

Health and Wellbeing Scrutiny Committee

Agenda

Date:	Thursday, 14th November, 2013
Time:	10.00 am
Venue:	Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

2. **Minutes of Previous meeting** (Pages 1 - 4)

To approve the minutes of the meeting held on 12 September 2013

3. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

4. **Declaration of Party Whip**

To provide an opportunity for Members to declare the existence of a party whip in relation to any item on the agenda

For any apologies or requests for further information, or to give notice of a question to be asked by a member of the public

Contact: James Morley
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5. **Public Speaking Time/Open Session**

A total period of 15 minutes is allocated for members of the public to make a statement(s) on any matter that falls within the remit of the Committee.

Individual members of the public may speak for up to 5 minutes, but the Chairman will decide how the period of time allocated for public speaking will be apportioned, where there are a number of speakers.

Note: in order for officers to undertake any background research, it would be helpful if members of the public notified the Scrutiny officer listed at the foot of the agenda at least one working day before the meeting with brief details of the matter to be covered.

6. **North West Ambulance Service - Communities Strategy Progress Report**
(Pages 5 - 12)

To consider a progress report on the implementation of North West Ambulance Service's Communities Strategy (attached).

At its meeting in March 2013 the Committee had examined the Communities Strategy during the consultation phase and had resolved to consider the six month progress report when it became available.

7. **Director of Public Health Annual Report 2013**

To consider the Annual Report of the Director of Public Health (to be tabled at the meeting).

This will be the first Annual Report since Public Health became part of the Council as a result of the changes brought about by the Health and Social Care Act 2012. The Committee is asked to note the report and submit comments to the Director of Public Health.

8. **Work Programme** (Pages 13 - 16)

To review the current Work Programme (attached).

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Scrutiny Committee**
held on Thursday, 12th September, 2013 at Committee Suite 1,2 & 3,
Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor H Gaddum (Chairman)
Councillor L Jeuda (Vice-Chairman)

Councillors D Hough, A Moran, M J Weatherill, R West, G Merry and M Grant

Apologies

Councillors R Domleo, B Livesley, J Saunders and I Faseyi

ALSO PRESENT

Councillor J Clowes – Portfolio Holder for Health and Adult Social Care
Councillor R Bailey – Portfolio Holder for Children and Families
Dr Heather Grimbaldeston – Director of Public Health
Dr Mahesh Odiyoor – Cheshire and Wirral Partnership NHS Foundation Trust
Dr Chris Link - Cheshire and Wirral Partnership NHS Foundation Trust
Kate Flemming – Cheshire and Wirral Partnership NHS Foundation Trust
Jane Critchley – Senior Manager for Individual Commissioning
Matthew Cunningham – Eastern Cheshire Clinical Commissioning Group
Sheila Williams – East Cheshire NHS Trust
James Morley – Scrutiny Officer

139 MINUTES OF PREVIOUS MEETING

RESOLVED – That the minutes of the meeting held on 13 June 2013 be approved as a correct record and signed by the Chairman.

140 DECLARATIONS OF INTEREST

There were no declarations of interest

141 DECLARATION OF PARTY WHIP

There were no declarations of party whip

142 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public wishing to speak

**143 CHESHIRE AND WIRRAL PARTNERSHIP'S LEARNING
DISABILITY SERVICE REDESIGN**

The Committee received an update from Cheshire and Wirral Partnership NHS Foundation Trust (CWP) on its Learning Disabilities Service Redesign. Dr Haresh Odiyoor and Kate Flemming from CWP outlined the proposals of the redesign to improve service user outcomes through care pathways. During a consultation process CWP had received feedback on its proposals from service users and service providers.

Members were concerned that having closed Kent House CWP may have issues with capacity. The Committee was informed that demand for the service had reduced and people were receiving more care at home and not needing to go to hospital. There were acute care facilities in Macclesfield and Chester which was considered quite far from some areas of the Borough but the number of people affected was very low so did not present a major issue.

RESOLVED – That the Committee welcomes the update and is pleased with the progress being made.

144 **CHESHIRE AND WIRRAL PARTNERSHIP'S COMMUNITY MENTAL HEALTH SERVICE REDESIGN**

The Committee received an update from Cheshire and Wirral Partnership NHS Foundation Trust (CWP) on its Community Mental Health Service Redesign. Dr Chris Link and Jane Critchley informed the Committee about the new elements to the service which was focussed on outcomes for patients and helping them to recover from mental health issues as best as possible. CWP reported that the service had so far received positive feedback from patients and their families.

