CHESHIRE EAST COUNCIL

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

PRESENT

Councillor G Baxendale (Chairman)
Councillor R Domleo (Vice-Chairman)

Councillors G Boston, M Grant, A Martin, G Merry, A Moran, B Silvester and J Wray

13 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors D Hough, M Hardy and J Saunders.

14 ALSO PRESENT

Councillor J Clowes, Portfolio Holder for Health and Adult Social Care
Councillor S Gardiner, Cabinet Support Member
Councillor C Andrew (substitute for Councillor M Hardy)
Councillor P Hoyland (substitute for Councillor J Saunders)
Councillor S Jones (substitute for Councillor D Hough)
Councillor I Faseyi – visitor

15 OFFICERS PRESENT

D J French, Scrutiny Officer
H Grimbaldeston, Director of Public Health
G Kilminster, Head of Health Improvement
L Scally, Head of Strategic Integrated Commissioning and Safeguarding
F Field, South Cheshire Clinical Commissioning Group
V McGee, Cheshire and Wirral Partnership NHS foundation Trust
B Towse, Cheshire East Local Involvement Network
B Brookes, Cheshire East Local Involvement Network
C Towse, Cheshire East Local Involvement Network
N Garbett, Cheshire East Local Involvement Network

16 MINUTES OF PREVIOUS MEETING

RESOLVED: that the minutes of the meeting of the Committee held on 3 April be confirmed as a correct record.

17 DECLARATIONS OF INTEREST

There were no declarations of interest made.

18 DECLARATION OF PARTY WHIP

There were no declarations of the existence of a party whip.

19 PUBLIC SPEAKING TIME/OPEN SESSION

Charlotte Peters Rock addressed the Committee. She referred to the closure of the Tatton Ward and queried the information given to the Scrutiny Committee on the matter. She referred to facilities at Macclesfield Hospital, and queried the availability of respite and falls occurences.

20 ANNUAL PUBLIC HEALTH REPORT

Heather Grimbaldeston, Director of Public Health, did a presentation to the Committee on the main points of the Annual Public Health Report.

The report was in chapters focusing on different areas:

- Chapter 1 – this chapter concerned healthy lifestyle choices, healthy behaviours and reducing health inequalities. It referred to national and local actions that had improved health and prevented illness caused by lifestyle choices and behaviours. The Chapter introduced Public Health Outcomes Framework and Indicators for each lifestyle area. There were 2 high level outcomes – increased healthy life expectancy; and reduced differences in life expectancy and healthy life expectancy between communities through greater improvements in more disadvantaged communities. These outcomes were supported by a set of 66 public health indicators split over four domains covering - improving the wider determinants of health; health improvement; health protection; and public health and preventing premature mortality. Dr Grimbaldeston referred to initiatives around stopping smoking which had seen the Stop Smoking Service exceed its target of 2425 by supporting 3205 smokers to stop. There was still work to be done to try to reduce smoking in pregnancy rates. There were a number of areas where health improvement or lifestyle services had been commissioned by the PCT or work had occurred in partnership to target areas of need and reduce health inequalities – breastfeeding Project Group; immunisation uptake rates had improved overall; and a Hospital Alcohol Liaison Team had been established at Leighton Hospital to identify and treat those admitted to hospital as a result of drinking or whose alcohol misuse compromised their care.
- Chapter Two – provided a commentary on opportunities to improve the public's health through making every contact count; taking an asset approach – eg looking to co-design service with communities; the Localism Act and the role NHS Commissioners played in improving public health.
- Chapter Three – this chapter focused on public health support to NHS Commissioning, through support to the Clinical Commissioning Groups' Commissioning Plans, priority setting systems and policy making and review. Public health could contribute in a number of areas including addressing excess winter deaths through recommending an increase in flu vaccines in certain areas, addressing emergency admissions by children into hospital where it was felt over half could be avoided through

measures such as reducing exposure to tobacco smoke and improving living environments.

