

# Public Document Pack

<b>Date of meeting</b>	<b>Wednesday, 24th October, 2012</b>
<b>Time</b>	<b>7.00 pm</b>
<b>Venue</b>	<b>Civic Offices, Merrial Street, Newcastle-under-Lyme, Staffs ST5 2AG</b>
<b>Contact</b>	<b>Peter Whalan</b>

## **Health Scrutiny Committee**

### **AGENDA**

#### **PART 1– OPEN AGENDA**

- 1 Apologies**
- 2 Declarations of Interest**
- 3 Minutes of Previous Meeting** (Pages 1 - 4)
- 4 Minutes from the County Health Select Committee on 1st October 2012** (Pages 5 - 16)
- 5 Question and Answer Session with Representatives from The CCG**
- 6 UPDATE REGARDING PHASE 1 OF THE ADULT MENTAL HEALTH CONSULTATION INCLUDING THE MOVE OF ELDERLY PEOPLE TO HARPLANDS HOSPITAL**  
The following representatives will be in attendance:  
  
Kath Clark: Service Line Manager for Older People's Services  
Jacqui Wilshaw: Modern Matron for Older People's Services
- 7 Update on Infant Mortality from the Council's Partnerships Manager.**
- 8 NEWCASTLE HEALTH SCRUTINY COMMITTEE VISIT TO BRADWELL HOSPITAL - COUNTY CMHT/MEMORY CLINIC**  
Possible Dates for the Visit:  
  
30<sup>th</sup> October 2012 - Anytime  
1<sup>st</sup> November 2012 – anytime after 12.00  
15<sup>th</sup> November 2012 - Morning only
- 9 URGENT BUSINESS**

To consider any business which is urgent within the meaning of Section 100 B(4) of the Local Government Act 1972.

**Members:** Councillors D Becket, Mrs Cornes, Eastwood (Chair), Mrs Hailstones, Mrs Johnson, Loades, Taylor.J and Williams

<p><b>'Members of the Council: If you identify any personal training / development requirements from the items included in this agenda or through issues raised during the meeting, please bring them to the attention of the Committee Clerk at the close of the meeting'</b></p>
--

Officers will be in attendance prior to the meeting for informal discussions on agenda items.

## HEALTH SCRUTINY COMMITTEE

Wednesday, 15th August, 2012

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

Councillors Mrs Hailstones, Mrs Johnson, Loades and Taylor.J

### 5. APOLOGIES

Apologies were received from Cllr Becket and Cllr Mrs Cornes.

### 6. DECLARATIONS OF INTEREST

Cllr David Loades declared that he was a member of the Link.

### 7. MINUTES OF PREVIOUS MEETING

That the minutes of the previous meeting held on 30<sup>th</sup> July 2012 be agreed as a correct record.

Members suggested that the response from the Committee to the County Council Health Select Committee regarding the model of care phase 2 consultation be published in the Reporter Magazine.

**Resolved:** (i) That the minutes be agreed.  
(ii) That Officers liaise with the communications department regarding the publication of the Committee's response to phase 2 of the consultation.

### 8. MINUTES OF STAFFORDSHIRE COUNTY COUNCIL'S HEALTH SCRUTINY SELECT COMMITTEE - 2 JULY 2012

Members raised concerns regarding an item that had been discussed at the last County Council Health Select Committee Meeting held on 6<sup>th</sup> August 2012. Concerns centred on the appointment of an organisation to deliver Local HealthWatch in Staffordshire. At the County meeting it appeared to have been suggested that Engaging Communities Staffordshire had already been appointed before any tendering process had been undertaken. Members agreed that their concerns needed to be fed back to the County Council and clarity sought as to whether a tendering process would be carried out and if not the reasons behind the appointment of Engaging Communities Staffordshire.

**Resolved:** That the County Council be requested to provide clarity regarding what tendering process had been undertaken or would be undertaken to identify the best provider for Local HealthWatch or if Engaging Communities Staffordshire had already been appointed, how this decision was reached.

### 9. ACCIDENT AND EMERGENCY DEPARTMENT AT UNIVERSITY HOSPITAL OF NORTH STAFFORDSHIRE

The Committee received an update on the new Accident and Emergency Department at UHNS from Liz Rix, Chief Nurse.

Patient safety and experience in the A&E Department remained a top priority and data on complaints and adverse incidents were reviewed on a weekly basis. Complaints per 100 attendances were lower than in the previous year and adverse incidents remained on a downward trend.

