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Date of meeting	**Wednesday, 9th April, 2014**
Time	**7.00 pm**
Venue	**Committee Room 1, Civic Offices, Merrial Street, Newcastle-under-Lyme, Staffordshire, ST5 2AG**
Contact	Louise Stevenson

Health Scrutiny Committee

AGENDA

PART 1 – OPEN AGENDA

1 Apologies

2 Declarations of Interest

3 Minutes of Previous Meeting **(Pages 1 - 4)**

4 Minutes from the Healthy Staffordshire Select Committee **(Pages 5 - 10)**

5 HEALTH CARE AT HOME

Mr George Briggs, Associate Director for Medicine and Mrs Gill Adamson, Associate Nurse from UHNS and Alison Ansell RGN, Clinical Design Consultant from Health Care at Home will be in attendance.

The following questions have already been raised by the Chair:

Why was this Service Provider Chosen?
How is the Service Provider Monitored?
The Costs involved
The number of patients involved
Has the CCG signed this off
The nature of medical conditions suitable for the service

6 VERBAL UPDATE ON THE UHNS JOINT COMMITTEE

To receive a verbal update from the head of Business Improvements, Central Services and Partnerships.

7 Suggested Terms of Reference for the Health Scrutiny Committee **(Pages 11 - 12)**

8 PORTFOLIO HOLDER QUESTION TIME

Cllr John Williams, Portfolio Holder for Planning and Assets will be in attendance.

9 Community Based Services **(Pages 13 - 14)**

10 URGENT BUSINESS

To consider any business which is urgent within the meaning of Section 100 B(4) of the Local Government Act 1972.

Members: Councillors D Becket, Eastwood (Chair), Mrs Hailstones, Mrs Johnson, Loades, Mrs Simpson and Taylor.J

PLEASE NOTE: The Council Chamber and Committee Room 1 are fitted with a loop system. In addition, there is a volume button on the base of the microphones. A portable loop system is available for all other rooms upon request.

Members of the Council: If you identify any personal training/development requirements from any of the items included in this agenda or through issues raised during the meeting, please bring them to the attention of the Democratic Services Officer at the close of the meeting.

Meeting Quorums :- 16+= 5 Members; 10-15=4 Members; 5-9=3 Members; 5 or less = 2 Members.

Officers will be in attendance prior to the meeting for informal discussions on agenda items.

HEALTH SCRUTINY COMMITTEE

Wednesday, 12th February, 2014

Present:- Councillor Colin Eastwood – in the Chair

Councillors Taylor.J

10. **APOLOGIES**

Apologies were received from Cllr Becket, Cllr Mrs Hailstones, Cllr Mrs Johnson, Cllr Loades and Cllr Mrs Simpson.

The meeting was not quorate and therefore no decisions could be made.

11. **DECLARATIONS OF INTEREST**

There were no declarations of interest.

12. **MINUTES OF PREVIOUS MEETING**

To be agreed at the next meeting of the Committee.

13. **ACHIEVING EXCELLENCE FOR YOUNG PEOPLE**

A presentation was received from Staffordshire County Council Cabinet Member Robert Marshall.

The following responses to the consultation were made by members:

Question 10.

Newcastle under Lyme Health Scrutiny Committee and Active and Cohesive Overview and Scrutiny Committee.

Question 11.

N/A

Question 12.

N/A

Questions 13.

Newcastle under Lyme

Question 14, 15 and 16

Members are concerned that the views of the Cabinet already appear to be set prior to any consultation responses being received. People need to know that this is a real consultation exercise and that the decision has not already been made.

There is concern in relation to Chesterton Vision in Newcastle under Lyme and the young people who currently use it are worried that it might close.

Will the youth clubs be open outside of school term time as this is very important and it if felt that they should open 52 weeks of the year. Many youth clubs are currently situation in school grounds and are shut during school holidays.

What are the costs of the building being used for youth clubs, are they SCC owned, will the Council dispose of those it does not own and maintain those it does? If the Council does maintain the buildings how can this result in a saving?

There are concerns in relation to the youth club at Kidsgrove Whitehall Avenue. SCC do not own the building and the youth club is funded by the private sector – will this cease to happen if the proposals go ahead, if the funding is not available the youth club may be forced to close.

When will the people running and attending the youth clubs be given information about the future?

