

## Minutes of the Health Select Committee Meeting held on 2 July 2012

Present: Kath Perry (Chairman)

### Attendance

Dylis Cornes	
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

### Also in attendance:

**Apologies:** Erica Bayliss, Gill Heath, David Bassett (Local Involvement Network), Matthew Ellis (Cabinet Member for Adults Wellbeing), Robert Marshall (Cabinet Member for Public Health and Community Safety) and Mike Lawrence (Cabinet Member for Children's Wellbeing)

### PART ONE

#### 10. Declarations of Interest

Member	Minute No	Interest	Reason
Janet Johnson		Personal	Governor Mid Staffs Hospital
Brenda Constable		Personal	Member of Local Involvement Network (LINK) Enter and View

## **11. Minutes of the Health Scrutiny Committee meeting held on 30 April 2012**

**RESOLVED** – The minutes of the meeting held on the 30<sup>th</sup> April were agreed and signed by the Chairman.

## **12. Health Scrutiny in Staffordshire**

The Scrutiny and Support Manager, Nick Pountney, delivered a presentation setting out the role and operation of Health Scrutiny in Staffordshire.

The presentation covered:

- the legislative framework within which Health Scrutiny operated;
- the remit of the Committee, which included both scrutiny of health services and health improvement and adult social care services;
- the responsibility of health services to consult the Committee on any substantial variations to services;
- the devolved arrangements with the District and Borough Council's and the need to ensure that scrutiny work was undertaken in the right place, at the right time, without duplication and making best use of the resources available;
- the facility for items to be referred to District and Borough Councils, or undertaken jointly with them;
- the Committee membership, in particular the role of the Local Involvement Network (LINK) representative given the move to HealthWatch;
- the purpose of the accountability sessions, where the Committee, with additional invited District and Borough Members, were able to ask questions of the various health Trusts operating in Staffordshire;
- regional scrutiny and the role of the regional scrutiny chairs and officers group;
- the role of the support officers at the County and at the District and Borough Councils; and
- important future developments, including the outcome of the public inquiry into the role of the commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire Foundation NHS Trust and the significant NHS reforms following the Health and Social Care Act.

It was emphasised that the Committee had a very wide remit and, as such, would have to carefully prioritise its work programme. The Chair highlighted her hope that the work programme would be able to accommodate items additional to statutory consultations, which had dominated it in the past. She also stressed the importance of undertaking work that would lead to improved outcomes for the people of Staffordshire.

Members sought clarification of the term Corporate Priority. It was explained that the County Council had nine Corporate Priorities, which were set out in the Strategic Plan. In terms of its remit, the Committee had a role in contributing to two of those priorities relating to the ability of people in Staffordshire to live long, healthy independent lives, supported when necessary.

**RESOLVED** – That the report be received and the LINK representative be unco-opted.

### **13. North Staffordshire Combined Healthcare NHS Trust - Model of Care Phase Two consultation**

Steve Gregory, Director of Quality and Operations, set out for the Committee the key proposals contained in the second phase of consultation on the model of care for adult mental health (AMH) and older people's mental health (OPMH) services in the north of the county.

He reminded Members of some the key drivers, philosophies and principles behind the change:

- that treatment should be delivered as close as possible to the patient;
- that support for carers was appropriate;
- that investment should be made in services not buildings; and
- that services needed to be efficient and deliver savings for the Trust.

£2.5m savings were projected based on the proposals, £800K of which would be directly reinvested into clinical services.

The Committee had previously been consulted on phase one of the changes and the Bucknall hospital site had subsequently been closed. All clinical services had moved and admin and support services would have moved by the end of the year.

He acknowledged that any change in 24/7 bed based services would always be controversial and that consultation was of utmost importance.

Details of the Trust's preferred options were set out in the consultation document which had been circulated to Members. However, in summary the proposal in relation to AMH was to close one resource centre completely, while the remaining centres would offer day support and activities but cease to offer overnight beds. There was considered to be sufficient availability of beds at the Harplands site (56 beds) for acute admissions. This was at least comparable if not better than other similar areas. The proposal in relation to OPMH services was that two of the current four day hospitals would close. Use of day hospitals for dementia assessments had been declining for some time and the retention of two was consistent with current usage levels. In addition, from a clinical point of view, dementia assessments were better carried out at home in a person's normal environment. Concurrent with both these changes would be an increase in the amount of community based support offered. Prior to launching the public consultation the national clinical assessment team had endorsed the proposals put forward as the preferred options.

Members were concerned as to whether there were sufficient trained, community based staff to provide the level of support required, in particular at weekends and bank holidays. Mr Gregory agreed that the development of competent staff was of critical importance. He assured Members that community based treatment would not consist of one or two visits a week but would comprise more like 3-4 visits a day until a person was assessed as needing less. It was intended that at least one of the people attending these visits would be a 'consistent face'. The change in the number of beds versus the corresponding need for additional staff had been worked out as part of the consultation. They were also working to map skills, knowledge and experience of staff and to ensure that staff were appropriately trained to operate within the new model.

Members were concerned that the proposal represented the closure of a large number of beds and asked what timescale the closure would take place over. They were also concerned that the closure of any resource centres / day hospitals would inevitably mean some patients would find it more difficult to access services, especially given the transport network in some parts of the north of the county.