Previously the Cheshire Primary Care Trust's (PCT) funding of mental health services had been relative low compared to national averages. However the new clinical commissioning groups (CCGs) had provided assurances and renewed enthusiasm towards investing more in mental health.

The Committee was encouraged by the positive feedback that the service had received from patients. There was a plan to conduct a 12 month evaluation of the new service which the Committee was interested in reviewing.

RESOLVED:

1. That the Committee welcomes the update on Community Mental Health Service Redesign and progress being made.
2. That the Committee welcomes the increase in investment in mental Health Services from the Clinical Commissioning Groups.
3. That the 12 month review of the service be presented to the Committee at a future meeting.

145 **HEALTH AND CARED FOR CHILDREN TASK AND FINISH GROUP FINAL REPORT**

Councillor Gill Merry presented the Health and Cared for Children Task and Finish Review final report to the Committee for approval and submission to

Cabinet for consideration. Sheila Williams, Designated Nurse Cared for Children East.

The Committee discussed the review and the recommendations and the following points were made:

- Councillors should be committed to their corporate parenting duty by offering support to those in care or leaving care where possible.
- Personal advisors were important in supporting care leavers to live independently.
- The planning process for leaving care needed to start earlier to ensure care leavers were fully prepared and supported.
- 16-18 years of age was an important period for providing support.
- Care Leavers could be helped with financial education by providing them with Jam Jar Accounts which controlled their spending, ensuring they paid essential bills. The Finance Policy Development Group had been researching help for credit unions and could be asked to consider assisting with Jam Jar Accounts for care leavers.
- Supporting foster carers was important in ensuring that foster placements did not break down.
- Provision of leisure passes for people in care, as well as subsidies for those accompanying them, may not have been an option as the Council moved services on to a Charitable Trust.

The Committee was pleased with the findings of the report and the Task Group's recommendations.

RESOLVED:

1. That the Task Group be thanked for its hard work.
2. That the Committee approves the recommendations be endorsed and the report be submitted to Cabinet for consideration.

146 **OVERVIEW AND SCRUTINY PROTOCOL BETWEEN CHESHIRE EAST COUNCIL, CLINICAL COMMISSIONING GROUPS AND NHS ENGLAND**

The Committee was asked to consider approving the latest draft protocol between the Committee and the Boroughs Clinical Commissioning Groups (CCGs) and NHS England. Previously there had been a protocol between the Scrutiny Committee and the Primary Care Trust (PCT). However since the PCT had been replaced by the CCGs a new protocol was needed. NHS England had been added to a previous draft of the protocol as they were now responsible for commissioning some aspects of primary care.

Representatives of the Eastern Cheshire CCG, Public Health Team and the Portfolio Holder made comments and suggested that in its current form the protocol did not adequately reflect the commissioning of NHS services. There were many other bodies who commissioned services, for example Public Health, that should also be included in the protocol. The protocol needed to clearly identify who was responsible for commissioning what so that the Committee could effectively hold the commissioners to account.

It was suggested that the Protocol could not be agreed by the Committee in its current form and needed to be reworded so that it accurately reflected the roles and responsibilities of all partners.

RESOLVED – That consideration of the protocol be deferred and re-drafted to take account of the comments summarised above and a revised protocol be brought back to this committee in due course for further consideration.

147 **WORK PROGRAMME**

The Chairman outlined the approach that the Committee would be taking to setting its work programme. It was suggested that the Committee would begin to concentrate on fewer items than previously providing the opportunity to consider items in more depth. Portfolio Holders would be invited to offer suggestions for items the Committee may wish to consider.

The Chairman stated that it was important for the Committee to play an effective role in helping to make a difference to the health of Cheshire East.

It was suggested that the Committee may wish to hold additional informal meetings as well as those held in public.

RESOLVED – That the work programme be noted.

The meeting commenced at 10.00 am and concluded at 11.51 am

Councillor H Gaddum (Chairman)



North West Ambulance Service



NHS Trust



Delivering the right care, at the right time, in the right place

Communities Strategy 2013-2015

Six month progress report

October 2013

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1. Introduction

The Trust's Community Committee and Board of Directors approved the Communities Strategy in April 2013. The Strategy was subject to consultation from external and internal stakeholders and there was an agreement to produce a six monthly progress report for the Communities Committee to provide assurance of progress with the strategy. This progress report is also made available to all stakeholders through the Trust website. The full Strategy and progress report can be found on the publications page of the Trust website at www.nwas.nhs.uk

2. Purpose of the Strategy

This strategy describes the Trust's approach to community engagement and sets out clearly the Trust's commitment to being a high quality service provider, an employer of choice and a promoter of healthy and safe lives.