Patient experience surveys had been conducted in October, February and June with over 1500 patients responding and overall improvements reported.

The Committee considered options available regarding communicating with the public as to when and why they should be attending A&E rather than other health care providers. Members agreed that greater public awareness and education was required. Mrs Rix confirmed that this issue was looked at by GP groups and that findings were shared with the wider health economy.

Members stated that education for the public was a key issue that spread far beyond the bounds of the Committee and that the topic would be discussed further following Members next visit to the A&E department. Members considered that the best forum for this discussion could be the Health and Well Being Board.

**Resolved:** That the topic of education be deferred until the next meeting of the Committee.

10. **PHLEBOTOMY SERVICES IN NEWCASTLE AND ACCESS TO BRADWELL CLINIC**

The Committee received an update from NHS North Staffordshire regarding phlebotomy services in Newcastle under Lyme and access to Bradwell Clinic.

**Resolved:** That the update be received.

11. **CARDIAC REHABILITATION AT JUBILEE 2**

The Committee received a report updating it on Cardiac Rehabilitation at Jubilee 2. Cardiac rehabilitation was delivered at Jubilee 2 by the UHNS Cardiac Rehabilitation team on a Friday. The Cardiac Rehabilitation programme lasted for 8 weeks and during that time patients had their membership costs funded by NHS North Staffordshire. Patients were also offered education sessions at the centre.

Since 25th May 2012, 29 patients had attended Jubilee 2 for Cardiac Rehabilitation. This was over a third of the total number of patients that had attended all five of the community venues so far. It was expected that this number would increase significantly over the next nine months as the service developed.

**Resolved:** That the update be received

12. **HEALTH AND WELLBEING STRATEGY**

Members received an update on the development of a Borough Health and Wellbeing strategy. A Draft Borough Health and Wellbeing Strategy was being developed to support the Staffordshire Joint Health and Wellbeing Strategy which under the Health and Social Care Bill was a statutory requirement for each Health and Wellbeing Board to develop in order to set the strategic vision and priorities that would inform the commissioning of Health Services in a locality.

-

The Health and Wellbeing profile for the Borough had been the subject of discussion at an Officer Strategy Group that was now considering developing the following priorities areas:

- Alcohol and substance misuse
- Smoking
- Employment
- Housing
- Physical activity, healthy weight and nutrition
- Mental wellbeing

When considering these priorities for the Borough, it was important to recognise that they were designed to capture and summarise high-level, and most probably, long-term challenges for the health, social care and the wider 'wellbeing' economy in Staffordshire. They were also issues which could not be 'solved' by a single organisation but required integrated and co-operative action across the entire County if we are to have a tangible impact on these issues in the coming years.

The Committee suggested that accident prevention could also be included on the list of priority areas.

**Resolved:** That the update be received.

#### 13. **SCRUTINY OF INFANT MORTALITY**

The Committee considered an update from the Council's Partnerships Manager regarding infant mortality and health issues. It was confirmed that an Infant Mortality group had been formed and last met on 21<sup>st</sup> June 2012, the group contained representatives from the CCG, GPs, the County Council and the PCT. The terms of reference for the Group would be agreed at its next meeting. It was stated that at present it was not clear as to an exact cause for the infant mortality rates in Newcastle under Lyme and that much of the information being discussed was considered confidential. It was however emphasised that the figures being looked at were worked out on a 3 year rolling basis so again not as accurate as would be liked.

The first actions to be taken by the group would be to map existing activity regarding maternity services; this would include services such as debt advice, domestic abuse and homelessness. Officers stated that it may be possible to provide the Committee with figures from the Child Death Overview Committee.

**Resolved:** That the update be received.

#### 14. **WORK PLAN**

**Resolved:** That the work plan be received and agreed.

#### 15. **URGENT BUSINESS**

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

This page is intentionally left blank

# Agenda Item 4

## Minutes of the Health Select Committee Meeting held on 1 October 2012

Present: Kath Perry (Chairman)

### Attendance

Erica Bayliss

Dylis Cornes

Kathy Lamb

Geoffrey Martin

Michael Oates (Vice-Chairman)

Elaine Baddeley

Staffordshire Moorlands District  
Council

Brenda Constable

Lichfield District Council

Colin Eastwood

Newcastle Borough Council

Brian Gamble

Cannock Chase District Council

Andrew James

Tamworth Borough Council

Janet Johnson

South Staffordshire District  
Council

Stephen Smith

East Staffordshire Borough  
Council

Amyas Stafford Northcote

Stafford Borough Council

**Apologies:** Gill Heath

### PART ONE

#### 56. Declarations of Interest

There were no declarations of interest

#### 57. Minutes

There were no minutes on this occasion.

