

MINUTES OF A MEETING OF THE GENERAL PURPOSES COMMITTEE HELD ON TUESDAY 19 MAY 2015

PRESENT

The Mayor - Councillor Baddeley
Councillor Court
Councillor Davies
Councillor Hall
Councillor Hart
Councillor Jackson
Councillor Jones
Councillor Lawson
Councillor Nicosia
Councillor Rushton
Councillor Sheldon MBE
Councillor Swift
Councillor Walley
Councillor Whilding
Councillor Wood

Also in attendance
Councillor Harper
Councillor Hawley
Councillor Redfern
Councillor Rogers

1.15 ELECTION OF CHAIR AND VICE CHAIR

Councillor Baddeley called for nominations for Chair of the General Purposes Committee. Councillor Hall proposed Councillor Hart; this was seconded by Councillor Jones. There were no other nominations and Councillor Hart was elected as Chair. Councillor Hart called for nominations for Deputy Chair. Councillor Hall nominated Councillor Jones, seconded by Councillor Davies, there were no other nominations and Councillor Jones was elected.

2. APOLOGIES

Apologies for absence and reasons accepted were received from:

The Deputy Mayor - Councillor Salt
Councillor Lovatt
Councillor McGuinness

3. DECLARATIONS OF INTEREST

- a Disclosable Pecuniary Interests and Dispensations
- b Other Disclosable Interests: Re Minute 5.15: Councillor Jones worked for the NHS.

4. MINUTES

It was **Resolved** to sign the Minutes of the meeting of the General Purposes Committee held on 21 April 2015.

5. NHS CONSULTATION – NEW MODEL OF CARE

Marcus Warnes, Chief Operating Officer of NHS North Staffordshire Clinical Commissioning Group (CCG), was invited to address the meeting. He gave a brief history of the range of service available. A large amount of money was being spent on bed-based care and consultation was under way to Step-Up to community based care. No decision had yet been made and the CCG was currently engaging with Local Authorities and health groups and service users; a survey could be found on the University Hospitals of the North Midlands (UHNM) website

Councillor Wood expressed concern over the level of support in the community, mentioning the recent closure of the Day Unit and the history of pottery, mining and steel industries in the surrounding area – resulting in an increase in respiratory illnesses. He asked about the support for these vulnerable people and the impact on the community

Mr Warnes explained that it would be the consultant who made the decision about a patient's most appropriate pathway on discharge. He added that the current engagement was working with the community which could if deemed necessary be followed by a three month formal consultation. The County Council Scrutiny Committee would make the final decision about the levels of support.

Councillor Sheldon noted that Biddulph had historic industrial diseases with outcomes likely to last another 20 years. She asked how the differentiation was made between admittance to the elderly and frail ward or the general wards, citing anecdotal evidence of the care of a relative.

Mr Warnes responded that it was a pyramid decision made by clinicians

Following a recent visit to the Royal Stoke University Hospital (RSUH), Councillor Rogers expressed concern about corridors full of patients on trollies waiting to be seen, they were given no dignity and no privacy. He asked if this happened often.

Mr Warnes responded that unfortunately the demand on triage was often so great that this could happen. He noted that if an admission had taken more than 8 hours, it would probably lead to the hospital stay being extended by between 1 and 3 days. This was not a good situation and there were still far too many patients going straight to A&E. 30% did not need to be admitted to hospital and could receive community care instead.

Councillor Jackson would like to see a plan of how the money flowed from the government. He asked if all the District Nurses (DN) were now in post. He noted that at some time the new system would go live and that all should be in place before then. He had information that there was still a shortage of DN and this should be addressed before an agreement was reached about the possible closure of the Leek and Cheadle Community Hospitals.

Mr Warnes replied that it took time to recruit DN and admitted that that there was still a shortfall in some areas of speciality. He added that the CCG did not own the hospitals; they were under the remit of the Stoke-on-Trent and North Staffordshire Partnership Trust. He agreed that community services should be in place before patients were sent back out there, adding that it was far better to give care at home. He felt that the next stage of the process would be to decide what to do with the spare beds when community services were in place.

Councillor Lawson felt that preventative healthcare was most inept and that the main problems were caused by the closure of the Stafford Hospital. He added that Stafford was part of the UHNM and had been renamed as the County Hospital and in his opinion the closure of its Accident and Emergency (A&E) department at night impacted on the ambulance service.

Councillor Davies questioned the impact of a centralised Stoke hospital service and the transport problems created, particularly for older people. He asked if there were any plans for more localised treatments in the new Biddulph medical centre. He added that Biddulph was a long way from the RSUH and a fair number of elderly people in the town did not own transport.

Mr Warnes replied that the Health Centre had to be efficient to run and there were affordability issues. There was still potential to do more in the Health Centre and he would like more influence over the GP contracts and streamlining of care pathways. He added that there was only so much that could be done locally and that population numbers were the deciding factor. He added that telephone care could be used for follow up appointments.

Councillor Hall noted that Biddulph was a large enough town to have some services; for example a whole day of blood tests.

