

# Public Document Pack

<b>Date of meeting</b>	<b>Wednesday, 7th January, 2015</b>
<b>Time</b>	<b>7.00 pm</b>
<b>Venue</b>	<b>Committee Room 1, Civic Offices, Merrial Street, Newcastle-under-Lyme, Staffordshire, ST5 2AG</b>
<b>Contact</b>	<b>Justine Tait, Ext: 2250</b>

## **Health and Wellbeing Scrutiny Committee**

### **AGENDA**

#### **PART 1 – OPEN AGENDA**

- 1      Declarations of Interest**
- 2      MINUTES OF THE PREVIOUS MEETING** **(Pages 3 - 8)**  
To agree the minutes of the meeting held on Wednesday 19<sup>th</sup> November 2014
- 3      MINUTES OF THE MEETING HELD ON THE 24TH SEPTEMBER 2014** **(Pages 9 - 12)**  
To approve the minutes of the meeting held on the 24<sup>th</sup> September 2014
- 4      Minutes from the Healthy Staffordshire Select Committee** **(Pages 13 - 14)**
- 5      Healthwatch, Staffordshire**
- 6      PORTFOLIO HOLDER(S) QUESTION TIME** **(Pages 15 - 20)**  
Portfolio Holder for Leisure, Culture and Localism will be in attendance to answer any questions raised by Members. Attached are copies of overviews from the Portfolio Holders.
- 7      Modernisation of Day Centres for People with Learning Difficulties**
- 8      Code of Joint Working** **(Pages 21 - 32)**
- 9      WORK PLAN** **(Pages 33 - 38)**  
To discuss and update the work plan to reflect current scrutiny topics
- 10     PUBLIC QUESTION TIME**  
Any member of the public wishing to submit a question must serve two clear days' notice, in writing, of any such question to the Borough Council.
- 11     URGENT BUSINESS**

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

## **12 DATE AND TIME OF NEXT MEETING**

Wednesday 29<sup>th</sup> April 2015, 7.00pm in Committee Room 1

**Members:** Councillors Allport, Mrs Astle, Bailey, Becket, Eagles, Eastwood (Chair), Mrs Hailstones, Mrs Johnson (Vice-Chair), Loades, Northcott and Owen

**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. Should you require this service, please contact Member Services during the afternoon prior to the meeting.

**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 AND WELLBEING SCRUTINY COMMITTEE

Wednesday, 19th November, 2014

**Present:-** Councillor Colin Eastwood – in the Chair

Councillors Bailey, Becket, Mrs Hailstones, Mrs Johnson, Loades, Northcott and Owen

### 1. **APOLOGIES**

Apologies were received from Councillor Allport and the Head of Business Improvement, Central Services and Partnerships.

### 2. **MINUTES OF THE PREVIOUS MEETING - TUESDAY 21ST OCTOBER 2014**

The minutes of the meeting held on Tuesday 21<sup>st</sup> October 2014 were agreed as a true and accurate record.

### 3. **DECLARATIONS OF INTEREST**

There were no declarations of interest.

### 4. **HEALTHWATCH, STAFFORDSHIRE**

Mrs Jarrett, Community Engagement Lead for North Staffordshire provided an update on activity from Healthwatch, Staffordshire:-

(a) Two large scale public events had taken place in Stafford and Stoke. A further one was scheduled for Saturday 22<sup>nd</sup> November 2014 in Leek. These were to raise awareness of the changes in University Hospitals North Midlands. Presentations were carried out, along with a question and answer panel, attended by senior members of the Trust.

(b) This year Healthwatch carried out a project on Support for Carers to find out what unpaid carers think about services and support available to them and to work with them to improve things in the future. The report was available on Healthwatch, Staffordshire website.

A new Staffordshire Carers Partnership had been launched with memberships from all the main commissioning and provider organisations, including North Staffordshire Carers Association and Carers Association South Staffordshire.

(c) General Practitioners Project – Healthwatch, Staffordshire are about to embark on a new mystery shopper project, speaking to patients waiting in General Practitioners surgeries.

(d) Engaging Communities Staffordshire – a Complaints and Advocacy Manager had newly been appointed.

(e) Dementia Pathway Study – this had been published and would be on Healthwatch, Staffordshire website shortly.

- (f) Experience Exchange – This was launched in June 2014 for the public to provide feedback, which would be vital to the improvement of local services. Healthwatch, Staffordshire would be able to map trends and highlight concerns.

It was asked if the Carers report involved young people. Mrs Jarrett replied it did, the carers support unit had been undertaking work and would be included into the next phase.

A Member raised concern that young carers are not reached and asked if a system could be looked at to improve the visibility of young carers.

Members were reassured that Healthwatch, Staffordshire were working with the Carers Association and were looking at ways of enhancing the system.

**Resolved:-** That the update be received.

**5. NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST - ADULT ACUTE OUTREACH**

A report on Enhancing Older People's and Neuropsychiatry Services was introduced by the Director of Operations and Service Line Manager for Neuro and Old Age Psychiatry of North Staffordshire Combined Healthcare NHS Trust.

It was anticipated that demand for older people's services would rise significantly over the next few years. The Trust's Business Plan showed that demographic change would mean that within our catchment population the number of people aged over 65 years would increase by 7.8% between 2012 and 2017 and by 12.7% for people over the age of 80.

The Enhanced Outreach Team would continue the core role of supporting patients in their own homes as an alternative to hospital admission and in supporting discharge. However, this would be extended to support more complex patients, which could be people in residential or nursing homes.

The enhancement would be achieved by supporting the cohort of patients with one less fifteen bedded ward, allowing for staff from this area to be redeployed into the community team.

Harlands Hospital wards would, in the short term, maintain the capability to support similar cohorts of patients. In the longer term, they would also provide greater variety of services, by way of enhancing rehabilitation services.

The proposals were:-

- (a) Extending older people's mental health care closer to home.
- (b) Building on the success of the Community Outreach Team
- (c) Supporting clients in care homes
- (d) Delivering inpatient care from three wards, not four (reduction of fifteen beds)

The Community Outreach Team role was:-

- (a) Qualified mental health staff supported by a Consultant Psychiatrist
- (b) The team delivers intensive support in people's own homes
- (c) Advice on behaviours, medication and support
- (d) Supportive discharge from in-patient wards

- (e) Available seven days per week, 8.00am to 8.00pm (supported by Acute Home Treatment Team, 8.00pm to 8.00am)

It was asked what measures were in place to ensure that all care homes were up to the correct standard of care.

The Service Line Manager confirmed all care homes were inspected by the Care Quality Commission.

All care homes had a Care Home Liaison Team who had an obligation to flag up areas of bad practice.

The Outreach Team were working with staff to provide support and training and had an obligation to bring care homes up to the required standard.

A Member asked if there was a timescale for working with families or was it based on need.

It was responded that it was based on need.

Concern was raised that residential care was means tested and whistle blowing should be encouraged to achieve the best practice across the board.

Members were reassured any concerns were raised by the staff.

It was advised by a Member that should the discharge system not work effectively for Combined Healthcare to return to this Committee for support. This offer was thanked by the Director of Operations.

The Chair asked for Combined Healthcare to be invited back to Committee in four months' time for an update and thanked them for attending.

**Resolved:-** For North Staffordshire Combined Healthcare to be invited back to the meeting to be on the 29<sup>th</sup> April 2015.

6. **DIGEST FROM THE HEALTHY STAFFORDSHIRE SELECT COMMITTEE (10TH NOVEMBER 2014)**

**Resolved:-** That the minutes be noted.

7. **PRESENTATION FROM THE COMMUNITY SAFETY OFFICER - ALCOHOL LEAD AND THE PARTNERSHIPS MANAGER (NEWCASTLE BOROUGH COUNCIL)**

A presentation was carried out by the Community Safety Officer on the needs of Newcastle Borough in relation to alcohol.

