

Health and Wellbeing Scrutiny Committee

Agenda

Date: Thursday, 28th July, 2011
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. **Declarations of Interest**

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

3. **Minutes of Previous meeting** (Pages 1 - 8)

To approve the minutes of the meeting held on 9 June 2011.

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

For any apologies or requests for further information, or to give notice of a question to be asked by a member of the public

Contact: Denise French
Tel: 01270 686464
E-Mail: denise.french@cheshireeast.gov.uk

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

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

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

5. **GP Commissioning Consortia**

To receive verbal updates on the role and development of Commissioning Consortia in Cheshire East.

6. **Minor Injuries Unit at Congleton War Memorial Hospital (Pages 9 - 12)**

To consider the report of Lesley Petrie, East Cheshire Hospital Trust.

7. **Local Involvement Network (LINK) Annual Report**

Barrie Towse, Cheshire East LINK Chair and Neil Garbett, Team Leader of the LINK support team, will present the Annual Report.

Copies of the Annual Report are enclosed.

8. **Work Programme (Pages 13 - 26)**

To review the current Work Programme (attached).

9. **Forward Plan (Pages 27 - 28)**

To consider extracts of the Forward Plan that fall within the remit of the Committee (attached)

Note: both items in the Forward Plan extract are listed with Corporate Scrutiny Committee as the relevant Scrutiny Committee. However, this is based on previous Scrutiny Committee remits. At the Council meeting on 21 July, a recommendation from Constitution Committee will be considered on Overview and Scrutiny Committee's Terms of Reference that proposes that this Committee will scrutinise the operational delivery of leisure and cultural services. The former Corporate Scrutiny Committee has undertaken some scrutiny work of both these issues.

10. **Consultations from Cabinet**

To note any consultations referred to the Committee from Cabinet and to determine whether any further action is appropriate.

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Scrutiny Committee**
held on Thursday, 9th June, 2011 at Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor G Baxendale (Chairman)
Councillor J Clowes (Vice-Chairman)

Councillors I Faseyi, S Gardiner, M Hardy, D Hough, A Martin, A Moran,
P Raynes, J Saunders and J Wray

Apologies

Councillors G Boston

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor G Boston and the Portfolio Holder for Health and Wellbeing, Councillor P Hayes.

2 ALSO PRESENT

Councillor B Silvester (visitor)

3 DECLARATIONS OF INTEREST

None

4 MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of the meetings of the Committee held on 10 March and 14 April be confirmed as correct records.

5 PUBLIC SPEAKING TIME/OPEN SESSION

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

6 TERMS OF REFERENCE, MEMBERSHIP AND MEETING DATES

The Committee considered a report of the Borough Solicitor on draft Terms of Reference, membership and meeting dates.

At the annual council meeting, approval had been given to splitting the responsibilities of the existing Health and Adult Social Care Scrutiny Committee so as to allow two new scrutiny committees to concentrate on the detailed work in the two areas: Adult Social Care, and Health and Wellbeing.

The powers of the existing Health and Adult Social Care Scrutiny Committee were set out in Appendix A to the report and in Appendix B were the proposed separation of powers and their allocation to an Adult Social Care Scrutiny Committee, and a Health and Wellbeing Scrutiny Committee.

Council had agreed the provisional terms of reference for the new Committees and extended an invitation to each of the Overview and Scrutiny Committees, the Scrutiny Chairmen and the Constitution Committee to consider the terms of reference and submit any views to the Borough Solicitor. A report would then be submitted to the July Council meeting to approve the terms of reference.

Members of the Committee queried the rationale behind the decision to split the responsibilities between two committees and were advised that it was based on the extra workload that would be generated by the transfer of the responsibility for public health into the Council from the Primary Care Trust. It was noted that the Cabinet Members' Portfolio responsibilities had not yet been finalised and until this had happened, Scrutiny Committee remits could not be finalised either. A meeting of the Scrutiny Chairmen's Group was to take place next week to discuss Cabinet Portfolio responsibilities with the Leader of the Council.

Members of the Committee strongly expressed the view that "wellbeing" should be a major part of its remit and this should be reflected in any approved Terms of Reference; this should include both the strategic and operational aspects of wellbeing. It was also felt that there would be strong links between the work of this Committee and the Adult Social Care Scrutiny Committee and it was therefore important to share work programmes in case any joint working was needed in the future; there may also be similar links with the Children and Families Scrutiny Committee. It was explained that this potential situation was recognised by officers and that one of the roles undertaken by the Scrutiny Chairmen's Group was to have an overview of all work programmes and ensure there was shared working where required and avoid any duplication.

