

Health and Adult Social Care Overview and Scrutiny Committee

Agenda

Date: Thursday, 9th June, 2016
Time: 10.00 am
Venue: Committee Suite 1,2 & 3, Westfields, Middlewich Road,
Sandbach CW11 1HZ

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

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

1. **Apologies for Absence**

2. **Minutes of Previous meeting** (Pages 1 - 8)

To approve the minutes of the meetings held on 17 May 2016, 19 May 2016 (10:30am), and 19 May 2016 (1pm)

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**

For requests for further information

Contact: James Morley

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E-Mail: james.morley@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. **NHS Eastern Cheshire CCG - Financial Position Briefing**

To receive a short briefing about NHS Eastern Cheshire Clinical Commissioning Group's financial position

7. **NHS Eastern Cheshire CCG - proposals to change stroke services** (Pages 9 - 16)

To consider a report on proposals to change stroke services provided in Eastern Cheshire CCG area

8. **NHS Eastern Cheshire CCG - proposals for changes to medicine prescribing and self care** (Pages 17 - 34)

To consider a report on proposals to change medicine prescribing and policy around patient self care in Eastern Cheshire CCG area

9. **Cancer Screening** (Pages 35 - 36)

To consider a briefing on cancer screening activity and effectiveness in Cheshire East

10. **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 Tuesday, 17th May, 2016 at East Committee Room - Municipal Buildings, Earle Street, Crewe, CW1 2BJ

PRESENT

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

Councillors D Bailey, Rhoda Bailey, B Dooley, D Flude and A Moran

Apologies

Councillors G Merry

ALSO PRESENT

Councillor J Clowes – Cabinet Member for Adult Social Care and Integration
Jayne Hartley – Mid Cheshire Hospitals NHS Foundation Trust
James Morley – Scrutiny Officer

15 MINUTES OF PREVIOUS MEETING

RESOLVED – That the minutes of the meeting held on 29 April 2016 be approved as a correct record and signed by the Chairman

16 DECLARATIONS OF INTEREST

There were no declarations of interest

17 DECLARATION OF PARTY WHIP

There were no declarations of party whip

18 PUBLIC SPEAKING TIME/OPEN SESSION

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

19 MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST QUALITY ACCOUNT 2015/16

Jayne Hartley, Deputy Director of Nursing and Quality, provided an overview of the Quality Accounts 2015/16 for Mid Cheshire Hospitals NHS Foundation Trust (MCHFT). During the presentation members of the Committee asked questions and discussed their views on the Quality Account.

The following comments arose:

- Overall the Committee was pleased with the content of the Quality Account and believes it provides a good picture of the performance of the Trust.
- The Committee was pleased to see that the Trust's financial deficits had been reduced and hoped that financial stability was sustainable in the long term.
- The Committee noted the Trust's success in achieving zero MRSA and CDiff cases as well as no 'never events' as well as the 95% approval rating from the Friends and Family Test.
- The Trust's performance on the Emergency Department (ED) waiting times did not meet the national target of 95% patients discharged or admitted with four hours. However the Committee understood the pressures facing ED's which were discussed in the Committee's recent Ambulance Services Report.
- The Committee was concerned about the length of stays for patients and delayed discharges, which in turn affects ED waiting times.
- The Committee also noted the relatively high rates of readmissions within 30 days and wanted to ensure that patients were discharged at the right times and that effective recovery and care services were in place for them.
- The Committee also recognised a concern about an apparent need for additional intermediate care beds in the community to provide the additional care patients need to enable them to be discharged from hospital on time.
- The Committee shared the Trust's disappointment with the increase in pressure ulcers cases and supported efforts to improve equipment and staff training to ensure pressure ulcers did not occur while patients were in hospital.
- The Committee noted the nurse staffing levels of the Trust and supported efforts to train additional nurses locally in partnership with South Cheshire College and hoped more local young people looking to enter a career in nursing could be supporting into a role at their local Trust.

The Committee was requested to submit a statement regarding its views on the Quality Account to MCHFT so that it could be included in the final version of the Quality Account.

RESOLVED:

- (a) That the Mid Cheshire Hospitals NHS Foundation Trust Quality Account for 2015/16 be noted.
- (b) That the Chairman be requested to write to the Trust to submit the Committee's statement for inclusion in the Quality Account.

The meeting commenced at 1.00 pm and concluded at 2.40 pm

Councillor J Saunders (Chairman)

CHESHIRE EAST COUNCIL

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

held on Thursday, 19th May, 2016 at The Capesthorne Room - Town Hall,
Macclesfield SK10 1EA

PRESENT

Councillor J Saunders (Chairman)

Councillors Rhoda Bailey, B Dooley, L Jeuda and A Moran

Apologies

Councillors S Pochin, D Bailey and G Merry

ALSO PRESENT

Councillor J Clowes – Cabinet Member for Adult Social Care and Integration

Audrey Jones – Cheshire and Wirral Partnership NHS Foundation Trust

James Morley – Scrutiny Officer

21 DECLARATIONS OF INTEREST

There were no declarations of interest

22 DECLARATION OF PARTY WHIP

There were no declarations of party whip

23 PUBLIC SPEAKING TIME/OPEN SESSION

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

24 CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST QUALITY ACCOUNT 2015/16

Audrey Jones, Head of Clinical Governance, provided an overview of the Quality Accounts 2015/16 for Cheshire and Wirral Partnership NHS Foundation Trust (CWP). During the presentation members of the Committee asked questions and discussed their views on the Quality Account.

Regarding the performance of the Trust the following comments were made:

- The comments that councillors on the Committee most often received about services were related to extended waiting times, particularly for services for children and young people. The Committee wanted to see more information in the Quality Account about waiting times and how delays impacted on patients' wellbeing.
- The Committee was disappointed with the resourcing of PALS and complaints as it did not believe that one full time post was able to

effectively provide the services across the large area that CWP covered. The Committee hoped to see greater resourcing of PALS in future to facilitate an increase in activity.

- The Committee was also keen to understand why there had been a significant reduction since 2013/14 in the Trust's compliance with 'advancing the quality programme for dementia and psychosis'; although the Trust was still achieving above target there had been a worrying decline.

Regarding the content of the Quality Account the following comments arose:

- The Committee was disappointed with the content of the Quality Account as it did not provide a clear picture of the performance of the Trust in terms of providing good quality outcomes for patients. More information was required in the Quality Account to provide context to the figures provided and enable the Committee to effectively scrutinise the performance of the Trust.
- The Quality Account also failed to provide sufficient information about how the Trust was going to achieve its objectives and how it was going to address the weaknesses that the CQC report, although generally rated as good, highlighted.
- The Committee hoped that future Quality Accounts would provide much more meaningful information to demonstrate that the Trust was delivering a good quality services that provided excellent experiences and outcomes for patients.
- The Committee was also disappointed with the lack of information regarding eating disorders and suicides which were considered to be a very important issue that affected a lot of people; particularly young people.