NWAS has identified five main aims to demonstrate how we will deliver our commitment to communities in the North West:

- Acting on the views of patients and their communities
- Providing a seamless service for patients, in partnership with other health and social care bodies
- Ensuring equality of access to services and valuing diversity
- Protecting the environment and being a good corporate citizen
- Promoting healthy and safe lives

3. Progress Report

3.1 Acting on the Views of Patients and their Communities by:

3.1.1 Providing patients and the public with information about our services

Satisfaction with the information patients and the public receive is one of the measures in the Trust's patient survey programme. Below are some of the information and education activities being undertaken:

Emergency and Urgent Care Services

The Trust launched the first stage of its new marketing communications campaign in March this year. Key components included a timeline of the ambulance service evolution, tweetathon, video, interactive quiz and associated publicity materials. Stage 2 of the campaign is going live in October. The campaign, is part of the Trust's patient experience CQUIN (commissioning for quality and innovation) scheme and will target particular demographic groups working with an external PR agency to ensure maximum impact and evaluation. The campaign will encourage a public conversation so people know what to expect from their ambulance service. The campaign includes

evaluation through focus groups and perception surveys as well as media monitoring and awareness testing.

Phase 2 will run through until end of February with a full evaluation. Outcomes of the campaign will steer the content of future public education programmes.

Patient Transport Service

A new awareness campaign is being developed to support Patient Transport Service (PTS) users, representatives and health care professionals. Mapping and planning of the campaign is underway.

A new PTS Patient Charter has been launched, based on feedback from patients and the public, and is available widely on the Trust's website, hospital environments, HealthWatch and GP surgeries. A dedicated PTS microsite is also available.

3.1.2 Asking patients, the public and members about their experiences and perceptions

A proactive programme of patient experience activity has been developed for 2013/14, based on the success measures and recommendations of the 2012/13. A set minimum target of patients to be surveyed has been agreed and systems are being developed to increase the level of real time patient feedback information as well as ensuring all PTS patients, at any point of their care, are given the opportunity to give feedback.

Initial findings for this year's patient experience programme demonstrate high levels of satisfaction with the core patient transport service (PTS); 86.1% rate their experience 8, 9 or 10 out of 10 and 87.5% for users of discharge ambulances. The Paramedic Emergency Service (PES) Urgent Care Desk survey demonstrated 78.3% rated their experience 8, 9 or 10 out of 10.

Recommendations from feedback are fed into service line improvement plans.

3.1.3 Creating an active public membership, representative of the North West

A new membership engagement strategy has been drafted for discussion with the Shadow Council of Governors. An engagement programme is in place and activities and engagement are being monitored with the aim of minimum of five member events for the year - to date three events have been held. The Trust recently undertook a survey of members as part of the public conversation and campaign outlined in section 3.1.1 with more than 200 members of the public participating (results are be collated). In addition they are being asked to participate in focus groups for the campaign outlined. The new strategy proposes the development of an active membership cohort to act as a connecting group between the large public membership and the Council of Governors.

A membership and communications group sub-group of the Council of Governors has been established to support future membership engagement activities, including a review of public information.

3.1.4 Working in Partnership with Community Groups and Stakeholders across the North West footprint to design services which meet their needs.

Mapping and gap analysis of community engagement has been undertaken and a community engagement programme for 2013/14 launched. Examples of areas identified included rural areas, learning disabilities and mental health representative groups. A new patient experience board game will be trialled with a number of groups as well as a public perception survey – these will inform future service improvement plans and patient information materials. Outputs from the programme will be shared in the annual review of the Communities Strategy report.

BME groups are a key target group for the new campaign outlined in section 3.1.1.

3.2 Provide a seamless service for patients, in partnership with other health and social care providers by:

3.2.1 Creating a framework which will enable effective engagement with all health and social care partners

A stakeholder engagement framework has been developed and approved by the Executive Management Team (EMT). Multi-disciplinary teams have been established across the NWAS footprint to map and plan stakeholder engagement activities for the Trust ensuring consistent messages which reflect local needs. Regular meetings are now established with a log of stakeholder activity maintained. This ensures the Trust can satisfy the needs of stakeholders in terms of information and engagement as well as contributing to partners' strategies and service development to support whole system working with patient care at the centre. The Groups are now developing their strategic approach to target particular stakeholders based on the local stakeholder mapping. Regular reports on presented to EMT.

3.2.2 Working with stakeholders on major service delivery projects to ensure patients receive effective and integrated care.

