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Health and Wellbeing Scrutiny Committee

Agenda

Date:	**Thursday, 12th July, 2012**
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. **Minutes of Previous meeting** (Pages 1 - 10)

   To approve the minutes of the meeting held on 14 June 2012.

3. **Declarations of Interest**

   To provide the opportunity for Members and Officers to declare any personal and/or prejudicial interests and/or any disclosable pecuniary interests

4. **Declaration of Party Whip**

   To provide an opportunity for Members to declare the existence of a party whip in relation to any item on the agenda.

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

For any apologies or requests for further information please contact
Contact: Denise French
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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.

6. **Annual Public Health Report** (Pages 11 - 12)

The Director of Public Health, Dr Heather Grimbaldeston, to present the Annual Public Health Report.

7. **Health and Wellbeing Strategy** (Pages 13 - 20)

To consider a report of the Head of Health Improvement (attached).

8. **Local Involvement Network (LINk) Annual Report and Work Programme** (Pages 21 - 32)

Barrie Towse and Bill Brookes of the Local Involvement Network to present the Annual Report (enclosed) and current Work Plan (attached).

9. **Local Healthwatch** (Pages 33 - 36)

To consider a report of Jill Greenwood, Commissioning Manager (attached).

10. **Work Programme** (Pages 37 - 46)

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.

Agenda Item 2

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Scrutiny Committee** held on Thursday, 14th June, 2012 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor G Baxendale (Chairman)

Councillors M Hardy, A Martin, J Saunders, J Wray, G Boston, M Grant, A Moran and D Hough

Apologies

Councillors R Domleo and G Merry

1 **ALSO PRESENT**

Councillor J Clowes, Portfolio Holder for Health and Adult Social Care
Councillor S Gardiner, Cabinet Support Member
Councillor D Flude
Barrie Towse, Local Involvement Network
V Aherne, East Cheshire Hospital Trust
A Bacon, Project Director, Central and Eastern Cheshire Primary Care Trust
T Butcher, North West Ambulance Service
M Cunningham, East Cheshire Clinical Commissioning Group
Councillor D Beckett, Cheshire West and Chester Council
Councillor D Hammond, Cheshire West and Chester Council
Councillor P Dolan, Cheshire West and Chester Council
David Jones, Scrutiny Team, Cheshire West and Chester Council

2 **OFFICERS PRESENT**

D J French, Scrutiny Officer
G Kilminster, Head of Health Improvement
L Scally, Head of Integrated Strategic Commissioning and Safeguarding
D Taylor, Partnerships and Planning Manager, Children, Families and Adults Service

3 **MINUTES OF PREVIOUS MEETING**

RESOLVED: that the minutes of the meeting of the Committee held on 3 April be confirmed as a correct record.

4 **DECLARATIONS OF INTEREST**

Councillor G Baxendale declared a personal interest as a patient at Leighton Hospital.

5 **DECLARATION OF PARTY WHIP**

There were no declarations of the existence of a Party Whip.

6 PUBLIC SPEAKING TIME/OPEN SESSION

Judie Collins addressed the Committee in relation to future healthcare provision in Knutsford. She referred to engagement methods concerning the new proposals; the closure of Bexton Court and the availability of alternative respite facilities. She mentioned transport issues and availability of services in Knutsford. She queried out of hours provision and asked when the East Cheshire Hospital Trust would begin a process of public engagement on Foundation Trust status.

Charlotte Peters Rock addressed the Committee in relation to the proposals for Knutsford. She referred to an amended version of the report by Andy Bacon, Programme Director for the Knutsford Integrated Health and Wellbeing Centre, which she had produced and circulated to all members of the Committee. She commended her version of the document. She queried the membership of the Committee. She also commented that it appeared that only Cheshire East Council was being consulted on the proposals for Knutsford whereas she believed that many residents of Cheshire West and Chester Council also looked to Knutsford for health and social care services.

Mabel Taylor addressed the Committee also in relation to the proposals for Knutsford. She referred to the consultation process in relation to earlier changes to provision of services in Knutsford – specifically Stanley Centre and Stanley House and also Bexton Court. She felt that local people had already made their views clear in the Autumn 2011 Knutsford Town Council survey and the Knutsford Town Plan. She referred to imminent changes in the NHS and queried the timing of the changes proposed. She referred to the application for Foundation Trust status currently underway at the East Cheshire Hospital Trust and the implications if Foundation Trust status was not achieved. She commented that the consultation on the Knutsford project must be wide ranging and comprehensive.

7 FUTURE HEALTHCARE PROJECT KNUTSFORD

The Committee considered a report of Andy Bacon, Programme Director, on the Knutsford Integrated Health and Wellbeing Centre project.

The project was based on an aspiration to achieve greater integration between health and social care. The project aimed to create a Health and Wellbeing Centre that was a purpose designed and built facility housing GPs and other professions and services in one building. This would involve the co-location of 2 – 3 GP practices on a single site which would enable extended primary care supported by hospital specialists, access to therapy services (ie physiotherapy, speech and language, occupational therapy etc), community and social care services and diagnostic facilities, such as imaging and pathology and potentially other services such as pharmacy.

There were other planned changes in Knutsford, namely an application by East Cheshire NHS Trust to become a Foundation Trust, which was a statutory requirement of the process as set out by Monitor; and the proposed permanent

closure of the Tatton Ward, an intermediate care ward consisting of 18 beds at the Bexton Hospital site.

The scheme would be funded through a procurement process to appoint a developer who would receive income from guaranteed rent for GP and integrated services; and income from rent from other tenants (non NHS) who may occupy the building. The procurement process would be a joint public sector procurement that would be led by the NHS Commissioning Board and NHS Eastern Cheshire Clinical Commissioning Group and involving other public sector interested parties. The engagement and consultation process would need to be coordinated with the procurement process so that public views could be taken into account before irrevocable procurement decisions were made. Mr Bacon emphasised the need to make progress while financial decisions were in the hands of the PCT cluster; in the future such decisions may be made at a national level meaning it could be difficult to progress local priorities in a competitive environment.

Mr Bacon explained that at this stage of the process he was seeking views on how to engage and consult rather than on the proposals themselves. There had been a number of consultation and engagement exercises around health and wellbeing in the Knutsford area over recent months including the Council's consultation on Building Based services, meetings organised by Knutsford Town Council, meetings with the local MP and on-going discussions with the Town Council and the local group Knutsford Area for Knutsford Action. He outlined various options for consultation and engagement with his preferred option being Option 5, which incorporated proposals for the closure of Tatton Ward with the clinical model, with the consultation on Foundation Trust status being separate.

