

# Health and Adult Social Care Overview and Scrutiny Committee

## Agenda

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**Date:** Wednesday, 6th July, 2016  
**Time:** 10.30 am  
**Venue:** Council Chamber, Municipal Buildings, Earle Street, Crewe  
CW1 2BJ

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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 9 June 2016

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 requests for further information

**Contact:** Mark Nedderman

**Tel:** 01270 686469

**E-Mail:** [mark.nedderman@cheshireeast.gov.uk](mailto:mark.nedderman@cheshireeast.gov.uk) with any apologies

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. **Financial Recovery Plan for NHS South Cheshire CCG**

To consider a presentation from NHS South Cheshire CCG about its financial recovery plan.

Presentation to be circulated at the meeting.

7. **Mental Health Gateway** (Pages 7 - 24)

To receive a presentation on the new Mental Health Gateway Teams which have been established in South Cheshire

8. **Caring Together Programme Update** (Pages 25 - 36)

To consider an update on the Caring Together Programme around emerging options for future configuration of services such as maternity, hospital based children's services and urgent care.

9. **Work Programme** (Pages 37 - 42)

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, 9th June, 2016 at Committee Suite 1,2 & 3, Westfields,  
Middlewich Road, Sandbach CW11 1HZ

**PRESENT**

Councillor J Saunders (Chairman)  
Councillor S Pochin (Vice-Chairman)

Councillors Rhoda Bailey, B Dooley, L Jeuda, G Merry and B Burkhill  
(substitute for A Moran)

**Apologies**

Councillors D Bailey and A Moran

**ALSO PRESENT**

Councillor J Clowes – Cabinet Member for Adult Social Care and Integration  
Councillor S Gardiner – Cabinet Support Members  
Neil Evans – NHS Eastern Cheshire Clinical Commissioning Group  
Jacki Wilkes – NHS Eastern Cheshire Clinical Commissioning Group  
Janet Kenyon – NHS Eastern Cheshire, South Cheshire and Vale Royal CCGs  
Jane Molloy – Salford Royal NHS Foundation Trust  
Dan Seddon – NHS England (Cheshire and Merseyside Area Team)

**OFFICERS PRESENT**

Heather Grimbaldeston – Director of Public Health  
Guy Hayhurst – Public Health Consultant  
Charlotte Simpson – Public Health Consultant  
Pete Kelleher – Care4CE Manager  
James Morley – Scrutiny Officer

**30 APOLOGIES FOR ABSENCE****31 MINUTES OF PREVIOUS MEETING**

RESOLVED – That the minutes of the meetings held on 17 May 2016, 19 May 2016 at 10:30am, and 19 May 2016 at 1:00pm be approved as a correct record and signed by the Chairman

**32 DECLARATIONS OF INTEREST**

There were no declarations of interest

**33 DECLARATION OF PARTY WHIP**

There were no declarations of party whip

### **34 PUBLIC SPEAKING TIME/OPEN SESSION**

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

### **35 NHS EASTERN CHESHIRE CCG - FINANCIAL POSITION BRIEFING**

Neil Evans, Director of Commissioning at NHS Eastern Cheshire Clinical Commissioning Group (CCG), provided an overview of the CCG's financial recovery plan 2016-18. During the briefing the following points were made:

- The CCG had not seen the projected increase in funding from previous years and had also been allocated new commissioning responsibilities which equated to a net worsening of the financial position for 2016/17.
- CCG budgeting indicated a deficit of £3.8m and the CCG needed to make £9.7m of financial savings. The CCG had the lowest funding per head of population in Cheshire and Merseyside. The CCG's overall productivity and efficiency was considered to be good however was still in deficit.
- The Recovery Plan had been developed to consider ways of reducing the deficit by redesigning/recommissioning services or discontinuing discretionary services. The CCG had identified some schemes to reduce deficit however further ideas would be developed.

Whenever a health service commissioner or provide was considering a substantial development or variation (SDV) in service they were required to consult the Committee under health scrutiny legislation. The CCG agreed to continue to liaise with the Committee to ensure that any SDVs were brought to the Committee in future.

Concern was expressed that there had been an apparent lack of consultation with the Council by the CCG in the development of its recovery plan. The CCG explained that not all decisions about future commissioning had been finalised and that partners would be consulted on plans. It was suggested that all bodies involved in health and social care services should not operate in isolation and that they should all consult each other on development of their commissioning plans as each service affected those provided by other bodies.

RESOLVED – That the presentation be noted.

### **36 NHS EASTERN CHESHIRE CCG - PROPOSALS TO CHANGE STROKE SERVICES**

Jacki Wilkes, Associate Director of Commissioning at Eastern Cheshire CCG, and Jane Molloy, Clinical Lead for Stroke Services and Consultant Neurologist at Salford Royal NHS Foundation Trust, presented a report on changes to the delivery of stroke services for residents in Eastern Cheshire CCG area. Jacki had previously attended Committee meetings in 2014 to consult the Committee on changes to acute stroke services whereby patients in the first 72 hours of a stroke would go to Stepping Hill, Salford Royal, or North Midlands hospitals for hyper acute and acute stroke treatment before being repatriated and having their recovery and rehabilitation at Macclesfield District General Hospital, provided by East Cheshire NHS Trust.

East Cheshire NHS Trust had since informed the CCG that it could no longer provide the in patient stroke services to the national clinical standards due to an inability to recruit specialist stroke personnel to their service. The CCG therefore was required to develop a new service model and commissioning a new provider.

The CCG had developed two options for new service delivery. The CCG's preferred option to was that patients attending Stepping Hill or Salford Royal for hyper acute and acute services would receive their inpatient care at Stepping Hill and that those going to North Midlands would remain there for inpatient care. Both options were conditional on the delivery of a specialist stroke community rehabilitation service which included a period of intensive therapy at home for approximately 40% of stroke survivors to facilitate timely discharge home and reduce the time stroke survivors need to spend in hospital.

The Committee would support proposals that ensured good clinical outcomes for patients. However members expressed some concerns about patients being out of the Borough for longer than they had previously been, and that this would create issues for family members and carers who would have to travel further to visit them. Public transport links between some communities in the north of the borough and Stockport were not sufficient and many elderly family and carers were reliant on public transport.

The CCG recognised these concerns and was considering options for facilitating easier access to the hospitals for patient's family/carers. Some suggestions from members included: facilities within the hospitals for family and carers to stay over night; and working with South Cheshire CCG on transport services to North Midlands Hospital.

The Committee also wanted assurance that the hospitals would have the capacity to receive these additional patients and the quality of service. Stroke services were monitored nationally and the CCG had no concerns about quality of provision at the hospitals. There wasn't currently sufficient capacity at Stepping Hill to treat all patients based on current length of inpatient stays which is why the new community rehabilitation service was required.

Dr Heather Grimbaldeston, Director of Public Health, suggested that the promotion of hypertension and prevention of strokes as well as education about Transient Ischaemic Attack (TIA – mini strokes) was needed to help reduce stroke cases in the Borough.

