

Public Document Pack

Date of meeting	Wednesday, 9th January, 2013
Time	7.00 pm
Venue	Civic Offices, Merral Street, Newcastle-under-Lyme, Staffs ST5 2AG
Contact	Julia Cleary 01782 742227

Health Scrutiny Committee

AGENDA

PART 1- OPEN AGENDA

- 1 Apologies**
- 2 Declarations of Interest**
- 3 Minutes of Previous Meeting** **(Pages 1 - 4)**
- 4 Model Of Care Update 4** **(Pages 5 - 10)**
- 5 UPDATE ON THE ACCIDENT AND EMERGENCY DEPARTMENT**

To receive a verbal update from Liz Rix, Chief Nurse at the University Hospital of North Staffordshire regarding performance at the Accident and Emergency Department.

- 6 QUESTION AND ANSWER SESSION WITH KEN JARROLD,
CHAIR OF THE NORTH STAFFORDSHIRE COMBINED
HEALTHCARE TRUST**

Please ensure that any questions for Mr Jarrold are submitted to Julia Cleary before 5pm on Friday 4th January 2012.

- 7 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

'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'

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

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HEALTH SCRUTINY COMMITTEE

Wednesday, 21st November, 2012

Present:- Councillor Colin Eastwood – in the Chair
Councillors Mrs Johnson, Loades, Taylor.J and Williams

1. APOLOGIES

Apologies were received from Cllr Mrs Hailstones, Cllr Mrs Cornes and Cllr Becket.

2. DECLARATIONS OF INTEREST

Cllr Johnson declared an interest as she worked for the North Staffs Users Group.

3. MINUTES OF PREVIOUS MEETING

That the minutes of the meeting held on the 24th October 2012 be agreed as a correct record.

4. MINUTES FROM THE COUNTY HEALTH SELECT COMMITTEE MEETING HELD ON MONDAY 5TH NOVEMBER 2012

Resolved: That the minutes be noted.

5. MINUTES FROM THE HEALTH ACCOUNTABILITY SESSION HELD ON 22ND OCTOBER 2012

Resolved: That the minutes be noted

6. INFANT MORTALITY

The Chair welcomed Dr John Harvey, Public Health Consultant and Sally Parkin, Clinical Director at North Staffs CCG. Dr Harvey outlined the problems currently facing the area. The main issues causing concern had started in 2007/08 and there were still problems in getting data for a substantial period of time due to the validation processes. A review had been carried out which sought to identify specific problematic areas but no single factor had stood out. There was an awareness that certain factors were certainly contributory such as smoking but the pattern in Newcastle did not appear to have been repeated in adjoining areas. It was thought that smoking was the most significant issue with a 12% variance between the best and worse areas in England. Where possible issues such as smoking were being supported through a national support team for health inequalities.

Dr Harvey confirmed that infant mortality rates were coming down to the levels seen in 2006 but that staff were not becoming complacent due to this and current levels were still not considered to be acceptable.

Members queried what the international levels of Infant Mortality were. It was stated that the best levels were in Scandinavia and that the main reasons behind this were to do with cultural issues and accessibility to high quality services.

Members discussed a Maternity Pathway document that had been distributed. Maternity care was delivered in various settings by a range of healthcare professionals including GPs, Midwives and Obstetric Consultants. There were numerous pathways/protocols that had been developed in partnership with University Hospital of North Staffordshire which adhered to NICE guidance and sat as an appendix to the North Staffordshire Ante Natal Service Specification. These Pathways/protocols varies depending on any associated health risk factors that were identified at the first booking appointment.

Members questioned whether this was the current pathway and it was confirmed that it was. Concerns were raised that there appeared to be a large workload for midwives; it was stated that this was kept under scrutiny and that at present the levels of work were deemed to be safe.

Members asked whether Councils could take on campaigns to help with issues surrounding infant mortality. IT was confirmed that campaigns were carried out by the County Council and that campaigns in primary care use were effective and needed to be enhanced if possible. Members also considered that Infant illness should also be addressed alongside infant mortality.

The Chair thanked Sally and Dr Harvey for attending the meeting.

Resolved: That the update and briefing notes be received.

7. MODEL OF CARE PHASE TWO FORTNIGHTLY UPDATE

The Chair raised concerns regarding the availability of the fortnightly updates and stated the importance of receiving them on time.

Members raised concerns regarding progress of Phase Two, especially regarding the closure of beds before community services were up and running. It was understood that there were no resources for running double services and that this was therefore creating a provision gap.

The Chair confirmed that he would contact the County Council regarding accountability sessions to ensure that any dates could be organised well in advance and so that members could be prepared with questions in good time. Care also had to be taken to ensure that all questions asked were responded to. It was thought that the closure of the Bennett Centre would have an impact which was as yet unknown.

Concern was also raised that the Commissioners claimed not to be aware that these problems would occur even though they had been highlighted by the Scrutiny Committee.

Members requested that the Clinical Commissioning Group be invited to a future meeting of the Committee to provide an update on the situation. The Chair confirmed that he had a meeting with the CCG on 12th December and would discuss the concerns of the Committee then. The Chair also requested that any further questions for the CCG be passed to him prior to the meeting on 12th December.

There was also concern regarding where responsibility lay between the Health Authority and Social Services for certain activities . The Chair agreed that this issue needed to be raised with the County Council.

Members also expressed concerns that there was no direct contract with PALS and that complaints had to go through ward staff and that this made confidentiality an issue. The Chair agreed to raise this issue with the County.

Resolved: That the Chair take the concerns of the Committee back to the County Council.

8. NUTRITION

This topic would be deferred to a later meeting.

9. HEALTH SCRUTINY MEMBERS VISIT TO A&E

Dates were still awaited for this from the hospital.

