

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Scrutiny Committee**
held on Thursday, 8th November, 2012 at The Capesthorne Room - Town
Hall, Macclesfield SK10 1EA

PRESENT

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

Councillors G Boston, G Merry, A Moran, J Saunders, B Silvester and J Wray

Apologies

Councillors M Grant, M Hardy, D Hough and A Martin

54 ALSO PRESENT

Councillor J Clowes, Portfolio Holder for Health and Adult Social Care
Councillor S Gardiner, Cabinet Support Member for Health and Adult Social Care
Councillor J Jackson, substitute Member for Councillor M Grant
Councillor B Livesley, substitute Member for Councillor M Hardy

55 OFFICERS PRESENT

D J French, Scrutiny Officer
V Aherne, East Cheshire Hospital Trust
D Parr, Public Health Team
N Crompton, Cheshire and Wirral Partnership NHS Foundation Trust
J Wilkes, Eastern Cheshire Clinical Commissioning Group

56 MINUTES OF PREVIOUS MEETING

RESOLVED: that the minutes of the meeting held on 4 October be confirmed as a correct record.

57 DECLARATIONS OF INTEREST

There were no declarations of interest made.

58 DECLARATION OF PARTY WHIP

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

59 PUBLIC SPEAKING TIME/OPEN SESSION

Charlotte Peters Rock addressed the Committee and spoke about the Tatton Ward, Knutsford Hospital; Congleton War Memorial Hospital; and transport issues.

60 CLOSURE OF TATTON WARD, KNUTSFORD HOSPITAL

Val Aherne, Director of Strategy and Deputy Chief Executive Officer, East Cheshire Hospital Trust, briefed on proposals to undertake a consultation process on the permanent closure of the Tatton Ward, Knutsford and District Community Hospital.

Ms Aherne referred to her written report which gave the background to the proposals – the ward had been closed initially on a temporary basis due to the inability to recruit an appropriate senior clinician. Patients had been moved to the Langley Unit, Macclesfield District General Hospital (MDGH) which was a superior environment with improved access to therapy. The MDGH Trust Board acknowledged the inconvenience and potential hardship to patients and carers who would have to travel from Knutsford. However, some financial provision had been offered to the voluntary sector to assist with transport to Macclesfield but there had been no uptake.

The report also referred to the Vision for Health and Social Care for Knutsford which was a joint project between various health and social care partners to transform the services in Knutsford; the new service would see primary and secondary care clinicians working in a local team to promote health, prevent illness and aid the management of existing long term conditions. This redesigned service would be provided in new shared accommodation. The Committee had received a number of reports on the Knutsford project including the forthcoming engagement and consultation process.

At the meeting of the Committee on 6 September, Members had supported the consultation on the proposed closure of the Tatton Ward being undertaken as a separate consultation rather than waiting for it to be included as part of the overall engagement and consultation on the Vision for Knutsford.

Ms Aherne circulated a schedule of consultation and engagement which would begin on Monday 19 November and would include on line consultation; paper copies of consultation documents being made available in a number of locations such as GP surgeries, supermarkets, petrol stations; consultation meetings in each GP surgery in Knutsford and public consultation events at a number of venues. The consultation period would run for 14 weeks to take account of the Christmas period.

Finally, Ms Aherne referred to the application for Foundation Trust status which would commence on 12 November and advised that people who had expressed an interest previously would be contacted.

In discussing the item, Members raised the following points:

- What facilities were available at the Langley Unit that were not available at the Tatton Ward? In response, Members were advised that therapies available at MDGH included physiotherapy, occupational therapy and speech therapy and these therapies were available 7 days a week;
- Whether the option to reopen the Ward was a real and viable option? In response, the Committee was told that re-opening was an option but the Trust Board was recommending closure;

- Where would the new provision be sited? Members were advised that the existing Community Hospital site was the proposed site but if developers could suggest an alternative site, this would be considered;
- Would the new provision include some beds? This was still to be determined as the new provision would be evidence based on need, there could be flexible beds included or intermediate beds could be provided through alternative providers or locations;
- It was suggested that transport issues should be included as part of the consultation process. Members were advised that the Council for Voluntary Services was undertaking a study of current transport provision.

RESOLVED: that the consultation process as set out at the meeting, be supported.

61 PUBLIC HEALTH TRANSITION - UPDATE

Davina Parr, Associate Director of Public Health, updated on the current position with the transition of public health into the Local Authority. Public health staff had now been located in the council offices at Westfields. The team had identified a number of principles including the importance of integration within the Council, having a clear identity for the public health service and ensuring there were good links to and from health partners.