It was not possible to ascertain whether performance in Cheshire East was equal to other areas, or whether there were issues in particular parts of Cheshire East, based on the information provided in the Quality Account. The Committee understood that the Trust worked across a large geographical area that covered several local authorities however it wanted more information about performance in Cheshire East. The Committee agreed to request more detailed information about Cheshire East and have more in-depth discussions with senior representatives of the Trust at a future meeting.

The Committee was requested to submit a statement regarding its views on the Quality Account to CWP so that it could be included in the final version of the Quality Account.

RESOLVED:

- (a) That the Cheshire and Wirral Partnership NHS Foundation Trust Quality Account for 2015/16 be noted.
- (b) That the Chairman be requested to write to the Trust to submit the Committee's statement for inclusion in the Quality Account.
- (c) That an item to request attendance of the Trust at a future meeting to discuss performance in Cheshire East be added to the work programme.

The meeting commenced at 10.30 am and concluded at 11.40 am

Councillor J Saunders (Chairman)

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CHESHIRE EAST COUNCIL

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

held on Thursday, 19th May, 2016 at The Capesthorne Room - Town Hall,
Macclesfield SK10 1EA

PRESENT

Councillor J Saunders (Chairman)

Councillors Rhoda Bailey, B Dooley, L Jeuda and A Moran

Apologies

Councillors S Pochin, D Bailey and G Merry

ALSO PRESENT

Councillor J Clowes – Cabinet Member for Adult Social Care and Integration

Kath Senior – East Cheshire NHS Trust

Carol Seddon – East Cheshire NHS Trust

James Morley – Scrutiny Officer

26 DECLARATIONS OF INTEREST

There were no declarations of interest

27 DECLARATION OF PARTY WHIP

There were no declarations of party whip

28 PUBLIC SPEAKING TIME/OPEN SESSION

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

29 EAST CHESHIRE NHS TRUST QUALITY ACCOUNT 2015/16

Kath Senior, Director of Nursing, Performance and Quality, and Carol Seddon, Deputy Director of Nursing and Quality, provided an overview of the Quality Accounts 2015/16 for East Cheshire NHS Trust (ECT). During the presentation members of the Committee asked questions and discussed their views on the Quality Account.

The following comments arose:

- Overall the Committee was pleased with the content of the Quality Account and believed it provided a good picture of the performance of the Trust.
- The Committee was pleased the Trust's out of hours service received a good rating from CQC and following its meeting on 11 March 2016 was

assured that the Trust provided a safe service and hoped the CQC reinspection resulted in an overall rating of Good.

- The Committee noted the issues the Trust had with recruitment of staff, particularly nurses, and hoped the Trust was able to address the spending on agency staff. The Committee supported the efforts the Trust was making to recruit new nurses from abroad but hoped that it was also able to recruit nurses locally from those young residents who were interested in a career in nursing.
- The Trust's performance on the Emergency Department (ED) waiting times was below the national target. The Committee understood the pressures facing ED's which was discussed in the Committee's recent Ambulance Services Review. The Committee had also noted similar levels of performance from the Mid Cheshire Hospitals NHS Foundation Trust Quality Account during its review on 17 May 2016.
- The Committee was concerned about the length of stays for patients and delayed discharges, which in turn affected ED waiting times and again noted that a similar situation was apparent in Mid Cheshire. The Committee wanted to consider conducting a scrutiny review of delayed discharge during the 2016-17 municipal year.
- While the Committee supported the efforts of the Trust and its staff to deliver the best quality of care to Cheshire East residents it noted the Trust's financial position and expressed concern about the size of the deficit. The Committee hoped that efforts to address the situation were successful in bringing the Trust closer to a sustainable financial position.

The Committee was requested to submit a statement regarding its views on the Quality Account to ECT so that it could be included in the final version of the Quality Account.

RESOLVED:

- (a) That the East Cheshire NHS Trust Quality Account for 2015/16 be noted.
- (b) That the Chairman be requested to write to the Trust to submit the Committee's statement for inclusion in the Quality Account.
- (c) That a review of delayed discharged from hospitals in Cheshire East during the 2016/17 municipal year be added to the work programme.

The meeting commenced at 1.00 pm and concluded at 2.20 pm

Councillor J Saunders (Chairman)



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

Date of Meeting: 9 June 2016
Report of: Associate Director of Commissioning
Subject/Title: Commissioning best practice stroke care for the people of Eastern Cheshire
Responsible Body: NHS Eastern Cheshire Clinical Commissioning Group

1.0 Report Summary

- 1.1 Last year 311 people in Eastern Cheshire suffered a stroke which has a devastating and lasting impact on people's lives and on the nation's health and economy.
- 1.2 Strokes are a blood clot or bleed in the brain which can leave lasting damage, affecting mobility, cognition, sight and/or communication. The effects can include speech loss, physical disability, loss of cognitive and communication skills, depression and other mental health problems.
- 1.3 Whilst 145 patients received inpatient treatment at East Cheshire NHS Trust, of these 82 received all their hospital care on the Macclesfield site with a further 63 transferred back to Macclesfield from specialist centres. The numbers of patients receiving their initial care at a specialist centre has continued to rise through the year meaning that the proportion of people receiving all care at East Cheshire Trust would be much lower in 2016-17.
- 1.4 Of the 276 people who survive the stroke there are 125 who would benefit from a programme of specialised community rehabilitation which is currently not available for the people of Eastern Cheshire to access.
- 1.5 In October 2016 East Cheshire NHS Trust notified Eastern Cheshire Clinical Commissioning Group (ECCCG) of their intention to withdraw from the provision of acute Stroke 'in patient' care from 1st April 2016. This decision was taken as the Trust identified they were unable to provide the service to the required national clinical standards due to an inability to recruit specialist stroke personnel to their service.
- 1.6 ECCCG has secured an interim solution until October 1st 2016 with the last patients entering the service in September 2016 to allow new arrangements for stroke care to be agreed. This 6 month arrangement has incurred an additional £800,000 cost to the CCG to cover the costs requested by East Cheshire Trust to continue providing

the service for this period and, to Stockport Foundation Trust to provide additional clinical support to the service.

- 1.7 ECCCCG has identified two clear options for the re- provision of this service from October 16 onwards:
- 1.8 Option one would see a new provider of care operating on the Macclesfield Hospital site at an additional cost of approximately £1.7 million pounds.
- 1.9 Option two would be to transfer all hospital inpatient care to our two existing main specialist centres at Stockport Foundation Trust and University Hospital North Midlands (Royal Stoke).
- 1.10 Both options are conditional on the delivery of a specialist stroke community rehabilitation service. This includes 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.

2.0 Recommendation

- 2.1 Having considered the clinical and financial impact of both options, Eastern Cheshire CCG recommends option two: deliver all inpatient care from the two main existing specialist centres.
- 2.2 Eastern Cheshire CCG is to work with the specialist centres to commission an evidence based specialist community stroke rehabilitation service to maximise the recovery potential of stroke survivors and reduce the time spent in hospital.

