

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Scrutiny Committee** held on Thursday, 12th January, 2012 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor G Baxendale (Chairman)
Councillor J Saunders (Vice-Chairman)

Councillors S Gardiner, M Grant, G Merry, A Martin, G Wait and J Wray

Apologies

Councillors G Boston, M Hardy and A Moran

51 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors G Boston, D Hough (substitute Councillor S Jones), M Hardy and A Moran; and Portfolio Holders R Domleo and R Menlove.

52 ALSO PRESENT

Councillor J Clowes – Portfolio Holder for Health and Wellbeing
Councillor O Hunter – Cabinet Support Member for Adult and Health Services
Councillor S Jones – substitute Member for Councillor D I Hough
Councillor D Flude

53 OFFICERS PRESENT

D J French – Scrutiny Officer
G Kilminster – Head of Health Improvement
M Wheelton – Leisure and Cultural Services Manager
P Goodwin – Finance Team, Places Directorate
B Meenan – Finance Team, Places Directorate
H Grimbaldeston – Director of Public Health
M Cunningham – Assistant Director of Public Health (Acting)
F Field – Central and Eastern Cheshire Primary Care Trust
J Wilkes – Eastern Cheshire Clinical Commissioning Group

54 ANNOUNCEMENT - MOVE OF REPORT TO PART 1 OF THE AGENDA

The Chairman announced that following the decision at Cabinet to move the report on Knutsford Health and Social Care Development, currently in part 2 of the agenda, to part 1 there was no reason for the report to be considered in part 2 at this meeting. The report would, therefore, be taken as the last item of business in part 1.

55 DECLARATIONS OF INTEREST

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

56 MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of the meeting of the Committee held on 10 November be confirmed as a correct record.

57 PUBLIC SPEAKING TIME/OPEN SESSION

Charlotte Peters Rock addressed the Committee on a number of matters; in accordance with her request her statement is reproduced in full below:

"1 To query the decision taken by this Health and Wellbeing Scrutiny Committee, in the light of its overtly political make-up and in view of the severe conflict of interest in the Portfolio Holder for Adult Services also holding at that time the post of Portfolio Holder of Health and Wellbeing.

The Health and Wellbeing of Adult Disabled Service Users and their family carers, has been destructively compromised by decisions taken by this Committee, which has refused to do its duty to according to its remit, by overseeing and preventing the further loss of Health and Wellbeing of those vulnerable service users within Cheshire East Borough Area.

I now ask this Committee to follow its own remit, and to oversee that there is no repeat of the extreme stress, which has been deliberately caused by decisions taken by this council – with no prior consultation – over the heads of Service Users and their hard-pressed Family Carers.

The fact that the Task and Finish Group – set up by this Committee in October 2011, following an urgent request which had had to be delayed because the September 2011 meeting had been closed to the public – was summarily closed down as an urgent item in the November meeting of this Committee was an utter disgrace.

I now wish to be informed about what this Committee will do to redress the balance – insofar as with hindsight it could be redressed – so that no such deliberate distress is ever caused again to either Service Users or their Family Carers by the deliberate actions of any Councillor or Senior Employee of Cheshire East.

2 To ask what this Health and Wellbeing Scrutiny Committee will now do to ensure the reopening of Bexton Court Dementia Day and Respite Care Unit, and the Tatton Intermediate Hospital Care ward, in Knutsford so that the actual needs of residents of the Knutsford area can be properly addressed.

3 In view of the lately received, Durrow Report, to ask that a Task and Finish Group is set up to oversee all and any bright ideas of this Council and the local NHS in respect of both social and health care – whether possessing a lawful remit or not – so that no services are closed nor service users lives unnecessarily further disrupted in the Knutsford area.

These matters are of great importance to Cheshire East Council taxpayers, because what impacts adversely on the Knutsford Area, will also be seen by many people as being prepared to impact adversely upon other Cheshire East centres of population.”

The Chairman undertook to respond to Ms Peters Rock in writing.

58 DR FOSTER HOSPITAL GUIDE

Tracy Bullock, Chief Executive of the Mid Cheshire Hospitals NHS Foundation Trust (MCHFT), briefed the Committee on the recently published Dr Foster Guide which looked at hospital performance in relation to various matters including mortality rates, best practice, patient safety and patients' views. The Guide suggested that MCHFT had higher than average mortality rates - Ms Bullock clarified that Dr Foster suggested that higher mortality rates occurred at weekends only (not at other times as suggested in the Committee papers).

