

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

## Agenda

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**Date:** Thursday, 6th July, 2017  
**Time:** 10.00 am  
**Venue:** Committee Suite 1,2 & 3, Westfields, Middlewich Road,  
Sandbach CW11 1HZ

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

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

1. **Apologies for Absence**

2. **Minutes of Previous meeting** (Pages 3 - 6)

To approve the minutes of the meeting held on 15 June 2017

3. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

4. **Declaration of Party Whip**

To provide an opportunity for Members to declare the existence of a party whip in relation to any item on the Agenda

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For requests for further information

**Contact:** Helen Davies

**Tel:** 01270 686468

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

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

A total period of 15 minutes is allocated for members of the public to make a statement(s) on any matter that falls within the remit of the Committee.

Individual members of the public may speak for up to 5 minutes, but the Chairman will decide how the period of time allocated for public speaking will be apportioned, where there are a number of speakers.

Note: in order for officers to undertake and background research, it would be helpful if members of the public notified the Scrutiny Officer listed at the foot of the Agenda at least one working day before the meeting with brief details of the matter to be covered.

6. **Potential Branch Surgery Closure at Rhode Heath, Scholar Green (Pages 7 - 26)**

To consider an update on the potential branch surgery closure at Rhode health, Scholar Green.

7. **South Cheshire Mental Health Gateway**

To receive an update on the Mental Health Gateway by South Cheshire & Vale Royal Clinical Commissioning Group.

8. **Work Programme (Pages 27 - 32)**

To review the current Work Programme

9. **Forward Plan (Pages 33 - 40)**

**CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Health and Adult Social Care and Communities Overview and Scrutiny Committee**  
held on Thursday, 15th June, 2017 at Committee Suite 1,2 & 3, Westfields,  
Middlewich Road, Sandbach CW11 1HZ

**PRESENT**

Councillor J Saunders (Chairman)  
Councillor B Dooley (Vice-Chairman)

Councillors Rhoda Bailey, S Brookfield, E Brooks, L Jeuda, S Pochin,  
J Rhodes, A Stott and M Warren

**38 APOLOGIES FOR ABSENCE**

Councillors G Baxendale, Clair Chapman, S Edgar, O Hunter and L Smetham.

**39 MINUTES OF PREVIOUS MEETING**

RESOLVED- That the minutes of the meeting held on the 11 May 2017 be confirmed as a correct record and signed by the Chairman.

**40 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**41 DECLARATION OF PARTY WHIP**

There were no declarations of the existence of a party whip.

**42 PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public present who wished to speak. Councillors B Burkill and D Mahon were in attendance for the agenda item that related to Outpatient Clinics from Handforth.

**43 UPDATE ON THE POTENTIAL RELOCATION OF OUTPATIENT CLINICS FROM HANDFORTH**

Steven Redfern and Fiona Walton from East Cheshire NHS Trust and Neil Evans from Eastern Cheshire CCG gave a presentation to the Committee to update on the Substantial Development/Variation (SDV) that related to the relocation of outpatient clinics in Handforth.

The SDV related primarily to consultant-led outpatient clinics. These services were placed on a national 'choice' directory of which the CCG paid a nationally determined tariff price for any patient to use these services. GP's could then use

the e-referral system to identify outpatient clinics and the patient selects there appointment. Supported transport is available for patients who need it.

The CCG believed the current arrangements for this building to be very limited and in order to provide more services a bigger space was required. The process for X-Ray appointments was currently very labour intensive and duplicated appointment times. Neil reiterated the focus of the CCG to offer community provision in Handforth that has value for money.

The Committee was informed that 405 patients were affected by the changes which was less than the earlier estimate, however many of those appointments would need access to diagnostics (such as X-Ray) which were not available at Handforth. In other areas there were a lot less consultant led appointments, in Handforth there were a lot more cases.

In terms of mitigation, Neil advised that travel support arrangements had been identified, and that the CCGs had undertaken local public engagement and involvement working with local outpatient groups in the area.

Steven and Neil concluded by summarising the main points of the presentation, the impact of patients and viable options available, the CCG was looking to put increased provision in place over the next 2-3 months and would be working closely with GPs.

The Chairman confirmed the health protocol required a minimum of 12 weeks consultation time for Level 3 SDVs but this was something that could be discussed between the two CCG's outside of the meeting.

The Chairman thanked Steven, Fiona and Neil for the presentation and asked them to finalise the points raised by the Committee and to send a revised briefing note.

**RESOLVED:**

- (a) That the presentation be noted and Steven, Fiona and Neil be thanked for their attendance and contributions.
- (b) That the CCG be required to provide the Committee with details from the public consultation
- (c) That the CCG be required to provide the Committee with a revised briefing note following the feedback given today.

#### **44 UPDATE ON NORTH WEST AMBULANCE SERVICES SPOTLIGHT REVIEW REPORT**

North West Ambulance Service (NWAS) officers: Ged Blezard- Director of Operations, Dave Kitchin- Head of Service for Cheshire and Mersey, Mac Dunne- Consultant Paramedic for Cheshire and Mersey and Mike Moore- Sector Manager for Cheshire East all attended the meeting and presented an update following the 2016 NWAS spotlight review.

Ged talked through the NWAS Improvement Plan Actions. These included engagement with GP's in East Cheshire due to the high weekday volume of Healthcare Professional (HCP) admission calls.

The Chairman summarised the presentation, noting that most of the NWS recommendations from the Scrutiny spotlight review had been met and utilisation of the Cheshire East Care Directory was being achieved.

Whilst response times were still not being met at a regional level, they were still in keeping with the rest of the country.

**RESOLVED-**

- (a) That the presentation be noted and received.
- (b) That the Cheshire East Adult and Social Care Team liaise with NWS to work in partnership to produce pathways for Care Homes and Ambulatory care.
- (c) That NWS be invited to return to the Committee in 12 months time to review progress.

### **45 DELAYED TRANSFER OF CARE- FINAL REPORT**

Mark Palethorpe advised that some of the key recommendations within the draft report had started to be implemented by Cheshire East Council following the spotlight review. The Chairman was appreciative of the feedback and underlined the value of proactive Overview and Scrutiny.

**RESOLVED:**

- (a) That the report be received and noted.
- (b) That the Chairman be authorised to make any minor changes to the report as appropriate.
- (c) That the final report be submitted to Informal Cabinet.

### **46 PEOPLE LIVE WELL FOR LONGER REPORT AND 3 YEAR COMMISSIONING PLAN**

Mark Palethorpe advised the Committee that the People Live Well for Longer was a commissioning plan for adult care and support in Cheshire East.

It was planned that the plan would be taken to Cabinet in September.

The plan looked at how Cheshire East Council worked with organisations such as CCG's, voluntary and faith sector with input from a wide variety of people.

The plan demonstrated a wide approach to commissioning to ensure a link to all six Council outcomes. People Live Well and for Longer, but ensured services for residents that were high quality, affordable and value for money.

The Committee asked what Recovery based accommodation (RBA) was and for some more detail on how it worked. Mark advised that RBA provided a safe temporary home for patients recovering from substance abuse where they could work towards maintaining an independent tenancy. This service was commissioned through the local authority and delivered through public health.

Members asked for clarification on Care4CE. Linda Couchman advised that there would be a review of Care4CE, and that 95% of services were now outsourced and this included a large proportion of council employed staff.

RESOLVED:

- (a) That the report be noted.
- (b) That a Care4CE presentation be provided by Linda Couchman in November and this be added to the Work Programme.

