

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Scrutiny Committee**
held on Thursday, 6th September, 2012 at Committee Suite 1,2 & 3,
Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

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

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

Apologies

Councillors M Hardy, D Hough and A Martin

27 ALSO PRESENT

Councillor D Neilson, substitute for Councillor D Hough
Councillor J Clowes, Portfolio Holder for Health and Adult Social Care
Councillor S Wilkinson, visitor

28 OFFICERS PRESENT

L Scally, Head of Strategic Integrated Commissioning and Safeguarding
G Kilminster, Head of Health Improvement
D Taylor, Children Families and Adults
D French, Scrutiny Team
F Field, NHS South Cheshire
Dr G Hayhurst, Public Health
D Parr, Public Health
M O'Regan, Central and Eastern Cheshire Primary Care Trust
A Styring, Cheshire and Wirral Partnership NHS foundation Trust
C Link, Cheshire and Wirral Partnership NHS foundation Trust

29 MINUTES OF PREVIOUS MEETING

RESOLVED: that the minutes of the meeting held on 12 July 2012 be confirmed
as a correct record.

30 DECLARATIONS OF INTEREST

Councillor J Wray declared a non pecuniary interest by virtue of being a member
of the Cheshire and Wirral Partnership NHS Foundation Trust.

31 DECLARATION OF PARTY WHIP

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

32 PUBLIC SPEAKING TIME/OPEN SESSION

Mr Kevin Hammersley addressed the Committee on prostate cancer screening. He explained that he was a member of the Leighton Hospital Prostate Cancer Support Group and the Group was a member of the National Prostate Awareness Federation. The Federation had purchased portable bioscan machines which could test for prostate cancer and used these machines across the country. Some pharmacies offered a walk in testing service. He explained that a simple finger prick test could also be used to give a reading and if the results were higher than normal the man would be advised to visit his GP. The Leighton Hospital Group had held an event at Nantwich Football Ground that 500 men had attended and Mr Hammersley referred to a recent event at Penrith that 60 men had attended – men appeared willing to attend these local events. He was aware of the limitations of PSA testing but prostate cancer killed a high number of men each year.

Mrs Charlotte Peters Rock addressed the Committee in relation to the Knutsford Integrated Health and Wellbeing Centre. She requested that note be taken of local feeling and that the Tatton Ward and Bexton Court should be reopened pending the resolution of the proposals to build an Integrated Care Centre. She also referred to the public transport service from Knutsford to Macclesfield and Congleton. She raised the issue of the Vice Chairman of the Committee being the former Portfolio Holder with responsibility for Health and Wellbeing and Adult Social Care.

33 PROSTATE CANCER AWARENESS AND SCREENING

Dr Guy Hayhurst addressed the Committee in relation to prostate cancer. The National Screening Committee had advised since 1997 against the implementation of a routine screening programme for prostate cancer. If a test was undertaken (PSA test) on men without symptoms, it carried the risk of detecting non-significant disease in healthy men. This could result in follow up investigations and treatments which were invasive and could cause harm without providing any benefits. Approximately two out of three men with a raised PSA level would not have prostate cancer. The PSA test was not a diagnostic test and would usually be undertaken alongside other examinations by a GP who would work with the local acute hospital if necessary.

If tests were conducted on men in their 50s it was likely that a low grade form of prostate cancer would be found in most of the men; however, this would not require any treatment unless the men were also symptomatic. Dr Hayhurst explained that many men could have prostate cancer for decades without it causing them any problems and in those cases it was best left alone with treatment reserved for men with symptoms.

Although routine screening of healthy people without symptoms was carried out for detection of some cancers, it was not appropriate for prostate cancer. It was recommended that testing was only done where the man had symptoms which would suggest the cancer was spreading and therefore harmful.

Dr Hayhurst referred to a medical trial in America looking at the long term outcomes of men who had taken a PSA test; of those who had a raised level half

received treatment and half the men did not. After 12 years there was no difference between the two groups in terms of mortality rates.