A Vision had been identified:

“Working together to put population health and wellbeing at the heart of local communities and services in Cheshire East”. There was a Transformation Agenda comprising six enablers and six programmes. The enablers included:

- the leadership role;
- the workforce;
- the strategy – the right action in the right place at the right time at the right price;
- partnerships – including with the Local Authority, Clinical Commissioning Groups, voluntary and community sector;
- resources – ring fenced public health grant; health premium, from 2015; and
- processes/services – effective joint commissioning supported by the Joint Strategic Needs Assessment.

The top 6 programmes had been identified as:

- Implementation and delivery of the NHS Health Checks programme;
- Managing the handover of services moving in and out of public health;
- Developing a sustainable health care public health support system with the NHS commissioners;
- Delivering work programmes for all commissioned public health services, with a focus on towns of Crewe and Macclesfield;
- Developing integrated commissioning models for “risk taking behaviours” including a review of sexual health services;

- Supporting the Ageing Well programme.

Ms Parr explained that under the Public Health premium there was funding available for achieving outcomes – the precise nature of each outcome was not yet known but they were expected to relate to lifestyle areas - there would be 66 for Local Authorities.

In discussing the presentation, the following points were made:

- The programmes did not make reference to lifestyle choices. In response, the Committee was advised that behind each work programme heading there was a great deal of detail which would include reference to lifestyle;
- When would the Transformation Plan be in the public domain? This was awaiting confirmation of the funding for public health but it was hoped would be early in the new year;
- In relation to the priority of introducing “systematic and industrial scale change for maximum health gain” it was suggested that there was a role for new programmes to be piloted as well as looking for good practice elsewhere so as not to introduce untested programmes on a wide scale basis;
- There appeared to be no specific reference to wellbeing within the programmes. In response, the Committee was advised that wellbeing was included within the Vision and there were a number of outcomes that related to wellbeing;
- There was a vital role for preventative approaches as a way of improving health and wellbeing and preventing more costly services later on;
- Where were drug and alcohol services to be located? Members were advised that these services were to become part of the Council’s services as the former Drug and Alcohol Action Team was being disaggregated between this Council and Cheshire West and Chester.

RESOLVED: that the update on public health be noted.

62 HEALTH AND WELLBEING BOARD - UPDATE

Councillor Clowes, Portfolio Holder for Health and Adult Social Care, updated on the following matters:

- Local Healthwatch – tenders had been sent out for the contract with interviews scheduled for the end of November; Cabinet would then determine the award of the contract;
- Joint Health and Wellbeing Strategy – the consultation period had now ended and the comments had been taken into account; the Strategy would be submitted to Cabinet for approval;
- Government guidance was due on the Health and Wellbeing Board Terms of Reference prior to finalising them early next year;
- Clinical Commissioning Groups were continuing to progress through the authorisation process. Reference was made to ensuring that the Covenant regarding Armed Forces Veterans was taken into account.

RESOLVED: that the update be noted.

63 WORK PROGRAMME

The Committee reviewed its current work programme.

Reference was made to suicide rates which were believed to be higher in Macclesfield than other areas. It was also suggested that there was higher than average involvement with the Child and Adolescent Mental Health Service in the area. Councillor Clowes explained that there was a specific priority in the Health and Wellbeing Strategy that related to mental health.

In relation to North West Ambulance Service it was suggested that there appeared to be some changes to the emergency 999 service it that paramedics would assess whether or not they should take patients to hospital rather than automatically taking them straight there. It was proposed that NWAS should be asked to clarify this when they next attended a meeting.

Reference was also made to correspondence relating to prostate cancer screening and a response requested from Public Health to the latest letters circulated at the previous meeting. The Portfolio Holder agreed to ask for a written response to be received.

Members were reminded that a training and development session was arranged for 16 November on learning disability.

The Committee's views were sought on a change of venue for the meeting taking place on 4 April; it was suggested that the meeting take place in Macclesfield.

RESOLVED: that

(a) North West Ambulance Service be asked about a possible change in procedure when dealing with 999 emergency calls when they next attend a meeting;

(b) the venue for the meeting on 4 April 2013 be changed to Macclesfield Town Hall; and

(c) the work programme be updated in accordance with points made at the meeting.

64 FORWARD PLAN

There were no items on the Forward Plan for the attention of the Committee.

65 CONSULTATIONS FROM CABINET

There were no consultations from Cabinet.

The meeting commenced at 10.00 am and concluded at 12.00 pm

Councillor G Baxendale (Chairman)