

## **CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Health and Wellbeing Scrutiny Committee**  
held on Thursday, 10th November, 2011 at Committee Suite 1,2 & 3,  
Westfields, Middlewich Road, Sandbach CW11 1HZ

### **PRESENT**

Councillor G Baxendale (Chairman)  
Councillor J Saunders

Councillors G Boston, S Gardiner, M Grant, D Hough, G Merry, A Martin,  
A Moran and J Wray

### **37 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor M Hardy; and Councillor R Domleo, Portfolio Holder for Adult Services and Councillor R Menlove, Portfolio Holder for Environmental Services

### **38 ALSO PRESENT**

Councillor J Clowes – Cabinet Support Member for Health and Wellbeing

### **39 OFFICERS PRESENT**

M Cunningham – Assistant Director of Public Health (Acting)  
D J French – Scrutiny Officer  
G Kilminster – Head of Health and Wellbeing  
L Scally – Head of Strategic Commissioning and Safeguarding

### **40 DECLARATIONS OF INTEREST**

Councillor S Gardiner declared a personal interest as a patient of a GP surgery in Knutsford

### **41 MINUTES OF PREVIOUS MEETING**

RESOLVED: That the minutes of the meeting of the Committee held on 5 October be confirmed as a correct record.

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

Charlotte Peters Rock addressed the Committee in relation to the item on the work programme regarding undertaking Scrutiny work in relation to the health and wellbeing of carers and service users arising from recently implemented closures of services and proposals under consultation.

She queried the political composition of Task/Finish Groups in the light of a letter that she had received from the leader of the Council. In response, the Chairman explained that Task/Finish Groups comprised Members who were interested in

the topic under review and were set up on a cross-party basis but were not required to be politically proportionate.

#### **43 NORTH WEST AMBULANCE SERVICE**

Sarah Byrom, Director of Performance and Patient Experience, briefed the Committee on performance, highlights, complementary resources and Chain of Survival.

As previously advised to the Committee, response time standards had been replaced by 2 categories:

- Category A (red calls) which required a response in 8 minutes with a 19 minute transport standard; and
- Category C (green calls) which were broken down into Green 1, 2, 3 and 4 with response times and telephone assessment times still to be agreed.

There were also 13 new Quality Indicators covering various items including “outcome from cardiac arrest”, “outcome from stroke”, “time to answer call”, “service experience” and “time to treatment”.

Ms Byrom outlined the headlines relating to performance which indicated that performance across Central and Eastern Cheshire had improved; for Category A8 performance for the year to date showed response times as 72.8% against the Government target of 75% and for October alone the rate was 74.72%.

She referred to service reconfigurations of wider NHS services and the impact they would have on the ambulance service, for example, when an ambulance had to transfer a patient to a centre of excellence which may be out of the area, meaning turnaround times would take longer. A new initiative - Primary Percutaneous Coronary Intervention (PPCI) - had now been introduced across Cheshire East.

A number of new developments included new clinical indicators allowing more focus on clinical care; expansion of the Urgent Care Service, the introduction of a Clinical Supervision model which had introduced a more effective supervisory structure and recruitment, the expansion of the Community Resuscitation Team, patient surveys undertaken at Leighton Hospital and unconditional registration with the Care Quality Commission. Positive feedback had been received from patient surveys but there were still issues around eligibility criteria and the inconsistent use of the electronic booking system for patient transport.

Future challenges included increased activity, winter demands, financial climate, changing commissioning arrangements and market testing for the Patient Transport Services.

In relation to complementary resources in Cheshire East there were 8 Community First Responders (CFR) schemes with 51 trained responders; there were 27 Public Access Defibrillation (PAD) sites. In the near future, further CFR schemes and PAD sites were to be introduced; presentations were being given to Parish Councils, a Co-Responder scheme was in place in Nantwich and Heartstart UK training had been given to local communities as well as introducing a schools programme – Heartstart was basic life support training given to local communities. The Chain of Survival Strategy was outlined which aimed to reduce

levels of mortality and morbidity associated with emergency situations occurring outside hospitals; it involved partnership working to strengthen the immediate response options which existed and to complement the NWS provision too. Currently, a Regional Coordinator had been appointed with a start date of January 2012, County Level leaders were shortly to be interviewed and a County Group was under development; the Chain of Survival Strategy would be implemented in January 2012.

Finally, the Committee was briefed on the current position with Foundation Trust status – NWS was currently undergoing an assessment with the Strategic Health Authority following which the application would be submitted to the Department of Health. It was hoped that Monitor would authorise Foundation Trust status around September 2012.

