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Health and Adult Social Care Overview and Scrutiny Committee

Agenda

Date:	**Thursday, 8th September, 2016**
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 6 July 2016.

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 requests for further information
Contact: Mark Nedderman
Tel: 01270 686469
E-Mail: mark.nedderman @cheshireeast.gov.uk with any apologies

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 and 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. **Ambulance Services Review**

To review response to the NWAS Ambulance Service Review (report to follow)

7. **Redesigning Adult and Older Peoples Mental Health Services** (Pages 5 - 14)

To consider a report of Cheshire and Wirral Partnership NHS Foundation Trust (CWP)

8. **CAMHS and the Procurement around Primary Mental Health Services**

Eastern Cheshire CCG to provide an update.

9. **Scrutiny Protocol** (Pages 15 - 28)

To consider a revised protocol.

10. **Work Programme** (Pages 29 - 36)

To review the current Work Programme

Agenda Item 2

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care Overview and Scrutiny Committee**
held on Wednesday, 6th July, 2016 at Council Chamber, Municipal Buildings, Earle Street, Crewe CW1 2BJ

PRESENT

Councillor J Saunders (Chairman)

Councillors D Bailey, Rhoda Bailey, B Dooley, L Jeuda and A Moran

Apologies

Councillors S Pochin and G Merry

1 ALSO PRESENT

Councillor Janet Clowes – Adult Care and Integration Portfolio Holder
Fleur Blakeman – Eastern Cheshire CCG
Katy Brownbill – South Cheshire CCG
Jenny Fullard – Midlands and Cheshire CSU
Julia Langley – Eastern Cheshire CCG
Tracy Parker Priest – South Cheshire CCG
Julia Cottier – Cheshire and Wirral partnership
Simon Whitehouse – South Cheshire CCG

2 MINUTES OF PREVIOUS MEETING

RESOLVED That the minutes of the meeting held on 9 June be confirmed as a correct record and signed by the Chairman.

3 DECLARATIONS OF INTEREST

There were no declarations of interest.

4 DECLARATION OF PARTY WHIP

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

5 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public present who wished to speak

6 FINANCIAL RECOVERY PLAN FOR NHS SOUTH CHESHIRE CCG

Simon Whitehouse, Chief Executive of South Cheshire CCG attended the meeting and gave a presentation on a proposed financial recovery and improvement plan for the period 2016-20 for Central Cheshire which included South Cheshire CCG and Vale Royal CCG.

Simon explained that challenging circumstances that the CCG faced in the next four years taking account of:

- Expected increase of demand for health and social care;
- Increasing size of population;
- Lifestyle choices and long term conditions raising demand for care;
- Inflation and costs of new technologies increasing the cost of care delivery;
- Reduction in government grants;
- Increase in the minimum wage and apprenticeship levy.

In summary, Central Cheshire was facing a combined financial challenge of £90.5million by 2020/21.

Simon outlined a range of options currently being considered to bridge the projected gap and informed the committee that if all savings identified were successfully in full, there would still be a financial gap of £27 million in 20/21.

Simon suggested that the CCG was giving consideration as to how it could ration health care in the future under 6 headings:

- Deflection – by passing the care delivery elsewhere
- Delay – by increasing waiting times for treatment
- Denial – by stopping treating certain things that are considered not to add clinical value
- Selection – By introducing thresholds
- Deterrence –
- Dilution by offering a reduced service.
-

Simon also outlined the benefits of early intervention which in long run paid dividends in saving money, for instance in early detection of cancers.

Another major of expenditure related to prescriptions and it was suggested that the annual prescription bill would have to be reduced which was currently running at approximately £31million per annum.

Members expressed initial concern about a number of the measures proposed to reduce costs but highlighted in particular proposals relating to CAMHS and section 256 monies.

RESOLVED –

(a) That The presentation be noted and Simon Whitehouse be thanked for his attendance and explanations;

(b) That the Committee's concerns regarding future section 256 monies and potential reduction in funding for CAHMS be placed on record and Simon be requested to report to the South Cheshire CCG Governing Body this committee's grave concerns about the future funding levels;

(c) That Simon be invited to attend a future meeting of the Committee when the recovery plan has been formally approved by the Governing Body.

7 MENTAL HEALTH GATEWAY

Dr Jean Jenkins Clinical Director and GP attended the meeting and gave a presentation on proposals for a new mental health gateway service across south Cheshire CCG.

The committee was informed that in south Cheshire, 17,720 people per year were expected to experience low level mental health needs.

The current arrangements provided a South Cheshire Single point of Access (SPA) team. This team provided the point of access to secondary mental health services, which had been developed as part of a Community Service redesign and Wirral partnership trust in 2013 in conjunction with the Council.

The new proposed gateway model, would operate in primary care and was for people suffering from a mild to moderate health difficulty.

The gateway was designed to meet the needs of a group of people whose mental health difficulties were not of the severity to access already commissioned services. The gateway would also act as a single point of access for referrers and patients and was part of on-going commitment to develop integrated services within Cheshire East. In connection with the commitment to develop integrated services, the Committee was informed that agreement had been reached in principle between the Council and CCG to introduce an element of social work support within the gateway.

RESOLVED - that the presentation be received and Dr Jenkins be invited back to the Committee in 6 months' time to report on the effectiveness of the new arrangements.

8 CARING TOGETHER PROGRAMME UPDATE

Fleur Blakeman Strategic and Transformation Director, Eastern CCG attended the meeting and gave a presentation on the progress of the 'Caring Together' programme.

In terms of achievements in 2015/16, Fleur informed the Committee that the programme delivered:

- equity of access to and expansion of services in primary care which had commenced January 2016
- Proactive care and risk stratification, targeted at top 2% of the at risk population
- commenced Frailty Service in September 2015
- Introduced reactive community response in September 2015

As far as progress in 2016/17 was concerned, the programme had:

- Continued development of the community based coordinated care business case
- Implemented Integrated Community Teams (without additional resources)

- Provided single point of access for reactive community services
- The Shared Care Record went live 1 July 2016
- The ramp up of Primary Care contract from April 2016 would be fully implemented by December 2016

As the programme developed, Fleur informed the Committee that Caring Together priorities for 2016/17 were:

- Maternity Care
- Children's Health and Wellbeing services
- Integrated Urgent and Community Care
- Specialised Services

RESOLVED –

(a) That the presentation be received;

(b) That Fleur Blakeman be invited to report back to the Committee in September 2016 to present final proposal for the Caring together project 2016/17 together with details of a advice on public consultation regarding any proposed changes to services.

9 **WORK PROGRAMME**

RESOLVED –
That that subject to an item being added to the work programme regarding Redesigning Adult and Older People's Mental Health Services in Central and Eastern Cheshire, the work programme be approved.

The meeting commenced at 10.30 am and concluded at 12.30 pm

Councillor J Saunders (Chairman)

Cheshire and Wirral Partnership NHS Foundation Trust

CONSULTATION ON SUBSTANTIAL VARIATIONS OR DEVELOPMENTS TO SERVICES

Title of Proposal
"Redesigning Adult and Older People's Mental Health Services in Central and Eastern Cheshire"

Summary of Proposal
Cheshire and Wirral Partnership NHS Foundation Trust (CWP) intends to conduct a consultation exercise, on the reconfiguration of Adult and Older People's Mental Health Services in Central and Eastern Cheshire.