**RESOLVED** – That the Committee supports Eastern Cheshire CCG's proposal to deliver inpatient stroke care at Stepping Hill Hospital and North Midlands Hospital on the condition that a specialist stroke community rehabilitation service is commissioned for Eastern Cheshire and that supported transport arrangements for family members and carers of patients are considered.

### **37 NHS EASTERN CHESHIRE CCG - PROPOSALS FOR CHANGES TO MEDICINE PRESCRIBING AND SELF CARE**

Janet Kenyon, Deputy Head of Medicines Management for Eastern Cheshire, South Cheshire and Vale Royal CCGs, presented a report on proposals from Eastern Cheshire CCG to implement restrictions on prescribing medicines for conditions amenable to self care. The purpose of the policy was to:

- Improve health and wellbeing by encouraging people to take greater responsibility for their health;
- Improve access to primary care by reducing the 20% of GP time and 40% of GP consultations used for minor ailments amenable to self care; and
- Reduce the cost of medicines prescribed for patients with minor ailments amenable to self care by restricting prescribing of a number of medicines that are able to be purchased from general retail outlets and community pharmacies.

It was expected that the policy would save approximately £500,000 by reducing spend on medicines. The CCG would be able to invest these funds in prevention and treatment of more serious illnesses. People paying for prescriptions could also save themselves money as many medicines available from general retail were cheaper than paying through prescription.

The policy would ensure a consistent approach from GPs to dealing with patients with minor ailments amenable to self care. It would also free up GP time to improve access to services for patients with more serious and long term needs. The policy was consistent with the one of the key elements of the Caring Together strategy, i.e. 'empowering patients' to look after themselves.

The Committee generally supported the proposed policy however did have some concerns about how it would impact on vulnerable groups of patients. There were also concerns about whether people with serious issues (such as underlying mental health needs) presenting with minor ailments might be missed by GPs. It was explained that people would be encouraged to avoid seeing a GP for minor ailments rather than blocked and that triage systems would help patients to decide whether they needed an appointment. Also vulnerable groups would be supported to access the right services.

The Committee also raised issues with repeat prescriptions and patients who no longer need them receiving lots of medicines which were wasted at significant cost to CCGs. GPs and Pharmacists needed to ensure that repeat prescriptions were regularly reviewed with patients and that a sensible approach was adapted.

**RESOLVED** – That the Committee endorses NHS Eastern Cheshire CCGs proposals to implement a policy of restricting access to a range of medicines in order to reduce costs and save GP time; and supports a programme of engagement and education with the patients, clinicians and the public.

### 38 **CANCER SCREENING**

Dr Dan Seddon, Screening and Immunisation Lead (Cheshire & Merseyside) for NHS England, provided a briefing on the three cancer screening programmes operated by NHS England and Public Health England. During the briefing the following points arose:

- Screening and immunisation service were the duty of the Secretary of State to deliver however they had been delegated to NHS England Area Teams.
- There were only cancer screening programmes for three types of cancer because the test were the only ones which proved effective in detecting cancers and saving lives.

- Three in four women received unnecessary treatment for breast cancer due to false positive tests. However bowel cancer screening was very effective in identifying cancer.
- One in twenty of all types of cancers were picked up by screening. 40% of all breast cancers were detected through screening.
- There was a national trend of a downfall in uptake of screening, most likely due to a lack of marketing at national level. However local authorities could promote locally and encourage residents to take up screening.
- However Compared to Cheshire, Warrington and Wirral averages both Eastern Cheshire CCG area and South Cheshire CCGs areas had a higher uptake of screening for all three cancers. Merseyside had lower uptake on average than Cheshire, Warrington and Wirral.
- Challenges included the prison system where prisoners were not regularly screened as well as Gypsy and Traveller communities and other people who were not registered with a GP.
- People with learning difficulties and foreign residents with language barriers were also less likely to visit a GP and access screening programmes.
- Cheshire and Merseyside Fire and Rescue Services were supporting with bowel cancer screening promotion as part of their health and safety home visits.
- Family History Screening Tests were not included in the programmes' figures.

Guy Hayhurst and Charlotte Simpson, Public Health Consultants, also attended to provide information regarding the take up of cancer screening by residents of Cheshire East. Take up of all three programmes was lowest in Crewe area, possibly due to the higher deprivation and a higher proportion of immigrants with language barriers. In order to increase take up of screening in Cheshire East the Committee suggested that there needed to be more cross programme promotion to get residents to take up all programmes available where possible. The Committee also suggested that the Council, in partnership with the CCGs and NHS England, to consider a joint approach to increasing the up take of screening.

RESOLVED – That the briefing be noted.

### 39 WORK PROGRAMME

The Committee gave consideration to the work programme.

Following the Quality Account meetings with East Cheshire NHS Trust and Mid Cheshire Hospitals NHS Foundation Trust where similar issues with delayed transfers of care were identified the Committee agreed that it would add an item on delayed discharges to the work programme.

Following the Quality Account meeting with Cheshire and Wirral Partnership NHS Trust where the Committee agreed that it would add an item to review the performance of the Trust in Cheshire East in more detail.

RESOLVED – That the work programme be updated as discussed.

The meeting commenced at 10.00 am and concluded at 12.30 pm

Councillor J Saunders (Chairman)



# Mental Health Gateway Services

Health Overview and Scrutiny Committee July 2016

Dr Jean Jenkins  
Clinical Director and GP



# National Context; Implications for NHS South Cheshire CCG



# The Five Year Forward View Mental Health Taskforce:

public engagement findings



A report from the independent Mental Health Taskforce to the NHS in England  
September 2015



# What is the health need in South Cheshire? (mild to moderate mental health)

- In South Cheshire 17,720 people a year expected to experience low level mental health needs
- Improving Access to Psychological Therapies (IAPT) target are expected to work with 2,658 (15%) of this group
- This leaves a gap in provision for over 15,000 people



