCIAL CARE

The Committee considered a Report of the Governance Lead Officer outlining the Committee's responsibilities in relation to Scrutiny of Health and Scrutiny of Adult Social Care.

The Report outlined the primary aims of Health Scrutiny:

- To ensure that Health Services reflect the views and aspirations of local Communities;
- To ensure that all sections of local communities have equal access to services;
- To ensure that all sections of local communities had an equal chance of a successful outcome from services.

The Committee's Terms of Reference were circulated.

The report outlined the requirement under the Health and Social Care Act 2001 (consolidated into the NHS Act 2006) that local authorities with Social Care responsibilities establish scrutiny arrangements to respond to consultations by NHS bodies about substantial variations and developments (SVDs) to Health Services. SVDs were not defined in Regulations but Overview and Scrutiny Committees (OSCs) and NHS bodies were encouraged to develop local criteria about what might be regarded as "substantial" locally.

The report explained how the status, profile and expectations placed upon Health Scrutiny had increased over recent years including an assumption by the Healthcare Commission that the OSC would contribute to the Annual Health Check Performance Assessment of Individual Trusts and also Government Guidance that Scrutiny could best "add value" by focusing on Commissioning of Services in particular joint Commissioning. This had led to the assumption that Health Scrutiny processes should embrace not only Health but also Adult Social Care Services. Under these arrangements statutory obligations were placed on the Committee to monitor performance on Adult Social Care including receiving Inspection Reports.

The report listed the Partners with whom the Committee would be likely to work including the expectation that the OSC liaise closely with the Local Involvement Network (LiNK) which was a network of local people and organisations funded by Government and supported by an Independent organisation and was set up to hold Commissioners and Providers to account.

The Committee was advised of joint working arrangements that currently existed between the County Council and Wirral MB Council to support a Joint Scrutiny Committee of the Cheshire and Wirral Partnership NHS Trust, the main scrutiny Committee had recommended that this should continue as a joint scrutiny arrangement.

The Report listed a proposed Induction Programme and suggested methods by which the Committee could manage its Work Programme. The Report outlined the current Co-option arrangements operated by the County Council's Health and Adult Social Care Scrutiny Select Committee and advised that it would need to consider whether it wanted to develop co-option arrangements.

RESOLVED: That:

- (a) the report be received and noted;
- (b) the current Terms of Reference for the Committee be noted;
- (c) the principle of holding Mid Point Meetings (between Committee meetings) be supported with the Chairman, Vice Chairman and Group Spokespersons being invited to attend;
- (d) the continuation of a Joint Scrutiny Committee with Wirral MB Council to scrutinise the work of the Cheshire and Wirral Partnership NHS Trust be supported and further information be submitted to the next meeting; and
- (e) the Induction Programme be supported and the Acute Trusts, LINK and Ambulance Service be invited to attend future Induction meetings.

7 FUTURE MEETING DATES

RESOLVED: That the next meeting be held on Tuesday 20 January at 2.00pm.

The meeting commenced at 4.00 pm and concluded at 4.40 pm

Councillor A Richardson (Chairman)

This page is intentionally left blank

CHESHIRE EAST COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Date of meeting: 20 January 2009
Report of: Governance Lead Officer
Title: Joint Health Scrutiny Committees

1.0 Purpose of Report

- 1.1 To inform the Committee about Joint Health Scrutiny Committees and to recommend the establishment of a Joint Scrutiny Committee in relation to the Cheshire and Wirral Partnership Foundation NHS Trust.

2.0 Decision Required

- 2.1 That the Committee:
- (a) note the position regarding Joint Health Scrutiny Committees; and
 - (b) recommend the Governance Committee to formally agree to the participation of the Authority in the joint arrangements with Wirral MBC to scrutinise the work of the Cheshire & Wirral Partnership NHS Trust and to appoint six representatives (with Deputies) to serve.

3.0 Financial Implications for Transition Costs

- 3.1 There are no implications for transition costs, except the funding of appropriate Member development in view of the new roles and responsibilities involved.

4.0 Financial Implications 2009/10 and beyond

- 4.1 To be considered as part of the overall support to be provided to the Scrutiny function.

5.0 Information

- 5.1 Where there are proposals for substantial variation or developments to NHS services affecting more than one overview and scrutiny committee, the consulting NHS body has a duty to consult all the OSCs affected. The Secretary of State has made Directions stating that in such circumstances, all local authorities within the area must establish a joint committee for the purposes of responding to the consultation,

using the method most appropriate to the areas and the issues being considered.

