

# **Health and Adult Social Care Overview and Scrutiny Committee**

## **Agenda**

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**Date:** Thursday, 10th July, 2014  
**Time:** 10.00 am  
**Venue:** Committee Suite 1,2 & 3, Westfields, Middlewich Road,  
Sandbach CW11 1HZ

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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 - 4)

To approve the minutes of the meeting held on 12 June 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

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For requests for further information

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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 and 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. **Integrated Care Briefing**

To receive a briefing about the integration of health and care services to inform the Committee's monitoring of the integration process

7. **NHS England - Proposed Redesign of Specialised Cancer Services** (Pages 5 - 10)

To consider a report from NHS England on the proposed redesign of specialised cancer services in Greater Manchester and East Cheshire

8. **NHS England Cheshire Warrington and Wirral Area Team - Two Year Operational Plans** (Pages 11 - 22)

To consider the two year operational plans of the NHS England Cheshire Warrington and Wirral Area Team, to inform the Committee's work programme and identify priority items to be monitored.

9. **Healthwatch Cheshire East - Annual Report 2013-14** (Pages 23 - 42)

To consider the annual report 2013-14 of Healthwatch Cheshire East to submit comments and suggestions to the Healthwatch Cheshire East Board

10. **Work Programme** (Pages 43 - 48)

To review the current Work Programme

**CHESHIRE EAST COUNCIL****Minutes of a meeting of the Health and Adult Social Care Overview and Scrutiny Committee**

held on Thursday, 12th June, 2014 at Committee Suite 1 & 2, Westfields,  
Middlewich Road, Sandbach CW11 1HZ

**PRESENT**

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

Councillors C Andrew, L Jeuda, S Jones, G Merry and A Moran

**Apologies**

Councillors R Domleo

**ALSO PRESENT**

Councillor Janet Clowes – Cabinet Member for Care and Health in the Community

Lorraine Butcher – Strategic Director of Commissioning

Jo Vitta – South Cheshire Clinical Commissioning Group

Tim Butcher – North West Ambulance Service

Lisa Parker – Cheshire and Wirral Partnership

James Morley – Scrutiny Officer

**1 MINUTES OF PREVIOUS MEETING**

RESOLVED – That the minutes of the Health and Wellbeing Scrutiny Committee meeting held on 8 May be approved as a correct record.

**2 DECLARATIONS OF INTEREST**

There were no declarations of interest

**3 DECLARATION OF PARTY WHIP**

There were no declarations of party whip

**4 PUBLIC SPEAKING TIME/OPEN SESSION**

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

**5 CLATTERBRIDGE CANCER CENTRE - CONSULTATION WITH SCRUTINY ON PROPOSED DEVELOPMENT**

The Committee was requested to respond to consultation from Clatterbridge Cancer Centre (CCC) on proposals to build a new facility in Liverpool. James

Morley provided a brief overview of the proposals and the process for the consultation.

As the proposed development of services was considered to be substantial the law required CCC to formally consult each local authority area affected by the development. Those authorities which considered the development to be substantial were required to create a joint overview and scrutiny committee to consider the proposals and respond to the consultation on behalf of all authorities.

The Committee was informed that the number of patients from Cheshire East that would be affected by this development was very small and the development was therefore not considered to be substantial to the area. It was recommended that the Committee inform CCC and the other affected local authorities that it did not consider the development to be substantial for Cheshire East therefore the authority would not take part in any joint overview and scrutiny committee formed to respond to the consultation.

RESOLVED – That in consultation with the Chairman the Scrutiny Officer be asked to respond to the consultation informing Clatterbridge Cancer Centre that the Committee does not believe the proposed development of service to be a substantial development to the Cheshire East area and therefore the authority will not take any part in a joint overview and scrutiny committee formed by other authorities.

## **6 NORTH WEST AMBULANCE SERVICE NHS TRUST - QUALITY ACCOUNT 2013/14**

The Committee considered the draft quality account for North West Ambulance Service NHS Trust for 2013/14. Tim Butcher, Assistant Director of Performance Improvement at the Trust, presented the draft quality account highlighting the key priorities of the Trust and some of its achievements this year.

The Committee asked questions and the following points were made:

- The Committee supported the Trust's Right Care, Right Time, Right Place approach to providing the best outcomes for patients.
- The Committee acknowledged the significant improvements the Trust had made to services in previous years when services hadn't be up to an acceptable standard. This level of performance needed to be maintained and improved further.
- The Committee suggested the eight minute response time target was unrealistic for many of the rural areas of Cheshire East and perhaps a more realistic target be established specifically for rural areas to measure response times for rural areas more effectively.
- The Committee wished to see greater detail in relation to response times across Cheshire East to analyse were there were issues and whether it could recommend any initiatives to improve response times in those areas.
- The Committee believed that the First Responder Service had helped to improve outcomes for patients in the borough and that it should be developed further.

- The Committee was encouraged to learn that the Trust was prioritising the improvement of care provided to patients with dementia and supported the seven statements in the National Dementia Declaration.
- The Committee wanted consideration to be given to giving elderly people in need of an ambulance greater priority in cases where they had become incapacitated and not been discovered for hours because they lived alone.
- While the Committee appreciated the benefit of greater reporting of incidents of infection risk, it wanted the Trust to demonstrate a reduction in incidents (reported or not) and that cleanliness and infection prevention had improved.
- The Committee supported the “choose well” initiative being carried out by the CCGs and suggested the Council could assist in publicising the practice to reduce inappropriate demand for ambulances.
- While the Committee believed the Trust needed to do more to reduce the number of patients taken to A&E it recognised the need for the Trust partners and communities to do more to provide alternatives to A&E.
- The Committee recognised the growing problem obesity and the demand for bariatric care was causing for ambulance services.

RESOLVED – That in consultation with the Chairman the Scrutiny Officer be requested to draft a letter from the Committee to North West Ambulance Service NHS Trust in response to the Trust’s draft Quality Account.

## **7 CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST - QUALITY ACCOUNT 2013/14**

The Committee considered the draft Quality Account for Cheshire and Wirral Partnership NHS Foundation Trust for 2013/14. Lisa Parker, Quality Support Manager for the Trust, presented the quality account and highlighted some of the Trust’s priorities and achievements during 2013/14.

The Committee asked questions and the following points were made:

- The Committee acknowledged the Trust’s success stories including being finalists in the Patient Safety Awards and involvement in the Patients Safety First campaign.
- While the Committee recognised that the Trust had achieved most of its targets it noted that the targets set were worryingly low and that actual performance was still short of where it would like the Trust to be. The Committee hoped that in future targets would be higher and performance would be much greater.
- The Committee suggested that while there was a mandatory minimum of information required in the quality account it would have benefited from having much more detailed information about many aspects of performance.
- The Committee would have been less concerned by the areas where the Trust had fallen short of its targets had an explanation for

the short fall and an understanding of how improvements could be made in future been included in the quality account.

- The Committee wanted to see more detailed information and statistics about individual communities in the Borough to enable it to identify areas where there may have been issues that it could work with the Trust and other partners to address.
- The Committee was interested in being provided with financial information from the Trust to consider whether there were any issues regarding an under provision of funding for mental health services and whether it could work with commissioners to improve funding and outcomes for patients.

RESOLVED – That in consultation with the Chairman the Scrutiny Officer be requested to draft a letter from the Committee to Cheshire and Wirral Partnership NHS Foundation Trust in response to the Trust's Quality Account.

## **8 WORK PROGRAMME**

The Committee considered its work programme. The items in the work programme had been inherited by the Committee from the previous Health and Wellbeing Scrutiny Committee. As the Committee's remit included adult social care and leisure as well as health the Members were asked to give consideration to adding items relating to those areas to the health related items already in the work programme. The following suggestions were made for inclusion in the work programme:

- Briefing from the Strategic Director of Commissioning on the Better Care Fund.
- Task and finish review to look at a strategy for Assistive Technology with the following membership:
  - Councillors J Saunders, L Jeuda and C Andrew.
- Briefing from the Director of Public Health on the take up of health screening and its benefits.
- Report on ambulance service response items in the Borough.
- Report on funding of the Cheshire and Wirral Partnership and mental health statistics at local community level.