Will there be a commissioning model for the youth clubs – needs/what services are required to meet desired outcomes etc.?

If paid full time staff are no longer to be used will this not result in a loss of expert / trained individuals? Can volunteers be expected to deal with vulnerable children and young adults? Might there be an over reliance on volunteers and will some volunteers be provided with specialist training.

The locality must be taken into consideration as two youth clubs very close geographically may in fact belong to very different localities and thus have very different needs.

What engagement has been carried out with districts up to this point and what is planned for the future?

Request that Cabinet members report back to the scrutiny committee in 12 months time so that progress can be monitored.

14. **INFANT MORTALITY**

The Chair welcomed Dr John Harvey and Sally Parkin to the meetings.

Mrs Parkin stated that an Infant Mortality Commissioners Group made up of representatives from partner organisations within Newcastle Borough Council, Staffordshire County Council District Commissioner, Public Health, GP locality leads, Clinical Commissioning Group and NHS England Area Team had been established in June 2012 to:

- Address the issues of high infant mortality rates in Newcastle under Lyme and recommend a way forward to achieve the outcomes as specified in the NSCCG Integrated Strategy and Operating Plan.
- Understand and co-ordinate the range of interventions currently being commissioned

- Advise the CCG Board regarding future commissioning intentions
- Understand and analyse how the wider determinants of health impact positively and negatively on maternal and infant health and to investigate opportunities for partnership working that can lead to improved outcomes.

The following areas had been identified as services that needed to be prioritised by the Clinical Priorities Advisory Group

- Increased detection of Intra Uterine Growth Restriction (IUGR)
- Maternal Mental Health
- Pre-conception counselling
- Enhanced smoking cessation support
- Breastfeeding support in Primary Care
- Sudden Unexpected Death in Infants (SUDI) campaign

The Infant Mortality Commissioners Group would continue to meet bi monthly to:

- Monitor the implementation of services identified through the health prioritisation process
- Monitor Infant Mortality Rates across the Borough
- Analyse the effectiveness of services already commissioned and whether these services are delivering the expected outcomes for those they are targeted for.

Focus now needed to be on the integration of commissioned services to ensure that all of the different agencies involved in the care/support of families were able to share the information that they held to ensure that families were accessing, known to and receiving support from the appropriate services. An initial meeting was scheduled for Monday 10th February to map out and commence this piece of work.

15. **HEALTH AND WELL BEING STRATEGY**

An update on the Strategy was received from the Executive Director for Operational Services.

The Borough Council's Draft Health and wellbeing Strategy had been approved for consultation in June 2013 and responses had been received from the following organisations:

- Aspire
- Actions Housing
- Staffordshire County Council
- Newcastle under Lyme College

The response from County Council Public Health suggested that the final version should be closer aligned to 'living well in Staffordshire' – the Staffordshire Health and wellbeing Boards 5 year plan 2013 to 2018.

The mapping exercise which had been started by the executive Director for Operations had now been taken on the District Public Health Officer for Newcastle under Lyme. A template had been circulated for completion by all Heads of Service

and responses were currently being analysed before an action plan could be formulated.

The Council would also be leading on the development of a specific strategy to increase levels of physical activity on the Borough.

16. **COMMUNITY BASED SERVICES**

This would be carried forward to the next meeting of the Committee.

17. **WORKPLAN**

Members noted topics on the current work plan.

COUNCILLOR COLIN EASTWOOD
Chair

Minutes of the Healthy Staffordshire Select Committee Meeting held on 28 January 2014

Present: Kath Perry (Chairman)

Attendance	
Frank Chapman	
Bob Fraser	
David Loades (Vice-Chairman)	
Shelagh McKiernan	
Trish Rowlands	
Stephen Smith	East Staffordshire Borough Council
Colin Eastwood	Newcastle Borough Council
Amyas Stafford Northcote	Stafford Borough Council

Also in attendance:

Apologies: Charlotte Atkins, Chris Cooke (Leader of the Independent Group), Michael Greatorex, Christine Mitchell, Sheree Peaple, David Smith, Mike Worthington, Brian Gamble (Cannock Chase District Council), Brenda Constable (Lichfield District Council), Val Chapman (South Staffordshire District Council), Elaine Baddeley (Staffordshire Moorlands District Council) and Andrew James (Tamworth Borough Council)

PART ONE

63. Declarations of Interest

Councillor Loades declared that he was a Trustee of Healthwatch Enter and View

64. University Hospital of North Staffordshire NHS Trust

Mark Hackett, Chief Executive of University Hospital North Staffordshire NHS Trust introduced the report and advised members were advised that the Trust continued to work on all current national initiatives to control hospital associated infection, to ensure compliance with the Care Quality Commission: Standards for Better Health and the Health Care Act 2008 in respect of “Quality and Safety”.