- Dr Grimbaldeston further outlined the purpose of the Public Health Outcomes Framework (PHOF). The public health system was to be refocused around achieving positive health outcomes and reducing health inequalities rather than being focused on process targets. The vision of the PHOF was "To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest".

In discussing the presentation, Members raised the following points:

- Whether smoking awareness was part of the school curriculum as it was suggested that there was a lack of teaching about the dangers of smoking? In response, Dr Grimbaldeston agreed that there was a risk that success in smoking cessation initiatives could lead to complacency, however, the Public Health Outcomes Framework did make reference to smoking prevalence among 15 year olds;
- There was an important role for public health to address premature mortality rates, try to keep people in their own homes for as long as possible and keep well during winter. Reference was made to whether family carers should be given advice around avoiding smoking in close proximity to their loved one. Members were informed that there was a Sub Group that reported into the Health and Wellbeing Board about keeping older people well and that it was recognised that this was an important issue in Cheshire East with an ageing population;
- Reference was made to whether figures and targets were included in the report in relation to life expectancy rates. In response, the Committee was advised that previous reports were data driven and complex with a lot of statistical information included. The data would still be relevant. There was also statistical information in the Joint Strategic Needs Assessment. There were no national targets in relation to life expectancy therefore no local target to reduce the gap, however, it was a priority;
- The importance of screening was discussed and it was noted that a 40% reduction in mortality rates could arise due to screening and early detection. Currently screening was commissioned both locally and nationally but in the future it would be the responsibility of the National Commissioning Board. There were some good examples of successful screening programmes. It was noted that, although prevention and detection were important, some people had a fear of attending screening checks and this needed to be taken into account ;
- Reference was made to differences in life expectancy between men and women. It was noted that targeted work had been undertaken in conjunction with GPs in the Vale Royal Area to address some men's health issues through encouraging men to undertake blood pressure checks etc; this had been a successful approach. It was noted that although life expectancy was important, the main thing was to live well for as long as possible and ensure people had good quality of life;
- The need to address the social determinants of health was raised along the lines of the Marmot report. It was suggested that future reports could be based on the 6 themes within the Marmot report. There was an important role to focus on improving wellbeing and lifestyle;
- Whether obesity among teenagers was increasing? It was noted that children were weighed in the first year of primary school and then again in year 6 by which time weight had disproportionately increased in many cases. It was noted that obesity and alcohol were emerging health

challenges in Cheshire East although the area was not the worst nationally for either issue.

RESOLVED: that the presentation be noted and paper copies of the Annual Public Health Report be distributed to Committee Members.

21 HEALTH AND WELLBEING STRATEGY

The Committee considered a report of the Head of Health Improvement on the draft interim Health and Wellbeing Strategy. Councillor Clowes, Portfolio Holder for Health and Adult Social Care, explained that the Health and Social Care Act 2012 placed a duty upon the Council and Clinical Commissioning Groups (CCGs) to produce a Health and Wellbeing Strategy.

The Strategy was informed by the Joint Strategic Needs Assessment (JSNA) and should demonstrate how the Council and CCGs would meet the needs identified in the JSNA. The Strategy before the Committee was an interim document for 2013 – 14 and during that year work would be undertaken to produce a more detailed version of the Strategy for forthcoming years. The Strategy had been approved by the Health and Wellbeing Board for public engagement over the summer months. The public and stakeholders would be asked to support the Strategy and provide ideas on how best to tackle the priorities for action and identify any ways the HWBB could be assisted in its aspirations.

The Strategy listed Priorities under 3 headings:

- Outcome one – starting and developing well – this had priorities including increasing breastfeeding rates and reducing levels of alcohol misuse by children and young people;
- Outcome two – working and living well – this had priorities including reducing the incidence of cancer and cardiovascular disease, meeting the needs of people with mental health issues, and supporting carers;
- Outcome three – ageing well – this included priorities around provision of good palliative care and supporting older people in rest of life and end of life planning.