3.0 Reasons for Recommendation

- 3.1 There is strong evidence that inpatient care within a specialist centre and access to specialist community stroke rehabilitation services results in less deaths and better recovery for stroke survivors.
- 3.2 The proposed cost of renting space at the Macclesfield hospital facility carries an additional worst case financial pressure of £1.7m. It is recognised however that there will also be transitional cost pressures in implementing the required additional capacity at the specialist centres although a final agreement with Stockport and University Hospital North Midland Midlands has not yet been reached. Any additional costs will need to be recovered which would require significant savings to be identified from elsewhere in the CCG commissioning budgets.

4.0 Wards Affected

- 4.1 All wards covered by Eastern Cheshire CCG. We will continue to work with University Hospital North Midlands for patients with a Congleton and Holmes Chapel

post code with the remainder of the Eastern Cheshire CCG population accessing acute in-patient care at Stockport Foundation Trust.

5.0 Background

- 5.1 Each Year approximately 311 people in Eastern Cheshire will suffer a stroke of which 35 people will not survive to leave hospital.
- 5.2 In accordance with national best practice, all Eastern Cheshire patients who present with signs of a stroke are taken directly to one of three major specialist acute centres; Salford, Stockport and Stoke where they receive care for up to 72 hours.
- 5.3 For those people who survived a stroke in 2015-16, 155 will go home after their immediate treatment and 82 received further acute/rehabilitation at East Cheshire Trust for the remainder of their hospital in-patient care.
- 5.4 There is currently no specialist community stroke rehabilitation service available to the people of Eastern Cheshire which results in longer stays in hospital and poorer long term outcomes.
- 5.5 In October 2015 East Cheshire NHS Trust indicated their intention to cease providing acute and inpatient rehabilitation stroke services with effect from 1st April 2016.
- 5.6 As a responsible commissioner, and at a considerable additional cost, Eastern Cheshire CCG has agreed an interim solution with East Cheshire Trust to enable clinically safe services to continue on site for 6 months whilst options are developed for future provision and allow patient and public consultation to take place.

Options

- 5.7 Two possible options are presented here for consideration, with option two preferred:
- 5.8 **Option one: Alternative provider on East Cheshire Trust site**

Pros

- Relatives/carers do not have to travel to visit in patients

Cons

- Macclesfield site costs include a significant financial pressure which will have to be recovered by cuts in funding to other services
- Limited access to specialist facilities, interventions and expertise particularly overnight and weekends where it is not feasible to have specialists on site at all times
- Patients need to be transported by ambulance if ongoing hospital care is needed after their diagnosis and treatment in the specialist centre
- Poorer long term outcomes for patients
- Unable to invest in community rehabilitation services

- Length of hospital stay would be longer with higher risk of infection and mortality
- Difficulties recruiting staff to work in “outlying site” compared to “specialist site”

5.9 **Option two: combine hyper acute and acute care in specialist centres and commission a specialist rehabilitation service to expedite discharge home**

Pros

- Significant improvement in patient outcomes and recovery
- Specialist staff available on site 24 hours per day 7 days per week
- Length of hospital stay would be shorter with lower risk of infection and mortality
- Affordability
- Funding can be released to fund specialist community rehabilitation service
- Continuity of care and less moves between sites for the patient during their treatment
- Consistent with national strategy for “local sector based” stroke care

Cons

- Travelling to visit patients may be more difficult for relatives/carers

Evidence Base

5.10 National picture

- Every year approximately 110,000 people in England have a stroke.
- Stroke is the third largest cause of death in England, causing 7% of deaths.
- 20-30% of people who have a stroke will die within a month
- 25% of strokes occur in people who are under the age of 65
- There are over 900,000 people living in England who have had a stroke
- Stroke is the single largest cause of adult disability. 300,000 people in England live with moderate to severe disability as a result of stroke
- People from certain ethnic minorities are at a higher risk of stroke

5.11 Local picture

- Across Eastern Cheshire 311 people have a stroke each year, the incidence between males and females is the same.
- 50% (156) of people are over 80 years of age
- 10% (31) of people recover with no or very minimal lasting disability
- Of those who survive, 199 will need an ongoing period of hospital inpatient care

- 70% (218) of stroke survivors would benefit from some level of rehabilitation
- 40% (125) would be eligible for intensive rehabilitation at home, reducing their time in hospital

5.12 Acute in patient Care

5.12.1 Research findings show that access to specialist centres for stroke patients increases both survival rates and recovery from disability and that is due to access to a range of interventions, including but not exclusively clot busting therapies and expert care from specialist multi professional teams (Hunter et al 2013, Davie et al 2013, Morris et al 2014).

5.12.2 *The evidence therefore supports option two, transferring all inpatient care to existing major specialist centres will result in improved outcomes for stroke survivors.*

5.12.3 In September 2016 East Cheshire Trust will not be the providers of acute stroke care for the people of Eastern Cheshire. Whilst modelling work is required to confirm exactly how many beds are required moving forward it is likely to reduce significantly from the 28 currently within the stroke unit. To support the safe care of people at East Cheshire Trust during the planning phase Stockport FT will provide interim support to ensure the service continues on site, whilst they create the physical capacity to take on the acute service from September at Stepping Hill.

5.12.4 Eastern Cheshire CCG has agreed to fund East Cheshire Trust £800,000 to utilise facilities on site to ensure services are safe and sustainable. This amounts to an annual increase of £1.7 million for stroke services to retain the East Cheshire Hospital site.

