

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Scrutiny Committee**
held on Thursday, 28th July, 2011 at Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor G Baxendale (Chairman)
Councillor J Saunders (Vice Chairman)

Councillors S Gardiner, A Moran, P Raynes, J Saunders and J Wray

14 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors G Boston, M Hardy, D Hough and A Martin.

15 ALSO PRESENT

Councillor M Grant, member of the Committee
Councillor G Merry, member of the Committee
Councillor D Flude, substitute for Councillor G Bolton
Councillor B Silvester, substitute for Councillor A Martin
Councillor R Domleo, Cabinet Member for Adult Services; Cabinet Member for Health and Wellbeing (interim)
Councillor J Clowes, Cabinet Support Member for Health and Wellbeing

16 OFFICERS PRESENT

G Kilminster, Head of Health and Wellbeing, Cheshire East Council
L Scally, Head of Strategic Commissioning and Safeguarding, Cheshire East Council
H Grimbaldeston, Director of Public Health, Central and Eastern Cheshire Primary Care Trust (CECPCT)
F Field, Director of Governance and Strategic Planning, CECPCT
D J French, Scrutiny Officer
J Hawker, Clinical Commissioning Group (East Cheshire)
S Whitehouse, Clinical Commissioning Group (South Cheshire)
L Nolan, East Cheshire NHS Trust

17 DECLARATIONS OF INTEREST

None

18 MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of the meeting of the Committee held on 9 June be confirmed as a correct record.

19 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public present who wished to address the Committee.

20 GP COMMISSIONING CONSORTIA

The Chairman welcomed Simon Whitehouse and Jerry Hawker who were attending to talk about progress with establishing GP Commissioning Consortia in Cheshire East; it was explained that these bodies were now known as Clinical Commissioning Groups (CCG). In Cheshire there were 4 Groups to be known as West, Vale Royal, South and East. A map was circulated showing the boundaries of the Groups and the Local Authority boundaries. The majority of the population of Cheshire East would fall within the South or East Groups. Although the Health and Social Care Bill was currently going through parliament, work could still continue to manage the transition process from the Primary Care Trust to the CCGs.

Simon Whitehouse explained that the South Cheshire Clinical Commissioning Group (CCG) included 16 GP practices and covered Nantwich, Crewe, Alsager and Sandbach and surrounding areas. At the moment the focus was on maintaining services, developing financial arrangements, building relationships and ensuring good engagement practices were developed. As part of the engagement process, a Question Time event had been held with the Local Involvement Network (LINK) on 26 July.

Jerry Hawker outlined the position with the East Cheshire Clinical Commissioning Consortia which had 22 GP Practices and a population of around 202,000 people. To date, work had been carried out on building relationships with the main acute providers including East Cheshire Hospital Trust as well as providers in Manchester and Stockport and developing relationships with the local population; a meeting had been held with the LINK and a Patient Forum was under development. The Board included a Lay Member and a Nurse. One of the challenges for the Consortia was the ageing population and management of long term conditions.

During discussion of the item the following points were raised:

- The Commissioning Groups had now been running for almost a year and were based on the former practice based commissioning groups;
- Staffing issues were still to be resolved as the earliest the CCGs could become statutory bodies would be October 2012, although it was likely to be April 2013, therefore staff could not currently be directly employed;
- It was noted that the PCT had previously been overspent but had managed to reduce its debt and Members asked about the current position? In response, the Committee was advised that at Quarter 1 the PCT was forecasting a balanced position but nevertheless the local health economy was still in a challenging financial position overall. The Acute Trust and PCT were working closely together to manage financial pressures;
- In relation to Mental Health, it was noted that improvements had been made by the PCT compared with the position it had inherited in 2006. It was a challenge that there was no in-patient provision in the South Cheshire CCG area, however the Group would continue to work with

Cheshire and Wirral Partnership NHS foundation Trust (CWP), the provider of mental health services in the area;