RESOLVED – That the Work Programme be updated to include the items discussed during the meeting.

The meeting commenced at 10.05 am and concluded at 12.37 pm

Councillor M J Simon (Chairman)

**Overview and  
Scrutiny  
Committee  
Briefing Report**

Improving Outcomes –  
Specialised Cancer  
services



## Overview and Scrutiny Committee Report

### Improving Outcomes - Specialised Cancer Services

#### Foreword

The purpose of this report is to engage with the Overview and Scrutiny Committee on the proposed redesign of specialised cancer services in order to improve outcomes of treatment, enhance patients' experience and ensure safe and sustainable services are provided within Greater Manchester and East Cheshire.

In the past, as cancer treatment evolved there were many common treatments and interventions but as medicine has progressed, increasingly techniques have become more specialised.

Specialised services are those services provided in relatively few hospitals, to catchment populations of more than one million people. The number of patients accessing these services is small and a critical mass of patients is needed in each centre to achieve the best outcomes and maintain the clinical competence of NHS staff. Concentrating services in this way also ensures that specialist staff can be more easily recruited and their training maintained. It is also more cost-effective and makes the best use of resources such as specialist equipment and staff expertise.

Currently, specialist services for a number of cancers that are provided to the people of Greater Manchester and East Cheshire do not comply with national standards and guidance. There are too many teams providing specialist surgical care which means that minimum populations and therefore surgical volumes set out in national standards have not been reached. These standards are based on clinical evidence which clearly demonstrates that outcomes are improved by increasing volumes in institutions carrying out specialised cancer surgery.

This proposal relates specifically to **specialist surgery**. We want to ensure that the people of Greater Manchester and East Cheshire have access to the best possible treatment. Therefore our approach involves a concentration of surgical expertise with fewer centres carrying out specialist operations to ensure best outcomes for patients.

The location of other cancer treatment such as chemotherapy and radiotherapy services will not change and most cancer care will continue to be provided locally. Patients with suspected cancer will continue to be referred to their local hospital by their GP, for further investigation and diagnosis. Our proposal is to establish a 'single service' so that patients who need specialist treatment are managed by a single specialist team. Where appropriate, specialist surgery will be undertaken on one of two sites which will support easier patient access. This means that there will be access to the same specialist care irrespective of where patients live with clinicians working to the same guidelines and pathways across Greater Manchester. A consistent approach will also lead to better research and development along with teaching and training of specialist staff.

We are working in full partnership with local Clinical Commissioning Groups (CCGs) through the 'Healthier Together' programme. Trafford CCG, as lead cancer commissioner on behalf of Greater Manchester CCGs, is providing invaluable support in ensuring that these connections are maintained.



The Healthier Together public consultation does not directly affect NHS England's specialised commissioning proposals, which at this stage are focused on the model of care and not specific hospital sites. We will continue to work closely together to make sure there is a fully joined up NHS approach to providing the highest quality services for patients.

This report describes the commissioning approach being taken by NHS England for the following cancers;

- Urological cancers (kidney, bladder and prostate)
- Hepatobiliary (liver, bile duct and gall bladder) and Pancreas cancers
- Upper Gastro-intestinal cancers (oesophagus and stomach)
- Gynaecological cancers.

**Appendix 1** provides a summary of each service.

## **1. Why change – the story so far**

From 2002, a series of national standards for different types of cancer were developed by the National Institute for Health and Care Excellence (NICE) called 'Improving Outcomes Guidance'. These standards led to the development of multi-disciplinary teams and described the service pathways that should be in place between primary care, secondary (hospital) care and specialist care.

For rarer cancers such as those above, the standards require specialised teams to manage minimum population sizes to ensure that surgeons and teams are undertaking sufficient numbers of operations to maintain specialist skills and achieve the best outcomes for patients.

In January 2011, *Improving Outcomes: A Strategy for Cancer* was published which set an ambitious target to improve death rates from cancer and 'save 5000 lives' – which would bring English mortality rates in line with the European average. One of the main aims in this policy was to ensure patients had access to the best possible surgical treatment by a greater degree of specialisation.

In December 2013, NHS England published planning guidance for the services it is responsible for commissioning. *Everyone Counts: Planning for Patients 2014/15 to 2018/19* signalled the intention to further reduce variation by commissioning specialised services in larger centres of excellence where the highest quality can be delivered.

NHS England has undertaken a national exercise to assess whether providers of specialised services meet national clinical standards. This highlights that a number of teams within Greater Manchester do not comply.

## **2. What this means for local services – the vision**

NHS England is working to ensure that people in Greater Manchester and East Cheshire have access to specialised services that are fully compliant with national guidance in line with clinical evidence to improve patient outcomes and mortality rates.

### 3. The proposal we are engaging on

The table below indicates where change will occur;

Tumour	GP Referral & diagnosis in local hospital	Complex diagnosis	Specialist surgery	Chemotherapy & radiotherapy	Follow up and supportive care
Hepatobiliary and Pancreas		Some change	Fewer sites (1)		
Gynaecology			Fewer sites (2)		
Urology			Fewer sites (2)		
Upper gastro-intestinal			Fewer sites (2)		

= no change

The concentration of surgical services in larger centres in line with national standards is a common approach and is a model that has been established in other parts of England for many years.

The following information summarises the position with each of the four cancer areas:

**Hepatobiliary and Pancreatic cancer** – there are currently two organisations providing specialised surgery. By October 2014, providers and commissioners have agreed to the transfer of the service from Pennine Acute Hospitals NHS Trust to Central Manchester University Hospitals NHS Foundation Trust, bringing clinical experts together in a single team that serves the population of Greater Manchester, Central and East Cheshire.

**Gynaecological cancer** – three organisations currently provide specialised surgery, at Central Manchester University Hospitals NHS Foundation Trust (CMFT), University Hospital of South Manchester NHS Foundation Trust (UHSM) and The Christie NHS Foundation Trust. The service at Salford Royal NHS Foundation Trust has already transferred to The Christie. UHSM has also confirmed that it no longer wishes to continue providing this service. By March 2015 it is proposed that there will be a single specialist team involving CMFT and The Christie.

**Urological cancer** – five organisations provide specialised services, at CMFT, Salford Royal NHS Foundation Trust (SRFT), UHSM, Stockport NHS Foundation Trust and The Christie. Although clinical and hospital staff fully support the move to fewer sites, there is no agreement about where this should be therefore the next stage is to determine where surgical services should be provided via a procurement exercise commencing in June 2014. This will lead to a single specialist team being established with operating on fewer sites to ensure that patients receive the same high quality care irrespective of where they live.

**Upper Gastro-intestinal cancer** – three organisations provide these specialised services, at Central Manchester University Hospitals NHS Trust, Salford Royal NHS Foundation Trust and University Hospital of South Manchester NHS Foundation Trust. As with urological cancer, there is no agreement amongst providers about where this service should be provided. A procurement process will commence in September 2014.

Usually people view the establishment of world class centres as very positive as long as local hospital services are not compromised. In developing these proposals, account is being taken of the impact on other services. For example, capacity in A&E and Intensive Care Units may be freed up as a result of concentrating services in larger centres. We will continue to work alongside local Clinical Commissioning Groups to ensure that the 'single service' model for specialised cancer surgery aligns with work being undertaken through the 'Healthier Together' programme and that patient safety and quality standards are met.