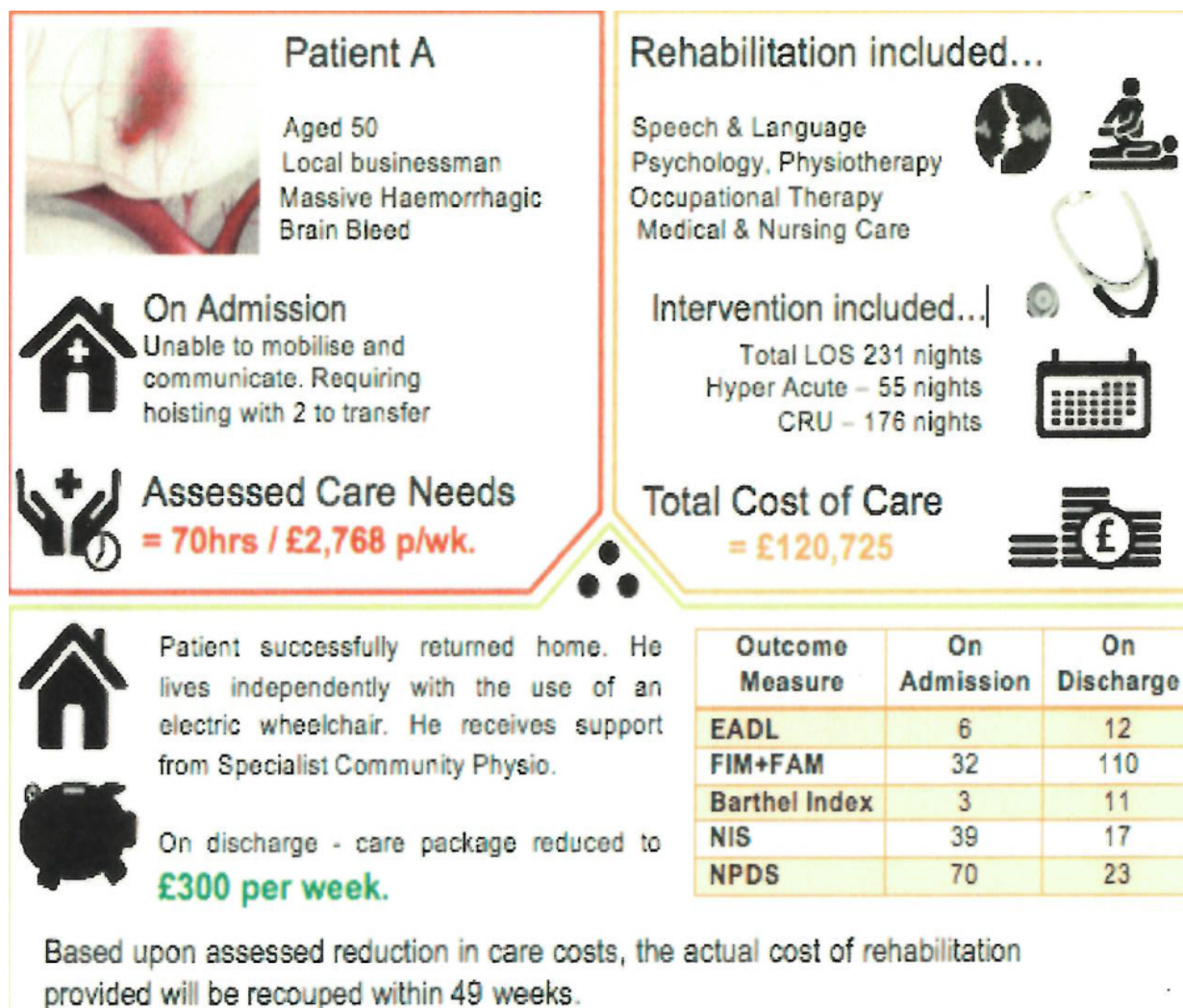
5.12.5 *Given the financial constraints currently identified by the CCG and the evidence of poorer outcomes for patients, this additional investment is not considered to constitute value for money and therefore supports option two, transferring all inpatient care to existing major specialist centres will result in improved outcomes for stroke survivors.*

5.13 Specialist Community Stroke Rehabilitation

5.13.1 The existing average length of time a stroke survivor spends in East Cheshire Trust is 36.5 days. Stockport Foundation Trust have indicated that with access to integrated specialist community stroke rehabilitation this could reduce to at least 17 days (Greater Manchester average) and University Hospital North Midlands are projecting even shorter length of stay.

5.13.2 The cost of rehabilitation needs to be considered alongside the option of providing traditional care at the point of discharge from hospital. In the real example give below the high initial cost is off set against the annual cost of caring for someone for 25+ years.

5.13.3 The example clearly supports the proposal of an integrated approach to provision as the assessed care needs would be both health and social care.



5.14 Patient and Public engagement

The CCG will work in partnership with the stroke association to conduct patient and public engagement events both to test the options identified and shape the approach to the development of the specialist community stroke rehabilitation service.

5.15 Clinical Engagement

The CCG has worked closely with the clinical network on the development of plans for stroke services. Proposals will be presented to the Member practices for the CCG at their meeting in June 2016.

5.16 Partnership working

The development of rehabilitation services will be in partnership with Cheshire East Council and is a key priority for Joint Commissioning and the

urgent care partnership (system resilience group) five point improvement plan.

6.0 References

- 6.1 Hunter RM, Davie C, Rudd A, Thompson A, Walker H, Thomson N, Mountford J, Schwamm L, Deanfield J, Thompson K, Dewan B, Mistry M, Quoraishi S, Morris S (2013) 'Impact on clinical and cost outcomes of a centralized approach to acute stroke care in London: a comparative effectiveness before and after model'.
- 6.2 Davie C, Hunter RM, Mountford J, Morris S (2013) London's Hyperacute Stroke Units Improve Outcomes and Lower Costs. Available from <https://hbr.org/2013/11/londons-hyperacutestroke-units-improve-outcomes-and-lower-costs>.
- 6.3 Morris S, Hunter RM, Ramsay AI, Boaden R, McKeivitt C, Perry C, Pursani N, Rudd AG, Schwamm LH, Turner SJ, Tyrrell PJ, Wolfe CD1, Fulop NJ (2014) 'Impact of centralising acute stroke services in English metropolitan areas on mortality and length of hospital stay: difference-in-differences analysis'. BMJ 349, g4757

11.0 Access to Information

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

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Designation: Associate Director of Commissioning

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

Date of Meeting: 9 June 2016
Report of: Deputy Head of Prescribing and Medicines Optimisation
Subject/Title: Guidelines for Self Care
Responsible Body: NHS Eastern Cheshire Clinical Commissioning Group

1.0 Report Summary

- 1.1 The CCG is considering implementing restrictions on prescribing medicines for conditions amenable to self care. The purpose of implementing this policy is to:
 - 1.1.1 Improve our population's health and wellbeing by encouraging them to take greater responsibility for their health
 - 1.1.2 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*
 - 1.1.3 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 (for General Sales List [GSL] medicines) and community pharmacies (for Pharmacy [P] medicines).

2.0 Recommendation

- 2.1 It is recommended that the CCG conducts a programme of engagement and education to determine the views of patients, clinicians and the public on implementing a policy restricting access to a range of medicines in order to reduce unnecessary contacts with General Practice by upto 124,000 encounters per year and release approximately £500,000 of the CCG prescribing budget to support other services or treatments for more serious conditions.

3.0 Reasons for Recommendation

- 3.1 The Eastern Cheshire Caring Together Programme includes empowerment of our population to be responsible for their health and wellbeing as a key part of our strategy to improve healthcare. The NHS Constitution places a responsibility on patients and the public to recognise that they can make a significant contribution to good health, and to take personal responsibility for this. Increasingly, people can use the internet (e.g. NHS choices), telephone services (e.g. NHS 111), services such as the CATCH app and health care professionals other than GPs (e.g. community pharmacists) to obtain health advice and information.

- 3.2 The medicines included in the proposals for restricted access are available to purchase from retail outlets (General Sales List [GSL] items) and pharmacies (GSL and Pharmacy [P] medicines), and this provides assurance that they are reasonably safe to be used with little or no medical supervision.
- 3.3 Pharmacies and retail outlets are responsible for placing limits on purchased medicines where patients fall outside the “Summary of Product Characteristics” for each medicine. This provides a safety net for patients, and also provides the basis for exceptionality where some people will continue to be able to access medicines on prescription.
- 3.4 Most of the medicines included in the policy are available to purchase for less than the current prescription charge of £8.40, but patients who receive free prescriptions on the grounds of age, income or health status may consider the change adversely. Many other areas of the country have either already implemented similar policies or are considering making these changes.