Ms Bullock explained that there were differing methods available to hospitals to use to measure mortality rates – Dr Foster, CHKS and SHMI (Standardised Hospital Mortality Index). The SHMI measurement had been intended for use as a standardised measurement tool suitable to be used by all hospitals, but this had not proved possible. This meant hospital trusts could choose their own measurement method out of the three possibilities and MCHFT had chosen to use CHKS as its mortality measurement tool.

Ms Bullock explained that MCHFT had worked continuously to make sustainable improvements in mortality rates and, over the past two years, rates had decreased; rates for the six months to September 2011 were “as expected” according to the Dr Foster measurements although these were not reflected in the current Guide which covered the period April 2010 – March 2011.

The MCHFT had undertaken various actions to address high weekend mortality rates including investing in Consultants and Specialist Nursing staff. The Trust also used a nationally recognised acuity tool to assist with nursing levels on the wards; the tool looked at the patient dependency on a ward and used the data to ensure the appropriate number of nursing staff was matched to the patient dependency. Ms Bullock clarified that this acuity tool did not focus on minimum numbers of staff but rather the focus was on patient need. In response to a question, she explained that information on causes of deaths could be obtained by National Confidential Enquiries.

Finally, Ms Bullock explained that the Trust carried out regular Mortality Audits. One finding had been that a number of older people were dying within a very short time of arrival at the hospital; on investigation it was found that a high proportion of such patients were being referred to the hospital from 3 specific Care Homes. As a result, the hospital had worked with the relevant local GPs to reach a 46% reduction in attendances at Accident and Emergency; this work had now been rolled out across other Care Homes and had won a national award.

RESOLVED: that the report be received and noted.

59 EAST CHESHIRE HOSPITAL TRUST - UPDATE ON FOUNDATION TRUST STATUS, THE INTEGRATION OF THE COMMUNITY HEALTH SERVICE AND THE TRUST'S ANNUAL PLAN

Val Aherne, Deputy Chief Executive of East Cheshire Hospital Trust, updated on the transfer of community services. The Trust had taken on various community services following the transfer of such services from the PCT, including services such as health visitors and other paediatric services. The transfer had resulted in some support service efficiencies and service improvements which had arisen from looking at patient flow. There were some consultant services operating within the community and it had been possible to introduce joint administration services and reception services to release resources to spend on front line services. The Trust was preparing for the introduction of Clinical Commissioning Groups.

Julie Green, Director of Corporate Affairs and Governance, outlined progress with the application for Foundation Trust (FT) status. The Trust had been assessed on quality and financial governance and was now able to progress towards formal consideration starting in Autumn 2012 with a view to achieving FT status by April 2013. A Project Manager had been appointed and the Clinical Strategy would be submitted to the Trust Board in January 2012.

In response to a question on membership, Ms Green explained that the Trust did have a membership and she had held a meeting recently with the Project Manager and Communications Officer regarding the role of the membership and introducing communication processes with the membership.

RESOLVED: that the update be noted.

60 ALCOHOL IN CHESHIRE EAST

The Committee considered a report of the Head of Health Improvement on Alcohol Harm Reduction Initiatives in the North West.

In 2009, the Cheshire and Warrington Health Commission was established and Cheshire East was currently the lead Authority providing the lead officer and Chair (currently Councillor Domleo). The Commission comprised representatives of local Councils (Cheshire East, Cheshire West and Chester, Halton and Warrington), Primary Care Trusts, Police, Fire and the voluntary and charitable sector. The Commission had identified Alcohol Harm as a major issue and priority for action across all four Local Authorities as it was an area where there was potential to have a positive impact by working effectively across the Sub-Region.

Cheshire East Chief Executive had also made contact with Drinkwise Northwest who were initiating a large scale change programme within the Northwest to reduce Alcohol Harm; this led to the establishment of a Cheshire and Warrington Large Scale Change Group that has become an informal sub-group of the Commission. This Group had devised five key objectives:

- Leadership – create joint leadership of public sector leaders who will drive transformational change through collaboration across and within sub regions;

- Calculate the costs – calculate the whole public sector costs of alcohol related harm and identify opportunities to reduce these costs;
- Public sector workforce – raise awareness of and address alcohol consumption across the public sector workforce;
- Children and Young people - raise awareness of and address alcohol consumption of children and young people including the physical and psychological harm caused to children and young people by alcohol related adult behaviour. Cheshire East Council had recently signed up to the NHS North West “Pledge to young people” to reduce the harm caused to children and young people by alcohol. The pledge included actions to be taken by November 2012;
- Tackle the causes – of excessive and harmful drinking. This included looking at ways to build support for Minimum Unit Pricing of alcohol with clear evidence that this would reduce alcohol related harms and costs.

