CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Scrutiny Committee** held on Thursday, 14th June, 2012 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor G Baxendale (Chairman)

Councillors M Hardy, A Martin, J Saunders, J Wray, G Boston, M Grant, A Moran and D Hough

Apologies

Councillors R Domleo and G Merry

1 ALSO PRESENT

Councillor J Clowes, Portfolio Holder for Health and Adult Social Care
Councillor S Gardiner, Cabinet Support Member
Councillor D Flude
Barrie Towse, Local Involvement Network
V Aherne, East Cheshire Hospital Trust
A Bacon, Project Director, Central and Eastern Cheshire Primary Care Trust
T Butcher, North West Ambulance Service
M Cunningham, East Cheshire Clinical Commissioning Group
Councillor D Beckett, Cheshire West and Chester Council
Councillor D Hammond, Cheshire West and Chester Council
Councillor P Dolan, Cheshire West and Chester Council
David Jones, Scrutiny Team, Cheshire West and Chester Council

2 OFFICERS PRESENT

D J French, Scrutiny Officer
G Kilminster, Head of Health Improvement
L Scally, Head of Integrated Strategic Commissioning and Safeguarding
D Taylor, Partnerships and Planning Manager, Children, Families and Adults Service

3 MINUTES OF PREVIOUS MEETING

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

4 DECLARATIONS OF INTEREST

Councillor G Baxendale declared a personal interest as a patient at Leighton Hospital.

5 DECLARATION OF PARTY WHIP

There were no declarations of the existence of a Party Whip.

6 PUBLIC SPEAKING TIME/OPEN SESSION

Judie Collins addressed the Committee in relation to future healthcare provision in Knutsford. She referred to engagement methods concerning the new proposals; the closure of Bexton Court and the availability of alternative respite facilities. She mentioned transport issues and availability of services in Knutsford. She queried out of hours provision and asked when the East Cheshire Hospital Trust would begin a process of public engagement on Foundation Trust status.

Charlotte Peters Rock addressed the Committee in relation to the proposals for Knutsford. She referred to an amended version of the report by Andy Bacon, Programme Director for the Knutsford Integrated Health and Wellbeing Centre, which she had produced and circulated to all members of the Committee. She commended her version of the document. She queried the membership of the Committee. She also commented that it appeared that only Cheshire East Council was being consulted on the proposals for Knutsford whereas she believed that many residents of Cheshire West and Chester Council also looked to Knutsford for health and social care services.

Mabel Taylor addressed the Committee also in relation to the proposals for Knutsford. She referred to the consultation process in relation to earlier changes to provision of services in Knutsford – specifically Stanley Centre and Stanley House and also Bexton Court. She felt that local people had already made their views clear in the Autumn 2011 Knutsford Town Council survey and the Knutsford Town Plan. She referred to imminent changes in the NHS and queried the timing of the changes proposed. She referred to the application for Foundation Trust status currently underway at the East Cheshire Hospital Trust and the implications if Foundation Trust status was not achieved. She commented that the consultation on the Knutsford project must be wide ranging and comprehensive.

7 FUTURE HEALTHCARE PROJECT KNUTSFORD

The Committee considered a report of Andy Bacon, Programme Director, on the Knutsford Integrated Health and Wellbeing Centre project.

The project was based on an aspiration to achieve greater integration between health and social care. The project aimed to create a Health and Wellbeing Centre that was a purpose designed and built facility housing GPs and other professions and services in one building. This would involve the co-location of 2 – 3 GP practices on a single site which would enable extended primary care supported by hospital specialists, access to therapy services (ie physiotherapy, speech and language, occupational therapy etc), community and social care services and diagnostic facilities, such as imaging and pathology and potentially other services such as pharmacy.

There were other planned changes in Knutsford, namely an application by East Cheshire NHS Trust to become a Foundation Trust, which was a statutory requirement of the process as set out by Monitor; and the proposed permanent

closure of the Tatton Ward, an intermediate care ward consisting of 18 beds at the Bexton Hospital site.

The scheme would be funded through a procurement process to appoint a developer who would receive income from guaranteed rent for GP and integrated services; and income from rent from other tenants (non NHS) who may occupy the building. The procurement process would be a joint public sector procurement that would be led by the NHS Commissioning Board and NHS Eastern Cheshire Clinical Commissioning Group and involving other public sector interested parties. The engagement and consultation process would need to be coordinated with the procurement process so that public views could be taken into account before irrevocable procurement decisions were made. Mr Bacon emphasised the need to make progress while financial decisions were in the hands of the PCT cluster; in the future such decisions may be made at a national level meaning it could be difficult to progress local priorities in a competitive environment.