4.0 Wards Affected

- 4.1 All wards covered by Eastern Cheshire CCG.
- 4.2 As most people will experience a minor health condition from time to time, this proposal to reduce appointments with general practice and to restrict prescribing of medicines for self-care will impact across the whole population, but is not expected to make a significant difference to the health of the population since the medicines can be purchased “over the counter”.
- 4.3 The CCG engagement and education exercise will be developed to canvas views from the general population, with particular attention being paid to gathering view from groups who are exempt from the prescription charge including:
 - 4.3.1 Families / carers of children and young people
 - 4.3.2 Young people aged over 16 in full time education
 - 4.3.3 Pregnant women and new mothers
 - 4.3.4 Patients aged 60 or over
 - 4.3.5 Patients with long term health conditions that entitle them to free prescriptions
 - 4.3.6 People in receipt of low income benefits
- 4.4 Exceptionality on clinical grounds will be determined as per the policy and by health professionals either at the point of sale (in the case of community pharmacists) or during consultations (in the case of general practice). Medicines will continue to be available on prescription in these cases where a medicine is not available or suitable for purchase.
- 4.5 It is estimated that only 12% of people pay for prescriptions, and hence that there may be a disparity in consultation rates between patients who pay the prescription charge and patients who do not. The proposal removes this potential inequity from the system.

5.0 Background

- 5.1 The table in Appendix 1 summarises the medicines that the CCG is proposing that people purchase for themselves instead of receiving on prescription. Restricting prescribing of these items is expected to save approximately £500,000 per annum. It is more difficult to estimate the number of people affected by the change. The number of items is shown in the table and each item can be considered to be an

encounter with a health profession to prescribe the medicine, and another encounter with a community pharmacist to dispense it. However, it is not known if each item represents a prescription for a different person or several items for the same person, and it is more likely that some people will have received several items over the course of a year.

- 5.2 The Draft policy in Appendix 2 describes the proposed conditions and medicines considered suitable for Self Care without the need for a Primary Care appointment or an NHS prescription.

Appendix 3 shows an example of a draft poster we would adapt to encourage patients to be proactive and purchase medicines to keep at home for self-care purposes. It is proposed that patient education resources will be developed for this engagement and education exercise as part of our implementation approach.

- 5.3 The CCG has reviewed the approaches to consultation, and results, from elsewhere in the country in developing this scheme. In addition the CCG has received support for the approach advocated in this paper from a group formed to review “commissioning intentions” which includes members of the public and clinicians from Eastern Cheshire.

Additional engagement with patients, clinicians and the public will take the form of surveys promoted through online and offline channels, presentations at HealthVoice and Patient Participation Group meetings. The CCG communications and engagement team will also consider the viability of a large scale communications campaign consisting of posters and other printed literature as well as local radio adverts to promote the scheme. Engagement with Eastern Cheshire GPs will be facilitated through Locality Meetings and the CCG Members Newsletter.

6.0 Access to Information

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

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<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

Appendix 1. Summary of number of encounters and cost of medicines that could be purchased for self care.

Table 1. Summary of treatments used for minor health conditions that it is proposed that people buy instead of obtaining on prescription.		
Type of medicine	Estimated Annual Items prescribed by NHS ECCCg practices	Estimated Annual Cost of the Items Prescribed and Dispensed for ECCCg residents.
Pain killers for minor conditions (e.g. acute back pain, headache, strains and sprains)	47,229	£166,640.49
Medicines for minor / acute gastrointestinal conditions (diarrhoea, constipation, haemorrhoids, indigestion)	30,087	£145,627.62
Cough and cold remedies (including cough and cold proprietary medicines and nasal congestion)	13,870	£72,844.50
Antihistamines and anti-inflammatory medicines for minor allergies (e.g. hay fever)	16,070	£43,795.10
Creams and ointments for minor skin conditions (e.g. rash, dermatitis, mild acne, cold sores and head lice)	13,367	£86,814.80
Products promoted to maintain good health (e.g. multivitamin preparations without a diagnosed deficiency, herbal and homeopathic products, probiotics, ear wax softeners, eye cleansing products, glucosamine, chondroitin, fish oils and co-enzyme Q)	3,338	£43,030.63
Total	123,959	£558,753.14

Note that the cost estimate is the cost of the medicines charged to the CCG prescribing budget; these costs do not include an estimate of the value of GP consultations and pharmacist dispensing fees associated with them.

Appendix 2. Proposed Self Care Policy

Guidelines for Self-Care

NHS Eastern Cheshire CCG recommends that patients are empowered to care for themselves with medicines that can be purchased for minor conditions when this is appropriate. The CCG recommends information and resources such as NHS choices, NHS 111 and community pharmacies to support people in determining which conditions are amenable to self-care with simple remedies that may be purchased from pharmacies and other outlets (e.g. supermarkets, health shops)

Improved levels of self-care within the population are expected to:

- Reduce demand for appointments in primary care, thus safeguarding appointments for patients with more serious health problems
- Reduce NHS expenditure on medicines that can be purchased, thus safeguarding resources for medicines that are only available on prescription.

It is estimated that up to 1 hour per day per GP time and £XX per month in NHS prescription costs could be avoided by the implementation of this guidance.

Background

The following tables show conditions that are generally suitable for self-care, and medicines that are available to purchase to relieve symptoms and /or aid recovery. It is recommended that patients are encouraged to manage these conditions without the need for a primary care appointment or NHS prescription. NHS choices and NHS 111 are available for advice online and by telephone, and community pharmacists can also advise patients about their conditions and appropriate medicines.

The following principles have been used when compiling the list of conditions and medicines/

1. The conditions included are able to be diagnosed without medical help
2. The conditions can be treated with over the counter (P and GSL) medicines, or will resolve without any treatment
3. All contraindication and cautions in the product summary of characteristics will apply at the point of sale, and are not detailed in the lists below. Common exclusions to sales of medicines will be young children and women who are pregnant or breastfeeding.
4. This guidance applies only to situations where NHS Choices recommends self-care. For some conditions this will be related to the severity of the condition (e.g. mild acne is included but severe acne requires prescription medicines) and/or to the duration of the condition (for example cough that has persisted for more than 3 weeks requires a GP appointment).
5. Where patients consult for the self-care amenable conditions, prescribers and patients should be mindful that treatments prescribed will be those that are licensed as medicines, cost-effective and provide a clear health benefit. This excludes many preparations considered to be foods or health supplements. Patients can expect that they may be directed to purchase medicines for the conditions included in the following lists

