

Health and Wellbeing Scrutiny Committee

Agenda

Date: Thursday, 10th November, 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 - 4)

To approve the minutes of the meeting held on 5 October (attached).

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

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.

For any apologies or requests for further information please contact:

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

5. **North West Ambulance Service**

Sarah Byrom, Director of Performance and Patient Experience, will brief the Committee as follows:

- response times figures (to follow);
- update on Foundation Trust status;
- cross boundary work; and
- the work of the Community First Responders.

6. **Dentist services in Congleton**

To receive a verbal update from Janet Prosser, Dental Commissioning Manager, Central and Eastern Cheshire Primary Care Trust, on changes to dentist services in Congleton.

7. **Knutsford Healthcare Project 2011**

To consider a report from Andy Bacon, Project Director (to follow)

8. **Update on progress of developing the Cheshire East Shadow Health and Wellbeing Board** (Pages 5 - 14)

To consider the attached briefing note.

9. **The Cheshire and Wirral Councils Joint Scrutiny Committee** (Pages 15 - 20)

To receive the minutes of the meeting of the Joint Committee held on 10 October.

10. **Work Programme** (Pages 21 - 32)

To review the current Work Programme (attached).

11. **Forward Plan**

To consider extracts of the Forward Plan that fall within the remit of the Committee.

12. **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 Wednesday, 5th October, 2011 at The Bridestone Suite, Congleton
Town Hall, High Street, Congleton CW12 1BN

PRESENT

Councillor G Baxendale (Chairman)
Councillor J Saunders (Vice Chairman)

Councillors S Gardiner, M Grant, M Hardy, D Hough, G Merry, A Martin,
A Moran, J Saunders and J Wray

26 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor G Boston (substitute Councillor L Jeuda) and Portfolio Holders R Domleo (Adult Services and Health and Wellbeing) and R Menlove (Environmental Services)

27 ALSO PRESENT

Councillor L Jeuda (substitute for Councillor G Boston)
Councillor J Clowes – Cabinet Support Member for Health and Wellbeing

28 OFFICERS PRESENT

G Kilminster, Head of Health and Wellbeing
H Grimbaldeston, Director of Public Health
D J French, Scrutiny Officer

29 DECLARATIONS OF INTEREST

Councillor J Wray declared a personal interest in item 6 - the minutes of the Cheshire and Wirral Councils Joint Scrutiny Committee, on the grounds that he is a member of the Board of Governors of the Cheshire and Wirral Partnership Trust

30 MINUTES OF PREVIOUS MEETING

RESOLVED: that the minutes of the meeting of the Committee held on 28 July be confirmed as a correct record.

31 PUBLIC SPEAKING TIME/OPEN SESSION

Charlotte Peters Rock addressed the committee in relation to proposed and actual closures of social care and health facilities in the Knutsford area. She expressed concern about the impact these closures would have on the health and wellbeing of both carers and cared for people. She was concerned that

carers faced increasing expense as a result of a reduction in facilities in the Knutsford area. She referred to the removal of social care transport and the difficulties people appeared to be experiencing when using the Empower card. She requested that the Scrutiny Committee set up a Task/Finish Group to look at the issue.

32 VASCULAR SERVICE RECONFIGURATION AND ABDOMINAL AORTIC ANEURYSM SCREENING

Julia Curtis and Dr Gurnani of the Central and Eastern Cheshire Primary Care Trust, outlined to the Committee proposed improvements to vascular services in Cheshire. A consultation had been undertaken looking at future provision of vascular services in Cheshire and Merseyside, the findings of which were awaited.

The current position was that treatment for vascular conditions took place at most district hospitals. However, to treat vascular disease well was not easy and research showed that chances of survival and improved quality of life were greatest where patients were treated by a highly specialised team working in a large centre to which many patients were referred. This would enable medical staff to develop and maintain a high level of skill. In addition, by having a small number of large centres, this would ensure that specialist doctors were available at all times. This would also enable access to the latest treatments and techniques. Finally, this would enable the NHS to be prepared for a new screening programme that had begun for older men for abdominal aortic aneurysms (AAA). Men discovered to have this condition would need specialist treatment.