# Current Services in NHS South Cheshire CCG

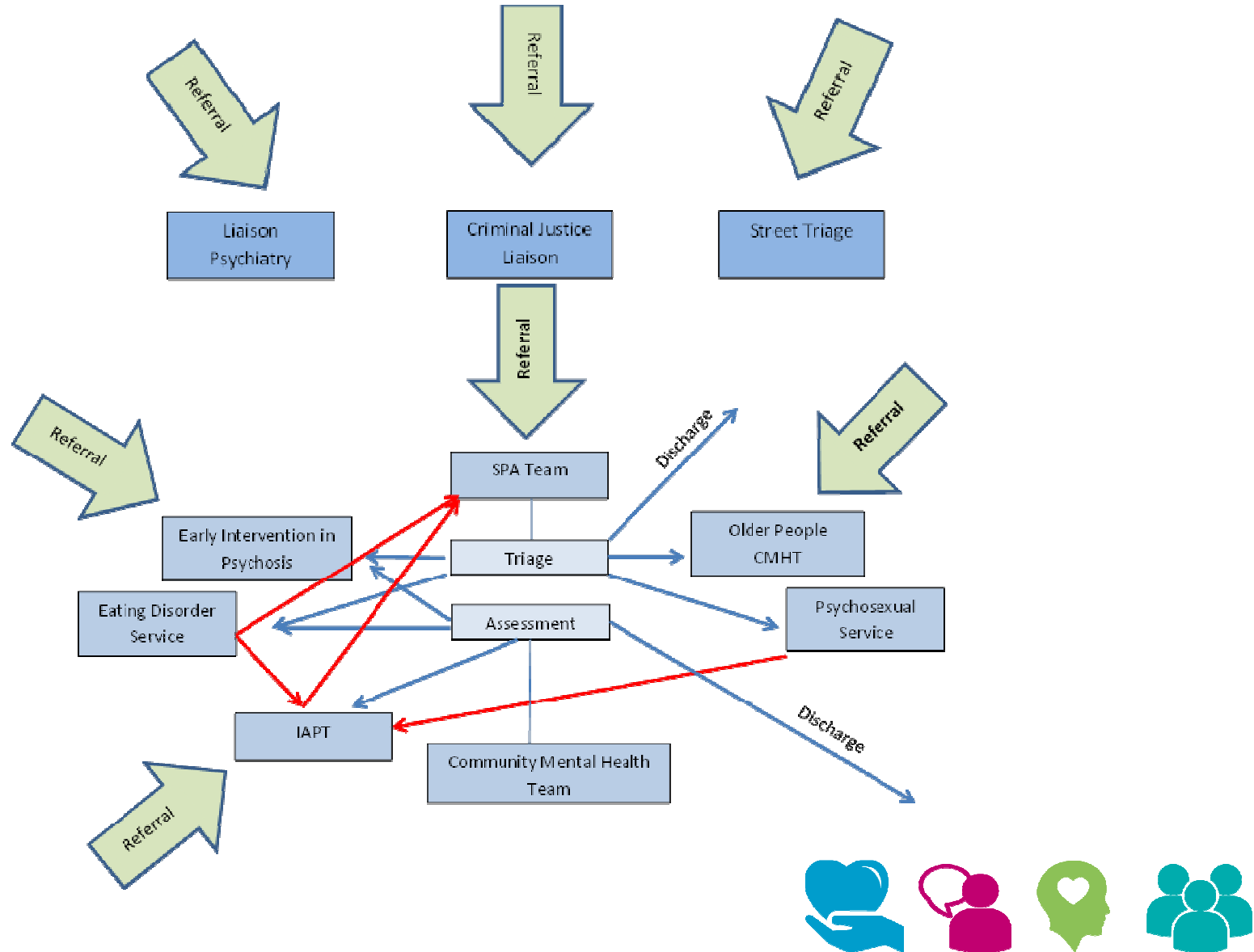


# What was available in South Cheshire?

- Mental Health IAPT services providing “Talking Therapies” for the treatment of specific mild – moderate mental health difficulties
- Secondary Care specialist Mental Health services designed for people experiencing severe Mental Health difficulties often of an enduring nature
- Limited primary care support resulting in people not receiving appropriate treatment resulting in pressures on all part of the health and social care system



## Existing Pathways



# The South Cheshire Single Point of Access (SPA) team

- The SPA team is currently the point of access to **secondary care mental health services**
- It was developed as part of a Community Service redesign by Cheshire and Wirral Partnership Trust in 2013 in conjunction with Cheshire East Council
- Aims to provide assessment and if required a brief intervention for people with a severe mental illness who didn't need on-going care coordination within the community team
- It was designed to have staff available to respond promptly to people in crisis

