

Health and Wellbeing Scrutiny Committee

Agenda

Date: Thursday, 7th February, 2013
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 - 4)

To approve the minutes of the meeting held on the 10 January 2013.

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

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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. **Cheshire and Wirral Partnership NHS Foundation Trust AMH community services re-design** (Pages 5 - 10)

To consider the report of the Cheshire and Wirral Partnership NHS Foundation Trust.

7. **Health and Wellbeing Board - update and terms of reference** (Pages 11 - 26)

To consider the report of the Strategic Director – Children, Families and Adults Services.

8. **Work Programme** (Pages 27 - 36)

To review the current Work Programme (attached).

9. **Forward Plan**

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

10. **Consultations from Cabinet**

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

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Scrutiny Committee** held on Thursday, 10th January, 2013 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor G Baxendale (Chairman)

Councillors R Domleo, M Grant, D Hough, A Moran and J Saunders

79 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors A Harewood (substitute Councillor M Grant), B Livesley and J Weatherill

80 ALSO PRESENT

Councillor M Grant, substitute for Councillor A Harewood
Councillor J Clowes, Portfolio Holder for Health and Adult Social Care
Councillor S Gardiner, Cabinet Support Member
Councillor O Hunter, visitor
Councillor B Silvester, visitor
B Towse, Local Involvement Network

81 OFFICERS PRESENT

L Scally, Head of Strategic Commissioning
D French, Scrutiny Team
F Field, South Cheshire Clinical Commissioning Group

82 MINUTES OF PREVIOUS MEETING

RESOLVED: that the minutes of the meeting held on 6 December 2012 be confirmed as a correct record.

83 DECLARATIONS OF INTEREST

There were no declarations of interest made.

84 DECLARATION OF PARTY WHIP

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

85 PUBLIC SPEAKING TIME/OPEN SESSION

Charlotte Peters Rock addressed the Committee as follows:

- She noted in the report relating to item 6 "Learning Disability Service Redesign" that reference was made to services being local

and that people should “remain in their communities” and sought clarification as to what that meant in practice;

- She felt that the consultation regarding the Tatton Ward was not well publicised and explained that the organisation Cheshire Area for Cheshire Action was undertaking its own publicity;
- She referred to day respite provision for people with dementia and the difficulties caused by a lack of public transport as well as parking issues at Macclesfield Hospital;
- She referred to instances where social care respite places were being purchased by the NHS which caused difficulties for family carers;
- Public meetings held regarding the Foundation Trust application consultation by the East Cheshire Hospital Trust were poorly attended.

86 LEARNING DISABILITY SERVICE REDESIGN

Andy Styring and John Courtney from the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) briefed on proposed changes to learning disability inpatient and community services. The Committee was informed that CWP provided various services including both inpatient and in the community; the organisation had 3300 staff providing services across 95 sites; the budget was over £155m.

Mr Courtney explained the background to the proposals – the Winterbourne View review and reports from the Department of Health had said that there was an overdependence on inpatient beds in learning disability services; too much use of out of area placements; and a need to enhance learning disability community services. There was also a requirement to make savings in the NHS, with CWP required to save £13m over the next 3 years. In reference to the question raised at public speaking time, Mr Courtney explained that the term community services had a broad definition and referred to any service that was not an in patient service.

The Learning Disability Service Review had identified the need for the following improvements:

- Care Pathways – establish an improved clinical model with better service user outcomes. There should be a defined pathway for each area of need (Challenging Behaviour; Mental Health; Physical Health including profound intellectual multiple disability; Forensic Needs (offending behaviour), with individualised packages of care;
- Community Learning Disability Teams – redesign to provide a core team in each area of need with emphasis on specific therapies such as speech and language therapy and occupational therapy;
- Inpatient Services – reduce reliance on inpatient services – close one Assessment and Treatment Unit and reduce bed numbers in the longer term.

The Review considered the option of making no changes to learning disability services. However, based on the need to make savings as well as a desire to improve services based on the review, this was not considered a viable option. It was proposed that changes to the learning disability service were introduced

whereby a care pathway model was introduced which promoted supporting people in the community, with access to enhanced community services and access to inpatient services for those people who needed it.

A public consultation on the proposals would be undertaken for three months starting from 14 January. The consultation would include an easy read paper based document and questionnaire, online questionnaire and public meetings.

