

**Notes of the Meeting of the  
Staffordshire County Council Health Scrutiny Committee  
Monday 1<sup>st</sup> November 2010**

**1 Transforming Community Services (Stuart Poyner)**

The New Community N.H.S Trust in Staffordshire will have in its structure plans for quality and safety, governance, finance, human resources and engagement. Stuart Poyner was confident in the relationship between partners and their ability to carry out necessary negotiations and exercise due diligence to make sure financial arrangements for the new Trust would be robust. The proposal would have to be approved by the Strategic Health Authority. The cost of services, income and demand pressures across the organisations, including social care are being looked at. The project board would put together an implementation plan that addressed the risks.

**2 Update from Commissioners (North Staffordshire)  
Accident and emergency and urgent care**

An urgent care strategy is a 5-year document developed with partners across the local health economy. The focus was admission avoidance and managing patient flow within the acute setting. Key issues for urgent care were: meeting the national target for A & E waits, dealing with the rise in activity, managing costs and resources and managing capacity flow. There would be rapid assessment and direction of people to the right services, including primary care and community care. There was assurance that there would be robust monitoring of progress.

Out of Hours Service

Members were also informed that this service which used local G.P's and there would be no need to use agency or locum G.P's. This meant that patients sometimes came into contact with their own practice G.P's out of hours. No controlled drugs were held but there were links with pharmacies for the prescription of drugs if necessary. Performance monitoring of the service would pick up issues about access.

There was concern expressed from members regarding the care of the frail elderly asking who assessed the patient and what were the admission criteria. Following the initial assessment by the G.P or community professional, there was access to a rapid response team, and to the unit. An individual would not be kept at home if they needed an acute bed or the services were not there to support them. The committee was interested in further information on how discharge from community hospitals was managed.

South Staffordshire

There are two acute hospitals and people accessing acute services outside the county and they were concerned with the problems of the number of people attending A & E who did not need to be seen there, the cost of administrations of people who did not want or did not need to be admitted and people with social needs being managed in the health system. The commissioners were focused on alternative pathways and

educating patients and the general public. It was important to note that both high demand and any problems with admission and discharge arrangements put pressure on the A& E. The positive developments were – improved ambulance turn around times achieving the 4-hour waiting time A & E target especially at Burton Hospitals NHS Foundation Trust. Z cards have been produced to help people get the right treatment, at the right place, at the right time.

Priorities were:-

- Quality and Safety
- Improving throughput in hospitals
- Integrated Urgent Care Service
- Improving access to urgent care services in the community setting
- Development of HUB
- Workforce

### **3. Report of the Scrutiny and Support Manager**

The Cannock Chase District Council had provided details of their scrutiny inquiries and findings on the topic of psychology services to cancer patients. The committee had requested information on the reported closure of mental health beds, including the Margaret Stanhope Centre, Burton upon Trent. In response, South Staffordshire PCT's Director of Commissioning had provided a report on their approach to managing mental health bed capacity over the coming weeks. There was a process of testing whether mental health services could shift towards a community delivered model with a reduced reliance on in-patient beds. The Trust was clear that any permanent bed closures would require consultation. A decision was awaited about the future of Cannock Health Centre.

Resolved –

- a) That the Chairman makes further enquiries of South Staffordshire PCT in regard to psychology services to cancer patients, to assist the Committee to deal with the referral of this topic.
- b) That the Health Scrutiny Committee maintains a watching brief on the approach of South Staffordshire PCT to managing mental health bed capacity until any consultation takes place.
- c) That the Health Scrutiny Committee requests sight of South Staffordshire PCT's Sexual Health Strategy with a view to including it on the agenda for the 30<sup>th</sup> November 2010 Committee meeting.