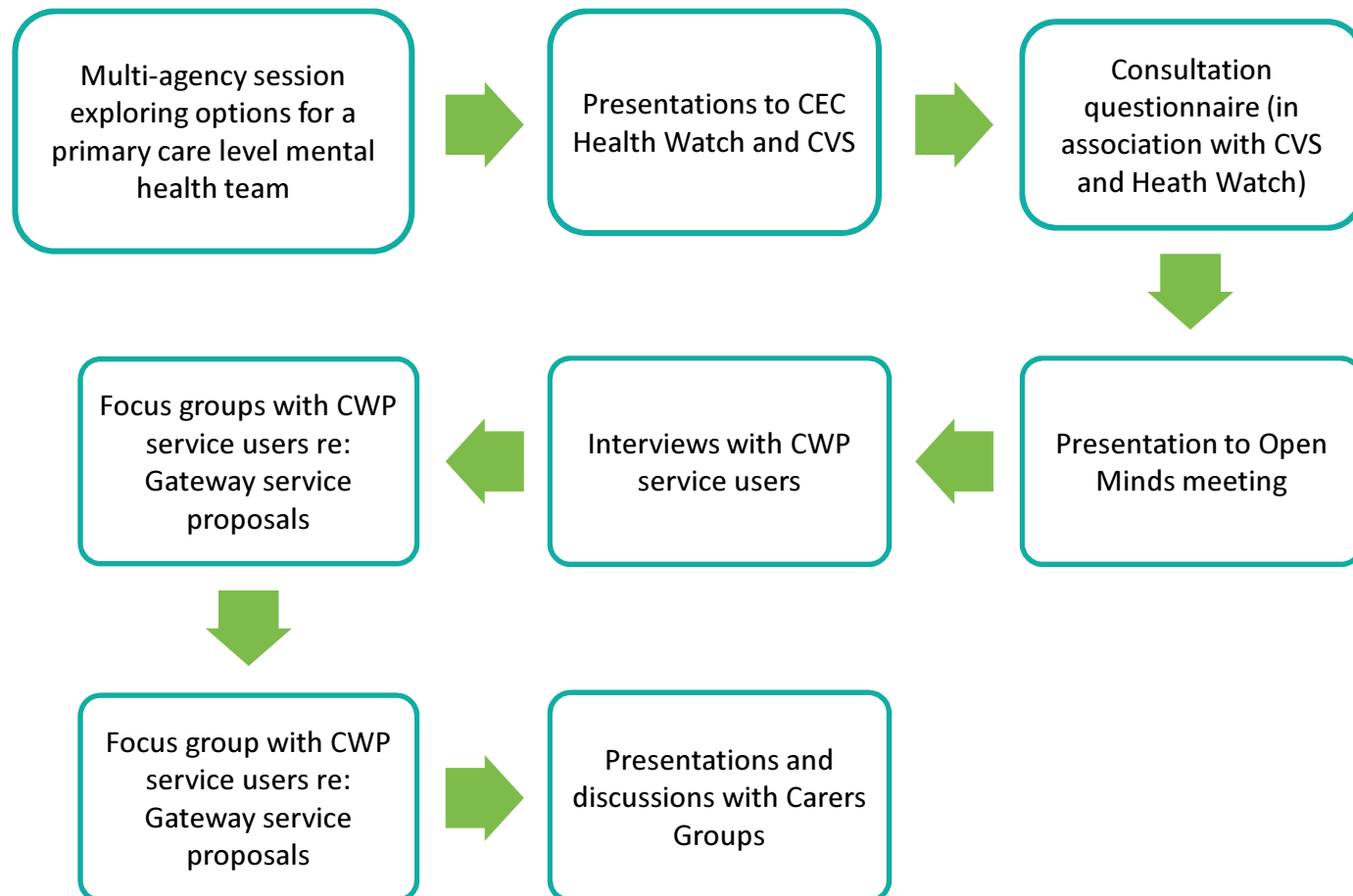




# Service Development: 12 months Extensive Engagement



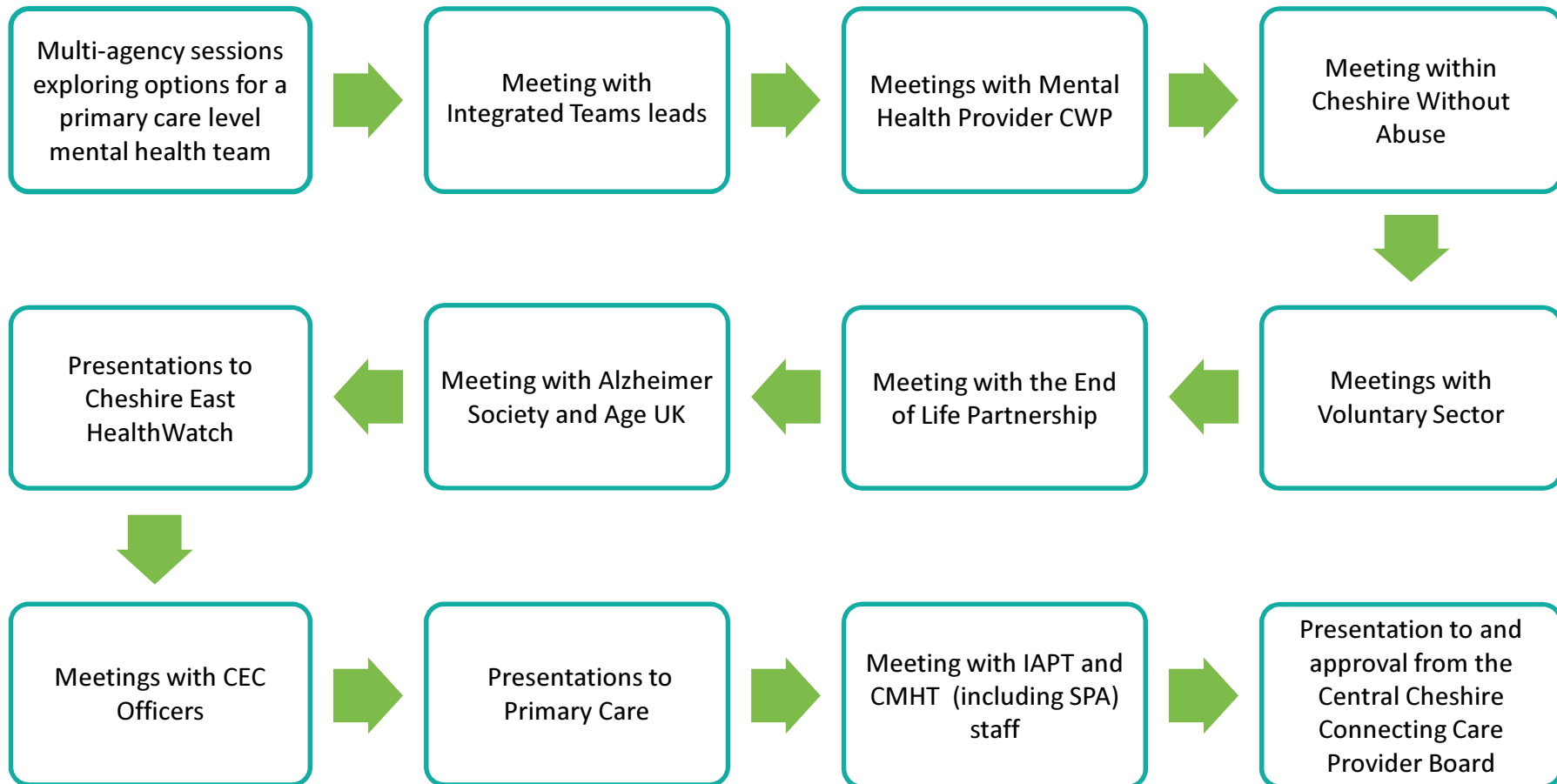
# Extensive service user consultation and engagement



## Service user feedback...



# Gateway Model Development



# New Models of Care



# NHS South Cheshire CCGs' Mental Health Gateway Service

- Operates in Primary Care
- Is for people suffering from a mild – moderate mental health difficulty;
- Meets the needs of a group of people whose mental health difficulties are not of the severity to access already commissioned services;
- Acts as a single point of access for referrers and patients for easier navigation of the 'system' that includes statutory and third sector agencies.

