

CHESHIRE EAST COUNCIL

Minutes of a meeting of the Health and Adult Social Care Overview and Scrutiny Committee

held on Thursday, 10th July, 2014 at Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor M J Simon (Chairman)
Councillor J Saunders (Vice-Chairman)

Councillors C Andrew, R Domleo, S Jones, G Merry and A Barratt

Apologies

Councillors L Jeuda and A Moran

ALSO PRESENT

Councillor Janet Clowes – Cabinet Member for Care and Health in the Community
Stewart Gardiner – Deputy Cabinet Member
Dr Heather Grimbaldston – Director of Public Health
Brenda Smith – Director of Adult Social Care and Independent Living
Guy Kilminster – Corporate Manager for Health Improvement
Fiona Field – South Cheshire Clinical Commissioning Group
Dr Alison Rylands – NHS England Cheshire Warrington and Wirral Area Team
Caroline O'Brien – Healthwatch Cheshire East
Stefan Pyra – Healthwatch Cheshire East

10 MINUTES OF PREVIOUS MEETING

RESOLVED – That the minutes of the Health and Adults in the Community Overview and Scrutiny Committee meeting held on 12 June be approved as a correct record.

11 DECLARATIONS OF INTEREST

There were no declarations of interest

12 DECLARATION OF PARTY WHIP

There were no declarations of party whip

13 PUBLIC SPEAKING TIME/OPEN SESSION

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

14 INTEGRATED CARE BRIEFING

This item was deferred until a future meeting.

15 HEALTHWATCH CHESHIRE EAST - ANNUAL REPORT 2013-14

Caroline O'Brien, Director, and Stefan Pyra, Chairman, of Healthwatch Cheshire East (HCE) presented the organisation's Annual Report 2013/14. During the presentation the following points were made:

- This was the first annual report since HCE began operating in April 2013 when Healthwatch took over from the Local Involvement Network (LINKs).
- HCE was managed by seven directors representing a consortium of organisations that had been commissioned by the Council to deliver Healthwatch Services in the borough.
- HCE had a Board of 15 local people with two full time and two part time staff as well as 30 volunteers recruited to carry out a number of roles.
- HCE provided information and signposting services, carried out community and youth engagement and undertook scrutiny activities on areas of community concern around health and social care service provision.
- Advocacy services were provided by the Carers Federation based in Liverpool.
- HCE was planning to conduct a reflective audit with stakeholders to find out their views of HCE's performance so far.
- HCE was planning to review access to GPs and additional services from GPs.

Members asked questions and the following points arose:

- It was suggested that the number of enquiries the signposting service had was low and perhaps more resource should be put into promoting the service since signposting was a requirement of HCE.
- The Committee was also interested in reviewing GP services and it was suggested that the Committee and HCE could cooperate on a joint piece of work.
- There seemed to be duplication in the work of HCE with other organisations; e.g. CQC conducted care home inspections and site visits, Age UK offered signposting and advocacy support, hospitals offered their own complaints services and this Committee was responsible for scrutinising services and commissioners. It was suggested that HCE was able to fill gaps in each of these areas and offer an impartial and independent service.
- HCE would refer issues that were brought to its attention of the Committee for consideration and also worked with CCGs closely to inform them about the issues the public raised with them.

RESOLVED:

- (a) That the Healthwatch Cheshire East Annual Report 2013/14 be noted.

- (b) That the Committee's comments be submitted to Healthwatch Cheshire East for consideration.

16 NHS ENGLAND - PROPOSED REDESIGN OF SPECIALISED CANCER SERVICES

Dr Alison Rylands, Deputy Medical Director at NHS England Cheshire Warrington and Wirral Area Team, presented NHS England's proposed redesign of specialised cancer services within Greater Manchester and East Cheshire. The proposal made the following points:

- Specialised services needed to be considered on a large regional basis rather than locally, there were currently too many providers conducting very few procedures each year with too much variation in quality of outcomes.
- Resources such as equipment and expertise needed to be centralised in specialist regional hubs to ensure they were used effectively on a consistent basis. This would be more efficient and provide better outcomes for patients.
- Changes to services were limited to specialist surgeries and parts of the process such as diagnosis, chemotherapy and radiotherapy, and follow up and care would continue as they currently were.
- To be successful the proposals would require close links between regional specialist centres and local hospitals and GPs to ensure a seamless service from beginning to end for patients.
- As many of the current providers had expressed an interest in becoming the specialised cancer service provider for the region NHS England was conducting a procurement process. NHS England would only commission services from providers who were able to meet all the required standards.