### 47 **WORK PROGRAMME**

The Chairman advised the Committee that South Cheshire CCG had made Scrutiny aware of a Level 3 SDV pertaining to a potential branch closure in Scholar Green, Odd Rode ward that will be presented on the 6 July.

RESOLVED-

- (a) That the Work Programme be approved.
- (b) That the potential branch closure in Scholar Green, Odd Rode ward SDV be added to the Work Programme.
- (c) That an item for the Eastern Cheshire CCG Connecting Care Recovery Plan be added to the Work Programme.

### 48 **FORWARD PLAN**

The Committee reviewed the Forward Plan

RESOLVED- That the Forward Plan be received and noted.

The meeting commenced at 10.00 am and concluded at 12.45 pm

Councillor J Saunders (Chairman)

## Adult Social Care and Health Overview and Scrutiny Committee

Date Of Meeting : 6<sup>th</sup> July 2017

Report of: Tracy Parker-Priest, Executive Director Of Transformation and Commissioning

Author : Christopher Leese, Service Delivery Manager, Primary Care Operations  
with application form completed by Greenmoss Medical Centre

Subject Title : Proposed Closure of Rode Heath Branch Surgery, 130 Heath Avenue, Rode Heath, Stoke On Trent, ST7 3TH (Branch Surgery to Greenmoss Medical Centre)

### 1. Purpose of the paper

- 1.1. The purpose of this paper is to present to the Adult Social Care Overview and Scrutiny Committee the Consultation process which was undertaken by Greenmoss Medical Centre, Portland Drive, Scholar Green, Stoke On Trent, ST7 3BT in support of their application to close their branch surgery at Rode Heath. The aims and objectives of the report are to ensure that the Committee are able to **review** the process of the patient consultation and to **feedback** to the body that will make the final decision on the closure South Cheshire Clinical Commissioning Group's Primary Care (General Practice) Commissioning Committee. The feedback from the Overview and Scrutiny Committee will form part of the final deliberation process by the CCG Committee.
- 1.2. Attached with this paper is the application form from the Practice to close the branch surgery which gives details in relation to the process undertaken in respect of the Patient Consultation within the relevant Appendices.

### 2. Background – CCGs duties in respect of Branch Surgery Closures

- 2.1. South Cheshire Clinical Commissioning Group holds Delegated responsibility for the management of Primary Care (General Practice) Contracts across South Cheshire CCG. The CCG acts under Delegated arrangements from NHS England in this respect.
- 2.2. Branch closures form part of the NHS England Policy Book for Primary Medical Services which CCGs are obliged to follow under their Delegation Agreement with NHS England. The decision process is laid down within this policy. Practices wishing to close their branch surgery must apply to the CCG using an application template (attached with this application) – The CCG must consider the application alongside the evidence of a patient consultation process, the outcomes of which should be evident within the paper.
- 2.3. The CCG Committee that makes decisions on major contractual changes such as this is the Primary Care (General Practice) Commissioning Committee. This Committee will make the final decision on the branch surgery closure, in accordance with the aforementioned Policy Book.

2.4. NHS South Cheshire Clinical Commissioning Group also undertook an Equality Impact and Risk Assessment which is attached. A Quality Impact Assessment has also been undertaken. The Equality Impact Assessment is attached with this paper.

2.5. Consultation with the Overview and Scrutiny Committee is part of this process.

### 3. Recommendations

3.1 The Committee are asked to note the Consultation process and results outlined in the paper and accompanying Application.

3.2 The Committee are asked to note the information in particular in relation to ;

- The consultation process undertaken by the Practice
- The results of the Consultation
- The response(s) from the Surgery to the concerns raised
- Information in relation to the facilities and services available at both sites

3.3 The Committee is asked to comment on the above to inform the decision to be made by the Primary Care (General Practice) Commissioning Committee on the 28<sup>th</sup> July 2017 including any additional actions or assurance required prior to the CCG Committee making their decision.

### 4. Background

4.1. Greenmoss Medical Centre, Scholar Green, currently operates a main surgery at Scholar Green and a Branch Surgery at Rode Heath.

4.2. The total registered population for the surgery is 4822 patients. The practice has a GMS (General Medical Services) contract and is also a Dispensing Practice at both sites. The practice will still continue to dispense from the main site to the dispensing list patients if the closure is approved.

4.3. According to Practice figures the location can be broken down in respect of the following which the Practice have used to demonstrate potential usage of both sites and therefore any impact on residents close the branch or the main;

| <b>Resident Area 1.2.2016-7.2.2017</b> | <b>Rode Heath &amp; Alsager</b> | <b>Scholar Green, Mow Cop etc</b> | <b>Total</b> |
|--|---------------------------------|-----------------------------------|--------------|
| Registered patients                    | 1483 (31%)                      | 3339 (69%)                        | 4822         |

\*Taken from the Practice Application

4.4. Greenmoss Medical Centre is located in a purpose built medical facility opened in 2013. The premises are fully compliant and accessible with a carpark. Rode Heath Branch Surgery is located in a detached chalet house on a housing estate. There is limited on the road parking. The building is over two floors and was recently inspected by CQC which resulted in the building receiving a 'requires improvement' notification within the overall report for the Branch Surgery. The CQC inspection report for the main and branch surgery are public documents.



- 4.5. In addition clinical and non-clinical staff are working on two sites and as a result the surgery has been reducing sessions at the Branch as servicing this has become more challenging for the practice, who are currently carrying a partnership vacancy.
- 4.6. For this and the reasons outlined in the application the surgery have applied to close their Branch surgery in accordance with the process. Further background information relating to the Practice can be found in the application.
- 4.7. It is important to note that all registered patients who use the Rode Heath Branch Surgery will still remain registered with the Practice if the closure is approved. However Patients still retain the right to register with an alternative local practice if they wish.
- 4.8. Distances from Rode Heath Branch Surgery to Greenmoss Surgery = 2.8 miles.  
Distance from Rode Heath to Alsager Health Centre (2 Practices – Mere Park Medical Centre & Cedars Medical Centre) = 2.5 miles

## **5.0 Consultation Process**

- 5.1 Following an initial meeting with the CCG in February and subsequent letter of intent, the Practice were asked to commence a Consultation Process with patients which would be included as part of the application to close the surgery and is a requirement of the process.
- 5.2 The Consultation process should be appropriate and proportionate to the individual circumstances of the branch closure.
- 5.3 The Practice began their process with by meeting with their Patient Participation Group in early March to discuss and agree the Consultation and, as part of this, the Patient survey.
- 5.4 The Patient survey was developed with the input of the Patient Participation Group and took the form of a letter and survey to every registered household regardless of whether patients were regular users of the branch surgery or not. Included with the survey was a letter and both are included with this paper. The survey ran from 15<sup>th</sup> March to 24<sup>th</sup> April 2017.
- 5.5 The survey was also available on line and if requested was available in other formats. A Frequently Asked Questions list which was updated once questions from the patients started to come into the Practice was made available on-line and in both Practices in hard copy format. All staff were trained and aware of the process to be able to answer questions and concerns.
- 5.6 Due to NHS Guidance regarding Purdah in relation to the General Election, the original dates of the patient feedback results were amended resulting in further time between the close of the survey and the sharing of the results.
- 5.7 Following the close of the survey further meetings were held with the Patient Participation Group on 5<sup>th</sup> June and 12<sup>th</sup> June to examine the results of the patient survey and allow the group to make their own comments.
- 5.8 A patient information meeting was held on the 13<sup>th</sup> June 2017 to which all patients were invited to inform patients of the outcomes of the survey and to answer any further questions and concerns raised (around 30 patients attended).

