

APPENDIX A

**Points raised during Public Speaking Time during
NHS Eastern Cheshire CCG Governing Body meeting
held in public on 24 September 2014 at Poynton Civic Hall**

*[Note: Below is not a transcription, but a summary of the questions and answers.
Where appropriate, further clarifying commentary has been added to the verbal
answer given at the meeting]*

**All questions raised by Mrs Charlotte Peters-Rock, representing Cheshire Area
for Cheshire Action**

PROTECTING CHILDREN FROM ABUSE

Knowing that this very difficult area is to be discussed - With the many human rights issues involved in child sexual exploitation; including that such as is known to have happened - and be happening – in Oxford, Rochdale, Rotherham and now Doncaster; including forced purdah and forced marriage; including genital mutilation; whether by families or by strangers or by professionals; what is Eastern Cheshire CCG doing – or lawfully capable of doing – to stem the complex tide of abuse of children, whether indigenous or brought to this area from elsewhere?

As commissioner of health services, what lead can this Governing Body show?

What level of joint or individual organisational information collection and dissemination is currently taking place? Is that enough?

What figures exist for Eastern Cheshire? Are they accurate?"

Response from the CCG –

Sally Rogers thanked Mrs Peters-Rock for raising the questions about Child Sexual Exploitation and expressed the opinion that people need to start talking about the unspeakable. Responding to the question about what the CCG is doing to proactively protect children's rights, she said that its duties are laid down in the Children and Families Act.¹

The CCG is a representative on the Cheshire East Local Safeguarding Children Board², (LSCB) a statutory multiagency body, whose aim is to make sure the needs of children are met and that its multi-agency members hold each other to account.

¹ <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

² http://www.cheshireeast.gov.uk/children_and_families/lscb_-_safeguarding_children.aspx

All NHS staff are trained to recognise signs of physical and emotional abuse and those at risk of sexual exploitation. Estimated figures of those affected in Cheshire East have been collected. The CCG's lead on the area of child sexual exploitation (CSE) is Moira McGrath, Safeguarding Manager (Designated Nurse) for Safeguarding Children, and she is involved in a specific workstream on CSE. The LSCB is linked to the national group, and kept informed of national issues, through NHS England. There is a swift response if a child is recognised to be at risk of abuse and multi-agency working means e.g. early identification of issues for children arising out of domestic abuse. A watchful eye is kept on cared for children from out of the area.

Moira McGrath commented that November is dedicated to children's rights and the CCG would be supporting this initiative.

KNUTSFORD PROGRAMME

Question – *“Having heard at various meetings and from individuals that the silent Knutsford Programme Board has long been completely stalled, in both planning and financing, of any re-provision of services for the local Knutsford area, this is a request to the Governing Body, to take a lead as commissioner - and within its role as part of Caring Together – to insist that our intermediate and dementia services should now be re-provided within the modern buildings from which East Cheshire NHS Trust and Cheshire East Council removed them 4 years ago, and to ask for a public statement of intent, time frame and action to ensure that this is swiftly achieved, particularly to support family carers' health and that of patients returning to the local area to recuperate from general and specialist hospitals within or outwith Eastern Cheshire.”*

Response from the CCG –

Jerry Hawker agreed to respond to the question after the meeting as an appendix to the minutes and ask East Cheshire NHS Trust and the Knutsford GP practices to provide an update on the Knutsford Project.

As the lead commissioner for healthcare services across Eastern Cheshire the CCG has a statutory responsibility to ensure all services are accessible equitably to the whole 204,000 population based on evidenced based need.

The Caring Together programme has committed to developing more coordinated services for its population, patients and carers over the next 5 years with the programme aiming to provide these services wherever possible in people's homes and in community settings where appropriate. The investment in additional clinical care in Care Homes and the development community neighbourhood teams is evidence of progress already being made and will continue to be expanded in 2015.

The CCG has already invested over £500K in additional mental health services in 2014 and together with many public and private sector organisations has committed to make Cheshire East a dementia friendly community.

Whilst the CCG has no direct accountability for the development of existing or new premises, it does work closely with its main providers to ensure that services are available in appropriate buildings within available finances. Inevitably there is always a challenge to meet the desires for services to be provided locally verses the available resources across all localities.

Question – *Since the transport problem for the old and ill continues apace, what added facilities does the Governing Body see as capable of being provided locally on the Knutsford Cottage Hospital site, to serve the needs of the local population of this area, ie*

- i. 'Consultants to the people'*
- ii. Dementia whole person & situational health assessment and therapy*
- iii Family training and support to enable the sick, the disabled and the demented to live safely and well-supported at home rather than being 'evicted from their lives' into the expensive and collapsing care of strangers.*

Response from the CCG -

Increased investment in communities is the ambition of the Caring Together programme, and the CCG has stated in its 5-Year plan its commitment to investment of £5 million in community services. It will work with partners to make better use of assets in the community, which may be different to how they were used in the past. Advancement in technology offers the opportunity to provide care for people in their own homes and in the community rather than in institutional buildings.

