

Health and Adult Social Care Scrutiny Committee

Agenda

Date: Wednesday, 10th March, 2010
Time: 10.00 am
Venue: Committee Suite 1,2 & 3, Westfields, Middlewich Road,
Sandbach CW11 1HZ

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. **Declaration of Interests/Party Whip**

To provide an opportunity for Members and Officers to declare any personal and/or prejudicial interests or members to declare the existence of a party whip in relation to any item on the agenda.
3. **Public Speaking Time/Open Session**

Please contact Denise French on 01270 686464
E-Mail: denise.french@cheshireeast.gov.uk with any apologies or requests for further information or to give notice of a question to be asked by a member of the public

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

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

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

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

To approve the minutes of the meetings held on:

- 13 January 2010;
- 12 February 2010.

5. **Care Quality Commission** (Pages 11 - 34)

To consider the following documents on the Care Quality Commission (CQC):

- Report of the Borough Solicitor;
- Introduction and overview of the assessment process for health and adult social care commissioners 2009/10;
- The aims and principles of the review of commissioners;
- Key milestone dates;
- Voices into Action – guidance for Overview and Scrutiny Committees.

Deborah Westhead, Ann Gray and Hayley Moore from the Care Quality Commission will attend to present to the Committee on:

- Annual Assessment of Commissioners of Health and Adult Social Care 2009-10 and
- the role of Overview and Scrutiny and the relationship with the CQC.

6. **Cheshire East Community Health**

To receive a presentation by Audrey Fitzpatrick on Cheshire East Community Health.

7. **Social Care Redesign**

The Committee has received a number of updates on the redesign of Adult Social Care and a verbal update on the current position will be made at the meeting.

8. **North West Ambulance Service** (Pages 35 - 38)

To consider a report of the North West Ambulance Service.

9. **Centre for Public Scrutiny Pilot Project** (Pages 39 - 42)

To consider a report of the Borough Solicitor.

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care Scrutiny Committee**

held on Wednesday, 13th January, 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, D Flude, S Furlong, S Jones, W Livesley, A Moran,
J Wray, C Andrew, C Beard, A Martin, C Tomlinson and A Thwaite

Apologies

Councillors A Knowles and R Domleo

1 DECLARATION OF INTERESTS/PARTY WHIP

There were no declarations of interest made.

2 PUBLIC SPEAKING TIME/OPEN SESSION

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

3 MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of the meeting of the Committee held on 18 November 2009 be approved as a correct record.

4 THE CHESHIRE AND WIRRAL COUNCILS' JOINT SCRUTINY COMMITTEE

The Committee considered the minutes of the meeting of The Cheshire and Wirral Councils' Joint Scrutiny Committee held on 30 November.

RESOLVED: That the minutes be received.

5 NORTH WEST AMBULANCE SERVICE

Sarah Byrom, Director of Performance and Patient Experience and Tim Butcher, Assistant Director Performance Improvement, North West Ambulance Service (NWAS) briefed the Committee on Infection Control and the Foundation Trust application.

NWAS had received an unannounced inspection by the Care Quality Commission (CQC) in July 2009 of its infection control procedures; a Warning Notice was issued and an Inspection Report outlined specific areas for improvement. NWAS

already had 92 Infection Control Staff Champions, a Specialist Paramedic of Infection Control and over £100,000 investment into the deep cleaning of vehicles. These measures were strengthened by:

- A comprehensive audit programmed to ascertain cleanliness levels;
- A deep clean of all vehicles that was completed by the end of September 2009 – this meant the vehicle was taken off the road and all fixtures and equipment cleaned using specialist materials, this was undertaken every 6 weeks;
- An on-going programme of deep cleaning;
- A review of all procedures and training/learning materials for staff;
- Recruitment of 3 more Infection Control Specialist Healthcare professionals.

A follow up inspection was carried out by CQC on 3 November 2009 and NWAS was declared fully compliant. The Trust was committed to maintaining high levels of cleanliness and had an Audit Programme to ensure continuous monitoring of levels and a mandatory staff training programme in place.

The Foundation Trust status was still a priority for the Trust who had revised the timeline to enable a focus on delivering performance. NWAS was committed to a comprehensive public consultation which would focus on vision and values, future direction of travel, governance and membership. The consultation would be carried out using various methods including using existing forums and meetings, specifically targeted events, staff engagement and website and electronic communication. The current programme was to submit the business plans and financial model in April 2010 and consultation to be undertaken between July 2010 – September 2010; this would see a potential authorisation date of April 2011.

Members discussed the presentation and raised the following points:

- What standards of cleanliness applied to subcontractors? In response the Committee was advised that the same standards of cleanliness applied to all providers and monitoring procedures would be advised to a future meeting;
- The target membership for Foundation Trust status was 8000 including staff;
- What progress had been made in relation to the Nantwich Co-Responders/First Responders scheme? In response, the Committee was advised that there was a strong commitment by NWAS to resolve this issue and a Working Group had been set up, chaired by the Chief Executive of the Primary Care Trust, an update would be made at the mid point meeting; NWAS had around 3500 successful Community First Responders Schemes in the North West;
- NWAS would try to attract membership as part of its Foundation Trust application from a wide variety of groups and it was suggested that the Youth Council be consulted about engaging young people.

RESOLVED: That the update from the North West Ambulance Service be noted.