This year's Alcohol Awareness Week was running from the 17<sup>th</sup> to the 23<sup>rd</sup> November. The theme for this year was 'Facing our alcohol problem: Taking back our health and high streets.'

The total population of Newcastle Borough was 125,000. The number of jobs in the Borough had decreased by 1,000 over the last decade.

Alcohol related admissions (per 100,000 persons) to hospitals in Newcastle were higher than England in 2012/2013. This equated to around 3,200 admissions in Newcastle.

The rate of crime per 1,000 residents in Newcastle Borough was higher than the county average.

The second part of the presentation was carried out by the Partnerships Manager.

Newcastle Partnerships was established in 2012.

There was a Newcastle Partnership Strategic Board who met twice a year to set the vision for Staffordshire. The Board empowered individuals with the responsibility and accountability to oversee the delivery of shared priorities.

A Partnership Delivery Group met bi-monthly with ad-hoc meetings.

There were three tier operational groups which were Officer orientated, Task and Finish Groups and finally there were the Locality Action Partnerships which, within the Borough, consisted of nine and were attended by representatives from the public and the private sector to support.

The Community Safety Officer summarized the alcohol projects:-

- (a) Purple Flag – this was an accreditation scheme.
- (b) Reducing the Strength – a campaign had been launched "Reducing the Strength" by Newcastle Borough Council and Staffordshire Police and would be delivered to other localities within the Borough.
- (c) First Aid Triage and Street Chaplains – St John Ambulance and the Red Cross work with the Borough and act as a focal point to the town centre. Street Chaplains patrol the town centre on a monthly basis and are voluntary pastors.
- (d) Dependent Drinkers/Social Inclusion Case Conference – the conference was working well.
- (e) I'll be Des - The principle of the scheme was that participating venues offer free or reduced price soft drinks to the 'designated driver' from a group of customers e.g. groups of three people or more. The aim was to encourage groups to nominate a driver and to make driving more 'attractive'.
- (f) Alcohol Education in Schools Project – this was presently run by Entrust and was a county wide project.

It was asked if there was a requirement to enforce more action from Staffordshire Police. The Chair advised this was the responsibility of the Licensing Committee.

It was felt by the Vice Chair that partnership working was vital and there was a need to work with each other and asked for a commitment from North Staffordshire Combined Health NHS Trust to get involved in these structures.

The Director of Operations agreed to this commitment.

**Resolved:-**

- (a) That Committee receive the work Newcastle Partnership undertake around preventing and dealing with alcohol related issues in the Borough.
- (b) That partnership working with Staffordshire Combined Health NHS Trust and Newcastle Borough Council be undertaken.

8. **NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST - ALCOHOL USE AND MISUSE**

The Clinical Director for the Substance Misuse Directorate, North Staffordshire Combined Healthcare NHS Trust carried out a presentation on the Substance Misuse Services.

The service provided a caring, trusting environments which enabled service users to feel accepted and achieve their goals.

There had been five new locations for 2014; Stoke Heath Prison, Stafford, Cannock, Tamworth and Burton.

Drunken patients were being plucked from A&E and transferred to a new style 'drying out unit' in a different hospital.

The referral route; EMU In-Patients was as follows:-

- (a) Referral meeting held once a week to receive referrals from Community Services.
- (b) Separate meetings for Stoke-on-Trent and County patients.
- (c) Also one bed on the Unit was based for transfer from UHNS.
- (d) Have some referrals from out of the County.

North Staffordshire Combined Healthcare NHS Trust (NSCHT) were primarily commissioned by Public Health as opposed to Clinical Commissioning Groups.

The Chair thanked the Clinical Director for attending and the presentation.

**Resolved:-** That Committee receive the information provided surrounding the Substance Misuse Services carried out by North Staffordshire Combined Healthcare NHS Trust.

9. **ONE RECOVERY**

A presentation was carried out by the Service Manager of One Recovery, Staffordshire.

One Recovery consist of a team of thirty nine staff who deliver an innovative, recovery focussed, integrated substance misuse service across the County of Staffordshire. Their premises were located at 2 and 7 Fellgate Court, Froghall, Newcastle-under-Lyme, Staffordshire, ST5 2AU.

There were two access and service hubs and the association were looking to take over premises for developing a recovery hub.

A number of questions were raised by Members and responded by the Service Manager:-

Q: How would the service be measured and was there a timeframe?

A: Some of the key performance indicators were based on targets from the previous contract which were being looked at.

Q: Was there sufficient advertising?

A: Yes. Presently only a leaflet had been developed but there was more material being prepared and a launch would be held in the New Year.

The Chair thanked the Service Manager of One Recovery, Staffordshire for the presentation and advice.

**Resolved:-** That Committee receive the information presented from One Recovery, Staffordshire.

10. **WORK PLAN**

**Resolved:-** When partners and outside bodies attend meetings, Officers ensure that outcomes are carefully monitored and where appropriate benchmarking exercises undertaken.

11. **URGENT BUSINESS**

There was no urgent business considered.

**COUNCILLOR COLIN EASTWOOD**  
**Chair**



**HEALTH AND WELLBEING SCRUTINY COMMITTEE**

Wednesday, 24th September, 2014

**Present:-** Councillor Colin Eastwood – in the Chair

Councillors Allport, Mrs Astle, Bailey, Becket, Mrs Johnson, Loades and Owen

2. **APOLOGIES**

Apologies were received from Councillor Northcott.

3. **DECLARATIONS OF INTEREST**

Councillor Loades declared the following interests:  
He was a Shadow Governor on the UHNS Board  
A Member of North Staffs CPAG  
A Member of Health Watch  
A Member of the County Healthy Staffordshire Select Committee.

4. **MINUTES OF THE PREVIOUS MEETING**

**Resolved:** That the minutes of the previous meeting held on Wednesday 9<sup>th</sup> July be agreed as a correct record.

5. **MINUTES FROM THE HEALTHY STAFFORDSHIRE SELECT COMMITTEE (11.08.14)**

**Resolved:** That the minutes be noted.

6. **CLINICAL COMMISSIONING GROUP URGENT CARE STRATEGY**

A presentation was given by Marcus Warnes in relation to the Urgent Care Strategy for North Staffordshire.

Mr Warnes stated that the key to achieving the aims of the strategy was primary care but that less than 8% of the current budget was spent on this area. It was estimated that in order to achieve the pre hospital aims, an additional £37.00 per head was required which added up to approximately £20 million. It was fully recognised that if all patients were able to ring up and have a GP appointment that same day then it could make them less likely to go to the A&E department. At the moment the CCG did not commission GP practices but it was thought that this might change in the future.

Members considered whether primary care facilities could be located in Accident and Emergency Departments thus allowing many A&E attendees to be seen by a GP. This would also help to educate people as to what conditions GPs could actually treat, such as heart conditions. Mr Warnes stated that this practice was due to commence at the UHNS from 1<sup>st</sup> October 2014.

Mr Warnes also highlighted the emergence of federations of GPs which would allow for economies of scale and might include between 30 to 50 thousand members of the public (or 80,000 for acute services).

Members voiced concern regarding the management of social care and domiciliary care packages. Mr Warnes stated that in the past the County Council had in house services to deal with these areas but the way contracts were now awarded made it hard to sort a package of care in some circumstances (such as in rural areas). Travel time and zero hour contracts also proved barriers to the provision of services with patients coming out of hospital with more acute needs which companies were not commissioned to deal with. There was a requirement to make more use of the bundles of care and make them more accessible to patients.

Mr Warnes agreed to return to the Committee with an update once the strategy had been agreed.

## **7. HEARING AID CONSULTATION**

The Chair welcomed Marcus Warnes, Chief Operating Officer from the North Staffordshire Clinical Commissioning Group and Dr John Harvey to the meeting.

Mr Warnes provided a presentation to the Committee in relation to hearing aid provision in North Staffordshire. Mr Warnes emphasised to the Committee that no decision had yet been made nor had any formal consultation been commenced. The CCG sought the views and recommendations of the Committee prior to reporting back to the Commissioning, Finance and Performance Committee on 15<sup>th</sup> October and to the CCG Governing Board on 5<sup>th</sup> November 2014.