#### **4. Engagement so far**

The former Greater Manchester and Cheshire Cancer Network and more recently the Strategic Clinical Network has engaged with its constituent organisations involving clinicians and managers, and patient representatives regarding the provision of specialist cancer surgery. We also work closely with the Manchester Cancer Provider Board which includes clinical and executive representation from hospital trusts in Greater Manchester. In addition;

- There has been extensive engagement on the single service model at the NHS Greater Manchester Cancer Summit (2012) and Convention (2013) at which over 140 people attended including representation from patients, GPs, chief executives, hospital clinicians and CCGs
- Clinical teams and hospital managers support the development of a single specialised team that provides surgery on fewer sites to ensure that patients receive access to the same high quality care irrespective of where they live
- Local clinical commissioning groups are supportive of this proposal
- Close links exist with the Strategic Clinical Network who have ensured good engagement with the Greater Manchester Partnership Group on these proposals, ensuring that proposals have the support of local clinicians and are evidence based
- National Clinical Reference groups that produced these specifications upon which our plans are based include patient/carer representatives. These have been subject to detailed public consultation
- Our proposals are a regular standing item at the Greater Manchester Association Governing Group with all CCGs present.

We are engaging with each Overview and Scrutiny Committee within Greater Manchester and East Cheshire throughout June and July to ensure that our plans are transparent going forwards.

#### **5. What happens next**

We will continue to inform and engage key stakeholders throughout this process, including patients, local Healthwatch organisations, Overview and Scrutiny Committees and providers.

We expect the procurement process to be completed by March 2015 for urology, and June 2015 for upper GI and will attend future Overview and Scrutiny Committees to inform them about mobilisation plans for these services.

### Summary Position on Specialised Cancer Services

Service area	Geographical area	Catchment Population	Current Providers	National Guidance on No. Providers to reach compliance	Specialist surgical operations (per annum)	Estimate of number of patients likely to be affected	Rate per 100,000 (adult population)
Cancer Surgery Upper GI (O.G.)	GM	3 million	SRFT	2	87		3.68
			CMFT		39		1.64
			UHSM		24		1
<b>Total</b>					<b>150</b>	<b>50</b>	<b>6.3</b>
Cancer Surgery Urology	GM	3.2 million	SRFT	2	105		4.16
			Christie		71		2.8
			Stockport		176		6.9
			UHSM		61		2.41
			CMFT		133		5.2
<b>Total</b>					<b>546</b>	<b>330</b>	<b>21.6</b>
Cancer Surgery Gynaecology	GM	3.2 million	CMFT	2	148		5.86
			UHSM		94		3.7
			SRFT		40		1.5
			Christie		56		2.22
<b>Total</b>					<b>338</b>	<b>110</b>	<b>13.4</b>
Cancer Surgery HPB	GM	3.2 million	PAHT	1	194		7.6
			CMFT		142		5.63
<b>Total</b>					<b>336</b>	<b>194</b>	<b>13.3</b>
<b>Grand Total</b>					<b>1370</b>	<b>684</b>	

Source:

**Upper GI/Urology/Gynaecology** – surgical data based on major surgical resections defined within NHS England service specifications (B11/S/a, B14/S/a, E10/S/f). Extracted from Secondary User Service activity data 2013/14 (11 month projected)

**HPB** - Trust data 2012

**NHS ENGLAND****REPORT TO CHESHIRE EAST OVERVIEW AND SCRUTINY COMMITTEE****JULY 2014****1 CONTEXT**

NHS England is the national body, tasked by Government, to improve health and care, underpinned by the NHS Outcomes framework and the NHS Constitution. The mandate given to NHS England sets out objectives and deliverables for the next two years. NHS England has established agreements for successful working alongside Public Health England, and Monitor. A concordat with the LGA recognises Health and Wellbeing Boards as system leaders comprising of membership drawn from Local Government, CCG's and NHS England.

NHS England is structured by Region and Area. Each Area Team is responsible for three main activities- system development, assurance and commissioning.

NHS England undertakes some commissioning on behalf of the NHS directly, rather than through local government or CCG's. This commissioning is in five areas. Offender, Military, Public Health, Primary Care and Specialised Services.

These areas were retained by NHS England due to the scale and geography of commissioning, the expertise required and to drive England wide service standards in these areas, so they are not impacted by local variation.

**2. THIS REPORT**

This report outlines national and regional context together with specific update on priorities that the Area Team is responsible for delivering and how these priorities are progressing. The report also summarises the proposed initiatives in the Operational 2 year plan for commissioned services. It also provides a brief report card on the initiatives pursued in 2013-14 and the outcomes from these so far.

**3 2013-14 SUCCESS AND PROGRESS ON PRIORITIES**

NHS England has now completed the first full year of operation, which has been formative in developing new structures, building teams and relationships both locally but also between the national team responsible for standard setting and strategy and the local team responsible for implementation.

Governance structures have been developed internally, NHS England has become a member of health and wellbeing boards, communication and engagement structures have been established with CCG's across the area and with Area Teams and CCG's in the North West in respect of Specialised Services.

Assurance systems have been developed, and this will now enable the team to move forward with a more developmental and enabling approach for CCG's and joint commissioning structures with partners. NHS England has taken up the opportunity to support sub regional health and wellbeing transformation under the auspices of the regional Leaders Board.

**Primary Care**

The following has been achieved since April 2013:

- A robust Area Team Primary Care Governance process has been established to monitor and manage primary care providers. Currently the dashboard which supports this process is mainly paper based and needs to be developed where it becomes electronic.
- Performance of Primary Care providers has generally been very good and where providers have been identified as low performers the Area Team has acted promptly with those providers.
- Regular Assurance meetings with the Clinical Commissioning Groups have been established which focus on the Medical providers and the co-commissioning responsibility between the Area Team and Clinical Commissioning Groups.
- There are a number of service reviews which have been completed or will continue into 2014/15, with the following services :-
  - Salaried Dental Services
  - All Day health centre, Wirral
  - Willaston GP Surgery
  - Orthodontic Service
  - Primary Care Oral Surgery Service
  - Optometry enhanced Services
  - Public health initiatives within Dental, Pharmacy and Optometry providers – initially focusing on smoking cessation but with the opportunity to expand this to other initiatives.
- Completion of the procurement and mobilisation of the successful bidders of primary medical services for Townfield Medical Centre and TG Medical Centre, Wirral.
- Progress the procurement of Primary Medical Services for the patients and residents of Willaston, Cheshire.
- Commissioning and performance management of 2ndary care dental services.
- Management of budget within challenging financial limits.

### **Public Health**

The following has been achieved since 1 April 2013:

- Performance for Screening & Immunisation programmes have continued to be at high levels and to either improve or at least be maintained
- Nationally specified additions and amendments have been made to vaccination programmes including Rotavirus, Shingles, Childhood flu, Meningococcal C
- The first phase of the MMR Catch-Up programme resulted in improvements in MMR coverage amongst the target 10 to 16 year age group
- Midwives have been delivering the seasonal flu vaccine to pregnant women after being trained by the Area Team
- A joint procurement with Warrington BC has taken place for an integrated 0 to 19 Public Health Nursing Service. This was an innovative joint procurement, and is a model that will be developed further with the other LA partners.
- A review of breast screening services has been conducted and will lead to changes in programme configuration
- Seasonal flu vaccination performance has been at target levels for age 65 and over and has improved for all groups
- The team is on track to achieve workforce expansion targets for Health Visitors

- The team has established programme boards for all service areas to ensure there is appropriate governance and accountability
- The team have managed a wide range of issues and incidents to a conclusion
- There are a number of areas where gaps in services should be addressed, specifically:
- Three of the Breast screening programmes are below specified minimum population size
- The Wirral Diabetic Eye Screening Programme has fragmented commissioning arrangements
- The CHIS services do not meet national requirements