- In relation to the transfer of community services to the East Cheshire Hospital Trust, it was reported that the transfer process had required some financial investment and, at this early stage, work was still underway to assess the success of the transfer for patient care and staff; monthly meetings were being held and it had led to closer working opportunities between the acute service and the community;
- In relation to benefits to patients and the public resulting from the CCGs, it was felt that good quality primary care already existed in Cheshire East so the CCGs would aim to continue this good provision. They would also look to increase integrated working opportunities and arrangements through the Local Independent Living Teams and with Children and Families Services and through working closely with other health partners, wherever possible;
- Arrangements to establish a Health and Wellbeing Board were underway and a summary of the findings from the recent Visioning Day would be available shortly. There would be a number of statutory members on the Board and the governance arrangements were being developed. The role of the Board would include supporting an effective Joint Strategic Needs Assessment that informed commissioning decisions, encouraging effective communications and engagement, and informing the Health and Wellbeing Strategy.

RESOLVED: That the update on the Commissioning Consortia Groups in Cheshire East be noted and Jerry Hawker and Simon Whitehouse thanked for their attendance.

21 MINOR INJURIES UNIT AT CONGLETON WAR MEMORIAL HOSPITAL

The Committee considered a report of East Cheshire NHS Trust on proposed changes to the provision of the Minor Injuries Unit at Congleton War Memorial Hospital.

The proposal related to an alteration to the opening times of the Unit; it was proposed that the opening hours be reduced and an Emergency Nurse Practitioner be employed each day to mainly treat minor injuries patients and a Health Care Assistant be employed, for half a day, to deal with most of the GP referral patients. This option would remove the risk related to lone working as a radiographer would work at the Unit during the morning.

The Unit's current opening hours were from 8.30 am until 8.30 pm but the number of patients attending with minor injuries was low and patients mainly attended between 10.00am – 4.00 pm. It was proposed that the weekday hours be amended to 10.00 am – 6.00pm and the weekend and Bank Holiday hours remain as 8.00 am – 8.30pm. Consultation had been carried out with the Ambulance Trust, local GP surgeries and the Local Involvement Network.

RESOLVED: That the proposed changes to the opening times of the Minor Injuries Unit, as set out in the report, be supported.

22 LOCAL INVOLVEMENT NETWORK (LINK) ANNUAL REPORT

Barrie Towse, Chair of the Cheshire East Local Involvement Network (LINK), presented the Annual Report.

The report outlined the structure and membership of the LINK and detailed the work carried out over the year, including:

- Enter and View – the LINK had a statutory right to Enter and View Health and Social Care facilities to ensure that they complied with essential standards set by the Care Quality Commission. A number of such visits had been undertaken including a number of unannounced visits, including to 2 Emergency Departments, 1 Elderly Care Ward (which had been unannounced) and to 2 Learning Disability facilities. The notice when undertaking visits was anything up to 15 days. It was sometimes helpful to give a short period of notice as this would enable the manager to make sure they were available;
- The Mental Health Sub Group had undertaken work with CWP, the provider trust, and been involved with a number of consultations on service changes;
- Hospital discharges and readmissions – the LINK had listened to patient experiences and sought views on the local radio. Discussions had been held with both Acute Trusts on discharges and readmissions, and the East Cheshire Hospital Trust had introduced Patient's Passport to try to identify those at risk of readmission;
- Communications – a Sub Group had been formed to look at improving communications and had commissioned an advertising campaign on the local radio as well as reviewing the website;
- Social Care – work in this area had included a one day conference at Crewe Alexandra Football Club on Demystifying Personalisation which had been attended by over 100 delegates; following the success of this event, 2 workshop events had been held in Knutsford and Congleton.

The LINK had developed constructive relationships with a number of partners through Joint Liaison Meetings which were seen as a successful initiative; these were monthly meetings with representation from a wide variety of organisations including the Primary Care Trust, GP Consortia, Council for Voluntary Services and Local Authority. The LINK attended the Overview and Scrutiny Committee meetings and representatives welcomed the opportunity to contribute.