Trust Apportioned MRSA Bacteraemia. He advised that there had been 4 this year but ultimately the Trust would only be satisfied with zero rating. Members were assured that the issue was being addressed by internal detailed reviews by clinical teams. He explained that the risk was heightened when the patient presenting was suffering from an acute or long term condition and that the situation was made more difficult when a patient presented with an infection acquired at another hospital or elsewhere, as in either case the Trust had no control.

He explained to members that the total number of Trust Apportioned cases of C.Diff Toxin for the year of 38 recorded was within trajectory. The figures were positive when compared with 5 years ago the Trust suffered with 170 cases of C.Diff per month. The current figures were particularly pleasing as there was no evidence of transmission of the infection throughout the hospital. Members were informed that the vaccination for influenza of frontline staff, targets had been exceeded; 4½ thousand vaccinated which was in access of the 75% target.

Members were advised that patient access had been improved and that targets for A&E were being met. The “Friends and Family” test relating to performance and care in A&E and ward initiatives, “Patient Ward Observations” supported by “Quality Walkabouts” was explained. He advised in relation to the Patient Experience that six “Real Time Patient Diaries” had been introduced intended to improve the understanding of the patient experience, and that that Safety Express continues to exceed the national target of 95% for harm free care with a return of 97.47; he also reported in relation to NHS Safety Thermometer, Venous Thromboembolism (VTE) Risk Assessment monthly targets were consistently being achieved and a reduction in pressure ulcers.

Members were advised that the reduction in the number of pressure ulcers was largely attributable to the correct number of nurses on wards with a nurse to bed ratio of 2.7, and a permanent nurse to every 8 patients in accord with the National Institute for Health Care and Excellence “NICE” guidelines.

In respect of the dementia strategy he advised the members of a proactive Dementia Working Group led by senior clinicians which ensured that they were compliant with CQUIN requirements. A dementia pathway had been introduced which included of patients with a diagnosis of or suspected dementia. The dementia strategy was supported by a three year training plan and the Trust was a member of the Dementia Alliance. He advised that 90% of patients over the age of 75 admitted as an emergency were screened and assessed for dementia.

Members were advised that the Trusts finances and the national approved financial plan for 2013/14 was £31.4m. The financial performance for the previous year as at November was overall forecast to be £3.4m better than the predicted £28m deficit at the end of the financial year.

Members were informed that a cash support application submitted would be processed before the end of the financial year, and with the Cost Improvement Plans are delivering against the £22.5m target with savings of £29m identified. He explained the medium long term strategic and financial plan to financial sustainability, and that it was anticipated that within 2 to 3 years the Trust would break even financially.

In relation to performance and the A&E 4 Hour Wait Standard members were informed that in December there was an 11% increase in admissions. This was over and above the 7% planned and had an impact on performance. The winter plans had been put into place and the Trust had seen a 12% increase in December/January on previous year's figures.

He advised that the discharge figures had improved with a 10% decrease in readmissions, performance against cancer targets year to date had been achieved and that the figures for mortality reduction were favourable. The mortality reduction plan was outlined: change of key elements of patient care, rigorous performance reviews, quality assessment, mortality review process and the new Consultant Mortality and Morbidity Lead.

He was asked what the financial forecast in particular the intention to become self-sufficient financially through taking on extra work, in particular large joint elective surgery. Also was it intended to redress the deficit over the next 2 years and ultimately would it be necessary to reduce services.

Mark Hackett responded that there was an integrated plan looking forward for the next 5 years. He did not have the figures but there was currently more emergency then elective work being carried out. He recognised that there was a balance to be achieved, elective work was considered to be profitable and emergency contributed to the deficit. He advised of a serious shift towards the delivery of emergency work by other means which were more financially viable without a threat to patient safety.