The purpose of the consultation is to address five key pressures being experienced by CWP;

1. Suitability of existing buildings
2. Increased demand on services
3. Shortfall in funding
4. Shortage of health professionals in the area
5. Geographical challenges for care close to home

CWP is proposing to consult on two potential delivery options:

1) Sustain inpatient care at current levels through a reduction in community mental health services

2) Enhance community mental health services so that more people can receive care closer to home and improve quality of inpatient provision by providing inpatient care from other existing purpose built sites.

CWP's preferred option is option 2. A review of how these services could be provided in future indicates that these can be provided in this way if further targeted investment is made in community services, and the implementation of new ways of working which have seen effective reductions in admissions and length of stay elsewhere in the Trust.

The proposal refers to both community and inpatient adult and older people's services covering the Eastern and South Cheshire CCG footprint. Patients in the Vale Royal CCG footprint already receive inpatient and home treatment care from Bowmere Hospital in Chester.

The Overview and Scrutiny Committee are asked to consider and approve CWP's proposals for public consultation.

It is anticipated that CWP will conduct public consultation between mid-October 2016 and the end of January 2017.

Case for change

Suitability of existing buildings
The Millbrook Unit is located on the Macclesfield District General Hospital site and is owned by East Cheshire NHS Trust. CWP has invested over £1.35m into the Millbrook Unit over the last five years to ensure the Trust provides a safe and effective environment for service users, carers and staff.

Despite this investment, the Millbrook Unit is not as good as it could be when compared to the excellent environmental standards required for modern mental health practice (Health Building Note 03-01: Adult acute mental health units).
For example:

- An integral part of the Acute Care Pathway for those who are most unwell is easy access to Psychiatric Intensive Care (PICU). PICU is specifically designed and staffed to provide a low stimulus, highly supportive environment for patients when they are most unwell. It allows for patients who may be behaviourally disturbed, as a consequence of acute mental illness, to be managed in the least restrictive environment possible. The enhanced levels of nursing and low stimulus environment can make it possible to minimize the use of sedative medication and may facilitate more rapid recovery. There is no PICU facility at Millbrook. Patients from Millbrook unit do have access to PICU facilities at Bowmere hospital in Chester and Springview on Wirral. However it can be difficult to provide rapid access to these facilities as patients may be too ill to safely move.
- The layout of the ward areas results in limited separation of bedroom areas on a gender basis. These issues are further compounded by a lack of en-suite bathroom provisions.
- There are limited therapeutic facilities away from the wards to support people's recovery.
- There is a lack of formal and informal communal space on the ward areas e.g. lounges, quiet rooms etc.
- The layout of the building results in increased physical observations being necessary to effectively manage risk.
- There is limited natural daylight in ward areas and access to outside space.

How the Millbrook Unit compares to CWP's other hospitals:

	Bowmere Hospital (Chester)	Millbrook Unit (Macclesfield)	Springview Hospital (Wirral)
Statutory Requirements	Safe	Safe	Safe
En-suite	Yes	No	Yes
m² per bed *(average)*	50m²	38m²	52m²
CWP owned	Yes	No	Yes
Maintenance liability	Low	High	Low

Increased demand on services
The level of demand for inpatient and community services cannot be met within the current resources allocated to mental health services.

Evidence suggests that there is significant and increasing demand for inpatient beds. The greater the demand for inpatient admission the less resource is available to CWP to provide community mental health services. Consequently, additional pressure is also placed on inpatient services by the absence of a full range of community services.

The range of community mental health services that CWP provides in Central and Eastern Cheshire is limited in comparison to other areas locally. Failure to provide care early on means that the acute end of mental health care is under immense pressure. By increasing the resource in community services the demand on inpatient beds can be managed more effectively.

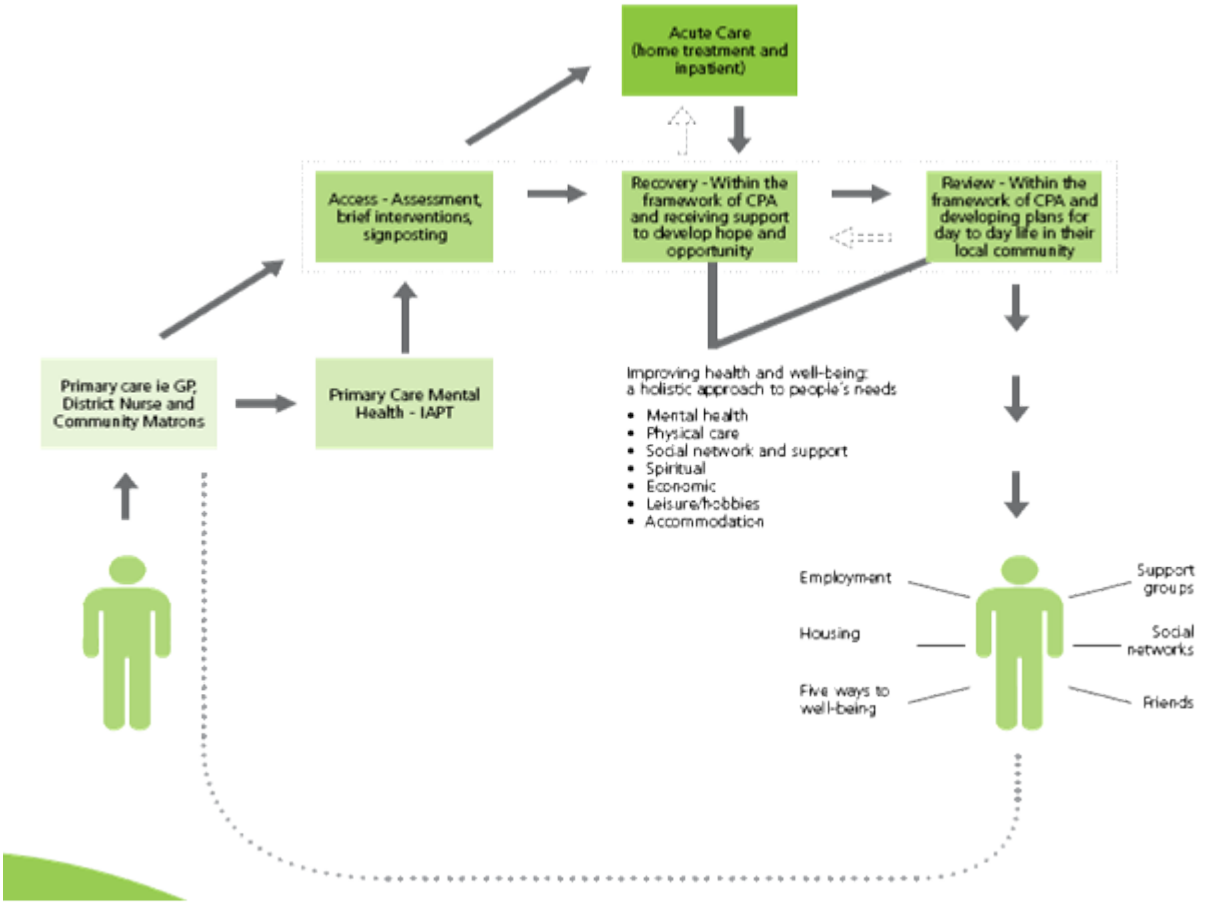
Shortfall in funding
Like most NHS organisations CWP has had a challenging financial year resulting in a bottom line deficit. These pressures remained in March 2016 resulting in CWP submitting an annual finance plan for 2016/17 showing a £1.9m deficit.

This picture is mirrored across the local health and social care economy in Central and Eastern Cheshire with all organisations reporting increasing financial pressures for a number of years.

