

# Health and Wellbeing Scrutiny Committee

## Agenda

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<b>Date:</b>	<b>Thursday, 8th March, 2012</b>
<b>Time:</b>	<b>10.00 am</b>
<b>Venue:</b>	<b>Committee Suite 1,2 &amp; 3, Westfields, Middlewich Road, Sandbach CW11 1HZ</b>

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The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

### **PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT**

1. **Apologies for Absence**

2. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any personal and/or prejudicial interests and for members to declare the existence of a party whip in relation to any item on the agenda.

3. **Minutes of Previous meeting** (Pages 1 - 10)

To approve the minutes of the meeting held on 12 January 2012.

4. **Public Speaking Time/Open Session**

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For any apologies or requests for further information, or to give notice of a statement to be made by a member of the public

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A total period of 15 minutes is allocated for members of the public to make a statement(s) on any matter that falls within the remit of the Committee.

Individual members of the public may speak for up to 5 minutes, but the Chairman will decide how the period of time allocated for public speaking will be apportioned, where there are a number of speakers.

Note: in order for officers to undertake any background research, it would be helpful if members of the public notified the Scrutiny officer listed at the foot of the agenda at least one working day before the meeting with brief details of the matter to be covered.

5. **Update on progress with developing the Cheshire East Shadow Health and Wellbeing Board**

To receive a verbal update from the Portfolio Holder for Health and Wellbeing.

6. **The Cheshire and Wirral Councils Joint Scrutiny Committee** (Pages 11 - 16)

To receive the minutes of the meeting of the Cheshire and Wirral Councils Joint Scrutiny Committee held on 23 January 2012.

7. **Work Programme** (Pages 17 - 26)

To review the current Work Programme (attached).

8. **Forward Plan**

To consider extracts of the Forward Plan that fall within the remit of the Committee.

9. **Consultations from Cabinet**

To note any consultations referred to the Committee from Cabinet and to determine whether any further action is appropriate.

**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)

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**CHESHIRE AND WIRRAL COUNCILS' JOINT  
SCRUTINY COMMITTEE**

**23 JANUARY 2012**

**(2.00 pm - 3.50 pm)**

**PRESENT:** Councillor Andrew Dawson (Chairman)

Councillors Keith Butcher, Paul Dolan, Louise Gittins,  
Eveleigh Moore Dutton, Charles Fifield, Gordon Baxendale,  
Paul Edwards, Brian Silvester, Mo Grant, Wendy Clements,  
Patricia Glasman and Cherry Povall

Apologies for absence were received from Councillors Gill Boston, Carolyn Andrew and Ann Bridson

Reserve Member: Councillor Mo Grant

Visiting Member: Councillor Dorothy Flude

Officers in attendance:	Sheena Cumiskey	– Chief Executive
	Avril Devaney	– Director Of Nursing, Therapies and Patient Partnership
	Penny Housley	– Senior Manager-Overview and Scrutiny
	Deborah Ridgeley	– Democratic Services Officer

## **22 DECLARATIONS OF INTEREST**

Members did not declare any personal or prejudicial interests.

## **23 MINUTES**

**DECIDED: That**

the minutes of the meeting held on 10 October 2011 be confirmed as a correct record.

## **24 CHIEF EXECUTIVE OFFICER'S REPORT**

The Committee considered the report of the Cheshire and Wirral Partnership's Chief Executive, which provided an overview of activity since the last meeting.

Members were informed that following the unannounced visits by the Care Quality Commission (CQC), moderate concerns had been raised at Kent House and Greenways. It was stressed that there was no evidence of any patient being harmed, and the safeguarding concerns raised related to an individual who had made unsubstantiated allegations and there had been a delay in the reporting of this. Members enquired into how the results differed from Greenways achieving an "excellent" accreditation by the Royal College of Psychiatrists (RCP) Adult Inpatient Mental Health Service Accreditation Process AIMS. It was explained that the one service had been reviewed in two different ways. The CQC inspection took a "snapshot" of the Centre at the time of the visit, whilst the RCP took a more systematic approach to examine the way the Centre was being run.

Reference was also given to The Operating Framework for the NHS for 2012/2013 and the Quality Innovation Productivity and Prevention (QIPP) Level 2 Health Economy Savings.

Sheena Cumiskey then referred to the Member Engagement Events, which consisted of 3 half day events entitled “No Decision about me without me”, and of the disappointing turnout at the one event held on 18 January 2012. Councillors were invited to suggest ways of improving attendance at events, and the following were suggested:-

- Hold the event in a more public area, such as a market or shopping centre
- Hold the events at different times, they were often held during the day when people could be working; and
- Hold the event in a more central location within the Boroughs, the locations chosen were at the “extremity” of the local authority areas.

