

Health and Wellbeing Scrutiny Committee

Agenda

Date:	Thursday, 6th December, 2012
Time:	10.00 am
Venue:	Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

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. **Minutes of Previous meeting** (Pages 1 - 6)

To approve the minutes of the meeting held on 8 November 2012.

3. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

4. **Declaration of Party Whip**

To provide an opportunity for Members to declare the existence of a party whip in relation to any item on the agenda

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

For any apologies or requests for further information, or to give notice of a question to be asked 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.

6. **Knutsford Integrated Health and Wellbeing Centre update** (Pages 7 - 20)

To consider a report of Andy Bacon, Programme Director.

7. **Health and Wellbeing Board - update**

To receive a verbal update from the Portfolio Holder for Health and Adult Social Care.

8. **Work Programme** (Pages 21 - 28)

To review the current Work Programme (attached).

9. **Forward Plan**

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

10. **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, 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)

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CHESHIRE EAST COUNCIL**Health & Well Being Scrutiny Committee**

Date of Meeting: 6 December 2012
Report of: Andy Bacon, Programme Director, Central and Eastern Cheshire Primary Care Trust (CECPCT)
Subject/Title: Knutsford Integrated Health and Wellbeing Centre - update

VISION FOR FUTURE CARE IN KNUTSFORD**'Your GP, Your Specialist and their teams working together for your care in your town'**

The Health and Well Being Centre will be a purpose designed and built facility housing GPs and other professionals, with a wide range of services under one roof, supporting them to work differently together with you, to care for patients, in their town.

The centre will provide a great opportunity for communal access to all the professionals who can meet the populations' health and social care needs. It will facilitate those people to share information and their different skills to care for patients more effectively through a team approach that is enhanced by being in the same building.

It will ensure direct access to services in Knutsford that are aimed at helping patients to get the best health and life outcomes that you can with a team of people who know the patients, and who the patients know.

1.0 Report Summary

1.1 The Committee at its meeting on 14th June considered a report on a proposal to provide a Health and Wellbeing Centre in Knutsford, together with consultations on the application by East Cheshire NHS Trust for Foundation Trust (FT) status and for the permanent closure of the Tatton Ward (TW), Knutsford Hospital. The Committee was updated on 6 September 2012 and agreed to separate the consultations for FT (commenced on 12 Nov 2012) and TW (Commenced on 19 Nov 2012)

1.2 The Committee agreed at its September meeting as follows:

"RESOLVED: that

- the Committee supports the consultation on the permanent closure of the Tatton Ward being conducted as a separate consultation from the Integrated Centre, but with links to the commencement of public engagement on the proposed development of a new health and wellbeing facility; and
- the Committee supports the holding of a separate public engagement exercise commencing in November 2012 around raising awareness of the opportunities

to become involved in and shape the development of integrated patient care across the whole of Eastern Cheshire.

- 1.3 This report provides an update on the project and seeks views on the revised timing and content of the consultation process in the light of changed circumstances. It suggests the nature of the key questions to be asked, the timing needed for the consultation. The detailed wording of the consultation has not yet been agreed.

2.0 Report

- 2.1 The FT and TW consultations are underway (along with the Knutsford Town Strategy consultation) and hence the “consultation arena” is quite full at present. These are scheduled to end on 17 Feb 2013 and 24 Feb 2013 respectively.
- 2.2 Local GPs have been now had 2 formal meetings to develop new clinical models. A health needs assessment has also been completed which shows that the key services for Knutsford patients are those services that will look after the average resident that will live for 14-15 years with a disability or limiting long term illness after the age of 65 for men and 67 for women. These pieces of work are expected to have an outline clinical specification by the end of February 2013 and a more detailed one ready by early summer next year. Local neighbourhood teams have also started to meet to develop a more integrated approach to care.
- 2.3 Engagement activity with patient groups has started and meetings with the Knutsford Town Council and Town Plan representatives group continue on a monthly basis. A series of articles are being published in the Knutsford Guardian and Knutsford.com to inform the population of the background to the changes these are being written by the various partners in the development and representatives of the groups.
- 2.4 The CCG has sought to use existing public sector communications and engagement resources to oversee the details of the consultation and engagement but has been unsuccessful. It is now looking more widely to get this external support.
- 2.5 In view of:
- the on-going clinical work,
 - to ensure clear separation from the FT and TW consultations and
 - to enable the recruitment of suitable leadership for the communications and engagement,
- it is proposed that the engagement period be extended from the end of January to mid-February. This would result in the Consultation start being delayed by 6 weeks. This time could be made up by reducing the period of consultation by the same amount (consultations can be between 2 and 18 weeks). However in view of the contentious nature of this development, it is recommended that this option is not taken and that the whole programme is delayed by 6 weeks. (Note: this may also be a period where the Town Strategy has been further developed and could provide more clarity)