The report outlined data relating to alcohol in the North West - including that 1 in 5 adults across the Northwest were drinking at levels likely to pose a significant risk to their health; 30% of all hospital admissions were related to alcohol; alcohol cost an estimated £400 million a year; 50% of all violent incidents were alcohol related. In Cheshire East the costs for dealing with arrests for being drunk and disorderly in 2008-09 for those processed through the Middlewich Custody Suite alone, was £600,000.

In discussing the issue, the following points were raised:

- What representation was on the Alcohol Strategy Group from the magistrates’ service, as it was felt important that local magistrates were involved and informed? In response, the Committee was advised that it was believed that magistrates were represented on the Group but they may not necessarily be from the local area as the Group was Sub Regional; it was important that the Group was not too large as to be unwieldy; however, representation would be checked. The Chief Executive of the Probation Service was a member of the Group;
- Proposals for Minimum Unit Pricing were supported. It was also felt that Licensing issues should be investigated, especially as the Council was the Licensing Authority, to reduce opportunities for all day drinking;
- The impact of alcohol in relation to a wide range of issues including mental health, Foetal Alcohol Syndrome, domestic violence;
- Successful schemes were noted such as Pub Watch in Congleton and ArcAngel;
- The importance of education at an early age was noted. It was important to communicate directly with young people and use methods with which they were familiar such as social media. It was felt that there was a good relationship between young people and Police Community Support Officers. It was also noted that as the Youth Service was now coming back in-house, this may give rise to opportunities for work in a number of areas.

RESOLVED: that

- (a) the issues raised at the meeting be investigated; and
- (b) a report be submitted to a future meeting updating on the current position and the issues raised.

61 MID YEAR BUDGET REVIEW

The Committee considered an extract of the budget position from a report submitted to Cabinet on 28 November 2011. Mark Wheelton, Leisure and Cultural Services Manager, introduced the service he was now responsible for which included leisure centres, community halls, the Knutsford Cinema, Crewe Lyceum Theatre, sports development, arts, museums, archives and Lifestyle.

The Committee was advised that there were challenges around energy usage within his service as there were 10 swimming pools in the Borough which were high users of energy; work was underway with the Assets Team to try to reduce energy costs. His team also worked with Adult Social Care to try to encourage usage of Cheshire East facilities; in this respect he referred to the Lifestyle concept currently being developed at Wilmslow and Macclesfield.

In relation to remedial action, the fees and charges had been increased from 1 April 2012; and bad debt provision was constantly kept under review.

RESOLVED: that the budget update be noted.

62 UPDATE ON PROGRESS WITH DEVELOPING THE CHESHIRE EAST SHADOW HEALTH AND WELLBEING BOARD

Councillor Clowes, Portfolio Holder for Health and Wellbeing, updated the Committee on the Health and Wellbeing Board. The Board had not met since 10 November but the next meeting was scheduled for 24 January. A large number of guidance papers had been received from the Department of Health. There had also been confirmation from the Department of Health of a new start date for Healthwatch, funding made available for Healthwatch pathfinders (which included Cheshire East) and new funding of £3.2 million for start up costs for local Healthwatch. There had not yet been any guidance on governance arrangements although it seemed to be an issue of interest to a number of authorities.

RESOLVED: that the update be noted.

63 WORK PROGRAMME

The Committee considered its Work Programme. It was noted that North West Ambulance Service would be invited to attend the meeting in June and the Action Plan following the Diabetes/Obesity Scrutiny Review would also be considered in June. The item on Health Inequalities including life expectancy and the Marmot Report could be aligned with the Health and Wellbeing Strategy and the Committee could be updated in June. The Committee was advised that the Training session on the health reforms that had been carried out in November 2011 was likely to be repeated with updated information.