Julia Curtis explained that the South Cheshire Clinical Commissioning Group (CCG) had decided not to be a part of the Cheshire and Merseyside review but rather to strengthen existing links with the University Hospital of North Staffordshire NHS Trust. This was on the grounds that the vision of the CCG was to commission care for its patients from a vascular provider that could provide a robust complete service and the University Hospital was already achieving the national AAA Quality Improvement programme markers as well as already providing vascular services to the South Cheshire area. In addition, the University Hospital was already commissioned to provide cardiothoracic and renal components and the CCG felt that these were significant elements to managing vascular conditions. This option was felt to give the best outcomes for patients.

In discussing the item, Members were advised that patients could still exercise patient choice in determining where they received treatment; and that most treatment for vascular services (such as screening and out-patient appointments) would still be carried out at a local centre, either Leighton Hospital or the GP Surgery; only surgical procedures and unplanned emergencies that would tend to be carried out at University Hospital.

The Committee was also advised that patients from East Cheshire CCG would not be affected by the overall review as they would continue to access services from the Greater Manchester Vascular network which was not subject to a review and were already accessing AAA screening as part of a pilot in the Northwest.

RESOLVED: That the proposed changes to vascular services in South Cheshire be supported.

33 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 11 July.

RESOLVED: That the minutes be received.

34 WORK PROGRAMME

The Committee considered a report on the current work programme which had been updated following discussion and recommendations made at the informal meeting on 8 September.

The work programme was updated as follows:

- The Annual Public Health report would be presented in January 2012;
- An update on Health and Wellbeing Boards would be made to every meeting;
- A training session on the Joint Strategic Needs Assessment and the Health and Wellbeing Board would be held on 24 and 25 November.

Members were invited to visit Wilmslow Leisure Centre to see the Lifestyle concept in operation.

In relation to the item on Alcohol, the Committee was advised that the Sub Regional Leadership Board would be considering a report in December on minimum pricing; the North West region was lobbying the Government on the topic too.

In relation to the item on the Local Involvement Network, it was reported that a Notice of Motion would be submitted to Council calling for confirmation and clarification that funding for LINks would be available at the earliest opportunity to enable transition arrangements to Healthwatch to be planned and a smooth handover to be achieved.

In relation to Health Inequalities, Dr Grimbaldston reported that there would be information in her Annual Public Health report covering this and including practical steps that could be taken, not just statistics. It was also noted that some Local Area Partnerships were keen to engage on this topic.

Members also considered the following requests:

- From a member of the public, Charlotte Peters Rock, that a Task/Finish Group be set up to look at the health and wellbeing of carers. It was noted that the Adult Social Care Scrutiny Committee had received a presentation on the "Strategy for Carers in East Cheshire 2011-2015" and

would be reviewing the Strategy in six months time; any Scrutiny work on the topic of Carers would need to take this into account as well as seeking involvement from members of the Adult Social Care Scrutiny Committee;

- From Councillor Gardiner to set up a Task/Finish Group to look at proposals in Knutsford around primary healthcare; a Task/Finish Group had been set up in 2009 and reported on its findings earlier in the year; however, there was now a renewed focus on developing new primary care facilities and it was suggested that a Task/Finish Group be reconstituted;
- From Councillor Flude to set up a Task/Finish Group to look at suicide; it was explained that Councillor Flude had held a meeting with the Cheshire Coroner which had suggested an increase in suicide verdicts, it was also likely that there would be an increase in suicide or incidents of self harm during a recession.

RESOLVED: that the Work Programme be updated to include the following topics:

- Impact on the health and wellbeing of carers and service users, across Cheshire East, arising from closures of health and social care services already undertaken, and proposed changes currently under consultation;
- Future healthcare provision in the Knutsford area;
- Suicide prevention.

35 FORWARD PLAN

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

36 CONSULTATIONS FROM CABINET

There were no consultations from Cabinet.

The meeting commenced at 10.00 am and concluded at 11.10 am

Councillor G Baxendale (Chairman)

Briefing Note

Update on progress of developing the Cheshire East Shadow Health and Wellbeing Board

1. Board Membership

Representation on the Cheshire East Shadow Health and Wellbeing Board ('the Board') reflects the expected statutory membership as outlined in the Health and Social Care Bill.