Conditions / Situation	Example of medicines that can be purchased (P and GSL presentations)	Example Products (This list gives examples and is not exhaustive_	Exceptions and instances where conditions may require a medical opinion (refer to NHS choices and individual product Summary of Product Characteristics for further information)	Comments
Back Pain / Headache / Strains and Sprains / Period Pain	Paracetamol NSAIDs such as Ibuprofen Combination analgesics (e.g. co-codamol)	Analgesics -brands include: Alka-Seltzer, Anadin, Calpol, Calprofen, Codis, Cuprofen, Disprin, Feminax, Galpamol Galprofen, Hedex / Hedex Extra, Ibucalm, Ibufem Mandafen, Mandanol Midrid, Migraleve Nurofen / Nurofen Plus Nuromol, Orbifen Panadol / Panadol Extra / Panadol Night pain / Panadol Ultra, Paracodol Paramol, Solpadeine / Solpadeine Max/ Solpadeine Migraine / Solpadeine Plus Syndol Headache Relief Ultramol, Veganin Rubefacients and topical analgesics: e.g. 4head, Algesal, Balmosa, Deep Freeze / Deep Heat Deep Relief Diffiam, Dubam, Dulbalm,	Back pain People needing more paracetamol than can be purchased (e.g. chronic pain requiring regular pain relief. If back pain accompanied by: high temperature (fever) unexplained weight loss a swelling or a deformity in the back it's constant and doesn't ease after lying down pain in the chest loss of bladder or bowel control an inability to pass urine numbness around the genitals, buttocks or back passage it's worse at night it started after an accident, such as after a car accident Headache Any headaches not relieved by over-the-counter treatments, or if they're so painful or frequent that they affect daily activities ability to work. Be aware of analgesic overuse headache Strains and sprains If the pain is particularly severe If the injured joint or muscle can't be moved If the injured limb or joint gives way when used If the injured area looks crooked or has unusual lumps or bumps (other than swelling)	GSL sales are limited to packs of 16 tablets/ capsules (aspirin, paracetamol and ibuprofen); P sales are limited to packs of 32 (aspirin and paracetamol) or 96 (ibuprofen) tablets/capsules

Conditions / Situation	Example of medicines that can be purchased (P and GSL presentations)	Example Products (This list gives examples and is not exhaustive_	Exceptions and instances where conditions may require a medical opinion (refer to NHS choices and individual product Summary of Product Characteristics for further information)	Comments
		Fenbid, Hirudoid, Ibucalm, Ibugel, Ibuleve, Ibumousse Ibuspray, Jointace, Movelat Nurofen gel, Transvasin , Deep Relief joint pain gel, Paineaze, Phorpain, Quool, Radian B, Salonpas, Tiger Balm, Transvasin, Traxam, Voltarol emulgel	If there is numbness, discolouration or coldness in any part of the injured area If the symptoms haven't started to improve within a few days of self-treatment Note that Aspirin treatment is not suitable for children (<16 years) because of the risk of Reye's syndrome	
Heartburn and indigestion	Antacids Alginates Simethicone/dimethicone H2 Receptor antagonists Proton pump inhibitors	Acidex, Actonorm Altacite Plus Bisodol, Buccastem M Carbellon, Eno Entrocalm, Gavilast Gaviscon range including Gaviscon Advance Kolanticon, Maalox Mucogel, Nexium control Pantoloc, Peptac Pepto-Bismol, Remegel Rennie, Setlers Topal, Tums, Wind-eze Zantac 75	Symptoms are present several times a week over-the-counter medications aren't helping symptoms are severe There is difficulty swallowing The presence of persistent vomiting, vomiting blood or unexplained weight loss Onset of symptoms in middle age Dark tarry stools	NB many antacids aren't recommended for children under the age of 12 and people with certain health conditions, such as kidney disease.
Constipation and haemorrhoids	Laxatives	Brands include: Celevac, Dioctyl, Docusol Dulcoease, Dulcolax	Persistent symptoms that don't improve pain or bleeding. GP prescribing of alternative products appropriate for	

Conditions / Situation	Example of medicines that can be purchased (P and GSL presentations)	Example Products (This list gives examples and is not exhaustive_	Exceptions and instances where conditions may require a medical opinion (refer to NHS choices and individual product Summary of Product Characteristics for further information)	Comments
	Pile (haemorrhoid) remedies	Duphalac, Entrolax Fybogel, Idrolax Laxido, Manevac Mil-Par, Molaxole Movicol, Normacol, Senokot Anacal , Anusol, Anusol plus, Anodesyn, Germoloids, Hemocane, Lanacane, Nupercainal, Preparation H	anal fissure or severe prolapsed or thrombosed haemorrhoids	
Diarrhoea and Vomiting	Rehydration products Antidiarrhoeals	Dioralyte Oralyte Diah-limit Diaquitte DioralEze Entrocalm Imodium Normaloe	Children under 12 should only have the rehydration products. Patients with significant long term conditions e.g. inflammatory bowel disease Diarrhoea / vomiting that persists for more than a week or has the following features: <ul style="list-style-type: none"> • Fresh blood in poo • persistent vomiting • a severe or continuous stomach ache • weight loss • signs of dehydration – including drowsiness, 	

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Conditions / Situation	Example of medicines that can be purchased (P and GSL presentations)	Example Products (This list gives examples and is not exhaustive_	Exceptions and instances where conditions may require a medical opinion (refer to NHS choices and individual product Summary of Product Characteristics for further information)	Comments
	Paracetamol Ibuprofen	Benlyn Day / Night Nurse Dolvan, Lemsip Nurofen Cold&flu, Olbas Max Strength, Vicks See under painful conditions list above		
Acute Nasal Congestion	Nasal sprays / drops Decongestants	Pseudoephedrine +/- other ingredients (brands include Benadryl Allergy Relief Plus Decongestant, Contac, Multi-Action Actifed Tablets, RobiCold, Sinutab, Sudafed) Nasal sprays / drops & inhalations (brands include Prevalin Allergy, Sterimar, Vicks Sinex, Vividrin, Olbas oil, /Calpol Sooth and Care, Otrivine)	Decongestants are not recommended for children under six years old and children under 12 years old shouldn't take them unless advised by a pharmacist or GP.	
Allergies	Antihistamines Eye drops	Acrivastine (brands include Benadryl Allergy Relief)	Patients with long term conditions with an allergic component e.g. eczema, asthma	

Conditions / Situation	Example of medicines that can be purchased (P and GSL presentations)	Example Products (This list gives examples and is not exhaustive_	Exceptions and instances where conditions may require a medical opinion (refer to NHS choices and individual product Summary of Product Characteristics for further information)	Comments
	Nasal sprays /drops Creams and lotions	<p>Cetirizine (brands include BecoAllergy, Benadryl Allergy, Piriteze Allergy, Pollenshield, Zirtek)</p> <p>Chlorphenamine (brands include Allerief Solution, Hayleve, Piriton, Pollenase)</p> <p>Clemastine (brands include Tavegil)</p> <p>Cyproheptadine (brands include Periactin)</p> <p>Diphenhydramine (brands include Histergan)</p> <p>Loratadine (brands include Clarityn Allergy)</p> <p>Promethazine (brands include Phenergan)</p> <p>Steroid nasal sprays (brands</p>		

