

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Scrutiny Committee**
held on Tuesday, 14th June, 2022 in the Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

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

Councillors L Anderson, R Bailey, L Crane, M Simon, C Bulman, P Redstone
and D Edwardes

OFFICERS IN ATTENDANCE

Helen Charlesworth-May- Executive Director of Adults, Health Health and
Integration
Helen Davies- Democratic Services
Brian Reed- Statutory Scrutiny Officer
Dr. Susan Roberts- Consultant in Public Health
Nichola Thompson- Director of Commissioning
Deborah Upton- Senior Lawyer

ALSO PRESENT

Dr. Anushta Sivanathan, Medical Director and Consultant Psychiatrist at
Cheshire & Wirral Partnership (CWP)
Paul Devlin, the Deputy Director of Nursing at East Cheshire Trust
Katherine Sheerin, Director of Transformation and Partnerships at East
Cheshire NHS Trust

33 APOLOGIES FOR ABSENCE

Apologies of absence were received from Councillor David Brown, Councillor
Stephen Carter (Councillor Carol Bulman substituted), Councillor David Marren
(Councillor David Edwardes substituted), Councillor Brendan Murphy, Councillor
Lloyd Roberts, and Councillor Lesley Smetham (Councillor Patrick Redstone
substituted).

34 DECLARATIONS OF INTEREST

In the interests of openness Councillor Liz Wardlaw declared that in respect of
agenda item five, Feedback on Quality Accounts: Cheshire & Wirral Partnership
NHS Foundation Trust, as she occasionally worked for Cheshire and Wirral
Partnership NHS Foundation Trust.

In the interests of openness Councillor Denis Murphy declared that in respect of
agenda item seven, Feedback on Quality Accounts: East Cheshire NHS Trust, as

he was Chair of the Trustees of the League of Friends at Macclesfield District General Hospital.

35 MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes be received as a correct and accurate record.

36 PUBLIC SPEAKING/OPEN SESSION

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

37 FEEDBACK ON QUALITY ACCOUNTS: CHESHIRE & WIRRAL PARTNERSHIP NHS FOUNDATION TRUST

Dr. Anushta Sivanathan, Medical Director and Consultant Psychiatrist at Cheshire & Wirral Partnership (CWP) attended the meeting via Microsoft Teams and presented the CWP Quality Account to the Committee.

The Committee was advised that CWP was regulated by the Care Quality Commission (CQC) and at present there was no concerns. CWP complete a book of best practice each year to improve performance.

There were three priorities for 2021-22, these had been met but some achievement had stalled due to pandemic challenges. There had been improvement in clinical effectiveness, patient experience and patient safety.

The outreach vaccination service had successfully vaccinated 30,000, specifically those hard-to-reach who wouldn't have been reached by traditional GP services.

The impact of the pandemic and lockdown had affected the mental health of young people.

There had been investment in 24/7 acute psychiatric services and two crisis cafes in Crewe and Macclesfield.

Services for children and young people had seen a significant impact from the pandemic from 1 in 9 to 1 in 6.

A Well-Being Hub with access to specialist mental health had been developed, this had been piloted in South Cheshire and rolled out to East Cheshire.

1,793 compliments had been received all of which were communicated back to staff.

The Committee were given the opportunity to ask questions or make comments, there was an acknowledgement of the challenges faced by the pandemic but awareness that the pandemic has created future issues for children and young people including, learning and self-esteem.

Whilst engagement and focus was with the community the Committee noted that schools are on front-line, and prevention measures needed to manage emerging issues and to recover from the pandemic.

The Medical Director and Consultant Psychiatrist noted that Cheshire East Council had been instrumental in ensuring support was provided to schools and

teachers to support others. Not all schools were covered but CWP in partnership with the council was working towards that as part of a long-term plan.

There was some discussion about the Crisis Cafes, and future plans for expansion, the Medical Director and Consultant Psychiatrist noted that both cafes were recently opened in areas where the greatest need was. The next phase would be to assess how CWP can work in partnership with the council to ensure crisis cafes can support communities across Cheshire East.