Mr Warnes outlined the commissioning and prioritisation processes and how they were used to identify priorities to ensure that the best use could be made of NHS funds locally and which investments should be made to deliver the best outcomes for patients.

The prioritisation process was led by the Clinical Priorities Advisory Group (CPAG) which ranked interventions in order of clinical importance prior to reporting back to the CCG; interventions falling below a certain threshold were not considered for investment and those that were already commissioned were considered for decommissioning.

Mr Warnes also provided information regarding the engagement activities that had taken place regarding the hearing aid question and the results that had come from that engagement.

Concerns were expressed by Members and the following questions were raised and answers given:

1. That, without a hearing aid, those with mild to moderate hearing loss could, in some cases, feel isolated and lose any sense of pride or achievement – how, therefore, was prevention of future illnesses given a zero rating in the CPAG?

*Dr Harvey agreed that there was evidence to show that a link existed between an individual's mental health and hearing loss but there was little or no evidence to show what impact a hearing aid would have on this.*

2. How had such a low rating been given to individuals with an existing health problem such as dementia or poor mental health?

*Again Dr Harvey emphasised the point that it was recognised that there could be an impact on the quality of life for those individuals with mild or moderate hearing loss through having a hearing aid provided, but that it was relatively small to other ranked interventions for other conditions. An enhanced ability to hear did not necessarily reflect in an enhanced quality of life.*

3. Had studies not shown that hearing aids did, in fact, help increase the quality of life along with a magnitude of other health benefits?

*Dr Harvey stated that he was not aware of any studies that had proven this. The CCG had reviewed a number of studies carried out in the USA by audiologists, which showed that those with more severe hearing loss benefited most from intervention and that the CCG had based its prioritisation on this scientific evidence.*

4. Was it surprising that a response to the engagement had been received from across the entire country?

*Mr Warnes stated that this was not unexpected as there was a huge amount of interest nationally in the project, especially with North Staffs CCG being the first to go down this route. All CCGs were in the same situation with increasing demand for services and less money.*

5. Was the CCG prepared to see people paying thousands of pounds for a hearing aid?

*Mr Warnes stated that hearing aids for mild to moderate hearing loss could be purchased from £349 up to £1500. The hearing aids for more severe hearing loss were more expensive (up to £3000) but these were not currently provided on the NHS, which only provided hearing aids that cost in the region of £400.*

6. Had the CCG considered making the NHS hearing aids available via means testing?

*Mr Warnes stated that yes there were three possible options – fully decommission, fully fund or a solution somewhere in the middle.*

7. Had the CCG taken note that every professional in the field has objected to the proposals

*The CCG was fully aware of this but highlighted the fact that all the responses received had come from those in the field (hearing aid users or audiologists) and that this still needed to be balanced against all other priorities and the CCG had the very hard job of trying to compare these priorities.*

8. If those with mild to moderate hearing loss are not supported now would not this just lead to greater problems and more cost in the future, including mental health issues that could be exacerbated or caused?

*Dr Harvey agreed that there could be progression and that this would be built in to any eligibility criteria. It was fully recognised that those with mental health concerns needed to be able to communicate as clearly as possible.*

9. Would there be a full consultation process following this engagement exercise?

*Yes, the engagement process was to help shape the actual proposal that could then be consulted upon. Mr Warnes was also fully aware that neither the County Council Healthy Staffordshire Select Committee nor Staffordshire Moorlands Health Scrutiny Committee were supportive of the current proposal.*

Members also questioned whether the Better Care Fund could be used to fund the provision of hearing aids but it was advised that this money was not new money and that money going into the BCF was currently being spent on services and that if it was to be spent on hearing aids then cuts would still have to be made elsewhere.

The motion was put forward that the Committee state that it was unable to support the current proposals and that this be fed back to the CCGs Commissioning, Finance and Performance Committee.

This was seconded and all were in agreement.

**Resolved:** That the Newcastle under Lyme Health and Wellbeing Scrutiny Committee do not support the current proposals put forward by North Staffordshire CCG in relation to hearing aid provision in North Staffordshire.

8. **NORTH STAFFORDSHIRE CLINICAL COMMISSIONING GROUP BRIEFING PAPER**

**Resolved:** That the briefing paper be noted.

9. **HEALTHWATCH, STAFFORDSHIRE**

**Resolved:** That the update be noted.

**COUNCILLOR COLIN EASTWOOD**  
**Chair**

Summary of the main agenda items from the  
 Healthy Staffordshire Select Committee meeting –Friday 5 December 2014  
<http://moderngov.staffordshire.gov.uk/ieListDocuments.aspx?CId=871&MId=5132&Ver=4>

Agenda Item	Of particular interest to ...
<p><b>The Healthy Staffordshire Select Committee</b> met on Friday 5 December 2014. The agenda items included East Staffs CCG Improving Lives programme, Dementia Centres of Excellence, The Care Act, and a review of the Code of Joint Working Arrangements.</p> <p>In relation to the <b>Improving Lives programme</b>, Members discussed the engagement activity undertaken, service specification and sought assurances around the programmes monitoring and performance management. The <b>Dementia Centres of Excellence</b> report, Members raised issues around staffing ratios, to ensure the outcomes for service users and carer's, performance management and arrangements for the transfer staff. They also discussed the details of the contract and asked to see it when finalised. Members were briefed on the implications to the Council of the <b>Care Act</b> in particular the financial details. The revised <b>Code of Joint Working Arrangements</b> were discussed and agreed by the Members.</p>	All
	All

Agenda Item	Of particular interest to ...
<b>Report of the Scrutiny and Support Manager :-</b> Members received District and Borough Scrutiny Report updates	
<b>Trust updates.</b> None on this occasion	

Report by Cllr Tony Kearon for Health Scrutiny – 7<sup>th</sup> January 2015

As I am unable to attend your meeting to provide a verbal report on my activities as portfolio holder for community safety, please accept this written summary of the issues I would have mentioned. This report is intended to provide members of the committee with a short summary of some of the activities within my portfolio that may relate to your committee and its remit. This is not intended to be a comprehensive list, but it does give members of the committee a sense of the work that the community safety and partnerships team is carrying out and/or which is being funded by us, which may have overlaps and scope for further collaboration in the context of health and wellbeing.

## Drug and alcohol dependency

As a team we are working with our partners in the Police and other agencies to tackle crime, disorder and anti-social behaviour associated with drug and alcohol misuse. But we recognise that in the long term tackling drug and alcohol dependency is the most effective way of reducing the impact that it has on the wider population. A good example of this is our current 'reduce the strength' campaign. Retailers in and around Newcastle town centre have been encouraged to take cheap super strength beers, lagers and cider off the shelves, or to increase the price to an extent that the product is no longer financially attractive to dependant drinkers and young people. But this service is deliberately linked to also providing help and support for dependant drinkers to address their dependency.

## Health and wellbeing and the Safer Nights strategy

Members of the committee will already be aware of the Safer Nights strategy that involves the police, the borough council, licensed premises in the town centre and other partners to make sure that night-time visitors to our Town centres have a safe and enjoyable experience. This is not just an issue of policing – we work with town centre businesses, the police and our licensing team to make sure that the health and well-being elements of alcohol consumption are also managed and addressed promptly. For example the operation of a first aid triage in Newcastle to minimise pressure on A& E and to have first aid on hand for prompt intervention in situations where a potentially dangerous injury has been suffered by a member of the public. Police, licensees and door staff are also taking steps to ensure that alcohol is not served to individuals who have already consumed too much alcohol – as part of this we have provided portable breathalyser devices to door staff to aid in identifying individuals who have had too much to drink. But the strategy is also linked to a lot of education work, preventative strategies and campaigns. For example, we have been running a designated driver campaign 'call me Des' – groups of people visiting the town centre are encouraged to identify a designated driver who can get the group home safely at the end of the night. The licensed premises involved in the campaign provide free soft drinks to designated drivers. We have also produced educational tools for use in licensed premises – such as beer mats – that advise drinkers about the problems associated with excess alcohol use. We have also been working with the County council and local schools and colleges to raise awareness about the problems of alcohol misuse with young people. We have also been working with the town centre partnership to try to make changes to the night-time culture of the town centre – to make it a more diverse experience involving food and other elements rather than mainly alcohol use. The recent award of a Purple Flag to Newcastle town centre is evidence of the progress that we have made in this respect.