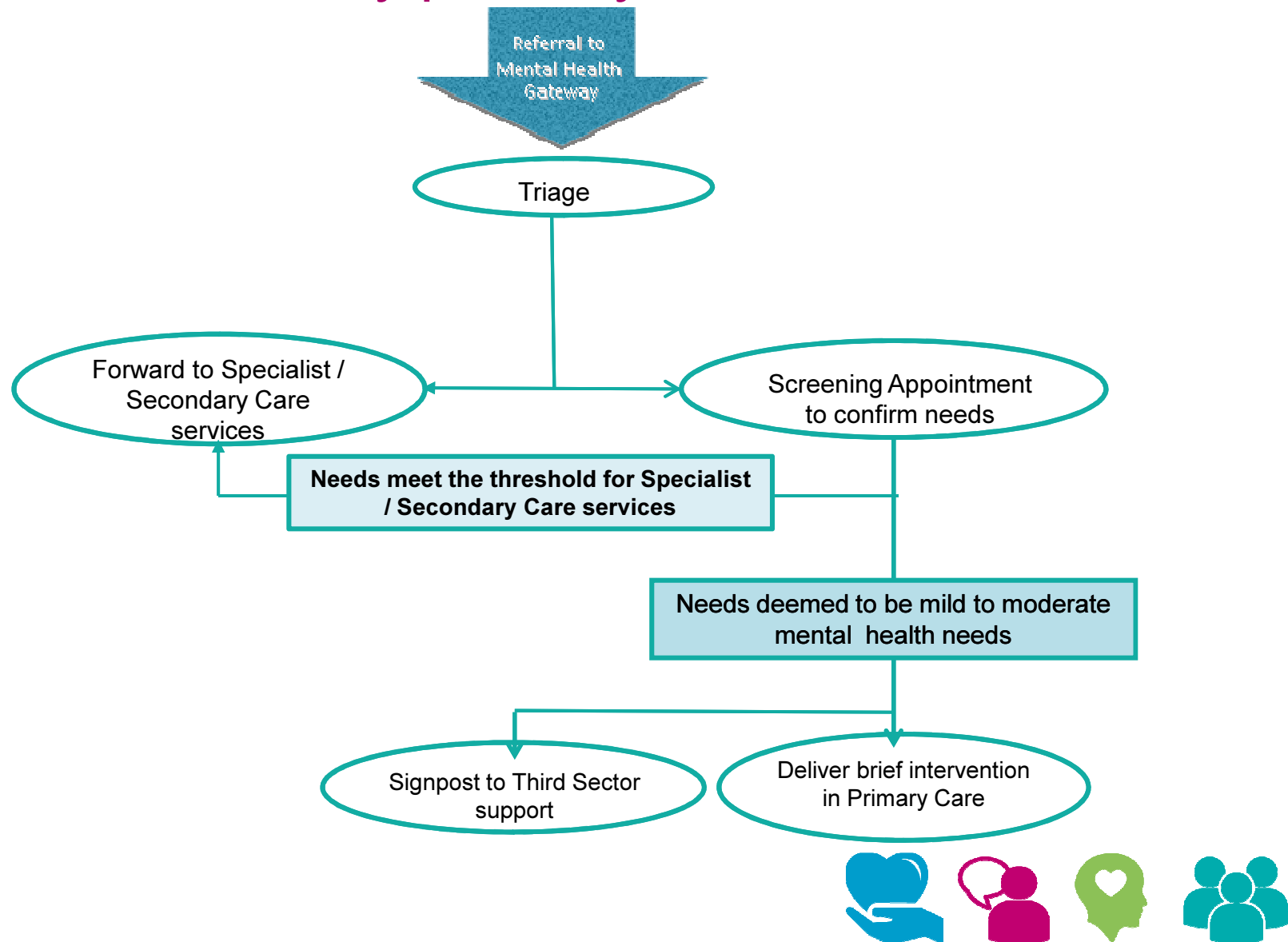


# South Cheshire's Mental Health Gateway Service

- The team is part of primary care; there are no access criteria and no thresholds and no referral back.
- Has a nurse linked to each Primary Care Peer Group
- Provides a single point of referral; is inclusive, patient defined and patient centred.
- Passes referrals identified for other services (i.e SPA) on within 2 hours
- Provides a goal focused assessment and Signposts to third sector agencies; or provides a package of brief intervention



# The New Gateway pathway





# Mental Health Gateway service

- Connecting Care principle of right care, right place right time
- Proportionate assessments of need in both physical and mental health
- Care managed as close to home as possible.
- Parity of esteem and reducing stigma.
- On-going commitment to develop integrated services with Cheshire East Council



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# **Caring together**

## **Eastern Cheshire**

**Overview and Scrutiny Committee**  
**Wednesday 6th July 2016**

**Fleur Blakeman, Strategy and Transformation Director , Eastern Cheshire CCG**

**Integrating Care in Eastern Cheshire**

# Contents

- A quick recap on Caring Together
- Achievements 2015/16
- Progress to date 2016/17
- Process for developing Care Models for 2016/17 priorities

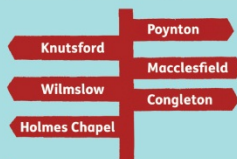
## 1 IN 5 PEOPLE ARE OVER 65 IN EASTERN CHESHIRE



More than one in five people in Eastern Cheshire are over 65, which is higher than the national average, and this will be nearer to one in four people by 2021

**20%** OF EASTERN CHESHIRE POPULATION CURRENTLY USE

**70%** OF LOCAL HEALTH AND SOCIAL CARE RESOURCES



**LIFE EXPECTANCY IS BETTER THAN THE ENGLAND AVERAGE**

But there are large variations between and within our towns

## 21,000 CARERS LIVE IN EASTERN CHESHIRE



If carers are not supported, they are likely to become unwell. This has an impact on whoever they are caring for



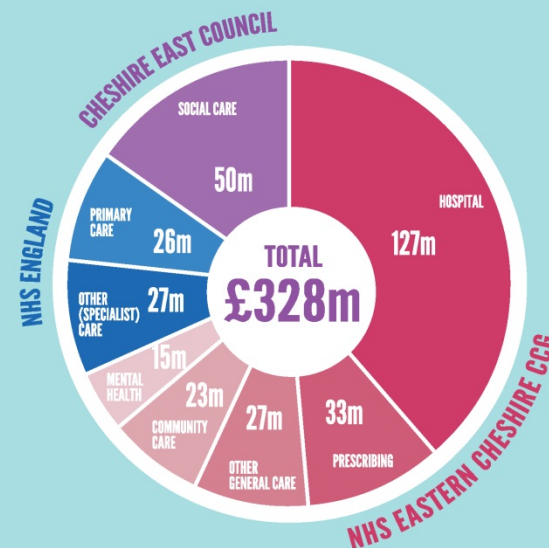
## 22,000 BED DAYS COULD BE AVOIDED

Over 22,000 bed days per year (at an estimated cost of £5.5m) in Macclesfield District General Hospital could be avoided

## OVER 1/3 WAIT TOO LONG FOR A GP APPOINTMENT

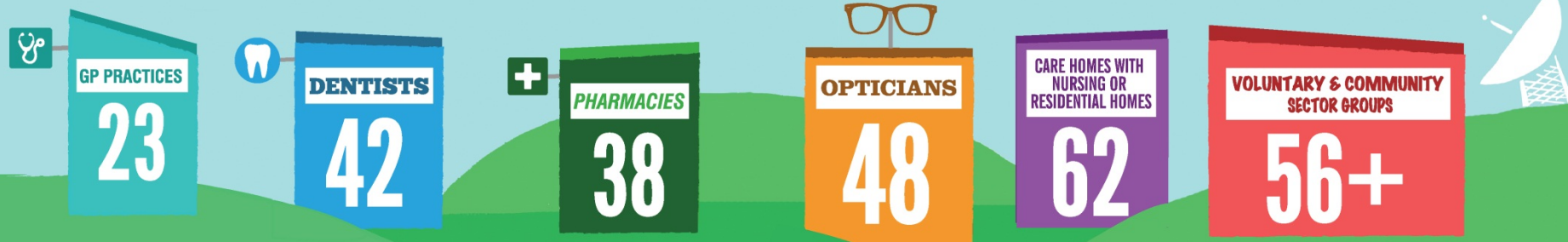
Over a third of people in Eastern Cheshire say they have to wait too long to see their GP

## FUNDING CHALLENGE



Eastern Cheshire health care spend £m (2012/13)

If demand for care services continues at the current rate there will be a financial shortfall in Eastern Cheshire of nearly £80m by 2018/19



# Vision and values

Joining up local care for all our wellbeing

VISION



## Self Care

Promote self-care and self-management, health promotion, individual responsibility

## House of Values

### Empowerment



### Collaboration



### Innovation



For care staff,  
joined-up care means  
"Supporting people to  
live well. By supporting  
people to access  
joined-up care when it  
is needed we support  
them to stay well."