The Committee noted the quality of services was high but spreading people across services could impact those services and/or become a staffing issue. The Committee was advised that staffing was a serious challenge, and together with the impact of the pandemic, plus cover/cross cover, CWP was looking at the workforce, new roles, and types of roles, skill mix and moving away from the traditional approach of doctors, nurses and therapists. CWP had a comprehensive work force offer through workforce development however in terms of recruitment to retention it was acknowledged there was a national shortage of nurses trained in learning disabilities.

RESOLVED: That:

- a) the Medical Director and Consultant Psychiatrist be thanked for attending the meeting and presenting to the Committee;
- b) the 2021/22 Cheshire and Wirral Partnership Quality Account be received and noted; and
- c) That the committee's feedback and response to the 2019/20 Quality Account for sent in the form of a letter.

38 FEEDBACK ON QUALITY ACCOUNTS: EAST CHESHIRE NHS TRUST

Paul Devlin, the Deputy Director of Nursing at East Cheshire Trust attended the meeting via Microsoft Teams and updated the Committee on the progress through the Quality Account.

The Committee were advised that all services had seen pressures that related to the pandemic, however there had been a number of achievements such as:

- the trust became a Disability Confident Employer;
- the opening of The Christie at the Macclesfield site;
- the opening of same day emergency care unit; and
- ongoing support from community for staff.

Staff had continued to respond to the development of care models, and progression of recovery plans. The focus for teams was now on improved care and this work had carried into current year through an improvement plan.

A designated panel now investigated when falls had occurred and staff were supported in prevention work.

In terms of Infection and prevention control, the focus continued, and other infection rates remained within trajectory.

Wait times at East Cheshire had increased and this was a focus for teams.

Intrapartum services had been paused at Macclesfield General Hospital but it was planned to re-establish the service this year, the Trust had been working closely with patients to support this.

Priorities for 2022/23 were outlined within quality strategy and mirrored the key lines of enquiry that Care Quality Commission (CQC) used when inspecting.

The Committee were invited to ask questions and make comment, there was some discussion about:

Bad patient feedback, the Committee were advised that in terms of response rates to feedback, the Emergency Department tended to be low, comments that related to length of wait were reflective of operational challenges.

The Committee noted that despite intrapartum care being paused, planned home births still went ahead.

There had been Improvements in diagnostic waiting times, scanning and radiology and in terms of number of patients who had waited over 52 weeks for treatment. Those who waited over 104 weeks had been supported with surveillance, however the Deputy Director of Nursing acknowledged that 52 and 104 week waits were unacceptable, a Harm Review was undertaken to assess if harm had occurred during wait times and that was reported to the Trust assurance committee.

The Committee acknowledged the challenges with waiting times, and asked for a more detailed report to be brought back to a future meeting with comparative data to other Trusts.

The Committee noted that both local hospitals had participated in the Ward Accreditation Scheme, and queried the burden on staff to achieve the accreditation. The Deputy Director of Nursing gave reassurances to the Committee that the monthly audit process sampled three patients in significant detail and conducted a detailed review of patient safety and feedback. Audit compliance was good but if patients had negative experiences this was a cause for concern to the Trust. In terms of workload, this was not considered an unmanageable burden for ward managers.

RESOLVED: That:

- Paul Devlin be thanked for his attendance and presentation to the Committee;
- the East Cheshire NHS Trust Quality Account be received and noted; and
- comments from the meeting be fed back to the Trust for inclusion within the Quality Account 2021/22.

39 UPDATE FROM EAST CHESHIRE NHS TRUST

Katherine Sheerin, Director of Transformation and Partnerships at East Cheshire NHS Trust attended the meeting and addressed the Committee since last updating at the previous meeting on the 21 March. During that meeting the Committee were advised that a statement of intent had been circulated 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.

This update followed the six-week engagement exercise, with the results available for review.