6 THE FINANCIAL SITUATION OF CENTRAL AND EASTERN CHESHIRE PRIMARY CARE TRUST AND CHESHIRE EAST COUNCIL (ADULT SOCIAL CARE SERVICE)

Fiona Field, Director of Governance and Strategic Planning, Central and Eastern Cheshire Primary Care Trust (CECPCT), briefed the Committee on the financial situation of the PCT. The PCT was committed to achieving financial balance by March 2011. PriceWaterhouseCoopers (PWC) had validated the PCT Sustainability Plan as deliverable by the PCT. PWC had identified the top 20 providers and the PCT was working with these to identify and deliver efficiencies. The PCT had engaged with GPs to deliver savings around the prescribing budget. There were no figures available at the moment regarding the impact of the recent severe weather but there had been a rise in trauma cases in acute trusts among all age groups and an increase in cases of Chronic Obstructive Pulmonary Disease.

John Weeks, Strategic Director People, briefed on the Local Authority budget process – a pre-budget booklet was now available and a formal consultation process underway. In adult services a reduction of £3 million was proposed for 2010 – 11 and building based services were being looked at as well as transport, in conjunction with partners. The redesign of Social Care had meant detailed analysis of services leading to redesigned teams so that complex cases could be dealt with by qualified social workers with less complex cases being dealt with by other staff. The focus would be on reablement - an early targeted intense intervention aimed at addressing and improving a mental or physical disability. Quality of all services would be closely monitored.

A Scrutiny Budget Task Group had been established with representation from each of the Scrutiny Committees. Special meetings would be held for each Scrutiny Committee to look at the budget in relation to the Committee's remit.

RESOLVED: That the current position in relation to the financial situation of the Council and the Primary Care Trust be noted.

7 VISION AND STRATEGY FOR INTEGRATED CARE

The Committee considered a report on a proposed programme of work being developed by the Council and its NHS partners. The Council had previously approved a report on Jointness between the Council and PCT and this report outlined work undertaken to progress the joint approach as well as identifying specific recommendations for taking forward joint working.

The programme of integrated working had adopted a vision to improve the health, care and wellbeing of all Cheshire East's people with two objectives:

- To improve the experience and outcomes for people who use services;
- To reduce costs and improve efficiency.

Outcomes for people were that they should:

- Find it easier to get the help they need;
- Have more choices available to them;

- Gain greater control of the resources made available to address their needs;
- Get quicker and more effective results.

The initial priorities had been identified as integrating pathways from within Urgent Care, Services for sick children, young children and families, and households that use care services frequently.

A compact had been agreed and signed by all partners – Cheshire East Council, Central and Eastern Cheshire PCT, Cheshire and Wirral Partnership NHS Foundation Trust, East Cheshire Hospitals Trust, Mid Cheshire Hospital NHS Foundation Trust, Cheshire East Community Healthcare - who were committed to working together to improve efficiency and reduce costs.

RESOLVED: That the current position of integrated working between the Council and its NHS partners be noted and supported.

8 TRANSFORMATION OF SERVICES FOR ADULTS PHASE 2

The Committee considered a report of the Strategic Director People on the current position with the Transformation of Services for Adults Phase 2. The principles underpinning the transformation were:

Delight Customers – easy access to services, locally based services, services that kept people safe and well for as long as possible, personalised services with choice and control over resources, most issues and enquiries resolved at the first point of contact;

Manage costs – better and more flexible use of council and partners resources and assets, services provided by people/organisations best placed to deliver, sharing support services where possible, provide services core to business, better use of appropriate technology, outcomes measured and improvements evidenced;

Develop culture – lean services to suit customers, active engagement and involvement of customers and all partners, experiment with new methods, invest and support people, work as one team across organisational boundaries.

The report listed progress in a number of operational areas - the first locality team had been launched in Wilmslow in July 2009 and other areas were to be rolled out by February 2010. There had been an increase in Direct Payments and Individual Budgets and evidence suggested users were purchasing leisure services to improve outcomes within their individual budgets which would have implications across the wider Council. Progress in other areas of the transformation programme included:

- reduction of in-house provision of routine domiciliary care as this could be provided by the independent sector, focus the in-house service on reablement;
- a review of use of buildings within Adult Services aimed at rationalising and localising functions across services;
- rationalise the current stock of Community Support Centres and create a purpose built new facility, subject to a business case;
- review current provision of the hot meals service;

- review shared transport service jointly with Head of Regeneration and the PCT;
- approve and progress specific joint commissioning and integrated service provision initiatives with the PCT.

Members of the Committee congratulated staff of the homecare service for continuing the service during the severe weather and similarly the hot meals service. Members raised concern over whether personalisation could put vulnerable people at risk through having informal arrangements.

RESOLVED: That the report be noted and safeguarding vulnerable people be considered further at a future meeting.

The meeting commenced at 10.00 am and concluded at 12.15 pm

Councillor Rachel Bailey (Chairman)

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the Health and Adult Social Care Scrutiny Committee

held on Friday, 12th February, 2010 at Delamere 1, Floor 2, Delamere House, Delamere Street, Crewe, CW1 2JZ

PRESENT

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

Councillors S Bentley, D Flude, S Furlong, A Moran, J Wray, C Andrew, C Beard, A Martin and C Tomlinson

Apologies

Councillors S Jones and A Knowles

9 ALSO PRESENT

Councillor A Thwaite, Substitute Member
Councillor R Domleo, Portfolio Holder for Adult Services

10 DECLARATION OF INTERESTS/PARTY WHIP

There were no declarations of interest made.

11 PUBLIC SPEAKING TIME/OPEN SESSION

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

12 BUDGET 2010/2011

The Committee considered a report of the Borough Treasurer containing the formal consultation by Cabinet of the Budget for 2010/2011.

The report set out in detail the spending plans and income targets for the Council for the financial year starting on 1 April 2010.

Councillor Thwaite, Chairman of the Corporate Scrutiny Committee advised Members that the Committee had set up a Budget Consultation Group in December 2009 to oversee the consultation process for 2010/2011 budget. The group had met twice during January 2010, during which details of the officer/portfolio budget challenge sessions held in the run up to the consultation process had been discussed. In addition, dates for the budget cycle of Scrutiny meetings had been agreed. The group had been given an opportunity to question some key officers within the Council to seek clarity on critical aspects of the budget, and as a result, there were no outstanding matters that required action by the Committee.