The Committee had received some information from Dr Guy Hayhurst, Consultant in Public Health, on Patterns of Death from Suicide and Undetermined Injury in Cheshire East. This suggested that the death rate for men and women combined during the period 2007 – 2009 was slightly lower than the national rate (7.7 per 100,000 locally compared to a national figure of 7.9); the figures for male suicides in Cheshire East were slightly higher than the national average in some years

and in some areas; the rate of deaths among women over that time period was lower than the national average. Councillor Flude, who had suggested the issue of suicide as a potential Scrutiny item, referred to the Cheshire and Wirral Partnership NHS Foundation Trust, who were the provider Trust of mental health services, both acute and community. CWP were due to produce a Suicide Prevention Strategy very shortly; she also referred to a guidance document that suggested questions for local Councillors to raise to see what local level of knowledge existed around suicide. Councillor Flude was concerned about the level of support for people who were not known to Mental Health services and sought support from their GP; it was also recognised that there were certain groups who were at greater risk of suicide and self harm such as those who were in the criminal justice system and from certain occupations.

RESOLVED: that

(a) the Work Programme be updated in accordance with the information given at the meeting; and

(b) the issue of suicide prevention be considered further at the next meeting following further research seeking more information from organisations such as The Samaritans.

64 AGEING WELL IN CHESHIRE EAST PROGRAMME (DRAFT)

The Committee considered the draft Ageing Well in Cheshire East Programme which was due to be launched on 26 January. The Programme was set up in response to the demographic challenge that the Borough had the fastest growing ageing population in the North West. The programme had been developed in partnership and was overseen by a Programme Board. The Programme Board comprised representatives of various organisations including the Local Involvement Network, Age UK and Fifty Plus Network. The Vision encapsulated by the Programme was stated as:

“Ageing Well in Cheshire East” will seek to make the Borough a good place to grow old, by maximising the opportunities for the ageing population to prepare for the later stages of life, maintain their quality of life during later life and have access to person centred services when required”.

The Ageing Well programme comprised six work streams:

- Care and Support services
- Community Safety
- Healthy Ageing, Culture and Learning
- Housing
- Income and Employment
- Transport

Each work stream had a set of five priorities that would be the focus over the five year course of the programme, the priorities could be classed as Preparation; Living Well or Access; for example, under the work stream of Healthy Ageing, Culture and Learning, priorities included:

- Improve information available to older people on learning, cultural and health and well being opportunities by developing a range of appropriate

formats, publishing these in the right places and checking that they are getting to the right people (Preparation);

- Increase participation in activities... (Living Well);
- Continue to consult with older people on what services would best support them to live longer and healthier lives... (Access).

RESOLVED: That the update be received and a further update on the progress of the Programme be made to a future meeting.

65 FORWARD PLAN

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

66 CONSULTATIONS FROM CABINET

There were no consultations from Cabinet.

67 KNUTSFORD HEALTH AND SOCIAL CARE DEVELOPMENT

The Committee considered a report updating on progress with the Knutsford Health and Social Care Development. The report had been considered at Cabinet on 9 January who had resolved as below:

“That a Memorandum of Understanding be entered into by the Chief Executive to enable initial options appraisal work for this project to be undertaken, and to report back to Cabinet at any key points of decision making”.

Andy Bacon, Project Manager outlined the current position with the project. The consultants, Durrow, had now produced a report that had looked at three areas:

- There would be an affordable option for a health centre in Knutsford;
- The site of the existing Community Hospital, including the neighbouring Stanley Centre site, was the only commercially viable site;
- The project could be completed in 1 – 2 years depending on funding options.

There was ongoing engagement processes taking place with fortnightly bulletins widely issued, the Knutsford Town Planning Group had been briefed and the local MP. There was also consideration being given to more interactive communication methods being introduced.

Plans had been issued for illustrative purposes only.

The Chairman allowed a further period of public speaking at this point in the meeting due to a request from a member of the public who had a number of queries about the Knutsford project and Mr Bacon was not in attendance at the meeting at the beginning when the Public Speaking Time item occurred.

Mabel Taylor addressed the Committee with queries in relation to possible delays to the project arising from a petition submitted to Council on 15 December; sought clarification as to how members of the public could receive information as the GPs seemed to suggest the PCT Cluster whereas the Cluster referred people back to the GP; and on the relationship of the project to Macclesfield Hospital. In response, Mr Bacon explained that any delays in the progress of the project

would prove costly because any private financiers would not be willing to take risks with their capital; information could be found in the fortnightly bulletins and although the Clinical Commissioning Group was being formed it did not exist as a legal entity; Macclesfield Hospital was happy with the direction of travel of the project.

RESOLVED: That the current position be noted.

The meeting commenced at 10.00 am and concluded at 12.20 pm

Councillor G Baxendale (Chairman)