

# Health and Wellbeing Scrutiny Committee

## Agenda

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<b>Date:</b>	<b>Thursday, 13th March, 2014</b>
<b>Time:</b>	<b>10.00 am</b>
<b>Venue:</b>	<b>Committee Suite 1,2 &amp; 3, Westfields, Middlewich Road, Sandbach CW11 1HZ</b>

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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 - 6)

To approve the minutes of the meeting held on 13 February 2014

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

5. **Public Speaking Time/Open Session**

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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  
**Tel:** 01270 686468  
**E-Mail:** james.morley@cheshireeast.gov.uk

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. **Caring Together: The Case for Change**

To consider the Caring Together Programme's Case for Change via a presentation from the Programme Director and the Chief Officer of Eastern Cheshire Clinical Commissioning Group.

7. **Updates from CCGs and NHS England**

To receive updates on the progress and challenges of Eastern Cheshire, and South Cheshire Clinical Commissioning Groups and NHS England Cheshire Wirral and Warrington Area Team

8. **Work Programme** (Pages 7 - 8)

To discuss the Committee's new work programme document and the identification of topics for consideration.

**CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Health and Wellbeing Scrutiny Committee**  
held on Thursday, 13th February, 2014 at Committee Suite 1,2 & 3,  
Westfields, Middlewich Road, Sandbach CW11 1HZ

**PRESENT**

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

Councillors R Domleo, I Faseyi, D Hough, W Livesley, A Moran, J Saunders  
and M J Weatherill

**ALSO PRESENT**

Councillor Janet Clowes – Cabinet Member for Health and Adult Social Care  
Councillor Stewart Gardiner – Cabinet Support Member  
Jo Vitta – South Cheshire Clinical Commissioning Group  
Mike Purkin – Eastern Cheshire Clinical Commissioning Group  
Diane Eden – Connecting Care Programme Director  
Fiona Jones – Clatterbridge Cancer Centre NHS Foundation Trust  
Julia Curtis – Cheshire and Merseyside Commissioning Support Unit  
Jackie Robinson – Cheshire and Merseyside Commissioning Support Unit  
Stefan Pyra – Healthwatch Cheshire East Board Member

**OFFICERS PRESENT**

Lorraine Butcher – Director of Strategic Commissioning  
Guy Kilminster – Head of Health Improvement  
James Morley – Scrutiny Officer

**172 MINUTES OF PREVIOUS MEETING**

RESOLVED – That the minutes of the meeting held on 5 December 2013 be approved as a correct record and signed by the Chairman.

**173 DECLARATIONS OF INTEREST**

There were no declarations of interest

**174 DECLARATION OF PARTY WHIP**

There were no declarations of party whip

**175 PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public present who wished to speak

176 **CLATTERBRIDGE CANCER CENTRE - BRIEFING ON SUBSTANTIAL DEVELOPMENT AND VARIATION TO SERVICES**

The Committee received a briefing on proposed change to cancer services provided by Clatterbridge Cancer Centre (CCC). Fiona Jones, Project Director of CCC, and Jackie Robinson, from Cheshire and Merseyside Commissioning Support Unit, outlined CCC's proposals for a new cancer centre in Liverpool to expand on the services currently being provided in Wirral.

The current location would be maintained however as the majority of patients came from the north of the river Mersey the site was no longer at the geographical centre of the catchment area. The new centre in Liverpool would serve those patients coming from the north of the Mersey with the site in Wirral continuing to provide for those living south of the Mersey. CCC aimed to expand the services provided from its centres by having access to specialist clinicians for a variety of illnesses, to treat those who had illnesses additional to cancer.

The new centre would be opened in Autumn 2018. Development and design of the business case would take place in 2015 to allow building work to commence in mid 2016. To meet these deadlines CCC would consult the public on its proposals in July 2014 and separately it would formally consult each of the local authorities affected by the proposal.

Currently a small number of Cheshire East residents were being treated by CCC. At the formal consultation stage, the Council would have to decide whether the project was a substantial development for the Borough.

RESOLVED:

- (a) That the briefing be noted.
- (b) That CCC be requested to supply information about the number of Cheshire East residents using CCC services that may be affected by the development of a new cancer centre in Liverpool.