## **58. The Staffordshire and Stoke-on-Trent Partnership NHS Trust - Foundation Trust Consultation**

Stuart Poynor, Chief Executive Officer at the Partnership Trust was supported by Kate Montgomery, Engagement and Membership Manager.

Prior to the delivery of a comprehensive presentation in respect of the Trust's Foundation Trust application, Stuart Poynor stressed that the important priority for the Partnership Trust was the delivery of high quality integrated care and that the Foundation Trust application would not dilute that priority

Describing that the format was of a generic nature but had been modified for purpose, Stuart Poynor mentioned a number of consultation events that had been held throughout the County.

The desire for a Foundation Trust was absolute. A view that he whole heartedly subscribed to wishing to make a culture where the welfare patients and staff are at the heart of the organisation.

In short he recognised that every NHS organisation will need to move to Foundation Trust status. He outlined a mission statement to reflect the integration of care and coordinated case management for the individual.

A recent example was mentioned where there were 14 visits by 5 different agencies where without compromising safety he would wish to bring together. There were real issues, demographic, rural access, deprivation and diversity issues all of which had to be addressed.

Stuart Poynor described a wide range of services delivered from a broad range of settings, with a renewed focus on a children's directorate and a drive towards treatment in people's home instead of hospital.

When asked why Stoke-on-Trent had three of the public governors, his response being that it was to give the population a voice and therefore the population was the main consideration.

The Foundation Trust was described and the benefits in particular accountability, innovation and financial flexibility quality driven by governors. Ultimately better outcomes. Stuart Poynor also pointed out that the County had eight public governors.

The structure of governance of the Trust was also described and that they were always looking for ways to encourage people to join. Ideally they would like 5000 members. He felt that the involvement of significant partners in particular the e.g. Staffordshire Police and Staffordshire Fire & Rescue was very important to the process.

Kate Montgomery advised that the process didn't start until a month ago and that the numbers were currently in the hundreds. She said that they would be reaching out in the coming weeks in order to boost membership.

The members were advised of a consultation process with service users, staff stakeholders and members of the public. The consultation period will run from July to October 2012 during which the Trust would outline its plans listen to opinions and answer questions.

Stuart Poynor outlined the future plans describing the key projects in support of the new model and that governance and quality were the common thread. It was also critical and essential that the Foundation Trust process should run along side the Transformation Programme.

The issue of a new name for the Trust was raised and it was explained that it should represent geographical boundaries, public, opinion and partners. The membership should comprise of a public category, service user and carer category staff and in particular those delivering or receiving care.

A breakdown of the number of elected and appointed governors and the areas of governors was provided. It was recognised that there would be a requirement for representation outside of the Staffordshire area as there are cross border and patients from outside of the County accessing Partnership Trust services.

Also as there are two universities in North Staffordshire it would be appropriate that there should be representation from academia. To conclude to assist with the way forward every effort should be made to encourage people to become members.

Stuart Poynor was asked again about the apparent disproportionate representation of governors between the County and Stoke-on-Trent. He explained that representation had taken into account the population and services provided with the intention to give everyone a voice.

A member referred to the consultation document identifying a statement included on page 17 of the document containing a declaration that there would be an overall improvement to the patient service user in the proposed new model.

A recent article in the Evening Sentinel had challenged the viability of this promise. Stuart Poynor explained that he had not seen the article but said that efficiency was key in how the Partnership Trust did things. He acknowledged a culture of bureaucracy in the service that needed to be addressed and streamlined.

There was concern that paper work would not detract from the time spent on care to at least 50% of the carer's time. In short he equated efficiency to appropriate levels of paper work, working practices and the way support was delivered.

In respect of people having to travel to a clinic for treatment and care he accepted that taking into account travel and actual circumstances that it was often more effective delivery of care as more people could be seen at a clinic than by home visits.

Each case is considered on its merit and there should be no compromise or reduction to the level of patient care. The member added that her own concerns arose as she had recently come out of hospital.

