

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 30th 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 6th 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 21st 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