In discussing the report, Members of the Committee made the following comments:

- That the consultation process should be wide ranging and open minded to encourage views to be expressed;
- Clarification was sought about what services had been provided on the Tatton Ward? In response, Val Aherne explained that Tatton Ward had 18 beds and provided intermediate care through nursing staff and doctors. The ward had originally had to close due to an inability to recruit senior clinical staff. It had taken 10 months to recruit suitable staff by which time it was too expensive to reopen the ward and the accommodation was in a poor state. These services were now provided at Macclesfield Hospital where she felt a better service was provided on quality and safety grounds. The East Cheshire Hospital Trust was keen to be part of the vision for new services in Knutsford so that good services were provided that would attract good staff;
- What was the purpose of the consultation and had decisions already been made? In response, the Committee was advised that officers wanted to hear views on the vision for integrated care, what services should be provided eg what in-patient services were needed, what respite, how many beds etc;
- Reference was made to other consultations where displays had been available with plans and models of possible facilities and that a similar method should be incorporated in the Knutsford consultation;
- The consultation process should include some form of "added value" in terms of what benefits would there be for the local area such as employment opportunities;

- That the funding that was available for intermediate care on the Tatton Ward should remain allocated for local intermediate care and not diverted to the acute sector.

RESOLVED: that

(a) there be a formal consultation on the future of health and social care services based in Knutsford, that follows a period of engagement with the population over their needs and explaining the potential benefits to them of new ways of delivering care;
(b) that Option 5 be supported as a method of engagement and consultation comprising 2 consultations plus additional engagements with the main consultation conducted before bids are received; this method will be dealt with separately from the application of East Cheshire NHS Trust to become a Foundation Trust;
(c) that the detailed methodology by which the engagement and consultation is to be conducted be submitted to a future meeting to enable the Committee to have an input.

8 SHADOW HEALTH AND WELLBEING BOARD'S TERMS OF REFERENCE AND UPDATE ON THE HEALTH AND WELLBEING BOARD

The Committee considered proposed Terms of Reference for the shadow Health and Wellbeing Board. A report had previously been submitted to full Council on 15 December 2011 where various concerns had been raised resulting in further consideration being given to the Terms of Reference and the report now submitted. This report had been considered by Cabinet who had requested that the section on accountability be further clarified which was now set out in the report.

The draft Terms of Reference covered various matters including the purpose, objectives, roles and responsibilities, membership, quorum, procedure and conflicts of interest.

Councillor Clowes, Portfolio Holder for Health and Adult Social Care, explained that the membership was based on the statutory membership with the addition of an Opposition Party Member. There was now an option to nominate Associate Members and this status was appropriate for individuals who wanted to be involved with the work of the Shadow Board but were not designated core members; they would be able to submit agenda items and would have a standing invitation to attend meetings. There was also a new requirement to have an Associate Member on the Board from the National Commissioning Board.

The Terms of Reference had been reviewed against those from other Authorities. In relation to voting rights secondary legislation was awaited but it was hoped that agreement could be reached by consensus without the need for a formal vote.

In discussing the issue, the following points were raised:

- What was the role of the Local Involvement Network/Healthwatch representative? It was explained that this was a statutory member on the Board and their role was to represent the patient and public voice;
- That the Opposition Member should be a matter for the Opposition Group to decide who that member should be; Councillor Clowes agreed to discuss this with the Leader;
- That in relation to point 14 of the Terms of Reference it be clarified that the seven principles refer to the Nolan principles;
- Whether there was a role on the Board for provider representatives? Councillor Clowes explained that this matter was being considered and it could be that provider representatives were Associate Members or part of Sub Groups that sat below the Board;
- Whether Public Speaking Time was included on the agenda for meetings? In response, Members were advised that public speaking was allowed at the invitation of the Chairman.

Councillor Clowes explained that the Health and Wellbeing Board was currently focusing on 3 areas of work:

- Working towards the establishment of Healthwatch;
- The Health and Wellbeing Strategy which would be undergoing a consultation process over the summer;
- The Authorisation process for the Clinical Commissioning Groups.

Members asked whether there would be any Member training or briefing sessions on the Board and were advised that officers were working on short written Briefing Notes.

RESOLVED: that

(a) the draft Terms of Reference be supported subject to the comments made at the meeting as set out above; and
(b) the Terms of Reference be reconsidered at a future meeting prior to final adoption and formal establishment of the Health and Wellbeing Board.

9 NORTH WEST AMBULANCE SERVICE

Tim Butcher, Assistant Director for Performance Improvement, North West Ambulance Service (NWAS), presented the draft Quality Account. He explained that the Quality Account provided an opportunity for NWAS to talk about the wide ranging role of NWAS rather than just focusing on response times.

He outlined the main highlights of the year including:

- Exceeding the national quality target for responding to the most serious life threatening emergencies within 8 minutes following a 999 call;
- They were the first ambulance trust in England to achieve Level 2 compliance against NHS Litigation Authority's Risk Management Standards;
- They were awarded the Health Service Journal Clinical Redesign Award for the Paramedic Pathfinder project, a toolkit to ensure that patients were treated and cared for safely and in the most appropriate place following an emergency call.

The Care Quality Commission had conducted an inspection in March 2012 and had given a very positive report on NWAS compliance with the CQC standards of quality and safety.

This year NWAS was seeking authorisation as a Foundation Trust which would involve enhanced arrangements for public and staff involvement.

In relation to the five priorities for improvement as identified in the previous year's Quality Account, progress was as follows:

- End of Life Care – NWAS had developed a Rapid Discharge Procedure with ten organisations across the North West. This had enabled an integrated discharge pathway to ensure patients could end their lives with dignity and in their own home. This year 87% of transfers had been completed within 2 hours of the request being made; NWAS had also produced a "how to" guide for ambulance services to improve services offered to people at the end of life; NWAS had introduced a system where patients at home had personalised care plans wherever possible and staff were alerted to this when attending the patient's home address;
- 111 and Frequent Callers – NWAS had stated they would begin the process of a single point of access for urgent and emergency care. They also wanted to work with local commissioners to address the issue of people who made frequent 999 calls. A pilot had been set up of the 111 number for urgent care needs. Work had also taken place with each PCT regarding frequent callers who were often vulnerable people who were not aware of alternative help and support;
- Chain of Survival and Complementary Resources – NWAS had a two year plan to increase community access to life saving equipment and skilled volunteers – the "Complementary Resources" Strategy. During 2011/12 NWAS had worked in partnership with the British Heart Foundation, and introduced 20 new Community First Responder Schemes, 50 new staff responders (volunteers) and 125 additional Automated External Defibrillators (AEDS) installed in public places. There were a number of Community First Responder schemes in Cheshire East including Holmes Chapel, Knutsford, Poynton and Alsager, with new schemes introduced in Bollington and Middlewich. The presence of Community First Responder schemes had helped with response time targets. NWAS had achieved the target for the region but was just below the target for the Central and Eastern Cheshire Primary Care Trust area; however, they had shown an improvement on previous years. For Category A8 calls NWAS was the 3rd best performing Trust;
- Acute Stroke Care – NWAS was committed to embedding the improvements made to services for patients with a stroke ensuring staff undertook the right assessments and immediate actions and that patients were transported to the most appropriate hospital as quickly as possible. NWAS consistently performed above the national average. A national clinical quality indicator said that suspected stroke patients should be transferred to a "hyper acute" Stroke Centre within 60 minutes of a 999 call; again NWAS performed above the national average;
- Heart Attack – NWAS was committed to embedding improvements made to the treatment and care of people who had a heart attack; ensuring staff undertook the right assessments and immediate actions and that patients received the correct emergency treatment as quickly as possible. NWAS had improved the overall assessment and care offered to patients

suspected of having a heart attack but performance had varied throughout the year and was below the national average. NWAS now needed to improve the pain assessment of heart attack patients and increase the number of pre-alert calls to heart attack treatment centres – this would be the focus for 2012/13.

