

CANNOCK CHASE COUNCIL
MINUTES OF THE MEETING OF THE
HEALTH AND WELLBEING POLICY DEVELOPMENT COMMITTEE
MONDAY 6 AUGUST, 2012 AT 4.00 P.M.
IN THE CIVIC CENTRE, BEECROFT ROAD, CANNOCK

PART 1

PRESENT: Councillors

Freeman, Miss. M. (Chairman)
Gamble, B. (Vice-Chairman)

Bennett, C. Jones, R.
Bernard, Mrs. A.F. Todd, R.
Davis, Mrs. M.A.

1. Apologies

An apology for absence was received from Councillor Mrs. A. Allt.

2. Declarations of Interests of Members in Contracts and Other Matters and Restriction on Voting by Members

The Senior Committee Officer reported that Council on 4 July, 2012 adopted a new Code of Conduct and interests previously classed as 'prejudicial' would now be 'pecuniary' interests to bring them in line with the new terminology in the Localism Act, 2011.

She also indicated that guidance was available to Members should they require it.

There were no interests declared.

3. Minutes

The Health and Wellbeing Portfolio Leader referred to Minute 21 and asked if the Primary Care Trust (PCT) had been contacted regarding the need for publicity for pharmacy services.

Mr. S. Shilvock, Head of Environmental Health reported that a discussion had taken place with the PCT and there was now a link on the Council's website to the NHS Choices website where the public could access a range of information including Pharmacy Services, Doctors and Dentists.

AGREED:

That the Minutes of the meeting held on 26 March, 2011 be approved as a correct record.

4. Health and Social Care

The Chairman and Members welcomed Angela Schulp, District Commissioning Lead for Health and Social Care to the meeting.

Health and Social Care

Ms. Schulp explained that Staffordshire and Stoke on Trent NHS Partnership Trust provided front line delivery services. The Trust operated across 8 areas with around 1,000 social care and NHS staff that had transferred to the Trust. Integrated teams operated across the County which would ensure that services were more focussed.

In response to this a Member highlighted the problem with the number of carers visiting patients and asked what measures would be implemented to deal with the problem. Ms. Schulp responded and stated that last year there had been a number of different providers providing services, however the continuity of services was important as well as making sure patients were informed. She also advised that with the new arrangements fewer carers would be visiting patients which would hopefully overcome problems with patients not knowing who would be caring for them on a day to day basis.

In response to a question raised regarding the reduction in staff numbers, and how this would impact on the number of patients needing care, Ms. Schulp explained that many issues had risen particularly around the time spent with patients and quality of care, however the delivery of care also depended on the demand for it and also the size of the population.

Ms. Schulp advised that private agencies had always been used for providing care services, with Local Authorities continuing to help with patients that required urgent responses. She explained that under the Community Care Act anyone that was receiving care would receive and be involved in an annual review, if it was found that the quality of care was considered poor then safeguarding procedures would come into effect. Furthermore, there was also a 6 week review in place and patients with more serious conditions could be reviewed every few weeks.

With regard to the elderly, Ms. Schulp reported that a Winter Protocol was in effect between the NHS and Social Care and usually commenced around September. She explained that if it was a particularly bad winter with extra pressures such as a flu outbreak then other resources would need to be brought in from around the County.

The Chairman referred to how time was allocated to a care worker when visiting a patient and asked if there had been any changes to this. Ms. Schulp explained that there were a number of tasks carried out when visiting a person's home and there was a reliance placed upon the carer to use an electronic device to book work in and out. She also commented that the carer would contact the agency following the visit provided the patient was happy with the care that had been given and happy for the call to be made in their home. If additional time was required, the carer would contact the agency who would deal with this. She also advised that the patients care plan was available in their home.

Ms. Schulp reported that there was a framework of providers within the County with specialist care used if the two main agencies could not respond to a patient in time. With

regard to discharging patients, work was currently ongoing in respect of 'speed packages' and further information could be provided for the Committee at a future meeting.

In response to a question raised regarding patients who required 24 hour care, Ms. Schulp advised that agencies did not provide different hours as some patients required 2-3 carers, however she would provide information for a future meeting on the set number of hours that were covered.

Ms. Schulp reported that there were four teams based around Rugeley, Cannock, Cannock Villages and a further team, one team would also take patients from Gt. Wyrley, and there were approximately 800 patients per team.