## Working with health professionals in identifying early indicators of vulnerability

Another key aspect of our campaigns to raise awareness of the problems associated with excessive alcohol consumption relates to our domestic violence work – for example campaigns to highlight the links between high profile football matches, excessive alcohol consumption and peaks in domestic violence in the borough. Our work into identifying causal factors, triggers and early indicators of domestic violence has involved significant collaborations with colleagues from the NHS and other health related agencies. Community based healthcare professionals are often in an ideal position to spot early indicators of abusive behaviour, as are other clinical professionals who may encounter early warning signs in their interactions with clients. Colleagues from health have played a full and active role in recent reviews of domestic homicides and attempted domestic homicides in the borough, and it is clear that there is a key role for health related agencies in our procedures to protect and safeguard children and vulnerable adults in the borough.

## Mental health and public safety.

Members of the committee may be aware of recent media coverage of an alleged suicide ‘hot-spot’ in the centre of Newcastle. Expert advice is that any publicity of such a situation can actually increase the incidence of suicides and attempted suicides at the location, so I will not say any more about the location in question. But we have been working with a range of agencies (including mental health support services) to try to defuse this situation – including increased guidance, support and advice for at risk individuals. We are also in the process of securing funds to make changes to the physical environment at the location to make it unsuitable for suicide attempts.

## Young people and the impacts of violent crime

In collaboration with a range of partner agencies we have been carrying out work to tackle the roots of violent and aggressive behaviour amongst young people – with knife crime being a case in point. Although the incidence of such crimes is very low in the borough, we have been working to reduce it even further. In part we have been working on tackling the culture of young men carrying knives as a display of ‘macho’ behaviour. We have done this by funding (via the JOG) educational activities in local colleges that focus on the physical impact of a knife wound on the human body – the potentially fatal changes to a body that can be caused by a wound from even a small blade.

## Purposeful activities for young people

In recent months, as the range of funded activities provided by other agencies has been cut back severely, the borough council has stepped in to fund organised activities for young people, to help and encourage local groups to secure alternative funding and to ensure that young people still have opportunities to remain physically active through organised sporting activities. We have done this as a mechanism for reducing possibilities for youth related anti-social behaviour, and we have had some notable successes on this front. But the impact of regular sporting activities for children and young people in terms of health and well-being, reducing early onset obesity and related conditions also has to be acknowledged. This is one area where we could perhaps do more to pool our efforts and resources to ensure that young people in our borough have enough opportunities to remain fit and active.

Cllr Tony Kearon, Portfolio for safer communities, 15<sup>th</sup> December 2014



## **Portfolio Holder for Planning and Assets**

### **Report to Health Scrutiny – 7<sup>th</sup> January 2015**

#### **Better Care Fund**

A revised/updated version of the Better Care Fund (BCF) Plan for Staffordshire was signed off by Newcastle Borough Council in September 2014, alongside other borough/districts councils in Staffordshire.

The BCF aims to shift resourced away from acute care and into social care and preventative work, supporting people to live at home. Concerns expressed about the future of Disabled Facilities Grant {DFGs} by NBC and other Districts, but signed off after receiving assurances from Staffordshire County Council.

The general view is that, despite further reservations being made to the Plan, Districts Councils will not have to sign it again, but the situation is being monitored.

Districts Councils are keen to ensure that the Plan not only refers to DFGs but also the input which Councils can offer in terms of prevention.

#### **Locality Commissioning**

A review of existing commissioning work for health and well-being was carried out by a group headed up by Tony Goodwin, CEO of Tamworth BC. The review covering all District Council including Newcastle, examined how services which aid health and well-being can be commissioned in 'local' areas like our own.

Results of the review, including proposed changes to the Newcastle Partnership structures have been taken up by partners across all sectors based in Newcastle. This has led to the formation of the Partnership Delivery and Commissioning Group {NPDCG}, made up of all key partners in the Borough. Also the publication of the NPDCG Prospectus in December 2014 has brought together previously separate funding streams and focuses on the commissioning of eleven services, a number of which cover health and well-being.

Further updates will be provided in due course, as the contracts for these services are let in February 2014.

The strategy underpinning this work can be seen on the next page. Having identified the needs of the Borough, partners have developed a vision and two priorities – enhancing economic growth and tackling vulnerability – both of which cover issues relating to health and well-being. Based on these priorities and a set of linked objectives, the work contained within the Prospectus aims to improve the Borough in the areas identified as outcomes, including improved health and well being and also

areas which contribute to improved health and well-being such as prosperity and safer communities.

*Newcastle Partnership – Strategic Framework*

NEEDS				
Ageing Population	Worklessness	Alcohol/Drugs	Health Issues	Crime
VISION				
Newcastle Communities together, securing a prosperous future				
PRIORITIES				
Enhancing Economic Growth		Tackling Vulnerability		
KEY OBJECTIVES				
PEOPLE	PLACES		PROSPERITY	
Helping those who feel vulnerable and providing support to those who need it	Improving life in the home – tackling domestic abuse		Developing the skills local people need to access job opportunities	
Tackling fear of crime	Improving and increasing access to public spaces and our environment – town centres; parks and green spaces		Supporting people in re-entering the job market	
Preventing and addressing drug and alcohol addiction and abuse	Improving our communities – reducing anti-social behaviour		Transforming the image of the Borough	
Addressing offending and repeat offending and victimisation	Ensuring that housing meets the needs of local people		Helping to maintain and support new/existing business	
Increasing physical activity and reducing sedentary behaviour	Providing healthier solutions to our localities		Increasing access to healthy affordable food	
Improving nutrition and healthy eating	Making our places safer		Maximising opportunities through appropriate advice and guidance	
DELIVERY				
OUTCOMES				
Improved health and wellbeing	Safer communities	Reduction in the fear of crime		Improved prosperity
EVALUATION				

Members should note that the Prospectus and accompanying documents have been circulated to Group Leaders and Scrutiny Chairs, together with Members of the Cabinet. In addition, Members should note that the next version of the Prospectus will be published in around six months' time (probably after the May 2015 elections).

In terms of the areas identified in this report, Members of the Scrutiny Committee may wish to focus on a number of areas, including:

- The future direction of the BCF process – what role should districts/boroughs play?
- What should the Council be offering in relation to the wider health and well-being agenda, particularly in terms of the services it delivers?
- Has the Partnership focused on the 'right' areas in terms of needs, priorities and outcomes?

Thanks, Cllr John Williams

## **Portfolio Holder (Leisure and Culture) presentation for Health and Wellbeing Scrutiny**

Leisure and Cultural Services take a lead role in the local delivery of sport and active lifestyles, working with local sports clubs and strategic partners.

Sports interventions to develop healthier communities are planned and delivered with sports organisations within the area, including the County Sports Partnership, National Governing Bodies of sport, Schools, Colleges and Universities as well as working with the NHS, GP practices, Public Health and social care.

These programmes are designed to create healthier communities and to enable older people to live independent lives.

Members of the Health and Wellbeing Scrutiny Committee have previously received reports on the delivery of the cardiac rehabilitation programme, GP Referral Scheme, Sky Rides cycling and the work of the council's sports development officers.

31.1% of adults in the Borough take part in sport once a week. This is slightly lower than the county (32.4%) and west midlands (33.5%) participation rates.

The health cost of inactivity in Newcastle Borough is £2,715,765.

