

**CANNOCK CHASE COUNCIL**  
**MINUTES OF THE MEETING OF THE**  
**HEALTH SCRUTINY COMMITTEE**  
**TUESDAY 08 APRIL 2014, 4:00PM**  
**IN THE CIVIC CENTRE, BEECROFT ROAD, CANNOCK**  
**PART 1**

PRESENT: Councillors:

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

Rowley, J	Freeman, Miss M.A.
Cartwright, Mrs. S. M.	Mitchell, Mrs. C.
Sutton, Mrs. H. M	Fisher, P.A

(Observer) Davies, M – Health and Well Being Portfolio Leader

**52. Apologies**

Apologies were received from Hester Parsons (Healthwatch).

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

There were no interests declared.

**54. Minutes**

The Head of Environmental Health updated Members on the proposed site visit and advised them that the most beneficial site visit would be to Madeley, near Crewe.

The Senior Committee Officer would liaise with the Head of Environmental Health concerning availability.

AGREED:

That the Minutes of the meeting held on 25 February, 2014 be approved as a correct record.

**55. Presentation on Staffordshire and Stoke on Trent Partnership Trust by Jo Cowcher, Area Manager, Cannock Chase**

A presentation was given on the above covering areas of:

- An Overview of the Trust
- Improving services – including quality first; focusing on the person and tackling responsibility
- Change in demographics – ageing population
- Enabling independence
- Prevention
- Working with patients and their aspirations
- Single integrated point of access
- Sharing information
- Managing expectations and demands from patients
- Emergency care plans for patients to be shared with all healthcare professionals
- To work closely with GP's to inform them of their assigned nurses, social workers and patients care plans
- Cannock's focus will on an integrated care team
- One telephone number for the patient that will link to all health areas
- Request for an urgent response service whereby nurses can diagnose and prescribe during Monday to Friday – CCG have set this as a task – it will start in May, 2014

An update was given with regard to the specialist rehab unit at Littleton Ward at Cannock Chase Hospital. The patients from this unit were now in four different nursing homes. A discussion regarding this was taking place as there was a need for all patients to be located in the same area. Since leaving the hospital the outcome for patients was not as good.

It was reported that there was a need to reduce paperwork which would free up healthcare professionals to carry on their work in the community.

Members asked for clarification on how Cannock was defined. The Officer responded that Cannock's area mirrored that of the CCG.

Members were concerned about Littleton Ward as they were not aware that this had happened, they had not been consulted and were therefore unable to comment.

The Officer explained that this had happened within an extremely tight timescale i.e. contact made 10 days before Christmas requiring everyone to be moved by Christmas. The only way to do this was to block book beds in different homes, and therefore concerns were raised about doing this. A meeting was held with the CCG to inform them that this situation was not working.

Members asked for further clarification on the single point of access that would be starting from May regarding whether; they would be publishing the new ways of working; the new telephone number(s) and whether this number would appear in the patients care plan.

The Officer explained that the GP's were aware of the number but it was

essential to encourage GP's and the urgent response. Patients would still use the district nursing team. Once confirmation of the number was given this would eventually be publicised but for now the patients would not see an overt change.

Members enquired whether GP's had been fully informed as responses from GP's had been poor in the past.

The Officer assured the Members that they were working with the GP's and each team leader was responsible for communicating with the GP's to monitor the referrals and to see where things were working and not working.

Members enquired as to how they proposed to reduce the duplication of paperwork. The Officer explained that there was unnecessary duplication of demographics forms for example which if filled in once and populated electronically could save half an hour per nurse per day. This would mean that the nurses would have more time to visit patients. Laptops had been issued which ensured quicker access to patient's information. Through joint IT systems it will allow for the district nurse to fill in the form and for the Social Worker to add their comments in the relevant parts.

Members agreed that it was important to reduce duplication but wanted reassurance that information would not be missed. The officer agreed that a certain level of information was a pre-requisite.

Members queried why Stoke on Trent was different to Cannock. The Officer explained that they did not integrate their services.

Members asked if they could be sure that all patients were being discharged accordingly and that provision was in place for the patients in their own home. In some cases they were aware of incidents where there had been no care package and they had been left isolated.

The Officer agreed that this was worrying and that there were 2-10 discharges a week where there were no referrals. It was not until a call was received from a concerned relative that any issues were raised. An instant form is now filled in and monitored by the CCG on referrals where a care package has not been put in place. Community Matrons are sent as a matter of course to the hospital or home to make contact so that they can be informed when someone is discharged. They will then arrange to visit the patient in their own home and assess the situation.

Members again raised the issue of the CCG not informing them of what is happening and the general lack of communication. This issue of discharging patients without a referral has to be investigated. The Members were concerned regarding the volunteers from New Cross being used to help patients go home; had these volunteers been vetted and trained?

Members were keen to know why Colliery Practice had opted out.

The Officer explained that they received the funding direct to commission their own services.

The Officer made the offer to the members to visit their offices and the teams to see how it worked in practice.

RESOLVED

The report was noted.

**56. A Briefing Note on The Review of Disabled Adaptations – Additional Information**

The Head of Environmental Health gave an update on the requested additional information and the number of adaptations. The question regarding whether there is adequate staffing had been raised which would assist in reducing the backlog of adaptations but an answer had not been given yet. The situation will continue to be monitored.

Members agreed that the Chair and the Head of Environmental Health should finalise the recommendations and thank the organisations that had attended for their assistance with this review. If anyone had anything to add they were to contact the Chair direct.

The Head of Environmental Health agreed to write the report and once signed off by the Chair a copy would be sent to the Portfolio Holder.

RESOLVED

The report was noted.

**57. Update – HealthWatch Staffordshire**

Due to the representatives absence there was no update

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

A briefing note was circulated with recent updates

**59. Work Programme**

The Head of Environmental Health put forward suggestions for next years work programme including the potential for meeting with the new Home Improvement Agency – Revival.

Members raised the issue of inviting David Loughton from the Royal Wolverhampton Trust to a future meeting to discuss the impact of

forthcoming changes on Cannock Hospital and its patients.

RESOLVED

The report was noted.

**60. Date of Future Meeting**

- 8 July 2014
- 13 October 2014
- 20 January 2015
- 25 March 2015
- 26 August 2014
- 25 November 2014
- 24 February 2015

The meeting closed at 5.30pm

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CHAIRMAN