

CANNOCK CHASE COUNCIL
MINUTES OF THE MEETING OF THE
HEALTH SCRUTINY COMMITTEE
MONDAY 10 DECEMBER, 2012 AT 4.00 P.M.
IN THE CIVIC CENTRE, BEECROFT ROAD, CANNOCK

PART 1

PRESENT:
Councillors

Gamble, B. (Chairman)
Bennett, C. (Vice-Chairman)

Ball, G.D. Freeman, Miss. M.
Bernard, Mrs. A.F. Sutton, Mrs. H.M.

Also present:

Ms. H. Parsons, LINK
Mr. J. Ellam, Staffordshire County Council
Ms. A. Schulp, Staffordshire County Council
Mr. A. Donald, Cannock Chase Clinical Commissioning
Group

Prior to commencement of the meeting, a document was circulated to all Members which provided information on the Cannock Chase Clinical Commissioning Group.

25. Apologies

An apology for absence was received from Councillor P.A. Fisher.

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

There were no interests declared.

27. Minutes

AGREED:

That the Minutes of the meeting held on 1 October, 2012 be approved as a correct record.

28. Items Arising from Staffordshire County Council's Health Scrutiny Committee on 5 November, 2012

The Chairman reported on the following:-

Summary Item – Digest

Councillor B. Gamble, Chairman referred to the Digest and indicated that further information was available from the County Council's website.

Councillor C. Bennett, Vice-Chairman referred to the Digest and asked why the Healthy Schools Initiative had been removed.

The Chairman indicated that the County Council Health Scrutiny Committee Chairman had also expressed his concern and would look into this. Steve Shilvock, Head of Environmental Health would also seek further clarification on this matter.

West Midlands Ambulance Service

The Chairman reported that at some point West Midlands Ambulance Service would be scrutinised.

Workshop – Clinical Commissioning Group

It was reported that a workshop had been arranged with the Clinical Commissioning Group which had proved useful. A report would be submitted to Members in due course.

29. Cannock Chase Clinical Commissioning Group (CCG)

The Chairman welcomed Mr. Andy Donald, Chief Officer from Cannock Chase Clinical Commissioning Group.

Mr. Donald answered the following questions which had been submitted by Members of the Health Scrutiny Committee:-

1. Are all GPs in the District fully aware and engaged with the CCG and how services will in future be commissioned?

Mr. Donald explained that before the CCG could take over the legal responsibility for commissioning services it would need to go through the authorisation process. The CCG had already been through the process and by April, 2013 it was hoped that there would be very few conditions in place.

He referred Members of the Committee to the previously circulated document which provided further information.

2. Is Cannock Chase CCG established on a viable and sustainable financial footing, and does it have full control over its own budget? How far ahead are budgets projected?

He explained that the CCG would only have full control of budgets from April, 2013 and PCTs would meet their budgets at the end of the year. This meant that, in financial terms, at the point of hand over the CCG

would be starting with a “clean sheet”. The budget was £160 million and allocations would be made this month. It was hard to make projections for the next 3-5 years given that the allocation was only made yearly.

3. Can a full list be provided of all organisations (both public and private) that will be commissioned to provide services? What is the commissioning strategy?

A full list could be provided of all the organisations commissioned to provide services.

4. Cannock Chase District is recognised as having a number of health inequalities. What amounts of money are allocated to services for specific conditions and preventative measures, and how is this spending allocated and prioritised? What specific health improvement programmes are planned?

It was reported that there was not currently much spent on preventative programmes and more was needed to be spent on reducing health inequalities. Mr. Donald referred to the use of assistive technology and was keen that this should be expanded.

5. The need to improve early diagnosis of dementia and give access to appropriate care has been highlighted as a national issue. How will the CCG be addressing this locally?

Mr. Donald reported that there was a dementia taskforce which operated across Staffordshire. He explained that investment would be made and work had already been carried out around the Provider Model.

6. There are considerable concerns regarding the future provision of services at Stafford and Cannock hospitals. In particular there is concern over the future of A&E services at Stafford, and the potential closure of Cannock Chase hospital. There also appears to be continuing issues with the recruitment, training and retention of suitably qualified medical staff. What control does the CCG have over these issues?

He reported that the organisation Monitor was working with Mid Staffs NHS Foundation Trust. It was intended that the CCG commission local services although the footprint for services would change over time. He reported on the new NHS architecture where Health Education England had been set up which provided education, training and workforce development. He also reported on issues around services being provided by small general district hospitals.

7. There have been recent concerns over the quality of services provided by Mid Staffs NHS Foundation Trust. What steps will the CCG be taking to monitor the performance of services and intervene where there are issues of concern? Will feedback regarding patients' experiences be included in this?