In discussing the proposals, Members raised the following issues:

- Health issues were often a concern for people with learning difficulties. In response, the Committee was advised that CWP staff undertook training and awareness raising sessions for GPs and medical staff in relation to treating patients with learning difficulties, who tended to have higher levels of illness. The development of neighbourhood teams would improve links with GPs with each GP practice having a named contact at CWP to assist with any issues regarding patients with learning difficulties. Ms Field of South Cheshire Clinical Commissioning Group explained that it was intended to integrate as many services as possible around the GP service as most people were registered with a GP and would visit their GP as a first resort with any health issue;
- It was important to ensure a smooth transition from children's to adult's services;
- It was noted that each person with learning disability was entitled to have an Annual Health Check and most GP practices in Cheshire East were carrying out such checks.

RESOLVED: that the proposals and consultation process be supported.

87 FORWARD PLAN

There were no items on the Forward Plan for the attention of the Committee.

88 CONSULTATIONS FROM CABINET

There were no consultations from Cabinet. However, Councillor Clowes, Portfolio Holder, updated on some current issues.

The Public Health budget figure was still awaited. All current Primary Care Trust contracts would be taken on by public health on 31 March 2013; contracts would be rolled over for one year during which time an assessment would be undertaken of the services required. When new contracts were introduced they would have clear outcomes and be transparent. It was also intended that contracts would be focused to the specific needs of the area eg an area with a higher proportion of older people would have different needs to an area with a lot of young people; contracts would reflect this.

In relation to Healthwatch, the procurement process was complete and a consortium from the Council of Voluntary Services (including the Citizens Advice Bureau, Age UK, Youth Federation and Macclesfield Disability Bureau) had been successful in winning the contract.

The meeting commenced at 10.00 am and concluded at 11.00 am

Councillor G Baxendale (Chairman)

CHESHIRE EAST COUNCIL

Health and Well-being Scrutiny Committee

Date of Meeting: Thursday 7th February 2013
Report of: Cheshire and Wirral Partnership NHS Foundation Trust (CWP)
Subject/Title: Community Mental Health Service Redesign – consultation outcomes

1.0 Report Summary

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

2.0 Recommendation

2.1 That committee members note the consultation outcomes of the Community Mental Health Service Redesign public consultation that was undertaken between September and December 2012.

3.0 Reasons for Recommendations

3.1 To progress the programme 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 service change to:

- ensure the benefits outlined in the re-design are achieved, and
- to minimise potential adverse impacts

10.0 Background

10.1 In September 2012, CWP began a consultation on proposed changes to our community mental health teams for 3 months, until December 2012. These proposed changes were presented to the health and well-being scrutiny committee in August 2012.

10.2 Between September and December, CWP held six public meetings and three additional drop-in sessions across Cheshire and Wirral with over 200 people in attendance. 3,000 hard copies of the consultation document were distributed with information on the consultation sent to local GP Patient Participation Groups, voluntary and community sector organisations, over 15,000 Foundation Trust members and a personal letter and factsheet sent or given to all service users potentially affected by the change.

10.3 As well as giving people the chance to express their opinions on the proposals via a wide variety of events and meetings, a questionnaire was also produced with the 239 responses independently analysed by Liverpool University. The results, available within a consultation outcome report available on our website www.cwp.nhs.uk and shared with the Trust Board in December, were informative, sometimes challenging, but broadly supportive of:

- the proposed model;
- recovery focused services;
- improved access to services;
- the development of the assessment part of the service (in some areas of the Trust).

10.4 Of those who commented, a number of concerns were also raised (summarised in a list of key themes below). As such the project team were asked by the Board, at their December meeting, to provide further assurance that robust implementation plans are in place to address these comments.

