

EAST STAFFORDSHIRE BOROUGH COUNCIL

Minutes of a Meeting of the Scrutiny (Healthier Communities and Older People) Committee held in the King Edward Room at the Town Hall, Burton upon Trent on Tuesday 3rd December 2013.

Present:

Councillors S Smith (Chairman), Mrs B A Behague, Mrs R Carlton, R J Clarke, R A Johnston, D C Leese, Ms A J Legg, M Rodgers and County Councillor R A Fraser.

An apology for absence was received from Councillor Ms S Grier.

Also present:

Sarah Laing, Tony Bruce, Nicky Harkness and Emily Davies from East Staffordshire Clinical Commissioning Group.

Officers Present:

The Communities and Open Spaces Manager and the Senior Democratic Services Officer

151/13 **DECLARATIONS OF INTEREST**

There were no declarations of interest at the commencement of the meeting.

152/13 **MINUTES**

Resolved:

That the minutes of the meeting held on 29th October 2013 be approved and signed as a correct record.

153/13 **URGENT BUSINESS**

There was no urgent business brought to the committee pursuant to Rule 12.

154/13 **PRESENTATION FROM EAST STAFFORDSHIRE CLINICAL COMMISSIONING GROUP(CCG) ON THEIR INTENTION TO MOVE TO A SINGLE SERVICE PROVIDER MODEL**

Councillors considered the update paper circulated previously from the CCG, on the update regarding transformational change for intermediate care/frail older people and long term conditions.

Councillors noted that the East Staffordshire CCG was working alongside South East Staffordshire CCG and Staffordshire County Council Health and Social Care to investigate and create a new model of care for the treatment and care of people needing intermediate care and for frail older people. Councillors noted that intermediate care beds were used to discharge patients from acute care to intermediate care rather than getting the patient home quicker. It was hoped that more support would be given in their own homes to avoid the patient needing to be admitted to hospital, which in turn would ensure that the patient would be less likely to live out their days in a nursing home. It was noted that there was something wrong with the balance of the current system – which was currently expensive to run and

consisted of something which patients did not want. It was noted that approximately 1 in 3 of the population would have at least one long term condition. If long term conditions were managed well, then a better quality of life would be experienced, it would reduce the likelihood of the patient being admitted to hospital for the long term.

These improvements were not intended to re-design the pathway, but the intention was to listen to patients, their carers and what was important to them. The intention of the project was to award a single contract to one body which would run a network of suppliers underneath. In response to a query to clarify the meaning of carers the CCG agreed that there were not only employed carers, but also relatives and close friends and members of the voluntary services who were defined as carers. Councillors expressed concern at the possible extra pressures which could be put on carers, with the closure of bed facilities and the need for more carers in the community. The message which had been conveyed so far from carers and patients involved in the consultation events were to ensure that the right care was given at the right place. Representatives from the CCG assured Councillors that this salient point had been considered and would be incorporated into their plans for the future. The population was ever growing and ageing and as a result in 2012 the CCG had spent up to approximately £900k more than other CCGs in similar size in admitting frail and elderly people to hospital, when it may not have been needed. Different ways of supporting the carer were being examined, such as advice lines and peer networks as examples. Councillors expressed concern about the over reliance on carers and requested assurance that the CCG would ensure that they were supported appropriately. The new proposals would allow money which would have previously been used to hospitalise the patient would then be used for other purposes, thus releasing money from existing support to make more available.

Another outcome of the proposals would be a more integrated workforce. Councillors noted that currently there was a lot of silo working, different nurses caring for the same patient at different times, with often the same patient having several different healthcare plans. It was the intention for one worker to carry out “generic” tasks and this worker would then link in to the skilled workforce. In an examination carried out earlier in the month at the hospital, an assessment was made of the number of patients who were still in hospital and if they did not need to still be in hospital, why they had not been discharged. The reasons for this was found to be twofold 1) due to operational difficulties (i.e. the right people not connecting in the right way at the right speed) and 2) capacity issues. The big change in the way the service would be carried out was to move the money from the back end to the front end of the support for patients. In carrying out the assessment of this work, there was found to be a lot of duplications and some gaps in the current system and the intention was to fill those gaps and avoid this duplication. Councillors noted that the existing contract had a value of £9.8million – with £750k of this contract not being renewed. Councillors were assured that the money saved would be ring fenced to be reinvested. Councillors sought assurances that vulnerable adults (particularly dementia sufferers) were not forgotten and would receive the most appropriate treatment.

The Chairman thanked the representatives from the CCG for their informative presentation.

Resolved:

- 1) That this committee support the East Staffordshire Clinical Commissioning Group’s (CCG’s) vision for the transformation of local healthcare for intermediate care and care of frail older people and for people with one or more long term conditions, in order to address the impact of a growing elderly population on the provision of healthcare in East Staffordshire;

- 2) That, subject to the final outcome of the contract, this committee support in principle the East Staffordshire CCG's decision not to renew a small cohort of specialist nursing elements of heart failure, cardiac rehabilitation, respiratory and diabetes services and a small element of the community matron role contained within the contract with Staffordshire and Stoke on Trent Partnership Trust;
- 3) That representatives from the CCG be invited to the next meeting of the committee to detail the proposals moving forward.

155/13 **UPDATES**

The meeting received the following updates:

- **Queen's Hospital;**

The meeting received an update from Councillor Mrs B A Behague.

- **CAMHs Review;**

Members considered the update report from Councillor Mrs R Carlton on the CAMHs review. It was agreed that the report would be submitted to a future meeting of the Cabinet for their information. As this was an ongoing review, further information would be sought from the CCG in six months' time.

- **Sexual Health; -**

Members noted that this review was ongoing.

- **Dementia Services.**

Members noted that a meeting with the Alzheimer's society had been arranged to take place on 12th December 2013. An update report would be submitted to the next meeting.

Clinical Commissioning Group (CCG) – Members were happy with the article which had featured in the latest edition of ESNews.

156/13 **WORK PROGRAMME**

Members considered the work programme document which had been circulated with the agenda for the meeting. It was agreed that a review of young people and autism be kept as an item for review for some time in the future. It was agreed to add two new subjects for future reviews to the work programme - life expectancy and breastfeeding.

NOTED.

157/13 **COUNTY COUNCIL HEALTHY STAFFORDSHIRE SELECT COMMITTEE UPDATE AND ACCOUNTABILITY SESSIONS**

Members received an update on the accountability sessions which had taken place prior to the last meeting and were reminded that the accountability session with the Burton Hospitals NHS Trust would be taking place on 11th December 2013. Members were asked to submit any questions to the Communities and Open Spaces Manager ahead of the meeting.

158/13 **QUESTIONS**

There were no questions received prior to the meeting for answer by the Leader, Deputy Leader or Officer of the Council.

159/13 **DATES OF FUTURE MEETINGS**

Resolved:

That future meetings take place on 20th February 2014 and 14th April 2014.

Chairman