The group had concluded that it needed to reconvene in April to make early preparations for the 2011/2012 budget consultation process to ensure that a clear timetable existed for all internal stakeholders to ensure that Overview and Scrutiny members played an active part in the budget formulation and consultation processes during 2010/2011.

In view of the limited time between the series of budget Scrutiny meetings to be held over the 11 and 12 February and the Cabinet meeting on 16 February, the Chairman sought authority to allow the Vice Chairman to formally report the Committee's views to the Scrutiny Chairs Group at its meeting prior to Cabinet on the 16 February when a composite response encompassing the comments of all five Scrutiny Committees would be agreed.

In relation to the Adult Services budget figures, Members were advised that it was intended to meet the procurement figure through methods including collective renegotiation of some contracts and rationalisation; the review of the third sector would focus on buying outcomes and looking at how the third sector could assist in the prevention and reablement approach; the transport review had two approaches – an overall corporate review of strategic provision of community and public transport and also a review of transport use by service users; review of building based services would look at under used facilities and decommissioning of buildings that were in poor condition and focus on fit for purpose facilities and outreach type services; the staffing review would ensure the staff profile met the needs of the service and was provided in the right location; additional income would partly be achieved by targeted work to ensure people claimed benefits to which they were entitled.

Members also considered the Health and Well-being budget and noted that a fundamental review of all health and well-being services was underway.

RESOLVED: That

(a) the budget proposals be noted; and

(b) the Vice Chairman be authorised to formally report the Committee's views to the Scrutiny Chairs Group at its meeting on the 16 February when a composite response encompassing the comments of all five Scrutiny Committees would be agreed.

13 PERFORMANCE MONITORING

The Committee considered a report of the Head of Policy and Performance on an overview of 2009 - 2010 performance for Cheshire East Council. Appendix 1 to the report summarised performance against the National Indicators (NI) that fell within the remit of the Committee.

The report indicated that of the 18 National Indicators reported for the Committee's area of responsibility, 7 were green, 5 were amber and 6 were red.

The Committee was advised that in some cases the poor performance could be related to the recording of data (National Indicator 134 – the number of

emergency bed days per head of weighted population) and this was to be addressed. However, in relation to NI 135 – Carers receiving needs assessment or review and a specific carer's service, or advice or information - officers were aware of a need to focus on carers. It was also noted that for NI 120 – all age, all cause mortality rate – the indicator was green for males and red for females, and it was important to have more detail behind these figures to a future meeting.

The Committee agreed that some specific training on performance monitoring would be useful for all Scrutiny Committee members.

RESOLVED: That:

- (a) the performance monitoring report be noted; and
- (b) the issue of support to carers be referred to the Mid Point meeting.

The meeting commenced at 10.30 am and concluded at 12.05 pm

Councillor Rachel Bailey (Chairman)

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CHESHIRE EAST COUNCIL

REPORT TO: Health and Adult Social Care Scrutiny Committee

Date of Meeting:	10 March 2010
Report of:	Cheshire East Borough Solicitor
Subject/Title:	Care Quality Commission – Performance Assessment Arrangements

1.0 Report Summary

1.1 This report concerns the arrangements made by the Care Quality Commission (CQC) for the performance assessment of providers of health and adult social care services, and the role of the Committee in the process.

2.0 Recommendations

2.1 The Committee is invited to –

(a) Consider the arrangements for Members to participate in the CQC's ongoing assessment of health and adult social care providers in the area; and

(b) Determine how best to respond, in accordance with the roles and responsibilities described in the attached Guidance document

3.0 Reasons for Recommendations

3.1 To enable the Committee to clarify its role in the CQC ongoing assessment process, and to develop appropriate working relationships with the CQC

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 All

6.0 Policy Implications including - Climate change - Health

6.1 None

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

7.1 None

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

8.1 None

9.0 Legal Implications (Authorised by the Borough Solicitor)

9.1 None

10.0 Risk Management

10.1 None identified

11.0 Background and Options

11.1 The CQC is the independent regulator of health, mental health and adult social care services provided by the NHS, local government and the private and voluntary sectors. By April 2010 the majority of health and adult social care providers will be required to register with the CQC, and must show that they are meeting the essential standards of quality and safety across the care sector. The registration system involves ongoing monitoring and checking of compliance, inspection and enforcement. As part of this process, the CQC wishes to develop ways of giving more weight to the views of service users, to help to inform the judgements made on the performance of care providers.

11.2 Overview and Scrutiny Committees (OSCs) have proved an important source of evidence of people's views and experience of health services, particularly through the previous "Annual Healthcheck of Performance" which is now discontinued. This annual approach has been replaced by a more continuous system of feedback, allowing OSCs to exercise more regular influence on the outcome of assessments. Committees will be able to provide information about any of the services which the CQC regulate, including the quality and safety of the care provided. As well as consulting OSCs the Commission has a duty to pay particular regard to the views of Local Involvement Networks (LINKs).

11.3 There is also likely to be some interrelationship between the CQC activities and the Department of Health's requirements for providers to publish their "Quality Account" annually, which involves both the OSC and the LINK in commenting on the contents of the draft Quality Account prior to formal publication.