Themes identified following independent analysis – contained within a consultation outcome report available on our website www.cwp.nhs.uk	CWP considerations (presented to Board in January)
<p>Quality of care. Comments were received that illustrated a level of concern regarding a move to nurse led care, (rather than consultant led care) and the <i>perceived</i> potential impact that this would have on a person’s ability to stay well.</p>	<p>The new StAR model will ensure that service users will be seen by the most appropriate professional in the most appropriate setting for their assessed needs. This will be monitored locally in staff supervision settings and also be assured within the overall evaluation process.</p> <p>NICE guidance will be used to ensure</p>

	<p>compliance and NICE champions will be producing Trust approved guidelines. Part of the transitional plans will also include additional training needs of staff where applicable.</p>
<p>Continuity of care and potential impact of change. Concern regarding any changes to the staff that care for service users, or the loss of a care coordinator.</p>	<p>CWP will endeavour to minimise the impact on service users by carefully analysing case loads and trying to keep service users with their current co-ordinator where possible, thereby minimising disruption to care. In cases where this is not possible, service users will be supported during the transfer to a different care co-ordinator. This will be monitored locally in staff supervision settings and also be assured within the overall evaluation process.</p>
<p>Understanding the recovery concept. What was evident throughout the analysis of the feedback was that whilst there was broad support for the idea of recovery there was not a universal understanding of the concept of recovery, as promoted as part of this consultation. Some respondents felt this meant “get better” (which was particularly evident with regards to those service users or carers who were engaged with older people’s services or living with dementia or those with relapsing chronic illness).</p>	<p>Work will continue with the recovery leads on raising awareness and promoting the understanding of the recovery concept - which means working with our service users to support them to reach their goals and aspirations “helping people to be the best they can and want to be”.</p>
<p>Finances/commissioning. Comments were received regarding the prospect of delivering a ‘better service with less people and less money’. Respondents also asked whether commissioners felt that mental health was enough of a priority and whether sufficient resources were made available.</p>	<p>In order to improve outcomes and promote recovery whilst making the savings it was imperative to develop a new service model and not to continue to provide the current model with less staff. CWP strives to deliver safe and effective services for our service users by utilising the resources in the most efficient way. Part of these duties is to work with CCGs to continue to ensure that mental health is a priority.</p> <p>Impacts of the proposed model on Payment by Results (PbR) Clustering will be agreed and discussed in the PbR commissioning group, which is led by Wirral CCG.</p>
<p>Discharge/GPs. Comments were received regarding the discharge process from the care of CWP.</p>	<p>One of the improvements to the model is that in keeping with the recovery focus, once service users are discharged back to primary care, there is the opportunity to be referred back to CWP for assessment if necessary. The services will develop a rapid access card which will give service users information on how to access secondary mental health services quickly if their mental health deteriorates. Ongoing discussions are being held with GPs and will form part of the</p>

	transition plans which include revised care pathways and linking with the management of other long term conditions.
Benefits claims. Comments were received highlighting concern that a change in the model of care available would also impact on a person's ability to claim associated benefits.	Support to service users requiring benefits will still be provided as appropriate within the new model.
Consultation process. Comments were received expressing some dissatisfaction with the consultation process itself – with some respondents stating that they felt it did not reach as many service users as possible or was limited in the options that were presented for consideration.	Whilst the consultation met the requirements of Section 242 of the NHS Act (2006) (which means the Trust has a duty to engage and consult when undertaking service change) we are keen to learn from feedback and will ensure we draw on this learning for any future consultations. CWP is currently engaged in a formal public consultation regarding the redesign of local, specialist health services for people with a learning disability. Drawing upon the lessons learned as part of the implementation of the AMH consultation, CWP is providing additional opportunities in each locality for people to have their say and is also providing materials in more appropriate format e.g. easy-read consultation documentation.
Evaluation	CWP will evaluate and monitor the impact of the changes and on patient safety during the implementation phase. The evaluation of the success of the project will be based on the key quality indicators as identified in the quality impact assessment and a review of the changes will be led by the Deputy Director for Operations 12 months post implementation (April 2014). The evaluation will be presented to Board meetings.

- 10.5 Further assurances, including the detailed information above, were provided to the Board at their January 23rd meeting. Following due consideration the Board agreed progression to implementation of the StAR (Stepped Approach to Recovery) model of care and redesign of community mental health services.
- 10.6 This decision was supported by detailed transition, implementation and evaluation plans and assurance that feedback from the public and staff consultation exercises were incorporated into these plans. The CWP project team will now progress to implementation and formal evaluation of the new model of care and will communicate with and ensure the continued involvement of service users, carers, staff and partners over the coming months.
- 10.7 If you have any further questions or would like more information about the consultation process then please contact us on the number above. Further information on the consultation and the work of CWP can also be found on our website at www.cwp.nhs.uk