For consideration by the Governing Body: *A call for CCG support, to bring back the funding and services for Family Carers' health, and dementia health within Eastern Cheshire, under the remit of the NHS –and into this CCG.*

Response from the CCG:

The CCG is working in partnership with the local authority to ensure that there is a clear strategy in place for carers. This year saw new national policy relating to carers which is being included in our jointly developed strategy. The policy signals a new approach to the support of people in caring roles, putting them on the same footing as the people they care for in terms of care and support. Moving forward carers can expect improved access to information and health and well being services.

In relation to Dementia services the CCG has committed to work towards the national ambition for the identification and support of people with dementia and their carers. In the future there will be no more than a 4 week waiting time for assessment and, once diagnosed, patients and carers will be referred to the Alzheimer's Society for ongoing support

RESPIRE SERVICES AND NURSING HOME FACILITIES

In view of the poor performance of Commercial Nursing Homes particularly in the Macclesfield area, I understand – and the removal or threatened removal of all overnight and other respite by Cheshire East Council - leading to overburdening of the system, this is a request for re-provisioning of services – whether by NHS staffing or by future ownership, by Eastern Cheshire CCG of both respite and full time Nursing Home facilities, so that adequate oversight is made and local, high quality respite bed places are guaranteed to grossly overworked full time family carers.

Response from the CCG:

It is not within the power of ECCCCG to comment on respite services which are both commissioned and provided by Cheshire East Council. The partnership working through the Eastern Cheshire Caring Together programme does, however, create an opportunity to redesign and develop services, including respite care, in accordance with the standards which have been agreed jointly, providing patients and the people caring for them a more holistic and tailored service.

APPENDIX B

Informal Question and Answer Session at the end of the NHS Eastern Cheshire CCG Governing Body meeting held in public on 24 September 2014 at Poynton Civic Centre

Questions and comments were responded to by members of the Governing Body.

[Note: Below is not a transcription, but a summary of the questions and answers. The items have been re-grouped into similar themes and where appropriate, further clarifying commentary has been added to the verbal answer given at the meeting]

CLOSURE OF HOLLINS VIEW

Question from Member of the Public: *What is the CCG's view of the closure of the Local Authority facility Hollins View and the impact on intermediate care?*

Response from the CCG – There are two elements; the respite service and the intermediate care facility. Cheshire East Council is guaranteeing that the level of respite service currently provided at Hollins View will be reprovided elsewhere.

Question – *What will happen to people discharged from hospital because the bed is needed?*

Response from the CCG - People will not be discharged inappropriately early from hospital and arrangements will be made prior to their return home. Because winter pressures money came early this year the CCG has been able to commission a greater amount of services from the Third Sector and is working to align these with acute and community services to make sure everybody is on same page, supporting people to go home in a timely way. The new service 'STAIRRS' (Short Term Assessment, Integrated Response and Recovery Service), providing a package of care around an individual, is aimed at making sure people get the care and support they need. This is 'reablement', feeding into the existing intermediate care services such as the Acute Visiting Service where GPs not tied down to clinical sessions are able to go out and support patients.

Comment from member of the public – *The problem with sending people who live on their own back into their own homes is that there is no adequate oversight. They need some form of respite and proper intermediate care for assurance, and the encouragement factor of being with other people that they would not get at home.*

Response from the CCG – There is a huge range of people in Hollins View and there will still be a need for nursing home and residential home facilities. The Third Sector can teach us a lot, social factors have been identified that are equal to health factors.

Question from member of the public – *Why not open up intermediate care facilities? There is a need to help people suffering in isolation.*

Response from the CCG – Not every town has had a community hospital with intermediate care facilities. There are people being cared for outside their town who are desperate to return to their own home; we need to focus on getting people home from hospital.

Comment from member of the public – *There is a social element to intermediate care facilities.*

Response from the CCG – It is easy to lose sight of the importance of social contact in people's recovery – being involved, seeing people and doing things. It is important that resources are not removed until alternatives are in place but there is not one solution which will fit all situations; the way forward is for care packages, with differing elements, for individuals. All health systems in the UK are facing the same problems; the answer will not come from health or social care, but a different approach to services in the community. The CCG's ambition is to be the first in the country to champion a new approach, making care in the community the norm. This will be a challenge and requires a leap of faith, requiring providers to lead and encourage their staff to follow the new culture and see the benefit. - Individuals need to understand that hospital is not a good place to be long-term, and have examples to reassure that alternatives will be better.