11.4 In order to facilitate these arrangements and to help OSCs to be clear about their role and responsibilities in the assessment process, the CQC has now published Guidance, a copy of which is attached to this report for consideration by the Committee. In addition, the Commission is keen for its local area managers to develop appropriate working relationships with the Scrutiny Committees and officers. Accordingly representatives of the CQC will be present at the meeting to explain and discuss the Guidance document

12.0 Overview of Year One and Term One Issues

12.1

13.0 Access to Information

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

Name: Mike Flynn
Designation: Cheshire East Council Scrutiny Team
Tel No: 01270 686464
Email: mike.flynn@cheshireeast.gov.uk

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Commissioner assessment guide

Introduction and overview of the
assessment process for Health
and Adult Social Care
Commissioners 2009/10

About the Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care services in England. We also protect the interests of people detained under the Mental Health Act.

Whether services are provided by the NHS, local authorities, or private or voluntary organisations, we make sure that people get better care.

We do this by:

- Driving improvement across health and adult social care.
- Putting people first and championing their rights.
- Acting swiftly to remedy bad practice.
- Gathering and using knowledge and expertise, and working with others.

Vision and values

The Care Quality Commission aims to:

- put the people who use services first, be informed by what they tell us and stand up for their rights and dignity
- be independent
- be expert and authoritative, basing our actions on high quality evidence
- be a champion for joined up care across services
- work with service providers and the professions to agree definitions of quality
- be visible, open, transparent and accountable.

Our vision is of high quality health and social care which:

- Supports people to live healthy and independent lives
- Helps people and their carers make informed choices about care; and
- Responds to individual needs.

Introduction

What is the purpose of the guide?

The Care Quality Commission's statutory responsibilities include carrying out reviews of councils and primary care trusts, as commissioners of care. We are also working with other inspectorates on CAA, concluding on how a range of public sector agencies are working together to improve outcomes for people in their local area.

The guide sets out our approach to the assessments of the quality of Health and Adult Social Care Commissioners for 2009-10, to assess how well each Primary Care Trust (PCT) and Adult Social Care (ASC) department in councils in England have commissioned services for the people in its area. This will replace the Annual Health Check for Primary Care Trusts as commissioners. The guide also sets out how we plan to contribute the information we hold about health and adult social care to CAA for 2009/10. The guide is supported by a number of annexes.

Who this guide is for?

The guide is for use and reference by Commissioner PCTs and ASC departments. Within CQC the guide is for Regional Directors, Area Managers or equivalent (AMs), Local Area Managers (LAMs), Regional Intelligence and Evidence Officers (RIEOs), Assessors, and Service Inspectors (SIs) to use to assess health and adult social care.

Where can you find more information?

Signing up to the newsletter

<http://www.cqc.org.uk/newsandevents/newsletter.cfm> and regularly accessing the CQC Professional webpage

<http://www.cqc.org.uk/guidanceforprofessionals.cfm> will alert you when new briefings about the commissioner assessment process are available.

What is commissioning?

Commissioning by primary care trusts and councils assesses the needs and wishes of local people in order to make sure that they receive timely and good-quality services. Commissioning should meet the needs of the community, promote independence, provide choice, be cost effective and support the whole community by promoting health and wellbeing.

What are 'Assessments of Quality of Health and Adult Social Care Commissioners'?

The term 'Assessments of Quality of Health and Adult Social Care Commissioners' refers to our assessment of each Primary Care Trust and Adult Social Care department in councils in England. It will assess how well they have commissioned services for people in their area. Our assessment takes into account the impact of a range of commissioned services, using the information we hold about them, including the views of people who use those services.

What difference will this make for people?

Our assessments will allow people to have:

- Information about how well commissioners put people first, meet their needs and ensure the right outcomes;
- Assurances about the safety and quality of services;
- Assurances that where there is poor practice it will be highlighted;
- Assurances that commissioners are achieving value for money

Our assessments will also give us information that will help us to inform how we should seek to influence health and adult social care policy at either local or national level.

How to use the guide

The guide gives an overall description of the process, followed by sections containing detailed guidance and information. Some appendices will be published later to take account of learning from the first year of the Care Quality Commission and CAA.

What has changed for 2009-10 Assessment of Commissioners and why?

Consultation on the assessment process for 2009-10

We have already set out in high level detail the way we propose to carry out assessments of quality health and social care commissioners in 2009/10. This is set out in 'Reviews in 2009/10 - Assessing and rating health and adult social care organisations'. Before finalising our plans, we consulted with a range of stakeholders including NHS trusts, Councils, Local Involvement Networks, and independent providers of health and social care.

We have particularly taken account of the fact that 2009/10 is a transitional year between regulatory systems and approaches. In their responses to our consultation, the health and adult social care sectors favoured stability and consistency with existing frameworks in the lead up to changes for 2010/11.

Adult Social Care

We will produce an aggregated grade for each council, based on outcomes for people who use services. It will be calculated from the seven grades in the existing performance framework, based on outcome areas in '*Our Health, Our Care, Our Say*'¹. We will also report on two additional domains covering leadership, and commissioning and use of resources. This reflects little change from previous years.

We are introducing a new process of **qualified self declaration by councils** against the outcomes. In prescribed circumstances this will replace the submission of full self assessment evidence by councils and completion of a full assessment by CQC. Where a council declares they continue to be performing well or excellently, the judgement from 2008-09 will be carried forward into the 2009-10 assessment.

Key parameters to this approach will be;

- All councils will still be required to complete a **full self assessment for the dignity and respect outcome** - no self declarations will be allowed as this is where most of our evidence on council safeguarding appears;
- For the 32 councils judged as **performing excellently** in 2008-09 will have the opportunity to self declare on their performing well and excellently outcomes – the self declaration will only be challenged if any specified **adverse indicators of performance come to light** ;
- For the bulk of councils **performing well** last year will have the opportunity to self declare on their performing well and excellently outcomes. The **same reserve power to call in a full assessment** based on adverse indicators of performance will apply. In addition, up to **1 in 4 self declaring well councils will, based on a part risk/ part random sample, be required to complete the full self assessment**;
- The ability for CQC to **override the whole self declaration process if something really serious comes to light** will need to be used sparingly. We will specify the types of adverse indicator that could trigger the override – the list will include a new serious case review, a recent poor service inspection, and any other adverse evidence that might come to our notice. Only Director level staff will be able to authorise such triggers.