Members asked questions and the following points arose:

- Members supported the principle of improving outcomes for patients by consolidating resources and expertise in specialised centres.
- Members were concerned about the effect centralisation would have on patients travelling long distances to receive treatment, particularly elderly patients. It was suggested that the specialist surgery would usually be a one off part of the whole treatment process so would not have a sustained impact on the patient and the majority of their treatment would be carried out locally; however the Committee requested assurance that effective strategies regarding the transport of patients and easy access to specialist centres would be part of the procurement process.
- The Committee was given assurance that centralisation would not impact on waiting times. NHS England would commission services to ensure waiting time targets could be met.
- It was suggested that the process for considering changes to specialist cancer services had already been going for a protracted period, prior to NHS England being established, and would be

having an impact on the motivation and morale of those staff that would be affected by changes. The Committee wanted assurance that whatever changes were put in place would be completed quickly and with the engagement of staff to avoid adverse impacts on staff and therefore services.

- The Committee was concerned that South Cheshire CCG appeared to have been overlooked during the consultation process. Although the most impact would be felt in the North of the Borough, many patients from the South Cheshire CCG area would be affected and the CCG should be a consultee on the proposals. The Committee received assurances from Dr Rylands that South Cheshire CCG would be involved in future.

RESOLVED:

- (a) That the briefing report on proposals to improve specialised cancer services be noted.
- (b) That the Committee's comments on the proposals be submitted to the NHS England Cheshire Warrington and Wirral Area Team for consideration.

17 NHS ENGLAND CHESHIRE WARRINGTON AND WIRRAL AREA TEAM - TWO YEAR OPERATIONAL PLANS

Dr Alison Rylands, Deputy Medical Director for NHS England Cheshire Warrington and Wirral Area Team, presented a report on the Area Team's recent activity and its two year operational plan. The report contained the following points:

- NHS England had just completed its first full year having begun operating in April 2013. During the first year the Area Team had been developing new structures, building teams and new relationships with local CCGs and with the national team.
- The Area Team and the CCGs had been working to develop both their five year strategies and two year operational plans as required by NHS England and the NHS Trust Development Agency on planning guidance "Everybody Counts".
- There had been a number of achievements in both Primary Care and in Public Health commissioning and management.
- There were several routes through which service priorities had been identified for the next two years, these included;
 - Legacy issues from previous commissioning organisations,
 - Quality improvement reviews relating to national standards, and
 - Capacity issues arising from growth in need for services.

Specific initiatives which the Committee would be consulted on over the next two years were listed in the report. The Committee was requested to consider which issues it would prioritise for significant consideration and contribute to the Committee's Work Programme. It was suggested that the Chairman consider

these items in detail with officers and make amendments to the Work Programme on behalf of the Committee.

RESOLVED:

- (a) That the report be noted.
- (b) That the Chairman be requested to consider possible items for the Committee's work programme arising from the report.

18 WORK PROGRAMME

The Committee gave consideration to its Work Programme. It was suggested that in future the Forward Plan should be included as a standing agenda item so that Members could identify potential items for pre-decision scrutiny. The following items were suggested for inclusion in the work programme:

- Performance monitoring of Health and Wellbeing Board
- Co-commissioning of services
- Future of Care4CE

It was suggested that Item 6 on Integrated Care which was deferred be considered at the next meeting. Winter Wellbeing and Adult Social Care Commissioning Strategy were also suggested as possible items for the next meeting.

RESOLVED:

- (a) That the Work Programme be updated as discussed.
- (b) That the following items be considered at the next meeting:
 - i. Integrated Care
 - ii. Winter Wellbeing
 - iii. Adult Social Care Commissioning Strategy

The meeting commenced at 10.05 am and concluded at 12.05 pm

Councillor M J Simon (Chairman)