In relation to the profit and loss, ways of tackling waste and inefficiency were being explored with four Directors and their teams charged with the task. He added that there was an intention to transform outpatient service as 30-45% could have care delivered by other means. He mentioned a positive drive to improve time spent in hospital beds and the intention to give appropriate patients at discharge access to the "Health Care at Home Scheme". He was also of the view that the productivity of medical and clinical staff was an important factor in making the process as whole successful.

The Trust were asked was there a role for the Local Authority in supporting the Trust and Clinical Commissioning Groups (CCGs) to keep people out of hospital. Liz Rix, Chief Nurse responded, that this had been recognised as an area where there was work to be done work and that she had an imminent meeting with the Local Authority.

A member referred to Health Care at Home and asked was it monitored properly. Members were advised that the process was monitored on 3 levels, every patient had a questionnaire, and ultimately adverse comment could affect payment to the commissioned care provider. Secondly, there would be a Patient Panel for Leek and Newcastle with the ability to monitor levels of care. Additionally that the Trust Board would have overarching responsibility to monitor and evaluated performance basis in accordance with national guidelines.

A member raised the use of bank and agency staff and asked if there was reason. Liz Rix responded that it was always the intention to ensure that the correct number of nurses were on ward with the right skill sets. It was fundamental to provide good quality care, this made for happy wards, staff and patients. It was the wish of the permanent

staff that agency staff should not be used unless unavoidable as can cause disruption. In relation to “bank staff” there was also a proactive drive to grow the bank staff reservoir as it was a means to negate the need for agency nurses. The practices had ensured that there were few vacancies the promotion of a culture of aspiration through education and training. This was good for the existing staff and was seen as a means of attracting and retaining the right calibre of people, ultimately this would result in a good patient experience being sort.

In relation to Health Care at Home a member asked if this was a duplication of service or the creation of competition with the hospital. Members were advised that it was important to understand that patients stable but not fit for medical discharge were different than those who were suitable to have care delivered in the community.

A member asked what the overall effect and cost of staffing to the Trust was in particular in the employment of agency doctors. Mark Hackett responded that agency doctors cost approximately £450,000 per month a figure that they were trying to reduce with medical productivity work, recruitment of permanent staff and less reliance on the employment locums. There was an acknowledgement that in some areas it was difficult to recruit consultants but there was a drive to make the Trust a “magnet environment” and they had a proactive policy to recruit staff.

A member on the recruitment of doctors into permanent positions, and newly qualified medical students asked did the problems at the Stafford Hospital have a detrimental effect. Mark Hackett acknowledged that there was an issue of association but with the integration of the Trusts and change of name the issue would be overcome. He added that the feedback from medical students who had attended Stafford Hospital on placements was positive.

In relation to waiting times data a member asked for reassurance that the information contained in the report was accurate and had benchmarking been used.

Members were informed of a dedicated Performance Manager and a constant internal and external auditing of waiting times. There would be specific review next year in respect of waiting times and that benchmarking was against the top 25 performing Trusts nationally in the specific areas.

For patients over 75 for dementia on emergency admissions a member asked was there any other assessment available. Liz Rix responded that the national audit indicated that 25% admissions as a result of age could have impairment due to dementia. It was policy to they assessed everyone over 75 and informed members that other patients were assessed as part of their overall care plan.

In relation to Mid Staffordshire NHS Foundation Trust, Stafford Hospital members were informed that the amalgamation and integration of the hospitals had reached a critical point. The final date for the Secretary of State’s decision was the 26th February and the legal plan prepared that was in place enshrined the principals previously agreed for the integration of the two hospitals.

Members were informed of the benefits that the integration of services would bring to Stafford Hospital: more staff ,outpatient services, pre and post natal care, step down

beds, diagnostics, day case surgery, 14/7 consultant led A&E, medical, frail and elderly and paediatric assessment. There would also be critical care with step up and anaesthetic cover together with midwife led delivery. He explained to members that there would not be any acute surgery, in patient paediatrics, trauma, heart attacks or stroke facilities.

It was anticipated that as a result of the integration there would be 3 to 5 extra patients each day at UHNS for planned procedures, 17 to 20 extra each day for emergency, 4 to 5 increase in A&E attendance, 2 to 3 births, 25 beds would be freed up for better step down for patients to Stafford and a likely reduction of outpatients. He assured members that there were no plans to transfer services from North Staffs residents to Stafford Hospital.