## **Specialised Commissioning**

The following has been achieved since April 2013

- Financial frameworks have been developed between CCG's and NHS England to enable budgets to be agreed and risks managed (As resources moved to NHS England from CCG's in the allocations process)
- A full review of services against national standards (called a 'compliance review') which has revealed improvements required by providers to meet these standards within 1 year and where more strategic changes are required to close this gap, these are identified as commissioning reviews.
- Governance structures have been established to effectively provide oversight on £2bn budget across the North West with contracting teams and specialised service advisors.
- A service review has been completed on Neuro rehabilitation with a point prevalence study for required capacity across all providers in the North West. This has resulted in an agreed business case for capacity and the project is now moving toward procurement for a lead provider
- A service review has been completed in Cancer services for both Greater Manchester and Cheshire & Merseyside. This review has resulted in a proposed consolidation of provision into fewer centres together with future procurements.
- Vascular services in Lancashire have been reviewed and will be taken forward in 2014-15 as part of the work plan for next year along with Greater Manchester Vascular services.
- Learning Disabilities review of individual clients and placement in response to Winterbourne,
- Trauma services have been reviewed in terms of sustainability and will feature as a key priority area for 14-15
- Matrix working between Area Teams has been developed for Quality Teams, so that providers in each of the Area Team sub regions will have a local Quality team providing oversight on quality improvement.
- Operational Delivery Networks have been established in Trauma, Critical Care, Neonatal services.

## **2. PLANNING GUIDANCE 2014**

In November 2013, NHS England, NHS Trust Development Agency and Monitor wrote to all NHS Organisations to outline their requirements for all organisations to develop a five year strategic plan and two year operational plan by 20<sup>th</sup> June 2014.

The Planning Guidance "Everyone Counts" defined that the 6 characteristics of high quality, sustainable health and care systems in 5 years' time are as follows:

- Citizen inclusion and empowerment
- Wider primary care, provided at scale
- A modern model of integrated care

- Access to the highest quality urgent and emergency care
- A step-change in the productivity of elective care
- Specialised services concentrated in centres of excellence

Organisations would need to work together to develop their plans for the local population based on the agreed “unit of planning”. For Cheshire, Warrington and Wirral, these are as follows:

- Eastern Cheshire CCG
- South Cheshire CCG & Vale Royal CCG
- Cheshire West CCG
- Warrington CCG
- Wirral CCG

Both NHS England and Clinical Commissioning Groups have been working to develop both their five year strategies and two year operational plans. The final draft of the Operational Plan was submitted on 4<sup>th</sup> April. The purpose of this report is to outline NHS England’s key priorities for the next two years and how these are linked to the Health and Wellbeing Strategy.

### **3. NHS ENGLAND TWO YEAR OPERATIONAL PLANS FOR CHESHIRE, WARRINGTON AND WIRRAL**

This 2 year operational plan represents the first 2 years of a 5 year strategic plan for Cheshire, Warrington and Wirral. CWW AT is committed to driving improvements to secure equity of access and a reduction in variation in the services all patients across Cheshire, Warrington and Wirral and the North West (for specialised services) receive.

There are a number of service priorities that will be addressed over the next 2 years. These service issues have been identified through a number of routes including:

1. Legacy Issues from previous commissioning organisations (some dating back several years)
2. Quality Improvement reviews and improvements relating to national standards
3. Capacity issues arising from growth in need for services

The service priorities for each area of direct commissioning are listed below. These service reviews are not likely to have significant service change therefore will only require engagement.

#### *Primary Care*

- Work with CCG’s on the Primary Care Strategy which is envisaged as embedded within new community based integrated teams for population outcome improvement.
- Complete all the Dental Service reviews and redesign the model of service delivery and care pathways (based on national models when available) to deliver a sustainable and financially viable service model for the future.
- Complete the amalgamation and redesign of Primary Care Support Services to deliver a safe and robust service within the financial envelope available, which will result in a 40% reduction in costs.
- Complete and recommission (where appropriate) the reviews for the 3 APAMS contracts due to end on 31 March 2015.
- Complete and recommission (where appropriate) the review of the Warrington Local Pharmacy Provider.

#### *Public Health*

- Breast Screening Review – to ensure that these services meet Quality Assurance standards on population served



- Diabetic Eye Screening Review – to deliver a robust, consistent and accessible screening service within current resources given the pressures of an increasing population of patients with diabetes
- Child Health Information Systems – to deliver a robust system which is able to meet national and local requirements, especially to ensure that the system is able to communicate with other systems and provide timely reports

### *Specialised Services across the North West*

- Securing specialised cancer services that comply with national standards and guidance
- Ensuring sufficient capacity at each level of care for neurorehabilitation patients
- Addressing need for intermediate step down for spinal injuries patients
- Working with CCGs in providing comprehensive obesity services
- Implementing in partnership with CCGs the findings of the national CAMHs tier 4 review
- Ensuring compliant cardiac services and taking into account the impact of the paediatric cardiac surgery review
- Implementing the output from the vascular reviews that have been undertaken, undertaking procurement as required.
- HIV services are reviewed and connected in a network of sexual health services.
- Review of medium and low secure services across the northwest for capacity and flow

### *Offender Health across the North West*

- Transforming Rehabilitation programme & “Through the gate”
- Lack of integrated provision of substance misuse across list prisons
- Escorts and Bed Watch – Lack of prison officer capacity resulting in delayed access to secondary care
- Escorts and Bed Watch overspend against current allocation
- Services for prisoners with a learning disability
- Assessment for Autistic Spectrum Disorders
- Impact of introduction of ‘opt out’ blood borne virus testing
- SARC provision
- Low level of coverage of existing liaison and diversion services
- Lack of needs analysis across the NW secure estate
- Strategic co-ordination of patient engagement across the secure estate
- Social Care

*(Please note: Offender Health Services are commissioned by the Lancashire Area Team on behalf of the North West)*

The specific initiatives that Overview and Scrutiny Committees will be asked to consult on as they are likely to have significant service change and therefore require formal consultation are as follows:

- Call to Action – 5 Year Plan for Primary Care and Integrated Services
- Breast Screening Review
- Diabetic Eye Screening Review
- Cancer Surgery IOG Compliance
- Cardiac Services Review
- Review of Medium Secure Mental Health Services
- Caring Together
- Development of comprehensive cancer centre (CCC) for Cheshire and Merseyside
- Cheshire & Merseyside Maternity Review

Our definition of significant service change is based on the following criteria:

- Changes in accessibility of services: any proposal which involves the withdrawal or change of patient or diagnostic facilities for one or more speciality from the same location.
- Impact on the wider community and other services: This could include economic impact, transport, regeneration
- Patients affected: changes may affect the whole population, or a small group. If changes affect a small group, the proposal may still be regarded as substantial, particularly if patients need to continue accessing that service for many years.
- Methods of service delivery: altering the way a service is delivered may be a substantial change, for example moving a particular service into community settings rather than being entirely hospital based.
- Potential level of public interest: proposals that are likely to generate a significant level of public interest in view of their likely impact.

### *Financial Context and QIPP Challenge*

NHS England is facing a significant financial challenge both in 2014-15 but also a larger potential gap in funding for 15-16 if savings are not found from redesign in pathways, reducing in variation in costs and better value commissioning.

Each of the commissioning areas have a QIPP program which will close this gap, and requires close partnership working across all commissioners and with providers to achieve. A dedicated turn around team has been established which includes commercial terms of business, clinical policies and management, redesign projects, informatics and finance.