- 2.6 The OSC are asked to consider the following recommendations:
- There is an extension to the engagement period of 6 weeks to enable more views to be heard.
 - The Knutsford Health and Wellbeing Centre consultation starts in March 2013 (after the end of this engagement period).
 - The Knutsford Health and Wellbeing Centre is consulted on for the normal 12 weeks.
- 2.7 The OSC are invited to comment on the draft Consultation details (attached). In particular, that they agree that the two key questions posed are about the co-location of the 3 GP practices and the site of the new centre. No change in the range of existing services is currently planned but individual service arrangements may change and these changes (and any in range) will be brought to the OSC's attention and will be engaged upon or consulted upon as necessary.
- 2.8 The above approach is recommended for the following reasons:
- It will mean that the population of Knutsford are actively consulted and that this is a clear and separate consultation to that around the FT and TW.
 - The period of active engagement is extended, allowing for more time for public and clinical input with all the population(s) that currently use the existing services.
 - The timetable for the new centre is within the gift of the partners and there is no benefit in completing it early.

3.0 Wards Affected

- 3.1 Knutsford, Mobberley and surrounding area and adjoining areas in Cheshire West and Chester.

4.0 Local Ward Members

- 4.1 Stewart Gardiner, Olivia Hunter, Peter Raynes, Jamie Macrae, Steve Wilkinson, George Walton

