

## **HEALTH AND WELLBEING SCRUTINY COMMITTEE**

Wednesday, 11th March, 2015

**Present:-** Councillor Colin Eastwood – in the Chair

**Councillors:** Allport, Mrs Astle, Bailey, Becket, Mrs Johnson, Loades, Northcott and Owen

**Outside Parties:** Chief Operating Officer (North Staffordshire Clinical Commissioning Group) for item 6 only  
Senior Executive Communication and Engagement (Midlands and Lancashire CSU) for item 6 only

### **1. APOLOGIES**

Apologies were received from The Mayor Councillor Mrs Hailstones and the Executive Director of Operational Services.

### **2. DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **3. MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting held on Wednesday 7<sup>th</sup> January 2015 were agreed as a true and accurate record.

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

Two Digests were received by the Committee:-

Tuesday 13<sup>th</sup> January 2015

Modernisation of Day Opportunities for People with Learning Difficulties  
Kidsgrove Consultation and proposals for the Great Wyrley Community Support Unit

A Member advised it had been decided that Kidsgrove Day Centre was to try and allocate other services and agencies to use the building which would generate remuneration.

The Committee supported this action, as it was a very positive move from a group of local residents.

Tuesday 3<sup>rd</sup> February 2015

The Transfer of Services and Future Plans for Cannock Hospital

Committee received the Digest.

### **5. HEALTHWATCH, STAFFORDSHIRE**

The Chair updated Committee on proceedings regarding the Engagement Event, Healthwatch wished to hold within Newcastle-under-Lyme.

The Working Group met on Wednesday 18<sup>th</sup> February 2015 for the first initial meeting. It was suggested to hold the event at Jubilee 2 during June/July 2015. The event would commence from 3.00pm to finish at 7.00pm. The difficulty that had arisen with the venue was that the event would have to finish at 6.00pm.

The Chair advised that the first part of the afternoon would enable the public to find out more about the health and social care services available in the area and to talk to service providers who had stands. The second part was to be able to ask questions of the senior managers responsible for commissioning and providing services and to hear their responses during a public question time.

The Chair opened it up to Committee.

It was asked would the finish time have an impact on the number of people attending due to work commitments? Also the Engagement Event that took place in Leek was not within the town centre which had an effect on the lack of attendance by the public.

It was suggested to use the Council Suite as the town centre was still the paramount place.

A flyer was tabled informing that Healthwatch, Staffordshire would be at Newcastle Library on Friday 27<sup>th</sup> March 2015, 10.30am to 3.00pm for the public to voice their experience of health and social care services, whether it be praise, criticism or ideas for improvements.

**RECOMMENDED:-**

- (a) That the Working Group re-convene to look at the practicalities of holding the event within the Council Suite.
- (b) That Members' inform their constituents of the "Your Voice Counts" event to be held on Friday 27<sup>th</sup> March 2015.

**6. NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST - WARD 4 ASSESSMENT WARD**

Clarification was provided on the future proposals for Ward 4. The intention was to reduce the number of Neuro and Old Age Psychiatry beds at Harplands hospital by 15, as a result of the success of the Outreach and Community teams, who were seeing increasingly more people in their own homes. This had resulted in better assessments in familiar environments, more personalised care and had led to a reduction in the need for an acute admission.

The Neuropsychiatry inpatient service would be moving from Ward 5 to Ward 4 by the end of March 2015.

A Member raised concern surrounding Ward 4 being used as a dual care ward, supporting people with both physical and mental healthcare needs and asked for further information as one size does not fit all.

The Member was advised all the patients on this ward were suffering from mental health and were not ready to be discharged but it was a ward to get them ready to go home.

**RECOMMENDED:-**

That a further update to be provided at the next meeting of Committee.

**7. PROMOTING INDEPENDENCE, CHOICE AND DIGNITY: A NEW MODEL OF CARE IN NORTHERN STAFFORDSHIRE**

A presentation was carried out by the Chief Operating Officer, North Staffordshire Clinical Commissioning Group (CCG).

NHS Stoke-on-Trent and North Staffordshire CCGs were considering how they commissioned community based services for patients who were currently admitted to a hospital bed. Their aim was to integrate care services to connect people with the care they need, when they need it.

The proposal was for more community based support for individuals in their own home or closer to home, when they were ready for this, which would result in a reduced need for community bed based services.

The vision was to develop a “step down” model of care, which saw the patient’s journey from the point of admission to discharge supporting less transfers of care between multiple organisations which would result in a reduction of delays.

They would develop a “step up” model, which would see a diagnostic and assessment centre within the community and a continued increase in easily accessible home based services within the community, improving quality of care for all patients.

