CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care Scrutiny Committee**
held on Wednesday, 10th March, 2010 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor Rachel Bailey (Chairman)
Councillor G Baxendale (Vice-Chairman)

Councillors S Bentley, S Furlong, S Jones, W Livesley, A Moran, J Wray, C Andrew, C Beard, A Martin and C Tomlinson

Apologies

Councillors D Flude

14 ALSO PRESENT

Councillor R Domleo, Portfolio Holder for Adult Services
Councillor A Knowles, Portfolio Holder for Health and Well-being
Councillor A Thwaite, Substitute Member
Councillor O Hunter, Cabinet Support Member

15 DECLARATION OF INTERESTS/PARTY WHIP

There were no declarations of interest made.

16 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public present who wished to address the Committee.

17 MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of the meetings of the Committee held on 13 January and 12 February be approved as a correct record.

18 CARE QUALITY COMMISSION

The Committee was briefed on the Care Quality Commission by Deborah Westhead and Hayley Moore.

Members were advised that the main aim of the CQC was to “Make sure people get better care” and this was facilitated by:

- Driving improvement;
- Putting people first and championing their rights;
- Acting swiftly to remedy bad practice;

- Gathering and using knowledge and work with others.

There was now a requirement for providers of health and social care to register with the CQC - NHS providers were required to register by April 2010, adult social care and independent healthcare providers by October 2010 and primary medical and dental services and others from 2011. CQC had been given stronger enforcement powers including the power to fine, suspend or ultimately close a service.

The CQC would undertake periodic reviews to assess the performance of organisations that commissioned and provided care and make sure they worked together better, would undertake special reviews of specific services or pathways of care or themes and also contribute information on care services to guide Comprehensive Area Assessments.

The key driver for change was to focus on how health and adult social care commissioners worked together to make care better for people.

A CQC assessment would replace the Annual Healthcheck for commissioner PCTs. The CQC would report on the PCT's performance against a number of commitments indicators and national priorities that were part of the Vital Signs framework as well as reporting on various scores the PCT received under other assessment processes such as World Class Commissioning.

Adult Social Care departments would receive an aggregated grade from the CQC based on outcomes for people who use services, CQC would report on the two domains covering leadership, commissioning and use of resources and score each Council in relation to the quality of regulated services it commissioned. A self assessment would be completed and to score "performing excellently" 4 out of the 7 outcomes must be judged as performing excellently with Outcome 7 "Maintaining Personal Dignity and Respect" judged as performing well.

The timescale meant that in September 2010 the CQC would share the grades/ratings from commissioner assessments with PCTs and Councils. Then in late November/December 2010 the CQC would publish adult social care grades and PCT ratings together as a single publication focusing on commissioners and around the same time the Comprehensive Area Assessment of commissioners would also be published.

The CQC was committed to listening and working with people and published Voices into Action to show how people's views would feed into its work. People would be involved in decision making, assessments, reviews and studies, surveys, as "Experts by Experience" and through bodies such as Scrutiny Committees and Local Involvement Networks.

The CQC would not need a commentary to be submitted about core standards for the NHS but had adopted a more flexible system that allowed information to be sent at any time via a form on the website, such information would be used as part of monitoring services. Any urgent concerns could be raised if local solutions could not be found.

Members of the Committee were then given the opportunity to ask questions and make points as follows:

- What reassurances could be given that inspection services would be effective? In response, D Westhead explained that the CQC had new powers, would seek views from a wide variety of groups including service users and carers, would conduct visits to all types of sites;
- Was there a role for Members in contributing to the Council's Self Assessment? The committee was advised that the Self Assessment for Cheshire East Adult Social Care service had been submitted but part of the budget consultation process had included Members challenging officers about performance. There was also a quarterly performance meeting attended by the Portfolio Holder and a representative of Overview and Scrutiny could attend these meetings too;
- It was possible to get lists of providers from the Third Sector but how could safeguards be built into this? In response, the Committee was advised that any detail about providers could be found by looking on the CQC website;
- Whether patients were asked how they liked to be addressed? It was explained that case notes should indicate this and monitoring this was a role that could be undertaken by the Local Involvement Network;
- What did the power to suspend services mean in practice? The Committee was advised that this was a new power but risks arising from suspending a service would be high, there may be a case for suspending a specific service but it was unlikely that a whole hospital would be suspended. It was vital that CQC were satisfied that services were safe. The ultimate sanction was to deregulate and close a service.

RESOLVED: That the presentation be noted and the Care Quality Commission be invited back to a meeting in the autumn 2010.

19 CHESHIRE EAST COMMUNITY HEALTH

Audrey Fitzpatrick, Director of Nursing and Quality and Deputy Managing Director, Cheshire East Community Health, briefed the Committee on the role of Cheshire East Community Health (CECH). CECH was the provider of community services to Central and Eastern Cheshire PCT and was formally launched on 30 June 2008.

CECH served a population of 460,000 and had a budget of £56m. It provided 26 Core Services which could be broken down into 83 sub specialities. Services were mainly commissioned by the PCT but also by three Practice Based Commissioning Consortia. The mission statement of CECH was "To deliver a positive patient experience through what we do and how we do it". CECH had various strategic objectives including establishing strong and effective partnerships with the community to ensure that patients, clients and carers experienced high quality and seamless care and support, to increase the accessibility and equity of high quality healthcare to the community and develop the use of technology to improve the delivery of quality based care.