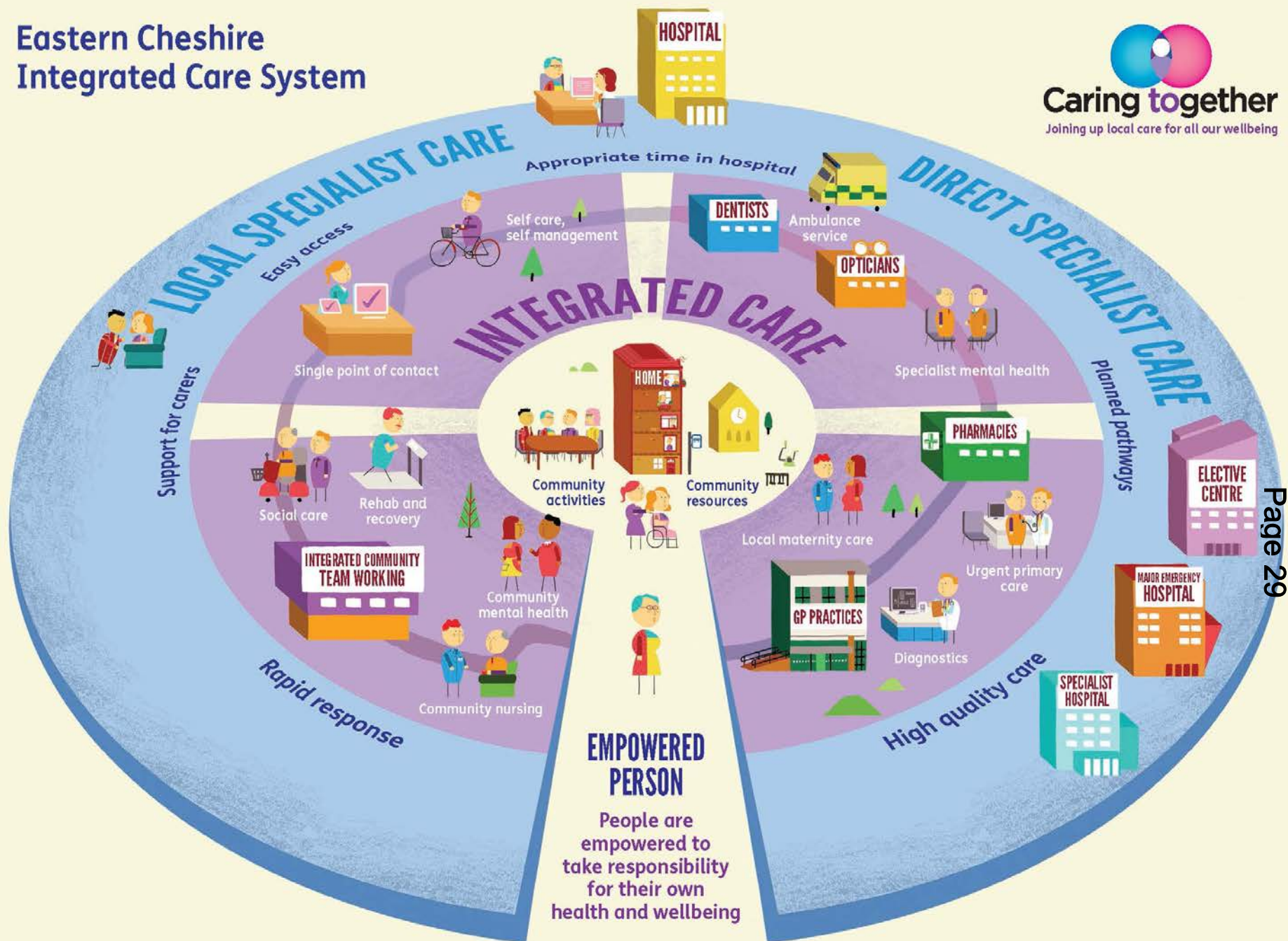
For service users and carers,  
joined-up care means  
"I am supported to live well and stay  
well because I can access joined-up  
care and support when I need it."

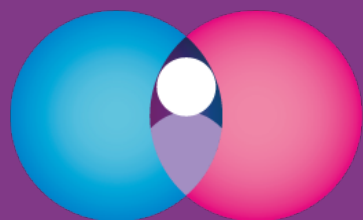
What does  
this mean  
for me?