- 5.2 Such proposals will normally arise at a sub-regional, regional or even at a national level. On being notified of an individual proposal, the Committee will need to do is to come to a view on whether the proposal will have a significant impact on a substantial number of Cheshire East residents (for example, the Committee might feel that it should take a particular interest in changes to Maternity Services or Cancer Services; the same may not apply in relation to other more Specialised Services); and, if so, whether or not to participate in any Joint Scrutiny arrangements. In agreeing to be part of joint arrangements, the Committee will in effect be delegating to the Joint Committee the formal powers and responsibilities of a statutory consultee; however, if an decision is taken not to participate, the consulting Trust is entitled to take the view that the Authority has no comments to make on the proposal.
- 5.3 The only Standing Joint Committee in existence covers the work of the Cheshire & Wirral Partnership Foundation NHS Trust - the provider of mental health, learning disability and drug/alcohol services across Cheshire and Wirral. At its inaugural meeting, this Committee noted and endorsed a resolution of the main Scrutiny Committee to “support the principle of continuing Joint Scrutiny arrangements (with Cheshire West & Chester Council and Wirral MBC) of the Cheshire and Wirral Partnership NHS Trust”. It is understood that Wirral MBC are also keen to see the continuation of the current arrangements. No response has been received from Cheshire West & Chester. The existing Committee meets three times per year. The positions of Chair and Vice-Chair have alternated annually between Cheshire County Council and Wirral MBC (with Secretarial services being supplied by the Authority providing the Chair). The Chair of the Joint Committee for 2008/09 is Councillor Dorothy Flude.
- 5.4 Draft terms of reference for a continuing Joint Committee are attached. At present, the County Council and Wirral MBC each appoint six representatives (with Deputies) to serve on the Joint Committee. Should this Committee be content to proceed, and in order to ensure that there is little or no hiatus from 1 April, it is suggested that a recommendation be made to the Governance Committee that Cheshire East Council participates in the proposed joint arrangements and that representatives be appointed to serve.

For further information:

Officer: Robin Roberts

Tel No: 01244 972213

Email: robin.roberts@cheshire.gov.uk

DRAFT

**CHESHIRE EAST COUNCIL/CHESHIRE WEST & CHESTER
COUNCIL/METROPOLITAN BOROUGH OF WIRRAL
JOINT SCRUTINY COMMITTEE**

TERMS OF REFERENCE

- 1 to undertake the Scrutiny of, and report on, any matter relating to the planning, provision and operation of services provided by the Cheshire and Wirral Partnership NHS Foundation Trust (including commenting on the annual “health check” of the performance of the Trust) within the areas of Cheshire East Council, Cheshire West & Chester Council and Wirral Metropolitan Borough Council
- 2 to consider and comment upon any proposals submitted by the Trust for substantial development or variation in the provision of its services
- 3 to consider any matters referred to the Joint Committee by Cheshire East Council Health & Adult Social Care Scrutiny Committee, or Cheshire West & Chester Scrutiny Committee, or the Metropolitan Borough of Wirral’s Social Care, Health and Inclusion Overview and Scrutiny Committee
- 4 to consider any matters referred to the Joint Committee by the appropriate Local Involvement Network (LiNK)

Northern Burn Care Network
(including North Wales & the Isle of Man)



Fulwood House
2nd Floor
Old Fulwood Road
Sheffield S10 3TH

Tel: 0114 226 3912
Mobile: 07827 254678
Fax: 0114 226 3407

Email: Jayne.Andrew@ntcn.nhs.uk

To: Overview and Scrutiny Committee Chairs -
Please see Distribution List below

16 December 2008

Dear Colleagues

**Northern Burn Care Network Service Configuration for
Determining 'Centre-level' Care Providers
OSC Chairs Event – 2 February 2009
Cedar Court Hotel, Wakefield**

I am writing to you in my role as Chairman of the Northern Burn Care Network (NBCN) to invite to you to an event for OSC Chairs. The NBCN covers the geographical area of the North of England, North of Wales and the Isle of Man and spans three Strategic Health Authorities, NHS North West, NHS North East, NHS Yorkshire and the Humber as well as Health Commission Wales.

The NBCN was established approximately 12 months ago following a national review of Burn Care Services across England and Wales. The network which is lead by clinicians is responsible for overseeing the quality of Burn Care Services across the North of England and North Wales, how services are meeting the new National Burn Care Standards and providing clinical advice to the Specialist Commissioning Groups in each of the three SHA areas who are responsible for commissioning specialist services to meet the needs of their local populations.