10. VISIT TO BRADWELL HOSPITAL - NEW DATES

Members agreed to visit the hospital on 28th November.

11. URGENT BUSINESS

There was no urgent business.

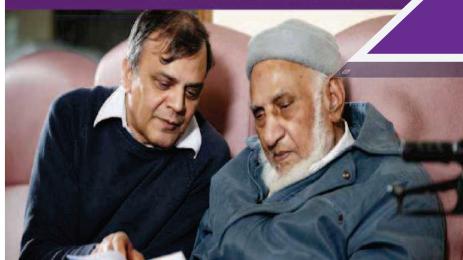
COUNCILLOR COLIN EASTWOOD
Chair

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Model of Care PHASE 2

Improving mental health services in North Staffordshire and Stoke on Trent



Update on changes

Issue 4

Thursday November 29, 2012

A fortnightly-update on the implementation of plans
to improve mental health services across
Stoke on Trent and North Staffordshire

Issued on behalf of

North Staffordshire Combined Healthcare NHS Trust

For further information, please speak to the

Communications and Membership Team on 0800 032 8728

Contents

Progress Report.....	3
ADULT MENTAL HEALTH SERVICES	3
OLDER PEOPLE'S MENTAL HEALTH SERVICES	5
Timeline.....	6

Progress Report

Action	When
Bennett Centre inpatient bedded area closed	September 1, 2012
Lyme Brook Centre inpatient bedded area closed	October 1, 2012
Ashcombe Centre inpatient bedded area closed	November 9, 2012
Bennett Centre closure scheduled for this month	December 21, 2012
Closure of Weaver House scheduled	December 14, 2012

ADULT MENTAL HEALTH SERVICES

The changes in Adult mental health services continue in line with the project plan.

A project group is meeting on Monday 3 December to ensure the final actions are carried out in relating to the closure of the Bennett Centre. A key element of this meeting will focus on the communications which have taken place with stakeholders, including service users and GPs, to ensure all are aware of how changes affect them.

Over the past two weeks, updates on implementation progress have been presented at the public boards of both Clinical Commissioning Groups (CCGs) and the Staffordshire Cluster and at Cheadle Town Council.

Trust staff, including Steve Gregory, Director of Quality and Operations, have also attended a meeting with the NSUG to hear feedback on the changes with an aim to addressing any concerns raised by service users. There have been two specific concerns raised, which are as follows:

- Out of hours cover for people who formerly phoned the Resource Centre bedded units overnight for advice and support.
- The availability of resource centre-based activity groups

We have welcomed scrutiny of the implementation of changes. Feedback provided from users of the services (and groups) and their carers, has been and will be key to ensure we can resolve such matters quickly and in the best interests of our service users and staff, in line with commissioners' expectations. The actions we are taking are as follows:

What support is in place out of hours for people who do not require admission to a bed, but are used to calling the Resource Centre bedded units overnight to get reassurance and support?

Seven Band 5 posts have been assigned to the Acute Home Treatment Team to cover out of hours calls (previously supported by the staff working overnight in the inpatient bedded areas). This means that calls outside of the opening hours of the Community Mental Health Resource Centres will be triaged by clinical staff between 4.30pm and 8am, Monday to Friday and over weekends and Bank Holidays. All Resource Centre telephones will be transferred at the end of the day to the Access number – 0300 123 0907.

What groups take place in the resource centres?

We recognise that the availability of a small number of groups has changed over the past six months. We have given a commitment to review the groups which have changed and provide a full response in a future UPDATE. A meeting is planned for 11 December between the Trust and NSUG representatives to take this forward.

The Trust will also be providing assurance to commissioners that there is a continued provision of day services from Lyme Brook, Ashcombe, Sutherland and Greenfields Resource Centres between 8.30am and 4.30pm Monday to Friday.

This will include

- A breakdown of the specific groups available in each centre
- Details of any groups that were previously provided in a resource centre and have now moved to a community location,
- An understanding of what has happened to people who were attending the groups in the resource centres that have now moved to community locations including how many people have ceased to attend
- Details of any groups that are no longer provided
- Number of people attending day services in each of the resource centres.

We are also reviewing the possibility of supporting Service User-led groups to take place in the Resource Centres, to avoid room hire cost for hire of community venues. We are working with Service Users who would already have pre-knowledge of each other to promote informal support networks. Where needed, NSCHT staff would facilitate the groups' formation and supply of information on successful group working tips for SU to take forward themselves. We have also given a commitment to reviewing what space is available in Lyme Brook for Group sessions versus space used for office.

OLDER PEOPLE'S MENTAL HEALTH SERVICES

Day Hospital services ceased to be provided from Hazlehurst Unit in early 2012. The Trust is on schedule for closure of Weaver House by the second week in December 2012. Service Leads are working closely with commissioners to provide assurance that all service users have been assessed appropriately and had their service re-provided in a safe and suitable manner.

All existing service users of Weaver House have been reviewed.

From December 14, 2012, Day Hospital services will be delivered from Maple house and Abbotts House only. Clients who do not meet the criteria for Day Hospital attendance will be supported in accessing other service provision.

Clients requiring transportation to these new centres will be supported.

Timeline

The following is a high-level timeline which shows the periods when changes will take place.

Key Messages:

- Changes will take place between the first day and last day of the month, dependant on the needs of service users. The changes will only take place **if clinically safe and appropriate to do so.**
- All changes to appointment locations will be advised to service users and patients by the Care Coordinator, involving carers wherever possible and appropriate
- Changes are planned and coordinated in advance. However, there are circumstances when plans may be brought forward or slip as a result of unforeseen circumstances (staff sickness, high-level care requirements, etc). We plan to manage this wherever possible and have in place contingency plans and risk logs as a matter of course.

