

**CANNOCK CHASE COUNCIL**  
**MINUTES OF THE MEETING OF THE**  
**HEALTH SCRUTINY COMMITTEE**  
**TUESDAY 1 DECEMBER, 2015 AT 4:00 P.M.**  
**IN THE CIVIC CENTRE, BEECROFT ROAD, CANNOCK**  
**PART 1**

PRESENT: Councillors:

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

Bernard, Mrs. A.F.	Hoare, M.W.A.
Cartwright, Mrs. S.M.	Johnson, J.P.
Dudson, Miss. M.J.	Johnson, T.B.
Foley, D.	Stretton, Mrs. P.Z.
Grocott, M.R.	Sutton, Mrs. H.M.

Also present: County Councillor Mrs. C. Mitchell, Staffordshire County Council  
Representative  
Mrs. H. Parsons, Healthwatch

Observing: Councillor Mrs. M.A. Davis, Health and Wellbeing Portfolio Leader  
Councillor Mrs. C. Mitchell, Culture and Sport Portfolio Leader

**13. Apologies**

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

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

No declarations of interests in addition to those already confirmed by Members in the Register of Members Interests were made.

**15. Minutes**

RESOLVED:

That the Minutes of the meeting held on 3 November, 2015 be approved as a correct record.

**16. Presentation – NHS Atlas of Variation**

Helen Maiden, Research and Information Officer gave a presentation on the summary of indicators from the Indices of Multiple Deprivation (IMD) (2015)

and the NHS Atlas of Variation in Healthcare (2015).

She reported on the official measure of relative deprivation for small areas in England and the areas ranked were:

- Income
- Employment
- Education
- Health
- Housing
- Living Environment
- Crime

It was found that Cannock Chase was ranked as the most deprived District in Staffordshire in the IMD 2015, with a rank of 133 out of 326 local authorities whilst there was a low rank for education, skills and training of 48 out of 326.

It was reported that Cannock Chase was ranked as the second most deprived District in Staffordshire for health deprivation and disability in the IMD.

Helen Maiden reported that there were 102 indicators relating to variation in health and healthcare provision for Clinical Commissioning Groups (CCGs) or lower-tier authorities in the *NHS Atlas of Variation in Healthcare* (2015), and the Council's Policy department was currently in the process of compiling a summary of twenty key indicators selected from the 102 mapped in the Atlas which would focus upon health issues which were relevant to Cannock Chase.

Comparisons were carried out with neighbouring CCGs and slides were shown to the Committee which provided a sample of the 9 indicators which had been taken from the document. Some of those indicators included:

- NHS Cannock Chase CCG had the third lowest rate among neighbouring CCGs for mortality from cancer among the under 75 population (2013)
- The percentage of people aged 16 and over classified as physically inactive, 2013: Cannock Chase was 29.9% and was the fifth highest across the neighbouring Authorities in 2013
- The ratio of reported to expected prevalence of dementia, 2014: NHS Cannock Chase CCG was the second highest ratio reported for 2014.

Members were then invited to ask questions.

A Member referred to the presentation and highlighted the problem with some Wards classed as being affluent even though there were still small pockets of deprivation.

Members also discussed Lower Super Output Areas, the Sport England

Active People Survey and data from the National Obesity Observatory.

Helen Maiden provided some clarity around the comments made by Members, and in response to a question concerning the data; she advised that the *NHS Atlas of Variation in Healthcare (2015)* uses data largely from the 2012/2013 period. She referred to isolated indicators where more up to date information was available and would provide Members with this if they wished.

Members referred to the presentation and discussed the slide which contained information around physically inactive residents in Cannock Chase. It was recognised that money had been put into different initiatives to help people, although Members highlighted the need for GPs to refer more people and discuss any initiatives which may be available through the Council or its partners to its patients.

In response to this Mike Edmonds, Head of Commissioning provided the Committee with statistical information which he would circulate to Members from a number of surgeries that had been referring patients. It was found that Horsefair had referred 23 and Hednesford Valley had referred 84 and out of a combined 326 referrals, 199 were taken up. It was noted however, that it was possible that not all patients would take up the referrals.

