CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care Scrutiny Committee**
held on Thursday, 9th September, 2010 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, S Bentley, D Flude, S Furlong, S Jones, A Moran, A Thwaite and C Tomlinson

60 ALSO PRESENT

Councillor R Domleo, Portfolio Holder for Adult Services
Councillor O Hunter, Cabinet Support Member for Adult and Health Services

61 OFFICERS PRESENT

P Lloyd, Director of Adults, Community, Health and Wellbeing
G Kilminster) Adults, Community, Health and Wellbeing
L Scally) Directorate
S Shorter)
Dr H Grimbaldeston, Director of Public Health
F Field, Central and Eastern Cheshire Primary Care Trust
D Parr, Central and Eastern Cheshire Primary Care Trust
T Bullock, Deputy Chief Executive and Director of Nursing, Mid Cheshire Hospitals Foundation Trust,
Dr M Dickinson
M Flynn, Scrutiny Team
D J French, Scrutiny Team

62 APOLOGIES FOR ABSENCE

Apologies for Absence were received from Councillors G Baxendale and D Bebbington, and Portfolio Holder Councillor A Knowles.

63 DECLARATION OF INTERESTS/PARTY WHIP

RESOLVED: that the following declarations of interest be noted:

- Councillor C Andrew, personal interest on the grounds that she was a member of the Cheshire Area Partnership;
- Councillor D Flude, personal interest on the grounds that she was a member of the Alzheimers Society and Cheshire Independent Advocacy; and
- Councillor A Moran, personal interest on the grounds that he was a member of Mid Cheshire Hospital Foundation Trust.

64 PUBLIC SPEAKING TIME/OPEN SESSION

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

65 MINUTES OF PREVIOUS MEETING

RESOLVED: that the minutes of the meeting of the Committee held on 12 August be confirmed as a correct record.

66 DR FOSTER REPORT "HOW SAFE IS YOUR HOSPITAL?"

Dr M Dickinson, GP and Tracy Bullock, Deputy Chief Executive and Director of Nursing, Mid Cheshire Hospitals Foundation Trust, briefed the Committee on mortality rate figures following concerns that had been raised in the Dr Foster report “How Safe is your Hospital?” in relation to the Hospital Trust.

Dr Dickinson explained that the two main commercial companies which provided information on the Standard Mortality Rate (SMR) were Dr Foster and CHKS. However, each used a different logistic model, which meant different Standardised Mortality Rates could arise for the same hospital. This had resulted in criticism nationally.

Nonetheless, the Hospital Trust was committed to ensuring mortality rates were as low as possible and had introduced a Mortality Reduction Group whose role was to review patients’ records and highlight any lessons to be learned. The Trust had also recruited 3 Acute Physicians to deal with admissions via Accident and Emergency; this had resulted in improved patient flow and fewer moves between wards following admission. Mortality rates were measured using an average of 100 and in July, the Hospital Trust mortality rate was 65.

Members of the Committee were given the opportunity to ask questions and the following points were raised:

- Whether there were pre and post operative delays in treating fractures? In response, the Committee was advised that there were not usually lengthy waits for surgery and the Hospital used an emergency list to operate within around 24 - 48 hours where it was safe to do so; the Hospital also had low infection rates particularly in relation to orthopaedic surgery;
- The need when looking at performance and target information in relation to the health service to take into account local demographic information such as whether there were local areas of deprivation that would impact on people’s health. In response the Committee was advised that alcohol had a significant impact with 2 medical wards often having patients with alcohol issues such as liver failure;
- The Committee was advised that targets relating to time taken to admit onto a ward began 15 minutes after arrival in an ambulance (if not admitted straightaway) but in the case of suspected stroke, a rapid triage system was in place due to the importance of early admission and treatment.

RESOLVED: That representations be made to the Department of Health urging the use of one model to measure Standard Mortality Rates.

67 TEMPORARY CLOSURE OF TATTON WARD, KNUTSFORD COMMUNITY HOSPITAL BY EAST CHESHIRE HOSPITAL TRUST

The Committee considered a report from Kath Senior, Director of Performance and Quality, East Cheshire NHS Trust outlining proposals for the temporary closure of the Tatton Ward, Knutsford Community Hospital. The ward had been closed on 6 September which meant the temporary loss of 18 intermediate care beds. The Hospital Trust also had 28 intermediate care beds at Congleton War Memorial Hospital and 10 at Macclesfield.

Over recent months there had been persistent problems in recruiting middle grade doctors and this had been compounded by a consultant staff vacancy. Attempts to secure locum staffing had also been unsuccessful. It was also not sustainable to use staff to cover both Congleton and Knutsford. It was not thought appropriate to close the beds at Congleton because this would cause a significant level of reduction which would lead to additional pressure on remaining beds in the area. The 18 beds temporarily closed at Knutsford could be re-provided at Macclesfield where 15 beds on an acute medical ward had been closed to enable essential maintenance work to be carried out; there had not proved any demand to re-open these beds so they could be re-provided as intermediate care beds.