Tim highlighted a number of points including that the Trust had further developed Clinical Leadership and Education to ensure that patients were treated by highly trained professionals which meant outcomes were likely to be better. NWAS had focused on safeguarding including making specific appointments and introducing mandatory training and Quality Checks. Infection prevention and control had been improved with over 70 staff acting as Infection Control Champions, introducing weekly service audits of the cleanliness of vehicles and random manager spot check audits of the cleanliness of vehicles and stations. He also asked the Committee to note the introduction of a new system for the treatment of patients suffering major trauma that was being introduced from April 2012 across England. This was because there was clear evidence that these patients showed better outcomes in terms of survival and recovery if they were treated at a Major Trauma Centre where necessary services and expertise were on site with highly skilled staff. These changes would have implications for the ambulance service as staff would have to make judgements on where to take a patient who had suffered a major trauma.

In discussing the Quality Account, members made the following comments:

- That the progress with last year's five priorities for improvement be noted and the additional work to address any issues be supported;
- Clarification was sought on the 111 pilot in terms of timescales, analysis of outcomes and targets for responding to calls. In response, Tim explained that the pilot was currently running and the service was out to tender for a provider, he did not have details of how the pilot would be assessed as once it ended the contract for the service would begin. NWAS was a pilot provider and would be bidding for the contract. Members felt that the pilot should run and the results analysed prior to the contract being let. Tim agreed to provide more information on this in writing after the meeting;
- The various graphs throughout the Account were rather confusing with baseline information unclear and more narrative explanation needed;
- An explanation as to the PALS service should be provided within the main body of the Account;
- The Committee was pleased to see some improvement in response times in Cheshire East and the positive impact of Community First Responder Schemes. It was also pleasing to note that a Co-Responder Scheme was in existence in Nantwich and was expanding;
- Who was responsible for learning disabled patients and those with dementia? In response, Tim explained that NWAS would respond in the case of a 999 call but if 111 was called it would be a call response system. He explained that NWAS had carried out a lot of work on cultural and disability awareness and used patient story videos to show the patient experience of services;
- Members were supportive of centres of excellence for specialised treatment but queried how it was decided where a patient would be taken. In response, members were advised that the paramedics would make a clinical judgement about the best destination depending on the diagnosis;

taking into account that outcomes were better if a patient was taken to the most appropriate place;
- Members were pleased to see that complaints had reduced but queried the reason for the increase in April. Tim felt this may be due to seasonal pressures with an increased demand for services over the winter months leading to a backlog of complaints in April.

RESOLVED: that the comments made be forwarded to the North West Ambulance Service for inclusion in their Quality Account.

10 **WORK PROGRAMME**

The Committee reviewed its current work programme:

- North West Ambulance Service – following the earlier presentation where the new 111 call system was referred to, the Committee discussed having further information on the new system and inviting the Programme Director to attend a future meeting;
- Diabetes/Obesity – update to the September meeting;
- Annual Public Health Report – presentation to the July meeting;
- Alcohol Services – update to the September meeting;
- Joint Health and Wellbeing Strategy – report to the July meeting;
- Local Involvement Network – presentation to the July meeting on the Annual Report and current Work Programme;
- Update on Mental Health and Learning Disability – a Workshop to be held on provision of mental health and learning disability services in Cheshire East;
- Lifestyle – to future meeting;
- Health and Wellbeing of carers and service users in Cheshire East – noted that Adult Services Scrutiny Committee would be receiving an update to the meeting on 5 July;
- Suicide prevention – to be covered as part of the workshop on mental health; noted that Child and Adolescent Mental Health services is being covered by Children and Families Scrutiny Committee.

The Committee also received a request from Councillor A Moran that some scrutiny work be undertaken on prostate cancer treatment and detection via screening. He said around 35 thousand men were diagnosed with prostate cancer each year and a high number of these would die. A simple test could help with detection and he referred to an event at Nantwich Football Club where 500 men took the test. There was no national screening programme and no specialist clinician at Leighton Hospital. The local support group had provided a lot of equipment.

The Committee also discussed undertaking some Scrutiny work on Immunisation Services. The Chairman had a guide from the Centre for Public Scrutiny that outlined a lifetime's programme of immunisations along with questions for scrutiny to ask when undertaking a review of the topic. The Portfolio Holder explained that she had asked one of the Associate Directors of Public Health to provide some information on immunisation uptake in the Borough.

RESOLVED: that
(a) the Work Programme be updated in accordance with the views outlined at the meeting;

(b) a Scoping Report on Screening and Treatment for Prostate Cancer be prepared;
(c) a report on Immunisations be submitted to a future meeting.

11 FORWARD PLAN

The Committee noted two items on the Forward Plan – Shadow Health and Wellbeing Board revised Terms of Reference and Health and Wellbeing Strategy; both of which had been considered at meetings and were due for further consideration at future meetings.

RESOLVED: that the Forward Plan extracts be noted.

12 CONSULTATIONS FROM CABINET

There were no consultations from Cabinet.

The meeting commenced at 10.00 am and concluded at 1.00 pm

Councillor G Baxendale (Chairman)

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2011 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH FOR CENTRAL AND EASTERN CHESHIRE

INTRODUCTION

1. One of the statutory duties of the Director of Public Health is the production of an annual report on the state of the health of local residents. This is an independent report by the director and is used to inform local planning and the provision of services.

2. This report introduces the 2011 Annual Report of the Director of Public Health for Central and Eastern Cheshire.

2011 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH FOR CENTRAL AND EASTERN CHESHIRE

3. **Helping people live healthy lifestyles, make healthy choices and reduce health inequalities**
This chapter describes the lifestyle choices and behaviours that affect the health of the residents of Central and Eastern Cheshire and which are of particular concern. It also highlights examples of national and local actions to improve health and prevent illness caused by these lifestyle choices and behaviours. Linked to this chapter Appendix Two identifies a number of examples of where within the Central and Eastern Cheshire area health improvement and lifestyle services have either been commissioned by the PCT or work has occurred in partnership with other agencies to target areas of need and reduce health inequalities. Those indicators that are in the four Public Health Outcomes Framework domains (Appendix One) and which are a direct indicator against / for a specific lifestyle area are also highlighted in this chapter.

4. **New approaches to achieving improvements in the public's health**
This chapter provides a high level commentary on opportunities to improve the public's health, including the opportunities to 'make every contact count', the asset approach, possible impact of the Localism bill and, as a lead into Chapter Three, the role NHS Commissioners can play in improving the Public's Health.

5. **Public Health support to NHS Commissioning**
This chapter describes how health services can contribute significantly to improving population health gain outcomes when available resources are used to deliver needs led, effective services. It provides an overview of public health support to NHS Commissioners, examples of how locally in Central and Eastern Cheshire we have provided our Clinical Commissioning Groups with support towards their commissioning priorities.