It was pointed out by a couple of Members that the evidence supplied was quite long standing. Members were advised that the evidence had been based upon the national users.

The following questions and observations were raised and responses provided by the Chief Operating Officer:-

1. How could an elderly patient sitting in a chair at home be better looked after to those in a bed, at hospital, with immediate care?

*Getting the patient home helps them to maintain their independence.*

2. The community services were not there.

*A vast amount of patients were admitted with respiratory problems, within 48 hours that patient required rehabilitation. If they did not receive it within 48 hours it would be harder to get them home.*

3. What was there in place to avoid patients being admitted into hospital in the first place? What did you see being in place with GPs locally on an organisational level?

*Primary care was struggling nationally. It was difficult to recruit GPs. There was a great deal of other primary care professionals to support GPs. £10½m was to be invested next year into the model of care.*

4. Were there identifying areas where there were greater issues to admission into hospital due to the GP Practices not being efficient and/or deprived areas to be known for high admissions?

*Every illness had a social class gradient.*

5. How did the model fit in with carers?

*Care homes amount to 6% of A&E admissions. A pilot scheme was delivered to a pilot population of 171 residents in a single nursing home in 2012. In 2011 the pilot site was not an outlier for either A&E attendance or unscheduled admission rates compared to other local nursing homes. Following introduction of the service for the pilot population, their A&E attendance rate fell by 25% and unscheduled admission rate by 29%, compared to increases in rates for a local population (386 residents in 4 homes) who did not receive the enhanced service.*

*The pilot service improved individual pathways of care, increased patient, carer and professional satisfaction, and resulted in net financial savings. Expansion of the service was therefore approved by the Staffordshire PCT Cluster and commissioned as a Locally Enhanced Service (LES) across North Staffordshire from April 2013.*

6. Would the closure of the beds be in a stepped way?

*The University Hospital for North Midlands (UHNM) would be responsible from admission to discharge. The CCG wanted one provider of care not two which was the UHNM, this had been put in place on a trial basis.*

7. People who use the hospital do not understand the system. There was a need to invest part of the funds on communication on what the CCG were trying to achieve and this was happening far too quickly. How do you intend to reach the security to people?

*The funds had been released. One of the problems around the arrangement was the patient not being fully recovered and being discharged too early.*

8. Why were the Partnership Trust having difficulties getting staff and the hospital were not?

*The Partnership Trust does not recruit from abroad whereas the hospital does.*

9. Have you got the involvement from Staffordshire County Council or from private care?

*The CCG had got integrated commissioning arrangements with Staffordshire County Council and had the involvement of the Better Care Fund*

The Chair thanked the Chief Operating Officer for the presentation and answering Members questions and concerns.

The Chair informed there was a table top discussion arranged for the 30<sup>th</sup> March 2015 at The Ballroom, The Moat House Hotel, Festival Park, Stoke-on-Trent on a proposal for a new way to care for the people of Stoke-on-Trent and North Staffordshire. Those Members that were interested in attending to inform the Scrutiny Officer.

**RECOMMENDED:-**

That Committee receive the proposal of a New Model of Care by Stoke-on-Trent and North Staffordshire CCGs.

**8. WORK PLAN**

**RECOMMENDED:-**

That the following items are added to the Work Plan:-

- Staffordshire and Stoke-on-Trent Partnership NHS Trust. Quality Improvement Priorities for 2015/2016.
- North Staffordshire Clinical Commissioning Group. Monitoring impact of the new hearing aid policy. It was agreed by Members that a letter of objection to the provision of hearing aids in patients who were diagnosed with a mild hearing loss, not to be routinely funded, be sent to North Staffordshire Clinical Commissioning Group Governing Board with a copy to Staffordshire County Council.

A Member enquired if the remit on the Work Plan could be explored. It was asked for the Member to supply the Scrutiny Officer with some context, which would enable the Constitutional Review Working Group to get the right Officers together to discuss the Committee's responsibilities.

**9. PUBLIC QUESTION TIME**

No questions had been received from the public.

**10. URGENT BUSINESS**

**Training for Members**

**RECOMMENDED:-**

Nick Poutney, Scrutiny and Performance Manager from Staffordshire County Council, to provide training to enable new Members to have an understanding of the roles of the service providers.

Accountability Session Monday 23<sup>rd</sup> March 2015

There would be an Accountability Session on Monday 23<sup>rd</sup> March 2015 for the University Hospital North Midlands NHS Trust. Members to notify the Scrutiny Officer of their wish to attend as soon as possible.

**COUNCILLOR COLIN EASTWOOD**  
**Chair**