Comment from member of the public – *There needs to be an infrastructure, where is it?*

Response from the CCG – A number of meetings between health and social care have taken place looking at how quickly we can get STAIRRS mobilised, with the impression that staff have been wanting to do this for a long time. It does need to be joined up. Confidence is high that the service will be up and for December. There will be no change to intermediate beds until March. This gives time to monitor progress with the joined up response.

Comment from member of the public – *It is horrifying that there are five care and nursing homes that the CQC is taking action against, although none of the intermediate beds are commissioned there. The system seems to be collapsing before something else can be put in place – why?*

Response from the CCG – Carers have challenges finding places for their relatives as the £375 per week paid by the Council often does not cover the cost of a bed. The quality of services provided in previously well regarded care homes can change over time so there needs to be constant monitoring. Because we are being more vigilant we are finding things which previously may have gone unreported and ultimately this is a good thing, lessons will be learned and improvements made accordingly. Care home owners do meet as a group, but care homes are individual and independent businesses. There are good care homes, but we tend only to hear about those where there are problems.

Comment from member of the public – *Quality in care homes is recorded on the CCG's assurance framework. How far has this been shared with Cheshire East Council as policy and principle? If you go through the risks, draw them to the attention of the Local Authority, can they justify the closure of Hollins view in the timeframe unless there are replacement facilities? As part of the consultation process the Local Authority is asking individual users of the service – there are future users.*

Response from the CCG – In the NHS we are seeing closer working with the local authority all the time. There is good cross-public health sector working going on looking at care homes and how to improve them and some long-standing concerns are starting to be addressed. There appear to be more problems now because we are starting to tackle things that in the past nobody was prepared to be accountable for. Significant improvement has been made, with a lot of work still to do. When a statutory body takes the decision to change services, agreement must be sought from the local Scrutiny Committee. The consultation

document on Hollins View has gone out, the CCG, as a health body and partner in care, received a copy. We will be responding both formally and informally on our agreement and disagreement on areas where we have concerns. We will make the CCG's response publicly available.

Comment from member of the public – *At the Council, when the Hollins View question came up it was said that uncertainty was created by health, who were refusing to pay for intermediate care beds.*

Response from CCG – That was a miscommunication which we have formally responded to and corrected.

Comment from member of the public – *I understand the overseeing agencies going into care homes are CQC, the CCG, the Local Authority and Healthwatch. What streamlining could be done?*

Response from the CCG – The Francis Report¹ cited a major failing in lack of cooperation between public sector bodies and the first stage to streamline the process is to improve communications. We are confident that some of 'the Francis effect' is starting to be seen locally. In the past there was 'silo working' on inspection of care homes, but now the CCG and the local authority are doing joint visits. CQC visits have to continue to be done separately. There are regular meetings of CQC, the Local Authority and the CCG to share intelligence. It is the first time that CQC has been so engaged with the CCG.

Question from member of the public – *re the comment earlier about provider leaders – what are GPs doing to bring themselves out as leaders in the community?*

Response from the CCG – GPs are trained for, and are at their best, seeing patients, assessing and diagnosing. Although GP practices are small businesses, GPs are not trained as managers, leaders, politicians nor strategists. National policy has put them in a position of leadership. Some Practices have allowed their GPs to do some do some training, and they are learning as they go.

Question from member of the public – *We are told that GP practices are overloaded, with a lot of new homes about to be built, with a particularly high elderly population in Knutsford why not have four GP practices, the fourth would relieve pressure, and start with new facilities, would bring the other three up to standard.*

Response from CCG – Meeting demand is not about having more GP practices, it is about having fewer, cooperating, possibly federating. Demand on the GP as default place to sort something out has increased. Recruitment is at worst, a lot of people are not staying – they are retiring, emigrating, or don't want the responsibility. GPs are being asked to lead from a commissioning point of view, then asked to lead transformation of care whilst still working in their practices, where expectations of politicians mean extended opening hours. Some practices are taking on extra staff and are still unable to meet the demand for appointments, and struggle with having time to look at transforming the care system and implementing change. The CCG will work to transform the system, we have to, but we also have to keep the system going in the meantime and allow GPs to do their day job.

The level of ambition in, and reputation of, Eastern Cheshire should not be underestimated. We are seen as pioneering and with support we can cash it in – not overnight, but by incremental change.

¹ <http://www.nhsconfed.org/health-topics/quality/francis-inquiry>

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