- 5.9 The results were made available to patients via the surgery website along with the questions and answers from the meeting held on the 13<sup>th</sup> June 2017. The results and responses to concerns are also displayed within the Practice. For those patients who could not attend the meeting there was the option on the questionnaire for them to request the outcome of the engagement process to be sent to them by email or their home address
- 5.10 The Practice received advice and support from the CCG in respect of the Consultation process required for these changes.
- 5.11 A Press release was issued in relation to this.

## **6.0 Survey Results and Concerns**

- 6.1 The Practice have provided a summary of the Consultation as part of the application
- 6.2 The Committee should note that the CCG Committee will consider the concerns raised and the Practice response to them as part of the decision making process.
- 6.3 From the survey /Consultation letter that went to every household, 582 patients responded. Within households, responses could include numerous individual responses or patients could individually respond on-line.
- 6.4 Only 1% of those respondents used public transport to travel to their Surgery site of choice.
- 6.5 The majority of those who responded had not used the branch surgery more than once a month, with the highest proportion only using the branch surgery once or twice a year.
- 6.6 According to the survey results the vast majority of patients use the main surgery (Greenmoss). 25% only use the branch surgery (Rode Heath) with 20% using either.
- 6.7 Respondents who supported the plan in principle to close the surgery and provide services from Greenmoss surgery (the main site) was 72%.
- 6.8 One of the main concerns raised during the Consultation was Public Transport and further information is provided below to assist the Committee in considering the impact of this with additional information contained within the Application ;
- I. The survey results did show that the vast majority of respondents did not travel by public transport. Additional work undertaken by the Practice contained within the application indicated that within a year there were 162 patients living in the Rode Heath area who solely attended Rode Heath Surgery only for appointments as opposed to the main surgery only or either the main or the branch.
  - II. The Practice advised that there is extremely little public transport either way between the sites and this is historic. This doesn't apply just to Rode Heath but also applies to surrounding areas.
  - III. In view of this the Practice have signposted patients to the current Consultation process underway in relation to public transport by Cheshire East Council (Page 5 of the Cheshire East Council Supported Bus Service Review refers).

- IV. Patients who are vulnerable and housebound who are unable to get to the surgery and assessed as requiring a home visit would still receive one.
- V. The Practice are able to flag patients who may be reliant on family/carer members and work with them to find a mutually convenient time for appointments.
- VI. The Practice have advised of their willingness to work with partners and other stakeholders, to look at the issue further and to act on any further feedback from the Overview and Scrutiny Committee.

6.9 Other concerns raised and the Practice responses are detailed in the attached Appendices. These additional concerns related to areas such as home visits, recruitment of additional GPs and the survey being posted to households rather than individual patients during the Consultation process.

The CCG Primary Care (General Practice) Commissioning Committee may also make further comments and recommendations in this respect, as part of the decision making process.

- Appendix 1 – Practice Application to Close the Branch Surgery, completed by the Practice, which will be considered by the Primary Care (General Practice) Commissioning Committee. **The Committee should note the CCG has the signed original of this application.**

With this Application are the following documents ;

- Appendix 2 - Letter sent to households
- Appendix 3 : Patient Survey
- Appendix 4 : FAQs
- Appendix 5 : Press release
- Appendix 6 : Summary of Patient Information Evening
- Appendix 7 : Survey results
- Appendix 8 : Survey comments (to be followed up by the Practice)
- Appendix 9 : Cheshire East Council Public Transport Consultation

In addition Appendix 10 - the CCG's Equality Impact Assessment is attached with the application(Stage 1 embedded within Stage 2 which is attached)

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# Equality Impact and Risk Assessment Stage 2



## Equality Impact and Risk Assessment Title

**Equality & Inclusion Team, Corporate Affairs**

For enquiries, support or further information contact

Email: [equality.inclusion@nhs.net](mailto:equality.inclusion@nhs.net)

| EQUALITY IMPACT AND RISK ASSESSMENT TOOL  |     |    |            |
|---|-----|----|------------|
| STAGE 2   |     |    |            |
| ALL SECTIONS – MUST BE COMPLETED  |     |    |            |
| SECTION 1 - DETAILS OF PROJECT  |     |    |            |
| <b>Organisation:</b> NHS South Cheshire Clinical Commissioning Group  |     |    |            |
| <b>Assessment Lead:</b> Caroline Harley   |     |    |            |
| <b>Directorate/Team responsible for the assessment:</b> Primary Care part of the Finance Directorate  |     |    |            |
| <b>Responsible Director/CCG Board Member for the assessment</b> Lynda Risk?   |     |    |            |
| <b>Who else will be involved in undertaking the assessment?</b>   |     |    |            |
| <b>Date of commencing the assessment:</b> 23 March 2017   |     |    |            |
| <b>Date for completing the assessment:</b> 30 March 2017  |     |    |            |
| SECTION 2 - EQUALITY IMPACT ASSESSMENT  |     |    |            |
| Please tick which group(s) this project will or may impact upon?  | Yes | No | Indirectly |
| Patients, service users   | Y   |    |            |
| Carers or family  | Y   |    |            |
| General Public  |     | N  |            |
| Staff   |     | N  |            |
| Partner organisations   |     | N  |            |
| <b>Background of the project being assessed:</b><br><p>Greenmoss Surgery is a new name for what was an existing practice in Scholar Green known as Scholar Green Surgery. Greenmoss Surgery has a practice population of @4800. Scholar Green Surgery was originally located in Cinderhill Lane, Scholar Green. The original practice has been existence for over 25 years and was housed in a 3 storey detached house. The surgery rooms were located on the ground floor and part of the first floor with one of the partners and his family located on the first floor and the top floor. The GP Partner did relocate and the practice was able to use the remaining space for office space and storage. There was limited parking on this site. At some stage Rode Heath, the branch surgery, was set up. @2010-11 it became quite clear that the Scholar Green surgery site was not suitable for the delivery of general practice services. It was agreed with Central &amp; Eastern Cheshire PCT (former body to the CCG) that a new purpose built medical centre would be constructed in Scholar Green. The intention was for the building to be future proofed i.e. to have enough space for new housing expansion in the local area and if possible for the practice to potentially consolidate on one site. Eventually a suitable site was found and the practice currently has its main surgery site housed in a purpose built surgery building occupied in 2013. The surgery then changed its name to Greenmoss Medical Centre. The new building has 9-10 consulting rooms, 4-5 Nurse rooms, a well-equipped dispensary and a significant amount of office space. The site has plenty of parking spaces. The practice therefore still has a branch surgery currently housed in a detached</p> |     |    |            |

chalet style house on a small housing estate in a village 2.5 miles from the main surgery. There is limited parking on site at the branch surgery with parking roadside on the housing estate. The practice is applying to close the branch surgery which currently provides GP consultations on the ground floor and Nurse consultations on the first floor. There is no lift to the first floor so patients who are unable to access the first floor are accommodated for their nurse appointments on the main site. The size of the rooms does limit the amount of medical equipment for patient examination and clinical interventions. All the remaining allied health care services are therefore provided at the main surgery site in rooms that are suitable for all patients. By moving all patients onto one site every patient will have access to full services at all times during core opening times. This will allow the surgery to provide a safe and effective service to all patients. The main surgery has the capacity to absorb all of the branch surgery staff as well as increasing services provided. The majority of the branch surgery patients are using the main surgery to access specific services not provided at the branch surgery. However there is a need to ascertain if there are patients who currently use the branch surgery only and may have difficulty accessing the main surgery site (i.e. transport etc). The practice will need to establish the number of patients who may solely use the branch surgery and the reasons for this e.g. in walking distance. Both sites currently dispense but should the branch surgery application close be successful there would be no disruption to dispensing as this will continue from the main surgery. The main surgery site has a comprehensive dispensary. Both sites have recently been CQC inspected. Unfortunately the branch surgery CQC report which has just been published notes that it requires improvement in relation to building. The building will need re-wiring fully in order to achieve a new electricity safety certificate.