The Committee also discussed frequency and timing of meetings and agreed that meetings should be held on alternate months on Thursday mornings.

RESOLVED: That

(a) the Borough Solicitor be advised that the Committee strongly believes that its Terms of Reference must include specific reference to "wellbeing" and this should cover both strategic and operational aspects of wellbeing;

(b) that future meetings of the Committee be held on alternate months on Thursdays commencing at 10.00 am as follows:

28 July;
8 September;
10 November;
12 January;
8 March

(c) that the membership of the Committee be noted.

7 NORTH WEST AMBULANCE SERVICE - QUALITY ACCOUNT AND CURRENT PERFORMANCE FIGURES

Tim Butcher, Assistant Director for Performance Improvement, North West Ambulance Trust (NWAS) presented the NWAS Quality Account on which the Committee was invited to comment.

The vision of NWAS was “Delivering the right care, at the right time, and in the right place”. NWAS provided a range of services:

- 999 paramedic emergency service;
- Patient transport service;
- Emergency preparedness;
- Urgent Care.

The Service had 3 emergency control centres and dealt with 1.1 million 999 calls a year and carried out 2 million Patient Transport Service journeys.

The organisation focused on Quality; Performance and Finance which reflected the importance of not just focusing on response times but also ensuring the right action was taken for the patient, once an ambulance arrived.

The service faced a number of challenges including overwhelming demand for urgent care via 999, overwhelming demand for unplanned on the day patient transport and an increase in health challenges in the North West.

The Emergency Care service needed to ensure that the national performance standards were met, it delivered against the new clinical and system indicators, minimised the number of extended waits by patients and the Control Centre infrastructure was strengthened,

The Patient Transport Service now comprised one single North West contract and a robust booking and call taking system had been introduced; eligibility criteria had been developed and applied and a bureau concept was being developed to look at the use of any available transport.

The service had a major role in emergency situations and had to ensure it was prepared to respond to any major incidents.

In relation to Urgent Care, the service had introduced, or was involved in, a number of initiatives including Hear and Treat (advice over the phone), See and Treat, an Urgent Care Desk (where a trained paramedic would phone the caller back), the 111 national scheme was to be piloted in Blackpool (for people needing urgent, but not emergency care, to call) and the NWAS Kitemark (where centres would be awarded the kitemark because NWAS knew what service was provided there and would transport a patient there rather than Accident and Emergency, if this was more appropriate).

The Committee was aware of the response time standards which had been outlined at previous meetings and these were now to be replaced by 2 categories:

- Category A (red calls) which required a response in 8 minutes with a 19 minute transport standard; and
- Category C (green calls) which were broken down into Green 1, 2, 3 and 4 with response times and telephone assessment times to be agreed.

There were also 13 new Quality Indicators covering various items including “outcome from cardiac arrest”, “outcome from stroke”, “time to answer call”, “service experience” and “time to treatment”.

Tim then introduced the NWS Quality Account. Looking back to last year, five areas had been identified for delivering improvements: End of Life care; Frequent Callers; Chain of Survival and Complementary Resources; Acute Stroke Care and Heart Attack. The Account outlined action taken under each heading to achieve improvement – in relation to Complementary Resources, a Complementary Resources Strategy had been adopted that had provided the basis for additional resources including 20 Community First Responder teams and 150 Automatic External Defibrillators, which had over 1000 people trained to use them. During 2011/12, an Extended First Responder role was to be introduced where individuals would be trained to higher levels to be able to deliver a broader range of immediate care until ambulance personnel arrived on scene.

In 2011/12, the Trust would measure and manage quality through the Department of Health’s introduction of 13 new quality indicators; the development and implementation of the Trust’s Quality Strategy and further developments of clinical leadership and education, which meant all new paramedic staff would undertake a graduate programme and all existing paramedic staff would be supported to undertake part time diploma and degree programmes.

