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Health and Wellbeing Scrutiny Committee

Agenda

Date:	**Thursday, 6th September, 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 - 8)

   To approve the minutes of the meeting held on 12 July 2012.

3. **Declarations of Interest**

   To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

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

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

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

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

6. **Prostate Cancer awareness and screening**

Dr Guy Hayhurst, Consultant in Public Health, to discuss prostate cancer screening and awareness.

7. **Re-commissioning of Specialist Adult Alcohol Misuse Services** (Pages 9 - 18)

To consider a report of Mike O'Regan, Associate Director of Joint Commissioning, Central and Eastern Cheshire Primary Care Trust (CECPCT) and Davina Parr, Associate Director of Public Health, CECPCT

8. **Cheshire and Wirral Partnership NHS Foundation Trust – Community Mental Health Service Redesign** (Pages 19 - 22)

To consider a report of Andy Styring, Director of Operations, Cheshire and Wirral Partnership NHS Foundation Trust

9. **Knutsford Integrated Health and Wellbeing Centre - update** (Pages 23 - 26)

To consider a report of the Programme Director.

10. **Health and Wellbeing Board - update**

To receive a verbal update from the Portfolio Holder for Health and Adult Social Care.

11. **Work Programme** (Pages 27 - 38)

To review the current Work Programme (attached).

12. **Forward Plan**

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

13. **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, 12th July, 2012 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor G Baxendale (Chairman)
Councillor R Domleo (Vice-Chairman)

Councillors G Boston, M Grant, A Martin, G Merry, A Moran, B Silvester and J Wray

13 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors D Hough, M Hardy and J Saunders.

14 ALSO PRESENT

Councillor J Clowes, Portfolio Holder for Health and Adult Social Care
Councillor S Gardiner, Cabinet Support Member
Councillor C Andrew (substitute for Councillor M Hardy)
Councillor P Hoyland (substitute for Councillor J Saunders)
Councillor S Jones (substitute for Councillor D Hough)
Councillor I Faseyi – visitor

15 OFFICERS PRESENT

D J French, Scrutiny Officer
H Grimbaldeston, Director of Public Health
G Kilminster, Head of Health Improvement
L Scally, Head of Strategic Integrated Commissioning and Safeguarding
F Field, South Cheshire Clinical Commissioning Group
V McGee, Cheshire and Wirral Partnership NHS foundation Trust
B Towse, Cheshire East Local Involvement Network
B Brookes, Cheshire East Local Involvement Network
C Towse, Cheshire East Local Involvement Network
N Garbett, Cheshire East Local Involvement Network

16 MINUTES OF PREVIOUS MEETING

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

17 DECLARATIONS OF INTEREST

There were no declarations of interest made.

18 DECLARATION OF PARTY WHIP

There were no declarations of the existence of a party whip.

19 PUBLIC SPEAKING TIME/OPEN SESSION

Charlotte Peters Rock addressed the Committee. She referred to the closure of the Tatton Ward and queried the information given to the Scrutiny Committee on the matter. She referred to facilities at Macclesfield Hospital, and queried the availability of respite and falls occurences.

20 ANNUAL PUBLIC HEALTH REPORT

Heather Grimbaldeston, Director of Public Health, did a presentation to the Committee on the main points of the Annual Public Health Report.

The report was in chapters focusing on different areas:

- Chapter 1 – this chapter concerned healthy lifestyle choices, healthy behaviours and reducing health inequalities. It referred to national and local actions that had improved health and prevented illness caused by lifestyle choices and behaviours. The Chapter introduced Public Health Outcomes Framework and Indicators for each lifestyle area. There were 2 high level outcomes – increased healthy life expectancy; and reduced differences in life expectancy and healthy life expectancy between communities through greater improvements in more disadvantaged communities. These outcomes were supported by a set of 66 public health indicators split over four domains covering - improving the wider determinants of health; health improvement; health protection; and public health and preventing premature mortality. Dr Grimbaldeston referred to initiatives around stopping smoking which had seen the Stop Smoking Service exceed its target of 2425 by supporting 3205 smokers to stop. There was still work to be done to try to reduce smoking in pregnancy rates. There were a number of areas where health improvement or lifestyle services had been commissioned by the PCT or work had occurred in partnership to target areas of need and reduce health inequalities – breastfeeding Project Group; immunisation uptake rates had improved overall; and a Hospital Alcohol Liaison Team had been established at Leighton Hospital to identify and treat those admitted to hospital as a result of drinking or whose alcohol misuse compromised their care.
- Chapter Two – provided a commentary on opportunities to improve the public's health through making every contact count; taking an asset approach – eg looking to co-design service with communities; the Localism Act and the role NHS Commissioners played in improving public health.
- Chapter Three – this chapter focused on public health support to NHS Commissioning, through support to the Clinical Commissioning Groups' Commissioning Plans, priority setting systems and policy making and review. Public health could contribute in a number of areas including addressing excess winter deaths through recommending an increase in flu vaccines in certain areas, addressing emergency admissions by children into hospital where it was felt over half could be avoided through

measures such as reducing exposure to tobacco smoke and improving living environments.

- Dr Grimbaldeston further outlined the purpose of the Public Health Outcomes Framework (PHOF). The public health system was to be refocused around achieving positive health outcomes and reducing health inequalities rather than being focused on process targets. The vision of the PHOF was "To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest".

In discussing the presentation, Members raised the following points:

- Whether smoking awareness was part of the school curriculum as it was suggested that there was a lack of teaching about the dangers of smoking? In response, Dr Grimbaldeston agreed that there was a risk that success in smoking cessation initiatives could lead to complacency, however, the Public Health Outcomes Framework did make reference to smoking prevalence among 15 year olds;
- There was an important role for public health to address premature mortality rates, try to keep people in their own homes for as long as possible and keep well during winter. Reference was made to whether family carers should be given advice around avoiding smoking in close proximity to their loved one. Members were informed that there was a Sub Group that reported into the Health and Wellbeing Board about keeping older people well and that it was recognised that this was an important issue in Cheshire East with an ageing population;
- Reference was made to whether figures and targets were included in the report in relation to life expectancy rates. In response, the Committee was advised that previous reports were data driven and complex with a lot of statistical information included. The data would still be relevant. There was also statistical information in the Joint Strategic Needs Assessment. There were no national targets in relation to life expectancy therefore no local target to reduce the gap, however, it was a priority;
- The importance of screening was discussed and it was noted that a 40% reduction in mortality rates could arise due to screening and early detection. Currently screening was commissioned both locally and nationally but in the future it would be the responsibility of the National Commissioning Board. There were some good examples of successful screening programmes. It was noted that, although prevention and detection were important, some people had a fear of attending screening checks and this needed to be taken into account ;
- Reference was made to differences in life expectancy between men and women. It was noted that targeted work had been undertaken in conjunction with GPs in the Vale Royal Area to address some men's health issues through encouraging men to undertake blood pressure checks etc; this had been a successful approach. It was noted that although life expectancy was important, the main thing was to live well for as long as possible and ensure people had good quality of life;
- The need to address the social determinants of health was raised along the lines of the Marmot report. It was suggested that future reports could be based on the 6 themes within the Marmot report. There was an important role to focus on improving wellbeing and lifestyle;
- Whether obesity among teenagers was increasing? It was noted that children were weighed in the first year of primary school and then again in year 6 by which time weight had disproportionately increased in many cases. It was noted that obesity and alcohol were emerging health

challenges in Cheshire East although the area was not the worst nationally for either issue.