The membership of the Board is as follows:

Organisation	Role	Post Holder
Cheshire East Council	Cabinet Portfolio Holder – Health and Wellbeing, Adults	Cllr Roland Domleo – Chair
Cheshire East Council	Cabinet Support Member	Cllr Janet Clowes
Cheshire East Council	Cabinet Portfolio Holder – Children & Families	Cllr Hilda Gaddum
Cheshire East Council	Leader of the Labour Group	Cllr Dorothy Flude
Cheshire East Council	Chief Executive	Erika Wenzel
Cheshire East Council	Director Children's, Families and Adult Services	Lorraine Butcher
Cheshire East Council	Head of Integrated Commissioning and Safeguarding	Lucia Scally
Central & Eastern Cheshire Primary Care Trust	Director of Public Health	Dr Heather Grimbaldeston
South Cheshire Clinical Commissioning Group	Chief Officer	Simon Whitehouse
South Cheshire Clinical Commissioning Group	Chair / GP Lead	Dr Andrew Wilson
Eastern Cheshire Clinical Commissioning Group	Chief Officer	Jerry Hawker
Eastern Cheshire Clinical Commissioning Group	Chair / GP Lead	Dr Paul Bowen
Cheshire East LINKs	Chair	Barrie Towse

It is anticipated that membership of the Board will change over time and will be reviewed in light of the final detail in the Health and Social Care Bill, the right of local determination and as the Shadow Board evolves into the Statutory Board and becomes a formal Sub-Committee of the Council.

2. Board Meetings

So far two meetings have taken place on the 27th September 2011 and 25th October 2011.

Initially Board meetings will be held on a monthly basis. The frequency of meetings will be reviewed once the Board and its work programme are further established.

3. Board Progress

The Board have agreed the following:

- decision making by the Board will (wherever possible) be by consensus and agreement. Voting rights for Board members will be established in the light of the release of further guidance

- Board members cannot be represented at Board meetings by a nominated deputy, with the exception of:
 - the GP Chair of a Clinical Commissioning Group
 - the chair of Cheshire East LINKs / HealthWatch
- nomination of Lucia Scally, Head of Integrated Commissioning and Safeguarding to the Board
- Board Members have agreed to a Code of Conduct based upon the Nolan 7 Principles of Public Life
- to be guided by a Forward Plan in the initial stages of Board development. This contains key areas of work that will support the Boards work in the next financial year e.g. consultation and engagement, LINKS to HealthWatch, Joint Strategic Needs Assessment (JSNA) refresh and Joint Health and Wellbeing Strategy (JHWS) development
- a draft Terms of Reference for the Shadow Board

4. Terms of Reference

The Board requests that Scrutiny consider the draft Terms of Reference for the Shadow Board and offer any feedback prior to these being finalised.

Amendments are requested to be directed to the report authors (contact details below) by:
Thursday 17th November 2011.

A report to cabinet and ultimately full Council on the approval of the Terms of Reference will follow pending amendments and approval at the November Shadow Board meeting.

Terms of reference are attached for consideration.

5. Contacting the Board

All enquiries to and about the Board are asked to be directed to:

Julie North

Senior Democratic Services Officer

julie.north@cheshireeast.gov.uk

01270 686460

6. Web Page Development

A Cheshire East Shadow Health and Wellbeing Board web page will shortly be available on the Cheshire East website which will explain the responsibilities of the Board, Board membership and will provide other details. The content of this webpage will develop along with the Board itself and as further details on Board function, priorities and workings are determined and as/when further national guidance is released.

7. Member Briefing Session

A ½ day briefing session on key aspects of the current health reforms will take place for Members on the morning of the 24th November 2011 in the Conference Room at Ashfields Medical Centre, Sandbach.

This briefing session will have regional and local speakers and intends to provide an overview of:

- the key national changes resulting from the reforms
- the local NHS structural changes
- Clinical Commissioning Group development
- Public Health Transition to Local Government
- JSNA and JHWS development

- the development of the Cheshire East Shadow Health and Wellbeing Board
- the development of the 'HealthWatch' body within Local Authorities

It is intended that this ½ day briefing session will be the start of further briefings as work progresses both nationally and locally on the health and social care reforms.

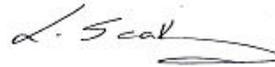
This event is in the Corporate Calendar and a flyer will be sent out to all members within the next week.