The Committee discussed the Strategy and raised the following questions or issues:

- Whether the document was a strategy or a vision and whether there should be action points that listed how the priorities would be achieved? It was also felt the Strategy contained general statements and was lacking in detail. In response, the Committee was advised that there was a requirement for the Council to have a document called a Health and Wellbeing Strategy and the Strategy as drafted was a starting point from which to develop a more detailed document. The Strategy was drafted in an open manner so as to encourage stakeholders and the public to bring forward ideas as to how the priorities could be achieved. The Strategy did not include statistical information as that could be found in other sources such as the JSNA;

- The reference to providing good palliative care was welcomed but did this include support to hospices? The Committee was advised that some innovative work was currently underway with hospices and the Council;
- Support to carers was vital and it was noted that carers often put off their own health needs; it was suggested that more support was needed than a short amount of time each morning and evening and that some people would not mind a long bus ride as they would enjoy the company of others on the bus;
- Which groups of mums were being targeted in terms of breastfeeding support? It was suggested that pre natal care could have been a target rather than breastfeeding;
- There could have been reference to employment and support to people to find full time, permanent work;
- Whether there should be reference to wellbeing as the Strategy was health focused and wellbeing was also important?
- The reference to mental health was welcome but it was suggested that the Borough had high levels of self harm;
- Was the priority to reduce cancer referring to all types of cancer? There was an important role for prevention and screening.

Councillor Clowes agreed to convey the views to the Health and Wellbeing Board and consider whether the consultation document could contain more detail and explanation with some examples.

RESOLVED: that the Strategy be noted and the views expressed at the meeting be conveyed to the Health and Wellbeing Board.

22 LOCAL INVOLVEMENT NETWORK (LINK) ANNUAL REPORT AND WORK PROGRAMME

Barrie Towse, Chair of the Local Involvement Network (LINk), presented the LINk Annual Report for 2011/12.

The report referred to the LINk's statutory right to Enter and View health and social care facilities to ensure that they complied with the essential standards set by the Care Quality Commission (CQC). In 2011/12 the LINk's Authorised Representatives had undertaken 47 visits and produced a report following each visit which was published on their website and shared with commissioners and the CQC.

The Communications Group had continued its work including producing a regular newsletter and having a Facebook presence. The Social Care sub group had made positive progress following some initial issues raised after the introduction of the Empower Card by the Council. The Sub group had also commissioned some research into Carer Respite resulting in a report with five key outcomes. The Mental Health Sub Group had liaised with employees and partners to produce a leaflet "Stay in Work and Return to Work" that had been widely distributed particularly to GP surgeries. A Learning Difficulty and Autism Interest Group had recently been formed.

The LINk worked in partnership with various organisations and bodies and was a statutory representative on the Health and Wellbeing Board. As the arrangements changed and Healthwatch replaced the LINk from 1 April, the LINk had contributed to the Healthwatch Steering Group to consider new arrangements and ensure a smooth transition.

Mrs Towse also outlined the LINk Work Plan for 2012/13 containing priorities for the current year which included contributing to the consultation process for the future healthcare project in Knutsford, monitoring progress with the Empower Card and a review of maternity services at East Cheshire Hospital NHS Trust.

Neil Garbett, LINk Support Team Leader, explained that the Annual Report had been produced in-house and was printed in A5 size as a cost saving. He and his team had undertaken a great deal of engagement work including having a presence in the community at events and in local supermarkets, work had also been undertaken with students at Macclesfield College. He congratulated the LINk members, who were all volunteers, and referred to the Enter and View visits carried out which were greater in number than any other LINk organisation.

The Committee was advised that in relation to the transition to Healthwatch, funding had been given to the Council to assist with the Cheshire East LINk's role as pathfinder. There was currently a process of engagement taking place regarding what the Healthwatch should look like, for example, whether the Board should be elected or appointed. It was hoped that current LINk members would transfer to Healthwatch so skills and knowledge were not lost and the transition would be smooth.