Commissioning Area	Commissioning developments	DOMAIN 1	DOMAIN 2	DOMAIN 3	DOMAIN 4	DOMAIN 5
		Preventing People from dying prematurely	Enhancing quality of life for people with long-term conditions	Helping people to recover from episodes of ill health or following injury	Ensuring People have a positive experience of care	Treating and caring for people in a safe environment and protecting them from avoidable harm
Public Health	<ul style="list-style-type: none"> <li>Expansion of childhood flu vaccination programme to 4 year old children</li> <li>Commissioning of maternity services to implement pertussis programme.</li> <li>Review of Immunisation programmes to include:               <ul style="list-style-type: none"> <li>Hep B Neonatal programme review</li> <li>targeted MMR catch-up exercise</li> <li>Pharmacy flu programme</li> <li>Men B</li> <li>Shingles extension</li> </ul> </li> <li>Planning for potential expansion of new born blood spot screening.</li> <li>Implementation of information systems review in respect of new born, infant physical exam (NIPE).</li> <li>Healthy Child Programme 0-5years, implementation of national expansion for health visiting and family nurse partnership</li> <li>Implementation of Men C vaccination for university entrants</li> <li>Extension of screening programmes to include bowel screening at 55, Implementation of findings following</li> </ul>	<div>L</div> <div>M</div> <div>L</div> <div>M</div>	<div>L</div> <div>M</div> <div>L</div> <div>M</div>	<div>M</div> <div>L</div> <div>L</div> <div>M</div>	<div>L</div> <div>L</div> <div>M</div> <div>M</div>	<div>M</div> <div>L</div> <div>M</div> <div>M</div> <div>M</div> <div>M</div>

Commissioning Area	Commissioning developments	DOMAIN 1	DOMAIN 2	DOMAIN 3	DOMAIN 4	DOMAIN 5
		Preventing People from dying prematurely	Enhancing quality of life for people with long-term conditions	Helping people to recover from episodes of ill health or following injury	Ensuring People have a positive experience of care	Treating and caring for people in a safe environment and protecting them from avoidable harm
	<p>breast screening review taking place during 2013-14.</p> <ul style="list-style-type: none"> <li>Strategic review of Cervical screening laboratory arrangements in Cheshire &amp; Merseyside</li> <li>Diabetic eye screening review and implementation of findings.</li> <li>Review of Sexual Assault Services</li> <li>Ensuring that Offender Health has the full provision of screening and immunisations as appropriate.</li> </ul> <p>Health needs assessment at Risley and Thorn Cross.</p>	<p>L</p> <p>L</p>	<p>M</p>	<p>M</p>		<p>L</p> <p>M</p> <p>M</p>
Specialised Commissioning	<ul style="list-style-type: none"> <li>Securing sufficient capacity in compliant providers for CAMHs tier 4 services, working in partnership with CCGs to ensure availability of appropriate services across the patient pathway.</li> <li>Addressing long waiters for paediatric spinal surgery through agreed action plan with providers</li> <li>Establishment of compliant clinical models for cancer, cardiac and vascular services across the North West</li> <li>Securing compliant services across HIV networks, working in partnership with CCGs and Local Authorities.</li> </ul>	<p>M</p>	<p>M</p> <p>M</p>	<p>M</p>	<p>H</p> <p>M</p> <p>M</p>	<p>H</p> <p>M</p>

Commissioning Area	Commissioning developments	DOMAIN 1	DOMAIN 2	DOMAIN 3	DOMAIN 4	DOMAIN 5
		Preventing People from dying prematurely	Enhancing quality of life for people with long-term conditions	Helping people to recover from episodes of ill health or following injury	Ensuring People have a positive experience of care	Treating and caring for people in a safe environment and protecting them from avoidable harm
	<ul style="list-style-type: none"> <li>Working with CCGs to secure sufficient capacity at each level of care for neurorehabilitation patients and intermediate step down beds for spinal injured patients in order to prevent a blocking of the major trauma centre inpatient capacity.</li> <li>Ensure financial and clinical sustainability of major trauma centres across the North West</li> </ul>	M	M	M	M	M
Primary Care	<ul style="list-style-type: none"> <li>Developing the Primary Care Strategy for Area Team with patients groups, CCGs, LAs, providers and local committees. This will be based on the CCGs strategies and will form part of their Integrated Care Models.</li> <li>Improving access to medical services, including improved availability of primary care services</li> <li>Pilot new NHS Dental contract.</li> <li>Completing the review of Orthodontic Services</li> </ul>		M  M  M		M  M  M	

#### 4. CHESHIRE, WARRINGTON AND WIRRAL FIVE-YEAR STRATEGIC PLANS

It is anticipated that as 5 year plans are formulated across the Area by CCG's and in partnership with Local Government, these will be aggregated and tested to ensure there is alignment and coherence. It is important that these plans represent the total plan for 'place' and take account of prevention through to specialist care. The impact assessment of these plans in terms of identification of opportunities, risks, and any gaps will be developed over the coming month in anticipation of the first cut submission.

NHS England Cheshire Warrington and Wirral Area Team is also responsible for development of 5 year plans, these are being formulated with a strong collaborative and partnership model in the three commissioning areas: Specialised Services, Public Health and Primary Care. Each of these areas will have a first 'cut' plan for the 4<sup>th</sup> of April which will focus on vision and scope, direction. The detailed road map of change toward this vision will be fleshed out during the following 3 months.

##### *Primary Care*

A Primary Care Transformation Board has been established with membership from NHS England, Regional and National level, and CCG's/providers. This Board operates as a joint model of leadership between NHS England and CCG's in developing the 5 year plan for primary care. NHS England will ensure there is a strong emphasis on integration, innovation, standards and value alongside the CCG overall integrated care strategies for primary and wider community and social care services. The vision is to create integrated primary and community teams operating as accountable teams for improving care and outcomes for a defined population. These teams will have services build around the needs of these populations as well as core service offered universally. There is a focus on care co-ordination, early intervention and developing specialist teams accessible for treatment and care of complex patients. A national strategic framework for Primary Care is also under development which will be utilised in developing this work further

##### *Public Health*

NHS England is responsible for commissioning child health, immunisation and screening programmes. All of these interventions are integral to maintaining and developing healthy communities, but clearly are only part of the plans for change in this area. It has therefore been agreed that the Directors of Public Health together with Public Health England and NHS England will work collaboratively alongside 'CHAMPS', to develop a 5 year framework. This work will map out the contributions of partners toward healthy individuals and communities identify how this relates to the priorities and needs within the JSNA's and opportunities and risks arising from this initial work. For example any opportunities to collaborate to address inequalities. The work will also address the opportunities for greater collaboration in developing and improving outcomes through pathways of care and integrated commissioning models. Four areas have initially been prioritised in this work. Obesity, Alcohol. Children's and Sexual Health. The initial work from this framework in terms of mapping contributions will be provided by the 4<sup>th</sup> April.

##### *Specialised Services*

There is a national strategy under development which sets out the vision for concentration of services into centres of excellence, initially outlined as 15-30 nationally as well as delivering on QIPP and the financial challenge faced by NHS England. These centres will operate as networks and will comply with national standards of care. The service provided in these centres will be 'bundled' in accordance with best practice of co-location of service for improved outcomes, and ensuring that services provided between sites within a centre will not impinge on quality of care. The strategy will seek to optimise equity of outcomes and access whilst driving value for money through larger centres and sustainable workforce. Three sub regional planning groups have been

established for Greater Manchester, Cheshire and Merseyside and Lancashire. An initial report will be provided on vision, current state and gaps during autumn 2014.

## **RECCOMENDATIONS**

The committee is asked to:

1. Note the contents of the report;
2. Build the specific initiatives into the Committee's work plan over the next two years as advised.

**INSERT LINK DIRECTOR NAME**

**Insert Director's Title**

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# healthwatch

Cheshire East



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**Healthwatch Cheshire East**  
Annual Report **2013/14**



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## Introduction

# Introduction

I am delighted to provide an overview for this, the first year of Healthwatch Cheshire East, established in April 2013 as the new consumer champion for local health and care services. Healthwatch in Cheshire East is being delivered by a consortium of voluntary sector organisations led by CVS Cheshire East. The advocacy function is provided under a separate contract held by the Carers Federation. This report gives a general overview of the significant progress that has been made over the last year in establishing Healthwatch Cheshire East.