Members were reminded that the events were targeted at Board Members and interest groups. The CWP also attended other meetings to raise awareness, such as the Youth Parliament.

The recently launched television campaign regarding mental health at work was highlighted, and it was described as a national campaign to try and reduce discrimination at work, which did have an impact on services by raising awareness. Historical evidence had shown that during a recession, people did suffer from depression and anxiety and that had to be considered as part of the planning for service demand.

**DECIDED: That**

the report be noted.

## **25 FUTURE INPATIENT SERVICE CONFIGURATION**

The Committee considered a report updating Members on the future inpatient service configurations, which had been requested at the last meeting. It was anticipated that the Estates Strategy would be revised over the next 3 months and a further report to outline the development proposals and challenges in service configuration to the Joint Scrutiny Committee’s next meeting in April.

Members were informed that a Strategic Estates Partner had been appointed and a Joint Venture had been established. It was through the Joint Venture that it was hoped the Trust would be able to access funding sources unavailable via traditional routes. A tendering process would have to be followed in compliance with the Official Journal of the European Union, which would be completed by the end of 2012. Alternative venues for providing services were always explored, and where possible, sharing accommodation with other health providers was encouraged as it promoted joint working and was considered to be a better use of space.

Members welcomed the update.

**DECIDED: That**

the update be noted.

**26 QUALITY ACCOUNTS: PATIENT SAFETY PRIORITY FOR 2011/12 - PROGRESS**

Avril Devaney, Head of Nursing, referred Members to the progress report which set out the Quality Account assurance process. Members were reminded of the aim of the inpatient safety metrics programme, which was to undertake an ongoing check of patient safety issues common to all 22 inpatient wards in order to regularly monitor performance in these areas. It was reported that there were no nationally set metrics for mental health, so the tables enclosed in the report were established locally.

Members expressed concern at the improvement percentages provided in the report, and requested more detail with regard to the starting point, as it appeared some services had seen an improvement of 600%, which alarmed Members as to the size of the improvement. Members queried the presentation of the information and suggested that it could have been presented as a Red Amber Green (RAG) system, which would alert Members to the main area of concern.

The Committee were informed that the CWP Board received this information as a RAG rated document, and this too had caused concern. Members were reminded that there was no established standard tool for recording this, and the production of this information would then become the benchmark for future comparisons. The Chairman requested that the detail behind the improvements be emailed to Members to aid their understanding of the results presented in the report.

**DECIDED: That**

the report be noted.

**27 7 DAY FOLLOW UP PROGRESS**

Members considered the report of the Head of Performance and Information which provided an explanation as to the drop in performance in relation to the 7 day follow-up, highlighted at the last meeting.

It was reported that due to an issue with manually recorded data, this information in the July 2011 report was incorrect. An internal task and finish group had been established to oversee a move away from a manual process of collecting this information which is now fully automated.

**DECIDED: That**

the update and explanation provided be noted.

**28 CWP NHS TRUST SUICIDE PREVENTION STRATEGY**

The Committee considered recently developed CWP NHS Trust Suicide Prevention Strategy, and were referred to the 6 objectives set out in the report, which were outlined:-

Objective 1 – to work in partnership with public and private agencies and organisations to prevent and reduce suicide rates in our population

Objective 2 – to target high risk groups to prior reduction in harm and effective recovery strategies

Objective 3 – to promote and endeavour to provide a safe environment for our patients

Objective 4 – to have high quality risk assessment and management as part of the effective care planning for all our patients

Objective 5 – to have appropriately trained and competent staff to ensure effective suicide awareness and prevention; and

Objective 6 – to ensure that there are robust processes in place within the trust to learn lessons identified nationally, regionally and locally from confidential enquiries, national patient safety alerts, serious untoward incidents etc.

Members discussed the Strategy and were informed that reviews would be required due to the production of a new national strategy and the formation of the Health and Wellbeing Board, which would become a local authority responsibility from 2013. The CWP would be targeting their resources towards the individuals currently receiving their services, but were aware that not everyone who commits suicide has mental health issues.

Members enquired if anyone had committed suicide and had mental health issues but were not known to CWP would there be any way of finding this out. It was reported that when the Coroner recorded a death by suicide, or an open verdict, the CWP were not always requested to provide information so were not automatically aware of an individual's circumstances. When the CWP was asked to provide a report, this information guided the budget for support for the following financial year.

Members enquired if consideration had been given to the bereaved family members or friends, and if any support mechanisms were available. It was confirmed that this was contained in the Strategy, and took either an informal or formal approach, depending on the preferences of the individuals concerned. The work carried out by other agencies and connections with partner organisations was outlined in the Implementation Plan, appended to the report, and this recognised that the issue was not just a CWP issue, and that the wider community played an important role.