The new Burn Care Standards require the relatively small number of patients (15 children and 38 adults) with the most severe/complex burns to be treated in Burn Centres where the centralisation of clinical expertise and support can lead to improved outcomes for patients. The NBCN is currently engaged in a process to decide the number of patients who will require centre level care,

how many centres should be designated across the North of England, North Wales and the Isle of Mann and where these centres should be located. The outcome of this work and the recommendations for centre level care in the northern network need to be with the National Burn Care Group by 16 June 2009.

Currently the main burn care providers across the network are:

- St Helen's and Knowsley NHS trust
- Alder Hey Children's NHS Foundation Trust
- Central Manchester and Manchester Children's University Hospitals NHS Trust
- University Hospital of South Manchester NHS Foundation Trust
- Lancashire Teaching Hospitals NHS Trust
- Mid Yorkshire Hospitals NHS Trust – Pinderfields Hospital
- Sheffield Children's Hospital NHS Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- The Newcastle Upon Tyne NHS Foundation Trust
- South Tees Hospitals NHS Trust

In addition to the above there are other hospitals that provide care for people with minor burns.

All of the above providers will continue to provide burn services in the future but only a small number (yet to be determined) will also be designated Burn Centres for adults and children and provide care to those most severely burned.

As with any proposed service change I am keen to engage in a conversation with Overview and Scrutiny Committees responsible for the areas that could be affected by these changes. This is primarily to give you an early briefing on the work we have undertaken so far, to answer any questions you may have on the reasons for these changes, to share with you the process we are going through to decide on the number and location of Burn Centres and to secure your advice and support in taking these changes forward.

You may recall that you were invited to stakeholder engagement events held in Wakefield, Liverpool and Newcastle on 20, 21 and 24 October respectively. Four OSCs were represented at these events, three of which were from the North East. There are over 50 Overview and Scrutiny Committees (OSCs) across the Northern Burn Care Network.

The Department of Health has advised that an event for OSC Chairs would be an appropriate and pragmatic way for us to engage with you. We have discussed this approach with a small number of OSC Chairs and they have been supportive.

I hope you agree that it is essential that OSC Chairs have the opportunity to meet together and discuss these proposed changes. I should therefore like to invite you to attend an event to be held from 10 a.m. – 4 p.m. on the 2 February 2009 at the Cedar Court Hotel, Wakefield (just off junction 39 of the M1). This will provide the opportunity for you to meet the network team and for us to discuss in more detail the proposed changes to Burn Care Services. The event will be co-chaired by three OSC Chairs – one from each of the Network's geographical patches – Yorkshire and the Humber, the North West and the North East.

I do hope that you are able to attend and contribute to what is a very important development for Burn Care Services both within this Network and the whole of England and Wales.

I should be grateful if you would confirm your attendance to Karen Scott, PA to Jayne Andrew, Network Manager on Karen.scott@shsc.nhs.uk no later than **26 January 2009**. In the meantime, if you have any queries regarding the above or wish to discuss further then please do not hesitate to contact Jayne on 0114 226 3912.

Yours faithfully

Mike Potts
Northern Burn Care Network Chair

Distribution List

To OSC Chairs:

YORKSHIRE & THE HUMBER

North Lincolnshire
North Yorkshire
East Riding of Yorkshire
Kirklees
West Yorkshire, Bradford Council
York Council
Sheffield
North East Lincolnshire
Rotherham
Barnsley
Leeds
Calderdale
Doncaster
Hull
Wakefield

NORTH EAST

Darlington
North Tyneside
Gateshead
Stockton-on-Tees
South Tyneside
Hartlepool
Middlesbrough
Northumberland
Sunderland
Redcar & Cleveland
Durham
Newcastle-upon-Tyne

NORTH WEST

Blackburn with Darwen BC
Blackpool BC
Bolton MBC
Bury MBC
Cheshire CC
Cumbria CC
Halton BC
Knowsley MBC
Lancashire CC
Liverpool City Council
Manchester City Council
Oldham MBC
Rochdale MBC
St. Helens MBC
Salford City Council
Sefton MBC
Stockport MBC
Tameside MBC
Trafford MBC
Warrington BC
Wigan MBC
Wirral MBC

cc: David McNally - NHS North West
Tim Barton - NHS Yorkshire and the Humber
Martin Wilson - NHS North
Ailsa Clare - Yorkshire and the Humber Specialised Commissioning
Chair
Leigh Griffin - North West Specialised Commissioning Chair
Chris Reed - North East Specialised Commissioning Chair
Jayne Andrew – Northern Burn Care Network Manager

CHESHIRE EAST COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Date of meeting: 20 January 2009
Report of: Governance Lead Officer
Title: Cooption

1.0 Purpose of Report

- 1.1 To provide further information on cooption and seek the views of the Committee on whether to progress the matter further.