He informed the Committee that that there was a robust system in place where information was gathered. Should there be any concerns the system in place would deal with these. Mr. Donald advised that the NHS could be better with regard to how it dealt with patient feedback, he indicated that discussions were taking place to promote 'Conversation with Staffordshire' which would be led by the CCG and open for the public to ask questions and would be promoted through LINK.

8. How do you see Mid Staffs NHS Foundation Trust working alongside Clinical Commissioners who are now GP led? Do you feel this working relationship will improve confidence and encourage patients to choose Cannock and Stafford Hospitals as the preferred choice for their treatment?

Mr. Donald advised that the CCG would need to liaise with Monitor this year and set out the services that would need protecting if Mid Staffs was failing.

Mr. Donald then asked Members of the Committee if they had any further questions.

In response to a question raised by a Member, Mr. Donald indicated that there was no intention of closing Cannock Hospital, although other services other than clinical may need to be placed in there to utilise the space.

Councillor Mrs. A.F. Bernard indicated that many GPs were not happy to be part of the CCG.

Mr. Donald reported that GPs under Government legislation were required to join CCGs. He advised that meetings would be taking place which would involve all practices, the CCG and the public. With regard to decision making it was reported that clinical decisions were made by GPs and their influence was very important. He explained that a baseline target had been set for 2017 and it was hoped that this would demonstrate the direction the CCG was moving in.

In response to a further question it was reported that 4 GP Practices were on board and 2 had been turned down, with other GPs being involved.

Councillor Miss. Freeman asked if any assurance could be given to health related services being placed in Cannock Hospital as concern had been expressed with regard to how it would be used. She also referred to winter bed pressures and asked if additional wards at Cannock could be opened if needed.

Mr. Donald explained that it may not be possible to place 100% health related services in Cannock Hospital and advised that additional wards could not be opened due to staffing issues. Hospitals already had measures in place to address winter bed pressures.

In response to a question concerning the authority to open the A&E department at Stafford Hospital, Mr. Donald explained that the decision was made by the Trust Board who agreed that the department should open but with concerns that it could be in a vulnerable position if any of the staff recruited were unavailable. The CCG then in consultation with consultants at Mid Staffs agreed not to open the hospital 24 hours due to staffing concerns.

In response to a question raised by a Member, It was reported that all GPs were required to declare interests, therefore there should be no conflicts of interest in the commissioning and provision of services.

Councillor Miss. Freeman referred to the document circulated previously and the end of life care arrangements. Mr. Donald reported that MacMillan cancer care specialists had expressed their wish to support the end of life care arrangements and would be providing funding which would help support those people affected.

30. Presentation

The Chairman welcomed Jim Ellam and Angela Schulp, Staffordshire County Council to give a presentation to Members on assistive technology.

Jim Ellam explained that Assistive technology had the potential to narrow the gap between an individual's capacity and their environment, which would make it easier for people to remain in their existing accommodation. The use of Assistive technology was not just confined to older people but was also found useful with younger people who required support.

The Council's vision was to improve health, prosperity and wellbeing for the people of Staffordshire.

He explained that by certain devices being used for example a magi-plug, this could reduce the risk of scalding and flooding which had previously cost a sheltered housing scheme £1000 in a year due to floods. A number of devices which could aid the wellbeing of people were shown to Members of the Committee which included a silicone rubber glove to prevent burns when using an oven, the cost of which was very small.

A number of case studies and the devices used to prevent problems were shown to Members of the Committee, such as an automatic tin opener which enabled the user to prepare meals and would help stop the user struggling.

Mr. Ellam reported that a number of libraries within Cannock would soon receive a 'Box of Trix' which would include a number of items (assistive technology) which would assist users in their everyday life. It was hoped that people who could benefit from using the items would visit the libraries to try the items out.

He reported on the Community Liaison Project and stated that Staffordshire County Council was promoting the use of assistive technology via their website over the Christmas period.

There were a lot of benefits for carers through the use of telecare equipment, some of those benefits included allowing the carer to work or shop knowing that if a problem did occur it would be detected and help made available.

Councillor Mrs. A.F. Bernard was keen to know the percentage of residents in Cannock that could be reached who used Assistive technology and how the services could be accessed.

Mr. Ellam reported that 8% of the population could be reached and that some of the equipment could be purchased on the high street and other equipment through certain services.

He advised that work was being undertaken with Memory Clinics and also GPs in respect of promoting the use of Assistive technology, and they were also looking at ways of how information could be passed on the Internet.

It was reported that Members of the Committee may benefit from a visit to Bilbrook where Members could view a house which was set up with Assistive technology and telecare equipment.

31. Scrutiny Training

The Chairman and Members of the Committee reported that the evening session held on 28 November, 2012 was very useful and informative. Miss. Mason, Executive and Civic Support Manager had asked for Members comments on the session.

32. Date of Next Meeting

Members noted the date of the next meeting scheduled for Monday 4 February, 2012.

CHAIRMAN

(The meeting closed at 5.50 p.m.).