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*Health and Wellbeing Scrutiny Committee - 08/07/15*

## HEALTH AND WELLBEING SCRUTINY COMMITTEE

Wednesday, 8th July, 2015

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

Councillors Bailey, Frankish, Hailstones, Loades, Wilkes, Winfield and Woolley

### 1. **APOLOGIES**

Apologies were received from Councillors Northcott and Mrs Johnson

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

There were no declarations of interest stated.

### 3. **MR D WHITEHOUSE, DEMOCRACY MANAGER, STAFFORDSHIRE COUNTY COUNCIL**

Nick Pountney, Scrutiny and Performance Manager, from Staffordshire County Council carried out a presentation to Members on the health scrutiny arrangements in Staffordshire.

#### **Resolved:-**

Committee received the presentation.

### 4. **MINUTES OF PREVIOUS MEETING**

The minutes were agreed as a true and accurate record.

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

#### **Resolved:-**

Committee received the summary of the Healthy Staffordshire Select Committee meeting, Monday 8<sup>th</sup> June 2015

### 6. **HEALTHWATCH, STAFFORDSHIRE**

#### **Resolved:-**

Committee received the update on North Staffordshire activity June 2015.

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

The Chief Operating Officer of North Staffordshire Clinical Commissioning Group (CCG) presented the report of a new model of care in Northern Staffordshire.

The aim was to integrate care services to connect people with the care they need, when they need it. 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 transfer of care between multiple organisations which would result in a reduction in delays. Also as part of the wider system reconfiguration the CCG would develop a 'step up' model, which would see a diagnostic and assessment centre within the community, a continued increase in easily accessible home based services within the community.

The criticism to date was if the services were in place around the community to properly care for the patient. Presently there were five community hospitals, 244 beds, which provide intermediate care. They were not there for long term residential care.

There was a golden period (24 hours) to aid the patient's speedy recovery. 14% of patients were called complex discharges, of those 14%, 5% were transferred to a community hospital, 3% go home with intermediate care. The acute hospital was trying to discharge patients more quickly.

The Chief Operating Officer presented answers to the Member who submitted questions prior to the meeting.

The model of care would come into effect October 2015. Performance notices were being issued. This was looked at in great detail through the contract; if the CCG were not confident with the notice another performance notice would be issued.

Savings would be achieved over three years. The saving for this year, from the gross saving, was £15m, with a net saving of £7½m. All of those 244 intermediate care beds, around 110 beds were allocated for step down, with another 37 beds being assigned over winter.

In terms of step up, 114 beds were required resulting in 35 fewer beds to deliver the model of care in year one. The outcome would be fewer intermediate care beds with a formal consultation process being carried out on the proposals.

The consultation would be around the Longton area. Bradwell was a suitable location to provide step down, as well as Cheadle. For step up diagnostic facilities were required.

Only Stoke-on-Trent City Council was involved with the step up and step down group. The engagement finishes September 2015, after which the proposals would be brought to Scrutiny.

With regard to where the commissioning sits with GPs, 70% of the Primary Care Trust sat with the Primary Care Group. Public Health commission health improvement and health function. CCG would commission Level 3 service.

The GP service is a 24 hours, 7 days a week service. In terms of community service, a discharge nurse would be available 24 hours, 7 days a week. The intermediate community care do not work 24 hours at the moment. Presently, there was not the level of consultant care at weekends.

A Member advised that the CCG monitoring would have to be strident when the 85 GP practices close.

The Chief Operating Officer advised that every GP was a Commissioner. Half of the Board were GPs. North Staffordshire had five localities; all 133 GPs were involved in the five localities, about 25% of the CCG GPs were involved in the commissioning role and he, himself, was accountable to the GPs.

Members expressed that the main priority was to keep residents safe and safe discharges were imperative.

**Resolved:-**

- (a) That the minutes from the Step Up and Step Down group are circulated to Members.
- (b) Marcus Warnes and the Clinical Accountable Officer from Stoke-on-Trent CCG to be invited to attend the next meeting on 30<sup>th</sup> September 2015 to provide Members with an update on the new proposals.

**8. LOCAL GOVERNMENT ASSOCIATION PEER REVIEW OF DECISION MAKING ARRANGEMENTS**

This item was deferred to a special meeting.

**Resolved:-**

That this item be discussed at a special meeting arranged for Monday 27<sup>th</sup> July 2015, 7.00pm in Committee Room 1.

**9. HEALTH AND WELLBEING STRATEGY**

The Head of Leisure and Cultural Services carried out a presentation on improving the health and wellbeing through participation and performance in culture sport and physical activity.

Staffordshire Observatory had produced Health and Wellbeing profiles for each of the eight districts in Staffordshire. The profiles included key indicators which aim to provide commissioners and stakeholders with a robust evidence base across a range of issues in order to identify priority areas for the improvement of health and wellbeing and to reduce health inequalities for the people of Newcastle.

31.1% of adults in the Borough took part in sport once a week. This is slightly lower than the county (32.4%) and west midlands (33.5%) participation rates.

The physical activity target levels within primary schools had been removed. Leisure and Cultural Services offered facilities within local communities and multi skill sports within schools.

Swimming is a statutory requirement within the National Curriculum and every primary school is expected to deliver a school swimming programme. Despite this, a high proportion of children do not receive school swimming lessons.

**Resolved:-**

That Ben Adams, Cabinet Member for Learning and Skills, Staffordshire County Council is invited to a future meeting to provide Members with an account of physical activities and swimming provision for primary school children within the Borough.

**10. WORK PLAN**

**Resolved:-**

That the following items are included on the work plan:-

- Physical activities and swimming provision within primary schools.
- Provisions for dementia within Newcastle-under-Lyme

**11. PUBLIC QUESTION TIME**

No questions had been received from the public.

**12. URGENT BUSINESS**

There was no urgent business considered.

**13. DATE AND TIME OF NEXT MEETING**

Wednesday 30<sup>th</sup> September 2015, 7.00pm in Committee Room 1.

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