Members were advised that an additional £91m funding had been secured,£31m of which would be used at Stafford Hospital to achieve more capacity, a refurbishment of theatres, refurbishment and reconfiguration wards.

In relation to transition process members were advised that the Business Case and Acquisition Agreement set out the funding for the UHNS, Stafford and City General Sites. In preparation the UHNS had commissioned an external “due diligence plans” to encompass all aspects of financial and clinical due diligence. Members were advised that the Trusts Special Administrator’s plans recognised the need for funding above the tariff beyond the transition period and that this may be an issue.

A member of the public referring to t clinical due diligence asked what input patient’s representative groups and patient’s organisations had in the process. Liz Rix responded saying that an independent review of due diligencewas due will take part.

A member referring to the £91m capital secured asked what part of this figure would be spent at Stafford and in what area.

Mark Hackett advised members that £35m had been put aside for Stafford and it would be spent on refurbishment of surgeries, orthopaedic services, a new MRI, ward accommodation, day case areas, children’s services, a midwifery unit in respect of the issues around surgery it was a decision of the Secretary of State.

RESOLVED:- that the report be noted and accepted by the Committee

Chairman

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Extract from Report to Transformation and resources Overview and Scrutiny Committee held on 26th March 2014

Health Scrutiny Committee

The Constitution Working Group has given consideration to the governance arrangements of the Health Scrutiny Committee. The Borough Council's current Health Scrutiny Committee consists of seven Members and does not have a Vice Chair. It is felt that there will be benefit to the democratic process if the membership of this committee is increased to eleven in line with the other scrutiny committees of the Council. The committee should also expand its remit to cover work areas where there is apparent duplication with the other Scrutiny Committees, in particular the Cleaner, Greener and Safer Communities Scrutiny Committee and the Active and Cohesive Scrutiny Committee. It should be noted that the Health Scrutiny Committee is technically a Joint Committee with the County Council and is subject to a 'Joint Code of Working Agreement' with them. There is one County Council representative on the committee and this arrangement would remain in place even if the total membership of the Borough's Health Scrutiny Committee was increased.

The Working Group has come to the view that the Health Scrutiny Committee should cover the topic of health improvement (currently with the Active and Cohesive Scrutiny Committee). The Group also felt that alcohol and drugs, from a public health perspective and sometimes considered by the Cleaner, Greener and Safer Communities Scrutiny Committee, should be solely within the remit of the Health Scrutiny Committee. Specific health issues relating to older people should also be covered by the Health Scrutiny Committee and removed from the remit of the Cleaner, Greener and Safer Scrutiny Committee, with the Active and Cohesive Scrutiny Committee taking on issues relating to social and cultural aspects of older people. To better reflect this extended remit it is proposed that the Committee's name be changed to the Health and Well-Being Scrutiny Committee. The suggested terms of reference are set out below:

Health and Well-Being Scrutiny Remit

- Commissioning of and provision of health care services, whether acute or preventative/early intervention affecting residents of the borough of Newcastle under Lyme
- Staffordshire Health and Well Being Board and associated committees, sub-committees and operational/commissioning groups

- North Staffordshire Clinical Commissioning Group (CCG
- Staffordshire County Council Public Health
- University Hospital North Staffordshire (UHNS)
- Combined Healthcare and Stoke and Staffordshire NHS Partnership
- Health organisations within the Borough area such as GP surgeries
- NULBC Health and Well-Being Strategy and Staffordshire Health and Well Being Board Strategy 'Living Well in Staffordshire 2013-2018'
- Health Improvement (including but not exclusively) diet, nutrition, smoking, physical activity, poverty (including Poverty & Licensing Policy)
- Specific health issues for older people
- Alcohol and drug issues
- Formal consultations
- Local partnerships
- Matters referred direct from Staffordshire County Council
- Referring matters to Staffordshire County Council for consideration where a problem has been identified within the Borough of Newcastle-under-Lyme

RECOMMENDATIONS:

a) That the Health Scrutiny Committee expands its remit to include health improvement and alcohol and drug issues with new terms of reference agreed which should not contradict the Joint Code of Working with the County Council.

b) That the Membership of the Committee is extended to 11 Members and that a Vice Chair is appointed.

c) That Staffordshire County Council is notified of the new arrangements.

d) That the Committee is renamed the 'Health and Well-Being Scrutiny Committee.'