11.0 Access to Information

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

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CHESHIRE EAST COUNCIL

REPORT TO: HWB / HW Scrutiny /Cabinet / Full Council

Date of Meeting:**Report of:**

Lorraine Butcher, Strategic Director – Children, Families and Adults Services

Subject/Title:

Report in relation to Shadow Health and Wellbeing Board's Terms of Reference

Portfolio Holder:

Cllr. Janet Clowes Portfolio Holder Health & Wellbeing and Adult Social Care

1.0 Report Summary

- 1.1 Cabinet received a full report on the Cheshire East Shadow Health and Wellbeing Board's Terms of Reference in November 2011 and June 2012. These were then presented and debated at full Council on 15 December 2011.
- 1.2 Full Council raised a number of points in respect of the proposed Terms of Reference and these were addressed in the later version presented, which were agreed at full Council on 19th July 2012.
- 1.3 These Terms of Reference will stand for the commencement of the Statutory Board from 1/4/13 until further regulatory guidance is received.
- 1.4 The Health and Wellbeing Board's focus is to develop a clear vision and sense of collective purpose that will ensure collaborative system transformation through strong, inspirational leadership. The board will:
 - Lead – through building relationships between health and local communities
 - Collaborate – through working together to better affect and increase life expectancy
 - Engage – through emphasising that one agency can not resolve the challenges we face in addressing and improving the health and wellbeing of our communities
- 1.5 The role of the Board is primarily one of influencing system change to achieve improvements in the health and wellbeing of the population of Cheshire East. The Board will not have power over the resources

of the Council or of the respective Clinical Commissioning Groups [CCGs]. Organisations respective powers and duties take precedence, and this should assure the Council and CCG Governing Bodies that decisions about its resources remain with them.

2.0 Decision Required

- 2.1 That Cabinet be asked to endorse the current Health and Wellbeing Board's Terms of Reference until such time as the regulatory guidance is published.
- 2.2 That following publication of the Regulatory Guidance the Cabinet be asked to review the Health and Wellbeing Board's Terms of Reference and make recommendations on any modifications if required.

3.0 Reasons for Recommendations

- 3.1 In the development of the terms of reference we have taken account of best practice through analysing the terms of references of other boards.
- 3.2 The further regulation is expected, and until such time that this is received the current approved terms of reference will remain in place.

4.0 Wards affected

All

5.0 Local Ward Members

All

6.0 Policy Implications

- 6.1 The health and wellbeing of the residents of Cheshire East is everyone's business, and as such implications for future policy development, service redesign and budget setting should account for the impact on the health and wellbeing of the population and indeed the future priorities of the Health and Wellbeing Board from April 2013.
- 6.2 The NHS Operating Framework for 2012/13 described the Health and Wellbeing Board's primary responsibility as to '...provide local systems leadership across health and social care and public health...'.
The collaborative decision making approach of this Board is essential to achieving whole system accountability for the improvement of the health and wellbeing of Cheshire East citizens.

This requires the delivery of integrated care services and effective integrated commissioning approaches to achieve maximum benefits for people, families and communities within the collective resources of the health and social care economy.

- 6.3 Importantly local leaders and commissioners will need to establish new relationships with others such as – the Police and Crime Commissioner, and the regional representative of the NHS Commissioning Board, and Public Health England. The importance of system wide leadership with others can also not be underestimated e.g. Housing Providers, Acute and Specialist Health providers, Voluntary Community Faith Sector, local businesses, and other patient and public voices.

7.0 Financial Implications

- 7.1 None to note in respect of the terms of reference themselves.
- 7.2 HWB carries no formal delegated authority from any of the statutory bodies in respect of resource decision making. Therefore the process for making decisions around resource allocation remains within Board members' respective individual organisation's governance, powers and duties.
- 7.3 The Board will discharge its responsibilities by means of recommendations to the relevant partner organisations, who will act in accordance with their respective powers and duties.

8.0 Legal Implications

- 8.1 The Health and Social Care Act 2012 requires the Local Authority to establish a Health and Wellbeing Board for its area. Core membership includes at least one local Councillor (nominated by the Council's Leader) the Directors of Adult Social Services, Children's Services and Public Health, a representative of the Local Healthwatch Organisation and a representative of each Clinical Commissioning Group and the NHS Commissioning Board. The Local Authority may also nominate such other individuals as they consider appropriate.
- 8.2 Once established in April 2013 the Board will be Committee of the Local Authority but regulations under the Act will modify some of the normal requirements of the Local Government Act 1972 [these have been outlined in section 3.2]. The Board has a number of duties under the Act but specifically is tasked with a duty to encourage integrated working in the provision of health and social care services.