The Committee were advised there had been 273 responses, this was expected for this kind of exercise. Unique web-page views were in the thousands. Of the 273 responses, these were reflective of patients, employees, carers, and other public sector bodies, 83% were female, however the respondents were skewed towards affluent areas.

Critical care was given positive ratings, however given the low number of responders it was acknowledged that it was difficult to determine a service-users view.

Waiting times, communications with patients and difficulties with parking had negative ratings.

Maternity services and bringing back of Intrapartum care was also mentioned within the responses.

The Committee were advised the results will be in public domain from the 30 June, NHS assurance had been given and the case for change had been approved, and would be published in full alongside a summary version.

The next steps would be to submit a pre-consultation business case to NHS England.

The Committee were invited to ask questions or make comments, it noted that there had been very low responses from voluntary groups and this cohort supported many NHS functions. The Director of Transformation and Partnerships noted that communication had taken place with existing networks but this was an area to address with Phase 2.

The Committee highlighted the importance of dynamic consultations to help restore confidence with patients and those negatively affected through reduction of services during the pandemic.

The Committee questioned mitigation towards long waiting lists, and were advised that the Trust was working across Cheshire and Merseyside to determine a collective approach rather than trying to impact as individual organisations.

Some success had been achieved using international nursing; using clinical support workers in innovative ways; the induction of more medical students into the Trust, for longer periods of time; and rotations within the Trust and into primary care.

RESOLVED:

That the Director of Transformation and Partnerships be thanked for their attendance and presentation to the Committee; and that the presentation be received and noted.

Doctor Susan Roberts, a Consultant in Public Health attended the Committee and presented the report.

The Committee were advised that the Pharmaceutical Needs Assessment (PNA) needed to be published by the 1 October 2022, and that Dr. Matt Tyer, the Director of Public Health had responsibility to do this.

Between 1 April 2021- 10 June 2022 there had been 105 consultations responses with 354 partial responses. The Draft PNA provisional findings were deemed adequate (this was the target for the public health team) and the conclusions needed to be tested.

The Committee had some concerns regarding:

- automated medication from robots in hospital pharmacies;
- the expansion of the Basford area of the borough and the impacts on medical centres;
- there were no reviews of accessibility within the consultation (this was to be reviewed for future consultations);
- The Pharmaceutical offer and challenges to Cheshire East villages (the challenges were acknowledged and articulated within the PSA response); and
- that despite advertising the consultation within pharmacies, no paper copies were available.

The public health team would take these comments to inform future learning and gave reassurances to the Committee that all comments during the consultation period would be analysed to feed into the consultation results.

RESOLVED:

That the production of the PNA and the consultation findings be received and that it be noted that the consultation findings may result in an amendment to the draft PNA once evaluated.

41 PLACE PARTNERSHIP BOARD UPDATE

Helen Charlesworth-May, Executive Director of Adults, Health and Integration introduced the report to the Committee, the report was considered by the Adults and Health Service Committee on 30 May, who had been asked to make decisions, detail of which was contained within the report that was for review by the Scrutiny Committee.

The report outlined progress with design and implementation and the proposed scrutiny arrangements for Cheshire East when the Integrated Care System (ICS) would be implemented across the Cheshire and Merseyside (C&M) footprint on the 1 July.

The key considerations for the report included the joint scrutiny arrangements and the political balance arrangement across the nine authorities, the Committee

was advised that these did not impact on any existing stand-alone arrangements the local authority had in place for Health Scrutiny.

Deborah Upton, Senior Lawyer advised the Committee that as an example, if the Integrated Care Board (ICB) wished to implement any new policies across the C&M area, the joint committee would consider the referral. Political balance has to be calculated across all nine authorities, and would be reviewed post-elections and on an annual basis to ensure that any changes were taken into account.

The Chair noted there had been a point raised by members of the Adults and Health Committee, as to the proportionality of the joint committee, as Cheshire East had a larger population than some others and Members felt that this should have been taken into account when considering the proportionality. The Senior Lawyer advised that, the calculation of political balance had been adhered to across C&M as a collective and this did not take population numbers into consideration.