CWP is committed to providing the best care possible within allocated resources. The current situation cannot be sustained as growing pressures increasingly mean that people who access our services are not always receiving the best care possible.

Other contributing factors
There are also a number of other driving factors for service redesign including workforce challenges. Nationally, the number of qualified nurses working in the psychiatry area has dropped by almost 11% between 2010 and 2015. There is also a national shortage of junior doctors. The rural nature of Central and Eastern Cheshire can also provide challenges to delivering community services as the distance between visits are often significant, meaning health professionals can spend a lot of time travelling rather than providing care.

Current model
The current service model pathway is pictured below:



Community mental health provision is currently delivered from two main community resource centres which are detailed below:

- Jocelyn Solly Resource Centre, Macclesfield (Eastern Cheshire CCG footprint)

- Delamere Resource Centre, Crewe (South Cheshire CCG)

The inpatient acute care provision within CWP is currently provided from three main locations across Cheshire and Wirral:

- Millbrook Unit, Macclesfield District General Hospital
- Bowmere Hospital, Countess of Chester Health Park
- Springview, Clatterbridge Hospital

CWP manages its total number of beds on a Trustwide basis although the majority of service users who require inpatient care from the Eastern Cheshire and South Cheshire footprint receive this at the Millbrook Unit. The unit currently consists of the following inpatient services:

- Adelphi Ward - 23 beds for adults and older adults with a functional mental health condition
- Bollin Ward - 21 beds for adults with a functional mental health condition
- Croft Ward - 14 beds for older adults with an organic mental health condition
- CARS Ward - 15 bed all male rehabilitation unit

There has been a drive in mental health services for many years to meet the needs of service users in the community rather than requiring an admission to an inpatient facility. In the vast majority of cases service users care needs are fully met by community mental health services or in some cases by input from the Home Treatment Team (HTT) who deliver acute care at home, thereby avoiding the need for inpatient admission.

It is important to recognise that the number of people requiring input from community mental health services is steadily increasing month on month across both adult and older adult services. This is resulting in considerable pressures within existing community services. It should also be recognised that within the current community model there is a gap in service provision, particularly in relation to service users with a diagnosis of Personality Disorder which leads to an over reliance on inpatient services along with other services within the whole health economy e.g. Emergency Departments.

Options considered
A range of options have been considered to meet the challenges outlined above and evaluated as to their feasibility. An options appraisal has been undertaken and each option has been scored. The scores against each of the criteria were calculated which resulted in a preferred option being derived.

Below is the list of options generated together with comment and conclusion.

OPTION:

1. **Do nothing** – This was considered not to be feasible as it fails to address the challenges previously outlined. If this option was progressed, CWP would remain in financial deficit as there is no prospect of additional funding being found to make up the shortfall of funds received. The Trust would continue to pay to rent the Millbrook Unit, a large amount of money that could be spent directly on patient care.

   Demand on services would not change with gaps in community service provision putting increasing pressure of inpatient services. The workforce challenges would remain with the use of temporary staff to cover sickness/vacancies becoming costly and not supporting continuity of care. This continued demand cycle would result in a negative impact on the quality of the services delivered and for patient experience and outcomes.

   This option also fails to address the environmental issues associated with the building.

2. **Reduce specialist services to ensure adequate funding for other inpatient services** - Specialist services are services CWP delivers directly for NHS England. They are services like eating disorders and low secure services. CWP is not contractually allowed to reduce spending in this area to divert to another service such as inpatient or community mental health services. If CWP didn't deliver these services, NHS England would not provide the funding to do so.

   If this option was progressed CWP would remain in financial deficit as there is no prospect of additional funding being found to make up the shortfall of funds received. CWP would continue to pay to rent the Millbrook Unit, a large amount of money that could be spent directly on patient care.

   Demand on services would not change with gaps in community service provision putting increasing pressure of inpatient services. The workforce challenges would remain with the use of temporary staff to cover sickness/vacancies becoming costly and not supporting continuity of care. This continued demand cycle would result in a negative impact on the quality of the services delivered and for patient experience and outcomes.

   This option also fails to address the environmental issues associated with the building.

3. **Specialise in one hospital and have acute services only in two other hospitals** – Whilst services would be reconfigured, no savings would be generated to invest in community services.

   CWP would remain in financial deficit as there is no prospect of additional funding being found to make up the shortfall of funds received. CWP would continue to pay to rent the Millbrook Unit, a large amount of money that could be spent directly on patient care.

   Demand on services would not change with gaps in community service provision putting increasing pressure of inpatient services. The workforce challenges would remain with the use of temporary staff to cover sickness/vacancies becoming costly and not supporting continuity of care. This continued demand cycle would result in a negative impact on the quality of the services delivered and for patient experience and outcomes.

   This option also fails to address the environmental issues associated with the building.

4. **Reduce inpatient beds in all three of CWP's hospitals (Bowmere Hospital in Chester, Millbrook Unit in Macclesfield and Springview Hospital, Wirral)** - Whilst services would be reconfigured, economies of scale savings would only be achieved in a meaningful sense if a whole ward were to close. The closure of a ward in each locality would see a higher reduction in bed numbers than would be acceptable and therefore not favourably affecting demand. Each inpatient unit would be left with a vacant ward with significant fixed costs. Therefore this would not release the necessary savings to be invested into Community Care.

   Demand on services would not change with not enough care in the Community or beds for patients in hospital. This continued demand cycle would result in longer waiting lists, a negative impact on the quality of the services delivered and for patient experience and outcomes.

   Workforce challenges would remain however, closure of a ward in each locality may free a number of staff to cover vacancies at the Millbrook Unit.

   This option also fails to address the environmental issues associated with the building.

5. **Reduce community services to ensure adequate funding for inpatient services** – This option releases sufficient funding to support inpatient services in their current model at the expense of community services. Inpatient and community services are very closely linked and it is essential to provide a balance between the two. In the absence of community services, more demand will be placed on inpatient services which will subsequently require even more investment. It is likely that many people who can be cared for in the community could be admitted to hospital creating more demand for beds. This increased demand would result in a negative impact on the quality of the services delivered and for patient experience, safety and outcomes. Overall it would have the impact of increasing demand for beds beyond current capacity and cost more money.

   Workforce challenges would remain and the use of bank staff to cover vacancies would continue. This option also fails to address the environmental issues associated with the building.

   Although this option does not address all of the challenges outlined, it is being progressed to public consultation for consideration.

6. **Close one main inpatient site** – The closure of one site would generate significant savings to be reinvested in community services. The increased investment in community services would also help alleviate the demand pressures on inpatient services resulting in a positive impact on the quality of the services delivered, patient experience and safety.

   The feasibility study undertaken and the case for change (above) has indicated that the most suitable site for closure is the Millbrook Unit in Macclesfield.

   This is CWP's preferred option for the reconfiguration of adult and older people's mental health services and is being progressed to public consultation for consideration.

Preferred option
CWP's preferred option is to increase resources in community services by closing the Millbrook Unit and transferring acute beds to other CWP inpatient units at Bowmere Hospital, Chester and Springview Hospital, Wirral.