For 2009-10 we will **score each council's performance in relation to the quality of regulated services that they purchase**. This is a helpful stepping stone to the introduction of a National Indicator on this area, which is in the DH led programme for indicator development. We will also address councils' concerns about how this area of performance was assessed last year – this year we will apply quality ratings to a councils profile later to make the results more

¹ Department of Health, *Our health, our care, our say*, 2006.

contemporary and will have longer to talk through any issues around the scores prior to publication.

Primary Care Trusts (PCTs)

We will assess PCTs against 14 existing commitments indicators and 24 national priorities indicators in tiers 1 and 2 of the Vital Signs framework.

We will also provide a score for financial management based on the 'Managing Finance' part of the Audit Commission's use of resources assessment.

We will report a subset of the scores that PCTs have been awarded under the World Class Commissioning assessment of competency and governance.

We will not require commissioning PCTs to make a mid-year declaration on core standards as we will derive assurance in this transitional year from the outcomes of the World Class Commissioning assessment. During the year, PCTs will need to revise assurance systems and processes to reflect the implementation of full registration of NHS providers from April 2010.

Reporting Adult Social Care and PCT commissioner performance in 2009-10

There are two elements to the reporting of performance for ASC and PCT commissioners in 2009-10 that are distinct but linked. These are:

- reporting through the CAA framework;
- meeting the legislative requirement for reviewing, and assessing PCTs and ASC and then reporting on the assessment.

Reporting through the Comprehensive Area Assessment framework

The Comprehensive Area Assessment (CAA) examines how effectively local public services are performing together and the outcomes for the people they serve. It brings together a number of inspectorates, including the Care Quality Commission, to share data and intelligence. The aim is to provide a snapshot of the quality of services in each local area and to identify where more effort is needed, or where services have made exceptional improvements from which others may learn.

The results of the first of these annual assessments were reported in December 2009. As the providers and commissioners of health and adult social care play an important part in the quality of local services, our assessment of their performance is a major contribution to each CAA.

The ASC assessment will form the basis of our contribution to CAA and CAA will, in turn, inform the ASC assessment. The aim is to make sure that adult social care issues are appropriately covered in CAA through the alignment of the frameworks and process.

For the contribution of our health evidence to CAA we will provide a separate briefing for each area, which will be developed over the year.

Assessment and analysis of data will be extracted and formally provided at set points in the year for CAA purposes. This will be supported by further work with partner inspectorates, and may be supplemented with additional substantiated evidence at other points in the year to take account of a relevant service inspection or urgent emerging issue.

Our assessment of ASC will be embedded in both the area and organisational assessments of the CAA.

The aggregated outcome judgment for ASC will inform the Managing Performance element of the scored CAA organisational assessment as well as providing the narrative for the CAA area assessment. Our health contribution to CAA will inform the area assessment.

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Commissioner assessment guide

1.1 The aims and principles of the review of commissioners

This document sets out the aims and principles of the assessment process for the commissioners of health and adult social care

1.1 Commissioning by Councils and Primary Care Trusts (PCTs)

Our understanding is that both PCTs and Councils in their commissioning capacity will ensure that:

- Their assessment of current and projected future needs is reflected in the way they commission;
- People who use services have good information so that they can make better, more informed choices about the care they receive;
- People can make decisions about their care, regardless of whether they are entitled to financial support from the state;
- Assessments are carried out and opportunities are given to people to control their care;
- A range of services are available that are of high quality, improve outcomes for the people using them, and represent value for money;
- They work in partnership with people who use services, their carers and families, and other stakeholders;
- They monitor and review commissioning decisions and services in relation to improving health and wellbeing outcomes and, where appropriate, make changes.

What are the principles of the review for commissioners?

Commissioner assessment methodology is built around the following key principles:

- outcomes focused, assessing the areas that are important to people who use adult social care and health services, their carers and the public;
- respects the local autonomy of Councils and PCTs;
- based on evidence that reflects local priorities and is used locally;
- uses professional judgement;
- proportionate, sustainable, transparent, and adds value; and
- robust quality assurance processes.

What are the aims of reviews of commissioners?

The assessment of health and adult social care (ASC) performance by the regulator is our contribution to the improvement agenda for people who use services and their carers. We aim to:

- promote better outcomes, through continuous improvement in the quality of health and ASC, for people who use services and their carers;
- provide information about the performance of Councils and PCTs in providing health and ASC to people who use services, carers and the wider community which they serve;
- encourage organisations to seek improvement and provide value for money;
- explore whether there is effective partnership working between the Council, other relevant council departments, the NHS, the third sector and independent sector service providers; and
- assess the contribution of PCT and ASC to the work of the Local Strategic Partnership (LSP). This may be demonstrated through progress against Local Area Agreement (LAA) targets, any other local targets outside the LAA and the implementation of the outcomes from the Joint Strategic Needs Assessment (JSNA).