The Committee were invited to ask questions and make comments.

There were comments of concern that related to the proportionality of the joint committee.

The Senior Lawyer advised the Committee that there had been a request to write to the Secretary of State (SoS) by Members of the Adult and Health Committee. The Monitoring Officer had advised that any appeal to the SoS would require a change to legislation and therefore was unlikely to be successful.

The Committee were pleased to note that rural proofing had been retained within the report, however there was some discussion about coterminous boundaries. The Committee had a strong desire to retain co-terminosity across Cheshire. The Executive Director of Adults, Health and Integration advised that patient choice was recognised, and there are options for those requiring care into Greater Manchester, Derbyshire, or Staffordshire, however Cheshire East would be part of the wider C&M footprint and even if Cheshire East had local arrangements with Cheshire West, there were no guarantees that funding would flow from C&M equally.

The Chair asked that the specific and unique requirements of the rural borough be acknowledged, and additionally she requested further information for the Committee regarding the 2 seats allocated to Cheshire East for the Joint Scrutiny committee who was responsible for choosing/nominating Cheshire East representatives, and on what premise was the political proportionality of the Cheshire East representation to the Joint Scrutiny Committee based?

The recommendations within the report were considered, there was agreement to split the two parts of the second recommendation as the Committee were unable to reach an accord on the third recommendation.

RESOLVED: That:

- 1) the progress to date on the Place Partnership Board (working title) be noted;
- 2) the establishment of a Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee be recommended to Council; and

3) a meeting date be sought for this Committee in July to discuss in more detail the 'Protocol for the establishment of Joint Health Scrutiny Arrangements in Cheshire and Merseyside'.

42 FEEDBACK ON QUALITY ACCOUNTS: MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST

The Chair noted that representatives from Mid Cheshire Hospitals NHS Foundation Trust had been unable to attend the meeting due to executive interviews being held at the same time. The Committee had a number of questions that related to the Quality Account and agreed to defer the item until the next available meeting.

RESOLVED:

That representatives from Mid Cheshire Hospitals NHS Foundation Trust be invited to present this item at the next available meeting.

43 WORK PROGRAMME

The Committee considered the Work Programme, it was noted that the current items had been completed during the meeting. Helen Davies, Democratic Services Officer advised that there had been conversations with lead Directors for forthcoming work streams within the terms of reference for the Committee. The Work Programme would be updated with these and suggestions by the Committee and reviewed by the Chair and Vice Chair within the month.

The Committee requested consideration be given to adding an item that engaged with the Safer Cheshire East Partnership (SCEP), road traffic collisions and impacts on residents particularly in relation to winter gritting.

It was noted there had been some actions arising from this meeting that would be added to the Work Programme for forthcoming meetings.

The Chair noted discussions had been started with agencies such as the Police and Crime Commissioner and North West Ambulance Service.

The Committee noted that flooding was within its terms of reference, and requested an update on the Task and Finish Group report of the former Environment and Regeneration Overview and Scrutiny Committee.

Brian Reed, Statutory Scrutiny Officer advised that since the sign-off point by that Group, there had been concerns raised by officers within the Place Directorate and officers were working to address these concerns ahead of the onward journey to Corporate Leadership Team.

The Committee noted concern about delays and requested it be kept informed on progress, it was acknowledged that the service committees had a role to self-scrutinise but this Committee had the statutory function and had a strong view that any statutory scrutiny should be reviewed by this Committee before it went to the service committee.

The Chair noted that any statutory work regarding flooding should wait until the report was available.

A request was made for an update by Super Intendent Peter Crowcroft following his last overview at this Committee to update on any pilot work to note extensions or work ceasing.

RESOLVED:

That the Work Programme be received and noted.

The meeting commenced at 10.30 am and concluded at 1.15 pm

Councillor L Wardlaw (Chair)