Councillor Jones thought rather than focussing on sending people home sooner they should be focussing on not sending them to hospital in the first place. He added that in his opinion the out of hours service was awful and led to a big pressure on A&E as GP visits were not easily available. This led to people not wanting to wait for a visit and presenting at A&E. Councillor Jones felt that the Stafford hospital was a red herring.

Mr Warnes said that a review was carried out every year.

Councillor Jones felt that the RSUH was too small, with 300 less beds than the City General Hospital. He added that phlebotomy screening locally would not cost a fortune.

Mr Warnes said that some GP practices did offer out of hours and some did not and that it should be easier to access the 111 service. It acted as a filter, but it was recognised that there were problems. 111 did give good advice, the patients just did not take it, if they did not get what they thought they wanted and presented at A&E.

Councillor Jones asked if the current walk-in centres could be open 24 hours per day with a doctor present rather than a nurse led service.

Mr Warnes responded that it was hoped to turn the Haywood and Leek walk-in centres to Urgent Care Centres and he was working with the hospital to beef up the service offered.

Councillor Harper asked what level of care could be expected by a patient on discharge, and questioned the value of treatment given by a DN on a flying visit; who would make sure that exercises were continued? He then questioned the ongoing treatment of those with mental care or drug use issues.

Mr Warnes responded that social care was a council issue.

Councillor Baddeley commented about the poor discharge service in hospitals. There did not seem to be much coordination between the departments, personally she had

waited for several hours before discharge due to medication not being ready. Mr Warnes agreed that discharge systems needed reviewing. He added that discharge assessments showed:

86% went home with no further treatment needed;

14% were passed to another service;

5% received community based treatment;

3% received interim care at home;

6% received social care service.

Mr Warnes admitted that it was difficult to assess the needs of a patient whilst they were in a hospital bed.

A consultant would try to ensure that a patient is sent to the correct environment straight away. However, the proportion was not yet right, was far too complicated and patients were often discharged to another service provider and/or discharged too soon. Mr Warnes agreed that targets to discharge a patient before 1.00 pm were in need of improvement.

The Chair thanked Mr Warnes for answering questions so honestly and comprehensively, adding that the matter called for smarter joined up thinking. Mr Warnes agreed to come back and talk to members in the future. The Chair said that an invitation would be extended in a few months to see how the new model of care was progressing. Members felt it was admirable that Mr Warnes had been so willing to talk and answer questions, but felt that input was also needed from the District Council.

6. CROSSING, BIDDULPH HIGH STREET

Report from a meeting held with the County Council, seeking a permanent solution to the problems with this crossing.

Councillor Jackson reported that a temporary repair would be carried out the following morning. He felt that the Council had got off on the wrong foot with Mr Greatbatch (County Council Community Liaison Manager), but that the situation had now improved.

Mr Greatbatch would go away and speak to the original contractors and get options for the viability of repair and costings. It was hoped that money could be found for the repair, but felt that the County Council may ask for a contribution.

Councillor Rogers reported that the rumour of a culvert under the crossing were misleading.

7. COMMUNICATIONS/CORRESPONDENCE RECEIVED

- a Letter received from the Co-operative Bank. Councillors were extremely disappointed with the response.
- b SCC Countryside Estate Review – an invitation for two representatives to attend a meeting to look at the future of the management of countryside estate was received. Councillors Redfern and Sheldon volunteered.

8. MEETINGS ATTENDED DURING THE MONTH

No reports were made.

9. LENGSTHMAN WORK

No work reported.

10. CHIEF OFFICER'S REPORT

1 Proposed Parking Restrictions at Station Road

Proposals received from the Community Traffic Management Officer to prevent vehicles parking close to junctions on Station Road with Craigside (north & south), Dorset Drive and Gas Works Road, following complaints from residents. Councillor Hart encouraged all West Ward Councillors to complete the form and return to the Community traffic Management Officer.

2 Pecuniary and Other Interests Forms

A reminder to return the completed forms, as I have to scan and forward them to the District Council's Monitoring Officer within 28 days of the election.

3 Training Courses:

a) Course for Councillors – 27 May & 17 June

The SPCA has arranged training for councillors on the above dates, both at Staffordshire Place One from 7-9 pm. The cost to the Council is £20 for the first delegate, £15 for the 2nd and £10 for subsequent delegates. Topics on the agenda include: profile of a local councillor, a good chairman, the role of the clerk, the council as an employer, the law and local councils, budgets & precepts, the Localism Act 2011, planning and the Nolan Principles.

b) Seminar on Safety & Risk Assessment – 8 July

Information received on a seminar arranged by Zurich Insurance at Winsford on 8 July to discuss accident & claims review, risk assessment, business continuity planning and defect identification and prioritisation. The cost is £30 +VAT per delegate.

Councillor Jackson asked for an update on the new allotment site. The Chief Officer reported that the delay was due to awaiting a site visit and opinion from District Council Planning officers.

The meeting closed at 8.35 pm

SignedDate.....