

# **CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Scrutiny Committee**  
held on Monday, 21st March, 2022 in the The Capesthorne Room - Town  
Hall, Macclesfield SK10 1EA

## **PRESENT**

Councillor L Wardlaw (Chair)  
Councillor D Murphy (Vice-Chair)

Councillors L Anderson, D Brown, C Naismith, M Simon, L Smetham,  
R Vernon, P Redstone and A Critchley

## **OFFICERS IN ATTENDANCE**

Helen Davies- Democratic Services  
Katie Small- Democratic Services (via Microsoft Teams)

## **ALSO PRESENT**

Graham Urwin- Chief Executive of the Cheshire and Merseyside Integrated  
Care Board (ICB) (via Microsoft Teams)  
David Flory- Chair of the ICB (via Microsoft Teams)  
Clare Watson- Accountable Officer of the Cheshire Clinical Commissioning  
Group (CCG) and Assistant Chief Executive of the ICB (via Microsoft Teams)  
Karen James OBE- Chief Executive of Tameside & Glossop Integrated Care  
NHS Foundation Trust and Stockport NHS Foundation Trust  
Ged Murphy- Acting Chief Executive at East Cheshire NHS Trust  
Katherine Sheerin- Director of Transformation and Partnerships at East  
Cheshire NHS Trust  
Maddy Lowry- Associate Director at Cheshire and Wirral Partnership (CWP)  
NHS Foundation Trust (via Microsoft Teams)

## **24 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Brendan Murphy,  
Sarah Pochin, Lloyd Roberts, Rachel Bailey (Councillor Patrick Redstone  
was substituting) and Joy Bratherton (Councillor Anthony Critchley was  
substituting).

## **25 DECLARATIONS OF INTEREST**

In the interests of openness Councillor Liz Wardlaw declared that in  
respect of agenda item six, the update from Cheshire and Wirral  
Partnership NHS Foundation Trust, she occasionally works for Cheshire  
and Wirral Partnership NHS Foundation Trust.

## **26 MINUTES OF PREVIOUS MEETING**

Councillor Anderton noted that the initial was missing from her name in the Members listed as present for the last meeting.

RESOLVED:

That with the amendment above, the minutes be received as a correct and accurate record.

## **27 PUBLIC SPEAKING/OPEN SESSION**

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

## **28 UPDATE FROM THE INTEGRATED CARE BOARD (ICB)**

Graham Urwin, Chief Executive of the Cheshire and Merseyside Integrated Care Board (ICB) attended the meeting via Microsoft Teams. Clare Watson (current Accountable Officer of the Cheshire Clinical Commissioning Group (CCG) was also present on the Teams call in her new capacity as Assistant Chief Executive of the ICB).

The Committee were shown a presentation that covered the new integrated care structure, Place development, staff consultation, the close down and transition of the CCG (the ICB will have the statutory functions of the NHS), staff transfers (in total there will be 1200 officers transferred to the ICB and includes 9 CCGs plus Cheshire and Merseyside Healthcare Partnerships, and preparation for Day One of the ICB on the 1 July 2022 including the risk and governance.,

Most of the Executive Team are appointed or in place for the ICB.

The Chief Executive explained to the Committee that the current default position was that if something could be done at a Place level then it should be done at a Place level. The ICB would work with partners in most effective way possible and the integration of Care boards and integration of Government White Papers would join up local services unlike ever before.

Some things will not be done at Place level for example, post-pandemic the long waits for treatment, the catch up for operations would mean hospitals working together on waiting list management unlike ever before.

The appointment of ICB chair was taking place, until now David Flory had supported the ICB as interim Chair. Interviews had taken place and had included two Local Authority representatives on the panel. A recommendation for preferred candidate was made to the Secretary of State who would be making the final decision.

The Committee asked questions related to the 1200 staff within the Cheshire and Merseyside footprint. The Chief Executive advised there could be no Transfer of Undertakings (Protection of Employment) (TUPE) of staff until the bill is passed through Parliament, and then there will be a

full scale consultation. Employment was guaranteed for those beneath senior level.

Where possible the ICB will work to avoid any form of redundancies.

The Committee were advised that there would be a continuation of the hybrid working model, sometimes in-person and sometimes remotely.

The voluntary and community sector were acknowledged as an important ally within the health system and whilst there was no formal seat on ICB there was room for observation at a strategic level and the right to address the Board. Infrastructures were being planned to enable the public voice to be heard and represented.