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Commissioner assessment timeline for 2009/10

1.2 Key milestone dates for 2009/10 Commissioner Assessments for Health and Adult Social Care

TIMELINE – 2009/10

Set up Engagement meeting to take place	Meeting to take place to confirm engagement activity for 2009/10.
February 2010	Letter from the Chief Executive of CQC to confirm the process for 2009/10 annual commissioner assessment. Publication of the Commissioning Assessment Guide and ongoing publication of supporting annexes launched.
February 2010	Self declaration process takes place for councils
April 2010	CQC submits interim assessment of adult social care in an area for CAA analysis.
March / April 2010	Adult Social Care Self Assessment is issued to councils for completion.
mid May 2010	Adult Social Care Self Assessment returned by the DASS to CQC.
July to August / September 2010	CQC continue to assess and analyse evidence for Commissioner Assessments, including its contribution to CAA, and the annual assessment of Adult Social Care outcomes.
September 2010	CQC shares grades / ratings from commissioner assessments with PCTs & Councils.
September 2010	CQC submits moderated judgements for CAA analysis.
October 2010	CQC publishes PCT commissioner assessments alongside publication of other NHS assessments.
October / November 2010	CQC and CAA representation processes held
Late November / December 2010	CQC publishes adult social care grades and PCT ratings together as a single publication, focusing on commissioners.
Late November / Early December 2010	The CAA assessment and organisational assessment of commissioners are published.

Voices into action

Working with us in 2010

A guide for local involvement networks (LINKs), overview and scrutiny committees, foundation trusts' boards of governors and other local voluntary and representative groups

February 2010, Issue 2



This is the second issue of our guidance. It gives you an update of how you can work with us. Thank you to those groups who have already sent us information about the health and adult social care issues that matter to you.

Key messages

Read the essential standards of quality and safety that people can expect from health services that are registered with the Care Quality Commission (CQC) from April 2010 and from adult social care services from October 2010.

www.cqc.org.uk/guidanceforprofessionals/registration/newregistrationsystem/howthenewregistrationsystemwork/complyingwithnewregulations.cfm

You can now send us information about any health and adult social care services **at any time** using our new web form at **www.cqc.org.uk/localvoices** or to our local staff.

Send your **information about providers of social care or independent health care by**

31 March 2010. This will help us decide whether they meet the essential standards of quality and safety.

Send your views about how well your local council is **commissioning (purchasing) adult social care services by 31 March 2010.** This will help us assess their performance for 2009/10. LINKs and overview and scrutiny committees can also comment on the information we already hold about councils' performance (see below).

Any information you send after this date is very important to help us monitor these services during the year. You can also continue to tell us about any NHS services or primary care trusts that commission services **at any time.**

What is the Care Quality Commission?

CQC is the independent regulator of health care and adult social care services in England. We also protect the interests of people whose rights are restricted under the Mental Health Act.

Whether services are provided by the NHS, local authorities or by private or voluntary organisations, we make sure that people get better care by:

- Driving improvement across health and adult social care.
- Putting people first and championing their rights.
- Acting swiftly to remedy bad practice.

- Gathering and using knowledge and expertise, and working with others.

People who use health and social care services are at the heart of our work, so we want to make sure that their voices are heard.

You can learn more about CQC on our website, by reading *About the Care Quality Commission* at www.cqc.org.uk/publications.cfm?fde_id=10979 and more about how we are involving people by going to www.cqc.org.uk/publications.cfm?fde_id=12419

How can you send information to us?

Your group can tell us your views and experiences of local services by sending information through our website at www.cqc.org.uk/localvoices or by talking to local CQC staff. Ring the National Contact Centre on 03000 616161 for details.

There is a form on our website to help you structure your information. It tells you the main areas we look at when we assess both providers and commissioners of services (including councils and primary care trusts). It also provides space for any other information that you think will help us. You can print off the form to decide which sections you want to complete. You do not need to fill in all the sections.

You can complete as many forms as you need about different providers or commissioners. You can also give us information that is about more than one organisation, or is about joined-up care. You may find it easier to send this information as an attachment to the form. You can attach any reports and surveys to the form when you submit it. It helps us if you can set out the key sections or messages in the box provided.

You do not need to show the information you send us to any health and social care services. However, we hope that you will use it as part of your discussions with local services about making care better.

The form is aimed at local groups. If you want to send us information as an individual, you need to ring our National Contact Centre in 03000 616161.

Do your local services meet our essential standards of quality and safety?

From April 2010, new essential standards of quality and safety are being introduced gradually across all health and adult social care services in England. By law, providers of health and adult social care will be registered with CQC if they meet essential standards and CQC will constantly monitor them to make sure they comply with the new legislation about to be passed in Parliament.

NHS trusts are the first to come into the new system, starting 1 April this year; they will be followed in October by providers of adult social care and by providers of independent health care. Over the coming two years, the system will include all dental practices and primary care too, including family doctors.

We need information from LINKs, overview and scrutiny committees and other groups to help us decide whether health and social care services meet these essential standards of quality and safety. In December 2009, we published our *Guidance about compliance: Essential standards of quality and safety* which can be found at www.cqc.org.uk/publications.cfm?fde_id=13512 and a summary version at www.cqc.org.uk/publications.cfm?fde_id=13510

Tell us about local councils that commission adult social care services in your area

We will continue to assess the performance of councils that commission adult social care services this year. The assessment will cover the period from April 2009 to April 2010. You can tell us what you think about local councils that commission or arrange the local adult social care services in your area. You can send us information using our webform, which sets out the main areas of performance we look at. For example:

- Do they put people first, to ensure they get the care they need?
- Do they make sure that their services are safe and of a good quality?
- Are they spending their budgets sensibly, to get the best services they can for people with the money available to them?
- Do they lead the services in their area well?

We would like to receive your information about councils by 31 March 2010.

We will also send all LINKs and overview and scrutiny committees the information we currently hold about your council's performance in a report, with a letter explaining how you can comment.

You can find out more about our assessments of councils at www.cqc.org.uk/guidanceforprofessionals/socialcare/councils.cfm

Do you have a complaint or concern about health or adult social care services?