Looking back to 2010/11, the Trust had identified a number of indicators to report on the quality of care:

- Patient Safety – this included both safeguarding issues and clinical safety. The Trust had specific staff undertaking Safeguarding roles and had introduced a centralised safeguarding referral pathway for both adults and children. All clinical and patient safety incidents were recorded and assessed for trend and cause analysis. The Medical Director also fulfilled the role of Director of Infection Prevention and Control and had support staff responsible for training and supporting staff and providing assurance that stations and vehicles were clean through independent audits. There were also more than 100 staff acting as Infection Control Champions. All vehicles would undergo a Deep Clean;
- Clinical Effectiveness – the Trust had developed a set of measures that identified how close staff were to performing a set of prescribed actions that were applicable in each of six clinical situations – asthma; cardiac arrest management, hypoglycaemia (low blood sugar) management, pain management, Patient Report Form completion and stroke management. The expected interventions for each clinical condition were grouped into sets of required clinical interventions known as Care Bundles – clinical effectiveness was measured in terms of all the interventions in the care bundle being carried out on each patient. A score of 50% meant that half of all patients seen with a condition had received the complete bundle of interventions required. Progress was reported to each meeting of the Board of Directors and ways of encouraging improved performance in the

future had been introduced including an incentive scheme that rewarded local budgets for good performance;

- Patient Experience – one measure of quality of care for ambulance services had always been response times and NWAS performance had improved but the Trust was disappointed that the Category A 8 had not been met for 2010/11 and the Category B target had not been met for a number of years; as outlined above response time targets were due to be changed for future years. In relation to public engagement a key task for the year ahead was to recruit a large public membership that was representative of the region for Foundation Trust status. A number of engagement events had been held and a Patient Experience programme launched. The amount and type of complaints and compliments was listed as well as contacts with the Patient Advice and Liaison Service (PALS).

The Committee also received the latest response time figures by Category and postcode area.

Following the presentation, Members were given the opportunity to ask questions or raise issues and the following points were made:

- With the permission of the Chairman, Councillor Silvester addressed the committee in relation to response times. He raised the issue that response times were still unmet in a number of postcodes in Cheshire East, particularly for Category A calls. In response Tim Butcher explained that the principle duty of the ambulance service was to respond as quickly as possible and then provide effective care once the ambulance had arrived. Managers had to take a balanced judgement as to where ambulances were located as it was a poor use of resources to have an ambulance stationed in an area where there were a low number of call outs. Work was underway with the local authority on how the two organisations could work together to improve response times including sampling cases where alternative services to an ambulance may have been appropriate but lack of local knowledge meant this was not possible; this would be reported to the committee at a later date;
- Whether NWAS had ambulances that could carry obese patients? The Committee was advised that NWAS had four specialised ambulances that could transport obese patients;
- Whether, in an incident that was not classed as life threatening, the specific needs of the patient would be taken into account, for example, if the patient was elderly? The Committee was advised that in such a case a higher level of response would occur;
- Were the cleanliness issues raised the previous year, now addressed? Members were advised that all cleanliness issues had been resolved and the Quality Account outlined measures taken to ensure high standards of cleanliness were maintained;
- It was noted that response times in Poynton were below target and whether there were reasons for this when it could not be classed as a rural area? In response, Tim explained that there may be possibilities to undertake cross border working with Manchester which could address specific issues in Poynton.
- The Community First Responders undertook a very useful role but was additional support available? In response, Tim outlined that Community First Responders (CFRs) were very effective and there were 17 such Groups in Cheshire East, as well as 5 Heart Start Groups and a number

of points where there was public access to defibrillators. Where CFRs were used there was always a back up response by ambulance ;

- Were any services sub contracted? In response, the Committee was advised that some patient transport services were sub contracted to the Red Cross and St John Ambulance service; the Trust also used volunteer car drivers who received mileage payments;
- What cross border arrangements were in place and were there any financial impacts? In response, the Committee was advised that NWAS did work with other Trusts, and ambulances from other areas would respond if they had vehicles nearer to the incident than those of NWAS; there was no payment made to other Trusts as NWAS ambulances may respond to other areas' incidents so there was mutual benefit.