Stuart Poynor took up the point stating that most people in hospital could be looked after better in their own homes after acute treatment had been completed. It was important that people should not remain any longer than was necessary as they often lost the ability to look after themselves.

He conceded that they hadn't got it right yet and they were looking at the proposed plan, that systems were in place to drive the plan, and there is a need to coordinate district to terms to pursue this outcome.

The Chair requested a time scale and he explained that it couldn't happen overnight. Although they could deliver incremental improvements, offering the example of IT cost, he felt that he needed to take a proper look at the process before embarking on major expenditure.

The Chair commented that the issue was still in the air as when it would happen. Stuart replied that as outlined in the presentation the priority was to be effective during the transformation process; he felt that there was a definite commitment to ensure that effective transformation will take place and that the Foundation Trust was a secondary process and would not detract from the model of care.

The Chair thanked Stuart Poynor for the reassurance and was happy with the ethos of returning people to their homes with appropriate levels of support care after discharge in particular in the rural and where cross boundary was an issue. He advised that the care delivered was uniform and that care plans to get people home were for the individual and would not be affected by location.

A member asked if Stoke-on-Trent were integrating and if not why not. Stuart Poynor responded saying that the process of integration had been ongoing for a number of years in the County and that Stoke-on-Trent PCT and the City Council had not yet had the debate and was not as advanced.

Stuart Poynor said that the Partnership Trust was working well with the City Council and work to integrate service either by transferring staff or via virtual integration.

The same member asked what was the response from the public to the consultation process, commenting that he had attended such an event at Hanley to find that he was the only person there.

Stuart Poynor advised that there was not a huge turnout at their events and that they were disappointed. The events had been advertised.

Stuart Poynor advised that there was not a huge turnout at their events and that they were disappointed. The events had been advertised.

There was a further question as to how many written responses there had been from the public. Kate Montgomery advised that she would need to collate as the Partnership Trust is half way through the process.

A further question from a member followed asking how the events were being advertised as there didn't appear to be in his local press.

Kate Montgomery responded by detailing of number of mediums, including the press, meetings and other outlets saying that they would keep trying. The same member commented that they were providing a wide range of services in particular malnutrition and dietetics and would these replace Lifestyle Services.

Stuart Poynor advised that some were hospital based community support and some lifestyle and that there were no plans to change but more likely to respond to the wishes of the Commissioners.

Stuart Poynor was asked what difference in service that the individual would see. He replied that they could expect to see a more joined up psychiatric service, a model of care that was planned and with accountable processes within the Foundation Trust.

A member asked why Stoke-on-Trent has 3 public governors and the County only has 2. Stuart replied that there were actually 8 in the County one for each district and 3 in the City to meet the need of the population in terms of numbers. In respect of appointed governors there was 1 appointed in Stoke-on-Trent and 2 in the County.

The member then asked who would be responsible for the selection of borough and the County representatives Stuart Poynor advised that it would be by election, the Chair interjected advising that it would be an elected role and not an appointment and went on to describe the process.

The Chair expressed concern as there are 4 Patient/Service User/Carer governor the Partnership Trust should consider this when determining venues for meetings, as travel may become an issue that could affect access.

Stuart Poynor said that it is important that all meetings are open, accessible and transparent and that decisions should not be made behind closed doors as people are more interested in service delivery than the Foundation Trust.

Stuart Poynor said that the suggestion of one Patient/Service User/Carer representative for each District would be fed back; he added that the meetings were arranged around the County in every District and this practice would continue and that board meetings had already been held in each District.

He was in absolute favour of transparency and was encouraging senior local leaders to become governors.

Stuart Poynor was then asked by a councillor about how Care Plans would work saying that this was the third presentation that the Committee had received.

Firstly, a presentation by Andrew Donald which in the main dealt with Information Technology and computerisation but not how it would work was mentioned. Secondly, he mentioned NHS 111 had prepared a presentation and were saying that the care plan was already in place, there appeared to be conflicting accounts worthy of explanation.

Stuart Poynor felt unable to comment on the NHS 111 as he hadn't seen their presentation and they are not a key partner locally. He advised that the Clinical

Commissioning Groups (CCGs) had co produced plans around the model of care and has confidence that the CCG and Partnership Trust's were consistent.

The member asked about funding and was advised that £200 million was from the NHS CCGs and £150 million from Staffordshire County Council. The councillor asked how the CCGs determined priorities, and he was advised ultimately it was through consultation with partners GPs other stakeholders through the commissioning process.