Option 6 meets our objectives to provide person-centred services within the resources allocated to mental health services for adults and older people that are:

- **SUSTAINABLE:** Our service needs to be affordable in the long term. This will enable us meet service demand to benefit the maximum number of people. People are living longer with more complex needs that we need to plan for.
- **SAFE:** There are variations in the experience service users and cares have across CWP's three hospitals. We want to reduce avoidable harm by providing care in a fit for purpose environment with access to urgent or specialist care if required.
- **EFFECTIVE:** Having a full complement of CWP nursing and medical staff without relying on temporary staffing arrangements will make our services more effective, with service users and carers receiving a more consistent service.
- **RESPONSIVE:** Failure to intervene early enough when people are struggling with their mental health is putting undue pressure on acute services. Early intervention and prevention is critical to avoiding crisis and unnecessary hospital admissions.
- **CARING:** Investment in community services will ensure that the geographical challenges of delivering care close to home in Central and Eastern Cheshire are met and that all service users experience the same high standard of care.

- **WELL-LED**: In the most recent inspection by the Care Quality Commission (CQC) the Trust was rated 'good' overall and 'outstanding' for caring. Continuing to review and redesign services ensures that CWP is in touch with service user and carer needs whilst ensuring that CWP continues to meet its mandatory constitutional targets.

Future inpatient provision

As briefly described above the caseloads within both adult and older adult community mental health services are steadily increasing month on month across the Eastern Cheshire and South Cheshire CCG footprints. A review of the current community provision is currently being undertaken which will establish the future focus of these teams going forward with a view to meeting the needs of service users with complex mental health needs.

In order to deliver a safe and effective service, additional resource will be identified to ensure that care co-ordinators have the capacity to visit service users more frequently thereby allowing them to identify any signs of deterioration in mental health at an earlier stage. An increase in the current Home Treatment Team (HTT) provision will also be identified which will increase the acute care home treatment to potentially avoid the requirement for hospital admission. In order to further increase capacity within community services, resources need to be identified both from a CWP and CCG perspective to increase the current Personality Disorder Service which currently cannot meet the needs within the locality.

Additional investment within older adult community mental health services will allow the introduction of psychology provision, the expansion of HTT services and an increase in the number of unregistered staff which will release the capacity of registered nurses to undertake more complex tasks.

It is proposed that acute adult inpatient services going forward are delivered from two main sites within the CWP footprint, these being Bowmere Hospital, Chester and Springview Hospital, Clatterbridge. Both of these units are owned by CWP and are better able to meet current healthcare standards. Both inpatient facilities also benefit from having a Psychiatric Intensive Care Unit (PICU) on site and additionally have dedicated Occupational Therapy (OT) activity facilities.

The total number of adult acute beds available currently within the Millbrook Unit is 44, therefore the proposed new model has been developed to maintain as close to this total number as possible. It is proposed that an additional 22 adult acute beds are provided within Bowmere Hospital in Chester with an additional 20 beds being provided within Springview Hospital, Clatterbridge. This will result in 42 beds being reprovided within the remaining two inpatient facilities.

In respect of the model of care which will be delivered for service users with an organic illness this has been designed to meet the two distinct needs of this group, these being service users who display challenging behaviour and secondly those who experience a deterioration in their condition and require a period of stabilisation. It is proposed that the first group of service users' needs can be met within the existing older adult organic bed provision within CWP which is detailed below:

- Cherry Ward - 11 beds provided within Bowmere Hospital, Chester
- Meadowbank Ward - 13 beds provided within Springview Hospital, Clatterbridge, Wirral

It is proposed that the needs of the second group identified above could be met by CWP entering into a block contract arrangement with a local provider of specialist Elderly Mental Illness (EMI) nursing home beds (approximately 6 beds). Both registered nursing and medical input will be provided by CWP.

These proposals provide CWP with an opportunity to develop new models of working which will include exploring inter provider arrangements. The pathways for dementia will look at how CWP can

work closely with care home providers, providing support and interventions to avoid hospital admission.

The models of care and the way the Trust manages clinical risk will remain unchanged.

Analysis of current case load

In July 2016 Eastern Cheshire CCG had 2632 people on the adult and older adult community mental health caseload, of which only 0.9% used inpatient services.

During July 2016 South Cheshire CCG had 2446 people on the adult and older adult community mental health caseload, of which only 1.3% used inpatient services.

Out of the current 44 adult and older people's functional acute beds it is proposed there will be 42 beds re-provided in the remaining two inpatient units within the Trust.

The Trust currently provides 38 older people's organic beds, it is proposed that CWP will continue to provide 30 beds, however the Trust is looking at six of these being provided in partnership with an EMI nursing home provider in the Macclesfield area. It is felt that capacity exists within the Trust's two other organic wards (at Bowmere Hospital and Springview Hospital) therefore the six remaining beds do not need to be re-provided, this is based upon the total bed occupancy in July 2016.

Considerations

Travel
CWP acknowledge the travel impact of the proposals contained within this report and recognises the importance of friends and families being able to visit their loved ones whilst receiving treatment as an inpatient. It is proposed that as part of the consultation service users, carers and families views will be sought on how we can best support them should any changes take place. A travel impact assessment has also been undertaken.

Implications for other NHS organisations
CWP works closely with other NHS providers across Cheshire and Wirral and has undertaken a stakeholder analysis for the proposed service reconfiguration.

Should CWP's preferred option be progressed further to public consultation, community services will continue to operate within Central and Eastern Cheshire and on-call Doctors will continue to cover Central and Eastern Cheshire and undertake Mental Health Act assessments.

Other providers will benefit from the enhancement of community services through increased access and capacity. CWP have access to their own transport for service users which is routinely utilised for service users from Central and Eastern Cheshire who require a Psychiatric Intensive Care bed which is based in Bowmere, Chester.

As part of the consultation, blue light services and partner organisations views will be sought on how we can continue to deliver a safe and effective service, provide enhanced levels of service and minimise disruption for all.

Equality impact assessment
CWP has undertaken a full and thorough equality impact assessment regarding the proposals to redesign adult and older people's mental health services.

Consultation

Pre-consultation

A Project Team and Project Board have been established with membership from clinicians and managers of services. A series of focus groups have been held with staff and service users with more scheduled for early September to look at ideas and capture considerations.

Proposed consultation

CWP is proposing to undertake a full public consultation over 14 weeks (taking into consideration Christmas holidays) on the options discussed above in line with NHS England guidance on planning, assuring and delivery of service change for patients.

It is proposed that the consultation will be supported by a programme of six public events spread across Central and Eastern Cheshire and engagement events with relevant stakeholder groups such as the Mental Health Forum, MIND etc. An independent evaluator will also be appointed to analyse the results of the consultation and produce a report which will be published on the Trust's website.

Timescales

CWP is proposing to launch a full public consultation from mid-October 2016 to late January 2017.

Following the outcome of the public consultation, a report on the redesign of adult and older people's mental health services will be presented to CWP Trust Board, Eastern Cheshire CCG, Vale Royal CCG and South Cheshire CCG's Governing Bodies, CWP's Council of Governors and the Cheshire East Health and Adult Social Care Overview and Scrutiny Committee – prior to any changes taking place.

If the proposals are supported by the local health and social care economy, CWP will begin implementation of operational plans with the intention of completing the proposals by Quarter 2 of 2017/2018 financial year.

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CHESHIRE EAST HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PROTOCOL

1 Introduction

1.1 The Health and Social Care Act 2012 and associated regulations give local authorities the power to review and scrutinise health services. This complements their existing power to promote the social, economic and environmental well-being of local areas. The role of local authorities is to contribute to improvements in health and the reduction of variations in health 'health inequalities' in their local area. Health and care services are to be viewed in their widest sense in accordance with the Health and Adult Social Care Act 2012 and will include Public Health, Adult Social Care, and other services which have a major impact on health and wellbeing provided by the local authority and in partnership with the NHS or other bodies. Local authorities are a channel for the views of local people.