Joined-up care



# Eastern Cheshire Integrated Care System





Caring together

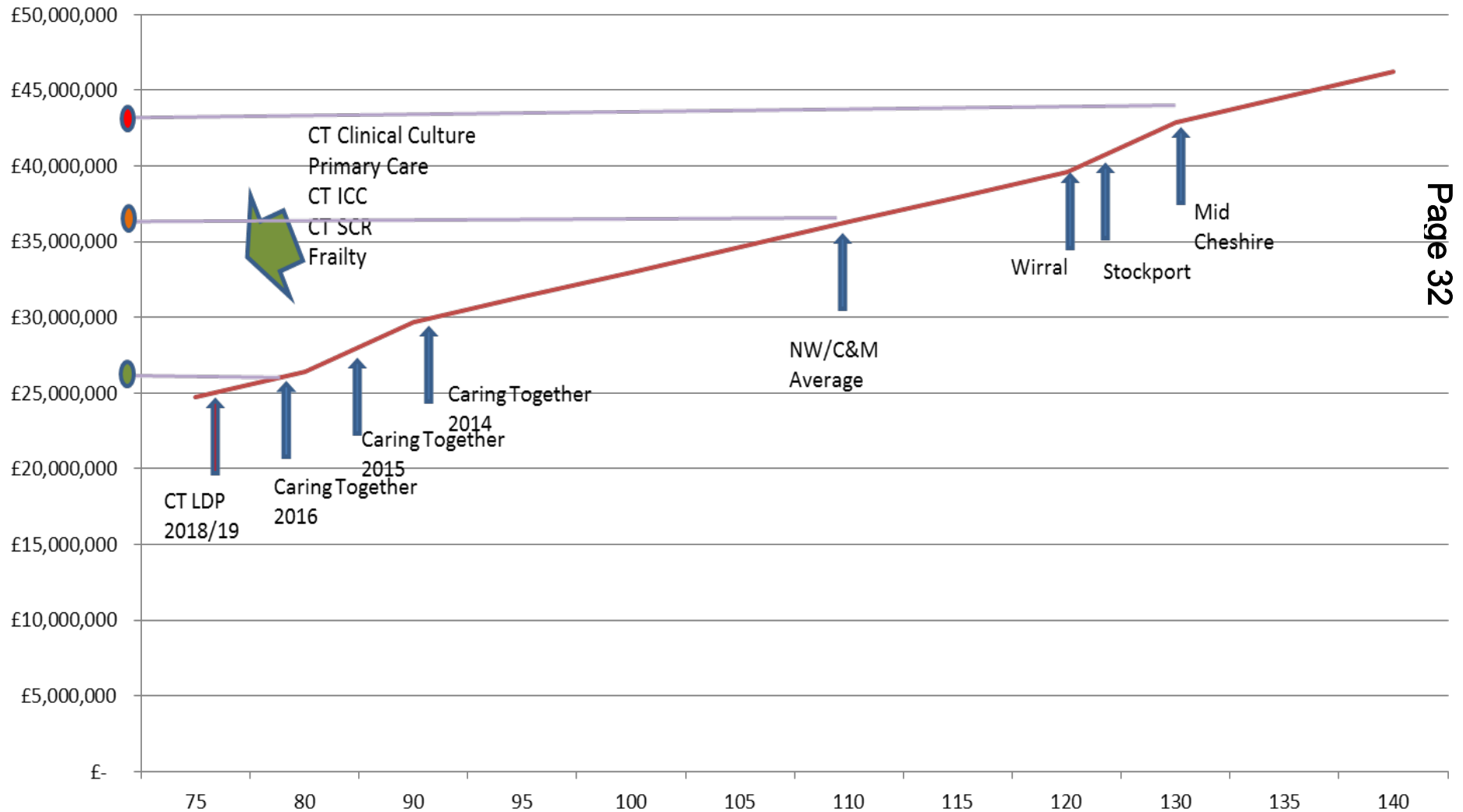
2015/16



# Achievements 2015/16

- Equity of access to and expansion of services in primary care commenced January 2016
- Proactive care and risk stratification, targeted at top 2% of the at risk population
- Commenced Frailty Service September 2015
- Reactive community response introduced September 2015

# **NEL Costs as a function of NEL admissions /1000 population** **(Avg £1650/NEL admission)**





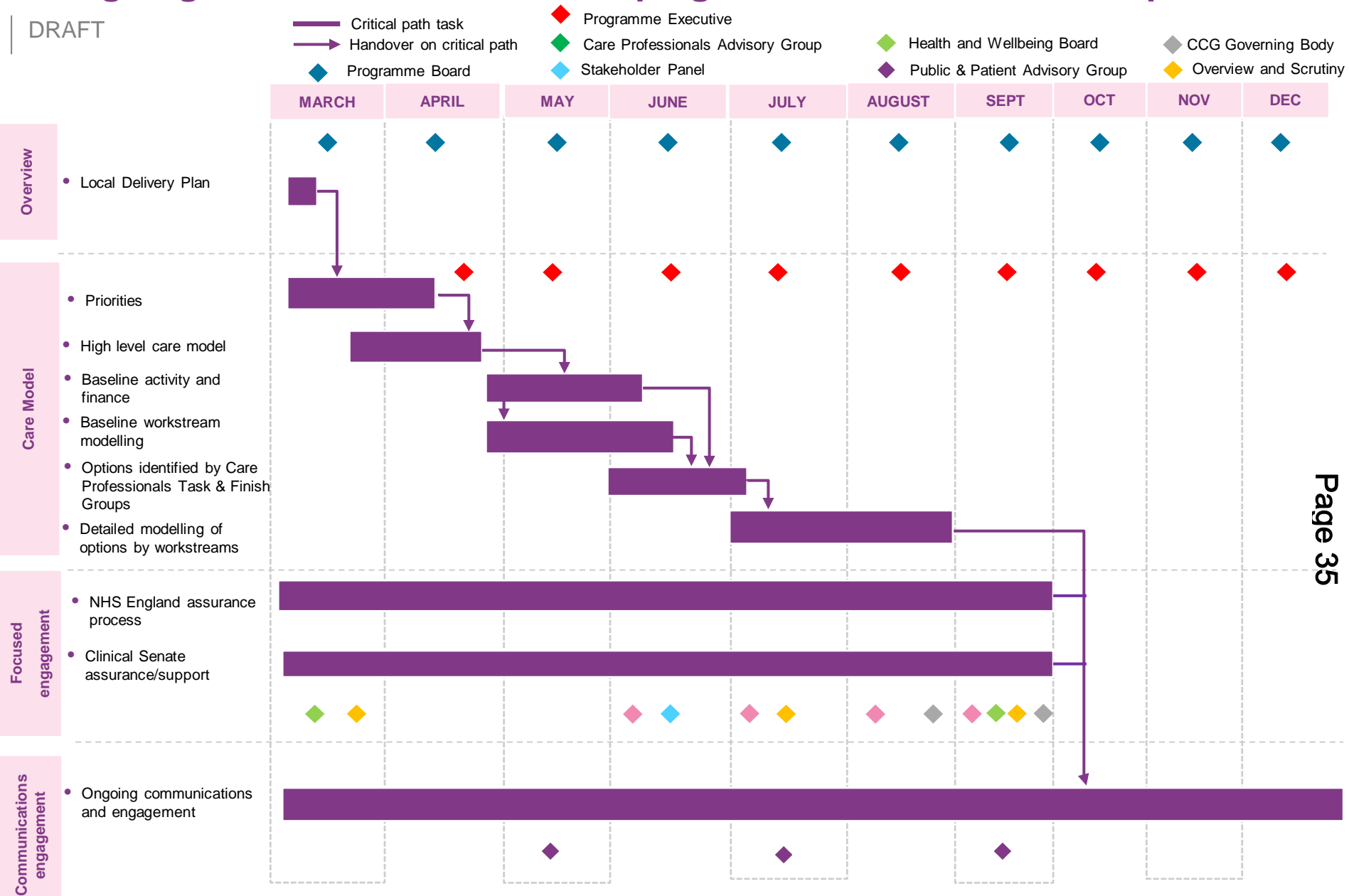
2016/17

# 2016/17 progress to date

- Continued development of the community based coordinated care business case
- Implementation of Integrated Community Teams (without additional resources)
- Single point of access for reactive community services
- Shared Care Record goes live 1 July 2016
- Ramp up of Primary Care contract from April 2016 to be fully implemented by December 2016
- Caring Together priorities for 2016/17 agreed:
  - Maternity Care
  - Children's Health and Wellbeing services
  - Integrated Urgent and Community Care
  - Specialised Services

# Caring Together: Process for developing care models for 2016/17 priorities

DRAFT



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## CHESHIRE EAST COUNCIL

### REPORT TO: Health and Adult Social Care Overview and Scrutiny Committee

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**Date of Meeting:** 6 July 2016  
**Report of:** Audit and Governance  
**Subject/Title:** Work Programme update

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#### **1.0 Report Summary**

- 1.1 To review items in the 2016/17 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 reviewed and updated following actions from the meeting and other amendments.