9.0 Risk Management

- 9.1 Corporate risks have been determined in respect of Health Partnerships, and this is reported to the Corporate Risk Management Group. Failure to establish a strong collaborative Board could impact negatively on the health and wellbeing of Cheshire East citizens and indeed on the Councils own objectives set out the Sustainable Communities Plan and Business Plan for 2013-2016.
- 9.2 The Health and Wellbeing Board has established an initial Risk Register. The Board will review these quarterly.

10.0 Background and Options

- 10.1 The Health and Social Care Act 2012 has initiated 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 Clinical Commissioning Groups and the transfer of Public Health responsibilities from the Primary Care Trust to the Local Authority. The Authority has a greater role to play now in setting policy, providing system leadership and in connecting commissioning activity that will contribute to improved health outcomes for the population of Cheshire East.

The Joint Health and Wellbeing Strategy provides the mechanism by which the needs identified in the Joint Strategic Needs Assessment can be addressed through collective system action.

The key legislative changes outlined in the act are summarised as:

- Clinically led commissioning – the Bill 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** which will directly commission services for their populations.
- Ensure provider 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 a charity or independent sector provider, 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 patient's interests.
- A greater voice for patients – the Bill establishes **Local Healthwatch**, a patient and public organisation, both locally

and nationally, to drive involvement across the NHS and Local Government.

- New focus for Public Health – The Bill establishes a new body **Public Health England**, to drive improvements in the public's health.
- Greater accountability locally and nationally – the Bill sets out clear roles and responsibilities, whilst retaining the Minister's ultimate responsibility for the NHS. The Bill limits micro-management and gives Local Authorities a new leadership role to join up local services through the establishment of the **Health and Wellbeing Board** with key stakeholder representation.
- Streamlined arms-length bodies – the Bill removes unnecessary tiers of management, releasing resources to the frontline.

Appendix 1 Statutory Terms of Reference



Terms of
Reference.doc

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

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Cheshire East Statutory Health and Wellbeing Board

Terms of Reference:

1. Context

- 1.1 The full name shall be the Cheshire East Health and Wellbeing Board.
- 1.2 The Board assumes statutory responsibility from April 2013.
- 1.3 The Health and Social Care Act 2012 and subsequent regulations provide the statutory framework for Health and Wellbeing Board (HWB).

2. The Boards Vision

Cheshire East Health & Wellbeing Board will work together to make a positive difference to people's lives through a partnership that understands and responds to the needs of the population now and in the future. The board will do this by:

- Engaging effectively with the public.
- Enabling people to be happier, healthier, and independent for longer.
- Supporting people to take personal responsibility and make good lifestyle choices.
- Achieving evidence-based outcomes within a holistic vision of health and wellbeing.

2.1 Purpose

To provide advice assistance and support for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.

The Board may encourage those involved in arranging the provision of Health-Related Services to work closely with the Board.

The Board may encourage those involved in arranging for the provision of any Health or Social Care services or Health Related services to work closely together.

2.2 Key objectives (The efforts or actions we intend to attain or accomplish that contribute to achieving our vision)

1. Provide strategic leadership across commissioning organisations enabling the transition from separate, fragmented commissioning to aligned, joint and or integrated commissioning.
2. To work differently and effectively together in order to achieve appropriately:
 - a. Aligned, Pooled, or Integrate Services and or Resources.

- b. Understand need and demand more clearly and develop from this health and social care intelligence that informs commissioning.
 - c. Specify, agree and achieve shared outcomes.
 - d. Engage the public in a true spirit of partnership.
- 3. Develop, use and share the Joint Strategic Needs Assessment to enable evidenced-based commissioning decisions to be made on.
 - 4. Produce a Joint Health and Wellbeing Strategy as the overarching framework from which commissioning intentions can be aligned by health services, social care, public health and other services [where the board agrees] contributing to the achievement of collective health improvement within the Borough.