25.8% of adults are obese (24.2% for England)

19.2% of children (year 6) are obese (19% for England)

Life expectancy in the Borough:

Male – 73.3 years (78.6 years across England)

Female – 83 years (82.6 years across England)

Over the previous year nearly £600,000 investment has been made in the Borough through sport in the following programmes.

£12,000 Sportivate

£17,648 Satellite Clubs (1 existing and 4 new)

£1,320 Coaching Grants (to get people qualified as sports coaches)

£7,000 Sky Rides

£4,000 Community Badminton Network

£108,000 Lifestyles Programme at Keele University

£45,000 Norton Cricket Club

£1,000 Keele University Archery Club

£74,650 North Staffs Sports Club

£84,835 Badminton England

£240,000 Clayton Sports Centre

New work streams starting this year include:

To increase life expectancy we will be looking to target activity levels in those aged 55 years and over, and are preparing a joint bid with other Staffordshire councils (East Staffs, Tamworth and Cannock) by developing a joint bid to Sport England's Get Active Get Healthy programme. This has the potential to bring in £125,000 of investment over three years.

The Newcastle Partnership has made £89,193 available for physical activity and Sport and Active Lifestyles Officers will be available to advise on applications for this funding as well as submitting projects for consideration in their own right.

A Community Sport Activation Fund bid is being developed with the College to deliver inter-generational activities. This project will last for three years and could bring in investment of between £50,000 to £250,000.

Trevor Hambleton  
19 December 2014

## HEALTHY STAFFORDSHIRE SELECT COMMITTEE

### Code of Joint Working Arrangements – Health

#### 1. Definitions

1.1 In this code the following words and phrases shall have the following meanings:

HSSC:	Healthy Staffordshire Select Committee.
Health:	NHS England via the Chief Executive and any NHS Trust, including Foundation Trusts, operating in or providing services in/to Staffordshire again via the Chief Executives and other NHS health organisations which fall within the scope of the Regulations.
The Regulations:	Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 as exemplified by the Department of Health Overview and Scrutiny of Health Guidance May 2003 (to include a reference to or any amendment or re-enactment).
Officers Group:	that group whose membership and terms of reference are currently detailed in the Terms of Reference, Appendix 2.

#### 2. Background

- 2.1 The Health and Social Care Act 2001 (“the Act”) as amended by the National Health Service Act 2006 confers upon local authorities with social services functions powers to undertake scrutiny of health matters as detailed in the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 (“the Regulations”) (as amended by the Directions to Local Authorities (Overview and Scrutiny Committees, Health Scrutiny Functions) 2003)..
- 2.2 The County Council currently has responsibility for social services functions and, for the benefit of the inhabitants of Staffordshire (excluding Stoke on Trent), the County Council and the eight District/Borough Councils in the county have agreed to operate joint working arrangements for health scrutiny. There is in existence a Code of Joint Working Arrangements, which explains the broad arrangements for the scrutiny of Health within Staffordshire, between the Healthy Staffordshire Select Committee and the District/Borough Council local scrutiny arrangements. See Appendix 1.
- 2.3 It will be noted from Appendix 1 that, in summary, the HSSC is intended to deal with matters that have a Staffordshire wide theme, whilst the local District/Borough scrutiny arrangements are intended to deal with matters that have a local theme. A dedicated health scrutiny committee does not necessarily discharge District/Borough scrutiny arrangements. Currently, the District/Borough arrangements are based on their areas. An Officers’ Group on which all the District/Boroughs are represented and Health, support the HSSC. See Appendix 2, the Group’s current terms of reference.

- 2.4 The HSSC has adopted the practice of its members taking a special interest in one of the Health Trusts as defined in paragraph 1.1 above. The list of special interests will be maintained by the County Council and notified to the Trusts from time to time.
- 2.5 This code has been developed to provide a framework for the working arrangements between SHSC, and Health and unless other local arrangements have been determined also provides a framework for the working arrangements between the District/Borough Council local scrutiny arrangements and Health.
- 2.6 The spirit of this code is to facilitate effective and proper scrutiny of matters within the Regulations. For the avoidance of doubt the HSSC recognises and accepts that the health of local residents is dependent on a number of factors, not just the quality of health services provided by National Health Services organisations, but also on the quality of other services. The intended outcome of health scrutiny activity is the reduction of health inequalities and to promote and support health improvement of the people of Staffordshire.
- 2.7 It is accepted that this document will need amending from time to time.

### **3. Keeping Health Informed**

- 3.1 HSSC and the local District/Borough Councils will endeavour to:
- (a) forward to Health non confidential agenda/minutes of the HSSC and of the local District/Borough health scrutiny arrangements;
  - (b) forward to Health any relevant Health Scrutiny communications that are produced;
  - (c) forward to Health any proposals for items of scrutiny, giving an opportunity for Health to comment;
  - (d) forward to Health any draft/final reports on topics actually scrutinised, in the case of drafts giving an opportunity for comment;
  - (e) with reasonable notice advise Health of any request for attendance at the authority discharging the scrutiny arrangement, with reason(s) why attendance is asked for;
  - (f) for as long as it is determined appropriate by the HSSC, make available to Health, membership for three health representatives on its Officers' Group;
  - (g) answer any reasonable request from Health in relation to scrutiny activity.

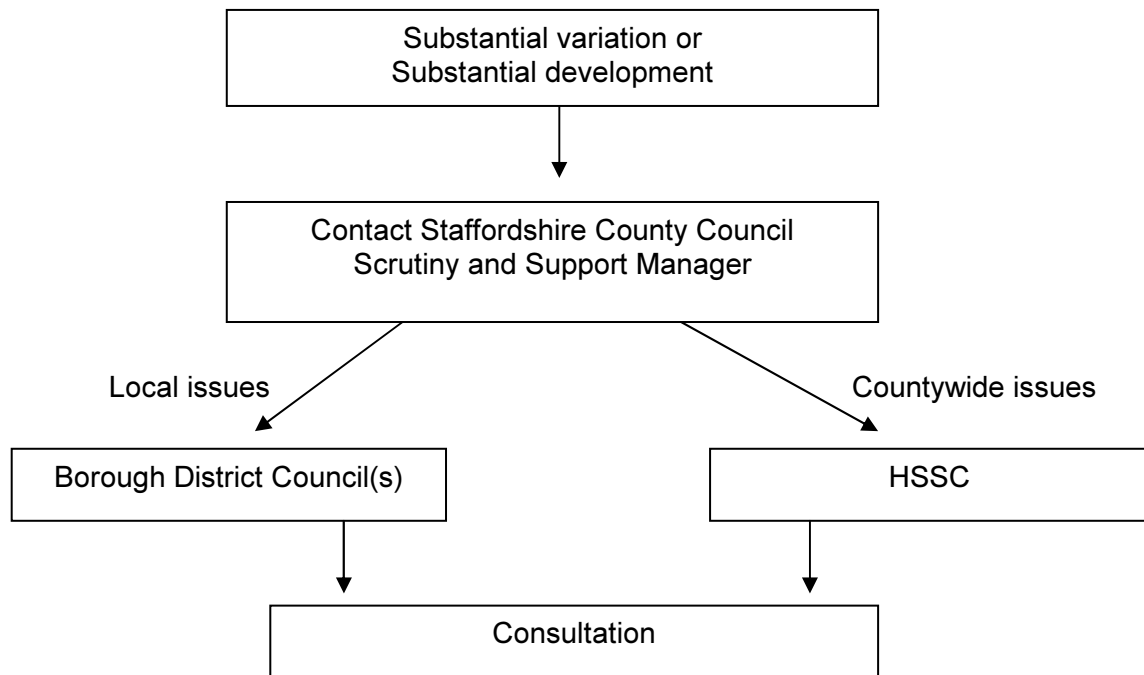
### **4. Assistance from Health**

- 4.1 Health will comply with the Regulations and the provisions of the NHS Act (2006) as amended by the Local Government and Public Involvement in Health Act (2007).
- 4.2 Information is most likely to be requested from Health in respect of scrutiny: work programme planning; topics under review; the preliminary consideration of

Councillor Calls for Action; consideration of Councillor Calls for Action; and questions from members. When information has been requested, Health will comply within a reasonable time-scale. Where information requested, is not available in a ready or easily convertible format, Health will advise of such and advise what other information is available or what arrangements can be made to facilitate the provision of the required information. HSSC and the District/Boroughs appreciate the workload of Health organisations and will ensure that requests for information are only made if such information is relevant and necessary to the topic being reviewed or relevant and necessary for discharge of the arrangements under the Regulations.