177 **INTEGRATED HEALTH AND LOCAL CARE**

Lorraine Butcher, Strategic Director of Commissioning, gave a presentation about the transformation that health and adult social care was undergoing nationally and locally. The presentation focused on the following issues:

- Quality of health and care services
- Shifting services from hospitals to the community
- Stronger engagement and integration between local authorities and NHS bodies
- Connecting budgets and avoiding fragmented services (Better Care Fund)
- Helping to relieve the pressure on A&E by providing services in different ways
- Early intervention and prevention of illness and deterioration

The Committee was asked to consider how it would engage in the transformation process.

RESOLVED – That the issues raised in the presentation be noted for future consideration

178      **CHESHIRE EAST HEALTH OVERVIEW AND SCRUTINY  
PROTOCOL**

The Committee considered the latest draft of the Cheshire East Health Overview and Scrutiny Protocol to replace the previous protocol between the previous Health and Adult Social Care Scrutiny Committee and the former East Cheshire Primary Care Trust (PCT). The PCT had been replaced by two Clinical Commissioning Groups (CCGs), with most of the PCT's responsibilities transferred to them with others transferred to NHS England, Public Health and Cheshire East Council. All health bodies providing or commissioning services in the Borough and the Committee would need to agree and abide by the protocol.

Amendments to the draft protocol contained in the Agenda were tabled by Eastern Cheshire CCG. The Committee agreed to the amendments however reference to social care or care services was removed from the Protocol as these issues were the responsibility of the Corporate Scrutiny Committee according to the Council's Constitution.

It was suggested that since health services and social care services were becoming more and more integrated, that the Constitution should be changed to make the Health and Wellbeing Scrutiny Committee responsible for both health and social care. There was currently a review of scrutiny and policy development group arrangements being conducted by a sub group of the Constitution Committee; the suggestions would be reported to the sub group for consideration.

RESOLVED – That the proposed amendments to the draft protocol be accepted and the new draft be approved as the final version.

179      **PROTOCOL FOR JOINT HEALTH SCRUTINY ARRANGEMENTS  
FOR CHESHIRE AND MERSEYSIDE**

Mark Nedderman presented a draft protocol for the arrangement of joint health scrutiny committees with other Cheshire and Merseyside local authorities. The Health and Social Care Act 2012 required that any substantial variation or development in services proposed by health services providers/ commissioners which substantially affected more than one local authority's area must be considered by a joint scrutiny committee of all those authorities.

The Committee was requested to give its views on the draft protocol, particularly in relation to options on political balance of any joint committees, and on how nominations to a joint scrutiny committee should be made. The Committee's views were to be submitted to the Constitution Committee which was responsible for recommending changes to the Constitution to Full Council.

The Committee agreed that option one "that the joint committee is made up of Councillors to reflect the political balance of each of the constituent local authorities" be the preferred option. The Committee agreed that any Councillor(s) nominated to a joint committee should be nominated by the Committee and be chosen from its membership because those Councillors would be the most

qualified to be on the joint committee, due to their knowledge and experience developed working on this Committee.

RESOLVED:

- (a) That the Committee supports the draft protocol.
- (b) That it be recommended to the Constitution Committee that option one regarding political balance be the preferred option of the Council.
- (c) That it be recommended to the Constitution Committee that nominations to any joint scrutiny committee which Cheshire East Council takes part in should be made by the Health and Wellbeing Scrutiny Committee from the members of that Committee.

180      **SOUTH CHESHIRE CCG CONNECTING CARE INITIAITIVE**

Diane Eden, Programme Director for Central Cheshire “Connecting Care” Programme, presented a briefing on the Connecting Care Programme. The programme was an initiative of seven health service commissioners/providers working in partnership to ensure quality care and support for their service users. Diane played a short video clip which demonstrated how fragmented services provided to a single individual by various organisations could be. The video clip illustrated the need for organisations to work together to provide integrated services that work together to provide better outcomes overall.

The seven partners were:

- Mid-Cheshire Hospital Trust
- Cheshire West Partnership
- East Cheshire Trust
- Cheshire East Council
- Cheshire West and Chester Council
- Vale Royal CCG
- South Cheshire CCG

The Programme’s plans for working included:

- Focusing resources on prevention rather than treatment to reduce emergency admissions to hospital.
- Increasing the access to services in the community rather than in hospitals alone.
- Modelling the services provided around the needs of the individual rather than using a standard model dictated by the providers.

The Committee was encouraged by the prospect of the programme providing better outcomes for services users and was keen to see action to implement the plans in the near future. The Committee agreed that it would be looking to monitor performance in the future to see if the programme had been effective in achieving its aims and improving outcomes for service users.