RESOLVED: that

(a) the Quality Account be accepted, the content welcomed and the good work undertaken by NWAS as set out in the Account be recognised;

(b) the following additional comments on the detail of the Quality Account be made –

- NWAS must ensure that good clear communication will occur with patients and carers;
- the section on page 15 on Clinical Performance Indicators (CPIs) be reworded to explain more clearly the process of incentive and reward systems to be introduced with the aim of improving staff performance;
- it was noted that the reference to participation in clinical audits was a requirement;
- that a glossary of terms be included when the Quality Account is finalised; and

(c) NWAS be invited back to a future meeting to update on cross boundary work, including in the Poynton area, and the work of Community First Responders;

8 THE HEALTH AND WELLBEING SERVICE

Guy Kilminster, Head of Health and Wellbeing, briefed the committee on the following matters:

- The Health and Wellbeing Service – this was a service providing a range of leisure and cultural services including libraries, green spaces, Public Rights of Way and leisure services; however, a corporate restructure was underway with the results expected later in the year; Portfolio Holder responsibilities had also been reviewed with operational aspects of leisure and culture in the Environment Portfolio Holder's remit, libraries were in the Performance and Capacity Portfolio and the leisure and cultural strategy under the remit of the Health and Wellbeing Portfolio;
- The Health Inequalities Strategy and transfer of public health to the Local Authority – a Transition Board had been developed that included the Chief Executive; Director of Adults, Community, Health and Wellbeing; Director of Children's Services and Director of Public Health. In 2013 the Borough

would need to have a Health Inequalities Strategy in place and work towards this had begun through the development, over the next few months, of a Health Inequalities framework to identify the main areas of health inequality. There was a large amount of data which would be needed at Local Area Partnership level and the work of the Transition Board would include looking at existing data to assess its usefulness and identify any gaps in data.

During the discussion on the item, the following points were made:

- it was essential to have some analysis of data as well as the figures;
- there were wide variations within a LAP area;
- each LAP could play an important role as LAP members knew their area well and such local knowledge could help towards developing local solutions.

RESOLVED: that the update be noted and a further report be brought to the meeting in September.

9 **WORK PROGRAMME**

The Committee considered a report of the Borough Solicitor on the Work Programme. The Work Programme as submitted had been inherited from the former Health and Adult Social Care Scrutiny Committee and as such was likely to include a number of items relevant for the new Adult Social Care Scrutiny Committee and a number of completed items.

It was also noted that Portfolio Holders' functions and responsibilities had not been finalised and this Committee's remit was also to be considered at the Council meeting in July (as discussed earlier in the meeting). It was therefore more appropriate to wait until these matters had been finalised before considering the Committee's work plan.

RESOLVED: that the Chairman and Vice Chairman, together with the Scrutiny Officer, review the Work Programme, as submitted, for consideration at the next meeting.

10 **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 4 April.

RESOLVED: that the minutes be received.

11 **FORWARD PLAN**

There were no items on the current Forward Plan for consideration by the Committee.

12 **CONSULTATIONS FROM CABINET**

There were no consultations from Cabinet.

The meeting commenced at 10.00 am and concluded at 12.20 pm

Councillor G Baxendale (Chairman)

East Cheshire NHS Trust
MIU Proposal for continued service

Report of	Lesley Petrie – AD MBU
Paper prepared by	Lisa Nolan Service manager – Emergency department
Subject/Title	<ul style="list-style-type: none"> • Follow-up paper for the Overview and Scrutiny Committee regarding the proposal for the change in provision of MIU service at Congleton War Memorial Hospital
Background papers (if relevant)	<ul style="list-style-type: none"> • proposal for the change in provision of MIU service at Congleton War Memorial Hospital
Purpose of Paper	<ul style="list-style-type: none"> • To feedback to the committee following the stage 1 consultation
Action/Decision required	<ul style="list-style-type: none"> • To consider the report and approve the recommended option
Links to:	<ul style="list-style-type: none"> • NHSLA – standard 5 criterion 7 • CQC –regulation 17 • CQC –regulation 15 • CQC –regulation 10
Link to:	<ul style="list-style-type: none"> • MBU – pressures document 2009-10 • MBU – CIP document 2009-10
Resource impact	<ul style="list-style-type: none"> • Capital or revenue monies • Staffing resources
You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box.	<ul style="list-style-type: none"> • MBU – Medical business unit • MIU – Minor injuries unit • CWMH – Congleton war memorial Hospital • ENP – Emergency nurse practitioner • ED –Emergency department

1. Summary of proposal

The proposal to alter the opening times of the Minor Injuries Unit

This would provide a 10:00 to 18:00 service for an Emergency Nurse Practitioner at Minor Injuries Unit (along with an experienced Health Care Assistant working from 14.00 to 18.00 weekdays) and continue to provide a 08:00 to 20:30 at weekends.

The Emergency Nurse Practitioner would be mainly treating the walk-in minor injuries patients whilst the GP referral patients for suture removal and wound care would be treated by the Health Care Assistant where applicable and referred to the Emergency Nurse Practitioner when beyond their level of experience.