RESOLVED: that the presentation be noted and paper copies of the Annual Public Health Report be distributed to Committee Members.

21 HEALTH AND WELLBEING STRATEGY

The Committee considered a report of the Head of Health Improvement on the draft interim Health and Wellbeing Strategy. Councillor Clowes, Portfolio Holder for Health and Adult Social Care, explained that the Health and Social Care Act 2012 placed a duty upon the Council and Clinical Commissioning Groups (CCGs) to produce a Health and Wellbeing Strategy.

The Strategy was informed by the Joint Strategic Needs Assessment (JSNA) and should demonstrate how the Council and CCGs would meet the needs identified in the JSNA. The Strategy before the Committee was an interim document for 2013 – 14 and during that year work would be undertaken to produce a more detailed version of the Strategy for forthcoming years. The Strategy had been approved by the Health and Wellbeing Board for public engagement over the summer months. The public and stakeholders would be asked to support the Strategy and provide ideas on how best to tackle the priorities for action and identify any ways the HWBB could be assisted in its aspirations.

The Strategy listed Priorities under 3 headings:

- Outcome one – starting and developing well – this had priorities including increasing breastfeeding rates and reducing levels of alcohol misuse by children and young people;
- Outcome two – working and living well – this had priorities including reducing the incidence of cancer and cardiovascular disease, meeting the needs of people with mental health issues, and supporting carers;
- Outcome three – ageing well – this included priorities around provision of good palliative care and supporting older people in rest of life and end of life planning.

The Committee discussed the Strategy and raised the following questions or issues:

- Whether the document was a strategy or a vision and whether there should be action points that listed how the priorities would be achieved? It was also felt the Strategy contained general statements and was lacking in detail. In response, the Committee was advised that there was a requirement for the Council to have a document called a Health and Wellbeing Strategy and the Strategy as drafted was a starting point from which to develop a more detailed document. The Strategy was drafted in an open manner so as to encourage stakeholders and the public to bring forward ideas as to how the priorities could be achieved. The Strategy did not include statistical information as that could be found in other sources such as the JSNA;

- The reference to providing good palliative care was welcomed but did this include support to hospices? The Committee was advised that some innovative work was currently underway with hospices and the Council;
- Support to carers was vital and it was noted that carers often put off their own health needs; it was suggested that more support was needed than a short amount of time each morning and evening and that some people would not mind a long bus ride as they would enjoy the company of others on the bus;
- Which groups of mums were being targeted in terms of breastfeeding support? It was suggested that pre natal care could have been a target rather than breastfeeding;
- There could have been reference to employment and support to people to find full time, permanent work;
- Whether there should be reference to wellbeing as the Strategy was health focused and wellbeing was also important?
- The reference to mental health was welcome but it was suggested that the Borough had high levels of self harm;
- Was the priority to reduce cancer referring to all types of cancer? There was an important role for prevention and screening.

Councillor Clowes agreed to convey the views to the Health and Wellbeing Board and consider whether the consultation document could contain more detail and explanation with some examples.

RESOLVED: that the Strategy be noted and the views expressed at the meeting be conveyed to the Health and Wellbeing Board.

22 LOCAL INVOLVEMENT NETWORK (LINK) ANNUAL REPORT AND WORK PROGRAMME

Barrie Towse, Chair of the Local Involvement Network (LINk), presented the LINk Annual Report for 2011/12.

The report referred to the LINk's statutory right to Enter and View health and social care facilities to ensure that they complied with the essential standards set by the Care Quality Commission (CQC). In 2011/12 the LINk's Authorised Representatives had undertaken 47 visits and produced a report following each visit which was published on their website and shared with commissioners and the CQC.

The Communications Group had continued its work including producing a regular newsletter and having a Facebook presence. The Social Care sub group had made positive progress following some initial issues raised after the introduction of the Empower Card by the Council. The Sub group had also commissioned some research into Carer Respite resulting in a report with five key outcomes. The Mental Health Sub Group had liaised with employees and partners to produce a leaflet "Stay in Work and Return to Work" that had been widely distributed particularly to GP surgeries. A Learning Difficulty and Autism Interest Group had recently been formed.

The LINk worked in partnership with various organisations and bodies and was a statutory representative on the Health and Wellbeing Board. As the arrangements changed and Healthwatch replaced the LINk from 1 April, the LINk had contributed to the Healthwatch Steering Group to consider new arrangements and ensure a smooth transition.

Mrs Towse also outlined the LINk Work Plan for 2012/13 containing priorities for the current year which included contributing to the consultation process for the future healthcare project in Knutsford, monitoring progress with the Empower Card and a review of maternity services at East Cheshire Hospital NHS Trust.

Neil Garbett, LINk Support Team Leader, explained that the Annual Report had been produced in-house and was printed in A5 size as a cost saving. He and his team had undertaken a great deal of engagement work including having a presence in the community at events and in local supermarkets, work had also been undertaken with students at Macclesfield College. He congratulated the LINk members, who were all volunteers, and referred to the Enter and View visits carried out which were greater in number than any other LINk organisation.

The Committee was advised that in relation to the transition to Healthwatch, funding had been given to the Council to assist with the Cheshire East LINk's role as pathfinder. There was currently a process of engagement taking place regarding what the Healthwatch should look like, for example, whether the Board should be elected or appointed. It was hoped that current LINk members would transfer to Healthwatch so skills and knowledge were not lost and the transition would be smooth.

Councillor Clowes explained that Mrs Towse had been a valuable presence on the Health and Wellbeing Board.

RESOLVED: that

(a) the Annual Report and Work Plan be noted; and

(b) the LINk be congratulated on their hard work and the successful outcomes as listed in their Annual Report.

23 LOCAL HEALTHWATCH

Lucia Scally outlined the current position with the role of Healthwatch and its introduction in Cheshire East from April 2013.

Local Healthwatch would have the responsibilities of the current Local Involvement Network (LINk) along with additional functions such as the signposting element of the Patient Advice and Liaison Service (PALS) and possibly the Independent Complaints Advocacy Service (ICAS), although this could be procured separately by the Local Authority.

The Local Healthwatch would be a "corporate body", a standalone not-for-profit organisation with a board of directors with Directors that were representative of the local community.

A Healthwatch Steering Group had been established with membership from Health, the Voluntary Sector, LINk and the Coucnil; this Group was looking at the

future shape of Healthwatch and the transition arrangements. The Local Healthwatch Groups would be supported by a national organisation called Healthwatch England which would have the power to monitor the NHS and refer patients' concerns to a wide range of authorities.