There is good evidence of progress in this area with the Paramedic Pathfinder project, Patient Transport Service transition to the new contract and NWAS significant contribution to service reconfigurations and new integrated service models in the North West. The Trust will ensure active engagement with the urgent care and clinical network developments in the North West.

3.3 Ensure quality of access to services and valuing diversity by:

3.3.1 Engaging with protected groups and wider communities to inform the Trust's Equality Delivery System

A full review of the EDS system is currently under way – this is expected to be completed by November 2013 with a report to the Board of Directors. The review will assess current progress with the system with the aim of demonstrating, through self-assessment, "Achieving" across all outcome areas by 2015.

3.3.2 Promoting access to services and address any barriers with protected groups.

An audit of tools and knowledge available to staff has been undertaken which has led to the reissue of a number of materials and the development of new ones, eg. pictorial handbook, multi-lingual phrase book. The patient experience board game and community engagement programme look at

access issues and perceived or real barriers, with a number of improvements being reviewed including the promotion of the SMS texting service to a wider audience, audio CDs and the development of easy read public materials. A minimum of five community engagement events are undertaken each year. New training workshops on a number of equality and diversity issues have been made available to staff as a result of a gap analysis of staff training needs.

3.3.3 Demonstrating the Trust's commitment to being a good employer

The Trust was recently awarded the Investors in People (IiP) Gold award (the first ambulance service to achieve this) and subject the IiP health and wellbeing award. In September 2013, the Trust was confirmed as a IiP health and wellbeing champion. Further work needs to be undertaken as part of recruitment activities to further increase representation from minority groups.

3.3.4 Ensure all protected groups are reflected when asking patient views and expectations of the service.

Monitoring information is included with the patient experience programme and community engagement activities to measure the involvement of representatives from protected groups. The patient experience annual report includes narrative on engagement with and feedback from protected groups.

3.4 Protecting the environment and being a good corporate citizen by:

3.4.1 Reducing its energy consumption

A number of initiatives are underway including

- A voltage optimisation unit was installed at Broughton office site 4th June 2013. A minimum period of 60 days is required to ensure a sufficient time lapse to enable meaningful data to be produced. This will allow us to assess potential efficiency savings. This data should be available for the next update.
- Solar Photo Voltaic Panels were installed at Fazakerley ambulance station around October 2012 and to date they have generated approx. 31.41 Megawatt hours of electricity resulting in a carbon saving of 17,276 tonnes and a cost saving equating to around £2.5k.
- LED lighting is now installed at Fazakerley ambulance station with a projected saving of 62.94% against the old units, however this is yet to be verified. Further lighting installation is being completed at Elm House and will be rolled out to Broughton in the future.
- Energy efficient boilers have been installed recently at Barrow, Ulverston, Ambleside and Leyland. Savings will be calculated once sufficient usage data has been accumulated. Boilers will continue to be replaced on an adhoc bases when they reach the end of their working life with high efficiency units.

The Trust will continue to look at opportunities for energy efficiency as part of its estate development plans.

3.4.2 Reduce the carbon footprint of the organisation

The statutory target for the NHS as a whole is to reduce its carbon footprint by 10% for 2015 based on CO2 emissions from 2007. To assist in achieving this target, along with its estates rationalisation programme and fuel/utilities consumption management, the Trust is planning to invest a minimum of £1.2 million over the next two years on energy efficiency projects as a follow on to the trials undertaken recently.

3.4.3 Achieving the targets set out within the Good Corporate Citizenship Model

The original GCC model set a target of 70% achievement across various operational areas by 2015 and the Trust was well on the way to achieving this by being rated at 55% in 2012. However, towards the end of 2012 the Model changed significantly following national consultation. The Trust has signed up to the new model and is currently in the process of completing the revised questionnaire with the relevant status data requirements. The results of the new model will be advised in the year end update.

3.5 Promote Healthy and Safe Lives

3.5.1 Increase the number of people in the North West able to provide basic emergency life support and the availability of AEDs

1677 people have been trained in Basic Life Support (Heartstart UK course).

2962 people trained in Basic Life Support and the use of a defibrillator (AED).

The Trust has presented 20 Cardiac Smart awards to community groups, responders and organisations across the North West to recognise their commitment to community resuscitation.

3.5.2 Promote awareness within communities of accident and falls prevention to reduce the impact on health services, encouraging healthier lives and safe communities

84 Community Champions have now been engaged. The funding of the Chain of Survival Team is confirmed until April 2014. A new strategy paper is being developed to consider the possibility of working alongside our other partners to look at different models for CFRs in the future.