The Committee had some concerns about the perception of the Cheshire and Merseyside model becoming Merseyside-centric and wanted to ensure the services being delivered across Cheshire East would be maintained. The Chief Executive gave assurances that the NHS had a very clear funding formula for the allocation of resources this could be broken down to show each part of Cheshire and Merseyside to show a fair-share of national resources. There was the acknowledgement that it would not always be possible to meet the needs of Cheshire East residents in Cheshire East alone. Some residents would receive services from Liverpool Alderhey or Manchester Christie for example which are outside of the Cheshire and Merseyside footprint.

The Committee were advised that the Secretary of State would be reviewing the ICB model formally after 2-years in implementation. This was unclear how it would be rolled out, but it was known that this would be a formal review point to review fairness and equity.

The Committee raised the issue of reducing waiting lists and were advised that some patients being treated at Macclesfield would have gone to Wythenshaw or Stockport- 100 patients who should have gone to The Countess of Chester have gone to Leighton- there had been some movement to match capacity in the system. The target was to identify those who had waited too long on a list but also to assess strategic risk, to reach those most quickly who will suffer detrimentally as a result e.g. those in constant daily pain.

**RESOLVED:**

That the Chief Executive and Deputy Chief Executive be thanked for their attendance and contributions to the Committee.

## **29 UPDATE FROM EAST CHESHIRE NHS TRUST**

Karen James OBE, Chief Executive of Tameside & Glossop Integrated Care NHS Foundation Trust and Stockport NHS Foundation Trust; Ged Murphy, Acting Chief Executive at East Cheshire NHS Trust; and Katherine Sheerin, Director of Transformation and Partnerships at East

Cheshire NHS Trust all attended the meeting to present the item to the Committee and answer any questions.

The Committee heard that four parties: Stockport NHS Trust, Stockport and Cheshire CCGs and East Cheshire NHS Trust had circulated a statement of intent to all partners that outlined the continued intention to work collaboratively for acute services with NHS partners, and support clinical teams to continue working together to develop a joint clinical strategy that would set out new, single clinical pathways, as well as innovative solutions to best meet the growing care needs of local populations. Especially post-pandemic, when specifically reviewing the services provided and how people access those and the impact of covid.

Partners had embarked on a six-week engagement exercise with the public, staff and partners, to gather peoples' experiences of the trusts acute services based on some specific services; Cardiology; Critical Care and Anaesthetics; Diabetes and endocrinology; Gastroenterology and endoscopy, General Surgery; Imaging (X-ray and radiology); Trauma and orthopaedics; Urgent and Emergency Care and Women's and children's services along with broader experiences of planned care and community services.

The Committee were given the example of The Christie at Macclesfield as positive partnership working as a direct response to consultation.

There was an awareness that some patients do prefer the hybrid model of working but others could be disadvantaged through digital exclusion for a number of reasons.

There was an opportunity for the Committee to ask questions, there was some discussion on:

- The challenges of deciding when to roll out consultation exercises during/post-pandemic;
- GPs had reported activity levels being 10% more than pre-pandemic and the same being seen at A&E level and Mental Health demand. This had created a lot of pressure in the system;
- The importance of understanding communities especially those hard-to-reach or facing inequality with health outcomes; and
- Some Committee Members noted the engagement questions were generic and difficult to answer meaningfully.

**RESOLVED:** That the officers from East Cheshire Trust be thanked for their attendance and update to the Committee and that they return after the six-week engagement period with the consultation results and planned next steps.

### 30 **UPDATE FROM NHS CHESHIRE CLINICAL COMMISSIONING GROUP**

Clare Watson attended the meeting via Microsoft Teams in her current role as Accountable Officer of the Cheshire Clinical Commissioning Group (CCG), and acknowledged her new role moving forwards would be the Deputy Chief Executive Officer at the Integrated Care Board (ICB).

The Committee were advised that the current priorities were the safe and legal closure of the CCGs notwithstanding the ongoing statutory and year-end responsibilities for 2022/23.

The CCG had made a commitment to ensuring an evergreen offer in respect of Covid-19 vaccinations. Figures showed over 870,000 people vaccinated across Cheshire East and whilst the unvaccinated figures were 20%, this was still relatively low given the large number of those vaccinated. The CCG maintained a priority to offer vaccination and were targeting engagement and communication including:

- Working with Local Authorities and Cheshire and Wirral Partnership (CWP) on roving models and pop-up clinics;
- Invitations for those eligible for fourth dose vaccinations and roll out of the autumn booster programme;
- A focus on engagement with families over the summer holidays.

Flu Vaccination,

Cheshire is top of the Cheshire and Merseyside league table for flu vaccinations. Whilst flu had not been prevalent in last couple of years it was still important to vaccinate and plan for future campaigns. Pregnant women were a cohort with lower than expected vaccinations for both flu and covid-19.

The CCG reported a balanced outturn for the current financial year.

