## Summary of the main items of business from the Healthy Staffordshire Select Committee meeting – 21 October 2013 <u>http://moderngov.staffordshire.gov.uk/mgCommitteeDetails.aspx?ID=871</u>

Agenda Item	Of particular interest to
The Healthy Staffordshire Select Committee met on Monday 21st October 2013 when the Agenda included:	All
"Living My Life My Way": A Strategy for Disabled People. The members received a report from the County Commissioner –Learning Disability around the reconfiguration of services for disabled people, children and adults which featured the consultation process undertaken and the intended seamless transition from childhood to adulthood. There was a strong emphasis on self-determination through choice, personal budgets and direct payment with the overall intention that where possible the individual should have a full and fulfilling life in the community. Members overall supported the Strategy, but made a number of additional recommendations to the Cabinet Member.	
Update on Project to Shift Acute Mental Health care Provision from Hospital to Community in South Staffordshire. The members received a report from the Clinical Commissioning Groups and were asked to consider and comment on the progress since the closure of the in-patient mental health beds at the Margaret Stanhope Centre in South Staffordshire. Members were advised of the decision to close the Centre after public consultation with a number of caveats to mitigate risk. The 6 month post closure impact had been carried out as a first step to the provision of a functionalised model of care across adult in-patient care. A number of enhancements to service were outlined and the impact of the closure on the remaining sites at Stafford and Tamworth.	
<b>Stroke Services: Reconfiguration of the Hyper Acute Stroke service.</b> Members received a report from the Clinical Commissioning Groups and were asked to consider the and comment on the progress of reconfiguration of the hyper-acute stoke service, and the recommendation to transfer hyper acute	

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stroke services from Burton Hospitals to Derby Hospitals NHS Foundation Trust. The rationale behind the decision was explained, in particular that Burton Hospitals were unable to meet the specific service requirements, and the wish of NHS England to see it replicated nationally. Locally Staffordshire Cardiac and Stroke Network was tasked to lead this work.	
Intermediate Care/Frail Older People and Long Term Conditions. Members received a report from the Clinical Commissioning Groups and were asked to consider supporting the content. Members were advised East Staffs CCG was working with South Staffordshire CCG to create a new model for those people needing intermediate care and frail older people. Also the CCG was working with Stafford and Surrounds and Cannock CCGs and potentially Staffordshire County Council to create a new model of care for people with long term conditions. The CCGs vision was in accord with The Staffordshire Health and Wellbeing Strategy in recognising the need for independence reduction of dependency and early intervention. The report was prepared against a back drop an aging population with an increase of long-term conditions which was now responsible for 70% of the Health Care budget. The Committee appreciated early involvement in this area of work and requested to be kept involved in the development.	
Report of the Scrutiny and Support Manager	All
Members were advised that the Burton Hospital's Foundation Trust Accountability Session will take place on the 11th December 2013 and arrangements were in hand for the next Mid Staffs NHS Foundation Trust as the Trust Special Administrator as consultation and proposals were now in the	

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public domain.	
Members then discussed the work programme for the upcoming year in detail and a number of amendments and additions to the programme were agreed. Arrangements for the accountability sessions for the Partnership trust and the Mid Staffordshire NHS Foundation Trust to made as a matter of priority. Also to include in the Work Programme Appropriate Usage of Accident and Emergency and a report on Children and Adolescent Services be prepared.	
Trust and LINk updates. None on this occasion	