5.0 Access to Information

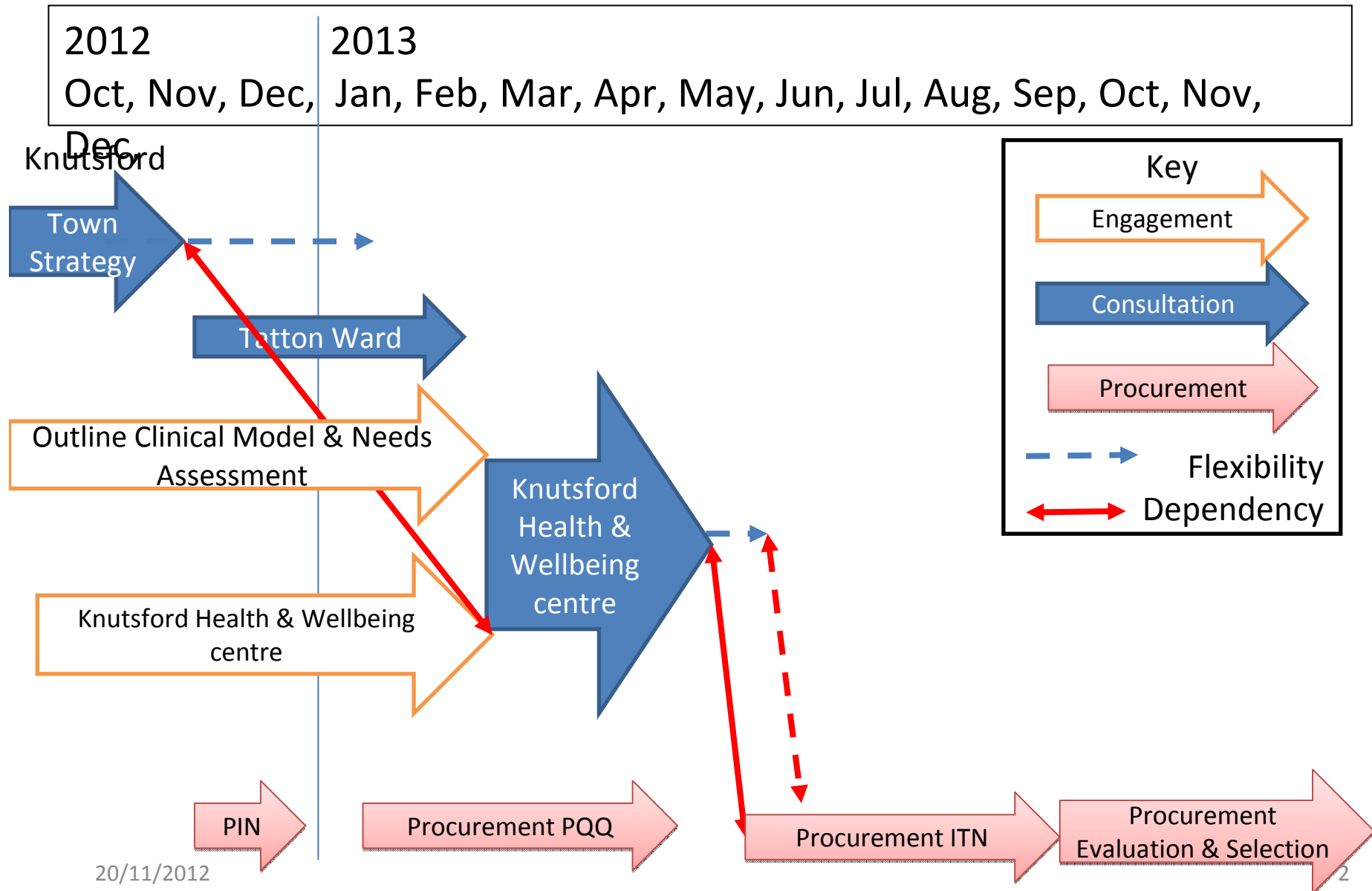
The background papers relating to this report can be inspected by contacting the report writer:

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Knutsford Consultation Options

Engagement and Consultation Context



Context in Consultation Document

- Not about Tatton Ward; Not about FT consultations
- Explain:
 - what is not changing: named GP and practice ownership
 - nature of care needs (see Needs Assessment)
 - changing nature of services.
 - changing nature of GP/ Nurse roles and skills and need to attract the best.
 - range of services (no plan to change range of services (tbc) covered – but changes in how delivered?)
- Government Policy:
 - No new money
 - Use of Private Sector (not a PFI)

Content of Consultation on Health and Wellbeing Centre for Knutsford

1. Co-location of 3 GP Practices on a single site in central Knutsford on a(n extended) long lease
2. Location of the site (cannot be finally determined until the developers have looked at options)
3. Creation of an Integrated Care service (Contracted for a number of years) at the same site in Knutsford to include the existing range of services including (any changes to the range of services locally would be subject to separate engagement/consultation).
4. Interim services to ensure no loss of GP and hospital capacity during re-provision.

Why are we doing it

- Single place to go for all services
- Better sharing of care and information (GPs, Community, Mental health and social services).
- Less visits to main hospital by Patients of main hospital sites (evidence of declining bed use?)
- Greater role for GPs and other health professionals in the town:
 - At people's homes (note new services provided)
 - In the Centre
- Evidence of improvements where GP practices have co-located

Possible Methods of Consultation

- Formal Launch: by CCG Chair and Local GP?
- Mail shot (use of Volunteers?)
- Council Newsletter
- Social Media
- Local Radio
- Local Papers/ Web sites
- Insert to free paper/ leaflets in shops/public sector venues/ other public sector communications
- Open house/video booth/Drop In
- Workshop (like Town Strategy)
- Public Meeting (to feed back results from others?), with independent Chair?
- Special measures for “hard to hear” – invites to open house?
- Schools and Children

