

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care Scrutiny Committee**
held on Thursday, 14th April, 2011 at Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor B Silvester (Chairman)
Councillor C Beard (Vice-Chairman)

Councillors C Andrew, G Baxendale, S Bentley, S Jones, W Livesley, M Lloyd,
A Moran, A Thwaite and C Tomlinson

Apologies

Councillors D Bebbington and D Flude

In attendance

Mark Grimshaw	Scrutiny Officer
Leonie Beavers	Director of Strategy at Liverpool primary Care Trust
Mr. Andrew Guy	Consultant, General and Vascular Surgeon
Jackie Robinson	Head of Engagement and Involvement NHS Knowsley
Jayne Hartley	Deputy Director of Nursing
Liz Smith	
Brian Green	

105 **APOLOGIES FOR ABSENCE**

106 **DECLARATION OF INTERESTS/PARTY WHIP**

RESOLVED – That the following declarations of interest be noted:

- Councillor A Moran – personal interest on the grounds that he was a member of the Mid Cheshire Hospital Foundation Trust

107 **PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public present who wished to address the Committee

108 **MINUTES OF PREVIOUS MEETING**

RESOLVED – That the minutes of the meeting held on 10 March 2011 be deferred to the next meeting for approval.

109 **NORTHWEST AMBULANCE SERVICE - RESPONSE TIMES**

RESOLVED – That this item be deferred to the next meeting of the Committee

Mr. Andrew Guy, Leonie Beavers and Jackie Robinson attended to present a report which described a number of improvements that the NHS were planning to make to the way vascular services were provided in Cheshire and Merseyside.

It was explained that the planned changes were currently in the consultation stage of the process and that the review for Cheshire and Merseyside was part of a much wider national review of how vascular services were delivered. It was reported that the drivers for such a review lay in the idea that complex vascular procedures such as widening or narrowing arteries, blocked vessels and varicose veins had better outcomes for patients when performed in major centres with multidisciplinary teams working closely together.

It was highlighted that at the current time, treatment for vascular conditions took place at most district hospitals. As some of the procedures were complex and difficult, it was reported that not all hospitals in the region were able to offer the latest treatments or techniques. This was causing inequality of access and it was hoped that the proposed changes would go some way in making access fairer. Attention was drawn to the fact that the only services that would be relocated as part of the proposed changes were surgery on the arteries and some complex endovascular procedures. There would be no change in the location of outpatient clinics, initial investigations or follow ups, all of which would continue at local hospitals providing they met the requisite quality checks. It was also noted that as part of the changes, there were plans to start to screen older men for abdominal aortic aneurysms. It was explained that at present, local vascular services were not set to undertake such a screening programme in Cheshire. By moving a number of procedures to the proposed vascular centres, it was explained that this would facilitate particular local hospitals to become sites for screening.

In terms of the consultation process, it was emphasised that the aim of the consultation was not to decide whether to make the proposed changes or not as this had already been decided given the strength of scientific evidence and professional consensus. What was being consulted on was firstly how the vascular centres should be chosen and secondly how to achieve a balance between local access and high quality specialist care. It was reported that two events had been held, one with the public and one with NHS stakeholders. It was also noted that there had been 2000 respondents online. It was reported that the two main issues that had emerged from the process were regarding safety and local access.

It was reported that once the form of the changes had been finalised they would be implemented from November 2011 onwards.

After considering the report, Members raised a number of questions and queries. Firstly, with regards to the proposed aortic aneurysm screening centres, it was queried whether there would only be one centre for the whole of Cheshire. It was explained that it was not possible to provide a definitive answer at the current time as the number of screening centres would be subject to a local assessment. Secondly, in line with the changes to the NHS commissioning structures, it was queried whether GP consortiums had been considered. It was confirmed that GPs had been invited to the consultation events.

A number of questions were asked regarding those residents who lived close to the border of other NHS footprints. The example of Alsager was given, as many of the residents used North Staffordshire hospital as their preferred centre. It was confirmed that connections had been made with hospitals in other footprints and that 'cross-boundary flow' would be facilitated and considered.

A concern was also raised over the impact that the proposed vascular centres would have on local hospitals in particular in terms of the availability of senior staff and the ability to cope with emergencies. It was confirmed that all Accident and Emergency staff were supervised by senior consultants and that this would continue to be the case. It was conceded that centralising services could possibly have an impact on emergencies. It was explained that it was the aim of the consultation process to make sure that when the changes took place the balance between local access and high-quality specialist care would be found.

As a final point, it was queried where the two vascular centres would be situated. It was explained that this had not been confirmed as proposals were still being invited from hospitals.

RESOLVED – That the report be received.

111 QUALITY ACCOUNT - MID CHESHIRE HOSPITAL NHS FOUNDATION TRUST

Officers from the Mid Cheshire Hospitals NHS Foundation Trust attended to present their 2010/11 Quality Account. It was reported that the Trust were in the second year of their five year '10 out of Ten' Quality and Safety Improvement Strategy. It was explained how the priorities in the strategy were focussed around the four domains of quality (Safety, Effectiveness, Experiences and Outcomes). Baseline data had been set for each of the 10 principles and these had been embedded in the appraisal process throughout the Trust.

The officers proceeded to go through each of the ten elements, highlighting which areas had met their targets and which had failed to do so. It was also reported that the Trust ran a consultation each year to analyse whether or not the 10 priorities identified were still relevant and judged as being important by the public.

Prior to inviting questions from the Committee, the Chairman drew attention to a number of figures that were missing with regards to the Trust's performance against key national priorities. It was suggested that the figures be distributed to the Members of the Committee once available.