Members of the Committee were then given the opportunity to ask any questions or raise issues as follows:

- How quality was measured and whether figures were kept on survival rates? In response, the Committee was advised that a Care Bundle was used in relation to Acute Myocardial Infarction cases and measurements were taken of how many parts of the Bundle package were implemented; this was reported to the NWS Board on a regular basis;
- Whether there was dependence on Community First Response teams particularly to reach response time targets and what would be put in place should volunteer numbers reduce? In response, Members were advised that CFRs were complementary to other services and were part of the overall response process. There were also Co-Responders teams with the Fire Service and these roles were not voluntary as they used retained fire officers. There were clear roles and responsibilities set out; a database was used to show the strength of each scheme;
- The impact of cross boundary work – it was explained that this was difficult to measure but as well as NWS vehicles moving out of the area, there were also vehicles from elsewhere moving into the North West; the important point was that vehicles were moved in response to the current situation, for example, at times of high numbers of flu cases, vehicles would be moved to areas where cases were especially high.

RESOLVED: that

- (a) the update be noted; and
- (b) NWS be invited back to a meeting in approximately six months time with current response time figures, further information on Community First Responders schemes and details of Care Bundles used for Acute Myocardial Infarction and stroke cases.

#### **44 DENTIST SERVICES IN CONGLETON**

Janet Prosser, Dental Commissioning Manager, Central and Eastern Cheshire Primary Care Trust, briefed the Committee on changes to dentist services in Congleton. She explained that, following a long procedure and process, the Primary Care Trust had decided to terminate an NHS dental contract in Congleton. The service previously provided by this dentist had now been

recommissioned through a new provider, at a flagship practice. The Committee was assured that there was no lack of dentist provision in Congleton.

RESOLVED: that the update be noted

#### **45 KNUTSFORD HEALTHCARE PROJECT 2011**

The Committee considered a report on the future of health and social care services in Knutsford.

The report outlined the current position and recent history in relation to services in Knutsford:

- The Tatton Ward was temporarily closed;
- Bexton Court was temporarily closed;
- A consultation was underway by Cheshire East Council regarding “Improvements to Adult Social Care Services” which included consideration of the future of Stanley House;
- Past consultations had looked at the co-location of the 3 GP Primary Care services onto a single site with the intention to increase the number of integrated and co-located services available to Knutsford.

The financial circumstances at present meant there was minimal public sector capital, a need to use public land efficiently and constrained expenditure in health and social care. This meant any new services needed new ways of funding and the report outlined a proposal to seek resources from the private sector. The proposal outlined a way of encouraging a private sector funder and developer to own or lease land and invest in a new building; for a developer this would ensure some guaranteed income from GP and other commissioned health and social care services (such as bed based services) with remaining space in the building rented out to such services as private dentistry, opticians, hairdressers.

The land in the centre of Knutsford where the Community Hospital and Bexton Court was situated was the preferred site and discussions were underway with planning and highways officers. It was also recognised that a travel plan would need to be introduced. The site was owned by the Council (Stanley House and Bexton Court) and East Cheshire Hospital Trust and at this stage the proposals were very much in principle, until current consultations were completed and the Hospital Trust Board and Council's Cabinet had considered the proposals and a way forward. The local GPs had indicated that they did not feel their current premises were suitable for the future needs of patients.

The report proposed ways in which the public might be engaged. It was anticipated that if potential funders or developers were sought, a prospectus would be produced which could include an Annex containing public views and showing areas of support, which could inform future tenants for the building. It was also suggested that public representatives could have an opportunity to participate in the selection process for the developer. It was noted that the Town Council and Planning Group was currently holding a listening exercise to gain people's views.

Members of the Committee were given the opportunity to discuss the issues and raised the following points:

- Whether alternative sites were under consideration for any integrated facility, for example, the Red Cross site on Northwich Road? In response, the Committee was advised that the town centre site was the preferred site but other sites could be considered.
- In relation to future tenants of the site, other than public services, it was suggested that a private hospital may be a possibility; it was also felt that there were sufficient nail bars and hairdressers already located in Knutsford. In response, the Committee was advised that possible tenants for the building were only examples of the types of business that may be interested but these were not prescribed;
- In relation to seeking the views of the public, it was suggested that views could be sought from U3A, local community groups, the voluntary sector, groups that supported people with a specific medical condition, the Town Council, patient groups at surgeries; and it was important to ensure views were sought from all age groups and all sectors of the population.

RESOLVED: That the update on the current situation be noted and a report be made to a future meeting when proposals have developed further.

#### **46 UPDATE ON PROGRESS OF DEVELOPING THE CHESHIRE EAST SHADOW HEALTH AND WELLBEING BOARD**

The Committee considered an update report on the development of the Shadow Health and Wellbeing Board.

