

CANNOCK CHASE COUNCIL
MINUTES OF THE MEETING OF THE
HEALTH SCRUTINY COMMITTEE
MONDAY 13 SEPTEMBER, 2010 AT 4.00 P.M.
IN THE CIVIC CENTRE, BEECROFT ROAD, CANNOCK

PART 1

PRESENT: Councillors

Davis, Mrs. M.A. (Chairman)
Adamson, G. (Vice-Chairman)

Ansell, Mrs. P.A.

Bernard, Mrs. A.F.

Staffordshire County Council Representative: Councillor J. Rowley

The Chairman reported that Mr. Stuart Rees, District Director (Social Care and Health) was unable to attend the meeting but would be attending the next meeting on 19 October, 2010. A representative from Mid Staffs Hospital would also be attending.

The Senior Committee Officer circulated an email regarding the provision of psychology services and a letter which had been forwarded to Staffordshire County Council's Health Scrutiny Committee.

10. Apologies

Apologies for absence were received from Councillors J. Beddows and Mrs. D.J. Bennett.

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

| <u>Member</u> | <u>Nature of Interest</u> | <u>Type</u> |
|--------------------|---|-------------|
| Davis, Mrs. M.A. | Member of Mid Staffs NHS Foundation Trust | Personal |
| Davis, Mrs. M.A. | Member of South Staffs Healthcare NHS Trust | Personal |
| Bernard, Mrs. A.F. | Member of South Staffs Healthcare NHS Trust | Personal |
| Bernard, Mrs. A.F. | Member of Birmingham Children's Hospital | Personal |
| Adamson, G. | Member of Mid Staffs NHS Foundation Trust | Personal |
| Adamson, G. | Member of Mid Staffs Cancer User Forum | Personal |
| Adamson, G. | Volunteer with Age Concern | Personal |

12. Minutes

Arising from consideration of the Minutes the Chairman referred to Minute 4 Psychology Services for Cancer Patients and advised that a letter had been forwarded to Staffordshire County Council's Health Scrutiny Committee concerning the disparity with the level of support provided to patients. She advised that this was well received and was supported by Members of the Great Wyrley and Landywood areas who had asked that any further information be forwarded to the County from the Council's Health Scrutiny Committee regarding this.

The Chairman then asked all Members of the Committee to think about any experiences in relation to psychology services be it a personal one or involving another person which could be referred to the County. A Member then referred to the level of service in hospices and explained that Level 1 and 2 support was provided but there was a need for Level 3 and 4 support, with Level 4 being that of a qualified Psychologist.

The Chairman also pointed out that the Committee were still not clear on who was undertaking the commissioning role and sought clarification.

The Chairman referred to Minute 6 Appointment of Independent Co-opted Member from the Local Involvement Network (LINK) and advised that changes were happening and that there was still no information available. She commented that the organisation was for people to comment on their likes/dislikes around local health and social care services and advised Members that any complaints received should be directed to the Committee.

RESOLVED:

- (A) That the Minutes of the meeting held on 10 August, 2010 be approved as a correct record.
- (B) That a report be produced detailing the experiences whether personal or from another person in relation to psychology services which should be referred to Staffordshire County Council's Health Scrutiny Committee.

13. Items Arising from Staffordshire County Council's Health Scrutiny Committee held on 9 September, 2010

2010-13 'Vision' – document produced by the County in conjunction with North/South Staffs PCT

The Chairman referred to the last meeting and circulated a copy of the '2010-13 Vision' which had been re-drafted and updated.

Transforming Community Services in Staffordshire

The Chairman reported that both the North and South Primary Care Trust's (PCT) would merge to create joint services in areas such as social services, and this was due to commence in April, 2011. The Staffordshire County Council's Health Scrutiny Committee had requested that regular updates be provided in respect of this.

Members of the Committee discussed the merge and the Chairman had been keen to know about the consultation process that had taken place. She advised that the PCT would submit information to the County on the process and the County were keen to see a review undertaken after 6 months to see how well it was working.