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November 2011

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Cheshire East Shadow Health and Wellbeing Board

Terms of Reference

(draft - October 2011)

1. Purpose

- to act as the Shadow Cheshire East Health and Wellbeing Board (the 'Board') with effect from September 2011 and 31st March 2013
- to oversee the creation and implementation of the Statutory Cheshire East Health and Wellbeing Board from 1st April 2013
- to oversee the delivery of transitional arrangements for health, social care and public health and to meet statutory requirements within the emerging health agenda
- to encourage strategic alignment and develop integrated ways of working for the purpose of advancing health and wellbeing and reducing health inequalities amongst the residents of Cheshire East,
- to determine health and social care improvement priorities across Cheshire East
- to provide high level leadership on the achievement of health and wellbeing priorities and the reduction in variances of health outcomes and experience

2. Functions

- to develop and foster a genuinely collaborative approach to the commissioning of improved health and care services for Cheshire East residents
- where appropriate, to identify and join up areas of commissioning across the NHS, social care, public health and other services which are directly related to health and wellbeing
- to take advantage of opportunities to more closely integrate the provision and procurement of both health and social care services
- to keep under review the financial and organisational implications of joint and integrated working across both health and social care services, ensuring that performance and quality standards for health and social care services to children, families and adults are met and represent best value for money across the whole system
- to develop a shared understanding of the needs of local communities within Cheshire East through the development of a comprehensive Joint Strategic Needs Assessment (JSNA) – and to oversee the development and refresh of the existing Cheshire East JSNA
- to oversee the development of future pharmaceutical needs assessments

- to seek to meet the needs identified by the JSNA through leading on the development and publication of a high level Joint Health and Wellbeing Strategy (JHWS) – ensuring that it provides an overarching framework for the local commissioning authorities in Cheshire East in order to inform their commissioning plans
- to performance manage the achievement of and progress against key outcomes identified within the JHWS
- to make recommendations on the priority of work programmes and allocation of resources to service providers and/or localities, targeted at those that have the most contribution to make in improving health and reducing health inequalities in order to achieve jointly agreed objectives and to maximise health gain
- to ensure that the local commissioning authorities within Cheshire East align their commissioning plans and priorities with those identified in the JHWS, and demonstrate how the JSNA and other appropriate evidence sources have been used in their commissioning decisions
- to have a formal role in authorising the Clinical Commissioning Groups within Cheshire East in accordance with national guidelines
- to consider options for the development of HealthWatch in Cheshire East ensuring that appropriate engagement and involvement with existing patient and service user involvement groups takes place
- to oversee the effective transfer of public health responsibilities and arrangements to Cheshire East Council
- to act as an effective forum for local democratic and public accountability of the NHS, social care for adults and children and other commissioned services that the Shadow Health and Wellbeing Board agrees are directly related to improving health and wellbeing and reducing health inequalities within Cheshire East
- to identify and act upon changes that may be required following the enactment of the Health and Social Care Bill in order to establish the statutory Health and Wellbeing Board to replace the Shadow Board
- to ensure robust arrangements are in place to enable a smooth transition into the statutory Board in time for 1st April 2013
- to propose recommendations from the Board to:
 - Cheshire East Council
 - Cheshire East Council Cabinet
 - Cheshire, Warrington and Wirral PCT Cluster
 - Eastern Cheshire Clinical Commissioning Group
 - South Cheshire Health Clinical Commissioning Group

3. Membership

Representation on the Shadow Board reflects the expected statutory membership as outlined in the Health and Social Care Bill. It is anticipated that membership of the Shadow Board will change over time and will be reviewed in light of the final detail in the Health and Social Care Bill, the right of local determination and as the Shadow Board evolves.