In discussing the presentation, Members raised the following points:

- There was an important role in raising awareness of prostate cancer including making men aware of the symptoms and the need to see their GP if they had symptoms;
- That men over 50 in prison were routinely offered PSA tests;
- Whether there were any National Institute of Health and Clinical Excellence (NICE) guidelines around prostate cancer screening? In response, Members were advised that there were well established guidelines for treatment. Representatives of NICE were due to meet with prostate cancer charities in October to assist with a NICE review of treatment and therapies for prostate cancers that had arisen following investigation of symptoms.

RESOLVED: that the update be noted.

34 KNUTSFORD INTEGRATED HEALTH AND WELLBEING CENTRE - UPDATE

The Committee considered a report of Andy Bacon, Programme Director, about the Knutsford Integrated Health and Wellbeing Centre. The Committee had previously considered the proposals for an integrated centre and the consultation and engagement process and had supported undertaking this process at the same time as the formal consultation on the permanent closure of the Tatton Ward.

Mr Bacon updated the Committee and explained that since his earlier report there had been 2 changes:

- The Knutsford Town Strategy was undertaking a consultation to be completed by 1 October and had requested that this was completed before any consultation on the Integrated Health and Wellbeing Centre so as to avoid any confusion;
- There was a government consultation that included consideration of green belt usage which could impact on the location of the Centre.

In addition, Mr Bacon explained that more time was needed for clinicians to consider the proposed integrated care model and it was anticipated that this process would be completed by mid October.

Mr Bacon therefore sought the Committee's views on changing the consultation process to enable the consultation on the Tatton Ward to be carried out separately and the engagement exercise on the integrated Centre to commence in November. He explained that the Clinical Commissioning Group were supportive of holding the Tatton Ward consultation separately although the Hospital Trust preferred for it to be part of a wider consultation and vision for the area. However, Mr Bacon explained that the vision, opportunities and benefits associated with the Integrated Care Centre could be coordinated through the engagement process.

Finally, Mr Bacon explained that he had engaged with Cheshire West and Chester Council (CWAC) in recognition that services in Knutsford may be used by CWAC residents.

With the permission of the Chairman, Councillor S Wilkinson addressed the Committee as a local Member.

RESOLVED: that

(a) 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

(b) 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.

35 RE-COMMISSIONING OF SPECIALIST ADULT ALCOHOL MISUSE SERVICES

The Committee considered a report of Mike O'Regan and Davina Parr, from the Central and Eastern Cheshire Primary Care Trust (CECPCT), on the re-commissioning of Specialist Adult Alcohol Misuse Services. The commissioning of alcohol services would transfer to the Council from 1 April 2013 when public health duties became the Council's responsibility. The process of re-commissioning the service at this stage was through a joint project involving Cheshire East Council and health partners, lead by the PCT.

The Joint Strategic Needs Assessment had highlighted a need to address the issue of alcohol related harm. A number of commissioned services were currently in place and notice had been served on providers in the light of plans to re-commission services. The retendering process would include reviewing funding levels for the service which was felt to have been underfunded for several years.

The re-commissioned service would involve integrated work at local level between community services and hospital services as well as close working with other services such as social care, criminal justice and safeguarding. The model for service delivery would be for Community Alcohol Services based within the two Clinical Commissioning Group footprints and for Hospital Alcohol Services based at Macclesfield and Leighton Hospitals. Services for children and young people, and planned inpatient detoxification services were not included as part of the tender. Detoxification services were very specialised and delivered separately and there was no waiting list.

There were a number of planned outcomes for the service including a reduction in alcohol related hospital admissions, a reduction in chronic and acute ill health caused by alcohol and a reduction in alcohol related attendances at Accident and Emergency Departments.

The contract would run for 3 years with a break clause after twelve months. This would include consideration of how well the service was integrating with other services.