3. Roles and Responsibilities

- 3.1 To work together effectively to ensure the delivery of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
- 3.2 To work within the Board to build a collaborative partnership to key decision making that embeds health and wellbeing challenge, issue resolution and provides strategic system leadership.
- 3.3 To participate in board discussions to reflect the views of their partner organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery.
- 3.4 To champion the work of the Board in their wider work and networks and in all individual community engagement activities.
- 3.5 To ensure that there are communication mechanisms in place within partner organisation[s] to enable information about the Health and Wellbeing Boards priorities and recommendations to be effectively disseminated.
- 3.6 To share any, changes to strategy, policy, and the system consequences of such on budgets and service delivery within their own partner organisations with the board to consider the wider system implications.

4. Accountability

- 4.1 The Board carries no formal delegated authority from any of the individual statutory bodies.
- 4.2 Core Members of the board have responsibility and accountability to their individual duties and to their role on the Board.
- 4.3 The Board will discharge its responsibilities by means of recommendations to the relevant partner organisations, who will act in accordance with their respective powers and duties.
- 4.4 The Council's Core Members will ensure that they keep Cabinet and wider Council advised of the work of the Board.

- 4.5 The Board will report to Full Council and to both NHS Clinical Commissioning Groups (CCG's) Governing Bodies by ensuring access to meeting minutes and presenting papers as required.
- 4.6 The Board will not exercise scrutiny duties around health or adult social care services directly. This will remain the role of the Cheshire East Health and Wellbeing Overview & Scrutiny Committee. Decisions taken and work progressed by the Board will be subject to scrutiny by this committee.
- 4.7 The Board will provide information to the public through publications, local media, and wider public activities by publishing the minutes of its meetings on the Council's website. The Board is supported by an Engagement and Communications Network across Board organisation to ensure this function can operate successfully.
- 4.8 The Board has produced an initial governance structure at **Appendix 1** which highlights statutory and advisory functions to the Board and its members.

5. Membership

- 5.1 The core membership of the Board will comprise the following:
- Portfolio Holder – Health & Adult Social Care [Board Chairman],
 - Portfolio Holder – Children & Families,
 - Opposition Party Member
 - The Director of Public Health,
 - The Director of Children, Families and Adults (+1)¹
 - The Chief Executive of the Council
 - Accountable Officer of the South Cheshire Clinical Commissioning Group
 - Chair. GP Lead of the South Cheshire Clinical Commissioning Group
 - Accountable Officer of the Eastern Cheshire Clinical Commissioning Group
 - Chair. GP Lead of the Eastern Cheshire Clinical Commissioning Group
 - A designated representative from Local HealthWatch
 - Member of the National Health Commissioning Board (NHCB)
- 5.2 The above Core Members through a majority vote have the authority to approve individuals as Associate Members of the Board. The length of their membership will be for up to one year and will be subject to re-selection at the next Annual General Meeting "AGM". Associate Members will assist the board in achieving the priorities agreed within the Joint Health and Wellbeing Strategy and may indeed be chairs of sub structure forums where they are not actual Core Members of the Board.

¹ Due to the Statutory Director holding two statutory roles for both Children's and Adults Services, they will nominate an appropriate Head of Service to attend to support this dual function.

- 5.3 Each Core Member has the power to nominate a single named substitute. Should a Substitute Member be required, advance notice of not less than 2 working days should be given to the Council. The Substitute Members shall have the same powers and responsibilities as the Core Members.

6. Frequency of Meetings

- 6.1 There will be no less than six meetings per year including an AGM. Usually once every two months as a formal Board. The Board will also hold development sessions throughout the year where all members are expected to attend and these will be private sessions.
- 6.2 Additional meetings of the Board may be convened with agreement of the Boards Chairman.

7. Agenda and Notice of Meetings

- 7.1 Any agenda items or reports to be tabled at the meeting should be submitted to the Council's Democratic Services no later than seven working days in advance of the next meeting. No business will be conducted that is not on the agenda.
- 7.2 Democratic services will circulate and publish the agenda and reports at least five working days prior to the next meeting. Exempt or Confidential Information shall only be circulated to Core Members.
- 7.3 For development or informal meetings a formal agenda will not be necessary and will therefore not be sent out by democratic services.

8. Annual General Meeting

- 8.1 The Board shall elect the Chairman and Vice Chairman at each AGM, the appointment will be by majority vote of all Core Members present at the meeting.
- 8.2 The Board will approve the representative nominations by the partner organisations as Core Members.