6. A full copy of the report is available on the Central and Eastern Cheshire Primary Care Trust website: www.cecpct.nhs.uk/about-us/public-health/public-health-report-2011/.

RECOMMENDATIONS

7. The Cheshire East Health and Wellbeing Scrutiny Committee is asked to note the 2011 Annual Report of the Director of Public Health for Central and Eastern Cheshire and to endorse the recommendations made in the report.

Dr Heather Grimbaldeston
Director of Public Health
Central and Eastern Cheshire Primary Care Trust

CHESHIRE EAST COUNCIL

REPORT TO: Health and Wellbeing Overview and Scrutiny Committee

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Date of Meeting: 12th July 2012
Report of: Head of Health Improvement
Subject/Title: Draft Interim Health and Wellbeing Strategy
Portfolio Holder: Cllr Janet Clowes

1.0 Report Summary

1.1 The Health and Social Care Act (2012) places a duty upon the local authority and clinical commissioning groups in Cheshire East to develop a Joint Health and Wellbeing Strategy, to meet the needs identified in the Joint Strategic Needs Assessment. The draft interim Strategy is now being consulted upon and is attached for comment by the Committee.

2.0 Decision Requested

2.1 That the Committee consider and comment upon the draft interim Joint Health and Wellbeing Strategy.

3.0 Reasons for Recommendations

3.1 To influence the final version of the interim Joint Health and Wellbeing Strategy.

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 All

6.0 Policy Implications including – Carbon Reduction - Health

6.1 The Health and Social Care Act 2012 has introduced a number of significant changes that will affect the local health and social care landscape. This includes the establishment of the Cheshire East Health and Wellbeing Board, the GP Clinical Commissioning Groups and the transfer of the Public Health responsibilities from the PCT to the Local Authority. The Act gives the Authority a greater role in setting policy, providing leadership and commissioning activity that will contribute to improved health outcomes for the population of Cheshire

East. The Joint Health and Wellbeing Strategy will be the mechanism by which the needs identified in the Joint Strategic Needs Assessment are met, setting out the agreed priorities for collective action by the key commissioners, the local authority, the Clinical Commissioning Groups and the NHS Commissioning Board.

7.0 Financial Implications (Authorised by the Borough Treasurer)

7.1 There are no direct financial implications in relation to this report.

8.0 Legal Implications (Authorised by the Borough Solicitor)

8.1 The Health and Social Care Act 2012 places a number of new responsibilities upon the Authority. Secondary legislation is still awaited in relation to the detail of these but the headlines are outlined in 10.1.

9.0 Risk Management

9.1 N/A

10.0 Background

10.1 The key legislative changes introduced by the Act are summarised below:

i. Clinically led commissioning – the Act puts clinicians in charge of shaping services, enabling NHS funding to be spent more effectively. Supported by the newly established **NHS Commissioning Board**, new **Clinical Commissioning Groups** (CCGs) will now directly commission services for their populations. There are two CCGs in Cheshire East.
ii. Provide regulation to support innovative services – enshrining a fair playing field in legislation for the first time, this will enable patients to be able to choose services which best meet their needs – including from charity or independent sector providers, as long as they meet NHS costs. Providers, including NHS Trusts, will be free to innovate to deliver quality services. **Monitor** will be established as a specialist regulator to protect patients interests.
iii. Greater voice for patients – the Act establishes new **Healthwatch** patient organisations, both locally and nationally, to drive patient involvement across the NHS.
iv. New focus for Public Health – The Act provides the underpinnings for **Public Health England**, a new body to drive improvements in the public's Health and transfers Public Health functions to local authorities.
v. Greater accountability locally and nationally – the Act sets out clear roles and responsibilities, whilst keeping Minister's ultimate responsibility for the NHS. The Act limits micro-management and gives local authorities a new role to join up local services (through the **Health and Wellbeing Board**).
vi. Streamlined arms-length bodies – the Act removes unnecessary tiers of management, releasing resources to the frontline.

10.2 As the Committee is aware the Shadow Health and Wellbeing Board is now established. The two Clinical Commissioning Groups (CCGs) are preparing for authorisation, appointing their key staff and publishing their commissioning plans. Finally the transfer of Public Health functions to the Local Authority is being overseen by a Transition Programme Board. The Public Health Team have now moved into Westfields.

11. Progress to date

11.1 Two key elements of work are in hand:

- A refresh of the Joint Strategic Needs Assessment (JSNA);
- The drafting of the Interim Joint Health and Wellbeing Strategy (JHWS).

The **JSNA** should provide the data and interpretation that allows the new 'system' to identify the priorities for action in relation to health needs and inform commissioners to allow them to invest in appropriate services. This requires organisations to input their data into the JSNA in the first place and this is now being progressed to ensure it is a comprehensive and useful tool.

The **JHWS** should demonstrate how the Authority and CCGs, working with other partners will meet the needs identified in the JSNA. This could potentially consider how commissioning of services related to wider health determinants such as housing, education, or lifestyle behaviours can be more closely integrated with commissioning of health and social care services.

11.2 Developing the Joint Health and Wellbeing Strategy should incorporate a robust process of prioritisation in order to achieve the greatest impact and the most effective use of collective resources, whilst keeping in mind people in the most vulnerable circumstances. The aim of the Strategy is to jointly agree what the greatest issues are for the local community based on evidence from the JSNA. Prioritisation processes need to be systematic, transparent, simple; and used consistently over time to justify the outcomes. The prioritisation should aim to balance different types of needs and take account of complex needs and integrated planning to address them.

11.3 The Department of Health Draft Guidance sets out a number of values that under pin good Strategies:

- Setting shared priorities based on evidence of greatest need;
- Setting out a clear rationale for the locally agreed priorities and also what that means for the other needs identified in the JSNA, and how they will be handled with an outcomes focus;
- Not trying to solve everything, but taking a strategic overview on how to address the key issues identified in JSNAs, including tackling the worst inequalities;
- Concentrate on an achievable amount – prioritisation is difficult but important to maximise resources and focus on issues where the greatest outcomes can be achieved;
- Addressing issues through joint working across the local system and also describing what individual services will do to tackle the priorities;

- Supporting increased choice and control by people who use services with independence, prevention and integration at the heart of such support.

11.3 The Shadow Health and Wellbeing Board has agreed that an interim Joint Health and Wellbeing Strategy should be developed for 2013-2014. This will act as a transition document to help provide a focus on priorities as we move into the new health landscape from April 2013. A draft strategy that is being consulted on over the Summer is now presented to the Committee. The consultation process will inform a final draft that will be presented to the Shadow Health and Wellbeing Board and Council later in the year. The Strategy has to be ready for 1st April 2013.

11.4 The draft Strategy has been pulled together taking into account information from the JSNA, the Sustainable Community Strategy and priorities identified by the Children's Trust, the Safer Cheshire Partnership, the CCGs, the Cheshire East Housing Strategy and the Ageing Well Programme. The Shadow Health and Wellbeing Board have refined the list of priorities since the first draft was published in April to ensure a focus on those that all partners can contribute to through collective action. The Strategy is attached as Appendix A for consideration and comment by the Scrutiny Committee.