Agreed by Transformation & Resources O & S Committee on 22.1.14 but further areas of scrutiny have since been added

Report to the Health Scrutiny Overview and Scrutiny Committee

12th February 2014

Community Based Services in Newcastle under Lyme

Report Author: ***Julia Cleary***
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Introduction

A request has been made by the County Council representative on the Health Scrutiny Committee to initiate a piece of work in relation to community based health services in Newcastle under Lyme. Community based services could include areas such as walk in centres, home care services, GP clinics, midwife services and community nurses.

The Committee is requested to add this topic to its work plan and agree on a timescale and way forward.

Questions to be Addressed:

1. What services are currently available and in place?

2. Are these services working?

3. If there are working how well are they working?

4. Are there overlaps between these services?

Outcomes

- For the Committee to add a topic relating to community based services in Newcastle under Lyme to the work plan.
- For a full report to be provided to a later meeting of the committee and relevant stakeholders invited to provide advice and information.
- That the Committee agree timescales and actions for the scrutiny topic.

- To ascertain what services are in pace for community healthcare and whether these services are meeting the needs of the residents of Newcastle under Lyme.

Invited Partners/Stakeholders/Residents

Who would the Committee like to invite to future meetings?

Constraints

No constraints have been identified as yet.

Relevant Portfolio Holder(s)

Cllr Williams (Planning and Assets)

Cllr Kearon (Community Safety)

Local Ward Member (if applicable)

This will affect all wards.

Classification: NULBC **UNCLASSIFIED**

Committee Name: **Health Scrutiny Committee**

Chair: **Cllr Colin Eastwood**

Portfolio Holder(s) Covering the Committee's Remit:
Cllr John Williams – Stronger and Healthier Neighbourhoods

Date of Meeting	Topic	Outcomes / Recommendations	Further Action Required / Feedback
	Public health and wellbeing	That the following recommendations be taken forward: That data collection, analysis and sharing amongst organisations be enhanced. That the questionnaire that will be included with the consultation on the Health and Well Being Strategy include a question on how the organisation being consulted can help implement the strategy. That the Committee receives a status report on the group setup by the Alcohol and Drug Executive Board, co-chaired by Chief constable and Director of Public Health, to explore ways of aligning and developing the approaches to licensing taken by the eight district councils. That each Council department when designing and implementing policy considers the effect that the policy will have on the effect of the health of the	Regular updates brought to the Committee regarding the Regulatory Bodies Group (set up by the Alcohol and Drug Executive Board)

		Borough. Where areas have been identified with the Borough which are more severely affected by a problem that consideration be given to a focused initiative within that area, which might take the form of a pilot scheme. This should however not contradict any wider policy already being carried out. That the Education Authority be asked to explain why physical activity was lower than the national average and what steps could be taken to improve the situation.	
28th August 2013	**Infant Mortality**	The Chair stated that infant mortality was unacceptably high compared to other European countries and other areas within the United Kingdom. It was reported that an Officer of the Council had been excluded from some meetings because they had been deemed purely clinical in nature. Members however felt that this wasn't fully in the spirit of collaboration that the group had intended. A Member stated that more effort needed to be put into the educational aspects surrounding the morning after pill	
	(23rd October 2013)	The questions contained in the report be forwarded to relevant organisations prior to the infant mortality conference in the New Year, with any	

		further Member questions to be included. When a response is received, a decision would be made regarding inviting organisations to a future Committee meeting.	
	(12th February 2014)	Dr John Harvey and Sally Parkin attended the meeting. Focus now needed to be on the integration of commissioned services to ensure that all of the different agencies involved in the care/support of families were able to share the information that they held to ensure that families were accessing, known to and receiving support from the appropriate services. An initial meeting was scheduled for Monday 10th February to map out and commence this piece of work.	
	Tackling Rising Alcohol related hospital admissions in the Borough	That there should be a further analysis of the figures relating to alcohol admissions, an understanding of the current educational processes relating to alcohol and how the Borough's major trauma unit was dealing with the issue.	
	(23rd October 2013)	Tony Bullock, Commissioning Lead for Alcohol and Drugs from Staffordshire County Council Public Health, was in attendance on behalf of the North Staffordshire Clinical Commissioning Group, to provide information on the statistics for alcohol-related admissions. The Community Safety Officer was requested to circulate the results of the Insight Team School Alcohol Survey County Report.	