The Council was currently undertaking a consultation and engagement exercise about implementing local Healthwatch which included events at Congleton, Macclesfield and Crewe, town centre "roadshows", a questionnaire; focus group with harder to reach groups and display boards at venues including libraries and health centres. Following the consultation period, a service specification for how local Healthwatch should be set up and a procurement process would be undertaken to appoint an organisation to set up and run the Local Healthwatch. Information on the procurement process would be circulated to Members.

RESOLVED: that the update be noted.

24 WORK PROGRAMME

The Committee considered the current work programme. At the previous meeting, Councillor Moran had suggested that a Scrutiny review on prostate services be undertaken. The Committee had received some information on prostate services and screening from Dr Guy Hayhurst, Consultant in Public Health and Councillor Moran circulated further information from Leighton Hospital Prostate Cancer Support Group and Awareness Campaign, Cheshire. It was noted that guidance from the National Screening Committee was that prostate cancer screening should not be introduced. The Committee discussed issues around men's health, including the importance of raising awareness of symptoms and encouraging men to attend their GP with any concerns.

The Committee noted that the Constitution Committee had resolved to withdraw the Council's nominations from the Joint Scrutiny Committee, meaning that mental health would be undertaken by the Council's own Scrutiny Committees.

It was noted that training sessions had been arranged for 12 October and 16 November to cover mental health and learning disability; it was agreed that these sessions would also cover self harm following early reference to rates being higher in Cheshire East than elsewhere.

Members referred to earlier reference to excess winter deaths and discussed adding this to the Work Programme as a Task/Finish Group.

Finally, Members discussed the availability of budget and performance information and the possibility of having any areas of under performance flagged up to the Committee.

RESOLVED:

(a) the Work Programme be updated in accordance with the discussion at the meeting;

(b) a Task/Finish Group be set up to look at the issue of Excess Winter Deaths comprising Councillors Grant, Moran, Silvester; and members of Adult Social Care Scrutiny Committee be invited to nominate Member(s);

(c) the dates for the Training Sessions be noted;

(d) the issue of prostate services and screening be considered at a future meeting and in the meantime the views of a GP be sought and Dr Hayhurst be requested to consider the further information supplied by Leighton Hospital Prostate Cancer Support Group and Awareness Campaign, Cheshire.

25 **FORWARD PLAN**

There were no items on the Forward Plan other than items already on the agenda.

26 **CONSULTATIONS FROM CABINET**

There were no consultations from Cabinet.

The meeting commenced at 10.00 am and concluded at 12.55 pm

Councillor G Baxendale (Chairman)

CHESHIRE EAST COUNCIL

REPORT TO HEALTH AND WELLBEING SCRUTINY COMMITTEE

Date of Meeting:	**6 September 2012**
Report of:	**Mike O'Regan, Associate Director of Joint Commissioning, Central and Eastern Cheshire Primary Care Trust (CECPCT)** **Davina Parr, Associate Director of Public Health, CECPCT**
Title:	**Re-commissioning of Specialist Adult Alcohol Misuse Services**

1. Report Summary

1.1. This paper is about the re-commissioning of Specialist Adult Alcohol Misuse Services for Central and Eastern Cheshire, which includes the population served by Cheshire East Council.

1.2. This project is a partnership led by commissioners at CECPCT who are the funding organisation, in collaboration with Cheshire East Council, Cheshire West and Chester Council, GP's, Clinical Commissioning Groups and public health leads from CECPCT and NHS Western Cheshire.

1.3. The report sets out in detail the rationale for the project, including the contractual issues that have made this re-commissioning process necessary.

1.4. It also describes the implications of the re-commissioning process for Cheshire East Council, who will take over the responsibility for commissioning alcohol services from 1 April 2013 when public health duties transfer from the NHS to local authorities.

2. Recommendations

2.1. That the Health and Wellbeing Scrutiny Committee note the work ongoing to re-commission Specialist Adult Alcohol Misuse Services.

2.2. The Committee notes the implications and opportunities when the commissioning of these services becomes the Council's responsibility from 1st April 2013.

3. Rationale for Re-commissioning

3.1. The Joint Strategic Needs Assessment has highlighted a need to address the issue of alcohol related harm and there is a consensus among all partners, including Clinical Commissioning Groups and Local Authorities, that this is a priority for our population.

3.2. A number of commissioned services are currently in place, as described in **Appendix 1**. Notice has been served on these providers who are aware of the plans to re-commission services.

3.3. This tendering process will aim to slow or reverse the trend for ever increasing rates of alcohol related hospital admissions**. Appendix 2** shows the recently published 2012 Local Alcohol Profile for Cheshire East highlighting Cheshire East as having significantly worse hospital admissions due to alcohol in females and in the under 18's, compared to the average for England.

3.4. A number of issues with existing alcohol service provision have been identified and is intended that by re-commissioning alcohol services these issues can be addressed:

Service Capacity

3.5. Core funding has been stable for several years however there is a perception amongst primary care colleagues and the services themselves that community alcohol services are underfunded. The tendering process will include reviewing funding levels to ensure that they are sufficient to deliver the service capacity needed for our population.

3.6. Department of Health recommendations are that commissioners should ensure provision and uptake of evidenced based specialist treatment for at least 15% of estimated dependent drinkers in the CECPCT area. This equates to services having a capacity to treat 1,946 individuals.

Sustainability

3.7. Additional "top up" funding has been made available on a non-recurrent term basis for various projects in the past, including work to reduce waiting lists, however this is not sustainable. The additional capacity should be built into the core service in future, however this will require a commitment to recurrent funding.

Contractual Issues

3.8. Central and Eastern Cheshire Primary Care Trust's current contract with Addaction (who provide services in the South Cheshire and Vale Royal areas) is based on a previous agreement with Community Integrated Care (CIC), who made a decision to withdraw from alcohol service provision in 2011. In order to provide continuity of provision and avoid creating a gap in services, it was agreed that Addaction would take over the CIC contract in April 2011 as a short term arrangement rather than a permanent solution.

3.9. We have now reached a stage where this arrangement needs to be reviewed and contracts need to be put out to tender in line with NHS procurement rules. Therefore the PCT, in partnership with NHS Eastern Cheshire, South Cheshire and Vale Royal Clinical Commissioning Groups, Cheshire East Council and Cheshire West and Chester Council, is re-commissioning Specialist Adult Alcohol Misuse Services.

Comprehensive Pathways

3.10. Previous commissioning has not included lower level interventions such as health promotion activities, education and training, however these are outlined as specific requirements in the draft service specification in line with our intention to commission a comprehensive alcohol pathway.

Data and reporting requirements

3.11. Both services submit a core data set as a national requirement each month. A set of local performance and quality indicators needs to be agreed and reporting arrangements need to be put in place and honoured by all parties.