11.5 The Shadow Health and Wellbeing Board are now seeking support for the Strategy and ideas from consultees as to how best to tackle the priorities for collective action. Following the consultation a Delivery Plan will be drafted during the Autumn to identify key actions for 2013-2014.

12.0 Access to Information

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

Name: Guy Kilminster
Designation: Head of Health Improvement
Tel No: 01270 686560
Email: guy.kilminster@cheshireeast.gov.uk

The Joint Health and Wellbeing Strategy for the population of Cheshire East.

A Message from Councillor Janet Clowes, Chair of the Health and Wellbeing Board, Dr Paul Bowen, Chair and GP Lead of the NHS Eastern Cheshire Clinical Commissioning Group, Dr Andrew Wilson, Chair and GP Lead of the NHS South Cheshire Clinical Commissioning Group, Dr Heather Grimbaldeston, Director of Public Health.

We are delighted to present to the residents, patients and health and social organisations our first Health and Wellbeing strategy. This document represents a commitment by the NHS and the Local Authority to work in partnership to tackle some of the complex, difficult and inequitable health and wellbeing issues together.

The Government's Health and Social Care Act (2012) has set out the requirement for the establishment of Health and Wellbeing Boards and Joint Health and Wellbeing Strategies in each local authority area.

The Health and Wellbeing Strategy will provide an overarching framework that will influence the commissioning plans of the local NHS, the Council, and other organisations in Cheshire East. It will be a driver for change, focussing upon those key areas that will make a real impact upon improving the health and wellbeing of all our communities.

[signed ……. + pictures]

Context

There are two newly formed Clinical Commissioning Groups in Cheshire East, the NHS Eastern Cheshire Clinical Commissioning Group and the NHS South Cheshire Clinical Commissioning Group (CCGs)). These CCGs will take over the control of the local NHS from the Primary Care Trust in April 2013. Representatives from these two organisations, together with Councillors, the Director of Public Health and senior managers from Cheshire East Council and a patient representative, form the core membership of the Health and Wellbeing Board.

In considering the strategic priorities for the area the Board has considered three key documents:

- **The NHS Eastern Cheshire Clinical Commissioning Group 2012-2013 Annual Plan**
  http://www.ec3health.co.uk/uploaded_files/files/ECCCG_Annual_Plan_2012-13_-_Final_low_res.pdf
- **The NHS South Cheshire Clinical Commissioning Group Strategic Plan 2012-2015**
  http://www.southcheshirehealth.org.uk/uploaded_files/files/consortia/SCH_Strategic_Plan_2012-15_V6_FINAL.pdf
- **'Ambition for All' Cheshire East's Sustainable Community Strategy**
  http://www.cheshireeast.gov.uk/community_and_living/pace_-_strategic_partnerships/sustainable_community_strategy.aspx

These are all informed by and underpinned through the evidence of the Joint Strategic Needs Assessment and each have been consulted on in their own right.

Partnership working on health and wellbeing issues is not new in Cheshire East. However, through the new Health and Wellbeing Board, representatives from health, public health, the Council and Local Health Watch (representing Cheshire East residents), have committed, through this document and future Joint Health and Wellbeing Strategies to work more closely together, with a common focus of ensuring that services are jointly tailored to meet the needs of our residents. Meaningful engagement with our communities, patients and carers will inform all that we do and we will commission to improve health and health/social care for our local populations and to drive the integration agenda around the needs of individuals.

Our Population and Place

In general, all partners recognise that the health and wellbeing of the residents of Cheshire East is good. However there are still very significant challenges that need to be addressed. Amongst these are reducing the number of people leading unhealthy lifestyles; preparing for an increasingly ageing population (by 2029 the numbers of people aged 65 or over will increase by more than 50% to 108,000 and those aged 85 or over will more than double to 20,000); improving the mental health and emotional wellbeing of residents and addressing some stark differences across Cheshire East (for example a difference in life expectancy which at its worst sees a gap of 10.9 years for men and 16.8 years for women depending on which area you live in Cheshire East).

There is good practice to build upon to tackle these challenges with high quality general practice, effective NHS / local authority joint working and innovative Council led projects already in place. But we recognise that more needs to be done and the Board, through the Strategy will drive improvement in health and wellbeing.

The Joint Health and Wellbeing Strategy is an evolving document, responding to the changes that occur through these new ways of working and to new challenges that we may face in the future, the priorities will modify over time.

Our Principles

Equality and fairness – Provision of services should meet need, reduce health outcome variations, and be targeted to areas which need them the most.
Accessibility – services should be accessible to all, with factors including geography, opening hours and access for disabled people and other vulnerable groups considered.
Integration – To jointly commission services that fit around the needs of residents and patients, encouraging providers to collaborate to create integrated services where appropriate. This will maximise the benefits of delivery through the Health and Wellbeing Board.
Quality – The strategy should be based on sound evidence and reasoning, and focus on quality, within our resources
Sustainability – Services should be developed and delivered considering environmental sustainability and financial viability.

Our Priorities

Strategic Priorities	Priorities for collective action
Outcome one - Starting and developing well…	

Children and young people have the best start in life; they and their families or carers are supported to feel healthy and safe, reach their full potential and are able to feel part of where they live and involved in the services they receive.	Increase the number of babies breastfed for six months Reduce the levels of alcohol use / misuse by Children and Young People
Outcome two - Working and living well… *Driving out the causes of poor health and wellbeing ensuring that all have the same opportunities to work and live well and reducing the gap in life expectancy that exists between different parts of the Borough.*	Reduce the incidence of alcohol related harm. Reduce the incidence of cancer. Reduce the incidence of cardiovascular disease. Ensure that the health and wellbeing of carers is supported. Support carers in their caring role. To better meet the needs of those with mental health issues.
Outcome three - Ageing well… *Enabling older people to live healthier and more active lives for longer:*	Improve the co-ordination of care around older people, in particular those with dementia, and support independent living (including falls prevention). Provide good palliative care. Support an older population for rest of life / end of life planning.

It must be emphasised that the constituent organisations of the Health and Wellbeing board will also be working themselves on other areas that they have identified as key to supporting improvements in health / health and social care.

What happens next?

Through engagement with stakeholders and the Public we would like to ask that you:

- Support this initial Joint Health and Wellbeing Strategy, which describes an immediate, joint and collaborative focus on those areas, identified by the NHS and Cheshire East Council, as important to improving health and health and social care;
- Provide your ideas on how best to tackle the priorities for collective action, and what you or your organisation can do to assist the Health and Wellbeing Board in its aspirations.
- A Delivery Plan will be produced after the engagement exercise closes, that will identify our actions for 2013 – 2014.
- The newly formed Local Healthwatch (representing patients) will be fully engaged in this process as the Strategy evolves.

Conclusion

The Health and Wellbeing Board is committed to ensuring that the NHS and Cheshire East Council (including Public Health) work together on areas of shared need, as expressed through future Cheshire East Health and Wellbeing Strategies.

Cheshire East LINk
Work Plan for 2011/12

Version 2.4 - Modified 29/5/2012

Health Care Incorporating Enter and View activity.