This year I want to particularly celebrate the development of our relationship with the Health and Well Being Board and the opportunity it gives to us to ensure that the views and voice of the Cheshire East community are heard. Also I welcome the support that has been given to us by our commissioners and service deliverers as exemplified by our involvement in the Eastern Cheshire Caring Together Programme and Cheshire East Councils “Think Local Act Personal” (TLAP) programme.

In conclusion, I would like to thank our volunteers and staff who have enabled us to establish Healthwatch Cheshire East in such a short time frame. In particular, I would like to highlight the contribution made by my fellow board members who have played such an important role in shaping this new organisation. I hope you enjoy reading this report and would welcome any questions you may have.

**Stefan Pyra, Chair of Healthwatch Cheshire East**



## Outcomes Framework

# Outcomes Framework

The Board of Healthwatch Cheshire has developed the following outcomes framework.

### Our Vision:

*Healthwatch Cheshire East as “Consumer Champion” will give everyone in our community a powerful voice enabling them to get the best out of their local health and social care services and help to shape and improve these services for the future.*

### Our Principles, we aim to be:

- Inclusive
- Attentive
- Engaging
- Influential
- Responsive
- Independent
- Collaborative
- Representative
- Evidence based
- Focused on Impact

### Our Objectives:

#### Objective 1

Healthwatch Cheshire East will be a "hub" for best practice in user empowerment and access across health and social care

#### Objective 2

Healthwatch Cheshire East will work with service providers and agencies to unlock the information, knowledge and skills needed for consumers to make informed choices

#### Objective 3

Healthwatch Cheshire East will manage its resources effectively and work through and with others in partnership to ensure best use of collaborative working



# Outcomes Framework

## Our Outcomes:

### Outcome 1

Consumers are empowered and better informed about their health and social care options

### Outcome 2

Consumer voice is utilised to effect positive influence on service provision

### Outcome 3

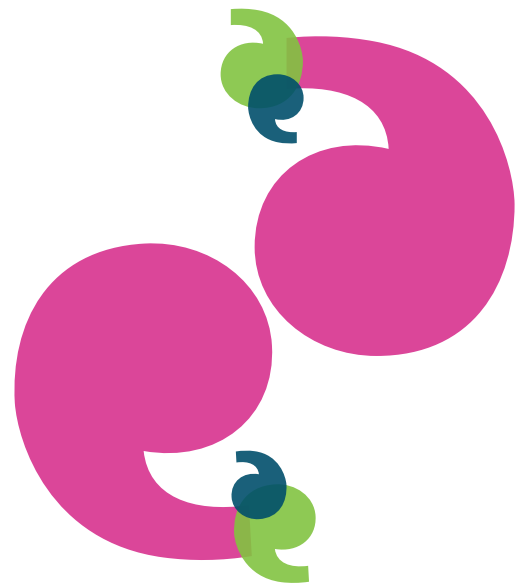
Healthwatch Cheshire East secures a meaningful response to systemic/organisational barriers to consumer empowerment

### Outcome 4

Service providers and commissioners will have a better understanding of the needs of consumers

### Outcome 5

Healthwatch Cheshire East has the resources and skills to complete its functions





## Our Functions

# Our Functions

Healthwatch Cheshire East meets its statutory requirement by undertaking the following programmes.

### Community Engagement

Healthwatch Cheshire East is a new organisation and, in part, our success depends on our ability to reach into the community of Cheshire East, obtain their views and experiences make these known enabling local people to have a “Voice” in the way in which their health and social care services are developed and delivered.

### Youth Engagement

A key priority for Healthwatch Cheshire East is to ensure that all of the community has an effective “Voice” in the way that services are delivered and developed with and for them. Both nationally and at the local level, young people have been identified as a group with in our community who are seldom heard by decision makers in the Health and Social Care Economy.

### Scrutiny Function

As the Health and Social Care Consumer Champion, Healthwatch Cheshire East has built its service to identify areas of community concern

around Health and Social Care provision; and to work constructively with partners and the community to ensure the best possible solutions are found to issues that concern the public.

### Information and Sign Posting Service

Health and Social Care provision is complex and changing. National evaluation and local consultation both indicated that people often need help to ensure that they get the services they need when they need them. Healthwatch Cheshire East has established a sign posting service to support people to make choices about their care.

### Advocacy Service

The advocacy service is provided by the Carers Federation. This is a free independent service providing support to patients who want to make a complaint about any part of their NHS treatment.

## Our Functions

### “How we make our decisions”

Healthwatch Cheshire East is committed to being an evidenced based organisation which works to achieve the best impact and outcomes for the community.

When setting the work plan Healthwatch Cheshire East board uses all the evidence that it has at its disposal to identify the key issues that are important for the community. We gather this information from a variety of sources including:

- Tracking issues and trends from our signposting and information service
- Feedback from our community engagement events
- Your Stories shared with the Healthwatch team
- National and local health and social care statistics

The Board will use this evidence along with any further research that it commissions to ensure that service providers and commissioners have a better understanding of the issues of their service users and to influence current and future service delivery.



## Our Work and Achievements

# Our Work and Achievements

## Community Engagement

We have worked to raise the profile of Healthwatch across the community of Cheshire East. We have targeted people in major urban areas as well as the rural community to help us get an over view of the Cheshire East community. This has helped us to identify what they value in their local health and social care economy and what they want to see change.

- Carried out a press campaign obtained significant coverage in our local newspapers; we distributed more than 37, 000 leaflets, and 500 posters and advertised on local buses.
- Supported our partners in their community engagement promoting, attending, and facilitating at community engagement events and online surveys.

We have:

- Established a Web Site, Facebook and Twitter account and undertook a social media marketing campaign using community and voluntary sector networks to get our message out to 20 000 individuals and 200 local organisations.
- Attended 64 community events across Cheshire East and signed up over 800 people onto our contact list.





## Our Work and Achievements

### Youth Engagement

We conducted a wide ranging consultation of youth groups talking to 275 young people and held a workshop to gain the views of youth professionals as to how to best engage with young people.

A internet based survey raised the following issues for young people;

- Too formal - young people do not want to be judged by adults for accessing services.
- Lack of time to see the school nurse, and the lack of publicity when she is in school

- Having to take time off school/work to make appointments; more appointments should be in the evening or after school
- Not being able to make appointments in sexual health clinics, so having to just sit around and wait

This work is recorded in a report that can be found on our web site\* and has informed our approach in 2014.

*\*[www.healthwatchcheshireeast.co.uk/news/healthwatch-cheshire-east-youth-engagement-report](http://www.healthwatchcheshireeast.co.uk/news/healthwatch-cheshire-east-youth-engagement-report)*





## Our Work and Achievements

### Scrutiny

Our staff and Board have worked hard to ensure that we develop an effective scrutiny function. They have engaged with the new NHS Quality Surveillance Group and Cheshire East Safeguarding Committees and local Care Quality Commission officers.

A Board task and finish group has, using best practice from Healthwatch UK, developed a policy for using its Enter and View powers. In its role as a “critical friend”, Healthwatch Cheshire East has a responsibility to develop a relationship with its partners within which it can scrutinise the quality of services provided and, when necessary, make suggestions for improvement.

Healthwatch Cheshire East may consider scrutiny of a particular service necessary for a number of reasons. These include:

- Concerns expressed by service users or their carers and/or relatives.
- Information provided by other partners or professionals which may raise cause for concern
- There is a national concern about a particular issue which needs checking out locally

Healthwatch Cheshire East will work with its partners in its scrutiny role in a number of ways. These include:

- Asking for information to be provided. There is a requirement in legislation for government funded services to respond to our requests.
- Meeting and informally discussing issues or the information provided.
- Enter and View.
- In the event of serious concerns outside of the remit of Healthwatch Cheshire East being raised, these will be referred on to partners such as Care Quality Commission (CQC) and Cheshire East Council. In urgent cases we can refer to Police or relevant safeguarding authorities.