- 4.3 If requested, Health will make appropriate arrangements with the HSSC and/or District/Borough councils for the passing on of information that is already in the public domain or should/can be made available to local authorities. Without prejudice to the generality of this paragraph, Health will endeavour to ensure that members with special interests (see paragraph 2.4) are kept informed on a regular basis of matters pertaining to the Regulations.
- 4.4 Whilst it is acknowledged that the Regulations provide for attendance of Health at local authorities discharging health scrutiny arrangements, every effort in exercising this request will be made to limit unnecessary attendance, and where appropriate written responses from Health that address the question will be adequate.
- 4.5 Any request to Health in relation to this code will be by a duly authorised officer/member of the authority, whose names shall be notified to health from time to time.
- 4.6 Health will consult with the Scrutiny arrangements where decisions are going to be made which affect the commissioning of services for people of Staffordshire by reference to the numbers of people who could be affected and/or the significance of the service, for example specialist services. In order to satisfy this paragraph, the scrutiny arrangements operating in Staffordshire would welcome being an addition to Health's consultation distribution lists/patient and public involvement strategy. If there is doubt about a decision that may or may not fall under this paragraph, Health should speak, in the first instance, direct with the SHSC Health Scrutiny and Support Manager.
- 4.7 Without prejudice to the generality of paragraph 4.6, Health will particularly consult with the appropriate scrutiny arrangement on matters, which constitute a substantial variation and/or substantial development. In deciding whether or not a matter falls within this heading Health will have regard to the Guidance which specifies possible substantial variations and/or developments when they fall under one or more of the following:
  - (a) changes in accessibility of services – for example the creation of a new GP and/or dental practice;
  - (b) impact of proposal on the wider community – exercising some flexibilities under Foundation Status;
  - (c) patients affected – closing facilities or parts of, eg Saturday surgeries, relocation of services;

- (d) methods of service delivery – new arrangements for out of hours services.



### Examples of countywide substantial variations/developments

- 4.8 It is not envisaged that Health will consult on contractor changes, minor amendments to service regulations or matters which are internal issues.

## 5. Information Sharing/Data Protection/Confidentiality

- 5.1 For the purposes of this code information will be shared provided such is within the law. Further, for the purposes of facilitating this paragraph, but not limited to, co-operating organisations will sign up to the Staffordshire Police, Information Sharing Protocol for Crime and Disorder purposes.

## 6. General Working Principles

- 6.1 Generally, unless this code provides a specific provision, then the health scrutiny activity in Staffordshire will be carried out on the basis of the following general working principles:
- (a) **Co-operation** – the organisations involved are willing to share knowledge, respond to requests for information, initiatives and reports as appropriate.
  - (b) **Accountability** - the process of health scrutiny will be open and transparent, except where the principles of confidentiality apply.
  - (c) **Accessibility** – the approach to each piece of scrutiny work may vary but scrutiny activity will, for each piece of work, actively seek to identify interested parties and stakeholders and to involve them where appropriate in the overview on scrutiny process.



**Healthy Staffordshire Select Committee  
Code of Joint Working Arrangements – Local Authorities**

**1. Background**

- 1.1 The Health and Social Care Act 2001 (“the Act”) as amended by the National Health Service Act 2006 confers upon local authorities with social services functions powers to undertake scrutiny of health matters as detailed in the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 (“the Regulations”) (as amended by the Directions to Local Authorities (Overview and Scrutiny Committees, Health Scrutiny Functions) 2003).
- 1.2 The County Council currently has responsibility for social services functions and, for the benefit of the inhabitants of Staffordshire (excluding Stoke-on-Trent), the County Council and the eight District/Borough Councils in the county have agreed to operate joint working arrangements for health scrutiny.
- 1.3 This code has been developed to provide a framework for the joint working arrangements.
- 1.4 This document may need amending from time to time.

**2. Scope of Overview and Scrutiny Activity**

- 2.1 The areas of activity that may form the basis for possible overview and scrutiny flow from the Regulations. The broad scope is detailed at paragraph 2(1) **“An overview and scrutiny committee may review and scrutinise any matter relating to the planning, provision and operation of health services in the area of its local authority.”** (“scrutiny activity”).
- 2.2 All parties accept and agree that scrutiny activity is not a complaints mechanism. Accordingly matters which are referred/determined for consideration by the scrutiny process, shall properly fall within its scope and overview. Whether or not this will be the case will depend on the individual circumstances.
- 2.3 In Staffordshire scrutiny activity will be based on three levels of responsibility. The level of responsibility will determine where a specific scrutiny activity may be dealt with:
  - (a) The County Council may lead on matters that can best be dealt with at a county level.
  - (b) For some matters the County Council may ask a lead District/Borough Council to carry out the scrutiny, and this may be singly or jointly with other District/Borough Councils.
  - (c) Those matters best dealt with by District and Borough Councils.

2.4 In order to discharge the levels of responsibility:

- (a) **The County Council scrutiny activity** – will be undertaken by the Healthy Staffordshire Select Committee. Its initial membership is thirteen County Councillors whose appointment takes account of political balance and eight District/Borough Councillors (the Chair of the appropriate Scrutiny Committee undertaking Health Scrutiny) from each of the District/Borough areas within the County of Staffordshire), nominated annually. Since this will constitute eight separate appointments, political balance is not an issue. The Healthy Staffordshire Select Committee will be administrated by the County Council and operate in accordance with the County Council's Constitution<sup>1</sup>, Committee procedure and rules. The Chair and Vice Chair will be appointed by the County Council. All Members will be required to sign the Code of Conduct for Members. Guidance for all Members may be sought from the Scrutiny and Support Manager. The Scrutiny and Support Manager will ensure that there is opportunity for appropriate links with officers of all the District/Borough Councils. For this purpose an officer group has been formed and has its own terms of reference (see Appendix 2).
- (b) **County Council appointment of lead District/Borough** – the Healthy Staffordshire Select Committee, will determine any scrutiny activity which falls under this heading, the terms of reference, and ask a lead District/Borough (with their agreement). The terms of reference will determine if appropriate, which organisations' Constitution will be adhered to during the process. This approach could, for example, be taken because a particular District/Borough wishes to undertake the specific scrutiny activity due to local interest. This approach may involve more than one District/Borough, but in such a case it is accepted that only one will be the nominated lead.
- (c) **District and Borough scrutiny activity** – this will be undertaken by the appropriate scrutiny arrangements set up locally. In all cases one County Councillor will be appointed to each Committee designated for the purpose and they will be voting members for those matters which relate to health scrutiny activity. Appointments will be by the County Council on a yearly basis. As a Member of the relevant District/Borough Council Committee all County Councillors will be bound by the Constitution and rules of procedure etc of that Committee.

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<sup>1</sup> The County Council's Constitution does not permit substitute members but in the event of a District/Borough Council member being unable to attend a meeting of the Committee they may send a representative to attend as an observer for the part of that meeting held in public.

