

CHESHIRE EAST COUNCIL

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

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

PRESENT

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

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

Apologies

Councillors D Bailey and A Moran

ALSO PRESENT

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

OFFICERS PRESENT

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

30 APOLOGIES FOR ABSENCE

31 MINUTES OF PREVIOUS MEETING

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

32 DECLARATIONS OF INTEREST

There were no declarations of interest

33 DECLARATION OF PARTY WHIP

There were no declarations of party whip

34 PUBLIC SPEAKING TIME/OPEN SESSION

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

35 NHS EASTERN CHESHIRE CCG - FINANCIAL POSITION BRIEFING

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

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

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

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

RESOLVED – That the presentation be noted.

36 NHS EASTERN CHESHIRE CCG - PROPOSALS TO CHANGE STROKE SERVICES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

38 CANCER SCREENING

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

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

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

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

RESOLVED – That the briefing be noted.

39 **WORK PROGRAMME**

The Committee gave consideration to the work programme.

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

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

RESOLVED – That the work programme be updated as discussed.

The meeting commenced at 10.00 am and concluded at 12.30 pm

Councillor J Saunders (Chairman)