Integration and partnership working

3.12. Future service provision needs to be integrated at locality level (e.g. integration between Community and HALS provision). There also needs to be close working between these services and e.g. drug services, social care, criminal justice, safeguarding and other services that may make or receive referrals from alcohol services.

4. Service Scope

4.1. The tendering process will be for a comprehensive community alcohol service for adults including Hospital Alcohol Liaison Service (HALS) provision at Leighton Hospital. Services for children and young people (under 18) are excluded from this tender, as is provision of planned inpatient detoxification services.

4.2. The proposed model for future service delivery for the Cheshire East area is:

Community Alcohol Services – to be based within Eastern Cheshire and South Cheshire CCG footprints
Hospital Alcohol Liaison Services – based at East Cheshire Trust (Macclesfield) and Mid Cheshire Hospitals NHS Foundation Trust (Leighton Hospital)

4.3. Options for shared management arrangements will be sought through the tendering process.

5. Service Outcomes

5.1. The outcomes for the Community Service will be;

Provide a community based Alcohol Treatment Service which meets the needs of the patient group
A reduction in the number of alcohol related hospital admissions
A reduction in chronic and acute ill health caused by alcohol
A reduction in alcohol related attendances at Accident and Emergency Departments

5.2. The outcomes for the Hospital Alcohol Liaison Service will be:

Provide an Alcohol Liaison Service which meets the needs of the patient group
A reduction in the number of alcohol related hospital admissions
A reduction in chronic and acute ill health caused by alcohol
A reduction in alcohol related attendances at Accident and Emergency Departments
A slower rate of increase in relation to alcohol related hospital admissions

5.3. Service users will agree their own personal outcomes with the provider but we expect these to include:

Reduction in alcohol consumption
Reduction in alcohol dependence
Improvement in alcohol related health problems
Improvement in alcohol related social problems
General improvements in health and wellbeing

6. Future Commissioning Arrangements and Opportunities

6.1. The responsibility for commissioning alcohol services, including the provision of alcohol treatment services, will transfer to Local Authorities from 1 April 2013. This will be for the Cheshire East area only and not as is currently the case with the CECPCT boundary which includes the Vale Royal Area. Commissioning for the Vale Royal population will go to public health within Cheshire West and Chester Council.

6.2. Following input and advice from procurement and legal departments from the local authority, it has been agreed that the PCT will run the procurement on behalf of Cheshire East Council. The contract will be handed over on 1 April under a transfer note arrangement. The procurement advert will make it clear that the procurement is for a service which will have a commencement date of 1 April 2013 and will be the responsibility of the public health service under the local authority as set out in the Health and Social Care Act 2012.

6.3. A three year contract is recommended in order to give the new service(s) sufficient time to become established and demonstrate that they are delivering the outcomes described in the service specification. The contract will include a break clause after twelve months.

6.4. Future opportunities exist to consider how alcohol services may be commissioned in different ways to include drugs misuse, sexual health and mental health services as part of a new approach to supporting “risk taking behaviours”, rather than commissioning services in isolation. There will also be opportunities to consider how this commissioning may be integrated with other Council departments to support children, families, working age adults and older people’s services, taking a more holistic approach to service commissioning and provision across the “life course”.

Appendix 1: Summary of Current Provision

	East Cheshire Alcohol Service		Central Cheshire Alcohol Service		
Provider(s)	Cheshire and Wirral Partnership Trust		Addaction Cheshire and Wirral Partnership Trust		
Staffing		CWP		Addaction	CWP
	Managers	0.25	Managers	1	0.25
	Project workers	0	Project workers	4	0
	Clinical	8.29	Clinical	-	3.58
	Admin	2	Admin	2	0.5
	Team Leader	-	Team Leader	1	-
	Total staff	**10.54**	**Total staff**	**8**	**4.33**
	Volunteers	8	Volunteers	-	-
Base	Macclesfield		Crewe with outreach provided at Northwich and Winsford		
CCG area (s) served	Eastern Cheshire		South Cheshire and Vale Royal		

	East Cheshire NHS Trust		Mid Cheshire Hospitals NHS Foundation Trust		
Provider(s)	Cheshire and Wirral Partnership Trust		Addaction Cheshire and Wirral Partnership Trust		
Staffing		CWP		Addaction	CWP
	Alcohol Liaison Nurse	1	Alcohol Liaison Nurse	-	1
	Project workers	Limited (from within community services)	Project workers	2	-
	Administrative support		Administrative support	0.6	-
Base	Macclesfield DGH		Leighton Hospital		
CCG area (s) served	Eastern Cheshire		South Cheshire and Vale Royal		

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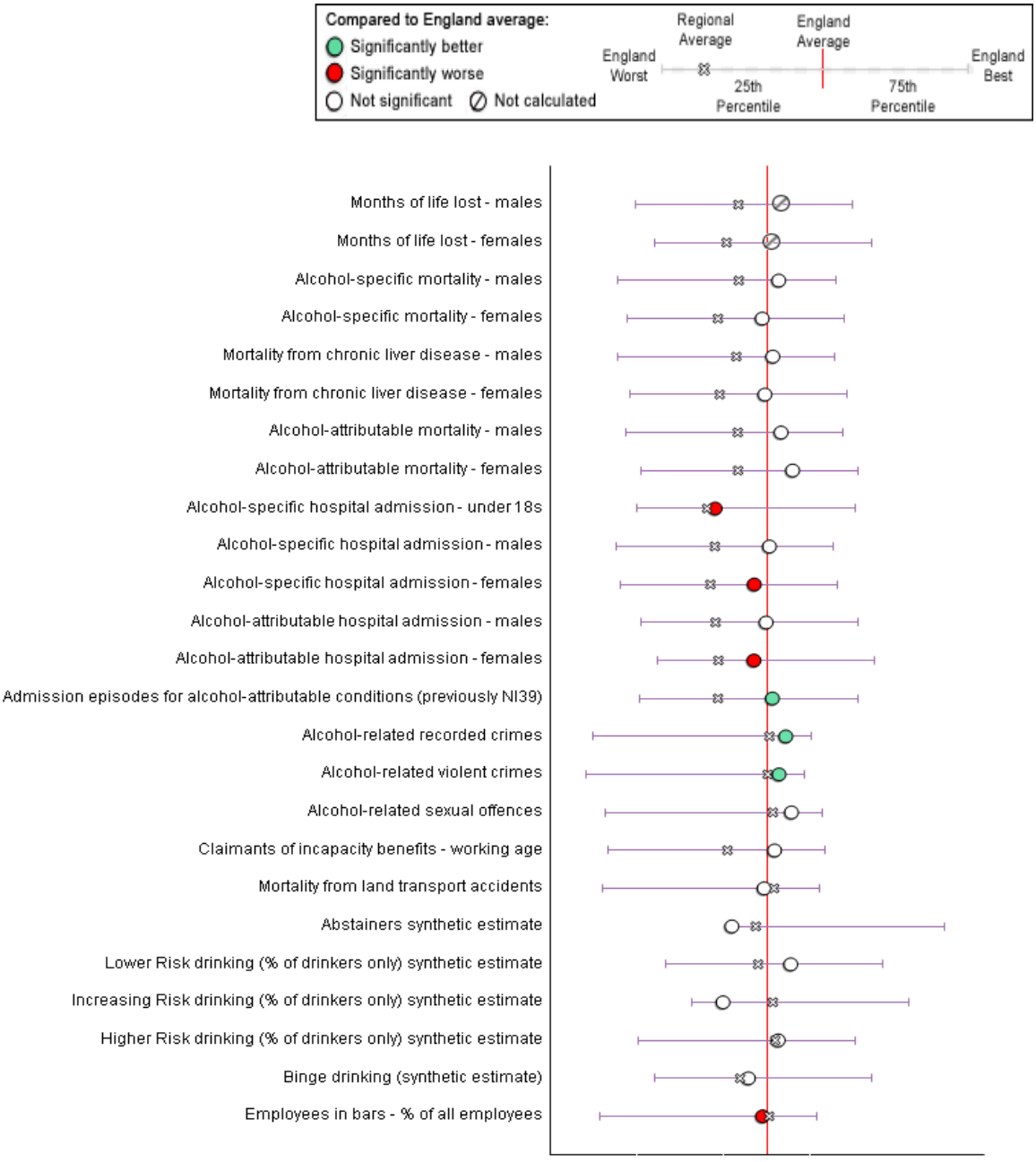
Appendix 2 – Local Alcohol Profile for Cheshire East Council