Priorities:

1a) Enter and View visits to primary and secondary care, nursing/care homes to encompass:

- **Care of Vulnerable**
- **Essential Standards of Care**
- **Access to appropriate treatment, Nutrition and Hydration**
- **Safeguarding Issues**
- **Care of Dying pathways**
- **Cleanliness, Dignity and Respect**

1b) Enter and View Training

2a) Review of Complaints / Pals contacts from providers in order to identify trends.
2b) Review of Maternity Services
2c) Review of Paediatric Services

3. Consultations
a) CEC review of premises based care for those with learning disabilities

This allows for rearrangement of priorities as issues arise.

Topic	Action	By whom	Time scale	Progress	Outcome	Completed
Priority 1a **Care of the Vulnerable**	Use powers of Enter and View to visit: Acute Hospitals Primary Care Mental Health and Learning Disabilities Nursing/Care Homes Premises based Support Services Private provision of NHS Care Work plan to CQC Regular meetings with CQC	CE LINk Authorised Representatives Portfolio Holder / LST	Ongoing commitment 2 monthly update	(47 visits undertaken during 2011 - 2012) Ongoing Completed visits are placed on website Ongoing	All Reports to CQC and commissioners Placed on CE LINk website Any problems identified - Discussed with Provider CQC kept informed	Will always be on going

Health care - continued

Topic	Action	By whom	Time scale	Progress	Outcome	Completed
Priority 1b **Enter and View Training**	Basic E and V training Vulnerable Adults Safeguarding Report Writing Disability awareness Dementia awareness	LST Trainer LA LST / Lead To be arranged LA	As necessary Jan 2012 To be arranged July 2012 To be arranged May / June 2012	Ongoing	More Trained Representatives	
Priority 2a **Complaints/PALS Trends**	Regular review	Health Care Sub-Group	Monthly	Ongoing (1 provider each month)	Any trends discussed with provider. Improved service.	
Priority 2b (i) **Review of Maternity Services - MCHFT**	Request Information on Service E and V Visits (unannounced)	Lead / LST Authorised Representatives	1 week March 2012	Received – one issue outstanding Visit has taken place	Understanding of service provision Reassurance re service provision	
Priority 2b (ii) **Review of Maternity Services - ECNHST**	E and V Visits (unannounced)	Authorised Representatives	During 2012		Reassurance re service provision	
Priority 2c (i) **Review of Paediatric Services MCHFT**	E and V Visits (unannounced	Authorised Representatives	2012		Reassurance re service provision	

Topic	Action	By whom	Time scale	Progress	Outcome	Completed
Priority 2c (ii) Review of Paediatric Services ECHNST	E and V Visits (unannounced)	Authorised Representatives	012	**Unannounced visit has taken place. To be followed up by arranged visit.**	Reassurance re service provision	
Priority 2d E and V Documentation	View Documentation to ensure fit for purpose	Portfolio Holder and sub group	2012	**Authorised Representatives' Enter and View Protocol reviewed and approved by Committee**	Documents fit for purpose	

Priority 3a Consultations – Health and Social Care in Knutsford "the Knutsford Project"	Ensure bi weekly update on website	LST	Throughout consultation period	On going	Information given	
	E and V visit to Knutsford Community Hospital	Authorized Representatives	2012	On going	Current provision identified	
	Listen to public views	CE LINk members / LST	During consultation period	On going	Public wishes identified	

Social Care Work Plan

Priorities.

1. Transition to Adult Social care, 2. Empower Card, 3. Carers Assessments, 4.Follow up on Personalisation Events, 5. Accessing information, 6. Consultations

Topic	Action	By whom	Time scale	Progress	Outcome	Completed
1.Transition to Adult Social Care	Planned discussion forums to be organized (events) to be held in Spring. Open forum activity- alternative methodology (workshop discussion groups) agreed with executive – sub group to finalize arrangements.	Social Care Sub Group	March / May 2012	As scheduled	To be completed by Summer 2012	Ongoing
2.Empower Card	To monitor positive progress made by Cheshire East Council.	Social Care Sub Group	on going	Cheshire East Council – Implementation currently paused by local authority.	Positive contacts made progress being made with continued dialogue with CEC. Final report on review due December 2012.	
3.Carers Assessments and Outcomes	Monitoring of Carers Assessments and outcomes	Social Care Sub Group To go out to members	on going	Monitor and ask for evidence of case. A member to report back from interagency carers	A CE Council officer attended Meeting in May.	
4.Follow up on Personalisation Events	Continue to monitor the experiences of service users and their carers and liaise with senior representatives of Cheshire East council to ensure their voice is heard.	Social Care Sub Group	Next meeting	Collect feedback evidence base to monitor situation.	To be linked to feedback from Transition Events	
5.Accessing Information	Cheshire East Council information stream – emphasis on website. Is this appropriate for the large groups of diverse users? What information is available and in what formats?	Social Care Sub Group Cheshire East Council lead	On going	Discussed with CE Director of Adult Services.	A CE LINk representative is making contact and investigating the progress made.	
6.Consultations	Response as appropriate	Social Care Sub Group				

Mental Health Work Plan

Priorities

1. **Supporting 'Stay in Work and Return to Work'leaflet**
2. **CWP Patient Recovery Strategy**
3. **Dementia Awareness**
4. **Re-provision of in patient services.**

Topic	Action	By whom	Timescale	Progress	Outcome	Achieved
1. Challenging Stigma Supporting 'Stay in Work and Return to Work' leaflet.	Planning for Employment report to form basis of challenging stigma in employment. Involve employers at sub group level to evolve better communication and involvement in events.	Mental Health sub group, LINk, Employers and Partners	Ongoing	Planning for Employment report discussed at Sub Group level. Task and Finish Group formed	Significant change in awareness and support in employment Leaflet printed awaiting distribution	Leaflet distributed. Still available as a resource.
2. CWP Patient Recovery Strategy	Involvement with CWP in terms of information Cheshire and Wirral Partnership (CWP) to involve users and carers in patient's recovery.	Meeting – Sub group	Ongoing	Move now gone ahead. Presentation by CWP. Recovery strategy in the implementation phase. Phase 1 currently implemented.	Greater Carer Involvement / wider involvement of Carers.	
3. Dementia Awareness	Monitor – Pathways through Hospital, Admissions/Discharges. Promote awareness to provide support for community.	Mental Health – Sub Group Relevant partner agencies	Ongoing	Monitoring	Wider awareness and signposting for appropriate community awareness/support. Alzheimer's Society and relevant agencies to gain referrals	
4. Reprovision of In patient Mental Health Services (New build in patient facility)	Monitor and contribute to debate and discussion. Involvement in meetings at all levels.	Mental Health sub group	Ongoing	Meetings attended and involvement in future consultation.	Service suitable for all service users across Cheshire East.	Re-started

Engagement Work Plan

Priorities

1. **Involve the wider membership in the work of the LINk**
2. **Working with Partners in Health and Social Care**
3. **Working with organisations to widen LINk involvement**

Topic	Action	By whom	Timescale	Progress	Outcome	Achieved
1. Involve the wider membership in the work of the LINk	Target members to see if any would be interested in taking up a role on any of the Sub-groups. Identify groups with a lack of representation within LINk membership. Increase membership at all levels	Community Engagement Workers/Team	Ongoing dependent on projects outlined in the Work Plan	Presentations to relevant key stakeholders. Ongoing engagement plan to continue engagement process.	Increased activity from base membership. More involvement at events and issue based activity.	
2.Working with Partners in Health and Social Care	Continue to work closely with Partners in East Cheshire Council, Central and Eastern PCT and all Third Sector Organisations, networking through other Social Care and Health events. Meetings with presentations along with specific targeted events.	Community Engagement Workers/Team. Partners.	Ongoing.	Wide organisational membership/joint activity. Presentation – CVS Events etc	Increased awareness of partnership activity throughout Cheshire East. Well received	
3.Working with organisations to widen LINk involvement	Improve contacts with organisation members, keeping them informed through News letter, events and activity. Organise and plan a day for organisational members to be brought up to date on everything the LINk is doing, and to encourage participation on sub-groups where relevant.	Community Engagement Team along with East Cheshire LINk Committee and members.	Ongoing.	Partnership working events.	Greater awareness and partnership approached with organisational members.	