Shadow Board membership:

Organisation	Role	Post Holder
Cheshire East Council	Cabinet Portfolio Holder – Health and Wellbeing, Adults	Cllr Roland Domleo – Chair
Cheshire East Council	Cabinet Support Member	Cllr Janet Clowes
Cheshire East Council	Cabinet Portfolio Holder – Children & Families	Cllr Hilda Gaddum
Cheshire East Council	Cheshire East Labour Group Leader	Cllr Dorothy Flude
Cheshire East Council	Chief Executive	Erika Wenzel
Cheshire East Council	Director of Children's, Families and Adult Services	Lorraine Butcher
Cheshire East Council	Head of Integrated Commissioning and Safeguarding	Lucia Scally
Central & Eastern Cheshire Primary Care Trust	Director of Public Health	Dr Heather Grimbaldeston
South Cheshire Health Clinical Commissioning Group	Chief Officer	Simon Whitehouse
South Cheshire Health Clinical Commissioning Group	Chair / GP Lead	Dr Andrew Wilson
Eastern Cheshire Clinical Commissioning Group	Chief Officer	Jerry Hawker
Eastern Cheshire Clinical Commissioning Group	Chair / GP Lead	Dr Paul Bowen
Cheshire East LINKs	Chair	Barrie Towse

3.1 Board member nomination

The Health and Social Care Bill outlines that:

- the executive leader of Cheshire East Council will nominate Councillors for membership onto the Board
- Cheshire East Council can nominate such other persons, or representatives of such other persons, as the local authority thinks appropriate
- at any time after a Health and Wellbeing Board is established, Cheshire East Council before appointing another person to be a member of the Board must consult the Board for approval

- nominations for additional Board members by existing Board members using the agreed nomination process will need to be approved by the Board

3.2 Board meeting attendance

The quorum for a meeting shall be 50% of the membership, including at least one elected member, one representative from each of the Clinical Commissioning Groups and representation from Cheshire East LINKs/HealthWatch.

Board members cannot be represented at Board meetings by a nominated deputy, with the exception of:

- the GP Chair of a Clinical Commissioning Group
- the chair of Cheshire East LINKs / HealthWatch

3.3 Decision making

Decision making by the Shadow Board will (wherever possible) be by consensus and agreement. If a consensus cannot be reached, decisions will be taken on the basis of a simple majority of votes of those present and eligible to vote – voting will be by a show of hands. The Chair will have the casting vote if required. At least 50% of the members of the Shadow Board should be present for decisions to be taken.

Voting rights for Board members will be established in the light of the release of further guidance

3.4 Reporting sub - groups of the Board

The Shadow Board will oversee and receive reports from a set of sub-groups which will focus on the delivery of key areas. Under existing arrangement there are already a number of sub-groups in existence which will report to the Shadow Board.

Each sub-group will submit an annual report to the Shadow Board which will agree the outcomes for each sub-group for the next financial year

The Shadow Board will review the number and roles of sub-groups in light of legislation and local priorities as and when appropriate.

3.5 Frequency of meetings

Initially Shadow Board meetings will be held on a monthly basis. The frequency of meetings will be reviewed once the Board and its work programme are further established.

3.6 Access to meetings by members of the public

Whilst in its shadow form, meetings of the Board will not be held in public. The decision to hold meetings in public will need to be reviewed upon the formal constitution of the Cheshire East Health and Wellbeing Board in April 2013 as an Executive Committee of the Council with Executive powers.

3.7 Governance

The Shadow Board will not make binding decisions itself but will rely on the constitutional role of the statutory member organisations. The Board will work within the current schemes of delegations and accountability arrangements of the Council and NHS.

The Shadow Board will not:

- take the place of any statutory commissioning body
- exercise scrutiny duties around health or adult social care services. This will remain the role of the Cheshire East Health and Wellbeing Overview Scrutiny Committee and the Cheshire East Adult Social Care Scrutiny Committee. Decisions taken and work progressed by the Board will be subject to scrutiny by the appropriate Scrutiny Committee of the Council
- hold any budgets
- duplicate the role of existing Children's and Adults safeguarding responsibilities
- duplicate the role of the Children's Trust Board whilst it is in operation

3.8 Accountability

During the shadow period reporting accountability will be to the Council Cabinet. This may change following enactment of the Health and Social Care Bill

3.9 Code of Conduct

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

4. Communication and Wider Engagement

The Shadow Board will communicate and engage with:

- local people on how they can achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing
- partner organisations who have a role, remit and interest in providing health and wellbeing services and improving the health and wellbeing of Cheshire East residents

In support of this, the Board will:

- develop and implement a Communications and Engagement strategy for the work of the Board
- organise a health and wellbeing stakeholder forum annually to inform on Board progress and to capture wider stakeholder views to help inform and shape Board priorities
- produce a yearly statement on progress made by the Board, identified priorities and an outline of the course of action for the following year