9. Quorum

- 9.1 Any full meeting of the Board shall be quorate if the following are represented –Eastern CCG, South CCG, Local Health Watch, a Portfolio Holder, an Officer of Cheshire East Council.
- 9.2 Failure to achieve a quorum within thirty minutes of the scheduled start of the meeting, or should the meeting become inquorate after it has started, shall render the meeting adjourned until the next scheduled meeting of the Board. This will also be the case when attending development or informal Board meetings.

10. Procedure at Meetings

- 10.1 General meetings of the Board are open to the public. Papers, agendas and minutes will be published on the Cheshire East Health and Wellbeing website.
- 10.2 The Board will also hold development/informal sessions throughout the year where all members are expected to attend and partake as the agenda suggests.
- 10.3 Core Members are entitled to speak through the Chairman. Associate Members are entitled to speak at the invitation of the Chairman.
- 10.4 With the agreement of the Board, subgroups can be set up to consider distinct areas of work. These will be identified through the governance structure at appendix 1 where possible. The subgroup will be responsible for arranging the frequency and venue of their meetings.
- 10.5 Any recommendations of the subgroup will be made to the Board who will consider them in accordance with these terms of reference and their relevance to the priorities within the Joint Health and Wellbeing Strategy and its delivery plan.

11. Expenses

- 11.1 The partnership organisations are responsible for meeting the expenses of their own representatives.
- 11.2 A modest Board Budget will be agreed annually to support Engagement and Communication and the Business of the Board.

12. Conflict of Interest

- 12.1 At the commencement of all meetings all Core Members shall declare any Conflicts of Interest.
- 12.2 Following the declaration of a Conflict of Interest the Member with the Boards Chair can decide to:-
 - Remain for all or part of the meeting,
 - Participate in the meeting,
 - Vote at the meeting,
 - Leave the meeting.

13. Conduct of Core Members at Meetings

- 13.1 Board members will agree to adhere to the seven principles outlined in the Board Code of Conduct when carrying out their duties as a Board member [appendix 2].

15. Review

15.1 The above terms of reference will be reviewed annually at the AGM.

15.2 Any amendments shall only be included by unanimous vote.

March 2013

Definition

Exempt Information

Which is information falling within any of the descriptions set out in Part I of Schedule 12A to the Local Government Act 1972 subject to the qualifications set out in Part II and the interpretation provisions set out in Part III of the said Schedule in each case read as if references therein to “the authority” were references to “Board” or any of the partner organisations.

Confidential Information

Information furnished to, partner organisations or the Board by a government department upon terms (however expressed) which forbid the disclosure of the information to the public; and information the disclosure of which to the public is prohibited by or under any enactment or by the order of a court are to be discussed.

Conflict of Interest

You have a Conflict of interest if the issue being discussed in the meeting affects you, your family or your close associates in the following ways;

- *The issue affects their well being more than most other people who live in the area.*
- *The issue affect their finances or any regulatory functions and*
- *A reasonable member of the public with knowledge of the facts would believe it likely to harm or impair your ability to judge the public interest.*

Associate Members

Associate Member status is appropriate for those who are requested to chair sub groups of the board.

Health Services

Means services that are provided as part of the health service.

Health-Related Services *means services that may have an effect on the health of individuals but are not health services or social care services.*

Social Care Services

Means services that are provided in pursuance of the social services functions of local authorities (within the meaning of the Local Authority Social Services Act 1970

Abbreviations

LSCB – Local Safeguarding Children’s Board

LSAB – Local Safeguarding Adults Board

SCPB – South Cheshire Partnership Board

ECPB -East Cheshire Partnership Board

AWPB – Ageing Well Programme Board

HW – Local Health Watch

CT – Children’s Trust

CEC – Cheshire East Council

SCCCG – South Cheshire Clinical Commissioning Group

ECCEG - Eastern Cheshire Clinical Commissioning Group

NHS CB – National Health Service Commissioning Board

JCB – Joint Commissioning Board

LD – Learning disability

MH – Mental Health

PH – Public Health

Appendix 2

Cheshire East Shadow Health and Wellbeing Board Member Code of Conduct

1. Selflessness

Members of the Cheshire East Health and Wellbeing Board should act solely in terms of the interest of and benefit to the public/patients of Cheshire East. They should not do so in order to gain financial or other benefits for themselves, their family or their friends