Councillor Clowes explained that Mrs Towse had been a valuable presence on the Health and Wellbeing Board.

RESOLVED: that

(a) the Annual Report and Work Plan be noted; and

(b) the LINk be congratulated on their hard work and the successful outcomes as listed in their Annual Report.

23 LOCAL HEALTHWATCH

Lucia Scally outlined the current position with the role of Healthwatch and its introduction in Cheshire East from April 2013.

Local Healthwatch would have the responsibilities of the current Local Involvement Network (LINk) along with additional functions such as the signposting element of the Patient Advice and Liaison Service (PALS) and possibly the Independent Complaints Advocacy Service (ICAS), although this could be procured separately by the Local Authority.

The Local Healthwatch would be a "corporate body", a standalone not-for-profit organisation with a board of directors with Directors that were representative of the local community.

A Healthwatch Steering Group had been established with membership from Health, the Voluntary Sector, LINk and the Coucnil; this Group was looking at the

future shape of Healthwatch and the transition arrangements. The Local Healthwatch Groups would be supported by a national organisation called Healthwatch England which would have the power to monitor the NHS and refer patients' concerns to a wide range of authorities.

The Council was currently undertaking a consultation and engagement exercise about implementing local Healthwatch which included events at Congleton, Macclesfield and Crewe, town centre "roadshows", a questionnaire; focus group with harder to reach groups and display boards at venues including libraries and health centres. Following the consultation period, a service specification for how local Healthwatch should be set up and a procurement process would be undertaken to appoint an organisation to set up and run the Local Healthwatch. Information on the procurement process would be circulated to Members.

RESOLVED: that the update be noted.

24 WORK PROGRAMME

The Committee considered the current work programme. At the previous meeting, Councillor Moran had suggested that a Scrutiny review on prostate services be undertaken. The Committee had received some information on prostate services and screening from Dr Guy Hayhurst, Consultant in Public Health and Councillor Moran circulated further information from Leighton Hospital Prostate Cancer Support Group and Awareness Campaign, Cheshire. It was noted that guidance from the National Screening Committee was that prostate cancer screening should not be introduced. The Committee discussed issues around men's health, including the importance of raising awareness of symptoms and encouraging men to attend their GP with any concerns.

The Committee noted that the Constitution Committee had resolved to withdraw the Council's nominations from the Joint Scrutiny Committee, meaning that mental health would be undertaken by the Council's own Scrutiny Committees.

It was noted that training sessions had been arranged for 12 October and 16 November to cover mental health and learning disability; it was agreed that these sessions would also cover self harm following early reference to rates being higher in Cheshire East than elsewhere.

Members referred to earlier reference to excess winter deaths and discussed adding this to the Work Programme as a Task/Finish Group.

Finally, Members discussed the availability of budget and performance information and the possibility of having any areas of under performance flagged up to the Committee.

RESOLVED:

(a) the Work Programme be updated in accordance with the discussion at the meeting;

(b) a Task/Finish Group be set up to look at the issue of Excess Winter Deaths comprising Councillors Grant, Moran, Silvester; and members of Adult Social Care Scrutiny Committee be invited to nominate Member(s);

(c) the dates for the Training Sessions be noted;

(d) the issue of prostate services and screening be considered at a future meeting and in the meantime the views of a GP be sought and Dr Hayhurst be requested to consider the further information supplied by Leighton Hospital Prostate Cancer Support Group and Awareness Campaign, Cheshire.

25 FORWARD PLAN

There were no items on the Forward Plan other than items already on the agenda.

26 CONSULTATIONS FROM CABINET

There were no consultations from Cabinet.

The meeting commenced at 10.00 am and concluded at 12.55 pm

Councillor G Baxendale (Chairman)