We have recruited and trained a group of volunteers, nine of whom have successfully completed our training programme and are **Authorised Representatives**. They will undertake a range of scrutiny roles including; Enter and View, Patient Lead Assessment of The Care Environment (PLACE) reviews and mystery shopping.



## Our Work and Achievements

### Information and Signposting

We have established a signposting and information service.

This service is internet based with a supporting telephone help line.

We have promoted this service widely but to date we have had limited take-up, with 46 enquiries since September 2013 when the service was launched.

Calls that have been received have highlighted that the main issues seem to be around a lack of understanding of what the public can expect from service deliverers, and identifying suitable care for family members.

The following quotes typify the enquiries we have had;

“I’ve been asked to pay £30.00 at my GP practice for a copy of my blood test I used to get for free”

“I’m deaf and can use e mail to make appointment at my GP but not at the local hospital”

“How do I find a new Care Home for my dad whose dementia seems to have got to a point where the current home is not able to cope?”

We would like to thank Cheshire East Council and Eastern and South NHS Clinical Commissioning Groups for their support in developing this service.



## Our Work and Achievements

### Partnership Working

Healthwatch Cheshire East has a representative on the Health and Wellbeing Board.

This Board is a key forum for strategic planning and development, bringing together senior representative from both commissioners and major service providers.

Our representative on the board is Mike O'Regan. Mike has nearly 30 years' experience of working in the NHS both as a practitioner and senior manager.

He has ensured that members of the Health and Wellbeing Board have attended our board meetings and given detailed briefing on the, Cheshire Easts' Joint Strategic Needs Assessment and Health & Well Being Strategy.

He has also requested that Cheshire East Council and Eastern Clinical Commissioning Group attend and brief the Healthwatch Cheshire East board on their change programmes.

Mike's focus on the Health and Wellbeing Board has been to ensure that services engage with our community. An example of this has been following a report from the North West Ambulance Service the Board agreed the need to champion and promote their First Responder programme.

This programme recruits, trains and provides defibrillators to volunteers in our local community to help provide emergency life support as early as possible.

"Can I thank you for adopting and supporting our drive to increase Community First Responders ---- Your notices in the local print media and indeed the event have already generated new leads for ourselves in terms of volunteers and indeed interest in Community Resuscitation, which is fantastic. Thank you".

**Robert Hussey, North West Ambulance Service**

## Our Work and Achievements

### Partnership Working

#### Personalisation

The Healthwatch Cheshire East Board identified “Personalisation” as a priority for action. We spoke with families that were in receipt of personal budgets and received a number of case studies. These presented some initial concerns in respect to the support that people were being provided by professionals when changes were made to the management of their budgets.

The issues identified through the case studies have been raised with Cheshire East Council and they are being included in the current review of adult social care in Cheshire East. The Board will be continuing to work with the Council during 2014-2015 to ensure that the issues are responded to and the voice of the consumer is represented within the consultation.

#### Mental Health Crisis response

During 2013 Healthwatch Cheshire East had a number of individuals and organisations approach us who were very dissatisfied with the response they received to what they considered to be a Psychiatric crisis. Case studies and anecdotal evidence gathered by Healthwatch Cheshire East suggested a potential systematic failure and a lack of a joined up approach to Mental Health.

We recognised that we had only limited evidence and the need to seek services understanding of these issues. As a consequence we

contacted the following services to identify what policies, processes and agreements were in place.

- Cheshire Police
- North West Ambulance Services
- East Cheshire NHS Trust (A&E)
- Mid Cheshire NHS Trust (A&E)
- Cheshire and Wirral Partnership NHS Trust
- Cheshire East Council

We are currently finalising a report which will draw together the findings. This report will be available in 2014.

#### Integrated Care programmes

Healthwatch Cheshire East has been engaged with the two main integrated Care programmes, Connecting Care (South Cheshire CCG) and Caring together (Eastern Cheshire CCG). The

board has recognised that these change programmes will have a significant impact on the way that health and social care services will be delivered in Cheshire East.

## Our Work and Achievements

### Advocacy Service

We have developed an effective working relationship with Healthwatch Advocacy and supported them by promoting their service, providing office support and making referrals.

They give free, independent service to patients who want to make a complaint about any part of their NHS treatment. The cases from residents of Cheshire East are detailed below

New Level 1 and 2 cases supported in 2013/14	31
New Level 3+ cases supported in 2013/14	36
Case closed in 2013/14	22
Active/live cases at the end of each quarter	
Quarter one	22
Quarter two	23
Quarter three	29
Quarter four	30

#### Explanation of levels of help offered:

- Level 1 and 2 - Self-help and assisted information, i.e. leaflets, directories, or working with a client to explore which route would be the best remedy for their circumstances
- Level 3 + - General, in depth or specialist support i.e. working with clients to explain options and giving assistance i.e. letter writing, form filling, contacting third parties to seek information.





## Our Work and Achievements

# Who's Who, Staff and Volunteers

## Healthwatch Cheshire East Directors

Healthwatch Cheshire East is managed by 7 Directors representing the consortium that currently holds the contract for the delivery of the Local Healthwatch Service for Cheshire East.

It was important to the community that they were involved in the design and delivery of the Local Healthwatch and so the Directors set up the

Healthwatch Cheshire East Board. This Board has delegated responsibility to set and deliver the work plan for Healthwatch Cheshire East.

The Directors and the Board Members work closely together in setting the vision and work plan and ensuring that all resources are allocated to ensure that we meet our outcomes.

## Healthwatch Cheshire East Board

We recruited 15 local people to the Healthwatch Board in April 2013.

They come from across Cheshire East and have a good range of personal and professional experience in local Health and Care services.

They each contribute around 2 days of their time each month to support the development of Healthwatch Cheshire East.

As well as attending Board meetings, they are all members of task and finish groups that support the work of Healthwatch.

They have also engaged with key partners through a stakeholder event and regularly attend forums such as the Health and Wellbeing Board and the NHS Quality Surveillance Group.

You can also find details of our current Board members on our website.



## Our Work and Achievements

### Volunteers

A number of voluntary roles have been developed including Scrutiny, Signposting, and Community Engagement Volunteers.

Details of these roles can be found on our website.

#### Volunteer Training and Development

In this our first year, we have recruited 30 volunteers. We have developed an induction and training programme that has included;

- Induction to Healthwatch and the Health and Social Care Economy,
- 5 Healthwatch Board development workshops
- Introduction to scrutiny and the use of Enter and View

- How to communicate effectively
- Planning and formulating questionnaires
- Safeguarding awareness and action to be taken should you have concern
- Care Home Awareness
- PLACE Visits

We particularly would like to thank Cheshire East Council and Mid Cheshire Hospital NHS Foundation Trust for the support and training they have given our volunteers.

### Staff Team

We have a small staff team made up of 2 full time and 2 part time staff.

They are led by Healthwatch Manager Phil Johnston.

Staff profiles can be found on our website.





## Coming up in 2014-2015

# Coming Up in 2014 - 2015

Below we highlight some of the key activities we will be doing over 2014/15, a full description can be found in our 2014/15 work plan a copy of which can be found on our web site.



## Community Engagement

Over the coming year our Community Road Show will visit all ten urban centres in Cheshire East and will attend events targeted at the rural community.

We will also be out and about with our community counters, proactively seeking the views of local people and promoting our signposting service.

We will continue to engage with young people and will publish a report in the summer which will outline our work to date and the way forward.

From July 2014 the Healthwatch Cheshire East board will be holding every other meeting in public. This will give members of the public the opportunity to observe the Board at work and ask questions about the work we are doing.

