

**Healthy Staffordshire Select Committee – 4 February 2019  
District/Borough Digest**

Under the Health Scrutiny Code of Joint Working with District and Borough Councils, Authorities have undertaken to keep relevant Partners informed of their consideration of health matters having regard to the general working principle of co-operation and the need to ensure a co-ordinated Staffordshire approach. Therefore, the following is a summary of the business transacted at the meeting of the Healthy Staffordshire Select Committee held on 4 February 2019 - link to Agenda and reports pack:

<http://moderngov.staffordshire.gov.uk/ieListDocuments.aspx?CId=871&MId=8818>

<b>Agenda Item</b>	<b>District(s)/Borough(s)</b>
<p><b>Discharge to Assess</b></p> <p>‘Discharge to Assess’ was one of the models of care designed to get people out of hospital and cared for in their own homes or in their local communities. The following was explained:</p> <ul style="list-style-type: none"> <li>• The model had been working in the North of the County for approximately 12 months and had seen reductions of delayed discharges of 50 %. This model of care now needed to be rolled out to the rest of the County. Critical to the rolling out was the development of the track and triage service and the CCG’s have to commission an additional 4200 hours per week of reablement Home First services.</li> <li>• The targets for the South of the County and how they were monitored was raised - there were targets set through the commissioning process e.g. a specific number of beds available in the South. It was then for the providers to supply these and have the support services such as staff to run them. Assurance was given that targets and contracts were closely monitored.</li> <li>• The Disabled Facilities Grants and how these were being coordinated was discussed – this was a priority for the partnerships.</li> <li>• The cost implications for the Discharge to Assess model were requested.</li> <li>• Several questions were asked on the recruitment and retention of care workers.</li> <li>• The quality of care homes was questioned - the procurement and letting of contracts would involve long term monitoring and quality assurance.</li> </ul> <p>The following information was requested:</p> <ol style="list-style-type: none"> <li>a) The cost implications for the Discharge to Assess.</li> <li>b) The numbers and ratios of delayed discharges in the South of the County for both planned and emergency operations.</li> </ol>	<p>All Districts and Boroughs</p>
<p><b>University Hospitals of Derby and Burton - update</b></p> <p>The Director of Governance and Communications and the Divisional Manager of University Hospitals of Derby and Burton (UHDB) gave a presentation to the Committee on the recent merger of the two hospitals and the progress being made towards integrating services to benefit patients. The presentation also covered information on the Cancer performance targets which the Committee had requested at the Accountability session in July 2019.</p>	<p>All Districts and Boroughs</p>

The following issues were discussed:

- GP choice when referring patients to hospitals and speed at which information was transferred between Community Hospitals and Acute hospitals.
- Transport between Burton and Derby Hospitals and Car parking.
- Cancer service and screening for cancers such as prostate cancer and how this was a challenge to get people to take up screening. Imaginative ways were being considered to access the community such as attending football matches.
- The hospitals financial deficit - The Committee asked if they could have sight of the Trusts financial plan, for information.
- The development strategies employed by UHDB were very different to that of the Staffordshire Hospitals. In response to questions, the Director of Governance and Communications informed Members that emphasis was on quality care close to home and that activity levels were planned with Commissioners.
- The Committee was informed that one of the main areas of concern for UHDB was the 12 hour breach for mental health patients as one patient that could not be transferred from UHDB to a more appropriate service provider. The Committee requested more information on how this was being managed with the Midlands Partnership Foundation Trust.

That the following was agreed:

- a) It was acknowledged that integrated communication between the community and acute hospitals was a particular issue and was a valid concern which officers would take back to the trust.
- b) The Committee were pleased to hear this and asked if they could have sight of the Trusts financial plan, for information.
- c) It was felt that the move to increase specialisms was a question for the Chief Executive.
- d) The Committee requested more information on how patients with mental health issues were being managed in order to transfer them to the most appropriate service provider.

The next meeting will be held on Tuesday 19 March 2019.