Members of the Committee commented that they would find it useful to have a breakdown of the information discussed and for it to be made available at each meeting. The Head of Commissioning advised that this was already part of the performance reporting although he would endeavour to provide this at each meeting.

The Chairman asked if a letter could be forwarded to the CCG on behalf of the Committee to ask what measures they had in place for tackling some of the issues identified in the presentation.

## **17. Update – Cannock Clinical Commissioning Group (CCG)**

Steve Shilvock, Head of Environmental Health referred to the last meeting where a presentation had been given by Paul Simpson, Director of Finance and Deputy Chief Officer on the Long Term Financial Recovery Plan. Unfortunately a number of questions could not be answered and therefore it was agreed that an email be forwarded from the Committee asking questions surrounding both the Minor Injuries Unit at Cannock Chase Hospital and GP provision within Cannock Chase.

Members referred to the information which had been circulated and were concerned that the issue regarding GP provision within Cannock Chase had not been addressed.

Members discussed this and expressed concern around the national trend and the shortage of female GPs within Cannock.

Steve Shilvock would seek clarity concerning GP provision and the

recruitment of female GPs into Cannock. He also referred to a presentation given at a past meeting by Clive Cropper where he discussed the improvement of patient access project which included funding bids.

Members of the Committee agreed that an invite be extended to Dr. Mo Huda, Chair of the Cannock CCG to discuss Members concerns.

RESOLVED:

That an invite be extended to Dr. Mo Huda, Chair of the Cannock CCG to attend a future meeting of the Health Scrutiny Committee.

## **18. Quarters 1 and 2 Performance Report**

Consideration was given to the Report of the Head of Governance (Item 3.1 – 3.4).

To develop and provide a new community 7v7 grass pitch and changing pavilion at Bradbury Lane, Hednesford - Quarter 2 – To issue, evaluate tenders and appoint contractors

Mike Edmonds advised that there had been delays due to asbestos discovered on the site which required clearing. He indicated that Contractors would be appointed during quarter 4 and it was originally intended that completion would be around June, 2016, however this was now pushed back until December, 2016 due to the issue with the discovery of asbestos.

A Member was keen to know what advertising was undertaken by the Council's contractor with regard to activities provided to the public.

Mike Edmonds advised that apart from internet based advertising; the contractor also produced leaflets detailing activities available. He would however discuss with the Contractor the type of advertising which was undertaken.

RESOLVED:

- (A) That the performance information relating to Better Health Outcomes Priority Delivery Plan In Quarters 1 and 2 as detailed at Appendix 1, be noted.
- (B) That the actions and indicators which are rated Yellow, Orange or Red and the associated commentary/remedial action proposed by the Lead Officer, be noted.

## **19. Staffordshire County Council's Healthy Staffordshire Select Committee – Update**

Councillor Mrs. C. Mitchell, Staffordshire County Council Representative reported on a local enquiry day which had been held. She referred to the

previous report from North Staffs CCG concerning hearing aid provision and indicated that South Staffs CCG were now looking to change their eligibility criteria for supplying hearing aids. She advised that communication had been made with the Government; although she suspected that most CCGs would try and make the same changes.

## **20. Healthwatch Staffordshire – Update**

Hester Parsons, Healthwatch reported that students from Keele University were currently disseminating the results of a survey which had been undertaken to look at the public's views of what community services were.

She reported that work was ongoing into the mental health survey which was currently available online to complete, and encouraged everyone to participate.

Both the Minor Injuries Units at Sir Robert Peel Hospital, Tamworth and Samuel Johnson Community Hospital, Lichfield had both reduced their opening hours.

She also reported that new Healthwatch and Advocacy leaflets had been produced and Healthwatch were currently recruiting for a third advocate.

## **21. Work Programme**

Steve Shilvock circulated an updated Work Programme for 2015/16.

### Royal Wolverhampton Hospitals NHS Trust

It was reported that due to the Junior Doctors strike action, representatives from RWHT would not be attending. However, it had been agreed that representatives would attend the next Health Scrutiny Committee on 14 January, 2016.

### Contribution of District Council's to Health – Report by the Kings Fund

It was reported that this item would be made available for the next meeting.

RESOLVED:

That the updated Work Programme for 2015/16 be agreed.

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CHAIRMAN

The meeting concluded at 5.35 p.m.