The board will also be undertaking a reflective audit during the Autumn of 2014, which will engage all stakeholders and give them an opportunity to shape our priorities for the coming year.

## Coming up in 2014-2015

### Scrutiny

We will continue to develop our training programme in conjunction with our partners to ensure our volunteers are competent and supported. We plan to undertake a review of residential care homes visiting 30% of them in May and June 2014. We aim to publish the report at our first public Board meeting on the 24<sup>th</sup> of July. In the autumn, we will

undertake a review of GP practices across Cheshire East. Our aim will be to visit 50% of practices and talk to customers about the service they get from their GP.

We are also working with Mid Cheshire NHS Foundation Trust at Leighton Hospital and Eastern Cheshire NHS Trust at Macclesfield Hospital.

### Signposting

We will continue to develop and deliver our current signposting service. We will ensure that it becomes a focus of our community road show messages when we are out at our planned community events.



## Our Finances

# Our Finances

Table heading showing statement of activities for the year April 2013 - March 2014

	Restricted 2013 £	Total 2013 £
<b>Income</b>		
Contract - Cheshire East Council	177,500	177,500
<b>Total Income</b>	<b>177,500</b>	<b>177,500</b>
<b>Expenditure</b>		
Staffing Costs	88,709	88,709
Travel Costs	6,369	6,369
Board Expenses	2,192	2,192
Youth Projects	3,655	3,655
Marketing and Events	21,975	21,975
Premises	22,238	22,238
Management costs	28,750	28,750
Website/database development	6,262	6,262
<b>Total resources</b>	<b>180,152</b>	<b>180,152</b>
<b>Net income/(expenditure) for the year</b>	<b>-2,652</b>	<b>-2,652</b>
Fund balances brought forward	32,513	32,513
<b>Fund balances carried forward</b>	<b>29,861</b>	<b>29,861</b>

Note. The current contract period for the delivery of the Local Healthwatch Service is 14<sup>th</sup> January 2014 to 13<sup>th</sup> January 2015. The balance carried forward is allocated to be spent within the current contract.

As the contract holder the Healthwatch funding is shown within the accounts for CVS Cheshire East. Audited accounts for the period January 2013 - March 2013 can be found on the CVS Cheshire East website. Audited accounts for the period April 2013 - March 2014 will be available shortly. Please contact us if you wish to receive a copy of these.



Healthwatch Cheshire East is incorporated under the Companies Act 2006 as a private company, that the company is limited by guarantee, and the situation of its registered office is in England and Wales.

Company Number 8460850

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## **CHESHIRE EAST COUNCIL**

### **REPORT TO: Health and Adults in the Community Scrutiny Committee**

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<b>Date of Meeting:</b>	10 July 2014
<b>Report of:</b>	Democratic Services
<b>Subject/Title:</b>	Work Programme update

---

#### **1.0 Report Summary**

- 1.1 To review items in the 2014 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 including - Climate change - Health**

- 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 Priorities and Forward Plan.

10.2 The schedule attached, has been updated in line with the Committees recommendations on 12 June 2014. 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 Adults in the Community Overview and Scrutiny Committee Work Programme – 2 July 2014

Topic	Description /Comments	Responsible Organisation /Officer	Suggested by	Corporate Priority	Current Position (G/A/R)	Next Key Date
Caring Together Strategy	To consider the draft Strategy and provide comments about potential changes	Eastern Cheshire CCG/ Sam Nicol	Chairman	Outcome 5 - People live well and for longer	Deferred to be considered at an informal meeting of the Committee	Either 18 or 24 July
NHS England Two Year Plan	To consider previous 12 months activity and plans for next two years to inform the work programme	NHS England Kirsty Mc Bride Tina Long	Committee	Outcome 5 - People live well and for longer	Tina Long to attend July meeting to present the two year plan.	Agenda deadline 2 July Meeting 10 July
NHS England Specialist Cancer Surgery	To consider the proposed redesign of specialist cancer services in East Cheshire	NHS England Kirsty Mc Bride Tina Long	NHS England	Outcome 5 - People live well and for longer	Tina Long to attend July meeting and present a report on specialist cancer surgery	Agenda deadline 2 July Meeting 10 July
Mortality Rates at Mid Cheshire NHS Hospitals	To request a detailed report on mortality rates following concerns raised during consideration of Quality Account	Mid Cheshire Trust, South CCG	Committee	Outcome 5 - People live well and for longer	Arrangements being made for a Joint Health Scrutiny Committee with CWAC to scrutinise issues relating to mortality rates at Mid Cheshire Trust	Workshop 7 July Agenda Deadline 15 July Meeting 23 July
Better Care Fund	Briefing for members to provide understanding to allow monitoring of the Better Care Fund	Lorraine Butcher	Lorraine Butcher	Outcome 5 – People live well and for longer	Presentation briefing to be received at Committee meeting.	Meeting 10 July
Healthwatch Cheshire East Annual Report	To consider the Annual Report and submit comments to the Board	Caroline O'Brien	Chairman	Outcome 5 – People live well and for longer	Caroline O'Brien to present the report at Committee meeting	Agenda deadline 2 July Meeting 10 July

## Health and Adults in the Community Overview and Scrutiny Committee Work Programme – 2 July 2014

Winter Wellbeing	To Review of Winter Planning 2013 – encompassing the CCG's Winter Planning and the multi-agency Winter Wellbeing activities 2014.	Council, Eastern CCG, South CCG/ Guy Kilminster	Committee	Outcome 5 - People live well and for longer	Deferred, awaiting confirmation that Committee will continue to pursue this item. Future of the Committee's work programme yet to be considered.	yet to be confirmed

<b>Task and Finish Groups</b>						
Assistive Technology	To develop the use of assistive technology in Social Care Services and to maintain people's independent living	Jon Wilkie Ann Riley	Health and Adults PDG	Outcome 5 – People live well and for longer	Arrangements to be made for a visit to an assistive technology exhibit at Liverpool Museum	Site Visit 22 July
Carers Strategy	To develop a strategy to assist carers in their caring roles and ensure they are	Rob Walker	Health and Adults PDG	Outcome 5 – People live well and for longer	Arrange next meeting	July

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

- Connecting Care Programme – South Cheshire CCG
- CCG two year plans
- Family Nurse Partnership
- Future of local hospitals
- Rape and Sexual Abuse Support Centre Annual Report
- Impact of Social Landlords on Health and Wellbeing
- Better Care Fund – Briefing
- Public Health Services
- Mental Health
- Health and Wellbeing Strategy
- NHS England – Specialist Commissioning
- Health Impact Assessments for the Local Plan
- Travel plans (i.e. patients, family and friends travelling to health services)

Wednesday, 2 July 2014



## **Health and Adults in the Community Overview and Scrutiny Committee Work Programme – 2 July 2014**

- Shifting services from hospitals to communities
- Quality of health and care services
- Integration and connecting budgets for health and social care
- Early Intervention and Prevention of illness and deterioration
- Clinical Pathways for Obesity – NHS England
- Planning – consultation of Public Health on developments
- Leisure and Sport
- Ambulance Services – NWAS Response Times, First Responders and Co-responders
- Screening – Cancer and other health screening, take up and promotion by Public Health

### **Dates of Future Committee Meetings**

10 July, 11 September, 9 October, 6 November, 4 December, 8 January 2015, 5 February 2015, 5 March 2015, 2 April 2015

### **Dates of Future Cabinet Meetings**

22 July, 16 September, 14 October, 11 November, 9 December, 6 January 2015, 3 February 2015, 3 March 2015, 31 March 2015, 28 April 2015

### **Dates of Future Health and Wellbeing Board Meetings**

29 July, 23 September, 18 November, 27 January 2015, 24 March 2015

### **Dates of Future Council Meetings**

17 July, 16 October, 11 December, 26 February 2015, 20 May 2015

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