3.5.3 Engage with local communities to ensure partnership working and sustainability

There is an established North West Chain of Survival Steering Group with representatives from NWAS and key external agencies and community partners. The county wide groups meet regularly and are now well established. We now have a comprehensive list of 322 stakeholders across the North West of England and a list of 199 assets across the North West of England.

4. Conclusion

This is an interim mid-year report of a two year strategy. Positive progress across all deliverables in the Strategy is demonstrated and there are currently no concerns to indicate that overall achievement of the outcomes planned for 2015, cannot be delivered.

A year-end report which will be available in April/May 2014 will include the Trust's progress with achieving the success measures laid down in the strategy. It will also identify if there are any risks of not achieving the final outcomes by 2015, with associated actions for resolution if appropriate.

CHESHIRE EAST COUNCIL

REPORT TO: Health and Wellbeing Scrutiny Committee

Date of Meeting: 6 November 2013
Report of: Head of Governance and Democratic Services
Subject/Title: Work Programme update

1.0 Report Summary

- 1.1 To review items in the 2013/14 Work Programme, to consider the efficacy of existing items listed in the schedule attached, together with any other items suggested by Committee Members.

2.0 Recommendations

- 2.1 That the work programme be received and noted.

3.0 Reasons for Recommendations

- 3.1 It is good practice to agree and review the Work Programme to enable effective management of the Committee's business.

4.0 Wards Affected

- 4.1 All

5.0 Local Ward Members

- 5.1 Not applicable.

6.0 Policy Implications

- 6.1 Not known at this stage.

7.0 Financial Implications for Transition Costs

- 7.1 None identified at the moment.

8.0 Legal Implications (Authorised by the Borough Solicitor)

- 8.1 None.

9.0 Risk Management

- 9.1 There are no identifiable risks.

10.0 Background and Options

- 10.1 In reviewing the work programme, Members must pay close attention to the Corporate Plan and Sustainable Communities Strategy.
- 10.2 The schedule attached, has been updated in line with the Committees recommendations on 12 September 2013. Following this meeting the document will be updated so that all the appropriate targets will be included within the schedule.
- 10.3 In reviewing the work programme, Members must have regard to the general criteria which should be applied to all potential items, including Task and Finish reviews, when considering whether any Scrutiny activity is appropriate. Matters should be assessed against the following criteria:
- Does the issue fall within a corporate priority
 - Is the issue of key interest to the public
 - Does the matter relate to a poor or declining performing service for which there is no obvious explanation
 - Is there a pattern of budgetary overspends
 - Is it a matter raised by external audit management letters and or audit reports?
 - Is there a high level of dissatisfaction with the service
- 10.4 If during the assessment process any of the following emerge, then the topic should be rejected:
- The topic is already being addressed elsewhere
 - The matter is subjudice
 - Scrutiny cannot add value or is unlikely to be able to conclude an investigation within the specified timescale

11.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

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HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME

Last Updated – 6 November 2013

Issue	Description/ Comments	Suggested by	Portfolio Holder	Current position	Next Key Date
Scrutiny Protocol with CCGs	To approve the proposed protocol	Scrutiny Team	Health and Adults	Draft of Protocol between Scrutiny, CCGs and NHS England deferred at September meeting.	Deferred for redrafting.
Annual Public Health Report	To receive a presentation on the Annual Public Health report and assess whether any issues should be a focus for Scrutiny	Committee	Health and Adults	Presentation to Committee when ready	November 2013 Deferred from October meeting
NWAS Communities Strategy Performance	To examine and offer comments on NWAS performance	Committee	Health and Adults	Receive performance reports every six months. Whether at meeting or via email to members	Update at November 2013 meeting
Joint Health and Wellbeing Strategy	To monitor, scrutinise or contribute to the JHWS	Committee	Health and Adults	Scrutiny Committee's role regarding JHWS to be established	On-going
Cheshire Living Well Dying Well	To receive a briefing on the work of the organisation.	Portfolio Holder	Health and Adults	TBA	TBA
Caring Together	To receive a briefing on the Caring Together initiative	Eastern Cheshire CCG	Health and Adults	To consider the Committees role as a stakeholder of Eastern Cheshire CCG	TBA

HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME

Last Updated – 6 November 2013

Safeguarding Peer Review	Chairman to liaise with Corporate Scrutiny Chairman regarding future monitoring of item.	Corporate Scrutiny Committee	Health and Adults /Children and Families	Update to be provided when available	Unknown
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