1.2 Health scrutiny is the democratic element of the new system for patient and public involvement. This includes Healthwatch, Independent Complaints and Advocacy Services (ICAS) and Patient Advice and Liaison Services (PALS). In addition, the NHS and other bodies which commission (buy) or provide health services are required to make arrangements to consult with and involve the public in the planning of service provision, the development of changes and in decisions about changes to the operation of services.

1.3 The two main elements of health overview and scrutiny are:

- Formal consultation on substantial developments or variations to services.
- A planned programme of reviews with capacity to respond to issues referred by Healthwatch Cheshire East and other referrers.

1.4 The functional responsibility for the overview and scrutiny of the buying (commissioning) and provision of health and care services in Cheshire East lies with the Health and Adult Social Care Scrutiny Committee of the Council ("the Committee").

1.5 The main points of contact for scrutiny of those health and care organisations who either commission (buy) or provide health and care services are outlined in Appendix A. Throughout this document they will be referred to jointly as the "responsible health and care body(ies)" The responsibility to respond to scrutiny is not limited to those mentioned in Appendix A.

2 Policy Statement

Members of the Committee, the responsible health and care bodies and organisations for patient and public involvement, will work together to ensure that health and adult social care scrutiny improves the provision of health and care services and the health of local people.

3 Aims of Health and Adult Social Care Scrutiny

- To improve the health of local people by scrutinising the range of health and care services available to local people.
- To secure continuous improvement in the provision of health and care services and services that impact on health (e.g. leisure services).
- To contribute to the reduction of variations in health 'health inequalities' in the local area.
- To ensure the views of health and service users (patients, carers and the public) are taken into account within a strategic approach to the design, commissioning and provision of health and services.

4 Principles

4.1 Overview and scrutiny of health and care services is based on a partnership approach.

4.2 Overview and scrutiny is independent of the NHS, the local authority and the Cheshire East Health and Wellbeing Board.

4.3 The views and priorities of local people are central to overview and scrutiny, and service users and their organisations will be actively involved in the overview and scrutiny process.

4.4 The overview and scrutiny approach is open, constructive, collaborative and non confrontational. It is based on asking challenging questions and considering evidence. Recommendations are based on evidence.

4.5 Overview and scrutiny will consider the wider determinants of health when/whilst working towards achieving its aims and use wider local authority powers to make recommendations to other local agencies as well as those within the NHS and local authority.

4.6 Overview and scrutiny recognises that there will be tensions between people's priorities and what is affordable or clinically effective, and that local health and care commissioning and provision takes place within a national framework of policies and standards.

4.7 The impact and effectiveness of health and adult social care overview and scrutiny will be evaluated by means of an annual report to Council. The annual report will be shared with partners and Healthwatch Cheshire East.

5 The Role of the Committee

5.1 In the course of a review or scrutiny the Committee will raise local concerns, consider a range of evidence, challenge the rationale for decisions and propose alternative solutions as appropriate. It will need to balance different perspectives, such as differences between clinical experts and the public. All views should be considered before finalising recommendations.

5.2 The Committee will not duplicate the role of advocates for individual service users, the role of performance management of the NHS or the role of inspecting the NHS or Local Authority.

5.3 The Committee has no power to make decisions or to require that others act on their proposals. The responsible health and care body must respond to recommendations of the Committee, and give reasons if they decide not to follow these, by the date specified by the Committee, minimum 28 days.

6 Organisations to which Health and Adult Social Care Scrutiny Applies

6.1 Health and care bodies subject to overview and scrutiny include the organisations that either commission (buys and performance manages) and/or provide health and care services. The Committee's main focus will be on services commissioned and delivered by those agencies as outlined in Appendix A.

6.2 The Local Government and Public Involvement in Health Act 2007 introduced "the Councillor Call for Action (CCfA)" which provides elected Ward Members with a formal means to escalate matters of local concern to an Overview and Scrutiny Committee. Although this is seen as a measure of "last resort" it can lead to recommendations being made to the Council concerned and/or other agencies. The CCfA is one of a number of measures designed to provide Overview and Scrutiny Committees with greater powers to work more closely with Partners and across organisational boundaries. It is likely that any CCfA which is concerned with NHS services or social care services will be referred to the Committee in the first instance.

6.3 The Council also has a local Petition Scheme which sets out how petitions will be handled. Should either a CCfA or a formal Petition be received which relates to health and care services, the Secretary of the Committee will liaise in the first instance with the relevant commissioner or service provider, to assist the Chairman and Vice Chairman of the Committee to determine how to proceed.

7 Matters that can be Reviewed and Scrutinised According to Regulations

7.1 Overview and scrutiny powers cover any matter relating to the planning, provision and operation of health services. Health services are as defined in more detail in the Health and Social Care Act 2012 and cover areas such as health promotion, prevention of ill health and treatment.

7.2 Issues that can be scrutinised include but are not limited to the following:

- Arrangements made by the responsible health bodies to secure hospital and community health services and the services that are provided;
- the provision of family health services, personal medical services, personal dental services, pharmacy and NHS ophthalmic services;
- Arrangements made by the responsible health and care bodies for public health, health promotion and health improvement including addressing health inequalities.

- Arrangements made by the local authority for the provision of residential care, domiciliary care, respite care and telecare.
- Planning of health services for Cheshire East residents by health and care bodies, including plans made in co-operation with local authorities setting out a strategy for improving both the health of the local population and the provision of health and care services to that population;
- The plans, strategies and decisions of the Cheshire East Health and Wellbeing Board;
- The arrangements made by responsible health and care bodies for consulting and involving service users in Cheshire East;
- Any matter referred to the committee by a local Healthwatch or Healthwatch England under the Health and Social Care Act 2012; and
- Any appropriate matter raised by a Councillor Call for Action or a Petition.

7.3 More detail about what the commissioners of health services are responsible for can be found in NHS England summary fact sheets on commissioning responsibilities, identified within Appendix A.

8 Substantial Developments or Variations in Services

8.1 The responsible health body will consult the Committee on any proposals it may have under consideration for any substantial development of a health service or any proposal to make any substantial variation in the provision of such services. The responsible health body will give the Committee sufficient notice to make arrangements to consider the proposals and make a formal response.

8.2 This is additional to discussions between the responsible health body and the appropriate local authority(s) on service developments. It is also additional to the duty to consult patients and the public. Guidance indicates that solely focusing on consultation with the Committee would not constitute good practice.

8.3 The Committee has the responsibility to comment on

- Whether as a statutory body the Committee has been properly consulted within the public consultation process
- The adequacy of the consultation undertaken with service users
- Whether the proposal is in the interests of services users in being able to access health services in the area

Arrangements relating to responsible Health bodies – identifying who is the consulting body

8.4 Across Cheshire East, there may be occasions when a proposed service change affects residents across two or more CCG area boundaries or across the local authority boundary. Where the proposed service change affects residents across such boundaries, it will be important for the Committee to understand which health body will be the ***'lead consultor'*** – the body

responsible for leading and considering the consultation responses and taking the final decision.

8.5 In a case where the responsible health body is a service provider and the proposed service change relates to services which a CCG(s) and/or NHS England is responsible for arranging the provision of then the CCG or NHS England is responsible for consulting the Committee.

8.6 Where services are commissioned by more than one health body, those bodies may agree a process of joint consultation or delegate one or more of those bodies to act as 'lead consultor' on behalf of all those bodies.