Mr Bacon explained that at this stage of the process he was seeking views on how to engage and consult rather than on the proposals themselves. There had been a number of consultation and engagement exercises around health and wellbeing in the Knutsford area over recent months including the Council's consultation on Building Based services, meetings organised by Knutsford Town Council, meetings with the local MP and on-going discussions with the Town Council and the local group Knutsford Area for Knutsford Action. He outlined various options for consultation and engagement with his preferred option being Option 5, which incorporated proposals for the closure of Tatton Ward with the clinical model, with the consultation on Foundation Trust status being separate.

In discussing the report, Members of the Committee made the following comments:

- That the consultation process should be wide ranging and open minded to encourage views to be expressed;
- Clarification was sought about what services had been provided on the Tatton Ward? In response, Val Aherne explained that Tatton Ward had 18 beds and provided intermediate care through nursing staff and doctors. The ward had originally had to close due to an inability to recruit senior clinical staff. It had taken 10 months to recruit suitable staff by which time it was too expensive to reopen the ward and the accommodation was in a poor state. These services were now provided at Macclesfield Hospital where she felt a better service was provided on quality and safety grounds. The East Cheshire Hospital Trust was keen to be part of the vision for new services in Knutsford so that good services were provided that would attract good staff;
- What was the purpose of the consultation and had decisions already been made? In response, the Committee was advised that officers wanted to hear views on the vision for integrated care, what services should be provided eg what in-patient services were needed, what respite, how many beds etc;
- Reference was made to other consultations where displays had been available with plans and models of possible facilities and that a similar method should be incorporated in the Knutsford consultation;
- The consultation process should include some form of "added value" in terms of what benefits would there be for the local area such as employment opportunities;

- That the funding that was available for intermediate care on the Tatton Ward should remain allocated for local intermediate care and not diverted to the acute sector.

RESOLVED: that

(a) there be a formal consultation on the future of health and social care services based in Knutsford, that follows a period of engagement with the population over their needs and explaining the potential benefits to them of new ways of delivering care;
(b) that Option 5 be supported as a method of engagement and consultation comprising 2 consultations plus additional engagements with the main consultation conducted before bids are received; this method will be dealt with separately from the application of East Cheshire NHS Trust to become a Foundation Trust;
(c) that the detailed methodology by which the engagement and consultation is to be conducted be submitted to a future meeting to enable the Committee to have an input.

8 SHADOW HEALTH AND WELLBEING BOARD'S TERMS OF REFERENCE AND UPDATE ON THE HEALTH AND WELLBEING BOARD

The Committee considered proposed Terms of Reference for the shadow Health and Wellbeing Board. A report had previously been submitted to full Council on 15 December 2011 where various concerns had been raised resulting in further consideration being given to the Terms of Reference and the report now submitted. This report had been considered by Cabinet who had requested that the section on accountability be further clarified which was now set out in the report.

The draft Terms of Reference covered various matters including the purpose, objectives, roles and responsibilities, membership, quorum, procedure and conflicts of interest.

Councillor Clowes, Portfolio Holder for Health and Adult Social Care, explained that the membership was based on the statutory membership with the addition of an Opposition Party Member. There was now an option to nominate Associate Members and this status was appropriate for individuals who wanted to be involved with the work of the Shadow Board but were not designated core members; they would be able to submit agenda items and would have a standing invitation to attend meetings. There was also a new requirement to have an Associate Member on the Board from the National Commissioning Board.

The Terms of Reference had been reviewed against those from other Authorities. In relation to voting rights secondary legislation was awaited but it was hoped that agreement could be reached by consensus without the need for a formal vote.

In discussing the issue, the following points were raised:

- What was the role of the Local Involvement Network/Healthwatch representative? It was explained that this was a statutory member on the Board and their role was to represent the patient and public voice;
- That the Opposition Member should be a matter for the Opposition Group to decide who that member should be; Councillor Clowes agreed to discuss this with the Leader;
- That in relation to point 14 of the Terms of Reference it be clarified that the seven principles refer to the Nolan principles;
- Whether there was a role on the Board for provider representatives? Councillor Clowes explained that this matter was being considered and it could be that provider representatives were Associate Members or part of Sub Groups that sat below the Board;
- Whether Public Speaking Time was included on the agenda for meetings? In response, Members were advised that public speaking was allowed at the invitation of the Chairman.

Councillor Clowes explained that the Health and Wellbeing Board was currently focusing on 3 areas of work:

- Working towards the establishment of Healthwatch;
- The Health and Wellbeing Strategy which would be undergoing a consultation process over the summer;
- The Authorisation process for the Clinical Commissioning Groups.