2.0 Decision Required

- 2.1 The views of the Committee are invited on whether or not to progress the matter further at this time.

3.0 Financial Implications for Transition Costs

- 3.1 There are no implications for transition costs, except the funding of appropriate Member development in view of the new roles and responsibilities involved.

4.0 Financial Implications 2009/10 and beyond

- 4.1 To be considered as part of the overall support to be provided to the Scrutiny function.

5.0 Information

- 5.1 The Committee at its first meeting agreed to return to the matter of Cooption.
- 5.2 Subject to the views and the agreement of the Governance Committee, this Committee can coopt - in a non- voting capacity- any individual whose experience and views Members feel could be of benefit to them. On the other hand, there is no requirement to have a scheme of cooption. The existing County Committee has quite an extensive scheme with representation from each of the District Councils, Age Concern, Cheshire Disabilities Federation, Communities of Cheshire Partnership, Cheshire Association of Local Councils (though not all by any means attend regularly). Many other Health Scrutiny Committees do not have such schemes.

5.3 Some of the issues which this Committee will need to consider are:

- although liaison with other organisations is important, are there alternative means of achieving this without permanent cooption
- Members will need to be mindful of “balance” on the Committee
- if cooption is to be pursued, which sectors should be represented?
- term of office, appointment of substitutes
- how should potential conflicts of interest be handled

5.4 The views of the Committee are invited on whether or not to progress this matter at this time.

For further information:

Officer: Robin Roberts

Tel No: 01244 972213

Email: robin.roberts@cheshire.gov.uk

CHESHIRE EAST COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Date of meeting: 20 January 2009
Report of: Governance Lead Officer
Title: Annual Work Programme

1.0 Purpose of Report

- 1.1 To advise Members of the requirement for the preparation of an Annual Work Programme and to give consideration as to how to facilitate this.

2.0 Decision Required

- 2.1 The Committee is invited to agree its approach to the preparation of its Annual Work Programme.

3.0 Financial Implications for Transition Costs

- 3.1 There are no implications for transition costs, except the funding of appropriate Member development in view of the new roles and responsibilities involved.

4.0 Financial Implications 2009/10 and beyond

- 4.1 To be considered as part of the overall support to be provided to the Scrutiny function.

5.0 Information

- 5.1 This Committee, along with the main Scrutiny Committee, is expected to prepare an annual work Programme and to account for progress on that Programme at year-end. Set out below are some of the issues which the Committee will need to consider in drawing up its initial Work Programme.

- 5.2 Members have already noted that, as the statutory Health (& Adult Social Care) Scrutiny Committee it will be faced with a number of "must do's":

- Substantial Variations or Developments (SVDs) to local NHS Services
- Referrals – eg from LINKs, Petitions etc
- Annual Health Check of NHS Trusts

- Inspection Reports relating to Adult Social Care
- Annual Report on Complaints (Social Care)
- Call-Ins
- Annual Public Health Report

5.3 In dealing with each of the above, the Committee will generally be in reactive mode, responding to the proposals or concerns of others. Arguably, the Committee can have as much – if not more – influence when it is identifying/scrutinising the big cross-cutting strategic issues impacting on the health and well-being of the population in East Cheshire. For example, the Schedule of Scrutiny Reviews previously undertaken by the County Council which was reported to the last meeting of the Scrutiny Committee includes details on the following Reviews likely to be of interest to this Committee:

- Tackling Obesity
- Diabetes
- Support for Older People
- Community Support Centre
- Community First Responders

In addition there are other important strategic issues locally:

- Joint Strategic Needs Assessment
- Joint Commissioning
- Community Healthcare Project
- Social Care Redesign
- Financial Scenarios

5.4 Identifying the balance to be struck in drafting the Work Programme will need to take account of the resources likely to be available – financial, Officer-time and Member-time. As noted at the last meeting, tools available to the Committee include Mid-Point meetings to enable the Chairman, Vice Chairman and Group Spokespersons to meet with Health and Social Care colleagues to identify and prioritise - well in advance - the anticipated business for the Committee; a criteria check-list for identifying which proposals brought forward by the Trusts in the area are likely to be regarded as substantial developments/or variations in service requiring formal consultation (copy of existing check-list attached for information); the use of Task/Finish Panels etc.