LAPE
Local Alcohol Profiles for England

Chart

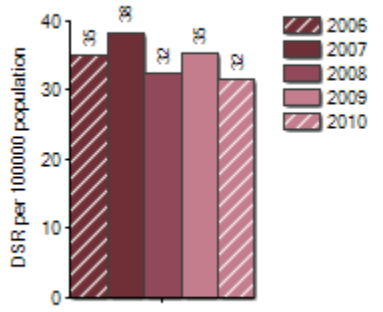
The chart shows Cheshire East's measure for each indicator, as well as the regional and England averages and range of all local authority values for comparison purposes.



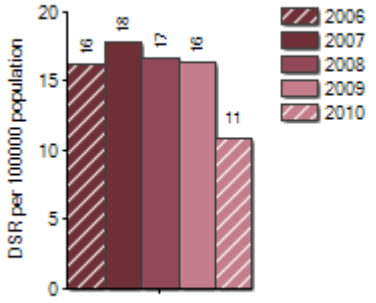
Alcohol Treatment- Prevalence per 1,000 population - currently only available at primary care organisation level

Trend Charts

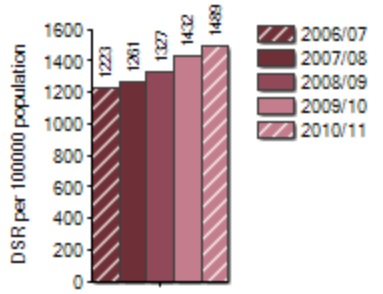
Alcohol-attributable mortality - males



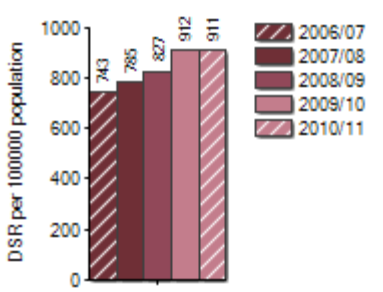
Alcohol-attributable mortality - females



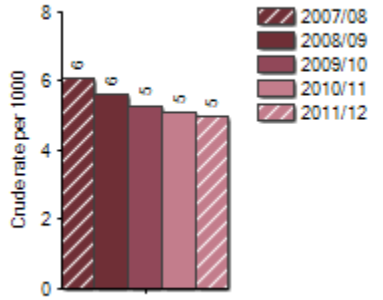
Alcohol-attributable hospital admission males



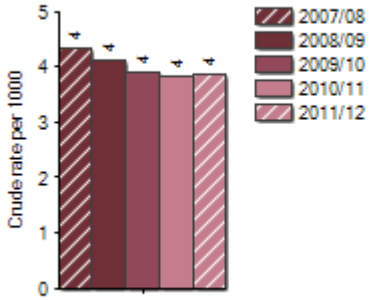
Alcohol-attributable hospital admission females



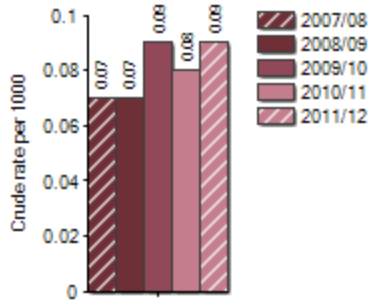
Alcohol-related recorded crimes - all



Alcohol-related violent crimes



Alcohol-related sexual offences



Data

	Indicator	Measure(a)	National Rank (b)	Regional Average
1	Months of life lost - males	8.1	141	11.5
2	Months of life lost - females	4.1	186	5.8
3	Alcohol-specific mortality - males	10.8	153	18.5
4	Alcohol-specific mortality - females	6.4	222	9.8
5	Mortality from chronic liver disease - males	12.5	180	19.8
6	Mortality from chronic liver disease - females	7.1	200	11.1
7	Alcohol-attributable mortality - males	31.5	142	43.4
8	Alcohol-attributable mortality - females	10.8	69	19.0
9	Alcohol-specific hospital admission - under 18s	88.6	282	93.7
10	Alcohol-specific hospital admission - males	437.5	201	695.9
11	Alcohol-specific hospital admission - females	255.3	242	363.5
12	Alcohol-attributable hospital admission - males	1489.1	209	1888.0
13	Alcohol-attributable hospital admission - females	911.3	235	1095.2
14	Admission episodes for alcohol-attributable conditions (previously NI39)	1832.0	196	2425.5
15	Alcohol-related recorded crimes	5.0	120	6.7
16	Alcohol-related violent crimes	3.9	130	4.9
17	Alcohol-related sexual offences	0.1	93	0.1
18	Claimants of incapacity benefits - working age	79.2	194	152.8
19	Mortality from land transport accidents	1.4	173	1.1
20	Abstainers synthetic estimate	12.9	311	15.4
21	Lower Risk drinking (% of drinkers only) synthetic estimate	72.5	90	73.5
22	Increasing Risk drinking (% of drinkers only) synthetic estimate	21.0	275	19.9
23	Higher Risk drinking (% of drinkers only) synthetic estimate	6.6	114	6.6
24	Binge drinking (synthetic estimate)	22.3	246	23.3
25	Employees in bars - % of all employees	2.1	171	1.9