## **County Level Scrutiny Activity**

2.5 The Healthy Staffordshire Select Committee may deal with:

- (a) matters pertaining to NHS England , West Midlands Strategic Commissioning and West Midlands Ambulance Service NHS Trust (in conjunction with the health overview and scrutiny committees of the relevant Councils within the region);
- (b) matters pertaining to the Staffordshire Clinical Commissioning Groups (Stafford and Surrounds, Cannock Chase, East Staffordshire, South East and Seisdon Peninsula and North Staffordshire)
- (c) matters pertaining to the North Staffordshire Combined Healthcare NHS Trust and the South Staffordshire and Shropshire Healthcare NHS Foundation Trust;
- (d) matters pertaining to Burton Hospitals NHS Foundation Trust, and University Hospital of North Midlands NHS Trust;
- (e) matters relating to any other health body which commissions or provides services to inhabitants of Staffordshire;
- (f) Social Services and Health Services interface including relevant partnerships;
- (g) responding to reports from Healthwatch ; and
- (h) health related consultations, commissioning, and services that relate to more than one District/Borough;

other than where a District/Borough has agreed to take a lead role in scrutinising a matter.

- (i) Other scrutiny activity which has been agreed by the Healthy Staffordshire Select Committee and all the relevant District/Borough Councils to be dealt with by the Healthy Staffordshire Select Committee

## **County Appointment of Lead District/Borough Scrutiny Activity**

2.6 Matters which fall under this heading will be determined by agreement at the relevant time. See paragraph 2.4(b) above.

## **District/Borough Scrutiny Activity**

2.7 District/Borough scrutiny activity may deal with:

- (a) health bodies, consultations, commissioning and services which contribute towards health improvement within their area;
- (b) matters which have been agreed with the Healthy Staffordshire Select Committee;

- (c) District/Borough services that interface with planning for and providing health services - for example, but not exclusively, housing, leisure and environmental health service; and
- (d) relevant local partnerships.

## **Choosing the Topics**

2.8 It is recognised that the final choice of topics for health scrutiny is that of the appropriate Committee, but that the planning and co-ordination of scrutiny activity is important in regard to assuring the quality of scrutiny activity and making the best use of resources. In order to avoid duplication/overload the following principles are accepted:

- (a) That the Committees will develop their approach to involving interested parties and the public in the preparation of their annual work programmes, including one another.
- (b) The Healthy Staffordshire Select Committee is currently the most appropriate committee to advise on choice of topics for health scrutiny across Staffordshire. Accordingly, each District/Borough Councillor member will undertake this advisory role when attending the Healthy Staffordshire Select Committee and each appropriate District/Borough Councillor and County Council member will undertake this role when attending the District/Borough Committee designated to deal with health scrutiny activity.
- (c) It is accepted that a degree of flexibility within work programmes is required to adapt to unforeseen issues arising. However, following Healthy Staffordshire Select Committee approval to its annual work programme for scrutiny activity there shall not be deviation from the programme unless there is a clear and urgent need. Whether or not a matter is clear and urgent will be determined by the Healthy Staffordshire Select Committee in consultation with the Chairman.

## **Maintaining Links**

- (d) Whilst undertaking scrutiny activity, for the purpose of keeping each other up-to-date about progress and final recommendations, District/Borough Councillors and County Councillors will be the prime link. However, in addition, arrangements will be facilitated to ensure that the Staffordshire Health Scrutiny and Support Manager regularly receives copies of all District/Borough committee reports/minutes in relation to health scrutiny and that summary updates are provided so that an item may appear on Healthy Staffordshire Select Committee agenda. The Healthy Staffordshire Select Committee will provide a summary update so that an item may appear on each District/Borough Council agenda similarly. Members of the officer group will assume this responsibility on behalf of their Councillor.
- (e) For the avoidance of doubt, final draft reports and final reports will also be shared under paragraph 2.9(d) above. In the case of draft reports this will be timed to facilitate comments. Final reports and recommendations will

take account of paragraph 3 of the Regulations. It will be the responsibility of the Committee producing the final report to take follow-up action.

- (f) Calling health representatives to any committee will be the responsibility of the Chair of that Committee. In so doing it is accepted by all chairs that such will be conducted with courtesy and following appropriate enquires to avoid duplication of requests. Each Chair will also particularly be bound by paragraphs 5 and 6 of the Regulations.
- (g) In addition to committee papers, relevant County Council Health Scrutiny communications will be sent to all Officer Group members and District/Borough Councillor members of the Staffordshire Health Scrutiny Committee. The Healthy Staffordshire Select Committee process provides for questions to be asked by its members as a standard agenda item. All members agree to co-operate in the discharge of this arrangement.
- (h) All Councils accept and agree to appropriate officers meeting in accordance with the Staffordshire Health Officers' Group Terms of Reference. (See Appendix 2).

## Resources

- (i) The Healthy Staffordshire Select Committee will be administered by the County Council, currently there is approximately one and a half full-time equivalent staff for this purpose.
- (j) The resource for the local health scrutiny arrangements will be a matter for the appropriate District/Borough Council.
- (k) The resourcing of other joint work on matters of common interest, including training and development, will be agreed on a case by case basis.

## 3. General Working Principles

3.1 Generally, unless this code provides a specific provision, then the health scrutiny activity in Staffordshire will be carried out on the basis of the following working principles (and meeting statutory requirements where applicable):

- (a) **Scope of Health Scrutiny** – recognising that the health of local residents is dependent on a number of factors, not just the quality of health services provided by National Health Service organisations, but also on the quality of other services. The intended outcome of health scrutiny activity is the improvement of the health of the people of Staffordshire.
- (b) **Co-operation** – the authorities involved must be willing to share knowledge, respond to requests for information, initiatives and reports as appropriate.
- (c) **Accountability** – the process of health scrutiny will be open and transparent.

- (d) **Accessibility** – the approach to each piece of scrutiny work may vary but scrutiny activity will actively seek to identify interested parties and to involve them where appropriate in the overview and scrutiny process.

## Brief Terms of Reference

### Health Scrutiny Officers Group

#### 1. Introduction

1.1 The Health Scrutiny Officers Group ('HSOG') has been formed to support the Healthy Staffordshire Select Committee ('HSSC') and District and Borough Scrutiny arrangement.

1.2 The HSSC is a member committee while the HSOG is an officer group.

1.3 The function of health scrutiny began early 2002.

#### 2. Membership

2.1 The membership of the HSOG will be as follows:

Organisation	Number of Members
Cannock Chase Council	1
East Staffordshire Borough Council	1
Lichfield District Council	1
Newcastle-under-Lyme Borough Council	1
South Staffordshire District Council	1
Stafford Borough Council	1
Staffordshire Moorlands District Council	1
Tamworth Borough Council	1
Staffordshire County Council	1 (plus non-voting Support Officer)
Healthwatch	1
Health agencies as appropriate	
Clinical Commissioning Groups as appropriate	

2.2 By agreement the HSOG may invite other advisers/members to its Group on an ongoing or ad hoc basis.

2.3 The County Council Scrutiny and Support Manager will be an adviser to the HSOG.

#### 3. Terms of Reference

3.1 The main aim of the HSOG is to support the HSSC in achieving its aims and objectives as detailed in its terms of reference.

3.2 Without prejudice to paragraph 3.1 the HSOG may:

- (a) discuss, agree and put forward for approval items of business for the SHSC Agenda;

- (b) determine the process of work programme planning and delivery;
- (c) discuss and report on matters of note for the HSSC (generally via instruction to the Health Scrutiny and Support Manager) and in particular discuss and report on an appropriate mechanism for member involvement in the scrutiny process;
- (d) establish an appropriate mechanism to determine links between the Staffordshire Scrutiny process and local scrutiny arrangements;
- (e) be the link with their own organisation and member to keep such informed, seek views etc;
- (f) co-operate with each other, where possible, for the furtherance of the quality of scrutiny of health in Staffordshire.

#### **4. Operational Methods**

**4.1 Meetings** – the HSOG will meet as frequently as needed to achieve the terms of reference. Meetings will be organised and administered by the County Council.