A member commented on the importance of getting it right when dealing with the quality of patient care. She expressed a concern in respect of cross border representation. Additionally given the size of the organisation how the training was delivered to the staff accepting that some relates to legislation.

Stuart Poynor said that training was taken seriously and that a commitment was made to staff to train and develop them professionally. The training was delivered through staff appraisals, personal development reviews and other formal mediums, 91% of all staff had received an appraisal in the first four months of the year. Stuart Poynor also confirmed that all employees attend statutory training.

A member raised the issue of i-pads and i-phones as a standard item of office equipment to assist with overall administrative efficiency.

Stuart Poynor replied that this was an issue that had been considered previously but there was usually an issue of access to systems which could make them less than cost effective.

The member then gave an example around the appointments system at North Staffs, where out of 12 appointments 11 had been cancelled without her knowledge. Stuart Poynor confirmed that this issue related to the University Hospital of North Staffordshire.

In consequence she had received notice from her GP which was the first time that she had known about it. This was a cautionary tale to remind of the need to be carefully when streamlining bureaucracy as to cut back so far could affect the effectiveness of the system.

Stuart Poynor was unable to comment but was clear in saying there was a need to test and consult processes that affect the patient experience before change was made.

A Member brought to the attention of the meeting the issue of information concerning patient discharge saying that she had received two reports last year the first consisting of 92 pages the second 103 pages. In both cases she thought that they were too long causing information overload and an unnecessary cost to produce.

Stuart Poynor sought confirmation in regard to the documents and it became apparent that they were not Partnership Trust documents.

The response was that documents have to be produced in order to convey information and to promote the organisation. The Chair interjected saying that documents had to be published as part of the Trusts accountability to the public.

A member asked if Stuart Poynor had any views on if the new Police Commissioner becoming a Member. Stuart Poynor stated that the Partnership Trust wants Staffordshire Police to be a stakeholder and that it would be up to the Police to select someone.

This concluded the presentation and participation by Stuart Poynor and Kate Montgomery who were thanked by the Chair for their attendance before leaving.

**RESOLVED** - That the Scrutiny and Support Manager prepare a formal response to the consultation to be circulated to the Committee and finalised by the Chair prior to submission to the Trust by the agreed deadline.

## **59. Draft Care and Support Bill Consultation**

Martin Samuels introduced himself as the new Commissioner for Care, adding that this one of the best opportunities in the past 60 years to create and pull together a coherent plan and associated statutory duties for several areas.

Helen Trousdale introduced the County Councils draft response to the Draft Care and Support Bill commenting that the Health Select Committee may wish to prepare a specific response and/or consider the key points in the consultation document and make any necessary amendments to the proposed response.

It was re-affirmed that that this was a real opportunity and if enacted the Bill would become the main thread of Social Welfare legislation replacing many of the statutes over the last 60 years. It was an opportunity to “do the right thing” as it was a positive document reflecting the needs of the vulnerable and their carers.

Helen Trousdale gave a comprehensive overview of the contents of the Bill the salient points of which included the introduction into law of the principal of “well-being” as an objective of the social care system.

Taking us away from “Griffiths” being more about focus on the whole person family and carers moving away from assessment, a reduction in bureaucracy Legal rights in relation to residential and non-residential services

The provision for regulations to set a national eligibility threshold as there isn’t one in the Bill. The legal duty on Local Authorities to promote prevention and early intervention in keeping with the Staffordshire Model.

People presenting at point of crisis took the main investment but it should be recognised that for intervention to work it could take a number to years, and there are financial and funding implication.

The retention of means test should prevent the legal provision of advice to those who don’t meet eligibility criteria. Access points are crucial citing Purple Pages Lists of local organisations and in particular Alzheimer’s Cafes.

In general there was a fundamental right to the right advice to ensure that patients retained independence as it was an acceptance that people in residential care often lose

the ability to look after themselves financially and physically in either they were entitled to an informed choice.

It was pointed out that local authorities have a legal duty to provide a diverse local market for social care it is not just about providers of social care but about a much wider range of services, there was an emphasis on integration of health and social care which are replicated in the Health and Social Care Act.

There is a greater emphasis on the role and needs of the carers, the right to a personal budget and direct payment will be enshrined in law. There was new provision for people to bring with them previous assessments and it was recognised that Staffordshire was an “importer” and that it is a legal requirement that the personal budget should sit next to the personal plan.