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**CHESHIRE AND WIRRAL COUNCILS' JOINT
SCRUTINY COMMITTEE**

10 OCTOBER 2011

(2.00 pm - 3.45 pm)

PRESENT: Councillor Andrew Dawson (Chairman)

Councillors Paul Dolan, Louise Gittins, Charles Fifield,
Gordon Baxendale, Gill Boston, Carolyn Andrew,
Brian Silvester, Jacquie Weatherill, Clements, Glasman,
Cherry Povall and Wilkins (Reserve)

Apologies for absence were received from Councillors Keith Butcher, Bridson,
Tony Smith and John Salter

Reserve Members: Councillors Bob Wilkins

Officers in attendance:	Ros Francke	– CWP Director of Finance NHS Foundation Trust
	Avril Devaney	– Director Of Nursing, Therapies and Patient Partnership
	David Jones	– Scrutiny Team
	Deborah Ridgeley	– Democratic Services Officer

14 DECLARATIONS OF INTEREST

Members did not declare any personal or prejudicial interests.

15 MINUTES

Members were informed that references to Councillor Gill Bidston was recorded in error and should read Councillor Gill Boston.

DECIDED: That

subject to the above amendment, the minutes be confirmed as a correct record

16 CHIEF EXECUTIVE OFFICER'S REPORT

Ros Francke, Director of Finance, CWP Trust, presented the Chief Executive's Report on behalf of Sheena Cumiskey, Chief Executive, who was unable to attend. Work with regard to integrating community care within Western Cheshire was progressing well. The post transaction plan had been completed, and the focus had now turned to residents to ensure they did not suffer from changes in service provider. Work was also underway on achieving the expected level of savings, which required the engagement of all GP's in the Trust's area along with health care providers such as the Countess of Chester Hospital.

An overview was provided of the services currently being tendered, under the 'Talking Changes' umbrella. The transfer and transition of services that were no longer being delivered was being planned, which would involve TUPE arrangements for staff, who had been kept fully informed of the changes.

Members were informed of two “spot checks” that had taken place by the Care Quality Commission in the last three weeks, of the Learning Disabilities Inpatient Services Unit, which were the first visits following the Winterbourne View Unit in Bristol incidents. No formal feedback had yet been received, but the Joint Committee would be informed as soon as the information was available.

Members welcomed the report, and additional information provided.

DECIDED: That

the report be noted.

17 CHESHIRE AND WIRRAL PARTNERSHIP FOUNDATION NHS TRUST - ANNUAL REPORT AND SUMMARY ANNUAL PLAN

Ros Francke, Director of Finance, provided Members with an overview of the Annual Report and Summary Annual Plan, which had been made available for Members to view online. The document had been produced on a disc, had an interactive element to it; and had been nominated for a communications award.

The Annual Report covered three key sections; Quality Accounts; Financial Accounts and a Narrative section which covered the Directors’ Reports.

Work was still on-going on Specialist Services, in particular the Eating Disorder Service, as there was still a gap between demand and supply and working with a nationally re-knowned clinician it was hoped this service would be developed.

Reference was made to the staff survey recently undertaken, which targeted a specific group. Using this information as a benchmark, it was hoped to see an improvement in performance next year. The next staff survey would cover all employees, and managers were confident staff would find the CWP a good place to work.

The membership of the Foundation Trust currently stood at 1,500 members, which was described as a good engagement at different levels. The CWP had received a Financial Risk rating of 4, where 1 was poor and 5 was best. The Governance Rating was arranged in a traffic light formation, ranging from red to green. The CWP had received a Green rating, which meant they were performing reasonably well.

Ros Francke set out the 10 key priorities in the Annual Plan, which had been referred to at the training for Members in August 2011. These covered specific projects undertaken and completed and those on-going; the skills needed by staff; enhancement of data quality; incentives for good performance and assistance with regard to the move to payment by results.

The capital investment programme for the next five years was outlined, including expected expenditure on inpatient care.

Plans in progress included the likely areas of consultation, one example being Future Inpatient Service Configuration, which the Chairman suggested could be the subject of a report back to the Joint Committee at its meeting in January 2012.

