

MEETING : **COUNTY HEALTH & ADULT SOCIAL CARE SCRUTINY
SELECT COMMITTEE**
DATE : **11 March 2009**

REPORT OF : **COUNTY SECRETARY**
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REFLECTIONS/LEGACY

INTRODUCTION

1. This paper provides an opportunity for the Committee to review progress and achievements since its inception in 2003, and to flag up for the new Unitary Authorities current and on-going issues on Health Scrutiny.

CONSTITUTIONAL POSITION

2. The original County Health Scrutiny Sub-Committee was established in response to the Health & Social Care Act 2001 (later consolidated into the NHS Act 2006). The framework established in Cheshire was that of a County Committee (the statutory Overview & Scrutiny Committee - the "OSC") which included voting cooptees from each of the District Councils and non-voting cooptees from other public and voluntary sector organisations. This Committee was supported by four Local Health Scrutiny Committees – Eastern Cheshire, Central Cheshire, Cheshire West, Ellesmere Port & Neston. The main focus of work were proposals for "substantial variations and developments in services" coming forward from the Cheshire based PCTs and Acute Trusts. A separate Joint Committee was established with Wirral MBC to perform the same function in relation to the Cheshire & Wirral Partnership NHS Trust. The Committee also participated in a number of regional/sub-regional joint committees dealing with proposals on a wider foot-print.

3. When the Government made it clear that it expected Health OSCs to pay particular attention within their work programmes to joint commissioning of Health and Adult Social Care Services, a decision was taken in Cheshire to review terms of reference and to establish a Health & Adult Social Care Scrutiny Select Committee. The Local Health Scrutiny Committees were replaced by geographically based Task/Finish Scrutiny Panels. This is the system which has operated for the last two years.

THE WORK UNDERTAKEN

4. Clearly, the OSC has played an important community leadership role in responding to/advising upon substantial variations and developments in services proposed by the local NHS Trusts. Below are some examples:

Reconfiguration of GP Surgeries in Macclesfield
Eastern Cheshire Future Healthcare Project

Review of Services for Children, Young People, Parents and
Babies in East Cheshire
Western Cheshire PCT's Financial Recovery Plan

and on a broader foot-print:

Access to Fertility Services
Cleft Lip and Palette Services

5. The Committee has also intervened in the public interest when it has not been a formal consultee, such as on:

Community Support Centres
Community First Responders

6. In addition to its statutory responsibilities, there is an expectation that Healths' OSCs will also undertake work in reviewing major cross-cutting issues linked to health inequalities. In Cheshire, Task/Finish Scrutiny Panels have produced important reports on the following topics:

Diabetes
Obesity
Tobacco Control
Suicide Prevention Services
Access to Dental Services
Transport at the Countess of Chester Hospital Site

7. Finally, the Committee has played an important role in the Healthcare Commission Health Check of Performance of NHS Trusts within its area. It is pleasing to note the generally steady and consistent improvements achieved by these Trusts in recent times in the face of considerable change and challenge within the system.

LEGACY ISSUES

8. The work on Health Scrutiny in Cheshire is very much on-going. There is work in progress and there are also potentially important issues on the horizon which the Committee will wish to bring to the attention of the two new Authorities. These are listed below in no particular priority order:

Implications of Realignment of PCT Boundaries
Joint Strategic Needs Assessment/Local Area Agreements
Commissioning Strategies – especially Mental Health Services and Alcohol Services
Social Care Redesign
Adult Protection
Central & Eastern Cheshire Healthcare in a Community Setting
Patient Transport Services
Ambulance Service Performance
Community Support Centres
Relationships with Local Involvement Networks (LINKs)
Relationship with the Care Quality Commission
Regional Issues: Burns Services; Fluoridation

RECOMMENDED: That the Committee

- (1) note the work which it has undertaken over the last six years; and**
- (2) draw the attention of the two new Unitary Authorities to the issues listed in para 8.**

This report has been prepared in accordance with the Checklist for Member Reports and relevant matters have been included.

Local Member	N/A
Background Documents	N/A
Available for Inspection at	N/A