**What are the aims and objectives of the project being assessed?**

Should Greenmoss Medical Centre, after patient consultation, put a formal application to close their branch surgery this will be submitted to NHS South Cheshire CCG. The CCG will hear the formal application at the Primary Care (General Practice) Commissioning Committee the body for making decisions regarding primary care provision. The Committee will need a full picture of what may or may not be an impact of the ultimate decision. Any impact on Patients ability to access services will need to have been considered and where possible migrating solutions identified where possible. The Committee can only make a decision with all relevant factors having been researched.

**Services currently provided in relation to the project:**

General Medical Services at the Rode Heath Branch Surgery. Currently there is a restricted provision of services at present due to the physical constraints of the building. The building is not DDA compliant. It is a house, in the middle of a housing estate, that has been converted to be used for the provision of services and is therefore not a purpose build medical building.

**Which equality protected groups (age, disability, sex, sexual orientation, gender reassignment, race, religion and belief, pregnancy and maternity, marriage and civil partnership) and other employees/staff networks do you intend to involve in the equality impact assessment?**

**Please bring forward any issues highlighted in the Stage 1 screening**

The practice in discussion with their Patient Participation Group (PPG) have agreed to survey patients that are registered with the practice irrespective of which surgery they attend to ascertain their view of the proposed closure. This ensures that every patient has the opportunity of expressing their thoughts and opinions and ensures that no important group is omitted. The survey identifies which premises they use. Patients who have a disability will have the opportunity to make any further

comment on the survey with respect to difficulties they experience with the branch surgery as it is not DDA compliant and the nurse, due to space shortage, can only consult on the first floor and there is no space to install a lift and the current stairway will not be able to take a stannah lift. Some patients with a physical disability may not be able to be seen on the first floor of the branch surgery. The main site at Greenmoss Medical Centre is fully DDA compliant and all services are provided on the ground floor. There are dedicated disabled parking car spaces on this site also.

**How will you involve people from equality/protected groups in the decision making related to the project?**

Yes these patients, as all patients will be able to complete a survey as part of the patient consultation process and on line. After the patient consultation process has been completed (24 April 2017) there will be a patient meeting held in public with the practice to receive the outcome and findings. As part of the NHS South Cheshire's 13Q Duty to public involvement the proposed closure of the branch surgery will be presented at the CEC Overview & Scrutiny Committee.

**EVIDENCE USED FOR ASSESSMENT**

**What evidence have you considered as part of the Equality Impact Assessment?**

- **All research evidence base references including NICE guidance and publication – please give full reference**
- **Bring over comments from Stage 1 and prior learning (please embed any documents to support this)**
- **Recent CQC report**

This CQC report highlighted that a member of the PPG had set up a patient and carers group that was run every Friday in a room at the Greenmoss Medical Centre. This room is on the ground floor within a fully compliant DDA building with a car park that has dedicated disabled car parking spaces. Patients were able to drop-in for a cup of tea and advice and support around health and social issues. The group had assisted patients to make healthcare appointments, attend hospital visits and access social services. The Patient and Carers group also provided support to socially isolated patients. The group has close links with the Police Community Support Officer who visits the group to provide information on local matter which had been of concern to patients. The group had established a patient transport service due to limited availability of public transport and the rural nature of the community. This was funded by donations and subscriptions and provided transport to the Patient & Carers Group, GP & Hospital appointments. This transport can be utilised by patients at either site. However the group does not have the capacity to run two meetings so patients do have to come to the Greenmoss Medical Centre site. By patients being located on one site all patients will have access to this unique service.

The main surgery, Greenmoss Medical Centre, has 9-10 consulting rooms and 4-5 Practice nurse rooms. There is a fully equipped dispensary on site. The surgery is a purpose built medical centre with expansion capacity, car park, full disabled access, office space and rooms on the first floor that can be accessed by a lift. In comparison the branch surgery has only a small waiting room, toilets including one which is accessible, a small dispensary area & a nurse's room on the first floor not accessible for disabled. There is no car parking provision on site it is all roadside on the housing estate. The entrance to the branch surgery is virtually on the flat and the entrance hall can



accommodate the width of a wheelchair but manoeuvring into the consulting room on the ground floor is not ideal. In conclusion the branch surgery is not DDA compliant and it would be at considerable cost to bring the premise compliant.

The CQC report also highlighted that the branch surgery premises was rated as requires improvement for providing safe services as an up to date electrical wiring inspection had not been carried out and a legionella risk assessment had not been undertaken.

The Senior Partner who works full time is retiring at the end of March 2017 and despite the practice's best endeavours they have not been able to recruit a replacement GP even a part time one. This will mean that in the future the practice will already have to reduce GP services at the branch surgery as the main surgery site

Although the closure means that Rode Heath surgery users will need to travel to Greenmoss Surgery the surgery has reviewed the appointments for the past 12 months. This demonstrated that 65% (1000 appts) of those who needed an appointment from the Rode Heath area managed to travel to Greenmoss Surgery. The survey also demonstrated that 45% (1503 appointments) were utilised by Greenmoss patients as these were the only ones available meaning they had to travel to Rode Heath.

### ENSURING LEGAL COMPLIANCE

Think about what you are planning to change; and what impact that will have upon 'your' compliance with the Public Sector Equality Duty (refer to the Guidance Sheet complete with examples where necessary)

| In what way does your current service delivery help to:      | How might your proposal affect your capacity to: | How will your mitigate any adverse effects?<br>( You will need to review how effective these measures have been) |
|--|--|--|
| <b>End Unlawful Discrimination?</b>                          | <b>End Unlawful Discrimination?</b>              | <b>End Unlawful Discrimination?</b>  |
| Enter text here  | Enter text here                                  | Enter text here  |
| <b>Promote Equality of Opportunity?</b>                      | <b>Promote Equality of Opportunity?</b>          | <b>Promote Equality of Opportunity?</b>  |
| Enter text here  |  | Enter text here  |
| <b>Foster Good Relations Between People</b>                  | <b>Foster Good Relations Between People</b>      | <b>Foster Good Relations Between People</b>  |
| Enter text here  | Enter text here                                  | Enter text here  |
| <b>WHAT OUTCOMES ARE EXPECTED/DESIRED FROM THIS PROJECT?</b> |  |  |

**What are the benefits to patients and staff?**

By being located on one site all staff (clinical and non-clinical) will be in one place ensuring maximum usage of the staff hours. By consolidating on one site there will be more usable hours as currently clinical and non-clinical staff spend time going to two sites. This should enable the practice to increase the overall number of appointments. This should reduce the current waiting time for patient appointments.

