

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Scrutiny Committee**
held on Thursday, 4th April, 2013 at The Capesthorpe Room - Town Hall,
Macclesfield SK10 1EA

PRESENT

Councillor G Baxendale (Chairman)
Councillor A Harewood (Vice-Chairman)

Councillors R Domleo, D Hough, W Livesley, A Moran, J Saunders, F Keegan
(as Substitute for Councillor J Weatherill) and L Jeuda (as Substitute for
Councillor I Faseyi)

Apologies

Councillors J Weatherill and I Faseyi

OTHERS PRESENT

Councillor J Clowes – Portfolio Holder for Health and Adult Social Care
Councillor S Gardiner – Cabinet Support Member for Health and Adult Social
Care
Fiona Field – South Cheshire Clinical Commissioning Group
Rebecca Patel – Eastern Cheshire Clinical Commissioning Group

OFFICERS PRESENT

Guy Kilminster – Head of Health Improvement
James Morley – Scrutiny Officer

111 MINUTES OF PREVIOUS MEETING

The minutes of the meeting on 7 March 2013 were approved as a correct record

112 DECLARATIONS OF INTEREST

There were no declarations of interest

113 DECLARATION OF PARTY WHIP

There were no declarations of party whip

114 PUBLIC SPEAKING TIME/OPEN SESSION

Ms Charlotte Peters Rock addressed the Committee regarding a recent decision by East Cheshire NHS Trust to permanently close Tatton Ward in Knutsford and suggested that closure of services had caused pressures on other NHS services resulting in issues of over subscription to beds in A&E and Acute Care. She suggested that the pressure on the care system and carers was having a knock

on effect on health services provided to the wider population of Cheshire East and asked the Committee what it would be doing to ameliorate the issue.

115 **CLINICAL COMMISSIONING GROUPS BRIEFING**

The Committee received a briefing on Clinical Commissioning Groups (CCGs). Fiona Field and Rebecca Patel attended the meeting to provide presentations on South Cheshire CCG and Eastern Cheshire CCG respectfully. Members asked questions and the following points were made:

- The Key focus of CCGs was the commissioning and monitoring of services that were centred on the needs of the patient and carer(s).
- General Practitioners (GPs) were members of CCGs to commission all services apart from their own. Primary Care from GPs was commissioned by NHS England and was an important part of health services.
- CCGs were responsible, along with the Council, for development of Cheshire East's Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS).
- Eastern Cheshire CCG consisted of 23 GP Practices covering: Alderley Edge, Congleton, Holmes Chapel, Knutsford, Macclesfield, Poynton and Wilmslow. This area had a population of approximately 201,000 and a budget of £219million.
- South Cheshire CCG consisted of 18 GPs covering: Audlem, Alsager, Crewe, Middlewich, Nantwich and Sandbach. This area had a population of approximately 173,000 and a budget of £193million.
- Setting the budgets had been a complicated process of unpicking the PCTs budgets with funding being directed to a variety of different organisations. CCGs' budgets were mostly based on population but were also weighted based on the proportion of older people and the overall level of deprivation in the area.
- The key challenges for CCGs included reducing health inequalities and improving health outcomes for patients.
- CCG annual plans would set measurable targets based on desired health outcomes and would be focussed on making a difference to patients. The Committee would be able to scrutinise the plans and the performance of CCGs through the measureable targets. Local measures would be based on local priorities identified in the JHWS.
- Some residents living in south Cheshire used North Staffordshire Hospital rather than one of the hospitals in the Borough. The CCGs would try to ensure that they included figures for those residents

that use hospitals outside of the Borough in their performance outcomes.

- Issues like obesity were the responsibility of the Council through Public Health rather than CCGs. Demand Management was about prevention of ill health and reducing the need to go to hospital rather than reducing the number of cases that were dealt with.

The Committee discussed how it would scrutinise the performance of CCGs in future. It was suggested that expectations needed to be managed as it may take several years before significant improvements resulting from the introduction of CCGs would be visible. However there would be some indicators of performance at an earlier stage and the Committee would be able to examine these within twelve months. The Chairman suggested that representatives of the CCGs could attend a meeting in six months to inform the Committee about how the changes to commissioning had progressed and whether there were any inefficiencies in the new system.

RESOLVED:

- (a) That the presentation be noted.
- (b) That representatives of the CCGs be invited to attend a meeting in six months to update the Committee on progress within the new health arrangements.

116 **COMMITTEE PROTOCOL WITH THE SOUTH CHESHIRE CCG AND THE EASTERN CHESHIRE CCG**

The Committee considered a draft protocol with the Eastern Cheshire Clinical Commissioning Group and the South Cheshire Clinical Commissioning Group (CCGs) which was an updated version of an existing protocol between the previous Health and Adult Social Care Scrutiny Committee and the Central and Eastern Cheshire Primary Care Trust (PCT) which had taken account of the new National Health Service (NHS) arrangements brought about by the Health and Social Care Act 2012 which abolished PCTs and Strategic Health Authorities (SHAs), and introduced CCGs.

The Committee suggested some minor amendments to the protocol. Fiona Field of South Cheshire CCG suggested that the protocol needed amending to reflect that CCGs would not be responsible for commissioning of primary care services as PCTs had been because the General Practitioners (GPs) running the CCGs would not commission their own services. Ms Field offered to assist in amending the protocol and suggested that a protocol between the Committee, and the Cheshire & Merseyside Local Area Team (LAT) and NHS England to cover the commissioning of primary care services. It was also suggested that the Committee may need a protocol with Cheshire East Healthwatch.

RESOLVED:

- (a) That the scrutiny officer, with support from officers of the Clinical Commissioning Groups (CCGs), be requested to amend the protocol to reflect that CCGs will not be responsible for

commissioning primary care services as the Primary Care Trust (PCT) had been.

(b) That the scrutiny officer investigate the need for a protocol with the Cheshire and Merseyside Local Area Team to cover the commissioning of primary care services.

(c) That with the following amendments be made to the protocol:

- a. Reference to Strategic Health Authorities be removed.
- b. Reference to Scrutiny Committee Spokesperson be replaced by Vice Chairman.
- c. In the sentence at 8.7 which reads “At level one, the committee would not become involved directly, but would assume that the Healthwatch is being consulted” that “assume” be replaced by “be notified”.

117 **HEALTH AND WELLBEING BOARD UPDATE**

Councillor J Clowes gave an update on the Health and Wellbeing Board. The Board had official begun operating on 1 April 2013 and would hold its first public meeting on 30 April 2013. At its last meeting in shadow form the Board had received an update of Healthwatch. Healthwatch would be represented on the Board but a nomination had not yet been received. The terms of reference for the Board were being reviewed due to new regulations; Councillor Clowes stated that the new terms of reference would be shared with the Committee when available.

118 **WORK PROGRAMME**

The Committee discussed its work programme. At its next meeting the Committee was due to receive the quality accounts of East Cheshire NHS Trust and Mid Cheshire NHS Trust.

RESOLVED – That the work programme be noted.

119 **CONSULTATIONS FROM CABINET**

Councillor J Clowes informed the Committee that Cabinet had received the Dementia Task and Finish Scrutiny Report which had been endorsed by the Committee at its previous meeting and that the report would be referred to the Health and Adult Social Care Policy Development Group for consideration.

The meeting commenced at 10.00 am and concluded at 12.17 pm

Councillor G Baxendale (Chairman)