

CANNOCK CHASE COUNCIL
MINUTES OF THE MEETING OF THE
HEALTH SCRUTINY COMMITTEE
MONDAY 3 FEBRUARY 2014, 4:00PM
IN THE CIVIC CENTRE, BEECROFT ROAD, CANNOCK
PART 1

PRESENT: Councillors:

Gamble, B. (Chairman)
Ball, G. (Vice-Chairman)

Rowley, J
Cartwright, Mrs. S. M.

Freeman, Miss M.A.
Mitchell, Mrs. C.

Independent Co-opted Member – Hester Parsons (HealthWatch)

35. Apologies

Apologies were received from Councillor Sutton, Mrs. H. M and Fisher, P

36. Declarations of Interests of Members in Contracts and Other Matters and Restrictions on Voting by Members

There were no interests declared.

37. Minutes

AGREED:

That the Minutes of the meeting held on 14 and 26 November, 2013 be approved as a correct record and signed by the Chairman subject to Hester Parsons being included on the list of those present at the meeting on 26 November, 2013.

38. Disabled Facilities Grant

A presentation was received on the use of Disabled Facilities Grants to assist people to live independently by the Environmental Protection Manager. He reported on the background to the Disabled Facilities Grant and highlighted areas of the Grant:

- Maximum value of the Grant is £30,000
- Subject to Test of Resources (Means Test) for adults, but not children or ex-service personnel
- Reasonableness of works/value for money

- Added value
- Tendering Process for works
- Fee Structure

Cannock Chase District Council use a Home Improvement Agency (Metropolitan) as it does not have the capacity to undertake this type of work in house.

It was reported that all proposed adaptations have to meet the applicants needs and be economically viable. Applicants, other than children or ex-service personnel, are subject to a Test of Resources. Applicants may qualify for a full, partial or no grant contribution depending on their financial means. Many of the referrals meet the criteria for a full grant as they are on benefits. Where this is not the case Metropolitan Home Improvement Agency will assist clients by signposting them to other sources of funding, help with financial planning or benefit entitlements. Once it had been agreed that an adaptation was required Metropolitan HIA send the tender out for the work to their approved contractor list. This ensures the process is fast and reliable for the specialist type of equipment/works that is required. If the required adaptation job is minor/simple these can be fast tracked as there are agreed rates with the contractors for this type of work. It should be noted that there have been 45 completed satisfaction surveys with each rating satisfaction at 100%.

Funding from Central Government is £327,717 for each of 2013/14, 2014/15 and 2015/16. How the money is allocated will change with the funding being paid to the County Councils from 2015/16 as part of the Better Care Fund (BCF). The DFG funding element will be pass-ported to District Councils next year but there is uncertainty about the following years. For 2015/16 it was explained that the contribution from Cannock Chase District Council had not been determined nor allocated as yet.

Cannock Chase DC funds Metropolitan HIA for their services by way of a payment equivalent to 10% of the value of each DFG plus a £12,000 annual lump sum payment. Staffordshire County Council JCU also provides funding for some of the other work undertaken by the HIA.

The retendering of the HIA will be undertaken on a countywide basis to secure a single HIA for Staffordshire. This process should be completed in March and operational in July 2014 ensuring consistency on delivery of projects/works.

Members commented on the means test and asked what the cut off point for assistance was. They were concerned that even if the household income was fairly high with the economic downturn that the amount of available income would not be very much. Would there be allowances made for housing i.e. high mortgages. The Officer explained that the means test tried to be fair and would look at all the outgoings/expenditure of the household wherever possible. Members wished to know the number of applications that withdrew once the means test had been undertaken or

merely mentioned. The Officer explained that the means test had been softened for children and ex service personnel but had no reliable evidence regarding the number of people who withdrew their application. It must be noted, however, that Metropolitan would assist in every way they could to point potential applicants to other funding options where necessary.

Members questioned where people had received the DFG for a substantial adaptation and then moved property could the Council recoup any of the investment made. The Officer explained that a proportion of the money could be recouped and that each case would be looked at on an individual basis. However, there had not been any cause to do this to date. If people did move they could not apply for another grant for another 5 years unless it was for a child with disabilities.

Members questioned whether there were any backlogs of work waiting to be undertaken. The Officer replied that there were no backlogs.

Members understood that this grant was for the private sector but commented that people in privately rented property still had to get the landlords permission for any work to be undertaken. Some landlords would not agree to the work being undertaken on their property.

39. Cannock Chase CCG – A Call to Action

A presentation was received from a representative of the Cannock Chase Clinical Commissioning Group regarding their work preparation for the next five years.

Real consultation/discussion with local people is essential to understand their needs and expectations. However, this must be balanced with the challenges that are facing the NHS at the moment – treating over a million people in a 36 hour period. Within the national context 71% of the British public rate the NHS the best in the world.

We are an ageing population with the boom years being 40's, 50's and 60's. In general our life expectancy is increasing which means we need to prepare for the demand for the services that this will impact on i.e. long term conditions. There will be a rise in social care needs and this will impact on the Local Authority putting it under increasing pressure. The Better Care Fund will need to re-prioritise how they deliver funding/services.

There are significant risks to health smoking affects 23-24% of the population; the levels of child obesity is increasing and the challenges that brings i.e type 2 diabetes. 70% of the adult population are couch potatoes who do no exercise nor have their 5 a day diet.

