

HEALTH AND WELLBEING SCRUTINY COMMITTEE

Wednesday, 9th April, 2014

Present:- Councillor Colin Eastwood – in the Chair
Councillors D Becket, Mrs Hailstones, Mrs Johnson, Loades, Mrs Simpson and Taylor.J

1. **APOLOGIES**

No apologies received

2. **DECLARATIONS OF INTEREST**

There were no declarations of interest

3. **MINUTES OF PREVIOUS MEETING**

Agreed as a true record. A letter was received from Staffordshire County Council Cabinet Member Robert Marshall requesting a meeting to discuss concerns regarding Achieving Excellence for Children.

4. **MINUTES FROM THE HEALTHY STAFFORDSHIRE SELECT COMMITTEE**

Newcastle-under-Lyme Members who attended (Councillors D Loades and C Eastwood) to be added to the minutes. A Member reported that what was received back regarding questions was not what was being asked. The service of private nursing homes is to be monitored when patients are admitted.

5. **HEALTH CARE AT HOME**

A brief summary was distributed. Mrs Gill Adamson (Associate Nurse from UHNS) explained how the UHNS launched UHNS@Home service on the 20 January 2014 to give patients the option to complete their hospital treatment in their own home for the first time, receiving care from nursing and therapy staff under the guidance of a UHNS Consultant.

Patients remain under the care and responsibility of a named Consultant at UHNS until they are ready to be discharged.

It was acknowledged that patients treated in the comfort of their own home tend to recover quicker, are less likely to be readmitted into hospital and are less likely to acquire infections during their recovery.

It is planned to roll out to additional surgical specialities during May 2014.

Mr George Briggs (Associate Director for Medicine) explained it will be a 'test and learn' contract for three years and can cease/change if required. There will be extensive monitoring of performance. Presently there are seventeen patients.

The Civil Contingency Group have formally signed the plan off. There is a very different cohort of patients, these are not medically fit to use Civil Contingency Group facilities but are working closely with the Civil Contingency Group.

Alison Ansell (RGN) advised it is a multi-disciplinary team with a twenty four hour care bureau. Family/carer can ring regarding any concerns of a patient. The patient is under the care of a Consultant. There is a very robust assessment process with a seven day a week service, intravenous antibiotics, wound care, patients waiting for surgery, patients waiting for a package of care who are awaiting a start date.

A Member was in agreement that patients do recover better at home with more eligibility, home assessments, lay Members on the Board, twenty four hour care bureau night provision provided. Alison Ansell explained that each speciality must meet with clinicians as clinical stability is paramount. The inclusion criteria is specific to each speciality. Staff talk to the patient/speak to the family regarding going home. Any concern regarding the home environment the team go out to assess. There is always a 'settle in' visit on the first evening.

It was asked how the service provider is monitored. The Associate Nurse from UHNS advised home assistance does not replace existing community services. If the Consultant felt the patient's home environment is not suitable, for example not safe cooking, no other services available and the patient will not be safe the patient will not go home.

Standard monitoring is carried out during home visits; blood tests, blood pressure which are all documented electronically for the Consultant to view on a daily basis.

The Consultant carries out home visits but cannot visit all patients.

Concern was raised over recruitment. It was reported back that there is no concern surrounding this issue.

UHNS covers North Staffordshire, Stafford, Eccleshall, Market Drayton and Shropshire. Stafford is where many patients are remaining as in-patients and not having the support to be at home.

A KPI report is discussed at UHNS@Home Operational and Project Board meetings.

There is a clear complaints process with the standard complaints process as per UHNS. Satisfaction Survey forms are quite detailed and patient stories are starting to be collated, with assistance being provided to the patient completing the form especially the elderly. They are part and crucial to the assessment process.

It is hospital policy to test patients of a certain age for dementia. UHNS does not currently include people with mental care issues as currently there is no expertise.

A Member asked if the UHNS commission beds in nursing homes as this service could be utilised. The Associate Director for Medicine confirmed UHNS does not commission any care home services.