Demographic Data of Respondents

- Age
- First 4 parts of post code
- GP Surgery
 - Name of Surgery
 - Number of visits in last year
 - Means of travel (foot, bicycle, bus, self-drive car, taxi, friend)
- Community Hospital
 - Number of visits in last year
 - Means of travel
- Other Medical and social care visits in last year:
Place, no of visits, means of transport

Questions - Key Themes

1. Co-location of GP Surgeries – Yes/No/Concerns
 - Score out of ten?
 - Free text for comment?
2. Location of co-located services –
 - Town Centre (e.g. Knutsford Community Hospital)
 - Near Parkgate
 - Near Golf Club
 - Request answer even if say no to co-location
 - Other suggestions
 - Score out of ten not yes/no?
 - Free text for comment?
3. Services that you currently use and value that are provided and you wish to continue with (based on engagement exercise)
 - Free text for comment?

Questions - Key themes

- More services delivered at home
- What additional health and wellbeing services would you value being in the health & wellbeing centre ? – drop down list (e.g. Dentist, counselling, Job Centre, etc.)
- What services would you consider incompatible in the health and wellbeing centre? – drop down list (e.g. Off license, tobacconist etc.)
- Free text for general comment?

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CHESHIRE EAST COUNCIL

REPORT TO: HEALTH AND WELLBEING SCRUTINY COMMITTEE

Date of Meeting:	6 December 2012
Report of:	Borough Solicitor
Subject/Title:	Work Programme update

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
- 10.4 The Work Programme has been updated following the last meeting.

11.0 Access to Information

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

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APPENDIX 1

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; specific reference to be made to changes to the 999 service (as discussed at the meeting on 8 November 12); report to future meeting on the 111 call system;	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in Cheshire East	Regular update reports to be made	To be arranged
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	Referred to the Health and Wellbeing Board to progress	

				East		
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	2013
Health and Wellbeing Board (HWBB)	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.	On-going
Clinical Commissioning Groups (CCG)	Development of new arrangements			To improve life opportunities and health for everybody in Cheshire East	Report on CCG structures, progress with authorisation, who will lead on CCG, commissioning intentions and vision etc	January 2013
Alcohol Services – commissioning and delivery in Cheshire			-	To improve life opportunities	Report back to future meeting on outcomes of	2013

East				and health for everybody in Cheshire East	the new contract, use of social marketing and age and gender statistics.	
Community Mental Health Service Re-design	Cheshire and Wirral Partnership NHS foundation Trust (CWP) is currently out to consultation on new proposals for the service		-	To improve life opportunities and health for everybody in Cheshire East	To receive an update on the outcome of the consultations	February 2013
Joint Health and Wellbeing Strategy		Committee	Health and Wellbeing	To improve life opportunities and health for everybody in Cheshire East	Report to Committee in July 2012; update to 1:1 after engagement process	On-going
Quality Accounts:	NHS Providers publish Quality Accounts on a yearly basis and are required to give Scrutiny the opportunity to		-	To improve life opportunities and health for everybody in Cheshire	April – June 2013 – Mid Cheshire and East Cheshire Hospital Trusts; North West Ambulance	Regular annual item – April – June

	comment.			East	Service)	
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.	November 2012
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 the proposals currently under consultation	Committee	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	Adult Social Care Scrutiny Committee requested to provide an update on their scrutiny work in relation to carers. Review in July 2012	
Suicide prevention	To investigate measures that can	Committee	Health and Wellbeing	To improve life	Review in November 2013.	

	be implemented that could reduce the risk of suicide or self harm			opportunities and health for everybody in Cheshire East;		
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 East more choice and control around services and resources	Update as required	On-going
Excess Winter Deaths	The Annual Public Health report has flagged up that 221 excess winter deaths occur in Cheshire East each	Committee	Health and Wellbeing; Adult Services	To improve life opportunities and health for everybody in	To be referred to the Policy Development Group to progress	

	year.			Cheshire East; To give the people of Cheshire East more choice and control around services and resources		
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Committee meetings:

4 October 2012

8 November 2012

6 December 2012

10 January 2013

7 February 2013

7 March 2013

4 April 2013

26/11/12