GP referral patients would be booked in at specific times thereby reducing the waiting times for these patients

This option would eliminate the risk related to lone working as the unit would have 2 staff for half the shift and the first part of the shift would be supported by the on-site radiographer.

With this option nursing staff would not be available to assist GP Out of Hours 18:30 to 20:30 Monday to Friday.

Reducing opening hours and providing a bookable service for GPs would protect the service at Congleton, provide back up for lone workers and improve the patients experience.

Current Opening hours	Proposed Opening Times
Monday – Friday 08:30 – 20:30	Monday – Friday 10:00 – 18:00
Weekends/Bank Holidays 08:00 – 20:30	Weekends/Bank Holidays 08:00 – 20:30

2. Background

East Cheshire Trust has provided a Minor Injuries service at Congleton War Memorial Hospital for 30 years or more for the local population.

The Minor Injuries Unit is currently staffed by a band 6 Emergency Nurse Practitioner who provides nursing assessment and treatment for patients presenting with Minor Injuries (problems e.g. strains, sprains, minor head injuries and minor burns and scalds) , follow-up wound care and GP referrals for dressings and suture removals.

In addition to this it supports GPs who provide a minor operations services.

The Emergency Nurse Practitioners based at the Minor Injuries Unit also support the GP Out of Hours service from 18.30 – 20.30 Monday to Friday and from 08.00 – 20.30 weekends. There is a call handler employed by GP Out of Hours service based in the MIU during these times.

The number of patients attending with minor injuries is low (average 18 patients per day) and is particularly skewed towards the 10am – 4pm .

All patients attending do so on a “drop in” basis and no appointments are made prior to attendance

The Emergency Nurse Practitioners currently work primarily on their own causing lone worker risks

Due to the diverse nature of the attending patients and the lone worker aspects of the role there are difficulties in recruiting staff to work at the unit.

The low numbers of patients attending the unit means that there is currently an inefficient utilisation of staffing resources

The Proposal to alter the Opening Times of the Minor Injuries Unit was presented to the Overview and Scrutiny Committee in February 2011. The Committee requested a level 1 consultation which was conducted by the Central and Eastern Primary Care trust

3. Summary of feedback

A summary of the feedback and the proposed actions can be seen in appendix 1.

4. Next steps

- A period of Staff Consultation and recruitment of a Health Care Assistant will be required prior to any change being implemented.
- A communication plan will be developed to sign post patients to the appropriate healthcare setting/provider.
- The Trust will work with Colleagues in Primary Care to ensure appropriate information is available for residents of the Congleton area regarding service provision for those requiring treatment for minor injuries

Appendix 1
Overview of feedback received and proposed actions

Organisation	Concern	Action
NWAS	No objections but some concern that the small numbers of people that would have gone to the MIU in Congleton may now opt to go to Macclesfield A&E using a 999 call. Ambulance performance is paramount and any increase in demand, however small may have an impact on this	A communication plan will be developed to sign post patients to the appropriate healthcare setting/provider. This will include information in the Unit itself, information in the Press and patient information leaflets in the GP surgeries detailing the new ways of accessing appointments at the MIU
Congleton GP Surgeries	<p>Wording of the background part of the proposal document should better reflect existing and proposed services.</p> <p>Similar concerns as above. The time gap between proposed closure time of the MIU and the opening time of the Out of Hours service (1800 – 18.30) needs consideration</p>	<p>The proposed paragraph has been added to the proposal paper in section headed “back ground”</p> <p>The GP Out of Hours patients and the MIU patient patients are two distinct patient groups. Discussions have been held between the GP Out of Hours Service regarding these changes. They have not expressed any concerns about the “gap”. Any confusion for patients with be addressed in the Coms plan.</p>
LINKs	<p>The CELINK have reviewed the concerns expressed by the GPs and how those concerns are being addressed and have offered the following comment:</p> <p>We understand that this proposal is now supported by the GPs.. Concerns have been addressed by the employment of a Health Care Assistant and for much of the time this means there will be two staff not one on duty which also addresses the problems of single staff working. Although we have received concerns from Congleton residents as to the contraction of opening hours, with the under usage at times we do not feel any objection would be sustainable. The current proposals appear to offer a sustainable service for the future.</p> <p>We feel it is vital that this is resolved as soon as possible and that the hours of opening are widely publicised.</p>	

CHESHIRE EAST COUNCIL

REPORT TO: HEALTH AND WELLBEING SCRUTINY COMMITTEE

Date of Meeting: 28 July 2011
Report of: Borough Solicitor
Subject/Title: Work Programme update

1.0 Report Summary

1.1 To review the items listed in the 2011 Work Programme.

2.0 Recommendations

2.1 That the current work programme be noted and considered further at an informal meeting to be arranged in August 2011.

