

**FOR: COUNCIL MEETING**

**17 APRIL 2018**

**AGENDA ITEM 9**

**(GREEN ENCLOSURE)**

**REPORT OF CHAIRMAN OF COMMUNITY, HOUSING AND HEALTH (OVERVIEW & SCRUTINY) COMMITTEE**

**PRESENT:**

Councillors Leytham (Chairman), Mrs Evans (Vice-Chair), Miss Shepherd (Vice-Chair), Bamborough, Mrs Banevicius, Mrs Boyle, Mrs Constable, Hoult, Mosson, O'Hagan and Ray.

Apologies for absence were received from Councillor Humphreys.

(In accordance with Council Procedure No. 17 Councillor Pullen attended the meeting).

Declarations of Interest:

Councillor O'Hagan declared a personal interest as he was currently employed by the Southern Staffordshire and Shropshire Mental Health Service.

Councillor Mrs Evans declared a personal interest as she had a family member who was currently employed by the Southern Staffordshire and Shropshire Mental Health Service.

Councillor Mrs Banevicius declared a personal interest as her business held a contract with the NHS.

At the meeting of the Community, Housing and Health (Overview & Scrutiny) Committee held on 26 March 2018 the following matters were considered:

<b>1. WORK PROGRAMME</b>
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- 1.1 The work programme was considered. It was noted that it was the last meeting of the municipal year so the Committee considered items for the next year's programme. It was agreed to keep the current standing items of GP provision and Staffordshire Health Select Committee. It was also agreed to add an item regarding the new DFG provider and inviting them to Committee to introduce themselves and their objectives.
- 1.2 It was requested that the Derby NHS Foundation Trust and Burton NHS Foundation Trust Merger (now acquisition), remain on the work programme and representatives be invited back to discuss the requirement from NHS England for a full risk assessment. Members were still concerned about the now takeover especially in light of what was experienced with the Heart of England NHS Foundation Trust takeover of Good Hope. County Councillor Mrs Eagland agreed to raise this at the Health Select Committee.
- 1.3 It was agreed to add an item on Discharge to Assessment as it was not considered to be working well at Queens Hospital, affecting many Lichfield residents.

<b>2. CANCER CARE</b>
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- 2.1 Dr Murray Campbell, a GP from Cannock attended the meeting to discuss cancer care in the area. He reported that his work was funded by Macmillan Cancer Support. He

then reported that the UK was lagging in survivor rates and earlier diagnosis was needed to address this so screening methods were being looked at along with where patients do not fit into current care pathways. It was noted that Lichfield had a good rate for cancer screening.

- 2.2 Recovery packages were also discussed and it was recognised that like with chronic diseases, even when the cancer is considered cured, care is still required for the lasting effects of it and it was noted that this was being developed through a needs assessment at the point of discharge and involvement of primary care.
- 2.3 Members were disappointed to learn that the smoking cessation programme was to end as this was a high risk factor in the causes of cancer along with obesity and alcohol consumption.

### **3. END OF LIFE CARE**

- 3.1 Dr Jo Harley was introduced to the Committee and she reported that she also did work through Macmillan Cancer Support specifically looking at end of life care for patients and their families. She reported that a current project was the Do Not Resuscitate (DNR) policy and how the process could be streamlined and less distressing for those involved. She spoke that it was important to have relevant conversations earlier on which could prevent a crisis of a rushed admission to hospital. She noted that it was hoped to follow the work that had been carried out in Frome, Somerset, in providing support groups and advanced planning. It was also suggested that training and supporting nurses and care homes to identify end of life patients earlier on could take pressure off the acute care profession.
- 3.2 Members agreed that families having frank conversations of patients' wishes was key and were glad to hear that support was given from Macmillan for this.
- 3.3 Members suggested that other authorities including Police and Fire could also aid in identifying vulnerable and end of life patients. Added to this, domiciliary care providers could also help in providing support.
- 3.4 It was noted that some end of life patients were referred to a mental health team for being considered suicidal when it was just that they had accepted their diagnosis.
- 3.5 It was suggested that training be given to GPs in the area during one of the pre-arranged sessions and this was agreed.