Substantial developments or variations ("SDV's") – explanation

8.7 Substantial developments or variations are not defined. The impact of the change on service users (patients, carers and the public) is the key concern. The following factors should be taken into account:

- Changes in accessibility of services such as reductions, increases, relocations or withdrawals of service
- Impact on the wider community and other services such as transport and regeneration and economic impact
- Impact on service users – the extent to which groups of service users are affected by a proposed change. Changes may affect the whole population (such as changes to accident and emergency services) or a small group (patients accessing a specialised service). If change affects a small group it may still be regarded as substantial, particularly if patients need to continue to access that service for many years (for example, renal services). There should be an informed discussion about whether this is the case and which level of impact is considered substantial.
- Methods of service delivery – altering the way a service is delivered. The views of service users and Healthwatch are essential in such cases.

8.8 The first stage is for the Committee (acting initially through its Chairman and Vice Chairman) to decide whether or not the proposal is substantial. This initial assessment is conducted at three levels:

8.8.1 Level One

When the proposed change is minor in nature, eg. a change in clinic times, the skill mix of particular teams, or small changes in operational policies.

At level one, the Committee would not become involved directly, but would be notified that the local Healthwatch is being consulted.

8.8.2 Level Two

Where the proposed change has moderate impact or consultation has already taken place on a national basis. Examples could include a draft Local Delivery Plan, proposals to rationalise or reconfigure Community Health Teams, or

policies that will have a direct impact on service users and carers, such as the "smoke free" policy. Such proposals will involve consultation with service staff and Healthwatch Cheshire East, but will not involve:

- Reduction in service
- Change to local access to service
- Large numbers of service users being affected

The Committee will wish to be notified of these proposals at an early stage, but would be unlikely to require them to be dealt with formally as an SDV. A briefing may be required for the full Committee or through the Chairman and Vice Chairman, and the Local Ward Councillors concerned will be informed of the proposal by the Secretary. The Committee will wish to ensure that the local Healthwatch and other appropriate Organisations have been notified by the responsible health body lead consultor concerned.

8.8.3 Level Three

Where the proposal has significant impact and is likely to lead to:

- Reduction or cessation of service
- Relocation of service
- Changes in accessibility criteria
- Local debate and concern

Examples would include a major Review of service delivery, reconfiguration of GP Practices, or the closure of a particular unit.

The Committee will normally regard Level Three proposals as an SDV, and would expect to be notified at as early a stage as possible. In these cases the Committee will advise on the process of consultation, which in accordance with the Government Guidelines would run for a minimum 12 weeks period. The health organisation leading the consultation will make it clear when the consultation period is to end. The Local Ward Councillors concerned will be informed of the proposal by the Secretary. The Committee would consider the proposal formally at one of their meetings, in order to comment and to satisfy the requirement for the Overview and Scrutiny Committee to be consulted in these circumstances.

8.9 Officers of the responsible health body(s) leading the consultation will work closely with the Committee during the formal consultation period to help all parties reach agreement.

8.10 The Committee will respond within the time-scale specified by the responsible commissioners. If the Committee does not support the proposals or has concerns about the adequacy of consultation it should provide reasons and evidence.

Responding to the consultation

8.11 The Committee will respond to the consultation by the health body leading the consultation ('lead consultor') by the given deadline with its comments and views in writing and will explain the process it has followed, the evidence it has considered and identify any witnesses that have contributed. The response will summarise any areas of disagreement between the Committee and the lead consultor and include recommendations and suggestions for reaching a consensus.

8.12 The Secretary of State outlined in 2010 four tests that would shape consultation on substantial variations to health services. When considering its response to a consultation on a proposal for substantial variation, the Committee will ask the following questions:

- Has the development of the proposal been informed by appropriate engagement and involvement of local people and those using the service?
- To what extent have GP commissioners informed and supported the change?
- How strong is the clinical evidence underpinning the proposal and does it have the support of senior clinicians whose services will be affected by the change?
- How does the proposed service change affect patient choice, particularly with regard to quality and service improvement?

8.13 The Committee may request a report on the outcome of all the consultation undertaken by the lead consultor on the proposed service change(s) in order to take a view on how the consulting body has responded to the views it has received and ensure the final decision is in the interests of local people.

Disagreements

8.14 Where there is disagreement about whether a proposal constitutes 'substantial variation,' the lead consultor health body will provide the Committee with information and the reasons why it considers the issue is not substantial. The Committee may seek views from others, such as NHS England when the disagreement involves Clinical Commissioning Groups.

8.15If the disagreement is still not resolved, the responsible health body and Committee may ask the Independent Reconfiguration Panel (IRP) for informal advice on whether the issue should be regarded as substantial. Finally, if agreement is still not reached and the Committee believes the proposal to be 'substantial variation,' it may refer the matter to the Secretary of State on the basis of inadequate consultation. It would then be for the Secretary of State, and then potentially the courts, to determine whether it is substantial

Exemptions

8.16 The Committee will only be consulted on proposals to establish or dissolve a NHS Trust or Clinical Commissioning Group if this represents a substantial development or variation to the provision of health services.

8.17 The Committee does not need to be consulted on proposals for pilot schemes within the meaning of section 4 of the NHS (Primary Care) Act 1997 as these are the subject of separate legislation.

8.18 A responsible health body will not have to consult the Committee if it believes that a decision has to be taken immediately because of a risk to the safety or welfare of service users or staff. These circumstances should be exceptional. The Committee will be notified immediately of the decision taken and the reason why no consultation has taken place. The notification will include information about how service users and staff have been informed about the change and what alternative arrangements have been put in place to meet the needs of service users and staff.

8.19 Any proposals contained in a trust special administrator's report or the final recommendations of a trust special administrator

8.20 Government guidance on consultations indicates a full consultation should last for a minimum of 12 weeks. It is recognised that this may need to be shorter in some circumstances. Any request to reduce the length of formal consultation should be discussed with the Committee and underpinned by robust evidence that the responsible health body leading the consultation has engaged, or intends to engage local service users, in accordance with statutory requirements.

Report to Secretary of State for Health

8.21 The Committee may report to the Secretary of State (SoS) for Health or, as appropriate, to Monitor for their consideration when it is not satisfied with the consultation or the proposals.

Referral to the Secretary of State may only be made in circumstances where the responsible commissioner and the Committee have attempted, but failed to resolve any disagreements or where the responsible commissioner has failed to attempt to resolve disagreements within a reasonable period of time. Likewise, referrals should <u>not be made</u> if the Committee has failed to respond to consultations by the date provided by the lead consulter health body.

8.22 Specific areas of challenge include:

- The content of the consultation or that insufficient time has been allowed;
- The reasons given for not carrying out consultation are inadequate; or
- Where the Committee considers that the proposal is not in the interests of service users of health services in its area.

NB 'inadequate consultation' in the context of referral to the SoS means only consultation with the Committee, not consultation with service users and the public.

8.23 In response to a referral the SoS may:

- Require the local responsible health body to carry out further consultation with the Committee.
- Make a final decision on the proposal and require the responsible health body to carry out the decision.
- Ask the Independent Review Panel to advise him/her on the matter.

9 Developing a Programme of Reviews

9.1 The Committee will produce an annual overview and scrutiny plan in consultation with the Commissioners and Healthwatch Cheshire East.

9.2 The plan will consider the range of health and care services, including those commissioned and provided by the local authority, and in partnership arrangements with the NHS.