All patients will also have access to the services that are currently only provided on the Greenmoss Medial Centre site – antenatal, childhood immunisations, dietician, minor surgery, mental health services and the newly introduced physiotherapy. The rooms at Rode Head are not suitable for the provision of these services. As a result of the consolidation the practice hopes to be in a position to grow and expand services.

The main site is a purpose built health centre with full disabled access. The premise is completely DDA compliant. There are ground floor consulting and treatment rooms and a waiting room area. There are separate surgery and dispensary reception areas with increased privacy and private interview rooms are available should a patient require a private conversation. There is a large car park with disabled parking bays.

With administration staff being located on one site the practice will be able to improve their current appointment booking and administrative services.

Dispensing services will continue and the opening hours increase when on one site.

Any patient who is vulnerable and housebound who is unable to get to the surgery will still be entitled to a home visit.

There is a Community Mini bus that is available for a minimum donation for booking that can take patients to the surgery, shopping etc and back. This is already available for patients to use.

**How will any outcomes of the project be monitored, reviewed, evaluated and promoted where necessary?**

Patients will be able to complete a Patient survey as part of the patient consultation process once the deadline of the 24 April has been reached these will be available for collating to establish the outcome. For those who prefer to complete an on-line survey this is an option. After the patient consultation process has been completed there will be a patient meeting held in public with the practice to receive the outcome and findings. This ensures an open and transparent process and the option for further dialogue should there still be any outstanding queries. As part of the NHS South Cheshire's 13Q Duty to public involvement the proposed closure of the branch surgery will be presented at the CEC Overview & Scrutiny Committee. For those patients who may not be able to attend the meeting there is the option on the questionnaire for them to request the outcome of the engagement process to be sent to them by email or their home address.

**"think about how you can evaluate equality of access to, outcomes of and satisfaction with services by different groups"**

The consolidation of services on one site will provide the opportunity to for patients to access all services available. Currently this is not possible at the branch surgery as there is lack of space, the premises are not fully DDA compliant, and the rooms are equipped with standard equipment only as there is no space for additional equipment.

The survey includes an option for patients to make any further comments that they feel are important. These will be included in the collation of responses

### EQUALITY IMPACT AND RISK ASSESSMENT

Does the 'project' have the potential to:

- Have a **positive impact (benefit)** on any of the equality groups?
- Have a **negative impact / exclude / discriminate** against any person or equality group?
- **Explain** how this was **identified? Evidence/Consultation?**
- Who is most likely to be **affected** by the proposal and **how** (think about barriers, access, effects, outcomes etc.)
- Please include all evidence you have considered as part of your assessment e.g. Population statistics, service user data broken down by equality group/protected group

Please request guidance on Equality Groups/Protected Groups and their issues, this document may help and support your thinking around barriers for the equality groups

| Equality Group / Protected Group | Positive effect | Negative effect | Neutral effect | Please explain - MUST BE COMPLETED   |
|----------------------------------|-----------------|-----------------|----------------|--|
| Age                              |                 | √               |                | Some patients may not have transport and may have to rely on friends, family or carers to take them to their appointment. However the current premises do not offer the full range of services due to the limitation of the building. All patients still reserve the right to have a home visit if they are too ill to attend the surgery. Patients can also have a flag on their record that advises that the patient may need assistance to get to the surgery and are reliant on a carer or family member. This would alert the receptionist to look at the range of appointments available which could accommodate the carer or family member.<br><br>To note : There is also the use of the community bus |
| Disability                       |                 | √               |                | As above   |
| Gender                           | √               |                 |                |  |

|   |   |   |  |   |
|---|---|---|--|---|
| <b>Reassignment</b>   |   |   |  |   |
| <b>Pregnancy and Maternity</b>  | √ |   |  |   |
| <b>Race</b>   | √ |   |  |   |
| <b>Religion or Belief</b>   | √ |   |  |   |
| <b>Sex (Gender)</b>   | √ |   |  |   |
| <b>Sexual Orientation</b>   | √ |   |  |   |
| <b>Marriage and Civil Partnership N.B.</b><br>Marriage & Civil Partnership is only a protected characteristic in terms of work-related activities and NOT service provision | √ |   |  |   |
| <b>Carers</b>   |   | √ |  | Some carers may have to travel further.   |
| <b>Deprived Communities</b>   |   | √ |  | Some patients may not have their own transport and bus routes may not be close by.<br><br>To note : However there is the community mini bus available with a minimum donation. (mini bus) |
| <b>Vulnerable Groups e.g. Homeless, Sex Workers, Military Veterans</b>  |   | √ |  | Some patients may not have their own transport and bus routes may not be close by.<br><br>To note : However there is the community mini bus available with a minimum donation. (mini bus) |

### SECTION 3 - COMMUNITY COHESION & FUNDING IMPLICATIONS

#### Does the 'project' raise any issues for Community Cohesion?

No – as all patients will automatically to the Greenmoss Medical Centre irrespective of their background. Patients will still retain the choice to register at another practice if they wish. The area resides in the boundary of two practices in Alsager which the patients are entitled to register with if they chose to.

**What effect will this have on the relationship between these groups? Please state how will you manage this relationship?**

None that can be anticipated.

**What is the overall cost of implementing the 'project'?**

None

**Please state: Cost & Source(s) of funding:**

None

**This is the end of the Equality Impact section, please use the embedded checklist to ensure and reflect that you have included all the relevant information**



Stage 1 EIA  
SCREENING TOOL V3

#### SECTION 4 - HUMAN RIGHTS ASSESSMENT

**If the Stage 1 Equality Impact and Risk Assessment highlighted that you are required to complete a Stage 2 Human Rights assessment (please request a stage 2 Human Rights Assessment from the Equality and Inclusion Team), please bring the issues over from the screening into this section and expand further using the Human Rights full assessment toolkit then embed into this section.**

#### SECTION 5 - PRIVACY IMPACT ASSESSMENT

**If the Stage 1 Equality Impact and Risk Assessment highlighted that you are required to complete a Stage 2 Privacy Impact Assessment, please request a stage 2 Privacy Impact Assessment either from the Equality and Inclusion Team or the Information Governance Team, email your completed stage 2 to your Information Governance Support Officer either at the CCG or CSU.**

#### SECTION 6 – RISK ASSESSMENT

**Please identify any possible risk for patients and / or the Clinical Commissioning Group if the project is implemented without amendment. All risks will be monitored for trends and provided to the project author when the project is due to be reviewed**