Langbourne Development, Cannock

Ms. Schulp then reported on the Langbourne Development and explained that the site would be an Extra Care Scheme. She explained that a tender was currently in the open market and the closing date was September. The scheme proposed 60 apartments with the option of 24 hour care if required. There would be a mixture of low level, medium level, and high level need, with 6 apartments specifically for those with learning difficulties. The development would also include a GP's Surgery and a Pharmacy and there would also be community facilities. It was hoped that building works would commence in October with completion in March, 2013. She explained that costs for residents would depend on the financial circumstances of the individual.

She advised that a community event to discuss the proposal would be held with representatives from Extra Care and GP's and she also indicated that the scheme would be similar to that of the Vine Court and School Court developments.

Davy Unit, Previously located at Cannock Chase Hospital

Ms. Schulp reported that the Davy Unit moved from Cannock Chase Hospital to the Gt. Wyrley Day Centre in April, 2011. She indicated that there was a decline in the number of people using the facility, although this was not due to the location but due to people choosing other options within Cannock. She reported on various group activities and other facilities run within the District and stated that the only service that had not seen a decline was day care for those with dementia. However, she commented that a group run at St Lukes, Cannock was not well attended, although this was due to the decline in the number of carers available.

With regard to dementia services Ms. Schulp reported that a tender would be going out in September for a further service to be located within Cannock with Cannock being priority.

A Member referred to dementia services and asked if there were any plans proposed which would help detect early diagnosis. Ms. Schulp commented that Mapp UK held the contract and referrals would be sent from GP's and carers, with the organisation being supported by Alzheimers's UK. However, she indicated that Mapp UK was over subscribed but would be placed as priority by GP's through the GP Commissioning Group.

Ms. Schulp advised that she would provide further information on the number of people looking for this support and the current demand at a future meeting.

The Chairman thanked Ms. Schulp for attending and looked forward to her attendance at the next meeting scheduled for Monday 8 October, 2012 where updates would be provided.

AGREED:

That Ms. Schulp, District Commissioning Lead on Health and Social Care be invited to the Health and Wellbeing Policy Development Committee on 8 October, 2012 to provide updates.

5. Health and Wellbeing Priority Delivery Plan – Active and Healthy Lifestyles

Consideration was given to the Performance Outturn for 2011-12 (Enclosure 3.1 – 3.3 of the Official Minutes of the Council).

The Head of Environmental Health reported on the Priority Outcomes for 2011-12 and advised that there had been some changes made by the Food Standards Agency on how risk scores were calculated which had reflected negatively on the number of premises broadly compliant with food safety requirements. Specifically, changes had been made to the “confidence in management” factor. He advised Members of the Committee that there was no deterioration in the number of premises compliant.

Members discussed tobacco control initiatives and in particular the illegal trade and asked how this was controlled. The Head of Environmental Health commented that any intelligence that was received would be passed on by Staffordshire Police, and referred to the recent sale of counterfeit alcohol which Trading Standards had become aware of which resulted in this coming before a Committee.

Members noted the Health and Wellbeing Priority Delivery Plan – Active and Healthy Lifestyles – Performance Outturn for 2011-12.

6. People – Active and Healthy Lifestyles Priority Delivery Plan

Consideration was given to the People – Active and Healthy Lifestyles Priority Delivery Plan.

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7. Health and Wellbeing Portfolio – Summary

Consideration was given to the Briefing Note of the Head of Environmental Health (Enclosure 5 of the Official Minutes of the Council).

The Chairman referred to the Briefing Note and asked if there was any update available on the closure of the canteen at Cannock Hospital. The Health and Wellbeing Portfolio Leader responded and stated that the canteen would be closing as a £250,000 saving was required and added that the Hospital was already in debt. She also commented that the opening hours of Nightingale restaurant and advised that it would not be open on a full time basis as of now but only at peak times and weekend opening was under review.

AGREED:

- (A) That the Briefing Note be noted.
- (B) That a representative from Mid Staffs NHS Foundation Trust be invited to a future meeting of the Health Scrutiny Committee.

8. Draft Work Programme 2012-13

Consideration was given to the Draft Work Programme 2012-13 (Enclosure 7 of the Official Minutes of the Council).

Members discussed the Draft Work Programme and agreed that social alarms funding should be considered priority in view of the possibly of funding being ceased next year.

AGREED:

That the work programme be agreed subject to social alarms being considered a priority subject together with frail and elderly people.

CHAIRMAN

The meeting closed at 5.25 p.m.