Footnotes

	Definition
Alcohol-specific	Conditions that are wholly related to alcohol (e.g. alcoholic liver disease or alcohol overdose). A list of alcohol-specific conditions with their ICD-10 codes and associated attributable fractions can be found at: http://www.nwph.net/nwpho/publications/AlcoholAttributableFractions.pdf
Alcohol-attributable	Alcohol-specific conditions plus conditions that are caused by alcohol in some, but not all, cases (e.g. stomach cancer and unintentional injury). For these latter conditions, different attributable fractions are used to determine the proportion related to alcohol for males and females. A list of alcohol-attributable conditions with their ICD-10 codes can be found at: http://www.nwph.net/nwpho/publications/AlcoholAttributableFractions.pdf
a)	The actual indicator value for the local authority as calculated in the definitions below.
b)	The rank of the local indicator value among all 326 local authorities in England. A rank of 1 is the best local authority in England and a rank of 326 is the worst. For indicators 20 to 24, a rank of 1 is the highest and a rank of 326 is the lowest value, as the desirability of the value (what is better or worse) has not been determined.
1,2	**Months of life lost- males/females** An estimate of the increase in life expectancy at birth that would be expected if all alcohol-attributable deaths among males/females aged under 75 years were prevented. (NWPHO from 2008-2010 England and Wales life expectancy tables for males and females [Government Actuary Department], alcohol-attributable deaths from Public Health Mortality File 2008-2010 in males/females aged under 75 and Office for National Statistics mid-year population estimates for 2008-2010.
3,4	**Alcohol-specific mortality- males/females** Deaths from alcohol-specific conditions (all ages, male/female), directly standardised rate per 100,000 population (standardised to the European Standard Population). (NWPHO from Office for National Statistics Public Health Mortality File for 2008-2010 and mid-year population estimates for 2008-2010).
5,6	**Mortality from chronic liver disease- males/females** Deaths from chronic liver disease including cirrhosis (ICD-10: K70, K73-K74) (all ages, male/female), directly standardised rate per 100,000 population (standardised to the European Standard Population). (Compendium of Clinical and Health Indicators, National Centre for Health Outcomes Development 2008-2010 pooled).
7,8	**Alcohol-attributable mortality - males/females** Deaths from alcohol-attributable conditions (all ages, male/female), directly standardised rate per 100,000 population (standardised to the European Standard Population). (NWPHO from Office for National Statistics Public Health Mortality File for 2010 and mid-year population estimates for 2010).
9	**Alcohol-specific hospital admission - under 18s** Persons admitted to hospital due to alcohol specific conditions (under 18s, persons), crude rate per 100,000 population. (NWPHO from Hospital Episodes Statistics 2008/09-2010/11 and Office for National Statistics mid-year population estimates 2008-2010). Numerator counts of less than 6 have been suppressed (indicated as *). Does not include attendance at A&E.
10, 11	**Alcohol-specific hospital admission - males/females** Persons admitted to hospital due to alcohol-specific conditions (all ages, male/female), directly standardised rate per 100,000 population. (NWPHO from Hospital Episodes Statistics 2010/11 and Office for National Statistics mid-year population estimates 2010). Numerator counts of less than 6 have been suppressed (indicated as *). Does not include attendance at A&E.

12, 13	**Alcohol-attributable hospital admission - males/females** Persons admitted to hospital due to alcohol-attributable conditions (all ages, male/female), directly standardised rate per 100,000 population. (NWPHO from Hospital Episodes Statistics 2010/11 and Office for National Statistics mid-year population estimates 2010). Numerator counts of less than 6 have been suppressed (indicated as *). Does not include attendance at A&E.
14	**Admission episodes for alcohol-attributable conditions (previously NI39)** Admission episodes for alcohol-attributable conditions (previously NI39): directly age and sex standardised rate per 100,000 population. (Department of Health using Hospital Episode Statistics 2010/11 and Office for National Statistics 2010 mid-year population estimates).
15, 16, 17	**Alcohol-attributable recorded crimes** Alcohol-related recorded crimes, crude rate per 1,000 population. (NWPHO from Home Office recorded crime statistics 2011/12). Office for National Statistics 2010 mid year population were used. Attributable fractions for alcohol for each crime category were applied, based on survey data on arrestees who tested positive for alcohol by the former UK Prime Minister's Strategy Unit.
18	**Claimants of incapacity benefits - working age** Claimants of Incapacity Benefit or Severe Disablement Allowance whose main medical reason is alcoholism, crude rate per 100,000 (working age, persons) population. (NWPHO from Department for Work and Pensions data Aug 2011 and Office for National Statistics 2010 mid-year population estimates). NB Important Note Supplied by DWP - To qualify for Incapacity Benefit, claimants have to undertake a medical assessment of incapacity for work called a Personal Capability Assessment. The medical condition recorded on the claim form does not itself confer entitlement to Incapacity Benefit. So, for example, a decision on entitlement for a customer claiming Incapacity Benefit on the basis of alcoholism would be based on their ability to carry out the range of activities assessed by the Personal Capability Assessment; or on the effects of any associated mental health problems. It is also important to note that where someone has more than one diagnosis or disabling condition, only the predominant one is currently recorded.
19	**Mortality from land transport accidents** Estimated number of deaths attributable to alcohol from land transport accidents (ICD-10: V01-V89) (all ages, persons) directly standardised rate per 100,000 population (standardised to the European Standard population). (NWPHO from Compendium of Clinical and Health Indicators, National Centre for Health Outcomes Development 2008-2010 pooled and Office for National Statistics mid-year population estimates 2008-2010). The Strategy Unit's alcohol-attributable fraction was applied to obtain the estimates.
20	**Abstainers synthetic estimate** Mid 2009 Synthetic estimate of the percentage within the total population aged 16 years and over who report in abstaining from drinking alcohol. Estimates were derived from a statistical model developed to estimate the percentage of abstainers, lower risk, increasing risk and high risk drinkers in local authority populations. *The LAPE 2012 refresh for this indicator was generated using an enhanced methodology (see metadata for details) and care should be taken when comparing these with previous estimates.
21	**Lower Risk drinking (% of drinkers only) synthetic estimate** Mid 2009 Synthetic estimate of the percentage within the drinking population (not including abstainers) aged 16 years and over who report engaging in lower risk drinking, defined as consumption of less than 22 units of alcohol per week for males, and less than 15 units of alcohol per week for females. Estimates were derived from a statistical model developed to estimate the percentage of abstainers, lower risk, increasing risk and high risk drinkers in local authority populations. *The LAPE 2012 refresh for this indicator was generated using an enhanced methodology (see metadata for details) and care should be taken when comparing these with previous estimates.