##### IMPLEMENTATION RISK: CONSEQUENCE SCORE

| DOMAIN   | INSIGNIFICANT   | MINOR   | MODERATE  | MAJOR   | CATASTROPHIC   |
|--|---|---|---|---|--|
| <b>Impact on the safety of patients, staff or public (physical / psychological harm)</b> | Minimal injury requiring no / minimal intervention or treatment | Minor injury or illness, requiring minor intervention | Moderate injury requiring professional intervention RIDDOR / agency reportable incident, an event which impacts on a small number of patients | Major injury leading to long-term incapacity / disability. Mismanagement of patient care with | Incident leading to death.<br><br>An event which impacts on a large number of patients |

|                                     |  |  |   |  |   |
|-------------------------------------|--|--|---|--|---|
|                                     |  |  |   | long-term effects  |   |
| <b>Complaints / Audit</b>           | Informal complaint / inquiry   | Formal complaint (Stage 1)<br>Local resolution<br>Single failure to meet internal standards<br>Reduced performance rating if unresolved  | Formal complaint (Stage 2) complaint<br>Local resolution (with potential to go to independent review)<br>Repeated failure to meet internal standards  | Multiple complaints / independent review<br>Low performance rating<br>Critical report  | Inquest / Ombudsman inquiry<br>Gross failure to meet national standards<br>Severely critical report   |
| <b>Statutory Duty / Inspections</b> | No or minimal impact or breach of guidance / statutory duty<br><br>For example: Unsatisfactory patient experience which is not directly related to patient care.<br><br>No action required | Breach of statutory legislation.<br>Reduced performance rating if unresolved. For example: a minor impact on people with a protected characteristic has been identified that was agreed to be accepted within the scope of the project.<br><br>No action required. | Single breach in statutory duty. Challenging external recommendations / improvement notice.<br><br>For example: a moderate impact on people with a protected characteristic has been identified.<br><br>This can be resolved by making amendments to the project or providing an objective justification for not amending the project (This must be published with the EIA) | Multiple breaches in statutory duty. Enforcement action<br>Low performance rating report<br><br>For example: a major impact on people with a protected characteristic has been identified.<br>Consideration should be given to and review the project immediately.<br>Q. Can we make amendments to the project | Multiple breaches in statutory duty. Prosecution Zero performance rating<br>Severely critical report.<br><br>For example: a catastrophic impact on people with a protected characteristic has been identified that may lead to litigation or impact on patient safety.<br><br>The project should be stopped immediately |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
|  |  |  |  | or provide objective justifications? If yes, this must be published the EIA.                                  |  |
| <b>Adverse Publicity / Reputation</b>                  | Rumours<br>Potential for public concern                | Local media coverage short-term reduction in public confidence. Elements of public expectation not being met | Local media coverage. Long-term reduction in public confidence                   | National media coverage <3 days service well below reasonable public expectation                              | National media coverage > 3 days<br>MP concerned (questions in the House)<br>Total loss of public confidence                 |
| <b>Business Objectives / Projects</b>                  | Insignificant cost increase<br>No impact on objectives | <5 per cent over project budget<br>Minor impact on delivery of objectives                                    | 5 – 10 per cent over project budget  | Non-compliance with national 10 – 25 per cent over budget<br>Major impact on delivery of strategic objectives | Incident leading > 25 per cent over project budget<br>Failure of strategic objectives impacting on delivery of business plan |
| <b>Finance Including Claims</b>                        | Small loss risk of claim remote                        | Loss of 0.1 – 0.25 per cent of budget<br>Claim less than £10,000   | Loss of 0.25 – 0.5 per cent of budget<br>Claims (s) between £10,000 and £100,000 | Loss of 0.5 – 1.0 per cent of budget<br>Claim(s) between £100,000 and £1 million                              | Loss of >1 per cent of budget<br>Claim(s) > £1 million   |
| <b>IMPLEMENTATION RISK: LIKELIHOOD SCORE</b>           |  |  |  |   |  |
| <b>Frequency: How often might it / does it happen?</b> | Not expected to occur for years                        | Expected to occur annually   | Expected to occur monthly  | Expected to occur weekly  | Expected to occur daily  |
| <b>Probability</b>                                     | <1%  | 1.5%   | 6-20%  | 21-50%  | >50%   |
|  | Will only occur in exceptional circumstances           | Unlikely to occur  | Reasonable chance of occurring   | Likely to occur   | More likely to occur than not occur  |
| <b>RISK MATRIX</b>                                     |  |  |  |   |  |
|  | <b>RARE</b>  | <b>UNLIKELY</b>  | <b>POSSIBLE</b>  | <b>LIKELY</b>   | <b>ALMOST CERTAIN</b>  |
| <b>Insignificant</b>                                   | <b>1</b>   | <b>2</b>   | <b>3</b>   | <b>4</b>  | <b>5</b>   |

|  |  |   |                              |                                 |    |
|--|--|---|------------------------------|---------------------------------|----|
| Minor  | 2  | 4   | 6                            | 8                               | 10 |
| Moderate   | 3  | 6   | 9                            | 12                              | 15 |
| Major  | 4  | 8   | 12                           | 16                              | 20 |
| Catastrophic   | 5  | 10  | 15                           | 20                              | 25 |
| RISK SCORE ON DRAFT PROJECT  |  |   |                              | RISK SCORE ON FINALISED PROJECT |    |
| 12 – After completing the document it was envisage the risk score was 9-12 but 12 was chosen as there is no information yet available from the consultation process. |  |   |                              |                                 |    |
| WHAT ARE THE KEY REASONS FOR THE CHANGE IN THE RISK SCORE?   |  |   |                              |                                 |    |
|  |  |   |                              |                                 |    |
| EQUALITY IMPACT AND RISK ASSESSMENT AND ACTION PLAN  |  |   |                              |                                 |    |
| Risk identified  | Actions required to reduce / eliminate the negative impact   | Resources required* (see guidance below)  | Who will lead on the action? | Target completion date          |    |
| Adverse publicity  | Full patient Consultation survey. Patient frequently asked questions (FAQ) fact sheet, PPG available on a Friday morning at main surgery site for patients to raise any issues. Practice happy to receive all comments. CCG Communications team will assist the practice with any media enquiries. | CCG Communication engagement and Primary Care teams are available to assist the practice. Comms team supporting practice with administering the survey and the FAQ sheet. | Practice with support of CCG | 24 April 2017 survey            |    |
|  | After survey there will be a patient meeting held in public with the practice, NHS South Cheshire CCG and the Parish Council to receive the outcome and findings.  | As above – support will continue post survey  | As above                     | Post survey result              |    |
|  |  |   |                              |                                 |    |
| ‘Resources required’ is asking for a summary of the costs that are needed to implement the changes to mitigate the negative impacts identified                       |  |   |                              |                                 |    |
| SECTION 7 – ONGOING MONITORING AND REVIEW OF EQUALITY IMPACT ASSESSMENTS AND   |  |   |                              |                                 |    |



## ACTION PLANS

**Please describe briefly, how the equality action plans will be monitored through internal CCG governance processes?**

The Equality Action plans will be provided to the Primary Care Medical Operational Group to ensure the group that the correct underpinning assurances are being undertaken. The final application, should the practice continue to proceed with the closure of the Branch Surgery, will be heard in the Primary Care (General Practice) Commissioning Committee Part A (open to public) meeting for decision. The papers for this meeting are available to the public on the CCG website. CEC & CWAC are standing invitees to the meeting.

If the surgery proceeds with the application to close the Branch Surgery this proposal will also be presented to the CEC Overview & Scrutiny Committee.

Date of the next review of the Equality Impact Assessment section and action plan? (Please note: if this is a project or pilot reviews need to be built in to the project/pilot plan)

**Date: June 2017**

**Which CCG Committee will be responsible for monitoring the action plan progress?**

Primary Care (General Practice) Commissioning Committee.  
Primary Care Operational Group will monitor in the interim

**Who will be the responsible person in the organisation to ensure the action plan is monitored?**

Chris Leese CCG Service Delivery Manager – Primary Care Operations & Caroline Harley, CCG Primary Care Contracts Manager.

**FINAL SECTION  
SECTION 8**

**Date sent to Equality & Inclusion (E&I) Team for quality check:  
12-04-2017**

**Date quality checked by Equality and Inclusion Business Partner:  
13-04-2017**

**Date of final sign off by Equality and Inclusion Business Partner:13-04-2017**

**Signature Equality and Inclusion Business Partner:  
Q Hussain**

**CCG Committee Name and sign off date:**



This is the end of the Equality Impact and Risk Assessment process: By now you should be able to clearly demonstrate and evidence your thinking and decision(s).