Communications Group Work Plan

(Currently under review – CE LINk awaiting Local HealthWatch developments)

1. Annual Report, 2. Representation on Shadow Health and Wellbeing Board, 3. Enhancing Communications, 4. Development of communication, 5. Other representation, 6. Facebook

Topic	Action	By Whom	Timescale	Progress	Outcome	Achieved
1.Annual Report	Preparation and production of Annual Report 2011/12	Communications group / Task and Finish	By June 2012			
2.Representation on Shadow Health and Wellbeing Board Communications Group	Names forwarded	Sub Group Lead	Ongoing			
3.To enhance the requirements of the LINk by how it handles incoming communications from the general public, and how enquiries are dealt with and communicated via the Support Team to the relevant bodies	Explore options in the light of probable increase in activity.	Communications Group and Support Team	Ongoing	On going following Support Teams activity	On going	
4.To develop lines of communication to enable relevant information to be displayed on Partner websites and reciprocal arrangement.	Communication Group to contact Trusts focal point	Communications Group	Ongoing	Awaiting feed back after initial contact with Trust focal points	Procedures for determining appropriate Hyperlink inclusions agreed	
5.Representation of CE LINk at functions with respect to information stands	Communications Group to contact focal points.	Communications Group/LST	On going	Feedback received from PCT, MCHFT, Waters Green and Eagle Bridge	On-going Stands to be made available.	
6.Facebook	Maintain a dedicated CE LINk facebook page.	Communications Group / LST	Established	Developed by Support Team and presented to Communications Sub Group September 2011	Communication with a wider audience including younger generation.	On going

Local HealthWatch Transitional Work Plan

Priorities

1. **Local HealthWatch Implementation**
2. **Involvement with Shadow Health and Wellbeing Board (SHWBB)**

Topic	Action	By whom	Timescale	Progress	Outcome	Achieved
Local HealthWatch	CE LINk is now an integral part of Local HealthWatch Steering Group.	LINk Committee members + elected representatives from core membership	12 Months	Ongoing		Representation of CE LINk on Local SHWBB and Local Healthwatch steering group
SHWBB	Representative on this group	Chair				

Appendix 1 Project cost breakdown

Section / Project	Allocated funds	Breakdown of costs where applicable
Health Care		
Priorities: 1a) Enter and View visits to primary and secondary care facilities	**£1000** (approx based on £50 per visit) = 20 visits	Travel Expenditure Meetings
1b) Enter and View Training	**£1200** calculated on 2011/12 figures (Target recruit and train12 new reps) E and V (formal Training) - Training 2 days Safeguarding – 1 day Report Writing – 1 day Materials Update training – Enter and View get together (all reps)	Travel Expenditure Possible external trainer Meeting rooms Refreshments
2a) Review of Complaints / Pals contacts from providers in order to identify trends	**£2800 -** 12 scheduled monthly Health Care meetings and additional task and finish meetings as required. Specific Enter and View activity (not necessarily accounted for under item 1a above.) Figure does not include potential room hire costs	Meetings Travel Expenses
2b) Review of Maternity Services		
2c) Review of Paediatric Services		
3. Consultations a) CEC review of premises based care for those with learning disabilities b) Health and social care provision Knutsford c) Other		
	Total Allocated - £5000	Total Spent

Social Care		
1. Carer Respite,	**£250** Increased awareness – further report distribution	Report production – Printing and distribution.
2. Transition to Adult Social care,	**£750** allocated towards future events (Excludes £500 allocated from 2011/12 budget carried forward. To provide for already scheduled events.)	Event costs Travel costs Refreshments Additional Costs
3. Empower Card, 4. Carers Assessments, 5 Referral Administration Fee,	**£3200 -** 12 scheduled monthly Social Care meetings and additional task and finish meetings as required. Providing consultations – experts on topics such as Empower as required Figure does not include potential room hire costs	Travel Meetings Visiting speakers Experts
6.Follow up on Personalisation Events,	Monitoring – Task and finish covered by above	
7.Accessing information,	**£500** Meetings / visits as appropriate – mail shot to collect data	
8. Consultations	Monitoring – Task and finish covered by above	
	Total Allocated - £4700	Total Spent
Mental Health		
1.Supporting 'Stay in Work and Return to Work'leaflet	**£750** - to cover costs of printing and distributing two further batches of information – "Healthy Mind' leaflet	Printing and Production Distribution inc travel
2.CWP Patient Recovery Strategy 3.Dementia Awareness 4.Re-provision of in patient services.	**£2000 -** 12 scheduled monthly Mental Health meetings and additional task and finish meetings as required. Figure does not include potential room hire costs	Travel Meetings
	Total allocated £2750	Total Spent

Engagement		
1.Involve the wider membership in the work of the LINk	**£1500 -** Excludes staff time in production	Mail shots – general printing costs
2.Working with Partners in Health and Social Care	**£500** – e.g. meeting with high level and senior contacts.	Travel Meetings Refreshments
3.Working with organisations to widen LINk involvement	**£500** – attendance at meetings with partners eg. MCHFT, Commissioning group etc	Travel Meetings
	Total allocated - £2500	Total spent
Communications		
Annual Report	**£1500**	Production and distribution costs.
Publicity	**£3000** – equates to printing and distributing 3 editions of LINk newsletter. – To members, GP surgeries + partners and orgs. (Further distribution to LAPS teams etc would involve additional £300 per newsletter)	Newsletters and distribution
Website	**£250**	Hosting service
	Total Allocated - £4750	Total Spent
Additional Items		
Committee meetings in Public	**£4500 –** 12 monthly meetings + extra meetings as required	Venue Refreshments Travel Papers Publicity
	Total Allocated - £4500	Total Spent
Combined Total Work plan	**£24,200**	

Figures above do not include any additional activity that might be considered as new project work.

REPORT TO: Cheshire East Council, Scrutiny Committee

Date of Meeting:	12 July 2012
Report of:	Jill Greenwood, Commissioning Manager, Cheshire East Council
Subject/Title:	Local HealthWatch

1.0 Report Summary

1.1 This report summarises the role of Local Healthwatch and what next steps are being taken to implement it in Cheshire East by April 2013.