The Committee were particularly interested in vaccine-hesitancy and motivation to move people towards vaccination. The Accountable Officer advised that targeted community work in those areas with lower uptake was being carried out. The Committee requested further information and facts on vaccine-hesitancy at a ward level to assist Members in their role as Community Champions.

RESOLVED:

That the Accountable Officer be thanked for her presentation and update to the Committee.

### 31 **UPDATE FROM CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST**

Maddy Lowry, Associate Director at Cheshire and Wirral Partnership (CWP) NHS Foundation Trust attended the meeting via Microsoft Teams

to update the Committee on the item of eating disorders and the work being carried out with veterans.

The presentation began with a trauma trigger acknowledgement, in light of all the media coverage on the unfolding war between Russia and the Ukraine that this update was not a knee-jerk response but had been on the Work Programme for some time.

CWP became aware of the needs of veterans from those delivering front-line services and now have a dedicated intranet site for veterans and reservists. There has been the development of a passport that enables raising of issues and the access of mental health services quickly.

CWP have linked with Operation Courage. If someone needed an intensive offer outside the usual perimeters, CWP could refer to that person to specialist help and support.

CWP was now part of the Defence Employer Recognition Scheme (ERS) that encourages employers to support defence and inspire others to do the same. The scheme encompasses bronze, silver and gold awards for employer organisations that pledge, demonstrate or advocate support to defence and the armed forces community, and align their values with the Armed Forces Covenant.

The Committee were advised that CWP would need formal accreditation to achieve the silver award, evidence would be submitted before July 2022 with a range of feedback from partners including within the submission. The Committee asked to be kept up to date with progress on this matter.

In November 2021, CWP launched the Electronic Patient Record and were still in the early stages of data gathering. The Committee requested that in the meantime, CWP submit short, recorded Digital Stories of patients and their lived experiences to showcase the patients and the patient journey directly to the Committee.

The Associate Director at Cheshire and Wirral Partnership (CWP) NHS Foundation Trust then moved onto the Eating Disorders presentation update first with services for children then adults.

In terms of the national picture there had been significant increase in demand during the pandemic. CWP were able to meet the increased demand, and was meeting national access targets, through enhancing the capacity with extra posts.

Across Cheshire East there were two community support service for children and young people presenting with an eating disorder with 1-week waiting times for emergency referral and 4-weeks for routine appointments. After this stage, referrals moved to The Cheshire and Merseyside Adolescent Eating Disorder Service (CHEDS) for hospital avoidance. The CHEDS service covered a broad range of complex eating disorders and the outpatient service was less disruptive to family life and

less traumatic for patients sharing a ward with patients presenting complex mental health needs.

The Committee requested quantitative data to demonstrate the number of patients accessing services, success over time and referral trends specifically the journey for the child and family.

In terms of Adults with eating disorders this had been prioritised across Cheshire and Merseyside, there was the First episode and Rapid Early intervention for Eating Disorders (FREED model) aimed at 16-25 for those with eating disorder for 3 years or less.

CWP had been working with Beet, a national eating disorder charity with telephone support over 12-weeks for those with binge eating.

There was some discussion by the Committee on the role of this Committee and mental health needs within the community. The Associate Director at Cheshire and Wirral Partnership (CWP) NHS Foundation Trust agreed to return to the Committee to update on the Cheshire and Merseyside commissioned group for patients specifically prone to suicidal tendencies. The crisis offer was accessed in different ways by different people in the community and this could be presented to this Committee at a later date.

**RESOLVED:** That the Associate Director at Cheshire and Wirral Partnership (CWP) NHS Foundation Trust be thanked for her attendance and contributions to the Committee and that the areas of work identified for further updates be scheduled within the Work Programme.

## **32 WORK PROGRAMME**

The Democratic Services Officer (DSO) advised the Committee that since the last formal Scrutiny Committee meeting, Members had met, via Microsoft Teams in January, to discuss potential areas of review for the Work Programme. That information had been collated and the DSO was in the process of liaising with relevant Directors to establish clear themes for the Committee to focus overview and scrutiny.

The Chair noted that any scrutiny of flooding must be done strategically with as many partners as possible in the room together, and also that the outcome from the Stockport/Macclesfield engagement exercise, by the East Cheshire NHS Trust, will be added to the Work Programme for further discussion with the representatives who had attended committee earlier in the agenda.

There was some discussion about where the potential overlap for Service Committees and the Scrutiny Committee lay when scrutinising within the remit of its own Terms of Reference. There was still wide scope for this Committee to determine value for money and the perspective of external agencies back to the local authority.

RESOLVED:

That the Work Programme be received and noted.

The meeting commenced at 10.30 am and concluded at 1.06 pm

Councillor L Wardlaw (Chair)