Objective 3 of the Strategy was referred to, and Members were informed that discharge from inpatient care did present issues for patients going from a hospital environment to home. Families were involved in care planning, where this was permitted by the patient. The subject of discharge was mentioned early in the care if a patient. CWP was involved in a national piece of work entitled "The Triangle of Care", which emphasised the importance of family involvement.

The Chairman suggested that a regular report be submitted to the Joint Committee and it was debated whether this should be quarterly, or based on which information as the reports from the National Confidential Enquirer were usually 12 – 18 months out of date. This would be debated further at the next meeting of the Joint Committee.

Members thanked the officers for their report and full debate.

**DECIDED: That**

- (i) the report be noted;



- (ii) the most appropriate reporting mechanism be discussed at the next meeting of the Joint Committee.

## **29 TASK GROUPS - PROGRESS**

Members were reminded of the three Task Groups established at an earlier meeting of the Committee, and that two had met since the last meeting. The topics covered were Community Treatment Orders and Alcohol Acquired Brain Injury, which were filmed and copies of the DVD and sound file were available, along with the Powerpoint presentations used at the groups.

Members welcomed the first meetings of the Task Groups and it was suggested that due to problems with availability, a date be arranged for the outstanding Group and make it available for anyone who is able to attend. This would also be filmed, and the DVD would be available after the Group.

### **DECIDED: That**

The update be noted and the remaining Task Group be arranged for mid-February 2012.

## **30 FUTURE OF THE CHESHIRE AND WIRRAL JOINT SCRUTINY COMMITTEE**

Members considered a tabled document concerning suggestions for the future of the Cheshire and Wirral Joint Scrutiny Committee. The document set out the issues that arose from the telephone conference held between the Chairman and the spokesperson.

Members held a detailed discussion about the Joint Scrutiny Committee and the value placed on the Committee by the CWP. Sheena Cumiskey confirmed that she found the Joint Committee to be valuable as it raised the profile of their work and enabled them, through discussion, to improve services and maintain close working with the local authorities of their footprint. The Joint Committee were reminded that the CWP was not alone in being a service provider for mental health, and that the other service providers would be welcome to also attend meetings to discuss service provision.

It was reported that any changes suggested to the remit of the Joint Committee would need to be considered by the three local authorities. A variation in numbers was also discussed, and any changes to this would also require agreement by the three authorities, and the corresponding impact on proportionality. The impact of the changes within the NHS would also have to be considered, with the transfer of the Health and Wellbeing function to local authorities from 2013 and the role of the Joint Committee and the Joint Commissioning Committee.

### **DECIDED: That**

the update be noted.

## **31 PROVISIONAL DATES FOR FUTURE MEETINGS**

### **DECIDED: That**

the dates for future meetings be noted as 16 April 2012, 9 July 2012, 21 January 2013 and 15 April 2013.

Chairman .....

Date .....

## **CHESHIRE EAST COUNCIL**

### **REPORT TO: HEALTH AND WELLBEING SCRUTINY COMMITTEE**

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<b>Date of Meeting:</b>	8 March 2012
<b>Report of:</b>	Borough Solicitor
<b>Subject/Title:</b>	Work Programme update

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#### **1.0 Report Summary**

- 1.1 To review items in the 2011/12 Work Programme (attached at Appendix 1), to consider the effectiveness of existing items listed in the schedule attached, together with any other items suggested by Committee Members.

#### **2.0 Recommendations**

- 2.1 That the work programme be reviewed as necessary.

#### **3.0 Reasons for Recommendations**

- 3.1 To progress the work programme in accordance with the Council's procedures.

#### **4.0 Wards Affected**

- 4.1 All

#### **5.0 Local Ward Members**

- 5.1 Not applicable.

#### **6.0 Policy Implications including - Climate change - Health**

- 6.1 Not known at this stage.

#### **7.0 Financial Implications for Transition Costs**

- 7.1 None identified at the moment.

#### **8.0 Legal Implications (Authorised by the Borough Solicitor)**

- 8.1 None.

#### **9.0 Risk Management**

- 9.1 There are no identifiable risks.