#### **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 Background and Options**

- 6.1 In reviewing the work programme, Members must pay close attention to the Corporate Priorities and Forward Plan.
- 6.2 Following this meeting the document will be updated so that all the appropriate targets will be included within the schedule.
- 6.3 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

6.4 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

### **7.0 Access to Information**

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

Name: Mark Nedderman  
Designation: Scrutiny Officer  
Tel No: 01270 686468  
Email: [mark.nedderman@cheshireeast.gov.uk](mailto:mark.nedderman@cheshireeast.gov.uk)



# Health and Adult Social Care Overview and Scrutiny Committee – 16 June 2016

## Future Meetings

Formal Meeting	Formal Meeting	Informal Meeting	Formal Meeting	Informal Meeting	Formal Meeting
Date: <b>6 July 2016</b> Time: 10:00am Venue: Council Chamber, Crewe	Date: <b>8 Sept 2016</b> Time: 10:00am Venue: Committee Suites, Westfields	Date: <b>6 Oct 2016</b> Time: 10:00am Venue: Committee Suites, Westfields	Date: <b>3 Nov 2016</b> Time: 10:00am Venue: Committee Suites, Westfields	Date: <b>1 Dec 2016</b> Time: 10:00am Venue: Committee Suites, Westfields	Date: <b>12 Jan 2016</b> Time: 10:00am Venue: Committee Suites, Westfields

## Essential items

Item	Description/purpose of report/comments	Outcome	Lead Officer/organisation/Portfolio Holder	Suggested by	Current position	Key Dates/Deadlines
Implementation of the Care Act 2014	Committee offered the opportunity to take part in co-design of new service and delivery models for care	People live well and for longer	Director of Adult Social Care & Independent Living	Director of Adult Social Care & Independent Living	Committee accepted invitation to take part. Work to be scoped	TBA
Adult Social Care Provider Fees	Committee offered the opportunity to take part in the review of delivery models for domiciliary and residential care in future	People live well and for longer	Director of Adult Social Care & Independent Living	Director of Adult Social Care & Independent Living	Committee accepted invitation to take part. Approved by Cabinet in Feb 16	TBA
Ambulance Services	Committee wishes to hold a select committee style review of ambulance services with NWS and stakeholders to consider response times in particular	People live well and for longer	NWS, Acute Trusts, CCGs Council Fire +Police RSLs	Committee	Review completed 24 March 2016. Draft report approved 29 April 2016	Responses by 19 August to be Reviewed at 8 September 2016 meeting
Access to GPs and GP Services	To consider the level of access and range of services provided by GPs across the Borough with a view to promoting greater access and	People live well and for longer	GPs/NHS England CCGs Healthwatch	Chairman	Healthwatch Cheshire East has recently completed a piece of research	20 January 2016 HWCE event was postponed.

## Health and Adult Social Care Overview and Scrutiny Committee – 16 June 2016

	reducing health inequalities- also to include pharmacies, recruitment of GPs and nurse specialists.				on access to services which will inform Cttee's direction	Report to be submitted to Cttee
Pharmacies	Potentially to be considered alongside GP Access	People live well and for longer	Public Health, CCGs, NHSE	Committee	Healthwatch is planning to carry out a patient survey	On hold
Director of Public Health Annual Report 2013, 2014 and 2015 review	To look at whether the recommendations of the DoPH in previous reports have been implemented and improvements made	People live well and for longer	All Cheshire East commissioner and providers	Chairman	Letter to commissioners drafted and due to be spent. 29 April item postponed	Chairman Proposes October 2016
Residential and Domiciliary Care Commissioning Annual Reports	To consider the state of services via annual reports	People live well and for longer	Director of Adult Social Care & Independent Living	Chairman's 1:1	Agreed with previous Director to provide reports at 1:1. New Director agree but deferred from July	TBA
Cancer Screening	To receive a briefing on up take of screening services and impact of cancer survival rates	People live well and for longer	Consultant of Public Health	Chairman's 1:1	Agreed with Director at 1:1	9 June 2016
Mental Health Reablement	To establish the future delivery of mental health reablement services	People live well and for longer	Council, SCCC and ECCC	Committee	Commissioners to be requested to provide item	TBA
South Cheshire Mental Health Gateway	To provide Committee's view on proposals relating to a new Mental Health Service	People live well and for longer	South Cheshire CCG	South Cheshire CCG	CCG agreed to bring item to Committee meeting	Meeting 6 July 2016 Agenda 28 June 2016
Public Health Service Projects	To assess the schemes which public health piloted	People live well and for longer	Director of Public Health	Committee	Committee added to work programme at Feb meeting	TBA

## Health and Adult Social Care Overview and Scrutiny Committee – 16 June 2016

Cheshire and Wirral Partnership NHS Trust	To consider performance information specific to Cheshire East following Quality Account meeting in May 2016	People live well and for longer	CWP	Committee	CWP agreed to provide item when required. Proposed 3 Nov meeting	3 Nov 2016
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### Monitoring Items

Item	Description/purpose of report/comments	Outcome	Lead Officer/organisation/Portfolio Holder	Suggested by	Current position	Key Dates/Deadlines
Joint Strategy for Carers	Presentation of the draft Joint Carers Strategy 2016-2018 and the planned 3 year action plan to support carers in Cheshire East	People live well and for longer	Commissioning Manager (Rob Walker)	Committee	Strategy and response to Carers Task Group Report received in Jan 2016. Follow up TBA	
Future of Carer Respite	Further to the Call In Meeting – to review the progress of the decision to secure alternative carer respite support via a formal tender process, initially in November 2015	People live well and for longer	Director of Adult Social Care & Independent Living	Committee	Report updating the committee on implementation of the Cabinet decision received in Nov 2015. First report on performance received in April 16	Next update November 2016
Health and Wellbeing Board	Consider report and action plan developed following a peer review of the HWB in November 2014	People live well and for longer	Head of Health Improvement	Committee	Development of an MoU with the Board and Healthwatch ongoing	On hold
Better Care Fund	To monitor the achievement of	People live	Commissioning	Committee	Briefing on 2016/17	

## Health and Adult Social Care Overview and Scrutiny Committee – 16 June 2016

	health and social care integration and improved health outcomes through BCF schemes	well and for longer	g Manager (Caroline Baines)		funding received at 3 March 2016 meeting	
Local Safeguarding Adults Board	The Committee wishes to receive a presentation from the Board at an informal meeting as part of it's scrutiny role to monitor the adult safeguarding	People live well and for longer	Business Manager LSAB	Committee	Briefing from Robert Templeton received at February informal	
ESAR	To monitor the performance of the Charitable Trust set up to run the Council's leisure facilities	People live well and for longer	Corporate Commissionin g Manager: Leisure	Committee	Most recent item received in sept 2015	

### Possible Future/ desirable items

- Healthwatch Commissioning (Lynn Glendenning)
- Mental Health Services