The Board had now held two meetings and membership had been extended to 13 people including Councillor Flude, leader of the Labour Group and L Scally, Head of Integrated Commissioning and Safeguarding. The membership was based on the expected statutory membership with additional members to reflect the needs of Cheshire East; it was important that the Board was not so large as to be unwieldy. It had been agreed that substitutes were not allowed other than nominated deputies for the GP Chairs of the two Clinical Commissioning Groups and chair of Cheshire East Local Involvement Network (LINK)/Healthwatch.

Draft terms of reference were included in the report and comments were invited. There was a web page under development and a member briefing session had been arranged for Thursday 24 November.

Information would be provided shortly from Central Government regarding the transfer of public health to the Council including the shadow allocation of finance for public health. There would also be an allocation of finance to Public Health England. Work was underway to identify work currently being done at the Council to support public health. The Joint Strategic Needs Assessment had also been updated on the website.

The role of Healthwatch was discussed, which was to represent the views of the public. Members discussed whether an additional organisation could be included on the Board to also represent the public, such as a voluntary or community organisation. In response, it was explained that GPs on the Board would also represent patients. It was emphasised that adequate training and resources must be made available to support LINKs/Healthwatch. The Committee was

advised that legislation was awaited on Healthwatch but in the meantime the Council was looking at how to sustain the funding during the transition period.

The Committee was informed of an asset mapping exercise taking place within the Council and some work being undertaken by the Council for Voluntary Service on an audit of health and social care provision; in addition, a Congress was to be established.

The importance of wellbeing was discussed including the role of parks, civic halls (which host a variety of activities) and play areas, in supporting wellbeing. It was reported that guidance was expected in January on producing a Joint Health and Wellbeing Strategy and this would emphasise the role of wellbeing; Scrutiny would be able to influence the development of the Strategy.

RESOLVED: that the update on the Health and Wellbeing Board be noted.

#### **47 THE CHESHIRE AND WIRRAL COUNCILS JOINT SCRUTINY COMMITTEE**

The Committee received the minutes of the Joint Scrutiny Committee held on 10 October. The Chairman drew attention to minute 20 on the future role of the Committee when various questions had been raised on matters including the terms of reference, protocols and procedures, size of the Committee, rotation of chairmanship on an annual basis, links with public health and the Health and Wellbeing Boards. These matters would be discussed at the next meeting on 23 January.

RESOLVED: that the minutes be received.

#### **48 WORK PROGRAMME**

The Committee considered the Work Programme, which had been updated following the last meeting to include items on health and wellbeing of carers, future healthcare provision in the Knutsford area and suicide prevention. It was noted that the Task/Finish Group set up by Children and Families Scrutiny Committee to look at health and Cared for Children had now held its first meeting; this Group included two Members from this Committee.

In relation to the item on North West Ambulance Service (NWAS), it was agreed to contact NWAS to see if they could provide written information on Care Bundles to the next meeting, otherwise they would report back in around 6 months on all issues identified earlier in the meeting.

The Annual Public Health report would be submitted as an annual item around January. The item on Health Inequalities would be moved back to March 2012 after the Committee had considered the Annual Public Health Report.

The Committee considered prioritising the 3 new items:

- Health and wellbeing of carers and service users - it was reported that work was being carried out by Adult Social Care Scrutiny Committee on the Carers Strategy, which would include regular monitoring; the Scrutiny responsibility for carers lay with Adult Social Care Scrutiny Committee. It was also relevant to note that a public consultation was underway on “Improvements to Adult Social Care Services” and public meetings were to be held during November. The Committee had been updated earlier on initial proposals for future health and social care provision in Knutsford. It was therefore proposed that, in view of work already underway elsewhere at the moment and because scrutiny of carers lay with Adult Social Care Scrutiny Committee, this item should remain on the work programme but no action be taken at present but it be revisited in 9 months to check on progress;
- In relation to the proposals around future healthcare in Knutsford, the Committee had earlier in the meeting considered a report on initial proposals and would be kept updated as the project progressed;
- In relation to the item on suicide prevention, the Committee requested a report to the next meeting on the main issues in order to consider the merit of undertaking some specific scrutiny work.

RESOLVED: That the Work Programme be updated as set out above and a report be submitted to the next meeting on suicide prevention.

#### **49 FORWARD PLAN**

There were no items on the Forward Plan for consideration by the Committee.

#### **50 CONSULTATIONS FROM CABINET**

There were no consultations from Cabinet.

The meeting commenced at 10.00 am and concluded at 12.15 pm

Councillor G Baxendale (Chairman)