The Tatton Ward would be closed to admissions for 4 months and medical, nursing and clinical support staff redeployed across the two remaining sites. The arrangements would be reviewed weekly by the senior management team. The Committee was advised of the communication process about the temporary closure which included staff, patients, carers, the local MP as well as the general public.

During discussion of the item, Members raised the issue about the building not being fit for purpose and concern that if the Tatton Ward was closed it would cause further deterioration to the building's fabric. Members also raised transport issues for families visiting relatives; in response, the Committee was advised that the Trust did have a pool of volunteer drivers who could help if required.

The Committee expressed concern about the impact the closure would have on social care provision and the viability of Bexton Court; this was a facility linked to the Tatton Ward and the two provisions existed as one unit. Members also noted the Task/Finish Group which had been set up to look at future healthcare provision in Knutsford and whether the Group had a role in looking at the impact of this proposal.

RESOLVED: That

(a) a report be submitted to the next meeting of the Committee on the implications for social care provision at Bexton Court following the temporary closure of the Tatton Ward, Knutsford Community Hospital; and

(b) the Department of Health be advised of the Committee's concerns regarding the apparent shortage of medical staff in the appropriate grades, with expertise in the care of the elderly, particularly in light of the ageing population.

68 PROPOSED CHANGES TO MENTAL HEALTH SERVICES IN CENTRAL AND EASTERN CHESHIRE

The Committee considered a report on proposed changes to services provided by the Cheshire and Wirral Partnership Trust NHS Foundation Trust (CWP). As a result of changes to the way that some mental health services were funded, the PCT had identified a shortfall of £1.4 million in its budget to commission mental health, learning disability and drug and alcohol services. CWP and the PCT had worked together over a number of months to develop a prioritisation tool to use to review all services. This had resulted in three proposals:

- CWP would no longer provide social support services at The Willows day centre in Macclesfield. All service users were already cared for by community mental health teams and would be assessed and supported to use alternative day services through mainstream facilities such as colleges and local authority run schemes;
- CWP would no longer run learning disability respite care services from Riseley Street in Macclesfield; service users requiring this respite care would receive it from Crook Lane, Winsford. The service at Riseley Street was currently under occupied;
- CWP would redesign the PCT's Improving Access to Psychological Therapies service to make it more efficient, with no adverse impact on care for patients.

The proposals were supported by GP commissioners through the Commissioning Executive and patients and the public had been involved through the project board for the prioritisation process, which included representation from service user and carer groups. Further consultation would be undertaken.

Members noted that the proposals relating to Riseley Street and The Willows would have implications for social care provision, including because alternative provision at Crook Lane was in Cheshire West and Chester. It was important to look at all provision, both health and social care, as a whole, as changes in one area would often impact on another area. It was also noted that patients and carers accessing services at Crook Lane instead of Macclesfield may have transport issues.

The Committee also commended CWP whose services had recently been judged as excellent by The Royal College of Psychiatrists' Psychiatric Liaison Accreditation Network (PLAN) who had rated their services as among the best in the country.

RESOLVED: that

(a) the proposed changes to Riseley Street and The Willows, Macclesfield be noted and confirmed as Level 2 changes and as such should be consulted upon with patients, carers, staff and the Local Involvement Network; and

(b) the proposed changes to the Primary Care Trust's Improving Access to Psychological Therapies service, to make it more efficient, be noted and no consultation be required as service delivery will not be affected.

69 ANNUAL PUBLIC HEALTH REPORT

Dr Heather Grimbaldeston, Director of Public Health, presented her Annual Report.

There were 3 main areas on which to focus attention:

- Consequences of an ageing population – the Primary Care Trust had the fastest growing ageing population in the North West and this would result in an increase in conditions relating to ageing such as falls and fractures.;
- Health inequalities/differences – breastfeeding rates were lower than the national average and comparable areas. This linked to childhood obesity were there were higher rates of overweight children aged 4-5 years. The teenage pregnancy conception rate was lower than the England rate but there were "hotspot" wards in Crewe and Macclesfield;
- Wide gaps in life expectancy – there were wide variations across Cheshire East in life expectancy rates. The biggest cause of death was through Cardiovascular Disease (CVD) such as heart disease and stroke which accounted for 36% of all deaths; 26% of deaths were premature and preventable if lifestyles were modified. The second biggest cause of premature death was cancer with half of the cancers preventable with lifestyle modification. There were issues with alcohol and some older people using alcohol to deal with loneliness.

Presentations had been made to the Local Area Partnerships highlighting relevant health issues.

Dr Grimbaldeston made reference to Sir Michael Marmot's review of health inequalities "Fair Society, Healthy Lives" which had a number of recommendations aimed at informing the strategic direction of relevant partners for the next ten years. There were a number of policy directives including giving every child the best start in life and create and develop healthy and sustainable places and communities.