### **4. HEALTH AND WELLBEING IN LICHFIELD DISTRICT- OUR EMERGING STRATEGY 2018-2020**

- 4.1 The Committee received a report on a proposed Health & Wellbeing Strategy (HWS) which explored the ways in which the Council had an impact on the health and wellbeing of residents through its services. It was reported that the HWS identified service areas that impact on the wider detriments of health and highlighted existing Council activities which contribute to good health and wellbeing along with areas for improvement. It was reported that health and wellbeing wasn't just in a silo and the HWS looked across everything we do as a council. It was noted that as a district council, it didn't have a big impact directly but does have a significant impact through other services including housing, environmental health, planning and leisure.
- 4.2 Members had some concern regarding sustainability of the HWS as the budget was a one off amount however it was noted that it was more about reshaping how we act as a council. It was hoped that partners would wish to also be part of the HWS and contribute.

- 4.3 Air Quality Management Areas were discussed and the impact of pollution and noise on health. It was agreed to share data from monitoring stations as there were concerns that St. Johns Street was getting too congested with traffic especially from Lorries. It was noted that Staffordshire County Council had been investigating this and agreed to reroute traffic via new signs and redesign the crossing at Greenhill.
- 4.4 Members also felt there wasn't enough emphasis regarding health & social care and didn't mention softer care including companionship and general chores provision like getting shopping and other aids to enable people to continue to live at home, which were no longer being funded through care packages. Members were advised that this is primarily a SCC function, however, the District Council did support this through the funding in provided to the Community and Voluntary Sector and in the recent allocation of this funding the largest single award was given in this area.
- 4.5 It was asked how much can planning and licensing policy help and it was reported that under Licensing Act, there was originally an additional objective regarding health however it was taken out when heard at the House of Lords stage. Powers with planning were noted as limited but can try and tease out affordable housing.
- 4.6 Overall, the Committee were very pleased with the HWS and thanked the Housing & Wellbeing Manager and her team for their hard work in preparing it.
- 4.7 It was resolved that the draft Health & Wellbeing Strategy be endorsed and recommended to Cabinet for approval.

## **5. UPDATE FROM THE ENVIRONMENTAL CRIME MEMBER TASK GROUP**

- 5.1 The Chairman of the Task Group, Councillor O'Hagan gave the Committee an update on their work. It was noted that although the Member Task Group had been created by the Regulatory & Licensing Committee, it would be beneficial to give an overview to this Committee.
- 5.2 It was reported that the new method of dealing with fouling in the streets by the use of intel cards was having an effect (40% reduction in complaints about fouling to be cleared up) but this was drawing officer time away from patrols in parks. It was therefore proposed to have 20% of fouling work time spent patrolling parks. It was then reported that the task group proposed to potentially have a Public Space Protection Order for requiring a dog walker to have a dog bag or other receptacle on their person when out walking in public. This would make it an offence, for which a person could be served a fixed penalty, to be out in public with a dog but without a bag.
- 5.3 It was noted that the task group had perceived that littering was not as a significant issue as it was in other authorities' areas, but should continue to provide occasional patrols and targeted enforcement where problems occur. Along with this, fly tipping was accepted as difficult to address due to rural areas and it was noted that it would be discussed at the task group's next meeting. It was lastly discussed that the task group were still to consider in detail problems around unadopted land and who takes responsibility when the land is unregistered with the land registry or the owner business has been dissolved.

## **6. STANDING ITEMS**

### **LICHFIELD DISTRICT HEALTH PROVISION**

- 6.1 Following from the last meeting, it was confirmed by the Chairman that he had received a possible reason as to why there are not many permanent GPs in the area.

He reported that regarding NHS contracts there were, among others, general medical contracts (GMC) and private medical services contracts (PMS) and it was the PMS contracts that received more budget for GPs. He reported that the NHS were taking money out of PMS to go into a bigger pot funding pot meaning there was less money for salaries. Members felt that this was no consolation for patients and noted that the Government was trying to address it with a recruitment drive but wouldn't see a result until people are trained and in post.

## **STAFFORDSHIRE HEALTH SELECT COMMITTEE**

- 6.2 The Chairman of the Committee reported that at the last meeting the Select Committee considered the development of an All Age Disability Strategy for Staffordshire.

<b>7. VOTE OF THANKS</b>
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- 7.1 It was proposed and duly seconded that the sincere thanks of the Committee be recorded to the Chairman and Vice-Chairmen for their work during the past year.

D. Leytham  
Chairman  
Community, Housing and Health (Overview & Scrutiny) Committee