Members asked whether there would be any Member training or briefing sessions on the Board and were advised that officers were working on short written Briefing Notes.

RESOLVED: that

(a) the draft Terms of Reference be supported subject to the comments made at the meeting as set out above; and
(b) the Terms of Reference be reconsidered at a future meeting prior to final adoption and formal establishment of the Health and Wellbeing Board.

9 NORTH WEST AMBULANCE SERVICE

Tim Butcher, Assistant Director for Performance Improvement, North West Ambulance Service (NWAS), presented the draft Quality Account. He explained that the Quality Account provided an opportunity for NWAS to talk about the wide ranging role of NWAS rather than just focusing on response times.

He outlined the main highlights of the year including:

- Exceeding the national quality target for responding to the most serious life threatening emergencies within 8 minutes following a 999 call;
- They were the first ambulance trust in England to achieve Level 2 compliance against NHS Litigation Authority's Risk Management Standards;
- They were awarded the Health Service Journal Clinical Redesign Award for the Paramedic Pathfinder project, a toolkit to ensure that patients were treated and cared for safely and in the most appropriate place following an emergency call.

The Care Quality Commission had conducted an inspection in March 2012 and had given a very positive report on NWAS compliance with the CQC standards of quality and safety.

This year NWAS was seeking authorisation as a Foundation Trust which would involve enhanced arrangements for public and staff involvement.

In relation to the five priorities for improvement as identified in the previous year's Quality Account, progress was as follows:

- End of Life Care – NWAS had developed a Rapid Discharge Procedure with ten organisations across the North West. This had enabled an integrated discharge pathway to ensure patients could end their lives with dignity and in their own home. This year 87% of transfers had been completed within 2 hours of the request being made; NWAS had also produced a "how to" guide for ambulance services to improve services offered to people at the end of life; NWAS had introduced a system where patients at home had personalised care plans wherever possible and staff were alerted to this when attending the patient's home address;
- 111 and Frequent Callers – NWAS had stated they would begin the process of a single point of access for urgent and emergency care. They also wanted to work with local commissioners to address the issue of people who made frequent 999 calls. A pilot had been set up of the 111 number for urgent care needs. Work had also taken place with each PCT regarding frequent callers who were often vulnerable people who were not aware of alternative help and support;
- Chain of Survival and Complementary Resources – NWAS had a two year plan to increase community access to life saving equipment and skilled volunteers – the "Complementary Resources" Strategy. During 2011/12 NWAS had worked in partnership with the British Heart Foundation, and introduced 20 new Community First Responder Schemes, 50 new staff responders (volunteers) and 125 additional Automated External Defibrillators (AEDS) installed in public places. There were a number of Community First Responder schemes in Cheshire East including Holmes Chapel, Knutsford, Poynton and Alsager, with new schemes introduced in Bollington and Middlewich. The presence of Community First Responder schemes had helped with response time targets. NWAS had achieved the target for the region but was just below the target for the Central and Eastern Cheshire Primary Care Trust area; however, they had shown an improvement on previous years. For Category A8 calls NWAS was the 3rd best performing Trust;
- Acute Stroke Care – NWAS was committed to embedding the improvements made to services for patients with a stroke ensuring staff undertook the right assessments and immediate actions and that patients were transported to the most appropriate hospital as quickly as possible. NWAS consistently performed above the national average. A national clinical quality indicator said that suspected stroke patients should be transferred to a "hyper acute" Stroke Centre within 60 minutes of a 999 call; again NWAS performed above the national average;
- Heart Attack – NWAS was committed to embedding improvements made to the treatment and care of people who had a heart attack; ensuring staff undertook the right assessments and immediate actions and that patients received the correct emergency treatment as quickly as possible. NWAS had improved the overall assessment and care offered to patients

suspected of having a heart attack but performance had varied throughout the year and was below the national average. NWAS now needed to improve the pain assessment of heart attack patients and increase the number of pre-alert calls to heart attack treatment centres – this would be the focus for 2012/13.

Tim highlighted a number of points including that the Trust had further developed Clinical Leadership and Education to ensure that patients were treated by highly trained professionals which meant outcomes were likely to be better. NWAS had focused on safeguarding including making specific appointments and introducing mandatory training and Quality Checks. Infection prevention and control had been improved with over 70 staff acting as Infection Control Champions, introducing weekly service audits of the cleanliness of vehicles and random manager spot check audits of the cleanliness of vehicles and stations. He also asked the Committee to note the introduction of a new system for the treatment of patients suffering major trauma that was being introduced from April 2012 across England. This was because there was clear evidence that these patients showed better outcomes in terms of survival and recovery if they were treated at a Major Trauma Centre where necessary services and expertise were on site with highly skilled staff. These changes would have implications for the ambulance service as staff would have to make judgements on where to take a patient who had suffered a major trauma.