RESOLVED – That the presentation be noted.

181

**CCGS' COMMISSIONING POLICIES CONSULTATION**

Julie Curtis, Project Manager for the Cheshire and Merseyside Commissioning Policies Review, attended the meeting to consult the Committee about the Clinical Commissioning Groups' new Commissioning Policies. Cheshire and Merseyside Commissioning Support Unit (CMCSU) had produced a new commissioning policy for Eastern Cheshire CCG and South Cheshire CCG.

Julie gave an overview of the process to develop the new policies which included a large number of services which the CCGs were responsible for commissioning. The new policies contained a variety of changes and additions to the current policies which had previously been updated in 2011. Julie then provided more detail about four services/treatments/procedures which experienced the most important changes or additions; they were:

- Varicose Veins treatment
- Infertility treatment
- Penile Implants procedure
- Continuous Glucose Monitoring

The Committee was asked to submit any comments it had about these four and any other services/treatments/procedures contained in the policies to be considered as part of public consultation. The following comments were made:

- Infertility treatment was less effective for older people however the NHS wanted to avoid age discrimination by banning older people from having the treatment.
- It was suggested the NHS providers could link up with the Council's adoption service to suggest adoption to patients as an alternative to infertility treatment. The Council was currently campaigning to increase its foster carers and adopters.
- The Committee would support any recommendations made by the National Institute for Health and Care Excellence (NICE) due to their expertise and reputation.
- Members wanted more information about each of the four main services/treatments/procedures to allow them to comment further.

The Committee was informed that even though comments were to be submitted from the Committee to CMCSU for consideration Councillors would still be able to submit their own individual comments online.

RESOLVED:

- (a) That the presentation be noted.
- (b) That the Committee's comments on the Commissioning Policies be submitted to Cheshire and Merseyside Commissioning Support Unit for consideration.

182

**COMMITTEE HEALTH "CHAMPIONS"**

The Committee discussed the use of "Champions" in the work of the Committee. The Chairman suggested that rather than Members each championing an individual topic or issue the whole Committee should act as champions for all

health and wellbeing issues so that they weren't working in isolation or limited themselves to understanding one or two topics.

RESOLVED – That the individual members are not assigned to be Champions of specific topics or issues in the Health and Wellbeing remit.

183      **WORK PROGRAMME**

This item was deferred until the next meeting

The meeting commenced at 10.00 am and concluded at 12.30 pm

Councillor H Gaddum (Chairman)

## Health and Wellbeing Scrutiny Committee Work Programme – March 2014

Topic	Description /Comments	Responsible Organisation /Officer	Suggested by	Corporate Priority	Current Position (G/A/R)	Next Key Date
Caring Together Programme	To consider the case for change for the Programme and provide comments about potential changes	Eastern Cheshire CCG	Chairman	Outcome 5 - People live well and for longer	On target to be receive a presentation for 13 March meeting	Confirm item by Agenda deadline 5 March
Updates from CCGs and NHS England	To receive updates on the progress and challenges	Eastern Cheshire CCG, South Cheshire CCG, NHS England	Chairman	Outcome 5 – People live well and for longer	On target to receive presentations from all parties for 13 March meeting	Confirm item by Agenda deadline 5 March
					Items which are on target or ready to be received will be shown as green	
					Items that have been deferred or are behind schedule will be shown as amber	
					Items that have been deferred several times or are significantly behind schedule will be shown as red	

## Health and Wellbeing Scrutiny Committee Work Programme – March 2014

### Possible Items to Monitor or consider at future Meetings

- Quality Accounts – to consider and submit comments on the Quality Accounts of responsible health bodies (e.g. NHS Hospital Trusts, CCGs, Public Health, NWAS etc.)

### Dates of Future Committee Meetings

13 March, 3 April, 8 May

### Dates of Future Cabinet Meetings

4 March, 10 March, 1 April, 29 April

### Dates of Future Health and Wellbeing Board Meetings

25 February, 25 March

### Dates of Future Council Meetings

27 February, 28 February, 10 April, 14 May

Items which may become active items for the Committee to consider in the future will be noted here to keep track of them so that they are not missed when they become relevant. This also allows the Committee to schedule items well in advance to give officers or outside organisations ample time to prepare for meetings.

Keeping a record of the dates of relevant meetings will enable the Committee to plan its work around significant deadlines and avoid delays in conducting work which requires the input of several bodies. It may be useful to include the dates for Boards of partner organisations. This will need to be raised with partners.