9.3 The plan will be based on the views and priorities of local people.

9.4 The plan will have the capacity to take into account issues that may be raised through the work of Healthwatch Cheshire East.

9.5 The plan will be realistic, based on the capacity of the Committee and the Committee's partners to undertake meaningful reviews.

9.6 The following factors should be taken into account when planning a programme:

- It is a local priority that can make a difference.
- The topic is timely, relevant and not under review elsewhere.
- If the topic has been subject to a national review it should be clear how further local scrutiny can make a difference.
- There is likely to be a balance between;
  - Public Health improvement and health services,
  - NHS and joint services,
  - Acute services and primary/ community services,
  - Social Care services.
- It may be thematic, e.g. public health, homelessness or services for older people that might impact on the health of local people, or a service oriented priority.
- It should contribute to policy development on matters affecting the health and wellbeing of communities.

9.7 There are a number of methods for scrutiny, including formal reports to the Committee or Reviews conducted by smaller "Task and Finish" Review Panels appointed by the Committee with specific terms of reference.

Sections 10 to 14 apply to both consultation on substantial developments or variations and reviews or scrutiny.

10 Provision of Information

10.1 The responsible health and care body will provide the Committee with such information about the planning, provision and operation of health services as it may reasonably require in order to discharge its health and adult social care scrutiny functions. Reasonable notice of requests for information or reports will be given.

10.2 Confidential information that relates to and identifies an individual or information that is prohibited by any enactment will not be provided.

10.3 Information relating to an individual can be disclosed, provided the individual or their advocate instigates and agrees to the disclosure.

10.4 The local authority may require the person holding information to anonymise it in order for it to be disclosed. The Committee must be able to explain why this information is necessary.

10.5 The responsible health and care body will provide regular briefings for Committee Members on key issues.

10.6 In the case of a refusal by a health and care body to provide information that is not prohibited by regulation, the Committee may contact the relevant performance management organisation, which should attempt to negotiate a speedy resolution.

11 Attendance at Meetings

11.1 The Committee may require any officer of the relevant health and care body to attend meetings to answer questions on the review or scrutiny.

11.2 Requests for attendance will be made through the Chief Executive of the body concerned.

11.3 The Committee will give reasonable notice of its request and the date of attendance. The Committee will provide the officer with a briefing on the areas about which they require information no later than one week prior to the attendance.

11.4 If the scrutiny process needs to consider health and care services provided by the independent sector on behalf of the NHS or local authority, it will consider the issue through the lead commissioning body. The lead commissioners of these services will need to be cognisant of the requirement to build into its contracts with independent sector providers a requirement to attend a review or scrutiny or provide information at no cost to the Committee.

11.5 The Chairman or Directors of the responsible health and care body cannot be required to attend before the Committee. They may, however, wish to do so if requested.

11.6 Local independent practitioners such as GPs, dentists, pharmacists and opticians may be willing to attend the Committee but cannot be required to do so. Local independent practitioners may be willing to attend at the request of the responsible health and care body. An alternative source of information may be the Local Medical Committee or appropriate professional organisations.

12 Reporting

12.1 In their reports the Committee will include:

- an explanation of the issues addressed
- a summary of the information considered
- a list of participants involved in the review or scrutiny
- any recommendations on the matters considered
- evidence on which the recommendations are based.
- where appropriate, recognition of the achievements of the responsible health and care body concerned.

12.2 The Committee will send draft reports to the responsible health and care body(s) and other bodies that have been the subject of review to check for factual accuracy.

12.3 The report is made on behalf of the Committee and there is no requirement for the Cabinet or the full Council to endorse it. However the report will be sent to the Cabinet, Cheshire East Health and Wellbeing Board or full Council and, if required, a briefing will be arranged to identify the main implications.

12.4 If the Committee request a response from the responsible health and care body this will be provided within the time scales stated by the Committee, minimum 28 days. If a comprehensive response cannot be provided in this time, the health body(s) concerned will negotiate with the Committee to provide an interim report, which will include details of when the final report will be produced.

12.5 The response will include:

- The views on the recommendations
- Proposed action in response to the recommendations
- Reasons for decisions not to implement recommendations

12.6 Copies of the final report and the response will be widely circulated and made publicly available.

13 Conflict of Interest

13.1 The Committee must take steps to avoid any potential conflicts of interest arising from Members' involvement in the bodies or decisions they are scrutinising.

13.2 Conflict of interest may arise if councillors or their close relatives are:

- an employee of the health and care body under scrutiny or
- a non-executive director/Lay member of the health and care body under scrutiny, or
- an executive member of another local authority
- an employee or board member of an organisation commissioned by the health commissioning body to provide goods or services.

13.2 These councillors are not excluded from membership of overview and scrutiny committees but must follow the Council's Code of Conduct for Members regarding participation and as necessary seek advice from the Monitoring Officer of the Council where there is a risk of conflict of interest.

13.3 Executive (Cabinet) Members and Deputy Cabinet Members of Cheshire East Council are excluded from serving on the Committee in any capacity.

14 Liaison between the Committee and Healthwatch Cheshire East

14.1 The Committee will develop an appropriate working relationship with Healthwatch Cheshire East

- Healthwatch Cheshire East may refer issues to the Committee, which must take these into account. If issues are not urgent they may be considered when planning future work programmes.
- The Committee will, where appropriate, advise Healthwatch Cheshire East of actions taken and the rationale for these actions.
- The outline and process of a scrutiny review will be discussed with members of Healthwatch Cheshire East.

15 Conclusion

15.1 This Protocol was considered and adopted by the Committee on (date) and is endorsed by the responsible health and care bodies.

Appendix A

List is not exhaustive

Commissioners of Health & Care Services in the Cheshire East area

- NHS England / Public Health England – Cheshire and Merseyside
- NHS Eastern Cheshire Clinical Commissioning Group
- NHS South Cheshire Clinical Commissioning Group
- Cheshire East Council

Providers of Health & Care Services in the Cheshire East area

- East Cheshire NHS Trust
- Mid Cheshire Hospitals NHS Foundation Trust
- Cheshire & Wirral Partnership NHS Foundation Trust
- Cheshire East Council
- North West Ambulance Service
- Vernova CIC

NHS England Summary fact sheets on commissioning responsibilities:

http://www.england.nhs.uk/wp-content/uploads/2012/07/fs-ccg-respon.pdf

Appendix B Signatory List

Organisation	Name and designation	Signature	Date
Cheshire East	Councillor Jos Saunders, Chairman of Committee		
Cheshire East	Andrew North, Corporate Manager for Audit, Risk & Business Improvement		
Cheshire East	Mark Palethorpe Director of Adult Social Care and Health		
Cheshire East	Dr Heather Grimbaldeston, Director of Public Health		
NHS Eastern Cheshire CCG	Jerry Hawker, Chief Officer		
NHS South Cheshire CCG	Simon Whitehouse, Chief Officer		
NHS England			
East Cheshire NHS Trust			
Mid Cheshire Hospitals NHS Foundation Trust			
Cheshire & Wirral Partnership NHS Foundation Trust			
North West Ambulance Service			

CHESHIRE EAST COUNCIL

REPORT TO: Health and Adult Social Care Overview and Scrutiny Committee

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Date of Meeting: 8 September 2016
Report of: Director of Legal Services and Monitoring Officer
Subject/Title: Work Programme update

1.0 Report Summary

1.1 To review items in the 2016/17 Work Programme, to consider the efficacy 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 and updated following actions from the meeting and other amendments.