2. Integrity

Members of the Cheshire East Health and Wellbeing Board should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their duties and responsibilities as a Board member

3. Objectivity

In carrying out their duties and responsibilities members of the Cheshire East Health and Wellbeing Board should make choices based on merit and informed by a sound evidence base

4. Accountability

Members of the Cheshire East Health and Wellbeing Board are accountable for their decisions and actions to the public/patients of Cheshire East and must submit themselves to whatever scrutiny is appropriate

5. Openness

Members of the Cheshire East Health and Wellbeing Board should be as transparent as possible about all the decisions and actions that they take as part of or on behalf of the Board. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands

6. Honesty

Members of the Cheshire East Health and Wellbeing Board have a duty to declare any private interests relating to their responsibilities and duties as Board members and to take steps to resolve any conflicts arising in a way that protects the public interest and integrity of the Cheshire East Health and Wellbeing Board

7. Leadership

Members of the Cheshire East Health and Wellbeing Board should promote and support these principles by leadership and example

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CHESHIRE EAST COUNCIL

REPORT TO: HEALTH AND WELLBEING SCRUTINY COMMITTEE

Date of Meeting: 7 February 2013
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 The attached Work Programme is one that has been inherited from the former Health and Wellbeing Scrutiny Committee and, as this is a new Committee, it is an opportune moment to consider it in detail. A number of items have been on the Work Programme for a while and may no longer be relevant. It is also relevant to take into account the role of the Health and Wellbeing Board and the Clinical Commissioning Groups, together with the transition of public health into the Authority.
- 10.2 In reviewing the work programme, Members must pay close attention to the Corporate Plan and Sustainable Communities Strategy “Ambition for All”.
- 10.3 In reviewing the work programme, Members must have regard to the general criteria which should be applied to all potential items, including Task and Finish reviews, when considering whether any Scrutiny activity is appropriate. Matters should be assessed against the following criteria:
- Does the issue fall within a corporate priority
 - Is the issue of key interest to the public
 - Does the matter relate to a poor or declining performing service for which there is no obvious explanation
 - Is there a pattern of budgetary overspends
 - Is it a matter raised by external audit management letters and or audit reports?
 - Is there a high level of dissatisfaction with the service
- 10.4 If during the assessment process any of the following emerge, then the topic should be rejected:
- The topic is already being addressed elsewhere
 - The matter is subjudice
 - Scrutiny cannot add value or is unlikely to be able to conclude an investigation within the specified timescale
- 10.5 The Work Programme has been updated following the last meeting.

11.0 Access to Information

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

Name: James Morley
Designation: Scrutiny Officer
Tel No: 01270 686464
Email: james.morley@cheshireeast.gov.uk

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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; specific reference to be made to changes to the 999 service (as discussed at the meeting on 8 November 12); report to future meeting on the 111 call system;	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East	Regular update reports to be made	To be arranged
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	Referred to the Health and Wellbeing Board to progress	

				East		
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 everybody in Cheshire East	Report on CCG structures, progress with authorisation, who will lead on CCG, commissioning intentions and vision etc	February 2013
Alcohol Services – commissioning and delivery in Cheshire			-	To improve life opportunities	Report back to future meeting on outcomes of	2013

East				and health for everybody in Cheshire East	the new contract, use of social marketing and age and gender statistics.	
Community Mental Health Service Re-design	Cheshire and Wirral Partnership NHS foundation Trust (CWP) is currently out to consultation on new proposals for the service		-	To improve life opportunities and health for everybody in Cheshire East	To receive an update on the outcome of the consultations	February 2013
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		-	To improve life opportunities and health for everybody in Cheshire	April – June 2013 – Mid Cheshire and East Cheshire Hospital Trusts; North West Ambulance	Regular annual item – April – June

	comment.			East	Service)	
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.	
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	Committee	Health and Wellbeing	To improve life	Review in November 2013.	

	be implemented that could reduce the risk of suicide or self harm			opportunities and health for everybody in Cheshire East;		
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	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in	To be referred to the Policy Development Group to progress	

	year.			Cheshire East; To give the people of Cheshire East more choice and control around services and resources		
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Committee meetings:

- 4 October 2012
- 8 November 2012
- 6 December 2012
- 10 January 2013
- 7 February 2013
- 7 March 2013
- 4 April 2013

06/12/12