The UHNS Officers were thanked for attending.

6. VERBAL UPDATE ON THE UHNS JOINT COMMITTEE

Following Health Scrutiny held on Wednesday 20 November 2013 Council Leaders from Staffordshire Moorlands District Council, Stoke-on-Trent City Council and Staffordshire District Council were contacted regarding setting up agreed recommendations. Upon the Chair sending follow up letters to the Scrutiny Chairs Staffordshire Moorlands District Council and Staffordshire County Council both declined, there was no response from Stoke-on-Trent City Council and Stafford Borough Council expressed an interest to take part.

The initial letter to Stoke-on-Trent City Council's Leader was very supportive and discussions are taking place regarding establishing a joint piece of work.

It was praised that the work of the UHNS Joint Committee is excellent with the correct questions being asked

The Executive Director – Operational Services asked what role does the Committee want to play in scrutinising the hospital within the role of other organisations.

Recommended:- It was felt other areas need scrutiny, for example community services, mental health.

(a) Report on The Francis Enquiry

In terms of its conclusions on Stafford Borough Council's role, the Francis Report made a number of observations including:-

- There appeared to be no prior cause for concern from Stafford Borough Council's perspective until Julie Bailey's initial letter.
- Stafford Borough Council accepted there are limits in terms of what a small Overview and Scrutiny Committee with limited resources can do.
- Members of the Overview and Scrutiny Committee accepted that they did not get "underneath what representatives of the Trust were telling us".
- The Overview and Scrutiny Committee did not have the expertise to challenge Trust representatives.
- There was no challenge of the Foundation Trust application – the process was described as "meaningless".
- Stafford Borough Council did not hear of any public concerns about the Hospital prior to Julie Bailey's letter and there is no evidence of challenge before this letter.
- Insufficient priority seems to have been given by the Overview Scrutiny Committee to information from the public and there seemed to have been a lack of understanding of what scrutiny of an acute hospital entailed.
- More could have been done in terms of the role played by the Overview and Scrutiny Committee including seeking out information about the Trust or information from other sources such as the public.
- The Overview and Scrutiny Committee never considered asking the County Council to exercise its powers to submit a report.

- Minutes were uninformative as to discussions at the Overview and Scrutiny Committee which did not help matters.

It was felt what happened at Stafford County Council can occur anywhere. There is potential for this to happen within North Staffordshire especially regarding mental health. There is a need to prioritise workstreams.

Recommended:- To challenge Staffordshire County Council when matters arise relating to health issues.

7. SUGGESTED TERMS OF REFERENCE FOR THE HEALTH SCRUTINY COMMITTEE

The Chair expressed the importance of prioritising with the benefit of liaising with the Vice Chair.

Recommended:- Working groups to be set up and recommendations being added with particular reference to resources.

8. PORTFOLIO HOLDER QUESTION TIME

Cllr John Williams, Portfolio Holder for Planning and Assets will be in attendance at the meeting.

Housing – Condition of certain properties.

Planning and Licensing laws, Cleaner, Greener
Local Plan
Fast Food/Betting/Off Licences
Reducing the Strength

A Member asked if Housing Authorities can start looking at health and for the Civil Contingency Group to start working as a team to make living standards more conducive to improve health.

All agencies to be involved. Is the housing fit/right for that individual.

The Portfolio Holder for Planning and Assets replied there is an independent living run by Aspire Housing and is not just for Aspire residents.

Recommended:- Information to be published in The Reporter, Independent Living and on the Council's website.

9. COMMUNITY BASED SERVICES

It was felt there was a need to prioritise on services that would keep people out of Accident and Emergency, for example Home Care, Walk in, G P Centres. .

Recommended:- Prioritise those that are missing; mental health and disability

10. ANNUAL REVIEW OF THE WORK PLAN

11. URGENT BUSINESS

COUNCILLOR COLIN EASTWOOD
Chair