In discussing the Quality Account, members made the following comments:

- That the progress with last year's five priorities for improvement be noted and the additional work to address any issues be supported;
- Clarification was sought on the 111 pilot in terms of timescales, analysis of outcomes and targets for responding to calls. In response, Tim explained that the pilot was currently running and the service was out to tender for a provider, he did not have details of how the pilot would be assessed as once it ended the contract for the service would begin. NWAS was a pilot provider and would be bidding for the contract. Members felt that the pilot should run and the results analysed prior to the contract being let. Tim agreed to provide more information on this in writing after the meeting;
- The various graphs throughout the Account were rather confusing with baseline information unclear and more narrative explanation needed;
- An explanation as to the PALS service should be provided within the main body of the Account;
- The Committee was pleased to see some improvement in response times in Cheshire East and the positive impact of Community First Responder Schemes. It was also pleasing to note that a Co-Responder Scheme was in existence in Nantwich and was expanding;
- Who was responsible for learning disabled patients and those with dementia? In response, Tim explained that NWAS would respond in the case of a 999 call but if 111 was called it would be a call response system. He explained that NWAS had carried out a lot of work on cultural and disability awareness and used patient story videos to show the patient experience of services;
- Members were supportive of centres of excellence for specialised treatment but queried how it was decided where a patient would be taken. In response, members were advised that the paramedics would make a clinical judgement about the best destination depending on the diagnosis;

taking into account that outcomes were better if a patient was taken to the most appropriate place;
- Members were pleased to see that complaints had reduced but queried the reason for the increase in April. Tim felt this may be due to seasonal pressures with an increased demand for services over the winter months leading to a backlog of complaints in April.

RESOLVED: that the comments made be forwarded to the North West Ambulance Service for inclusion in their Quality Account.

10 WORK PROGRAMME

The Committee reviewed its current work programme:

- North West Ambulance Service – following the earlier presentation where the new 111 call system was referred to, the Committee discussed having further information on the new system and inviting the Programme Director to attend a future meeting;
- Diabetes/Obesity – update to the September meeting;
- Annual Public Health Report – presentation to the July meeting;
- Alcohol Services – update to the September meeting;
- Joint Health and Wellbeing Strategy – report to the July meeting;
- Local Involvement Network – presentation to the July meeting on the Annual Report and current Work Programme;
- Update on Mental Health and Learning Disability – a Workshop to be held on provision of mental health and learning disability services in Cheshire East;
- Lifestyle – to future meeting;
- Health and Wellbeing of carers and service users in Cheshire East – noted that Adult Services Scrutiny Committee would be receiving an update to the meeting on 5 July;
- Suicide prevention – to be covered as part of the workshop on mental health; noted that Child and Adolescent Mental Health services is being covered by Children and Families Scrutiny Committee.

The Committee also received a request from Councillor A Moran that some scrutiny work be undertaken on prostate cancer treatment and detection via screening. He said around 35 thousand men were diagnosed with prostate cancer each year and a high number of these would die. A simple test could help with detection and he referred to an event at Nantwich Football Club where 500 men took the test. There was no national screening programme and no specialist clinician at Leighton Hospital. The local support group had provided a lot of equipment.

The Committee also discussed undertaking some Scrutiny work on Immunisation Services. The Chairman had a guide from the Centre for Public Scrutiny that outlined a lifetime's programme of immunisations along with questions for scrutiny to ask when undertaking a review of the topic. The Portfolio Holder explained that she had asked one of the Associate Directors of Public Health to provide some information on immunisation uptake in the Borough.

RESOLVED: that
(a) the Work Programme be updated in accordance with the views outlined at the meeting;

(b) a Scoping Report on Screening and Treatment for Prostate Cancer be prepared;
(c) a report on Immunisations be submitted to a future meeting.

11 FORWARD PLAN

The Committee noted two items on the Forward Plan – Shadow Health and Wellbeing Board revised Terms of Reference and Health and Wellbeing Strategy; both of which had been considered at meetings and were due for further consideration at future meetings.

RESOLVED: that the Forward Plan extracts be noted.

12 CONSULTATIONS FROM CABINET

There were no consultations from Cabinet.

The meeting commenced at 10.00 am and concluded at 1.00 pm

Councillor G Baxendale (Chairman)