22	**Increasing Risk drinking (% of drinkers only) synthetic estimate** Mid 2009 Synthetic estimate of the percentage within the drinking population (not including abstainers) aged 16 years and over who report engaging in increasing risk drinking, defined as consumption of between 22 and 50 units of alcohol per week for males, and between 15 and 35 units of alcohol per week for females. Estimates were derived from a statistical model developed to estimate the percentage of abstainers, lower risk, increasing risk and high risk drinkers in local authority populations. *The LAPE 2012 refresh for this indicator was generated using an enhanced methodology (see metadata for details) and care should be taken when comparing these with previous estimates.
23	**Higher Risk drinking (% of drinkers only) synthetic estimate** Mid 2009 Synthetic estimate of the percentage within the drinking population (not including abstainers) aged 16 years and over who report engaging in higher risk drinking, defined as more than 50 units of alcohol per week for males, and more than 35 units of alcohol per week for females. Estimates were derived from a statistical model developed to estimate the percentage of abstainers, lower risk, increasing risk and high risk drinkers in local authority populations. *The LAPE 2012 refresh for this indicator was generated using an enhanced methodology (see metadata for details) and care should be taken when comparing these with previous estimates.
24	**Binge drinking (synthetic estimate)** Synthetic estimate of the proportion (%) of adults who consume at least twice the daily recommended amount of alcohol in a single drinking session (that is, 8 or more units for men and 6 or more units for women) (2007-2008). Estimates developed by APHO on behalf of Department of Health (2010) (Revised dataset published March 2011 and updated to LAPE resources in April 2012). Please see PHOs JSNA Datasets for further information: www.apho.org.uk/resource/view.aspx?RID=91736
25	**Employees in bars - % of all employees** The number of employees, employed in bars as a percentage of all employees. (Business Register and Employment Survey (BRES) 2010, National Statistics, from Nomis website: www.nomisweb.co.uk). Office for National Statistics single year of age mid 2010 population estimate for males aged between 16-64 years and females aged 16-60 years. A rank of 1 is the lowest local authority value in England and a rank of 326 is the highest. Values that are significantly lower than the England average have been highlighted green and values that are significantly higher have been highlighted red. The desirability of the value (what is better or worse) has not been determined.

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Liverpool John Moores University
Henry Cotton Campus
15-21 Webster Street
Liverpool
L3 2ET

Website:
http://www.nwpho.org.uk
http://www.cph.org.uk

CHESHIRE EAST COUNCIL

Health and Well-being Scrutiny Committee

Date of Meeting:	Thursday 6th September
Report of:	Cheshire and Wirral Partnership NHS Foundation Trust (CWP)
Subject/Title:	Community Mental Health Service Redesign

1.0 Report Summary

1.1 This report is to brief committee members on the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) Community Mental Health Service Redesign.

2.0 Recommendation

2.1 That committee members note the report and comment on CWP's approach to the Community Mental Health Service Redesign public consultation commencing in September 2012.

3.0 Reasons for Recommendations

3.1 To progress the programme proposals and consultation as outlined in the report.

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 Not applicable

6.0 Policy Implications

6.1 Not applicable at this stage

7.0 Financial Implications (Authorised by the Director of Finance and Business Services)

7.1 None for the local authority.

8.0 Legal Implications (Authorised by the Borough Solicitor)

8.1 None for the local authority.

9.0 Risk Management

9.1 There have been comprehensive impact assessments undertaken including an Equality Impact Assessment. We have used these assessments to inform the evaluation process we plan to put in place to monitor the proposed service change to:

- demonstrate the benefits outlined in the consultation are achieved and
- potential adverse impacts are minimised.

10.0 Background

10.1 This briefing provides an outline of the forthcoming consultation on the proposed changes to trust-wide community mental health services provided by Cheshire and Wirral Partnership NHS Foundation Trust.

10.2 CWP are proposing to introduce the 'Stepped Approach to Recovery' (StAR). This model has emerged as the preferred model of service delivery following an assessment of a number of alternative models in use nationally, and consideration of the outcomes of the various stakeholder engagement and improvement events held earlier in 2011. These assessments and events identified that improvements were required in respect of

- Access to services
- Enhancing the focus on recovery
- Making more effective use of staff resources

The StAR model is firmly based on the concept of recovery, already adopted across CWP focussing on enabling a person's recovery as they progress through the pathway. If approved, the proposed changes will have a significant impact on the way the community mental health service meets the needs of service users in the future. This model focuses on:

- Recovery, health and well-being – including new well-being centres and nurse-led clinics
- Community teams will be structured in line with a stepped approach to recovery care pathway: 'Access', 'Recovery', 'Review'
- Matching the staff skill required with the needs of our service users; and wherever possible by people working in multi-disciplinary teams around individuals and their families
- Local variation to meet local needs (rather than a rigid model, local areas can adapt the model to meet the needs of local people)
- Evidence based interventions – this includes psychosocial interventions, cognitive behavioural therapy, individual counselling and family work aimed to deliver positive outcomes and demonstrate value for money
- Care Programme Approach – this is the framework which supports individual care, promoting social inclusion and recovery

10.3 The proposed changes to trust-wide community mental health services will go through consultation with both the public (running for three months from September 10th to December 3rd 2012) and with affected Trust staff (for three months starting 3rd October 2012). The public consultation will seek feedback

from service users, carers, our foundation trust membership and partner organisations. The outcomes of the consultations will inform decisions on the way forward and subsequent changes will be implemented from January 2013.

10.4 The review is happening as part of the NHS efficiency saving requirements, of which the Trust has to achieve over £13m of savings over the next three years. The review of the community mental health service is part of this process. It is in keeping with CWP's earlier consultation where we received support for redesigning care pathways and new ways of working (for example nurse-led clinics) in our public consultation in 2010*: "Developing high quality services through efficient design."*

10.5 The scale of the proposed changes is such that the staff employed within the service will be reduced and new ways of working introduced. Measures will be taken to reduce the need for any compulsory staff redundancies. Discussions with affected staff will continue into December 2012.

10.6 The public consultation on the proposed changes will take several forms. This will include a paper based document and questionnaire, an on-line questionnaire, and a series of public meetings held locally. Invitations to these will be extended to anyone with an interest in the developments. The meetings will be hosted and attended by senior officers from the Trust who will present an overview of the proposed changes, and will answer any arising questions and queries. The local meeting for East Cheshire will be held on Wednesday 31st October, 1.30pm at Macclesfield Football Club.

10.7 The full consultation document will be circulated to committee members on Monday 10th September.

11.0 Access to Information

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

Name: Andy Styring
Designation: Director of Operations
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Agenda Item 9

CHESHIRE EAST COUNCIL

Health & Well Being Scrutiny Committee

Date of Meeting:	6 September 2012
Report of:	Andy Bacon, Programme Director, Central and Eastern Cheshire Primary Care Trust (CECPCT)
Subject/Title:	Knutsford Integrated Health and Wellbeing Centre - update

1.0 Report Summary

1.1 The Committee at its meeting on 14th June considered a report on a proposal to provide a Health and Wellbeing Centre in Knutsford, together with consultations on the application by East Cheshire NHS Trust for Foundation Trust status and for the permanent closure of the Tatton Ward, Knutsford Hospital.

1.2 The Committee agreed as follows:

"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 two consultations plus additional engagements with the main consultation conducted before bids were 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."

1.3 This report provides an update on the project and seeks views on the timing and content of the consultation process in the light of changed circumstances.