Also suggested as a future agenda item was the 7 day follow up post discharge benchmark, which recently slipped from 95% to 92%, and was listed amongst the Areas for Improvement, along with access to physical health care for those with a mental illness/physical disability.

There then followed an opportunity for Members to ask questions about the Report and Plan, which included:-

- Had the CWP considered tendering for more services than they currently do?
- Is there a contingency plan if services were lost through tendering?
- An overview of stretch targets would be welcomed
- How the quarterly reports are reported to the Joint Committee – could be a discussion before the next meeting, for Chairman, Deputy Chairman and Spokesperson.
- Further information on mandatory, voluntary and other targets.

Members welcomed the presentation and the opportunity to ask direct questions.

DECIDED: that

- 1 the presentation be noted and welcomed;
- 2 two items from the presentation be considered at the next meeting of the Joint Committee:- Future Inpatient Service Configuration and the 7 day follow up post discharge benchmark.

18 TASK GROUPS - UPDATE

Members were reminded of the three Task Groups established at the last meeting of the Joint Committee. A Clinical Adviser had been assigned to each Group. The first meeting would consist of discussion of the proposed scoping document and a master class in the specific area, to which all Members of this Committee would be invited to attend.

It was expected that the Task Groups would need to provide an update report back to the Joint Committee in January 2012, with a final report in April 2012. Members were requested to be as flexible as possible with their availability to permit this.

DECIDED: That

- 1 the update be noted
- 2 Members confirm their availability for the task groups as soon as possible; and
- 3 attendance at the first meeting and master class be open to all Members of the Joint Committee.

19 TRAINING SESSIONS - FEEDBACK

Members were referred to the two training sessions held on 22 and 24 August 2011, which involved an overview of the responsibilities of the Trust and provided examples of pathways through the various services.

Members welcomed the sessions, which the Chairman described as the best he had attended, and the Deputy Chairman thanked the officers concerned for the training. Further sessions would be arranged for those who were unable to attend.

DECIDED: That

the feedback be noted.

20 FUTURE SCRUTINY ROLE OF CHESHIRE AND WIRRAL JOINT SCRUTINY COMMITTEE

The Joint Committee discussed a report setting out issues around the future scrutiny role of the Cheshire and Wirral Joint Scrutiny Committee. The current terms of reference were described as being quite specific but possibly too simplistic in the current climate.

The Chairman reminded Members that the Committee had not had the continuity of Chairmen as this alternated on an annual basis. The future shape of the NHS was also discussed, and whilst changes were expected within the next three months, the footprint of the services involved in this area were expected to remain the same.

The questions considered by the Joint Committee included:-

- Do the current terms of reference, procedures and protocols reflect the current and future responsibilities of the CWP?
- Is the Joint Committee too large?
- Should the Chairmanship rotate every two years?
- What should the Committee's work plan concentrate on? Need to define which aspects are appropriate for the Joint Scrutiny Committee and which would be for individual Health and Wellbeing Committees
- Should health pathways be scrutinised rather than just services?
- How does the Committee address links with the new public health function and Health and Wellbeing Boards?
- How far does the Committee look beyond just health and include social care?

The CWP reported that only 44% of mental health care services within the three local authorities were provided by them and further investigations would be undertaken by the CWP with regard to who provided the remaining 56%.

The need to avoid duplication was then discussed, as was the fact that some services were provided by the CWP to specific areas only,

DECIDED: That

the Chairman, Deputy Chairman and Spokesperson meet with officers to discuss the issues raised, and a report be considered at the next meeting of the Joint Committee, with a view to developing a work plan.

21 ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS URGENT.

There were no items of urgent business.

Chairman

Date

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CHESHIRE EAST COUNCIL

REPORT TO: HEALTH AND WELLBEING SCRUTINY COMMITTEE

Date of Meeting: 10 November 2011
Report of: Borough Solicitor
Subject/Title: Work Programme update

1.0 Report Summary

1.1 To review items in the 2011/12 Work Programme, to consider the effectiveness of existing items listed in the schedule attached, together with any other items suggested by Committee Members.