Re-prioritisation regarding the rise in long term conditions would be needed which coincided with the planned 7 day working pattern. This, however, leads to the question of how this was to be financed. If nothing is done there will potentially be a £30 billion gap in funding in 2020. At the moment

within the CCG there is a recurring £8.2 million deficit.

Cannock Chase Districts demographics are not as challenging as some of the other areas locally and nationally. Although there is pressure to increase a healthy life expectancy there is also pressure to increase the quality of life.

One significant challenge to the system are the unplanned hospital admissions which shows the system is failing as it is costing £4million a year. If the system of referral can be improved it would reduce the burden of the cost. This is potentially one area of work that needs to be investigated.

There is more work to be undertaken regarding preventative death e.g. cancer and cardiovascular disease. If early detection/identification occurs treatment can be more effective.

The scope of the 'Call to Action' is primarily focussed on discussion with all sectors of society and their use of the NHS. Public meetings are taking place with specific groups which will form the basis of draft plans which will be available in June 2014 looking at how the service can be transformed over the next 5 years. The key items that will be looked at will be of a National context and how they relate to Cannock.

There needs to be a stronger focus on prevention. This means people need to be better equipped to self manage their long term conditions. However, in order to do this they need to be able to quickly access the correct/relevant services and the right person. Education of managing their long term condition is also vital.

One lesson that had been invaluable was the work with the Dementia patients and carers. The service needed to be designed around their needs and not what the perceived needs were. Bespoke services for certain groups of patients are important.

Integrated provision has been discussed and co-ordination around the patients needs. The discussion has focussed on the GP's being more involved with this especially if the patient has more than one long term illness it should not be treated in isolation of the other conditions.

There are three key areas that feed into the specialisation of services and the national policy that relate to primary care:

- Staying well
- If you or a family member become unwell (what does that mean)
- Integrated care – how does this become relevant to you

To do this the ideas need to be tested with the public to ensure that what is proposed is credible. The system has to be balanced in order for it to work better.

Members commented on anti-smoking campaigns and how they had improved over the years. It was agreed the campaigns were proactive to stop people smoking as the bulk of lung cancer is from smoking. Smoking cessation services commissioned with Public Health.

Members agreed that there needed to be a co-ordinated approach as they were not convinced that the public had been listened to in the past. There was concern regarding care in the community and hospital discharge as it was felt that this was not working and there was a general lack of communication with agencies. Communication is paramount and needs improvement. There needs to be a clear pathway to access services to the public.

The officer from the CCG assured Members that they were genuine in their efforts to try to engage with the public. He explained that they would not be able to solve all of the issues but agreed that the services needed to work together. He commented that there were delays in services when patients were discharged from hospital if they had not been co-ordinated. The work needed to be innovative as the money for the services was finite and it would be hard to change people's expectations.

The HealthWatch representative commented that it was important to engage with the community but equally it was important that the community played its part as well. Some of the meetings that she had attended comprised mainly of professionals with only two members of the public.

The Officer from the CCG recognised this issue and wanted to use patients with long term conditions to listen to their needs as they did with the Dementia reference groups and carer groups. They would need to review every six months any plans that were put in place to ensure that it was working and if it wasn't what needed rectifying. In order to rebalance the system across the life course it would need to look from the "cradle to the grave".

Members discussed how the GP's surgeries worked now and the importance that they needed to redress the balance. If GP surgeries were not open then patients would go to A&E which would impact on the cost of services.

The CCG agreed that there was a need for discussion with the NHS and primary care to address these sorts of challenges e.g. the number of people going to A&E due to lack of primary care. This was critically important as there was too much acute activity. Patients needed to be willing to share their experiences.

Members agreed that it was an educational process and enquired whether any work was being undertaken in schools. The Officer explained that they had been working with the Cannock and Rugeley Youth Forum but that he would talk to the engagement team regarding schools.

40. Update – HealthWatch Staffordshire

The HealthWatch representative gave a breakdown of work that had been undertaken since the last meeting:

- They have been supporting CCG in their work
- A brief survey had been undertaken regarding the A&E service at Good Hope and the results were being finalised with a view to publishing it on the website along with the other two surveys (Burton and Stafford)
- They had attended events on the Learning disabilities service and had responded to the consultation document although this had still resulted in Codsall and Kidsgrove centres closing. They did not think the consultations that the County were doing were high profile enough.
- They had been involved in the consultation on the Youth Service and what the youths and families wanted from the service. However, this was only targeting youths with special needs.
- One of the main priorities was the work and support that carers needed to carry out their roles. HealthWatch was working with the County on this. The County had appointed a member of staff to continue this work.

Members questioned the work/survey regarding the carers and what the outcomes were likely to be. The Representative replied that if they did not agree with the County's proposals they would voice their concerns and had done so in the past on other pieces of work. The County had never prevented them from doing this.

It was noted that the consultations were not very powerful or high profile. There had been a library consultation recently as well. Members pointed out that the Libraries contributed to people's good health. It was agreed that the Libraries offered a lot more variety of services than in previous years.

41. Items arising from the Staffordshire County Council's Healthy Staffordshire Select Committee

Comments had been made regarding the consultation and learning disability but it was felt that these comments had been ignored even though the service was well used by the community.

42. Work Programme

A report containing the findings of the meetings and emerging recommendations will be brought to a future meeting.

43. Date of Next Meeting

Members noted that the date of the next meeting was scheduled for 25 February, 2014, 4.00pm, Esperance Room.

The meeting closed at 5.50pm

CHAIRMAN