A programme to transform Community Services had been launched on 13 January 2009 to transform delivery, ensure a patient centred approach focused on quality and outcomes and transactional change looking at costs, contracts, performance management and value for money.

CECH had made an interim declaration on healthcare and applied for registration which would come into effect in April 2010. The activities CECH was to be regulated for were urgent care services and treatment of disease, disorder or injury.

Members of the Committee were then given the opportunity to ask questions/raise issues as follows:

- How were cross boundary issues dealt with? In response the Committee was advised that there was work underway looking at out of area services, a patient registered with a PCT GP would be looked after by a PCT District Nurse and the focus would be on the patient;
- The role of the Urgent Care Centre was discussed and the Committee was advised that every PCT was required to have one such centre in its patch, in Central and Eastern Cheshire an Urgent Care Centre was situated at Mid Cheshire Hospital Trust site at Leighton Hospital and enabled patients to see a GP for urgent care. They were particularly effective in urban city centres where they were popular with full time employees and young people etc.

RESOLVED: That the report be noted and the role of the Urgent Care Centre be discussed at the mid point meeting.

20 SOCIAL CARE REDESIGN

Phil Lloyd briefed the Committee on the current position with Social Care Redesign. He reported that many people were now receiving direct payments and during the recent severe weather conditions all care arrangements had been maintained.

Provider services in Adult Social Care had been renamed as Care Force and developed as a separate entity. The focus was on reablement to increase independence in the longer term for people with complex conditions.

A Safeguarding Board had been established and a Chairman appointed.

There was an increasing move towards co-location of services and Local Independent Living Teams were being established.

An increasing area of work was with people with dementia and specific staff training was underway.

There was investment in IT infrastructure and an area for development was to work on preventative services.

The number of personal budgets had increased by 190% (although this was from a low base).

If any local Councils wanted to have a briefing on the Redesign officers would be happy to facilitate this.

A manager was currently considering how the Council would implement the National Dementia Strategy and this would include looking at the role of carers.

RESOLVED: that the update be noted and a briefing on implementing the National Dementia Strategy be made to the mid point meeting.

21 NORTH WEST AMBULANCE SERVICE

The Committee consider an update report from the North West Ambulance Service (NWAS) on progress with community and co-responder schemes.

A Community First Responders (CFR) regional forum was established in February 2009 to ensure full engagement was undertaken with CFR representatives across the North West region. A newsletter for CFRs had been introduced as part of various methods aimed at improving communication between NWAS and CFRs.

A local group had been established in Cheshire chaired by the Chief Executive of the Central and Eastern Cheshire Primary Care Trust (PCT). A co-responder scheme had been launched in conjunction with Cheshire Fire and Rescue.

An additional ambulance resource was to be deployed to serve the Nantwich area and its impact would be monitored closely. The individual CFR who had previously operated on blue lights in Nantwich had now had the blue light restored in recognition of the unique and special skill he brought to his role as a Nantwich CFR.

The NWAS had also developed a Chain of Survival strategy with 4 objectives:

- Improve public awareness of how and when to access emergency care;
- Increase the number of people in the North West able to provide basic emergency life support, including the use of an automated external defibrillator;
- Increase the availability of emergency medical equipment and in particular automated external defibrillators, for use in emergency situations;
- Increase the availability of advanced life support trained responders able to provide support to emergency ambulance crews.

The work would be overseen by a complementary resources steering group on which the Cheshire Association of Local Councils was represented. NWAS anticipated that Cheshire villages and small towns would develop Public Access Defibrillation and CFR schemes and this would be supported by a Cheshire Steering Group.

The new CFR scheme was soon to begin Crewe with four fully trained CFRs.

Members noted that in some cases local Councils purchased defibrillation equipment but felt that maintenance and battery replacement should be a role for NWAS. Members also felt that further information was needed on response times in Cheshire East and how these compared to other parts of the North West.

RESOLVED: that:

(a) the update report on the Community First Responders Scheme and Co-Responders be noted; and

(b) a further report be requested from the North West Ambulance Service on response times and standards of service.

22 CENTRE FOR PUBLIC SCRUTINY PILOT PROJECT

The Committee considered a report of the Borough Solicitor on the current position with the Centre for Public Scrutiny (CfPS) Pilot Project.

Cheshire East Council had successfully submitted a joint bid with Cheshire West and Chester Council to be a Scrutiny Development Area which would involve raising the profile of overview and scrutiny as a tool to promote community well-being and help councils and partners address health inequalities.

The initial work was to undertake a detailed mapping exercise to try to identify a clear picture of health inequalities and from that identify areas to undertake specific scrutiny work.

It was proposed that a joint Scrutiny Panel be established with Cheshire West and Chester Council to guide the work of the project.

RESOLVED: That:

(a) the progress made to date on the Pilot Project be noted;

(b) the initial work and proposed direction of the Project be endorsed; and

(c) 5 Members be appointed from this Council to the Joint Scrutiny Panel as follows – Councillors C Andrew, D Flude, S Jones, B Livesley and A Moran.

The meeting commenced at 10.00 am and concluded at 12.25 pm

Councillor Rachel Bailey (Chairman)