5.5 Before it is agreed, the Committee ought to consult on its draft Work Programme – internally with the Cabinet and Management Team; externally, with local NHS Trusts and the LINK. At what stage will the Committee wish to do this?

5.6 The Committee has within its membership a mix of those who are experienced in the work of the Committee and those who are not. In order to enable as many Members as possible to achieve a

shared understanding of role, and bearing in mind the extent of change currently taking place, one option might be for the Committee in its initial year to confine its Work Programme to the “must do’s” and to use that experience to shape the Programme for subsequent years.

For further information:

Officer: Robin Roberts

Tel No: 01244 972213

Email: robin.roberts@cheshire.gov.uk

PROTOCOL ON CONSULTATION ON SUBSTANTIAL DEVELOPMENTS
OR VARIATIONS IN SERVICE (SDVs) IN CHESHIRE

1. This Protocol is designed to help NHS Trusts, the County Health & Adult Social Care Scrutiny Select Committee and Partner Organisations to be clear on the route for notifications/consultations on proposals for substantial developments or variations in NHS services in Cheshire.
2. Detailed changes to services can and do take place on a regular basis within individual Trusts. It would be totally unreasonable for Health Scrutiny to be involved in each one of these both for practical reasons and also in acknowledgement that engagement/consultation needs to be proportionate. The role of Health Scrutiny in the consultation process does have a statutory basis however, and the County Health & Adult Social Care Scrutiny Select Committee will need to be assured that it is being given a proper opportunity to exercise that role on behalf of the community.
3. Health Trusts have a duty under Section 7 of the Health & Social Care Act 2001 to consult Health Overview & Scrutiny Committees (OSCs) on any proposals for substantial developments or variations of health services. Nowhere is the phrase “substantial developments or variations” defined; rather this is left to local agreement.
4. Experience in Cheshire suggests that there are three levels of change to NHS services that would require notification/consultation:-

Level One

Where the proposed change is minor in nature – eg. Change of a Clinic time

In this case, the Health & Adult Social Care Scrutiny Select Committee would not wish to get involved direct, but would assume that the PPIF would be consulted.

Level Two

Where the proposed change -eg a Draft Local Delivery Plan, proposal to rationalise Community Health Teams etc. - will involve consultation with patients/carers/staff, but will not involve

- reduction in service
- change to local access to service
- large numbers of patients being affected

The Health & Adult Social Care Scrutiny Select Committee would wish to be notified at as early a stage as possible but unlikely to require it to be

dealt with formally as an SDV. A formal briefing may be required for Members. The local County Councillor will be informed by the County Council. The Health & Adult Social Care Scrutiny Select Committee will wish to ensure that all other appropriate organisations have been notified by the Trust.

Level Three

Where the proposal –eg a major Review of Service Delivery, Reconfiguration of GP Practices, Closure of a Unit - is likely to lead to

- reduction/cessation of service
- re-location of service
- changes in accessibility criteria
- local debate and concern

The Health & Adult Social Care Scrutiny Select Committee would regard this as a substantial change and would expect to be notified at as early a stage as possible to advise on the process of consultation and to be formally consulted by the NHS body in accordance with the Cabinet Office Guidelines of a 12 week consultation period.

5. Notifications under Levels 2 and 3 to be submitted to the Scrutiny Policy Manager, Cheshire County Council who will report these in the most appropriate format to Members of the County Health & Adult Social Care Scrutiny Select Committee. A decision as to whether a matter is to be regarded as a Level 2 or a Level 3 will be taken initially by the Chair and Spokespersons of the Scrutiny Select Committee (consulting as necessary) and the decision taken notified as soon as possible to the appropriate Trust. In submitting the notification, the Trust should indicate its own view as to the most appropriate Level for the proposal, although the final decision on this will rest with the Scrutiny Select Committee.

6. In relation to Level 3 matters, the Scrutiny Select Committee will consider and determine how its response to the formal consultation is to be prepared – eg by the Committee itself, by a Task/Finish Panel, by another Local Authority or representative Group. The Scrutiny Select Committee will wish to ensure that the membership of any Task/Finish Panel wherever possible reflects the interests of the County Committee, District Council(s) and appropriate locally based organisations, having regard at the same time to the need to have effective and efficient scrutiny arrangements in place. The consulting Trust will respond positively to all reasonable requests from Health Scrutiny for information or for the attendance of a representative(s) to enable a considered view to be formulated. The Trust will identify separately the Health Scrutiny response when considering the results of consultation and will thereafter formally respond to the Health Scrutiny comments.

This page is intentionally left blank