To meet publishing requirements this document SHOULD NOW BE PUBLISHED ON YOUR ORGANISATIONS WEBSITE.

- Save this document for your own records

- Send this document and copies of your completed Privacy Impact Assessment and Human Rights Screening to [equality.inclusion@nhs.net](mailto:equality.inclusion@nhs.net)

## CHESHIRE EAST COUNCIL

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

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**Date of Meeting:** 6 July 2017  
**Report of:** Director of Legal Services  
**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: Helen Davies  
Designation: Scrutiny Officer  
Tel No: 01270 686468  
Email: [helen.davies@cheshireeast.gov.uk](mailto:helen.davies@cheshireeast.gov.uk)

# Combined Health and Adult Social Care Overview and Scrutiny Committee 2017/18 – updated June 2017

## Health and Adult Social Care

### Future Meetings

| Formal Meeting   | Formal Meeting  | Formal Meeting   | Formal Meeting  | Formal Meeting  | Formal Meeting   | Formal Meeting  |
|--|---|--|---|---|--|---|
| Date: <b>6 July 2017</b><br>Time: 10:00am<br>Venue: Committee Suites, Westfields | Date: <b>14 Sept 2017</b><br>Time: 10:00am<br>Venue: Committee Suites, Westfields | Date: <b>12 Oct 2017</b><br>Time: 10:00am<br>Venue: Committee Suites, Westfields | Date: <b>9 Nov 2017</b><br>Time: 10:00am<br>Venue: Committee Suites, Westfields | Date: <b>7 Dec 2017</b><br>Time: 10:00am<br>Venue: Committee Suites, Westfields | Date: <b>18 January 2018</b><br>Time: 10:00am<br>Venue: Committee Suites, Westfields | Date: <b>8<sup>th</sup> February 2018</b><br>Time: 10:00am<br>Venue: Committee Suites, Westfields |

### Essential items

| <u>Item</u>                               | <u>Description/purpose of report/comments</u>                                    | <u>Outcome</u>                  | <u>Lead Officer/organisation/Portfolio Holder</u> | <u>Suggested by</u>             | <u>Current position</u>   | <u>Key Dates/Deadlines</u> |
|---|--|---------------------------------|---|---------------------------------|---|----------------------------|
| Potential SDV                             | SDV- Potential branch surgery closure at Rhode Health, Scholar Green.            | People live well and for longer | South Cheshire & Vale Royal CCG                   | South Cheshire & Vale Royal CCG | Update to Scrutiny of the Consultation process undertaken.                                      | 6 July 2017                |
| 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              | Presentation considered on 6 July. South CCG agreed to come back to Committee March/April 2017* | 6 July 2017                |
| Cheshire and Wirral Partnership NHS Trust | Draft Redesign Consultation Proposal- Mental Health                              | People live well and for longer | CWP/ECCCG/SC&VRCCG                                | CWP Working Group               | Awaiting update on original proposal and business case by CWP/ECCCG/SC                          | 14 September 2017          |

## Combined Health and Adult Social Care Overview and Scrutiny Committee 2017/18 – updated June 2017

|   |   |                                 |                          |                         |  |                   |
|---|---|---------------------------------|--------------------------|-------------------------|--|-------------------|
|   |   |                                 |                          |                         | &VRCCG   |                   |
| South Cheshire & Vale Royal CCG Connecting Care Recovery Plan | Connecting Care Recovery Plan Position Statement Update   | People live well and for longer | Tracy Parker-Priest      | SC&VRCCG                | Tracy Parker-Priest to update the Committee  | 14 September 2017 |
| Eastern Cheshire CCG Connecting Care Recovery Plan            | CCG Financial Recovery Plan   | People live well and for longer | Jerry Hawker/Neil Evans  | Eastern Cheshire CCG    | Update to the Committee scheduled  | 14 September 2017 |
| Mental Health Reablement                                      | To establish the future delivery of mental health reablement services                                   | People live well and for longer | Council, SCCCG and ECCCG | Committee               | Update from Commissioners + Linda Couchman<br>On hold until the Better Care Fund paper is completed.         | 12 October 2017   |
| Care4CE Update  | Presentation to the Committee about Care4CE   | People live well and for longer | Linda Couchman           | Committee               | Action from meeting on the 15 June 2017  | 9 November 2017   |
| Home First Model (prev, Bed Based Review)                     | No definitive report yet, the Terms of Reference underwent significant change as a result of DTOC work. | People live well and for longer | Linda Couchman           | Portfolio Holder        | Mark Palethorpe refresh the Terms of Reference   | 9 Nov 2017        |
| Cheshire & Wirral Partnership                                 | Review of Autism screening at Cheshire's custody suites.  | People live well and for longer | CWP                      | Committee               | Awaiting date for Committee-subject came via Quality Account.  | May 2018          |
| Level 3 SDV- Handforth  | SDV- Potential Relocation of Outpatient Clinics from Handforth  | People live well and for longer | East Cheshire NHS Trust  | East Cheshire NHS Trust | The existing lease arrangements have been extended until the end of October 2017- Awaiting briefing note and | TBA               |

## Combined Health and Adult Social Care Overview and Scrutiny Committee 2017/18 – updated June 2017

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  | public consultation<br>detail following 15 <sup>th</sup><br>June O&S |  |
|--|--|--|--|--|--|--|

### Monitoring Items

| <u>Item</u>                     | <u>Description/purpose of report/comments</u>  | <u>Outcome</u>                  | <u>Lead Officer/organisation/Portfolio Holder</u> | <u>Suggested by</u> | <u>Current position</u>                           | <u>Key Dates/Deadlines</u>    |
|---------------------------------|--|---------------------------------|---|---------------------|---|-------------------------------|
| Local Safeguarding Adults Board | (Peer Review expected in May 2017, potential to become one board with Cheshire West and Chester Council.) 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           | Robert Templeton invited to present Annual report | 12 October 2017               |
| 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            | 12 <sup>th</sup> October 2017 |
| Healthwatch                     | A representative of Healthwatch be invited to attend to the Committee with an outcomes led 12 months progress review   | People live well and for longer |   | Committee           | Last update May 2017                              | May 2018                      |

### Possible Future/ desirable items

- Mental Health Services

The Committee to have a tour of Limewalk House (CWP).

OFFICIAL

# **Combined Health and Adult Social Care Overview and Scrutiny Committee 2017/18 – updated June 2017**

Forward Plan- CE 16/17-21 Commissioning a Community, Voluntary Faith Infrastructure Service.



