

HEALTH SCRUTINY COMMITTEE

Meeting: 1 June 2010
At: 6.00 pm

PRESENT

Councillor Tom McGee (Chair) in the chair; Councillor Sue Ingham (Vice Chair);
Councillors Walter Brett, Chris Gordon, Bryan Leck, Wendy Meikle, Adrian
Nottingham, June Somekh and Craig Wright.

1. MINUTES

The Minutes (copies of which had been circulated) of the meeting held on 6 April
2010 were approved as a correct record and signed by the Chair.

2. DECLARATIONS OF INTEREST

No declarations of interest were made.

3. CALL-IN

There were no items to consider.

4. DECLARATIONS OF INTEREST

Councillors and officers were invited to declare any interests which they had in any of
the items on the agenda.

The following interest was declared:-

Personal Interest

Councillor

Interest

June Somekh

Agenda item 4 'Dignity in Care – The Role of
Scrutiny' (Minute 5) as a non-executive Director of
Boroughcare.

5. DIGNITY IN CARE – THE ROLE OF SCRUTINY

A report of the Stockport PCT was considered (copies of which had been circulated)
detailing 'Dignity in Care' (DIC) and the role of scrutiny in engaging in related issues.

Stockport's local Dignity in Care Champions Group aimed to promote and raise
awareness of dignity across all local health and social services. The Group was keen
to engage with the Health Scrutiny Committee regarding its work, the DIC agenda in
general and ways in which Scrutiny may be able to contribute to the agenda.

In addition an overarching update was given on dementia care in Stockport and the need for comprehensive provision of DIC. This had been introduced within a Stockport NHS partnership agreement and a one-day event would be held in order to promote the subject and to encourage the submission of ideas and dignity schemes. If chosen, certain schemes would be awarded funding from an available £50,000 allocation for follow-on work. A range of ideas and applications had already been submitted and a key objective was to spread the available funding to as many viable applications as possible.

It was further reported that Stockport PCT had the right structures in place to promote the DIC agenda and the promotion of dignity champions and an annual event was being progressed.

Councillors made a number of comments with particular regard to:

- The need to make care home residents feel useful and to call them by the name with which they felt most comfortable.
- To ensure that the results of the match-funding exercise were widely publicised and that follow-up events were organised.
- To ensure that training was appropriate and that agreed practice and initiatives were cascaded in a 'top down' approach.
- That the suggested kite mark idea should be progressed and introduced.
- That care clients should be trained in DIC and that high standards should be promoted in all the different areas.
- The need to recognise the difference between care homes and nursing homes and the fear of certain staff incurring criticism in the event of making the wrong decision.

It was also recognised that there needed to be a balance between training and skills. In response to concerns expressed with regard to the conflict between duty of care and the need for people to die with dignity, it was reported that Stockport NHS was actively considering this by promoting end of life care.

RESOLVED – That the report be noted.

5. DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT

The Committee were given an oral overview of the key issues contained in the Director of Public Health's Annual Report together with a supplementary report detailing a draft summary of the evidence base for preventative initiatives.

Each year the PCT commissioned the Director of Public Health to produce an independent professional report on the health of the people of Stockport, including recommendations for improvement for local service providers. This year the Director focussed on one individual topic: preventative initiatives and a response to the current macro-economic situation. Only conclusions and not recommendations were available at this stage and through the process of dialogue, the Council had been invited to produce a formal response to the report. However, the Committee was given the opportunity to make informal observations.

Health Scrutiny Committee – 1 June 2010

In response, Councillors commented on the major issue of consideration of preventative initiatives which might not gain immediate results but would be of long term practical and financial benefit in the future. It was recognised, however, that it was difficult to persuade managers to take money out of budgets for schemes which didn't produce instant results or benefits.

The need to move towards making people and like-minded groups work together was also expressed. Further comments were made on key issues such as child pregnancy, sexually transmitted diseases, and alcohol abuse and risky behaviour together with areas which could be improved if young people were educated more comprehensively at an early age.

It was suggested that the final recommendations of the report should be sent to local MPs for consideration and response.

RESOLVED – That the report be noted and that a formal response from the Committee be agreed and sent to the Director of Public Health within seven days of the meeting.

6. AGENDA PLANNING

A representative of the Assistant Chief Executive (Strategy and Democracy) submitted a report (copies of which had been circulated) setting out the planned agenda items for the Committee's next meeting and Forward Plan items which fell within the remit of the Committee.

The Committee gave initial consideration to possible scrutiny review topics for the new municipal year and it was suggested that initial 'mini reviews' of one meeting only could focus on areas such as tobacco, alcohol, breast screening and Chlamydia screening. In September, the Committee could then focus on major review topics which could include chronic diseases like motor neurone and Parkinson's.

Further suggested topics included:

- Services for people newly diagnosed with epilepsy.
- Dignity in Care.
- Alcohol with particular regard to unit pricing.

In addition, the Director of Public Health was requested to produce a brief report in support of his suggestion for a scrutiny review regarding community cultures and underlying choices that people made and the ways in which these could be influenced positively.

RESOLVED – That the report be noted.

7. RÉSUMÉ OF THE HEALTH AND WELLBEING PARTNERSHIP – 22 MARCH 2010

RESOLVED – That the résumé of the meeting held on 22 March 2010 be noted.

Health Scrutiny Committee – 1 June 2010

The meeting closed at 7.10 pm

G:\Secretariat\MINUTES\Minutes 2009\10 Minutes Health Scrutiny - 6 June 2010 doc