Conditions / Situation	Example of medicines that can be purchased (P and GSL presentations)	Example Products (This list gives examples and is not exhaustive_	Exceptions and instances where conditions may require a medical opinion (refer to NHS choices and individual product Summary of Product Characteristics for further information)	Comments
		<p>include Beconase Hayfever Relief/Spray, Nasocort Allergy, Nasobec Hayfever, Nasofan Allergy, Pirinase Hayfever Nasal Spray, Vivabec)</p> <p>Xylometazoline (brands include Otrivine nasal drops/sprays, Sudafed Blocked nose)</p> <p>Eye drops (brands include Alomide Allergy Eye drops, Eyleergy Eye drops, Artelac, Murine Hayfever Relief Eye drops, Opticrom Allergy, Optrex Hayfever Relief, Opticrom Hayfever, Optrex Allergy, Optrex Soothing , Otrivine-Antistatin Eye drops, Pollenase Allergy)</p> <p>Prevalin Allergy products Sterimar</p>		
Dry skin, rash,	Creams and lotions	E45, E45 Itch cream	Emollients only to be prescribed for patients with a	Many

Conditions / Situation	Example of medicines that can be purchased (P and GSL presentations)	Example Products (This list gives examples and is not exhaustive_	Exceptions and instances where conditions may require a medical opinion (refer to NHS choices and individual product Summary of Product Characteristics for further information)	Comments
insect bites/stings & sunburn	Sunscreens After sun Moisturisers Bath /shower products Products for cradle cap and nappy rash	Aveeno Anthisan Balneum Calmurid Calamine lotion Care Itcheze Cetanorm Dermalex Diprobace Doublebase Drapolene Eurax Flexitol skin balm Germolene HC45 Histergan Hydromol Lanacane Lanacort cream Oilatum QV Sudocrem Unguentum Ultrabase Zerobase Ambre Solaire products Anthelios products Delph	confirmed diagnosis of significant skin disease (including eczema and psoriasis). Certain sunscreens (e.g. Uvistat) are allowed if people meet ACBS criteria as follows: Protection from UV radiation in abnormal cutaneous photosensitivity resulting from genetic disorders or photodermatoses, including vitiligo and those resulting from radiotherapy; chronic or recurrent herpes simplex labialis.	sunscreens are not prescribable on the NHS (Drug Tariff Part XVIII A).

Conditions / Situation	Example of medicines that can be purchased (P and GSL presentations)	Example Products (This list gives examples and is not exhaustive_	Exceptions and instances where conditions may require a medical opinion (refer to NHS choices and individual product Summary of Product Characteristics for further information)	Comments
		products Riemann P20 products Sunsense products Uvistat products		
Acne	Benzoyl peroxide gel Face washes	Acnecide Brevoxyl Cepton Freederm Nicom Panoxyl Quinoderm	Moderate to severe cases where OTC products have failed (follow antibiotic and dermatology guidelines).	
Cold Sores	Aciclovir Cream	Blistex Bonjela Clearsore Cymex Lypsyl cold sore Virasorb Zovirax	Immunocompromised & Terminally ill patients Children under 12 years	
Head lice	Malathion, Permethrin, dimeticone and combs/kits	Derbac M Full Marks Hedrin Lyclear Nyda	Patients with sores on the scalp Concurrent scalp conditions (e.g. Psoriasis)	
Maintenance of good health	Vitamin and mineral supplements, tonics and sleeping aids	Metatone Haliborange Santogen Fruitivits Sachets	Patients meeting ACBS criteria for vitamin treatment High dose vitamin D for proven Vitamin D deficiency. Thiamine for alcohol related conditions & neurological complications. Vitamin	

Conditions / Situation	Example of medicines that can be purchased (P and GSL presentations)	Example Products (This list gives examples and is not exhaustive_	Exceptions and instances where conditions may require a medical opinion (refer to NHS choices and individual product Summary of Product Characteristics for further information)	Comments
	Mouthwashes/ sprays	Spatone Seven Seas Dreemon Night Calm NightAid Nytol Paxidorm Snoreeze Sominex	B12 deficiency. Vit B co preps treatment of re-feeding syndrome on dietetic advice Vitamin supplements for premature babies as advised by hospital. Cystic fibrosis patients	
	Eye cleansing products:	Oraldene, Coldzyme Blepharitis products e.g. Blephaclean Eye Lid Wipe, Blephagel, Brolene, Carmize, Celluvisc Lid-Care Eyelid Wipe Refresh Ophth Soln 0.4ml U Ster Eye Cleansing Wipes	Use in palliative care, active cancer treatment	
	Nutritional supplements	Products containing glucosamine, chondroitin, fish oils (e.g. Omacor), Co-enzyme Q		

Conditions / Situation	Example of medicines that can be purchased (P and GSL presentations)	Example Products (This list gives examples and is not exhaustive_	Exceptions and instances where conditions may require a medical opinion (refer to NHS choices and individual product Summary of Product Characteristics for further information)	Comments
	Probiotics	VSL #3	VSL #3 may be prescribed by specialist for patients meeting ACBS criteria (i.e. maintenance of remission of ileoanal pouchitis induced by antibacterials in adults)	
	Herbal remedies	Aquaban St John's Wort preparations Echinacea preparations Pelargonium and Lobelia preparations Heathaid, Kalms, Nytol, Bach flower remedies Relaxaherb Bio Force products Potters products		
	Homeopathic remedies	Weleda products Nelson products		
	Ear wax remedies	Cerumol EarCalm Earex Otex Exterol Molcer		

Conditions / Situation	Example of medicines that can be purchased (P and GSL presentations)	Example Products (This list gives examples and is not exhaustive_	Exceptions and instances where conditions may require a medical opinion (refer to NHS choices and individual product Summary of Product Characteristics for further information)	Comments
		Otex Waxsol		

Glossary:

GSL – a medicine on the General Sales List is one that is deemed suitable for purchase without any professional supervision


P medicines – Pharmacy only medicines that must be sold from registered pharmacy premises under the supervision of a qualified pharmacist.

OTC – Over the counter medicines, a general term encompassing both P and GSL medicines.

NSAIDs – non-steroidal anti-inflammatory drugs, an example is ibuprofen.

Appendix 3. Proposed information poster / leaflet to advise the public on medicines to keep at home for self care.

Getting the right medicines



This year the NHS will cost around £124 billion, of which £14 billion (that's £38 million every day), will be spent on medicines.

With the age of the population increasing rapidly, the demand for medicines, and on the NHS as a whole, is growing dramatically. Everyone is trying to be more efficient these days, and medicines are one of the ways that the NHS can reduce costs whilst improving care. To make sure that you're getting the best possible care, the NHS aims to give you the right medicine. There are often several medicines to take for a condition that have the same benefits but with very different costs. By prescribing the right medicines for less, the NHS will have more money to invest in better care for everyone (such as the latest cancer treatments).