Forward Plan

| Key Decision and Private Non-Key Decision                             | Decisions to be Taken   | Decision Maker | Expected Date of Decision | Proposed Consultation | How to make representation to the decision made                 | Private/ Confidential and paragraph number |
|---|---|----------------|---------------------------|-----------------------|---|--|
| CE 16/17-41<br>Procurement of Housing Repairs and Adaptations         | To procure domestic repairs and adaptations for the benefit of supporting vulnerable residents to live independently in their own homes, and authorise officers to take all necessary actions to implement the proposal.                                      | Cabinet        | 13 Jun 2017               |                       | Karen Whitehead   | N/A  |
| CE 16/17-46<br>Procurement of Translation and Interpretation Services | To grant delegated authority to the Chief Operating Officer in consultation with the Portfolio Holder for Corporate Policy and Legal Services to award a contract to the successful tenderers for the procurement of translation and interpretation services. | Cabinet        | 13 Jun 2017               |                       | Peter Bates, Chief Operating Officer                            | N/A  |
| CE 16/17-51<br>Ansa Joint Venture Opportunity                         | To approve Ansa entering into a joint venture agreement for waste collection services with High Peak and Staffordshire Moorlands District Councils.   | Cabinet        | 13 Jun 2017               |                       | Kevin Melling, Head of Environmental Protection and Enhancement | N/A  |

| Key Decision   | Decisions to be Taken  | Decision Maker                                 | Expected Date of Decision | Proposed Consultation | How to make representation to the decision made | Private/ Confidential and paragraph number |
|--|--|--|---------------------------|-----------------------|---|--|
| CE 17/18-2 Plus Dane - Transfer of Engagement                            | Plus Dane is consulting Cheshire East Council on its proposal to undertake a transfer of engagement which will merge Plus Dane Cheshire into Plus Dane Merseyside. The report will seek authority for officers to take all necessary actions to assist with the implementation of the proposal and set out Cheshire East Council's requirements for the Board. | Cabinet Member for Highways and Infrastructure | 10 Jul 2017               |                       | Karen Carsberg                                  | N/A  |
| CE 16/17-45 Self-Build Register  | To consider whether to charge a fee for entry onto the Council's Self-Build Register and also whether to set eligibility criteria.   | Cabinet  | 11 Jul 2017               |                       | Karen Carsberg                                  | N/A  |
| CE 16/17-49 Housing Repairs and Adaptations for Vulnerable People Policy | To approve the Housing Repairs and Adaptations for Vulnerable People policy, and authorise officers to take all necessary actions to implement the proposal.   | Cabinet  | 11 Jul 2017               |                       | Karen Whitehead                                 | N/A  |

| <b>Key Decision</b>                                     | <b>Decisions to be Taken</b>  | <b>Decision Maker</b> | <b>Expected Date of Decision</b> | <b>Proposed Consultation</b> | <b>How to make representation to the decision made</b> | <b>Private/ Confidential and paragraph number</b> |
|---|---|-----------------------|----------------------------------|------------------------------|--|---|
| CE 16/17-50 Housing Enforcement Policy                  | To approve amendments to the Housing Enforcement policy and authorise officers to take all necessary steps to implement the proposal. | Cabinet               | 11 Jul 2017                      |                              | Karen Whitehead  | N/A   |
| CE 17/18-3 Best 4 Business Oracle Replacement Programme | To enter into a contract with the preferred bidder to replace the current Oracle HR and finance system.                               | Cabinet               | 11 Jul 2017                      |                              | Dominic Oakeshott                                      | N/A   |

| Key Decision   | Decisions to be Taken   | Decision Maker                  | Expected Date of Decision | Proposed Consultation | How to make representation to the decision made | Private/ Confidential and paragraph number |
|--|---|---------------------------------|---------------------------|-----------------------|---|--|
| CE 17/18-1<br>Award of Contract to Preferred Bidder for the Organic Waste Treatment Solution | At its meeting on 9 <sup>th</sup> May 2017, the Cabinet authorised the Corporate Manager for Waste and Environment Services as the Senior Responsible Officer for the Organic Waste Treatment Procurement in consultation with the Chief Operating Officer and the Director of Legal Services to clarify, specify and optimise the Preferred Bidder's final tender to enable the Council to enter into a legally binding contract with the Preferred Bidder. Upon completion of the above clarification, specification and optimisation stage, Cabinet delegated to the Portfolio Holder for Regeneration the final decision to award the contract to the preferred bidder. | Cabinet Member for Regeneration | July 2017                 |                       | Ralph Kemp                                      | N/A  |

| Key Decision   | Decisions to be Taken  | Decision Maker                  | Expected Date of Decision | Proposed Consultation | How to make representation to the decision made | Private/ Confidential and paragraph number |
|--|--|---------------------------------|---------------------------|-----------------------|---|--|
| CE 17/18-4<br>Farms Estate - General Management  | To authorise officers to take all necessary actions to implement the proposal to dispose of properties identified as surplus to requirements on the Batherton, Cranage, Goostrey, Haslington, Mobberley and Ridley Farms Estates on terms to be approved by the Head of Assets and the County Land Agent in the letting of Aston by Budworth, Holding 1. | Cabinet Member for Regeneration | 21 Aug 2017               |                       | David Job                                       | Exempt - para 3                            |
| CE 16/17-11<br>Crewe HS2 Masterplan  | To approve the HS2 masterplan for Crewe, and to authorise the Executive Director Place to enter into a public consultation on the masterplan in 2017.  | Cabinet                         | 12 Sep 2017               |                       | Andrew Ross                                     | No   |
| CE 16/17-34<br>Royal Arcade Redevelopment, Crewe - Reward of Contract to Development Partner | To approve that the Council enter into a development agreement with a named development partner selected following a recent procurement process, and to agree to fund those elements of the scheme as previously identified.   | Cabinet                         | 12 Sep 2017               |                       | Jez Goodman                                     | N/A  |

| Key Decision   | Decisions to be Taken   | Decision Maker | Expected Date of Decision | Proposed Consultation | How to make representation to the decision made     | Private/ Confidential and paragraph number |
|--|---|----------------|---------------------------|-----------------------|---|--|
| CE 16/17-44<br>Conditional Sale of Land at Longridge, Knutsford  | To authorise officers to advertise the intention to dispose of the land identified as open space in accordance with the Local Government Act, the consultations to be considered by the Portfolio Holder for Regeneration, and approve the freehold disposal of the Land at Longridge, Knutsford. | Cabinet        | 12 Sep 2017               |                       | Lee Beckett   | Exempt - para 5                            |
| CE 16/17-52<br>People Live Well for Longer (Adult Social Care and Public Health) Three Year Commissioning Plan | To endorse the People Live Well for Longer (Adult Social Care and Public Health) Three Year Commissioning Plan.   | Cabinet        | 12 Sep 2017               |                       | Mark Palethorpe                                     | N/A  |
| CE 16/17-48<br>Asylum Seeker Dispersal   | The report will set out the steps towards delivering asylum seeker dispersal within Cheshire East. The report will seek authority for officers to consider further with the Home Office asylum seeker delivery in the Borough over a three year period.   | Cabinet        | 10 Oct 2017               |                       | Lucia Scally,<br>Manager of strategic Commissioning | N/A  |

| <b>Key Decision</b>  | <b>Decisions to be Taken</b>   | <b>Decision Maker</b> | <b>Expected Date of Decision</b> | <b>Proposed Consultation</b> | <b>How to make representation to the decision made</b> | <b>Private/ Confidential and paragraph number</b> |
|--|--|-----------------------|----------------------------------|------------------------------|--|---|
| CE 16/17-47<br>Medium Term Financial Strategy 2018-21          | To approve the Medium Term Financial Strategy for 2018-21, incorporating the Council's priorities, budget, policy proposals and capital programme. | Council               | 22 Feb 2018                      |                              | Alex Thompson  | N/A   |
| CE 17/18-5<br>Cheshire East Council Housing Strategy 2018-2023 | To consider and adopt the Cheshire East Council Housing Strategy.  | Cabinet               | 13 Mar 2018                      |                              | Karen Carsberg   | N/A   |

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