3.0 Reasons for Recommendations

3.1 To progress the work programme in accordance with the Council's procedures.

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 Not applicable.

6.0 Policy Implications including - Climate change - Health

6.1 Not known at this stage.

7.0 Financial Implications for Transition Costs

7.1 None identified at the moment.

8.0 Legal Implications (Authorised by the Borough Solicitor)

8.1 None.

9.0 Risk Management

9.1 There are no identifiable risks.

10.0 Background and Options

- 10.1 The Committee inherited a work programme from the former Health and Adult Social Care Scrutiny Committee. At the last meeting, the Committee agreed that the Chairman and Vice Chairman, together with the Scrutiny Officer, should review the Work Programme; this has now taken place and the attached Work Programme reflects this review (Appendix 1).
- 10.2 At the meeting of the Scrutiny Chairmen's Group on 1 July, Members considered a report on Work Programme Setting Arrangements 2011/12. The timetable was agreed as below:
- July – September 2011 – Overview and Scrutiny Committees consider potential items for the Work Programme;
 - October - Cabinet Briefing considers potential items for Work Programme for 2011/12 and carry out at the same time the Annual Scrutiny Review to look at lessons learned from 2010/11;
 - October - Annual Scrutiny Review outcomes considered by Overview and Scrutiny Chairmen and draft Programme for 2011/12 agreed. This will include identifying clear links with corporate objectives;
 - Autumn - Overview and Scrutiny Committees receive Work Programme and begin planning its delivery.
- 10.3 In order to progress this, it is suggested that the Chairman and Vice Chairman hold 1:1 meetings with the relevant Portfolio Holders at an early stage; details of 1:1 meetings are below:

Briefing arrangements and 1:1 Meetings

The Overview and Scrutiny Team will make arrangements for regular briefing meetings between Cabinet Portfolio Holders and Overview and Scrutiny Chairmen and Vice Chairmen. These meetings are an opportunity for Cabinet Portfolio Holders (usually supported by Directors or Heads of Service) to keep the Overview and Scrutiny Chairmen briefed on developmental issues and items about future decisions.

- 10.4 Once the 1:1 meetings have taken place, an informal meeting of the Scrutiny Committee can take place; this will enable Members to give detailed consideration to the work programme based on any items raised at the 1:1 meetings, items already listed on the work programme and any items raised by members of the Committee. It is intended that relevant officers and Portfolio Holders will also be in attendance. It is proposed that this meeting takes place in August so as to enable the Work Programme to be endorsed at the formal meeting in September for consideration at Cabinet Briefing in October.
- 10.5 There has also been an item proposed by the Children and Families Scrutiny Committee regarding health and Cared for Children, where it was resolved that "discussions be held with the Health and Wellbeing

Scrutiny Committee regarding the joint commissioning of a Task and Finish Review of health and cared for children". This follows consideration of the Scrutiny Review report on Fostering Services; an extract of which is attached as Appendix 2. Councillor Flude, who chaired the Review, will be available at the meeting to give the background and answer any questions.

11.0 Access to Information

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

Name: Denise French
Designation: Scrutiny Officer
Tel No: 01270 686464
Email: denise.french@cheshireeast.gov.uk

This page is intentionally left blank

HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME

Ongoing items/reviews/Monitoring Papers

Issue	Description/ Comments	Suggested by	Portfolio Holder	Corporate Priority	Date for comple tion	Current position
North West Ambulance Service (NWAS) Performance Issues and Foundation Trust status	Committee to be kept updated on performance of NWAS in Cheshire East; NWAS and Adult Social Care to meet to discuss how the two organisations can work together to make improvements to response times including sampling of cases where alternative services to an ambulance	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East	On-going	To Committee in Autumn 2011