		Entrust be contacted to request information regarding the problems engaging schools for the education project for alcohol	
	Minutes from the Healthy Staffordshire Select Committee	In relation to the proposed changes at Mid Staffs the Portfolio Holder stated that he was appalled that the people of North Staffordshire were not being consulted. He was taking steps with the Leader and Chief Executive to protest the situation. A Member stated that the UHNS had approached mid Staffordshire as way of improving their financial position. By taking on services they hoped to secure a larger budget	
23rd October 2013	**Cardiac Rehabilitation at Jubilee 2**		**Questions raised by the Committee would be forwarded to the commissioner of the cardiac rehabilitation service.**
	Health and Wellbeing Strategy	The draft strategy had been approved for consultation by Cabinet in the summer. It was expected that an interim report would be considered by Cabinet in December, which would seek approval to begin the second phase of the consultation, which was to engage with Borough residents around a set of proposed actions.	**That the strategy should return to the Committee in six months**
	(12th February 2014)	Update on the Strategy received. The mapping exercise which had been started by the executive Director for Operations had now been taken on the District Public Health Officer for Newcastle under Lyme. A template had been	

		circulated for completion by all Heads of Service and responses were currently being analysed before an action plan could be formulated.	
20th November 2013	**Physical Activity in Schools** Joint meeting with Active and Cohesive Overview and Scrutiny Committee	Cllr Ben Adams (Portfolio Holder for Learning and Skills), Nicola Day (Public Health Commissioning Lead: Physical Activity and Nutrition), Mr Mark Thornewill (Director for Sport across Staffordshire and Stoke-on-Trent) and Mr Stancliffe (Head Teacher – Reginald Mitchell Primary School) attended the meeting.	**Cllr Adams stated that he would feedback into the Health and Well-Being Board at County level on the discussion. He thanked the Committee for asking him to attend and to contribute to the debate.**
	UHNS and the Future of Mid Staffs NHS Foundation Trust	That the Health Scrutiny Committee supports the principle of establishing a Joint Committee with other local authorities, to consider the implementation of the proposals resulting from the changes to the Mid-Staffordshire NHS foundation Trust. In addition a smaller Group of Members from the Health Scrutiny Committee, in liaison with the Leader and Chief Executive, will meet to discuss the mechanics and terms of reference for the proposed Joint Committee.	**Update scheduled for meeting on 9th April 2014**
	FULL COUNCIL MEETING 27th November 2013	That the updates be received and the work undertaken noted That Council note the contents of the scrutiny briefing note (attached at appendix A). That Council support the recommendations from the Health Scrutiny Committee meeting of 20th November 2013 that any impact on the residents of	

		the Borough of Newcastle under Lyme of the transfer of services from Stafford hospital to UHNS should be the subject of detailed scrutiny by this local authority	
	The Licensing Process	Briefing note from the Democratic Services manager	**Regular updates to be brought to the Committee regarding the Regulatory Bodies Group (set up by the Alcohol and Drug Executive Board)**
12th February 2014	**Achieving Excellence for Young People**	A presentation was received from Staffordshire County Council Cabinet Member Robert Marshall. Members of the Active and Cohesive Overview and Scrutiny Committee invited to attend for this item.	**Response sent to the County Council based on Members comments.**
9th April 2014	**Healthcare at home**	George Briggs and Gill Adamson from UHNS to attend the meeting. Request for attendance from representative of Health Care at Home.	
	Community Based Services	Initial Report/Scrutiny Brief to be discussed	
	Joint Code of Working with Staffordshire County Council	Awaiting information from the County Council	
	Portfolio Holders Question Time	Cllr Snell and Cllr Stubbs to attend	
	Terms of Reference for the Committee	Outcomes from the Constitution Working Group and Transformation and Resources Overview and Scrutiny Committee.	**Report to Full Council in April 2014**

Task and Finish Groups:	
Future Task and Finish Groups:	
Suggestions for Potential Future Items:	• Fit for the Future & Move of A & E Centre – 4 hour target issues to be monitored.

	• Consultation on Mental Health Services (Committee to determine timescales). • Suicide Prevention. • Cardiac Rehabilitation at Jubilee 2 • **NEW** - Tobacco Control – investigating what has already been done by the County on this • **NEW** - A&E attendance – why is this so high – request from County Council to look at this.

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