Dr Ben Udeze informed Members that the Trust was still seeking views on which two day hospitals would be closed. Furthermore, in the new model people would have a choice regarding which hospital to attend. He re-emphasised the fact that the model allowed for a much more personal approach with many more patients able to have assessments undertaken at home. He referred Members to the consultation document which also set out examples of patients who refused to attend the day hospital at the point at which transport arrived – thus, delaying the assessment and impacting on the efficiency of the ambulance. In the new model this kind of event should be minimised whilst retaining the ability to use the two remaining day hospitals for those with the most complex needs.

Regarding the speed of the closures Mr Gregory confirmed that all beds would not suddenly be closed following the consultation and development of finalised proposals. He explained that the reduction would be phased, although not over a particularly lengthy period. Beds would not be closed until appropriate community services were in place. Members were reminded of the availability of acute admissions beds at Harplands, which was comparable to the number of beds per population elsewhere in the country and in South Staffordshire. Members remained concerned about the availability of beds for those that needed them and felt that comparisons were misleading because other areas, including South Staffordshire, had different socio-economic profiles to North Staffordshire, which influenced levels of mental health issues.

Councillors sought more detail regarding the care that would be delivered to people in their homes and asked if a simple chart setting out how care would be delivered could be provided. Mr Gregory agreed to provide a 'care pathway' to the Committee and reiterated the fact that home based care would consist of many more home visits that had previously been the case. The Trust was also looking at how tele-health could be used more. Members asked whether the Trust was prepared for the fact that some visits would require more than one member of staff to attend. The Trust had a lone worker policy in place, however, in most cases two people would attend visits until a patient was assessed as only requiring one.

Members acknowledged that the resource centres and day hospitals had not been intended to provide respite for carers, however, they believed they had been used in that way. They asked what support would be available for carers in the new model.

Dawn Williams, County Commissioner for Mental Health, agreed that support for carers was crucial in the new model. The Local Authority had recently invested additional money into carers support services and there would continue to be support provided by Day Centres. The Council was also looking into how assistive technology, for example text reminders for medication, could be used to support carers. Members remained concerned regarding the availability of support and respite for carers overnight.

Members were concerned that the changes were more about saving money than delivering the best care. Mr Gregory acknowledged that saving money was one of the drivers for change, however, the proposals had been scrutinised by clinicians and directors were required to sign off proposal as being of benefit to clinical outcomes.

**RESOLVED** – That the Committee appoint a working group, comprising Councillors Eastwood, Cornes, Johnson and Oates to prepare a formal response to the consultation for ratification by the full Committee.

#### **14. Work Programme Planning**

Nick Pountney, Scrutiny and Support Manager, asked Members to consider the proposed work programme items set out in his report.

The proposals were divided up into those issues the Committee had to consider and those which the Committee could choose to consider. As the remit of the Committee had been extended it was clear that there were more items proposed than the Committee could deal with in a year. As such, the Members were asked to prioritise those issues of most importance to them, ideally looking at issues where there was an opportunity for them to influence policy decisions and/or improve outcomes for residents of Staffordshire.

Members discussed recent news coverage about a number of Trust's that had entered PFI deals and were subsequently in financial difficulty. Members discussed raising this with individual Trusts at their accountability sessions.

The Chair encouraged Members to think about whether items could be referred to other bodies or Committees – for example LINKs or District and Borough Health Scrutiny Committees. The Committee was reminded that the work programme might be disrupted by the outcome from the Robert Francis public inquiry into the role of the commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire Foundation NHS Trust.

Members agreed that finishing work that had been commenced last year and looking at out of hours discharge were key priorities.

**RESOLVED** – That:

- Members email the Scrutiny and Support Manager with their views on the priority items for the work programme; and
- the Scrutiny and Support Manager prepare a draft work programme for the Committee to consider at their next meeting.

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

Members considered the update report of the Scrutiny and Support Manager.

Members were informed that the Joint Health Accountability Session for Mid Staffordshire NHS Foundation Trust which took place on the 27<sup>th</sup> June was available to watch online.

Members were asked to prioritise a workshop with the Centre for Public Scrutiny, which would be organised in July, regarding developing relationships with Clinical Commissioning Groups and Healthwatch,.

The Scrutiny and Support Manager agreed to find out about the 'Health of the Public in Staffordshire' event which some Members of the Committee had been invited to.

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

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

Councillor Stafford-Northcote informed the Committee that the Stafford Borough Council Committee had received a presentation relating to licensing law enforcement in the night time economy of Stafford Borough, which Members could request from the Scrutiny and Support Officer.

Councillor Eastwood highlighted the delay in developing a cardiac rehabilitation programme at the new Jubilee 2 leisure centre.

Tamworth had their first meeting on the 21<sup>st</sup> June, they would be meeting again on the 10<sup>th</sup> July to formalise their work programme.

Members had either already supplied their work programmes to the Scrutiny and Support Manager or would do so once their Committees had met.

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

#### **17. Health Trust Updates**

There were none on this occasion.

#### **18. Local Involvement Network (LINK) Update**

There was none on this occasion.

**Chairman**