Members were advised that health checks that were carried out in GP practices would include questions about alcohol use with referrals where appropriate. It was noted that alcohol was a priority in the Health and Wellbeing Strategy and the current engagement on the Strategy may give ideas and evidence of successful interventions that could then be reflected in the contract.

RESOLVED: that

(a) the report be noted; and

(b) a report be brought back to a future meeting to update on matters discussed at the meeting including measuring outcomes of the new contract; use of social marketing and age and gender differences.

36 CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST – COMMUNITY MENTAL HEALTH SERVICE REDESIGN

The Committee considered a report on Cheshire and Wirral Partnership NHS Foundation Trust (CWP) Community Mental Health Service Redesign.

CWP were proposing to introduce the “Stepped Approach to Recovery” (StAR). This was intended to contribute towards required savings of £13m over the next 3 years as well as improving care pathways and producing better outcomes for patients. The StAR approach had been selected following a review of both current services and alternative models. The StAR model was recovery, health and wellbeing focused. Staff were based in Community teams divided into functions based on complexity and needs; service users were cared for within the function that would best meet their needs.

The StAR approach had a number of benefits including:

- Improved access to Community Mental Health Teams including at weekends;
- Access to health and wellbeing clinics in local areas;
- Contact made within 24 hours of referral;
- Carers ability to access the above services;
- A single assessment at the start of the pathway;
- A flexible and responsive service providing the ability to step up or down the clinical pathway according to need;
- Improved access to consultant psychiatrist for service users, carers and GPs;
- Patients would be seen in the most appropriate setting.

CWP was aware that this could potentially cause anxiety to service users due to a change in their care arrangements but had plans in place to address this including giving people the opportunity to discuss the implications with their Care Coordinator.

The proposals were going out to public consultation from 10 September – 3 December, and would include public meetings with one arranged on Wednesday 31 October at Macclesfield Football Club.

In discussing the report, Members made the following points:

- It was important to ensure that service users were able to access independent advocacy support if they did not have their own support;
- Reference was made to the Suicide Strategy which was reported to the Joint Scrutiny Committee; that Committee was advised that there was no formal follow up of patients after discharge from hospital and after 7 days, staff were often unaware of their whereabouts. It was requested that this was investigated and addressed;
- Whether alternative consultation arrangements could be arranged that were during the evening? In response, the Committee was advised that any suggestions for alternative consultation events would be welcome.

RESOLVED: that the consultation arrangements and proposals be noted and an update be provided after the consultation is complete.

37 HEALTH AND WELLBEING BOARD - UPDATE

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

- The Healthwatch consultation had now finished and the results were being collated. A specification was being drafted in preparation for the procurement process;
- The Health and Wellbeing Strategy was currently out to public engagement and would be launched at an event on 7 November;
- The Clinical Commissioning Groups were in Wave 2 for the authorisation process which would involve Panel visits in October;
- Analysis was taking place of the Joint Strategic Needs Assessment to ascertain the data needed to meet the Public Health Indicators;
- There was a report by the National Economic Foundation on measuring wellbeing which may be of interest.

RESOLVED: that the update be noted.

38 WORK PROGRAMME

The Committee reviewed its current work programme. Members considered the recommendations from the Scrutiny Review of Diabetes/Obesity from 2010 and agreed to have an update on the Clinical Commissioning Groups in January 2013. It was noted that the proposed Task/Finish Group on Excess Winter Deaths would be led by Adult Social Care Scrutiny Committee.

RESOLVED: that

(a) the work programme be updated as outlined at the meeting; and

(b) the Scrutiny Review of Diabetes/Obesity be referred to the Health and Wellbeing Board for any further action.

39 FORWARD PLAN

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

40 CONSULTATIONS FROM CABINET

There were no consultations from Cabinet.

The meeting commenced at 10.00 am and concluded at 12.20 pm

Councillor G Baxendale (Chairman)