1.2 A number of measures have been implemented to consult on Local Healthwatch. These include consultation events at Congleton, Macclesfield and Crewe for Healthwatch; town centre 'roadshows' on market days at eight locations in the Borough; a questionnaire; focus group with harder to reach groups; display boards at libraries/health centres.

1.3 This information will then shape the Service Specification and lead onto a procurement process to service the Organisation who will deliver Cheshire East Local Healthwatch.

2.0 Wards Affected

2.1 All affected as the requirement on Local Healthwatch is to deliver services and represent and advocate on behalf of Cheshire East Residents.

3.0 Local Ward Members

3.1 All

4.0 Policy Implications including - Carbon reduction

- Health

4.1 Net Carbon Reduction – No reported implications

4.2 Health – Healthwatch has an important role in advising on health and social care service delivery in Cheshire East. As such, it should lead to improvements in the general health and wellbeing of the local community.

5.0 Financial Implications

5.1 The budget we expect for Healthwatch will be allocated by the Department of Health according to set formula. Funding for 2013/14 will be at a similar level to that of the

existing Cheshire East LINk, together with an extra amount which will be taken from the PCT PALs signposting funding (subject to negotiation).

5.2 Funding for 2012/13 will derive from the additional monies provided by Government for Healthwatch transition, as well as the one-off grant given for Cheshire East's successful Pathfinder Bid.

6.0 Legal Implications

6.1 The Health and Social Care Bill 2012 passes mandatory duty on each Local Authority to set up a Local Healthwatch in their locality.

This must deliver statutory functions:

Provide information and advice to the public about accessing health and social care services (covered at the moment by PCT PALS)

Providing a representative(s) on the Local Health & Wellbeing Board

7.0 Risk Management

7.1 Any non-delivery of Local Healthwatch would mean the Council was failing to meet its legal requirements.

7.2 The work required to Procure the Provider of Healthwatch following the consultation and engagement work

7.3 Funding from the Government has not been finalised and this could affect the completion of contracts for the Cheshire East Healthwatch

8.0 Background

8.1 The Health and Social Care Bill legislated for the setting up of a new organisation in each local authority area called 'Local Healthwatch'. The aim of this organisation is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided locally.

8.2 The Local Healthwatch will take on the responsibilities of current LINk organisations as well as additional functions. This will include the signposting element of PCT PALs. It may also include the Independent Complaints Advocacy Service (ICAS) service which is currently contracted nationally (although this could be procured separately from Healthwatch by the Local Authority). **See Appendix 1 for further information.**

8.3 The Local Healthwatch should be a 'corporate body', a standalone not-for-profit organisation with a board of directors. Guidance states that this organisation should ensure that its directors are representative of the local community.

8.4 A Healthwatch transition steering group has been set up consisting of membership from Health, Voluntary Sector Organisations, LINk and the Local Authority. This has provided local views on what Healthwatch should be and has informed the transition plan including the consultation stage.

8.5 Local Healthwatch is to be supported by a national organisation simply known as Healthwatch England with the power to monitor the NHS and to refer patients' concerns to a wide range of authorities.

8.6 Following the consultation, a report will be completed. This will serve as the basis for a service specification for how the Local Healthwatch should be set up in Cheshire East.

8.7 A procurement process will then be followed where organisations are invited to put in bids for running the Cheshire East Local Healthwatch according to this specification. Bids will be evaluated according to a scoring system and interviews will take place. We would be grateful for Members assisting with this assessment.

8.8 The selected organisation will then need to set up the Local Healthwatch in Cheshire East. This will include recruitment of a Local Healthwatch board and a wider membership via a large scale awareness campaign. We would also expect further consultation to take place to firm up the future work programme, and knowledge sharing should also take place with the existing Cheshire East LINk.

Appendix 1:

Responsibilities of Local Healthwatch

Local HealthWatch will retain all the existing functions of the LINk. These include:

- Promoting and supporting the involvement of local people in decisions about health and social care and choice in relation to aspects of those services
- Monitoring and scrutinising provision of local health and care services
- Making the views of local people known e.g. using reports and recommendations
- Conducting “Enter & View’s” (a bit like an inspection of a social care/health service)

But it will also:

- Providing information and advice to the public about accessing health and social care services (covered at the moment by PCT PALS)
- **Providing a representative(s) on the Local Health & Wellbeing Board.**

It may also:

- Providing complaints advocacy (ICAS) [could be provided by the Healthwatch or could be contracted to another organisation].

CHESHIRE EAST COUNCIL

REPORT TO: HEALTH AND WELLBEING SCRUTINY COMMITTEE

Date of Meeting: 12 July 2012
Report of: Borough Solicitor
Subject/Title: Work Programme update

1.0 Report Summary

1.1 To review items in the 2011/12 Work Programme (attached at Appendix 1), 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 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

10.3 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

10.4 At the last meeting, the Committee considered undertaking a Scrutiny review on Prostate Cancer services; an oral update will be given at the meeting.

10.5 The Work Programme has been updated following the last meeting and following the 1:1 with the Portfolio Holder, Councillor Clowes.

10.6 At the last meeting, the Committee also considered holding a training session on mental health and learning disability; these have been arranged for Friday 12 October (mental health) and Friday 16 November (learning disability).

11.0 *Access to Information*

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

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Designation: Scrutiny Officer
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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 future meeting on 111 call system	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 – September 2012	September 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 July 2012	July 2012
Health and Wellbeing Board	Development of new arrangements		Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East	HWBB - Update on progress at each meeting.	On-going
Clinical Commissioning Groups	Development of new arrangements			To improve life opportunities and health for	Report on CCG structures, progress with authorisation, who will lead on	November 2012

				everybody in Cheshire East	CCG, commissioning intentions and vision etc	
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 and National Alcohol Strategy.	September 2012
Joint Health and Wellbeing Strategy		Committee	Health and Wellbeing	To improve life opportunities and health for everybody in Cheshire East	Report to Committee in July 2012	
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	April – June 2013 – Mid Cheshire and East Cheshire Hospital Trusts; North West Ambulance Service)	Regular annual item – April - June
Local Involvement	It is important to	Committee	Health and	To improve	Update when	On-going

Network (LINk) – Work Programme; Future arrangements and transition to Local Healthwatch	develop good working relationships with the LINk.		Wellbeing; Adult Services	life opportunities and health for everybody in Cheshire East	required. Presentation on Annual Report and Work Plan to meeting in July 2012	
The Cheshire and Wirral Councils' Joint Scrutiny Committee		Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East	Committee likely to be disbanded. Consider training workshop on provision of mental health and learning disability services.	On-going
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	Adult Social Care Scrutiny Committee requested to provide an update on their scrutiny work in relation to carers. Review in July 2012	

				choice and control around services and resources		
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 included in workshop on mental health and learning disability.	
Future healthcare provision in the Knutsford area	To investigate new proposals for healthcare provision in the Knutsford area	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	Update as required	

				resources		

Committee meetings:
12 July 2012
6 September 2012
4 October 2012
8 November 2012
6 December 2012
10 January 2013
7 February 2013
7 March 2013
4 April 2013

July 2012/djf