Chapter 6 of the Annual Report expanded on the Choose Well concept – this included starting to identify where waste in health services could occur both nationally and locally and suggested how waste could be avoided or reduced. There was an emphasis on how all were "partners in health" and should work together to reduce unnecessary expenditure and manage demand to allow the most efficient and effective use of resources. This included;

- medications - £2million worth of unwanted or unused prescribed medication was returned to community pharmacies with a cost of £60,000 to the PCT to incinerate returned medicines;
- alcohol – in the PCT area there were 22,228 alcohol related admissions to hospital between 2002 – 2006 and the cost to the PCT for alcohol related problems was £31.5 million. It was estimated that alcohol was a factor in 35% of all Accident and Emergency cases during the week and 70% at weekends;
- sexual health – Chlamydia was the most commonly diagnosed Sexually Transmitted Infection for both men and women in the UK; almost 1 in 10 sexually active young people under the age of 25, who were tested, had Chlamydia.

During discussion of the presentation the following issues were raised:

- it was noted that Suicide prevention services was on the work programme of the Joint Scrutiny Committee;
- it was noted that in Chapter 3 reference was made to Chelford being in the Wilmslow Local Area Partnership patch when in fact it was in Knutsford and this could impact on the statistical information;
- sometimes Teenage Pregnancy was an informed choice particularly in some cultures;
- breastfeeding rates may be affected by a lack of suitable facilities and this had resulted in initiatives in some libraries where private facilities were available with "breastfeeding friendly" stickers to indicate this;
- it was important to reduce differences in life expectancy between geographical areas but also ensure lives were longer and healthier.

RESOLVED: That the Director of Public Health's Annual Report be noted.

70 JOINT STRATEGIC NEEDS ASSESSMENT

The Committee considered a report on the Joint Strategic Needs Assessment (JSNA). This was a process that identified the current and future health and wellbeing needs of a local population, informed the priorities and targets and lead to agreed commissioning priorities that would improve outcomes and reduce health inequalities.

The JSNA was a web based tool, hosted on the Council website, which enabled regular updates to be made. There were various sections including demography, older people and services, with each section having various chapters. The Steering Group was jointly chaired by the Director of Public Health and the Director of Adults, Community, Health and Wellbeing and reported progress to the Local Strategic Partnerships on a six monthly basis.

A peer review had been undertaken to investigate how the Steering Group could establish more effective ways of monitoring the use of the JSNA and its impact on the ways in which services were planned and commissioned. The key areas for improvement included ensuring awareness and use by commissioning and middle managers and therefore influencing services and plans, more engagement with wider council departments, NHS providers and voluntary and community organisations, more use of information from the local authority rather than just from the health service and ensuring the JSNA informed a wide range of commissioning decisions.

RESOLVED: That the Joint Strategic Needs Assessment be noted.

71 REVIEW OF HEALTH INEQUALITIES IN CHESHIRE EAST

The Committee considered a report on health inequalities; a health inequality could be described as a gap or variation in health status, and in access to health services, between different social and ethnic groups and between populations in different geographical areas. The report gave an overview of health inequalities and the actions taken in partnership to address these.

The report outlined that there was extensive knowledge of health inequalities informed by the Annual Public Health Report and Joint Strategic Needs Assessment. The Local Strategic Partnership Health and Wellbeing Thematic Partnership was established in September 2009 as the lead partnership for

facilitating actions to support healthier lifestyles and tackle the wider determinants of health.

A Cheshire East Health Inequalities Statement of Intent Charter was due to be published which was a short summary of the major challenges in relation to improving health outcomes and reducing health inequalities in Cheshire East. It would make recommendations for GP commissioners, the LSP; local communities, public health; local authorities and Health and Well being Boards (proposed in the NHS White Paper). The aim was for partners to sign up to this Statement of Intent and agree and set the future direction of travel including new ways of working such as an asset approach to supporting healthy communities.

There was also to be a conference on Friday 12 November bringing together key stakeholders under the banner "Living Well in Cheshire East – a call to action to reduce inequalities". There would be a number of high profile speakers who would set out the future challenges and how partners could support work to improve health outcomes and reduce inequalities. There would also be an opportunity for partners to sign up to the charter. All Members would be invited to the conference.

RESOLVED: That the report be received and the future work outlined, be supported.

72 NHS WHITE PAPER - EQUITY AND EXCELLENCE, LIBERATING THE NHS

The Committee considered a report of the Primary Care Trust Director of Governance and Strategic Planning on the NHS White Paper – Equity and Excellence: Liberating the NHS. The proposals aimed to ensure that the NHS was a world class service that was easy to access, treated people as individuals and offered care that was safe and of the highest quality. The White Paper and its 5 supporting documents were currently out for consultation until 11 October.

The supporting paper "Local democratic legitimacy in health" was of particular relevance for both the Council and the Committee. The paper outlined how power would be given to those who knew best through their work in the communities such as GPs and local authorities. There was an enhanced role for local authorities who would take on responsibility for public health through Health and Well Being Boards. There would also be a powerful local voice through the introduction of HealthWatch, which would see an expanded role for the Local Involvement Networks.

The report outlined that the PCT and Council were jointly considering the proposals.

RESOLVED: That the proposals contained in the White Paper be noted and any response be considered by the Mid Point meeting on 7 October.

The meeting commenced at 10.00 am and concluded at 12.40 pm

Councillor B Silvester (Chairman)