In respect of integration, Helen Trousdale advised that it was well on the way the emphasis was on carers, and that Bill talks mainly about adults but does not take into account young carers should not be overlooked as they provided considerable care often in very difficult and complex conditions.

In respect of previous assessments in different areas at the moment they are re-assessed in Staffordshire unless having been placed in care by another local authority. The implication being will the resources come with that person, as Staffordshire is a net importer this is an important issue.

New Adult Safeguarding Framework in Staffordshire would protect the most vulnerable and was already in place through the Multi Agency Safety Hub (MASH). She said that there were other steps that could be taken namely e.g. purer at intervention in the case of vulnerable adults and more steps to intervene in cases of mental health.

To sum up Helen Trousdale said that overall it was a positive bill consolidating a welter of legislation but there were still questions to be answered concerning funding especially Dilnot Report – ceiling for funding. She advised that the Trust response was due on the 19/10/2012.

The Chair asked if they should respond to the questions in the response. Helen advised that they had raised a question concerning what is missing from the response in respect of support and safeguarding of childcares.

The Chair suggested that any further responses should be e-mailed to be added to the others.

A member asked what research had been undertaken to identify persons who could not access the information for themselves in particular the internet, Staffordshire Cares and the Purple Pages.

Helen Trousdale advised that there were a number of mediums to be accessed including Staffordshire Cares website, free phone libraries, front offices and partnerships and in the future it would be web based and that Staffordshire Cares actually works as a main point of contact.

One direct telephone number for Staffordshire Cares would be very useful.

The Chair then introduced the response to the Draft Care and Support Bill Consultation and asked for the consensus of the meeting as to the 5 responses to the key questions.

Question 1 Agreed.

Question 2 Agreed with the following comment:-

A member sought assurance that the Deprivation of Liberty Safeguards had been taken into account when preparing the response. The members agreed that the Draft Bill may not have addressed this point and that it would be discussed with the Adult Safeguarding Manager.

Question 3 Agreed.

A member commented that there was no evidence of liaison with the courts as they source of support and help for vulnerable adults.

The response being that this would probably require amendments to the bill and that there was no intent at this time to do so, she pointed out that there were links in the MASH to the judicial system and it would rely on the Commissioner to make the connection.

It was not statutory for adults unless a County Court Order had been obtained, and there were powers to intervene if there were suspicions of abuse to children, in the case of adults only under a Mental health Order.

The Chair asked what effect question 3 would have on the section 75 Agreements.

Helen Trousdale responded saying that the Partnerships would need to change processes in order to respond. In the next 4 or 5 years it expected that every adult in social care will have a budget or be in receipt of direct payment

A member asked what was the percentage of persons who had direct payment

The advice was that it was low in Mental Health Services, higher in aftercare with a steady take up in older people and agreed to get the figures for the minutes. She commented that it was a challenge as to where to get the services from in particular in the rural areas. There was a relatively high take up adult/children through the transition within disability.

Martin Samuels interjected saying there were big challenges arising from advocates of the people who were reluctant to accept direct payment. This was counter productive as research showed that people with direct payment have a higher opinion of the service and a better quality of life.

Question 4 Agreed

Question 5 Agreed

**RESOLVED** - The Health Select Committee, subject to any further amendments being provided and agreed by the Chair, agreed to the draft response.

## **60. Report of the Scrutiny and Support Manager**

The Scrutiny and Support Manager delivered his report to the Committee, advising that the next Health Scrutiny Accountability Session would be held on 22 October at Newcastle Civic Offices for University Hospital North Staffordshire.

At the Mid Staffordshire Foundation Trust accountability session held the previous Thursday, 27<sup>th</sup> September it was agreed that they should remain as bi-monthly fixture.

Other meetings arranged as follows South Staffordshire and Shropshire NHS Trust 21<sup>st</sup> November and the West Midlands Ambulance Service Trust. 31<sup>st</sup> January 2013. Dates were currently being agreed for the other Trusts who attend once a year.

There was an update concerning the closure of Accident and Emergency at Stafford Hospital and drew attention to the press release.

There was also an update concerning the Centre for Public Scrutiny and that the Council had been successful in securing funding from the Centre for Public Scrutiny for further scrutiny development to assist in meeting the challenges arising from the new health arrangements.

The second strand being to explore the development of the emerging relationship with the scrutiny committee and the Clinical Commissioning Groups. It was hoped that planning for this would take place during October details would be circulated.