The Care Quality Commission does not deal with individual complaints about services. If you have a complaint about a particular service, you should first contact the provider. For more information, go to www.cqc.org.uk

If you have urgent concerns about the wellbeing of a child or vulnerable adult, which may or may not be related to the quality or safety in a particular service, you should contact your local authority children's or adult social care department. For more information, go to www.cqc.org.uk

Top tips for sending us your views and experiences

- ✓ Tell us what matters most to your group and the people in your community.
- ✓ We are keen to hear about good care as well as services where improvements are needed.
- ✓ It helps us if you can name the providers or the commissioners of the services that you are giving us information about.
- ✓ Read about the new essential standards for quality and safety that we expect all health and social care services to meet. We will use these standards when we look at the information you give us.
- ✓ We are interested in recent experiences of care. It will help if you can give us information you have gathered since 1 April 2009.
- ✓ We are especially interested in whether care is 'joined-up' for people who need to use a range of different services and to hear the views and experiences of care of those people who have not been listened to, or have not received acceptable standards of care in the past.
- ✓ Try to find facts and examples to back up your information. These may include notes from a meeting or visit to a service, the results of a local survey, or a set of personal stories from individuals with dates and supporting documents.
- ✓ Please note that your information must not include any confidential or personal information, such as the names of individual patients or staff, or their contact details.
- ✓ You do not need to send us all the supporting information you have, but we may ask you to show us this to help us use your information.

What we will do with the information you send us?

Your information will become part of our profiles of health and adult social care organisations. This is where we keep all the information we have about each organisation. We will use your information:

- To help us spot problems or concerns in local services that we need to act upon.
- In our assessments and reviews of different types of organisations.
- To look at how well a service provider meets essential standards of quality and safety. This will help us decide if the service provider can register with us and be allowed to provide its services to local people.
- To help us decide if we need to ask a service provider to make improvements in some areas of its care, to show us that it will meet all these standards in future.
- To help us check whether primary care trusts and local councils are meeting the standards set for them by the Government to commission health and social care services in your area.

Giving you feedback

If you send us information through our website, we will send you an email to tell you that we have received it. We will also publish a report every year that says what we have done with the views and experiences of services that people have sent us. You will also get feedback from your discussions with local CQC staff about how we are using what you have told us.

Feedback about LINKs annual reports 2008/09

We have looked at all the LINKs annual reports for 2008/09 and checked them for any information that tells us about the quality or safety of individual providers of health or social care or about service commissioners.

Contact details and further information

Quality accounts and CQC

We will gather and use the information produced by NHS organisations in their quality accounts. This includes the information that comes from LINKs and overview and scrutiny committees. You do not need to send this information to us.

New consultation about our assessments of quality

We have published our national consultation on how we propose to assess the quality of health and social care services in the future. This includes how we will check on the quality of both service providers and commissioners. The consultation can be found at **www.cqc.org.uk/getinvolved/consultations/assessmentsofquality.cfm**

The deadline for comments is Tuesday 27 April 2010.

Giving us advice

We have set up an advisory group and sounding board for LINKs, overview and scrutiny committees, foundation trusts' boards of governors and other voluntary and representative groups to advise us on what we do and how we do it. For information about this, please contact **Clare.Delap@cqc.org.uk** or **Lucy.Hamer@cqc.org.uk** in the involvement team. These groups have now met and we will be posting information about their work on our website shortly at **www.cqc.org.uk/getinvolved.cfm**. Thank you to all those who have contributed to these groups so far.

You can also subscribe to our monthly newsletter by visiting our website at **www.cqc.org.uk/newsandevents/newsletter.cfm** or by ringing our National Contact Centre on 03000 616161.

If you would like to see the first issue of this guidance (November 2009) please go to **www.cqc.org.uk/publications.cfm?fde_id=13274**

We hope you find this information useful. If you have any other issues you want to discuss with us, please contact your local CQC staff or email **enquiries@cqc.org.uk** or ring our National Contact Centre on **03000 616161**.



North West Ambulance Service



NHS Trust

REPORT TO: Cheshire East Overview and Scrutiny Committee

DATE: 10 March 2010

SUBJECT: Update on progress with community and co-responder Scheme

FURTHER INFO: Asiya Jelani, Head of Communications on 01204 498400 or Asiya.jelani@nwas.nhs.uk

Purpose of the Report

This report provides a brief overview on the progress by North West Ambulance Service on the issue of Community First responder (CFRs) and Co-responder schemes in Cheshire.

Background

In February 2009, Nwas developed an action plan, signed off by its Trust Board, following the recommendations from the Cheshire Overview and Scrutiny Committee's Task & Review panel on the development of CFRs. This action plan has been progressed by the Trust and reported through to the OSC regularly.

Update

A CFR regional forum was established in February 2009 to ensure full engagement was undertaken with CFR representatives on behalf of all the CFRs from across the region. A Memorandum of Understanding was developed in consultation with this group to ensure that all CFRs were working to consistent guidelines across the region. This was implemented by Summer 2009. Since the inception of the CFR Forum, the Trust has utilised the opportunity to further improve communication between Nwas and CFRs through the provision of support by the Trust's Communications Team. This includes the establishment of a dedicated CFR newsletter (The Responder), use of respective websites and

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ongoing assistance in supporting the work of individual teams through press releases, editorial and other forms of publicity to regional media. In addition to assisting with recruitment drives, a region wide advert and editorial promoting the work of the CFR teams and encouraging new members has been produced as part of a GP Health Care Guide distributed through surgeries across the North West.

A local group was established in Cheshire, chaired by the CEO of the PCT, Mike Pyrah, which continues to meet to make progress. A co-responder scheme was launched in conjunction with Cheshire Fire & Rescue and began operating in September 09. This continues to be monitored closely and there are monthly meetings with the co-responders to discuss concerns and resolve issues.