2.0 Recommendations

2.1 That the work programme be reviewed as necessary.

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 In reviewing the work programme, Members must pay close attention to the Corporate Plan and Sustainable Communities Strategy “Ambition for All”.
- 10.2 At the meeting on 5 October, the Committee added the following items to the work programme:

- Health and wellbeing of carers and service users - to consider the impact that recently implemented closures have had on the health and wellbeing of carers and service users; together with the likely impact of the proposals currently under consultation;
- Future healthcare provision in the Knutsford area;
- Suicide prevention.

The schedule attached has been updated accordingly. There is also a Task/Finish Group set up by Children and Families Scrutiny Committee on Health and Cared for Children in which this Committee was invited to participate; this Group has now held its first meeting.

- 10.3 In reviewing the work programme, Members must have regard to the general criteria which should be applied to all potential items, including Task and Finish reviews, when considering whether any Scrutiny activity is appropriate. Matters should be assessed against the following criteria:

- Does the issue fall within a corporate priority
- Is the issue of key interest to the public
- Does the matter relate to a poor or declining performing service for which there is no obvious explanation
- Is there a pattern of budgetary overspends
- Is it a matter raised by external audit management letters and or audit reports?
- Is there a high level of dissatisfaction with the service

- 10.4 If during the assessment process any of the following emerge, then the topic should be rejected:

- The topic is already being addressed elsewhere
- The matter is subjudice
- Scrutiny cannot add value or is unlikely to be able to conclude an investigation within the specified timescale

11.0 Access to Information

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

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HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME

Issue	Description/ Comments	Suggested by	Portfolio Holder	Corporate Priority	Current position	Date for completion
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 may have been appropriate but lack of knowledge meant this was not possible.	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East	Report to committee in November 2011 with current performance figures; update on Foundation Trust status; cross boundary work and the work of the Community First Responders	On-going

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	Keep Action Plan under review - 2012	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	Presentation to Committee in January 2012	Annual item in November
Health and Wellbeing Board and Clinical Commissioning Groups	Development of new arrangements		Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East	Update on progress at each meeting	On-going
Cheshire East Community Health (CECH) – now transferred to East Cheshire Hospital Trust		PCT	Health and Wellbeing; Adult Services	To improve life opportunities and health for	Update on CECH following transfer to East Cheshire Hospital Trust;	January 2012

				everybody in Cheshire East	progress of ECHT in becoming a Foundation Trust	
Alcohol Services – commissioning and delivery in Cheshire East		The Cheshire and Wirral Councils Joint Scrutiny Committee	-	To improve life opportunities and health for everybody in Cheshire East	Await Annual Public Health report	TBA
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. The production of the JSNA will be a major role for the new Health and	Committee		To improve life opportunities and health for everybody in Cheshire East	Training session initially – what is the JSNA and how can it be used by Scrutiny? Training to be carried out on 24 November 2011	TBA

	Wellbeing Board					
Health Inequalities including life expectancy and Marmot Report		Committee	Health and Wellbeing	To improve life opportunities and health for everybody in Cheshire East	Update to Committee in early 2012	TBA
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	March/April 2012	Regular annual item – March/April
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	Update when required	On-going
The Cheshire and Wirral Councils' Joint Scrutiny Committee		Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health	Share work programmes to see if there are any areas of	On-going

				for everybody in Cheshire East	common interest	
Lifestyle Concept	Pilot taken place and initiative being developed	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East	Update to committee on regular basis – at least quarterly	On-going
Commissioning Strategy/Whole System Commissioning	Outline of the strategy and reassessment of building based care requirements.		Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East; To give the people of Cheshire East more choice and control around services and resources	Due to undergo pilot with GP Consortia	TBA

Health and wellbeing of carers and service users in Cheshire East	To consider the impact that recently implemented closures have had on carers and service users and the likely impact of the proposals currently under consultation	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East; To give the people of Cheshire East more choice and control around services and resources		To be prioritised
Suicide prevention	To investigate measures that can be implemented that could reduce the risk of suicide or self harm	Committee	Health and Wellbeing	To improve life opportunities and health for everybody in Cheshire East;		To be prioritised
Future healthcare provision in the Knutsford area	To investigate new proposals for healthcare provision in the	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health		To be prioritised

	Knutsford area			for everybody in Cheshire East; To give the people of Cheshire East more choice and control around services and resources	
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Committee meetings:
 5 October 2011
 10 November 2011
 12 January 2012
 8 March 2012

06 October 2011/djf

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