3.0 Reasons for Recommendations

3.1 It is good practice to agree and review the Work Programme to enable effective management of the Committee's business.

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 Not applicable.

6.0 Background and Options

6.1 In reviewing the work programme, Members must pay close attention to the Corporate Priorities and Forward Plan.

6.2 Following this meeting the document will be updated so that all the appropriate targets will be included within the schedule.

6.3 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

6.4 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

7.0 ***Access to Information***

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

Name: Mark Nedderman
Designation: Scrutiny Managerr
Tel No: 01270 686459
Email: mark.nedderman@cheshireeast.gov.uk

Health and Adult Social Care Overview and Scrutiny Committee – 16 June 2016

Future Meetings

Formal Meeting	Informal Meeting	Formal Meeting	Informal Meeting	Formal Meeting	Informal Meeting
Date: **8 Sept 2016** Time: 10:00am Venue: Committee Suites, Westfields	Date: **6 Oct 2016** Time: 10:00am Venue: Committee Suites, Westfields	Date: **3 Nov 2016** Time: 10:00am Venue: Committee Suites, Westfields	Date: **1 Dec 2016** Time: 10:00am Venue: Committee Suites, Westfields	Date: **12 Jan 2016** Time: 10:00am Venue: Committee Suites, Westfields	Date: **2 Feb 2017** Time: 10:00am Venue: Committee Suites, Westfields

Essential items

Item	Description/purpose of report/comments	Outcome	Lead Officer/ organisation/ Portfolio Holder	Suggested by	Current position	Key Dates/ Deadlines
Implementation of the Care Act 2014	Committee offered the opportunity to take part in co-design of new service and delivery models for care	People live well and for longer	Deputy Chief Executive and Executive Director People	Director of Adult Social Care & Independent Living	Committee accepted invitation to take part. Work to be scoped	TBA
Adult Social Care Provider Fees	Committee offered the opportunity to take part in the review of delivery models for domiciliary and residential care in future	People live well and for longer	Director of Adult Social Care & Independent Living	Director of Adult Social Care & Independent Living	Committee accepted invitation to take part. Approved by Cabinet in Feb 16	TBA
Ambulance Services	Committee wishes to hold a select committee style review of ambulance services with NWAS and stakeholders to consider response times in particular	People live well and for longer	NWAS, Acute Trusts, CCGs Council Fire +Police RSLs	Committee	Review completed 24 March 2016. Draft report approved 29 April 2016	Responses by 19 August to be Reviewed at 8 September 2016 meeting
Redesigning adult and older people's mental health services.	Consultation on how best to deliver adult and older people mental health services currently provided across Central and	People live well and for longer	Cheshire and Wirral Partnership(CWP)	CWP	Committee accepted an invitation to take part	Tentative 8 September 2016

Health and Adult Social Care Overview and Scrutiny Committee – 16 June 2016

	Eastern Cheshire with allocated resources.					
Access to GPs and GP Services	To consider the level of access and range of services provided by GPs across the Borough with a view to promoting greater access and reducing health inequalities- also to include pharmacies, recruitment of GPs and nurse specialists.	People live well and for longer	GPs/NHS England CCGs Healthwatch	Chairman	Healthwatch Cheshire East has recently completed a piece of research on access to services which will inform Cttee's direction	20 January 2016 HWCE event was postponed. Report to be submitted to Cttee
Pharmacies	Potentially to be considered alongside GP Access	People live well and for longer	Public Health, CCGs, NHSE	Committee	Healthwatch is planning to carry out a patient survey	On hold
Director of Public Health Annual Report 2013, 2014 and 2015 review	To look at whether the recommendations of the DoPH in previous reports have been implemented and improvements made	People live well and for longer	All Cheshire East commissioner and providers	Chairman	Letter to commissioners drafted and due to be spent. 29 April item postponed	Chairman Proposes October 2016
Bed Based Review	To consider the state of services via annual reports	People live well and for longer	Director of Adult Social Care & Independent Living	Interim Director		Tentative 1 December 2016
Cancer Screening	To receive a briefing on up take of screening services and impact of cancer survival rates	People live well and for longer	Consultant of Public Health	Chairman's 1:1	Dealt with on 9 June 2016. To be re-visited to asses take-up	TBA
Mental Health Reablement	To establish the future delivery of mental health reablement services	People live well and for longer	Council, SCCCG and ECCCG	Committee	Commissioners to be requested to provide item	3 November 2016
South Cheshire Mental Health	To provide Committee's view on proposals relating to a new Mental	People live well and for	South Cheshire	South Cheshire CCG	Presentation considered on 6	March/April 2017

Health and Adult Social Care Overview and Scrutiny Committee – 16 June 2016

Gateway	Health Service	longer	CCG		July. South CCG agreed to come back to Committee March/April 2017	
Public Health Service Projects	To assess the schemes which public health piloted	People live well and for longer	Director of Public Health	Committee	Committee added to work programme at Feb meeting	TBA
Cheshire and Wirral Partnership NHS Trust	To consider performance information specific to Cheshire East following Quality Account meeting in May 2016	People live well and for longer	CWP	Committee	CWP agreed to provide item when required. Proposed 3 Nov meeting	3 Nov 2016
Residential and Domiciliary Care Commissioning Annual Reports	To consider the state of services via annual reports	People live well and for longer	Director of Adult Social Care & Independent Living	Chairman's 1:1	Director agree but deferred from July	TBA
Delayed Discharges from Hospital		People live well and for longer	Director of Adult Social Care & Independent Living	Chairman's 1:1		TBA

Monitoring Items

Item	Description/purpose of report/comments	Outcome	Lead Officer/ organisation/ Portfolio Holder	Suggested by	Current position	Key Dates/ Deadlines
Joint Strategy for Carers	Presentation of the draft Joint Carers Strategy 2016-2018 and the planned 3 year action plan to	People live well and for longer	Commissioning Manager (Rob Walker)	Committee	Strategy and response to Carers Task Group Report	

Health and Adult Social Care Overview and Scrutiny Committee – 16 June 2016

	support carers in Cheshire East				received in Jan 2016. Follow up TBA	
Future of Carer Respite	Further to the Call In Meeting – to review the progress of the decision to secure alternative carer respite support via a formal tender process, initially in November 2015	People live well and for longer	Director of Adult Social Care & Independent Living	Committee	Report updating the committee on implementation of the Cabinet decision received in Nov 2015. First report on performance received in April 16	Next update November 2016
Health and Wellbeing Board	Consider report and action plan developed following a peer review of the HWB in November 2014	People live well and for longer	Head of Health Improvement	Committee	Development of an MoU with the Board and Healthwatch ongoing	On hold
Better Care Fund	To monitor the achievement of health and social care integration and improved health outcomes through BCF schemes	People live well and for longer	Commissioning Manager (Caroline Baines)	Committee	Briefing on 2016/17 funding received at 3 March 2016 meeting	
Local Safeguarding Adults Board	The Committee wishes to receive a presentation from the Board at an informal meeting as part of it's scrutiny role to monitor the adult safeguarding	People live well and for longer	Business Manager LSAB	Committee	Robert Templeton invited to present Annual report	12 January 2017
ESAR	To monitor the performance of the Charitable Trust set up to run the Council's leisure facilities	People live well and for longer	Corporate Commissioning Manager: Leisure	Committee	Most recent item received in sept 2015	1 December 2016

<u>Possible Future/ desirable items</u>

- Healthwatch Commissioning (Lynn Glendenning)
- Mental Health Services

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