The recent Green Paper for the Revolution in Care Quality was mentioned and he referred to the response of the joint select committee working group.

There was a further update concerning the Mortality Workshop saying that since the last meeting he had met with representatives from Cure and the NHS to determine the best way forward and agreed a scope for the work. He advised that he would enlisting the help from an outside body.

A member raised concerns about the meetings with the CCGs and the closure of Margaret Stanhope Hospital. He was advised that a letter went out to the Chief Executive of the Trust regarding the lack of communication about the closure of the Margaret Stanhope.

A second member commented that at the Mid-Staffordshire Foundation Trust Governors meeting before the Board meeting they were advised that A&E at Stafford Hospital could be reopening in October and the Governors were happy. They were now concerned as to the apparent lack of information prior to the decision not to re-open.

The Chair responded that 3 governors had raised the same issue at the Accountability Session held the previous Thursday and the decision had been subject of some discussion.

A member commented that he was concerned about comments made at the Thursday's meeting by the Trust. They said that they would close A&E and the intimations were that this was always going to be the case.

The response being that Mid Staffs had always said that it was their intention to open, the Trust had said that they were in a position to open but it was always going to be the decision of the Commissioners as to whether it would open or not.

The next meeting was the Cabinet Member Accountability Session on 5<sup>th</sup> November, and that invites had been sent for the pre meeting on 17<sup>th</sup> October.

**RESOLVED** - That the report be received.

## **61. District/Borough Council Health Scrutiny Updates**

In addition to the updates already provided the following was reported:

### **Cannock Chase District Council**

Councillor Gamble advised the committee that at their meeting on 3<sup>rd</sup> September the Cannock Chase Health Scrutiny Meeting had discussed the closure of the kitchens at Cannock Hospital.

Cannock Chase District had handed in a large petition to the Mid Staffs Hospital Trust concerning the closure but at the meeting of the Joint Health Accountability Session on 27<sup>th</sup> September the Trust made no mention of the petition and it appeared that the closure was going ahead.

He advised for the information of the meeting that dementia care had been discussed by the Committee and it was very worthwhile.

### **East Staffs Borough Council**

A member informed the meeting that the next meeting would be on 30<sup>th</sup> October and asked if the Borough Councils should be conducting their own Accountability Sessions drilling down more into the service providers on their patch.

The Scrutiny and Support Manager responded that the County Council would always take the lead in respect of scrutiny of issues that would affect more than one Borough or District Council.

However in the event of a District having a local health issue that was where the CCG should be held to account. The issues should be retained and dealt with locally. He concluded that he would be happy to give help and guidance.

The member asked if there was any truth in the rumour That there were plans for a new Mental Health Facility in South Shropshire, or was it just a rumour.

The Scrutiny and Support Manager advised that he would get more information and pass it on to the group.

### **Lichfield District Council**

Councillor Bayliss informed the committee that a Fuel Poverty Working Group had been set up and that there would be a report from 3 of the members in due course.

#### South Staffs District Council

Janet Johnson stated that they were trying to set up a meeting with the Clinical Commissioning Group, a previous meeting on 24th September had been broken and this was the meeting that was intended to determine the content of the meeting, he commented that things were made more difficult due to the loss of the Support Officer.

#### Staffordshire Moorlands District Council

Councillor Baddeley advised that Helen Trousdale had delivered a presentation on Dementia Care. He commented that Ken Jarold Chair of North Staffordshire was concerned about the closure of care places she asked for further information on when and where there had been a consultation process as no one had been invited from Staffordshire Moorlands.

The Scrutiny and Support Manager responded that the consultation had come through this committee and that Councillor Baddeley had been present.

#### Newcastle Borough Council

Councillor Cornes informed the committee had considered the health of Children and Young People and that she had received an update from them following their meeting on 18<sup>th</sup> September.

**RESOLVED** - That the report be received.

### **62. Health Trust Updates**

Councillor Cornes updated the meeting advising that she had attended the AGM for the University Hospital adding that it was well attended and interesting.

That there was good progress in relation to mortality rates but there were still issues concerning disabled parking. Overall they seem to be making overall progress in performance.

A member asked for clarification of the roles of the Scrutiny Team present. In reply gave a brief description of roles and responsibilities of the Officers.

The Chair advised the next meeting was scheduled 5<sup>th</sup> November 2012.

**RESOLVED** – That the update be received.

**Chairman**