	may have been appropriate but lack of knowledge meant this was not possible.					
Diabetes/Obesity – Scrutiny Review	Task/Finish Group now submitted final report to Cabinet on 20 September 2010.	Committee	Health and Wellbeing; Children and Families	To improve life opportunities and health for everybody in Cheshire East	2012	Keep Action Plan under review - 2012
Annual Public Health Report	To receive a presentation on the Annual Public Health report and assess whether any issues should be a focus for Scrutiny	Committee	Health and Wellbeing	To improve life opportunities and health for everybody in Cheshire East	Yearly document	Autumn 2011
PCT Financial Sustainability and resultant Substantial Developments or Variations in Service (SDVs)	The Committee will continue to receive regular updates on the financial situation at the PCT and will need to be aware of any SDVs	PCT	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire	On-going	PCT's moving into larger clusters to act as a regional body for health – they are currently in the

	that arise as a result			East		process of appointing a CEO and Board. Need to establish a contact point for the Cheshire East area in the new structure.
Cheshire East Community Health (CECH) – now transferred to East Cheshire Hospital Trust -Services under Review GP Out of Hours service Community Dietetics, Nursing Home Doctors Scheme, Community Dental Services	The Committee will receive updates on the Review of services which may give rise to SDVs	PCT	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East	On-going	Noted that there could be a danger this might become too 'Macclesfield Focused'. Also a concern that it could be too hospital focused dealing with mostly reactive treatment to take people from hospital instead of working with CE to be proactive to keep people out of hospital. Review

Alcohol Services – commissioning and delivery in Cheshire East	New item not yet prioritised	The Cheshire and Wirral Councils Joint Scrutiny Committee	-	To improve life opportunities and health for everybody in Cheshire East		
Vaccinations	The preventative role of vaccinations; non take-up of MMR? new items not yet prioritised.	Councillors Baxendale/ Clowes	-	To improve life opportunities and health for everybody in Cheshire East		
Review of Joint Strategic Needs Assessment	The Joint Strategic Needs Assessment is a joint document produced by the PCT and the Council and is regularly updated. It will be a useful tool for informing Scrutiny of areas on which to focus work.	Committee		To improve life opportunities and health for everybody in Cheshire East	On-going	

Health Inequalities including life expectancy and Marmot Report	A Health Inequalities Strategy is to be produced and Scrutiny can have an input.	Committee	Health and Wellbeing	To improve life opportunities and health for everybody in Cheshire East	Update to Committee in September 2011	
Quality Accounts:	NHS Providers publish Quality Accounts on a yearly basis and are required to give Scrutiny the opportunity to comment.		-	To improve life opportunities and health for everybody in Cheshire East	Regular item in March/ April of each year	
Local Involvement Network (LINK) – Work Programme; Future arrangements and transition to Local Healthwatch	It is important to develop good working relationships with the LINK.	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East	On-going	LINK to present their Annual Report to the Committee on 28 July. The future of funding arrangements and repercussions on staff still unclear. Possible update

						to come to Committee?
The Cheshire and Wirral Councils' Joint Scrutiny Committee	It is important to share work programmes with the Joint Scrutiny Committee as there may be similar areas of interest.	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East	On-going	
Lifestyle Centres	Cabinet has previously approved an initiative in which public health functions are shifted into mainstream leisure centres so that day centres can be rationalised.	Mid point	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East		September 2011
Commissioning Strategy/Whole System Commissioning	Outline of the strategy and reassessment of building based care requirements.	Mid Point (071010)	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East; To		Due to undergo pilot with GP Consortia

				give the people of Cheshire East more choice and control about services and resources		
--	--	--	--	---	--	--

20 July 2011/djf

This page is intentionally left blank

4. Health and Wellbeing of those in Foster Care

Looked after children and young people share many of the same health risks and problems as their peers, but they frequently enter care with a worse level of health due to the impact of poverty, abuse and neglect. Evidence suggests that looked after children are nearly five times more likely to have a mental health disorder than all children. Local authorities, primary care trusts (PCT) and strategic health authorities (SHA) must have regard to statutory guidance issued in November 2009 on promoting the health and well-being of Cared for Children, which requires children in care to have a personal health plan.

In reviewing the evidence in relation to health and Cared for Children, it became immediately apparent that there are a number of inherent systemic failings. Local authorities, PCTs and SHAs have a role to play in promoting the health and well-being of Cared for Children. Precisely what this role looks like for each authority is unclear and will continue to be so until the new structural changes to the NHS are consolidated. With this in mind, the Group feels that it would be germane to commission a Task and Finish Review to further consider the observations in this review when there is both more detail and clarity.