In addition NWS' Chief Executive Officer, Darren Hurrell and Mike Pyrah have met locally with MPs, Edward Timpson and Stephen O'Brien in December and January to progress matters and an additional ambulance resource is soon to be deployed to serve the Nantwich area. The impact of this vehicle will be monitored closely and NWS will continue to liaise with community representatives to obtain their feedback on this service. In terms of the individual CFR who had previously operated on blue lights in Nantwich, continued discussions with key local people in Nantwich, have resulted in restoring his ability to use blue lights, in recognition of the unique and special skills that he brings to his role as a Nantwich Community First Responder (CFR). Close working will continue between all parties in the area.

On a broader level, the Trust has developed a Chain of Survival strategy which has four strategic objectives to;

- 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
-

This work is extremely positive and will be overseen by a complementary resources steering group (established in 2009) which the Cheshire Association of Local Councils has been represented on, the last meeting was held in August. The Trust is defining the objectives for next year over the coming few weeks and these will integrate into the Trust's business plans.

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The Trust anticipates that Cheshire villages and small towns will develop Public Access Defibrillation and CFR schemes, and that this will be supported by a Cheshire steering group (one of five 'county' groups that will be tasked with implementing the strategy through multi-agency working). It is hoped that the first meeting of this Cheshire steering group will meet after 1 April 2010.

CFR schemes in Cheshire

The number of individuals in the CFR schemes as a whole has increased by 25, bolstering existing schemes in Halton, Congleton, Knutsford and Holmes Chapel. NWS is now moving into new programmes in Frodsham, Crewe and Tarporley.

In Frodsham, NWS is working with the local council on a Public Access Defibrillation scheme and also one local resident has put themselves forward to be trained as a Community First Responder so a scheme will come on line there in a couple of months.

In Tarporley two residents have put themselves forward to be trained as Community First Responders so a scheme will come on line there in a couple of months. There will also be a Public Access Defibrillation scheme established there too.

A CFR scheme will soon be up and running in Crewe as four fully trained CFRs will be moving into this area.

Recommendations

The committee is invited to receive this report, and make any further observations or enquiries at/after the meeting on 10 March.

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CHESHIRE EAST COUNCIL

REPORT TO: Health and Adult Social Care Scrutiny Committee

Date of Meeting:	10 March 2010
Report of:	Cheshire East Borough Solicitor
Subject/Title:	Centre for Public Scrutiny Pilot Project

1.0 Report Summary

1.1 This report concerns the involvement of Cheshire East Council in a pilot project being undertaken by the Centre for Public Scrutiny (CfPS) in relation to tackling health inequalities. The report also outlines proposals for governance arrangements.

2.0 Recommendations

2.1 The Committee is requested to –

(a) note progress made to date on the Centre for Public Scrutiny - Tackling Health Inequalities using Scrutiny - Pilot Project;

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

(c) approve the proposal that a Joint Scrutiny Panel be established with Cheshire West and Chester Council comprising 4 Members from each Authority.

3.0 Reasons for Recommendations

3.1 To update the Committee on progress with the pilot project and formally establish governance arrangements.

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 All

6.0 Policy Implications including - Climate change - Health

6.1 Potentially improved knowledge and understanding of health inequalities and improved outcomes.

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

7.1 None

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

8.1 Not known at this stage.

9.0 Legal Implications (Authorised by the Borough Solicitor)

9.1 None

10.0 Risk Management

10.1 None identified

11.0 Background and Options

11.1 The Centre for Public Scrutiny (CfPS) Health Inequality Scrutiny programme is a two year programme funded by the Improvement and Development Agency's Healthy Communities Team to raise the profile of overview and scrutiny as a tool to promote community well-being and help councils and their partners in addressing health inequalities within their local community. This will be achieved by various methods including:

- Developing a resource kit designed to provide Councils with help, support and advice to encourage them to undertake scrutiny reviews of Health Inequalities;
- Identifying and working with four "Scrutiny Development Areas" who will have a key role in making the kit a comprehensive resource for local councils and partners, testing existing models of scrutiny and developing and defining new ones.

11.2 The CfPS encouraged Councils to submit joint bids to become Scrutiny Development Areas and, as the Committee will be aware, Cheshire East Council and Cheshire West and Chester Council submitted a joint bid, which was one of nine successful bids identified in January 2010. Since then one meeting has been held with officers of both Councils together with Linda Phipps who is the Expert Advisor for the duration of the project.

11.3 At that initial meeting discussions were held regarding key questions that the project is intended to answer together with key outcomes. Key questions were identified as:

- What can partners do to make more people live well for longer?
- How should partners work together to deliver a co-ordinated approach to tackling Health Inequalities?
- How should partners communicate health aspiration and messages to deprived areas?

11.4 The initial work will be 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. This may include mini reviews and/or case studies as well as various other work including identifying ways to ensure there is effective partnership working both internally and externally, identifying any barriers to health improvements with suggestions for overcoming these and proposals for implementing the Marmot Review (a Strategic Review of Health Inequalities in England post 2010, entitled Fair Society, Healthy Lives – published in February 2010).

11.5 Discussions have been held with Research and Intelligence colleagues who will be able to assist with the mapping work. Relevant teams within the Council and the PCT have been informed of the project and links identified with existing workstreams.

11.6 There is a sum of £5000 available (to be shared by the two Councils) to support the review in terms of public engagement/consultation exercises but other than that the review will be supported through existing resources.

11.7 It is important to now establish formal Member Governance arrangements to guide the work of the project and it is proposed that this be through a Joint Scrutiny Panel with Cheshire West and Chester Council comprising 4 members from each Council.

12.0 Overview of Year One and Term One Issues

12.1

13.0 Access to Information

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

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Designation: Cheshire East Council Scrutiny Team
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Email: denise.french@cheshireeast.gov.uk

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