Neil Garbett, the Support Team Leader, explained the role of the Support Team. The role had been refocused due to staff changes and close working arrangements had been developed with a number of organisations. Training had been held for members especially in relation to Enter and View. The LINK had also applied for Pathfinder Status and was waiting to hear the outcome. There was still uncertainty around future funding. Lucia Scally explained that there was uncertainty from central Government around the future funding of Healthwatch but some transitional funding had been made available from the Adult Social Care budget.

Members discussed the Annual report and made the following points:

- The LINK were to be congratulated on their work and their report which was an excellent in-house production;
- The hard work of the LINK members, who were all volunteers, was to be commended;

- It was suggested that a short introduction to the Report on the role and purpose of the LINK, including how people could get involved, would be useful;
- The LINK representatives were asked about their funding sources and explained that funding came from the Carers Federation towards staff costs and from the Local Authority for carrying out work;
- Fiona Field advised the committee that during a recent visit by the Care Quality Commission the Patient Passport had been commended as an “outstanding” piece of practice;
- It was noted that one very useful finding from the work carried out by Manchester Metropolitan University in relation to Safeguarding had been the need for organisations to keep contact details and websites up to date so that contacting the relevant person was straightforward;
- A suggested area for the LINK to look at in future was the liaison within a hospital for patients with both a mental and physical illness, such as a dementia patient who was admitted due to a broken bone.

RESOLVED: that the Annual Report of the LINK be received and the representatives of the LINK be thanked for their attendance.

23 WORK PROGRAMME

The Committee considered its Work Programme which had been reviewed and updated by the Chairman and Vice Chairman, together with the Scrutiny Officer.

The Committee was advised of the proposed timetable for setting the Work Programme, as agreed at the Scrutiny Chairman's Group. It was proposed that 1:1 meetings with Portfolio Holders take place between the Scrutiny Chairman and Vice Chairman and Portfolio Holder, this would enable the Portfolio Holder to highlight any future issues. It was then proposed that an informal meeting of the Committee take place to give detailed consideration to items raised at these 1:1 meetings, together with items on the existing Work Programme and any items raised by members.

This would then enable a Work Programme to be formulated for discussion with Corporate Management Team (CMT) and Cabinet around Autumn. The intention behind involving CMT and Cabinet in a two way process to formulate the majority of the work programme was to ensure that resources were made available to Overview and Scrutiny Committees from Service Heads to complete reviews and to enable the committees to focus on Corporate priorities.

An issue had also been referred from the Children and Families Scrutiny Committee in relation to health and Cared for Children; this had arisen during a Scrutiny Review on Fostering Services. Councillor Flude, who had chaired the Scrutiny Review, outlined the findings and why it was felt that some scrutiny work specifically on health and cared for children would be useful.

RESOLVED: that

(a) an informal meeting of the Committee be held on Thursday 8 September at 10.00 am to enable Members to give full consideration to the Committee's Work Programme, with support from all relevant officers; and

(b) a report on the main issues in relation to health and Cared for Children be submitted to the Scrutiny Chairmen's Group for initial consideration and agreement as to how to progress the issue.

24 FORWARD PLAN

The Committee considered extracts of the Forward Plan insofar as they related to its work. Following approval of the Scrutiny Committee remits at full Council on 21 July, there were two issues on the Plan that were now relevant to this Committee's work – "Future operation of Knutsford Cinema" and "Future operation of Crewe Lyceum Theatre". Both items had previously been considered by the Corporate Scrutiny Committee. The Committee received an update on the current position as follows:

- Knutsford Cinema – an advert was to be published the first week of August to invite bidders to run the cinema within the Civic Centre with a 6 week response period. Bids would be evaluated in September and a preferred option taken to full Cabinet in October or November;
- Crewe Theatre – soft market testing was being undertaken to establish likely levels of interest from commercial operators or community enterprises. This would be completed around the end of August and outcomes shared with the Portfolio Holder and the next steps agreed.

RESOLVED: that the update on Knutsford Cinema and Crewe Theatre be noted.

25 CONSULTATIONS FROM CABINET

There were no consultations from Cabinet.

The meeting commenced at 10.00 am and concluded at 11.40 am

Councillor G Baxendale (Chairman)