As is a recurrent theme throughout this review, issues around Cared for Children become increasingly complicated and difficult to handle when either a Cheshire East child is placed out of Borough or an out of Borough child is placed with a Cheshire East family/carer. Both the Designated Nurses for Cared for Children expressed a concern over how health information about a child often emerges in an ad hoc fashion and sometimes emerges with large gaps in their medical history. This is often a symptom of professionals being unclear as to whose responsibility it is to maintain records and then subsequently who is responsible for filing or passing them to the appropriate person when necessary. As Cared for Children often have both acute and chronic health problems this is a serious issue which could have potentially damaging consequences. It was suggested that in any new arrangement a system needs to be put in place that everyone involved in health and Cared for Children understands and complies with. As the administrative burdens are only going to increase on professionals as back office staff are reduced, it will become even more important to maintain efficiencies in work flow.

One of the key front line roles in terms of health and cared for children is that of the Designated Nurse. There are currently two Designated Nurses for Cared for Children in Cheshire East with one based in Nantwich and one based in Macclesfield. They have two administrative support staff (1FTE). Their primary role is to make sure that every cared for child has their health and development needs assessed and that their subsequent health plan is actioned. The Group were informed that both Designated Nurses are only contracted to work part-time but that to meet their work demands they often have to work up to and beyond full time hours. It was explained to the Group that there is a particular concern over the 16+ age group in terms of the relevant authorities not meeting their health needs due to under capacity. This has a number of knock on effects – particularly around teenage pregnancy. It was suggested that there is a strong need for a Designated Nurse or a youth worker for young people and care leavers. In order to improve work flow, communication and efficiencies, the Group would suggest that incorporating the Designated Nurses into the offices and if possible the management structures of the Fostering and Adoption teams would have beneficial consequences. It would be particularly useful if further liaison between the Designated Nurses and the Cared for Children Support team could be facilitated.

As a further improvement, the Designated Nurses highlighted that they would appreciate systems put in place that would enable them to self-audit and benchmark.

Whilst much of the evidence around health and Cared for Children centred on big strategic improvements which Cheshire East may or may not have the ability to implement following the public health restructures, there are also smaller but important changes that Cheshire East can make to improve the well being of Cared for Children right away.

Furthermore, in terms of their access to leisure facilities, it was noted that whilst Cheshire East provides very well in terms of discounts and passes, what is available for Cared for Children is perhaps not communicated as clearly as it could be.

As a final point, the Group would very much like to draw attention to the importance of the advocacy service that Barnardos offers to Cared for Children. They offer an excellent external point of contact and outlet for those who may wish to talk about the service they receive without talking to the person who provides it.



FORWARD PLAN 1 AUGUST 2011 - 30 NOVEMBER 2011

This Plan sets out the key decisions which the Executive expect to take over the next four months. The Plan is rolled forward every month. It will next be published in mid August and will then contain all key decisions expected to be taken between 1 September and 31 December 2011. Key decisions are defined in the Council's Constitution.

Reports relevant to key decisions, and any listed background documents may be viewed at any of the Council's Offices/Information Centres 6 days before the decision is to be made. Copies of, or extracts from these documents may be obtained on the payment of a reasonable fee from the following address:-

Democratic Services Team
Cheshire East Council ,
c/o Westfields, Middlewich Road, Sandbach Cheshire CW11 1HZ
Telephone: 01270 686463

However, it is not possible to make available for viewing or to supply copies of reports or documents, the publication of which is restricted due to confidentiality of the information contained.

A decision notice for each key decision is published within 6 days of it having been made. This is open for public inspection on the Council's Website, Council Information Centres and Council Offices.

The law and the Council's Constitution provides for urgent key decisions to be made. A decision notice will be published for these in exactly the same way.

Forward Plan 1 August 2011 to 30 November 2011

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	Relevant Scrutiny Committee	How to make representation to the decision made
CE10/11-49/1 Future Operation Knutsford Cinema	To decide on the future running and preferred operating model	Cabinet	3 Oct 2011	Local community groups and Knutsford Town Council.	Corporate	Guy Kilminster, Head of Health and Wellbeing Services
CE10/11-49/2 Future Operation of Crewe Lyceum Theatre	To decide on the future running and preferred operating model	Cabinet	5 Dec 2011	Voice for Crewe, local community groups, Crewe Charter Trustees,	Corporate	Guy Kilminster, Head of Health and Wellbeing Services