## **10.0 Background and Options**

- 10.1 In reviewing the work programme, Members must pay close attention to the Corporate Plan and Sustainable Communities Strategy “Ambition for All”.
- 10.2 In reviewing the work programme, Members must have regard to the general criteria which should be applied to all potential items, including Task and Finish reviews, when considering whether any Scrutiny activity is appropriate. Matters should be assessed against the following criteria:
- Does the issue fall within a corporate priority
  - Is the issue of key interest to the public
  - Does the matter relate to a poor or declining performing service for which there is no obvious explanation
  - Is there a pattern of budgetary overspends
  - Is it a matter raised by external audit management letters and or audit reports?
  - Is there a high level of dissatisfaction with the service
- 10.3 If during the assessment process any of the following emerge, then the topic should be rejected:
- The topic is already being addressed elsewhere
  - The matter is subjudice
  - Scrutiny cannot add value or is unlikely to be able to conclude an investigation within the specified timescale

## **11.0 Access to Information**

The background papers relating to this report can be inspected by contacting the report writer:

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## HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME

Issue	Description/ Comments	Suggested by	Portfolio Holder	Corporate Priority	Current position	Date for completion
North West Ambulance Service (NWAS) Performance Issues and Foundation Trust status	Committee to be kept updated on performance of NWAS in Cheshire East; NWAS and Adult Social Care to meet to discuss how the two organisations can work together to make improvements to response times including sampling of cases where alternative services to an ambulance may have been appropriate but lack of knowledge meant this was not possible.	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East	Presentation made to committee on 10 November 2011. To report back in June 2012 on current response time figures, further information on Community First Responders schemes, details of Care Bundles used for Acute Myocardial Infarction and stroke cases.	On-going

Diabetes/Obesity – Scrutiny Review	Task/Finish Group now submitted final report to Cabinet on 20 September 2010.	Committee	Health and Wellbeing; Children and Families	To improve life opportunities and health for everybody in Cheshire East	Keep Action Plan under review – June 2012	2012
Annual Public Health Report	To receive a presentation on the Annual Public Health report and assess whether any issues should be a focus for Scrutiny	Committee	Health and Wellbeing	To improve life opportunities and health for everybody in Cheshire East	Presentation to Committee when ready	Annual item
Health and Wellbeing Board and Clinical Commissioning Groups	Development of new arrangements		Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East	HWBB - Update on progress at each meeting; report on CCG structures, progress with authorisation and vision etc to come to meeting in March or June	On-going
Alcohol Services – commissioning and		The Cheshire and Wirral Councils	-	To improve life	Await Annual Public Health	TBA

delivery in Cheshire East		Joint Scrutiny Committee		opportunities and health for everybody in Cheshire East	report and National Alcohol Strategy.	
Review of Joint Strategic Needs Assessment	The Joint Strategic Needs Assessment is a joint document produced by the PCT and the Council and is regularly updated. It will be a useful tool for informing Scrutiny of areas on which to focus work. The production of the JSNA will be a major role for the new Health and Wellbeing Board	Committee		To improve life opportunities and health for everybody in Cheshire East	Training session on health reforms to be carried out in 2012	TBA
Joint Health and Wellbeing Strategy		Committee	Health and Wellbeing	To improve life opportunities and health for everybody in	Report to Committee in April 2012	TBA

				Cheshire East		
Quality Accounts:	NHS Providers publish Quality Accounts on a yearly basis and are required to give Scrutiny the opportunity to comment.		-	To improve life opportunities and health for everybody in Cheshire East	April 2012	Regular annual item – March/April
Local Involvement Network (LiNK) – Work Programme; Future arrangements and transition to Local Healthwatch	It is important to develop good working relationships with the LiNK.	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East	Update when required	On-going
The Cheshire and Wirral Councils' Joint Scrutiny Committee		Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East	Share work programmes to see if there are any areas of common interest	On-going
Lifestyle Concept	Pilot taken place and initiative being developed.	Committee	Health and Wellbeing; Adult	To improve life opportunities	Update to committee on regular basis –	On-going



	Scrutiny visit to Lifestyle Concept in November 2011.		Services	and health for everybody in Cheshire East	at least quarterly	
Commissioning Strategy/Whole System Commissioning	Outline of the strategy and reassessment of building based care requirements.		Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East; To give the people of Cheshire East more choice and control around services and resources	Due to undergo pilot with CCG. Report to Committee in summer 2012	TBA
Health and wellbeing of carers and service users in Cheshire East	To consider the impact that recently implemented closures have had on carers and service users and the likely impact of	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire	Review in July 2012	

	the proposals currently under consultation			East; To give the people of Cheshire East more choice and control around services and resources		
Suicide prevention	To investigate measures that can be implemented that could reduce the risk of suicide or self harm	Committee	Health and Wellbeing	To improve life opportunities and health for everybody in Cheshire East;	Gathering research	To be prioritised
Future healthcare provision in the Knutsford area	To investigate new proposals for healthcare provision in the Knutsford area	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East; To give the people of Cheshire	Update as required	

				East more choice and control around services and resources		
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Committee meetings:

5 October 2011

10 November 2011

12 January 2012

8 March 2012

February 2012/djf

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