Members continued to draw attention to particular elements of the '10 out of Ten' strategy which they wished to explore further. Firstly, in terms of patient experience, it was queried why the satisfaction levels were so low. It was answered that the Trust were very disappointed with the figures and that they had set up a steering group to analyse the results and to develop subsequent actions.

In terms of readmissions, it was questioned whether the Trust had confidence in meeting the target set when the current and lower target had not been achieved. It was explained that the development of the integrated discharge team should have a large impact on reducing the number of readmissions and therefore, they were confident in meeting the revised target.

It was questioned whether the Trust felt that their hand cleaning policy was being enforced properly. It was confirmed that this was audited rigorously and that the message was constantly reinforced with staff.

As a final point, it was suggested that in future versions of the Quality Account it would be useful if out-patients were surveyed in more detail. It was answered that this would be something that the Trust would consider.

The Chairman suggested that the 'easy read' version should be distributed to Members of the Committee once it was available. As part of this, it was also suggested that it would be useful if a summary of the areas of improvement and their respective actions and measures could be produced.

RESOLVED –

- a) That the Committee note the report
- b) That the figures relating to Key National Priorities be distributed to Members once available.
- c) That the 'easy read' version of the Quality Account be made available to Members.

112 **QUALITY ACCOUNT - EAST CHESHIRE HOSPITAL TRUST**

Brian Green attended to present the East Cheshire NHS Trust Quality Account 2010/11. Attention was drawn to the fact that East Cheshire NHS Trust had become an integrated trust from April 2011 and that this had provided enormous potential for them to work with partners to reduce duplication and reduce waste.

Brian Green continued to highlight the main issues arising from the review of 2010/11. For instance, it was noted that the Trust were behind schedule on their venous thromboembolism (VTE) programme. It was explained that they were improving on their target and that it would be made a priority for 2011/12. It was reported that every other target had been met or was on target to be met.

Attention was also drawn to the audit section of the report. It was highlighted that during 2010/11, East Cheshire NHS Trust participated in 35/40 (87%) of the national clinical audits and 100% of the national confidential enquiries that it was eligible to participate in.

As a final point, the top priorities for 2011/12 were reported. These were as follows:

1. Reduce patient harm in hospital
2. Provide evidence based care
3. To provide positive patient experience

It was explained that the East Cheshire NHS Trust had selected these priorities by engaging with their staff, patients and user groups, and other stakeholders and that they had been informed by feedback from patient surveys and complaints and incidents.

A question was asked regarding patient safety. It was queried that whilst the 'four p's' policy (asking patients about pain, possessions, patient needs and position during hourly rounds) was to be commended, could the Committee be reassured that those patients who could not respond were also being looked after. It was confirmed that the Trust does identify these patients and makes sure that their safety was adequately met also.

RESOLVED – That the report be received.

**113 TASK/FINISH GROUP - FUTURE HEALTHCARE PROJECT
KNUTSFORD AND CONGLETON**

The Committee considered a report of the Task and Finish Review on Future Healthcare Proposals for Knutsford and Congleton. It was explained that the original remit of the review was to consider and make recommendations on the proposals by the Central and Eastern Cheshire Primary Care Trust (PCT) for future healthcare provision in both Knutsford and Congleton. However due to external factors, the review concentrated increasingly on Knutsford as it had developed.

It was reported that whilst the Group had carried a lot of detailed and extensive research, it had been difficult to finalise the report and come to conclusions due to delays arising during the General election period, financial difficulties of the PCT and the coalition Government's proposals for substantial change in the NHS.

With this in mind, it was suggested that the report should be kept as a note to inform a possible future Task and Finish Review, as the issues involved had not gone away. Indeed, it was noted that could be new opportunities to develop both health and social care provision in Knutsford in light of the renewed interest from local GPs and the changes emerging from the health white paper.

RESOLVED –

- a) That the report be received
- b) That the report be kept as a note to inform any subsequent Task and Finish Reviews on similar issues.

**114 HEALTH INEQUALITIES IN CHESHIRE - CENTRE FOR PUBLIC
SCRUTINY PILOT PROJECT**

The Committee received a report which outlined the Centre for Public Scrutiny (CfPS) pilot project in which Cheshire East and Cheshire West and Chester Council participated to contribute to a Scrutiny Toolkit on Health Inequalities.

It was reported that the major purpose of the project was to help develop a Scrutiny toolkit through investigating and piloting various methodologies. It was hoped that the findings from the project would prove useful in any future work to investigate health inequalities.

As part of the research process, it was explained that the Joint Scrutiny Panel met on 5 occasions, including undertaking a tour of the two pilot areas, information gathering and face to face interviews. It was reported that the face to face interviews proved to be particularly effective and that this had led the Group to focus on one particular area; mental health in rural areas. Indeed, it was noted that there was a proliferation of issues in isolated farming communities in which the people involved tended to avoid formal support mechanisms. This was in part due to the distance of travel and access to transport but also due to the reliance on community and informal support.

It was reported that the findings of the project were presented at a Centre for Public Scrutiny event in London on 17 November. Subsequently, the findings were written up by the Panel's Expert Advisor into a Case Study and this was due to form part of the Toolkit chapter on Local Understanding.

The Chairman thanked those Members involved for all their hard work in contributing to the project.

RESOLVED – That the report be received and noted.

115 **REVIEW OF CHILDREN'S HEART SURGERY**

The Committee considered a briefing paper on the Review of Children's Congenital Heart Services in England.

RESOLVED – That the briefing paper be noted and received.

The meeting commenced at 10.05 am and concluded at 12.40 pm

Councillor B Silvester (Chairman)