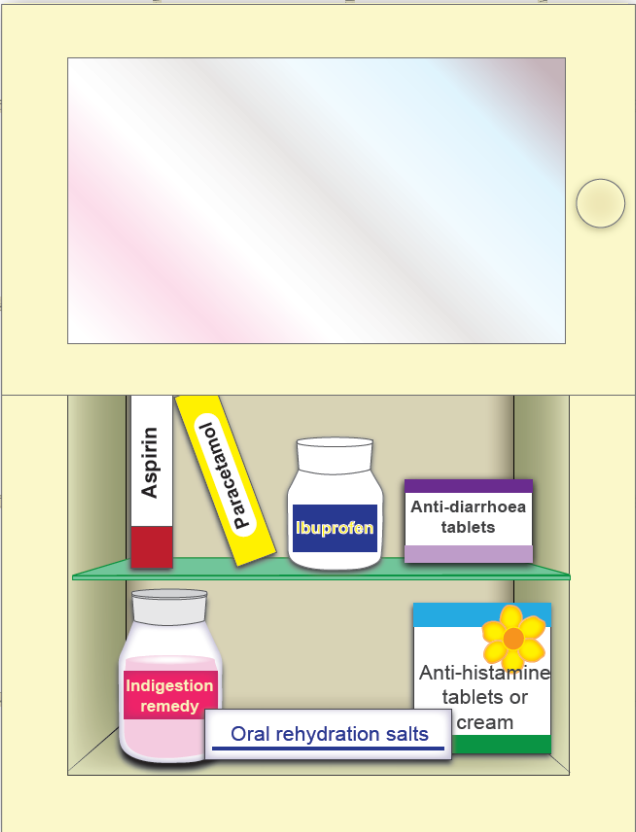
What does this mean for me?

Your GP practice may suggest that you change your prescribed medicine to another one. This will only happen if your GP is satisfied that the new medicine works as well as the previous one. In some cases it may even work better for you or have fewer side effects.


You might also be asked to buy some common medicines, available over-the-counter from your local chemist or a shop, rather than getting them on prescription.

These are often likely to be much cheaper than the cost of a prescription.

Why not set up your own home medicine cabinet so that you have things on hand when you need them.



To start putting together your own home medicine cabinet, go to:
www.nhs.uk/Livewell/Pharmacy/Pages/Yourmedicinecabinet.aspx
 or speak to a pharmacist at your local pharmacy.



CHESHIRE EAST COUNCIL

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

Date of Meeting: 9 June 2016
Report of: Overview and Scrutiny
Subject/Title: NHS Cancer Screening Briefing Cover Report

1.0 Report Summary

- 1.1 The cover report introduces the briefing presentation to be received from Dr Daniel Seddon, Screening and Immunisation Lead in Cheshire and Merseyside for NHS England and Public Health England, regarding the three Cancer Screening programmes ran by NHS England and their relevance for the residents of Cheshire East.

2.0 Recommendation

- 2.1 That the Committee notes the briefing and considers any additional scrutiny activity required.

3.0 Reasons for Recommendation

- 3.1 Cancer Screening has been identified by members of the Committee as an important issue in relation to the health and wellbeing of local residents which councillors need to be aware of.
- 3.2 If the Committee identifies issues with current services during the briefing then it may wish to conduct further work to attempt to address those issues to improve health outcomes for local people.

4.0 Wards Affected

- 4.1 All Wards

5.0 Local Ward Members

- 5.1 All Ward Members

6.0 Background

- 6.1 Dr Seddon is responsible for the safety and effectiveness of all NHS Screening and Immunisation programmes for the 2.5 million people of Cheshire and Merseyside. In the briefing he will outline the systems and outcomes of: (1) breast, (2) cervical and (3) bowel screening, and suggest what the challenges and opportunities are for

people in Cheshire East. He will also suggest what the local authority may consider doing to strengthen take up of the programmes.

7.0 Access to Information

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

Name:	James Morley
Designation:	Overview and Scrutiny Officer
Tel No:	01270 686468
Email:	james.morley@cheshireeast.gov.uk

CHESHIRE EAST COUNCIL

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

Date of Meeting: 9 June 2016
Report of: Democratic Services
Subject/Title: Work Programme update

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: James Morley
Designation: Scrutiny Officer
Tel No: 01270 686468
Email: james.morley@cheshireeast.gov.uk

Health and Adult Social Care Overview and Scrutiny Committee – 26 May 2016

Future Meetings

Formal Meeting	Formal Meeting	Formal Meeting	Informal Meeting	Formal Meeting	Informal Meeting
Date: 9 June 2016 Time: 10:00am Venue: Committee Suites, Westfields	Date: 6/7 July 2016 Time: 10:00am Venue: Crewe or Sandbach	Date: 8 Sept 2016 Time: 10:00am Venue: Committee Suites, Westfields	Date: 6 Oct 2016 Time: 10:00am Venue: Committee Suites, Westfields	Date: 3 Nov 2016 Time: 10:00am Venue: Committee Suites, Westfields	Date: 1 Dec 2016 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	March 2016 update
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	Report submitted to stakeholders. Response requested
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 – 26 May 2016

	reducing health inequalities- also to include pharmacies, recruitment of GPs and nurse specialists.				on access to services which will inform Cttee's direction	New date in March
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
Developing the Roles of Social and Private Landlords in Health and Wellbeing	Workshop was held on 8 Jan 2015 to facilitate discussions between health and care bodies and social landlords. Summary report was written and sent to attendees in March 2015. Committee should follow up on report to assess if any action has taken place.	People live well and for longer	Council CCGs RSLs	Chairman's 1:1	Suggestion to resend the report to stakeholders and request a response to be presented to the Committee at a future meeting.	TBA
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		Director of Adult Social Care & Independent Living	Chairman's 1:1	Agreed with Director to provide reports at 1:1	7 July 2016 meeting 29 June 2016 Agenda
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
Quality Accounts 2015/16	To consider the Quality Accounts of Local NHS Trust	People live well and for longer	East Cheshire Trust MCHFT CWP	Committee	Meeting held in May 2016. Statements submitted to Trusts	Completed

Health and Adult Social Care Overview and Scrutiny Committee – 26 May 2016

Eastern Cheshire Commissioning Proposals	To consider reports on future commissioning decisions to be made by Eastern Cheshire CCG	People live well and for longer	Eastern Cheshire CCG	Eastern Cheshire CCG	Chairman agreed to receive items at June meeting	9 June 2016
South Cheshire Commissioning	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	Chairman wishes to request consultation on MH Gateway	6/7 July 2016

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	On hold

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					Healthwatch ongoing	
Better Care Fund	To monitor the achievement of health and social care integration and improved health outcomes through BCF schemes	People live well and for longer	Commissioning Manager (Caroline Baines)	Committee	Briefing on 2016/17 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 its 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 Commissioning Manager: Leisure	Committee	Most recent item received in sept 2015	

Possible Future/ desirable items

- Public Health Services
- Healthwatch Commissioning (Lynn Glendenning)
- Mental Health Services