2.0 Report

2.1 At the meeting on 14th June 2012, five options were put to the Committee. The Committee agreed that the following factors be taken into account in the evaluation of the options:

- a full and representative range of public views being heard from all parts of the town's (and sub-region's) population that maximises public understanding and minimises confusion
- value for money in respect of the consultation and engagement process
- professional and technical input
- democratic accountability
- legality

2.2 Option 5 was presented as the preferred option and was supported as the preferred Option for the engagement and consultation for Knutsford Health and Wellbeing Centre, which involved the following:

- A proposal for a single consultation that incorporates the proposals for both:
  - the closure of Tatton Ward
  - the development of a new clinical model that would be incorporated in the centre.
- how existing resources will be redesigned to provide more integrated care to:
  - support people to self manage most effectively
  - have in place care plans that support them and their families more effectively to manage their conditions,
  - utilise professional expertise in different ways to bring about increased efficiency.

2.3 There would then be a further two separate consultations:

- East Cheshire NHS Trust Foundation Trust application
- Knutsford Integrated Care Centre (including Ward Closure)

2.4 However since that meeting two circumstances have changed:

- there is an increased recognition that the integrated care model represents a significant change in both the way services are provided and how they are funded. The integrated care model will affect every resident in Eastern Cheshire, not just Knutsford. It is therefore recommended that more time is taken to complete the integrated care model and prepare to commence engagement across the whole health and social care economy, not just in Knutsford. These details are expected to be completed by mid-October 2012
- the Knutsford Town Strategy is having a consultation to be completed by the 1st October 2012 and they have asked that this is completed before the consultation on the Centre (both to save confusion between the consultations and as decisions on the Strategy could affect the options for the centre).

2.5 The OSC are asked to consider the following recommendations:

- that there is a change from the initial joint consultation recommendation
- that the Tatton Ward consultation goes ahead separately, but has links to the commencement of public engagement on the proposed development of a new health and wellbeing facility incorporating the three practices and a range of community and hospital services.
- that a separate public engagement exercise commences in November 2012 around raising awareness of the opportunities to become involved in / shape the development of integrated patient care across the whole of Eastern Cheshire.

2.6 The above approach is recommended for the following reasons:

- it will mean that the population of Knutsford are actively consulted around the Tatton Ward closure without further delay
- that the practices in Knutsford can start to actively engage with their registered population regarding the potential move to new premises.

- that the vision, opportunities and benefits associated with Integrated Care is coordinated through engagement with the whole of the Eastern Cheshire population.

3.0 Wards Affected

3.1 Knutsford, Mobberley and surrounding area and adjoining areas in Cheshire West and Chester.

4.0 Local Ward Members

4.1 Stewart Gardiner, Olivia Hunter, Peter Raynes, Jamie Macrae

5.0 Access to Information

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

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CHESHIRE EAST COUNCIL

REPORT TO: HEALTH AND WELLBEING SCRUTINY COMMITTEE

Date of Meeting: 6 September 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 The Work Programme has been updated following the last meeting and following the 1:1 with the Portfolio Holder, Councillor Clowes.

10.5 During the last two meetings, the Committee has been considering undertaking some Scrutiny work on Prostate Cancer services; this is included as a separate item on the agenda.

10.6 The Committee has previously agreed to review the recommendations from the Scrutiny Review of Obesity and Diabetes that was completed in 2010; the recommendations of the Scrutiny Panel are attached as Appendix 2.

10.7 At previous meetings, the Committee discussed holding a training session on mental health and learning disability; these have been arranged for Tuesday 30 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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APPENDIX 1

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 when ready	2013
Health and Wellbeing Board (HWBB)	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 (CCG)	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; update to 1:1 after engagement process	On-going
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 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.	October 2012
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	Adult Social Care Scrutiny Committee requested to provide an update on their scrutiny work in relation to carers. Review in July 2012	
Suicide prevention	To investigate measures that can be implemented that could reduce	Committee	Health and Wellbeing	To improve life opportunities and health	To be included in workshop on mental health – Tuesday 30	

	the risk of suicide or self harm			for everybody in Cheshire East;	October.	
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 resources	Update as required	On-going
Excess Winter Deaths	The Annual Public Health report has flagged up that 221 excess winter deaths occur in Cheshire East each year.	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East; To	Task/Finish Group to be considered – to be lead by Adult Social Care Scrutiny Committee	

				give the people of Cheshire East more choice and control around services and 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

28 August 2012/djf

APPENDIX 2

Scrutiny Panel on Obesity and Diabetes

Recommendations

1. That the Panel receive a further report on the current year's National Child Measurement Programme results in 2011.

2. That secondary schools be encouraged to ensure that lunchtime arrangements are structured so that pupils are offered a reasonable time to consume their meal, and the need for queuing is reduced and ideally avoided.

3. That schools be fully encouraged and as far as possible supported to adopt cashless systems so that this becomes available if possible in all CE schools.

4. That further work should be undertaken with the PCT to identify data which would indicate the degree of progress made under the Government's Healthy Weight, Healthy Living Strategy.

5. That further work be undertaken to improve the non-curriculum participation rates through the Partnership Development Managers and specific initiatives, and a report on progress be made in 12-18 months time.

6. The Panel has considered in depth the benefits which sport and physical activity bring to leading healthy lifestyles. The Panel has reviewed the range of play, sport and physical exercise opportunities available to children and young people in particular, and is of the view that the Council should be doing everything possible to improve access to these activities. The Panel has taken into account the Council's responsibilities as "corporate parent", including the need to provide free access to sport and physical activities for its Cared for young people, and recommends that the current programmes are developed to maximise these opportunities.

7. That given the major benefits which these activity programmes bring to healthy lifestyles, they be supported and if possible developed and as far as possible brought within the Council's core programmes.

8. The Panel was of the opinion that more could be done to enable school facilities to be made available to the public and recommends that schools be actively encouraged by the Council to develop these opportunities, their engagement with local communities and to make much more use of their assets as a community resource.

9. That in view of the outstanding success of free swimming and the importance of this activity to physical wellbeing, the Panel recommends that the programme is extended wherever possible and maintained in the future for young and old alike.

10. That discussions take place with CEC PCT with a view to extending and standardising the Healthquest Scheme across the whole of the Borough.

11. That further initiatives are put in place to encourage young people to engage in these activities.

12. That the Director of Public Health should be invited to present the Annual Public Health Report at a full CE Council meeting.

13. That further lobbying be undertaken through the Local Government Association and other appropriate channels to seek one single system of food labelling guidance to reduce confusion and provide clarity, particularly for those with dietary needs such as people with Diabetes and Coeliac disease.

14. That the Panel receive a further report on progress with Food Labelling and Advertising in 12 – 18 months time.

15. That further emphasis and resources are placed by the PCT on the prevention and education work amongst younger people with a particular emphasis on avoiding the increasing risks of diabetes deriving from bad diet and lack of physical exercise.