Consultation – Pharmaceutical Needs Assessment

The Chairman reported that there would be a consultation undertaken regarding the facilities/services provided by local chemists. It was hoped that by carrying out the consultation, some consistency between chemists would emerge. The consultation commenced on 1 September and would end on 13 November, 2010. Information regarding the consultation was available in chemists and GP surgeries.

Members discussed this and were keen on the idea however raised concern that some chemists can be exceptionally busy and it would be inevitable that there would be a need to employ additional staff to cover any further services that were taken on.

Work Programme

The Chairman had discussed the scrutinising of various aspects of GP surgeries and hospitals, although concern had been raised that people who were not medical professionals may not see certain problems emerging.

14. Discharge from Hospital

The Chairman was keen to seek comments/thoughts from Members of the Committee in respect of the problems associated with those patients who are discharged from hospital. She also advised that a list with Members comments/thoughts be forwarded to Stuart Rees, District Director (Social Care and Health) for the next meeting. A report should then be produced and forwarded to Staffordshire County Council's Health Scrutiny Committee with comments following the meeting.

Members thoughts/comments included:-

- Patients are sent home without the proper care package. Is it safe for those vulnerable people? Who is responsible for their care and what time period is covered?
- What is the criterion for after care both locally and nationally?
- When patients are discharged, are any checks carried out to see who is responsible for their care when they go home?
- Is the location of where the patient lives taken into account when discharging them?
- Concern was raised that once a patient is discharged they could wait all day to go home which could be due to having to wait for medication.
- Who is responsible for follow up care when a patient is discharged and goes home?

- Concern was raised that patients can at times be discharged to quickly.
- There are not enough rehabilitation centres for the elderly/vulnerable.

RESOLVED:

- (A) That the comments of Members of the Committee be forwarded to Stuart Rees, District Director (Social Care and Health) for the next meeting on 19 October, 2010.
- (B) That a report be produced and forwarded to Staffordshire County Council's Health Scrutiny Committee outlining the comments and responses received following the next meeting.

15. **Equity and Excellence: Liberating the NHS**

Members of the Committee discussed various points in respect of the document and noted that any comments on the 'White Paper' should be sent by 5 October, 2010 as the implementation was scheduled for April, 2011.

A number of comments were made by Members in respect of the paper and further comments which included:-

A Member referred to the document and in particular 'Patient and public voice' which talked about strengthening the collective voice of patients, and it was stated that there would be a need for more patient representatives.

The Chairman was of the opinion that all Council Community Forums should have a standing item relating to health which would provide the public with a means of airing concerns and making complaints.

A Member referred to the extensive funding used to help smokers and those who misuse substances and stated that there should be more accountability and also raised concern that this type of problem appeared to be treated quickly, where other funding/services should be made available for people with conditions/illnesses that do not benefit as quickly.

A Member stated that funding and resources had been put into many ideas in the past including that of healthy eating for children, but raised concern that many of these ideas had not worked and many of the problems still existed.

A Member then referred to the proposed GP commissioning consortia whereby responsibility for commissioning services would be given to local consortia and GP practices. He stated that the consortia would control 80% of NHS money which raised concern.

Members discussed the proposals for local consortia and questions were raised as to whether GPs would want to take on this responsibility and also how GPs would be scrutinised. A Member pointed out that GPs would be scrutinised through Health Watch, an organisation who would ensure views and feedback from patients and carers were part of the commissioning process.

Members discussed this issue and a number of concerns were raised which included people

loosing out on allowances due to the integration of care/health, the perimeters for making sure people have appropriate health related tests referring to the section that talks about 'nothing about me without me' and hospitals being fined for discharging patients to soon which would mean money not being available to those patients that needed it.

RESOLVED:

That the comments of the Health Scrutiny Committee regarding the 'White Paper' on Equity and excellence: Liberating the NHS, be noted.

16. Provision of Psychology Services

The Chairman reported that she had dealt with this item under item 3 on the Agenda.

CHAIRMAN

(The meeting closed at 5.45 p.m.).