**4.2 Decisions** – will be by consensus of agreement, failing such there shall be a vote. Simple majority will carry the vote. Any member not satisfied with the outcome of such may register a dispute. Registration of a dispute will hold the decision suspended and the matter shall be referred to the HSSC for determination, or any other process agreed by HSOG/HSSC to be appropriate. For the avoidance of doubt, advisers may not vote with the exception of the County Council Health Scrutiny and Support Manager.

**4.3 Agenda Items** – for the HSOG will be determined by the County Council Health Scrutiny and Support Manager. Other members may request appropriate items be included on the agenda by reasonable notice.

**Substitution** – officers may send substitutes who will have the same voting rights.

**Sub-Group(s)** – by agreement the HSOG may set up sub-groups on an ongoing or ad hoc basis.

**Chairing** – the County Council Health Scrutiny and Support Manager will chair the meetings and where possible produce an updating report for the HSOG.

#### **5. Review and Change**

**5.1** The content of this document may be reviewed and changed at any time by the agreement of the HSOG.



Members: Reginald Bailey, Kyle Robinson, Margaret Astle, Anthony Eagles, David Loades, Paul Northcott, Linda Hailstones, David Becket and Ken Owen

# HEALTH AND WELLBEING SCRUTINY COMMITTEE WORK PLAN

**Chair: Councillor Colin Eastwood**  
**Vice Chair: Councillor Hilda Johnson**

**Portfolio Holder(s) covering the Committee's remit:**

**Councillor John Williams (Planning and Assets)**

**Councillor Tony Kearon (Safer Communities)**

**Councillor Trevor Hambleton (Leisure, Culture and Localism)**

**Work Plan correct as at: Friday 19<sup>th</sup> December 2014**

**Remit:**

**Health and Well Being Scrutiny Committee is responsible for:**

- 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 Wellbeing 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 Wellbeing Strategy and Staffordshire Health and Wellbeing Board Strategy 'Living Well in Staffordshire 2013-2018'

- Health improvement (including but not exclusively) diet, nutrition, smoking, physical activity, poverty (including poverty and 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

Date of Meeting	Item	Reason for Undertaking
<b>9<sup>th</sup> July 2014</b> <b>(agenda dispatch 27<sup>th</sup> June 2014)</b>	Minutes of the Health and Well Being Task and Finish Group	To provide an update of the meeting held with Healthwatch, Staffordshire on Wednesday 4 June 2014
	Representatives from Stoke-on-Trent and North Staffordshire Clinical Commissioning Groups	Presentation to be carried out by Marcus Warnes (Chief Operating Officer) North Staffordshire CCG relating to Urgent Care and Emergency Care Primary Care
	The Enter and View GP Project	To present the findings of a research study that was commissioned by Healthwatch, Staffordshire to try and understand GP service concerns around A&E and confusion as to what other services are in place
	Health and Well Being Strategy	A verbal update to be provided by the Head of Leisure and Cultural Services
	Minutes from the Healthy Staffordshire Select Committee	To receive the minutes of the meeting held on Wednesday 2 July 2014
	Report on the Francis Enquiry	To discuss the role of the local authority Health Scrutiny Committee: Lessons from the Francis Inquiry Report
	Work Plan	To discuss the work plan and potential topics that Committee members would like to scrutinise over the forthcoming year
<b>24<sup>th</sup> September 2014</b> <b>(agenda dispatch 12<sup>th</sup> September 2014)</b>	CCG Urgent Care Strategy	Dr Andrew Bartlam, Clinical Accountable Body (North Staffordshire CCG) to be invited to attend to present the Strategy, it is to be sent for approval by the end of August 2014. Marcus Warnes to also contribute to this
	Hearing Aid Consultation	Marcus Warnes from North Staffordshire CCG will be attending to discuss the Hearing Aid Consultation
	Minutes from the Healthy Staffordshire Select Committee	To receive the minutes of the meeting held on Monday 11 August 2014

Date of Meeting	Item	Reason for Undertaking
	Work Plan	To discuss the work plan and potential topics that Committee members would like to scrutinise over the forthcoming year
<b>21<sup>st</sup> October 2014 (agenda dispatch 10<sup>th</sup> October 2014)</b>	Health and Well Being Strategy	The Head of Leisure and Cultural Services to provide an update on the implementation of the Borough's Health and Well Being Strategy
	Report on the Francis Enquiry	To discuss the role of the local authority Health Scrutiny Committee: Lessons from the Francis Inquiry Report
	Healthwatch, Staffordshire	
<b>19<sup>th</sup> November 2014 (agenda dispatch 7<sup>th</sup> November 2014)</b>	North Staffs Combined Healthcare Trust (accountability session on 10 <sup>th</sup> September 2014, Stafford)	Vice Chair to provide some questions/background
	Healthwatch, Staffordshire	Summary update to be provided by Healthwatch, Staffordshire
	Minutes from the Healthy Staffordshire Select Committee	To receive the minutes of the meeting held on Tuesday 7 <sup>th</sup> October 2014
	North Staffordshire Combined Healthcare NHS Trust – Alcohol Use and Misuse	An update to be provided by the Partnerships Team (Newcastle Borough Council) on the work they undertake around preventing and dealing with alcohol related issues within the Borough
	North Staffordshire Combined Healthcare NHS Trust – Adult Acute Outreach	A briefing note to be presented by Combined Health surrounding enhancement of community older people's mental health outreach team
	One Recovery	One Recovery North Staffordshire Service Manager will carry out a presentation. This will provide an opportunity for Members to raise questions on the various services available to service users.
	Work Plan	To discuss the work plan and potential topics that Committee members would like to scrutinise over the forthcoming year
<b>7<sup>th</sup> January 2015 (agenda dispatch 19.12.14)</b>	Code of Joint Working	Implementation of recommendations, at a District level, to be monitored – Staffordshire County Council are revising their Code of Joint Working, which the Health and Wellbeing Scrutiny Committee will receive in draft form for their comments

Date of Meeting	Item	Reason for Undertaking
	Portfolio Holder Question Time	An opportunity for the Committee to question the Portfolio Holder(s) on their priorities and work objectives for the next six months and an opportunity to address any issues or concerns that they may wish to raise
	Healthwatch, Staffordshire	Summary update to be provided by Healthwatch, Staffordshire
	Modernisation of Day Centres for People with Learning Disabilities	To look at changing the way that day opportunities are provided for people with learning disability
	Work Plan	To discuss the work plan and potential topics that Committee members would like to scrutinise over the forthcoming year
<b>29<sup>th</sup> April 2015 (agenda dispatch 17<sup>th</sup> May 2015)</b>	North Staffordshire Combined Healthcare NHS Trust – Adult Acute Outreach	Combined Health to be invited back to provide an update on enhancing Older People's and Neuropsychiatry Services, as agreed at the meeting held on 19 <sup>th</sup> November 2014
	Healthwatch, Staffordshire	Summary update to be provided by Healthwatch, Staffordshire
	Annual Work Plan Review	To evaluate and review the work undertaken during 2014/2015

<b>Task and Finish Groups:</b>	
<b>Future Task and Finish Groups:</b>	
<b>Suggestions for Potential Future Items:</b>	<ul style="list-style-type: none"> <li>• Partnership Working between Newcastle Borough Council and other organisations in the area of health 'prevention' work</li> <li>• Issues relating to Children and Adolescent Mental Health</li> <li>• Supporting People Funding. To look at what implications of withdrawing this funding could cause for some organisations that are supporting vulnerable residents</li> </ul>

<b>DATES AND TIMES OF FUTURE MEETINGS:</b>	Wednesday 9 July 2014, 7.00pm, Committee Room 1
	Wednesday 24 September 2014, 7.00pm, Committee Room 1
	Tuesday 21 October 2014, 7.00pm, Committee Room 1
	Wednesday 19 November 2014, 7.00pm, Committee Room 1

	Wednesday 7 January 2015, 7.00pm, Committee Room 1
	Wednesday 29 April 2015, 7.00pm, Committee Room 1

<b>DATES AND TIMES OF CABINET MEETINGS:</b>	Wednesday 18 June 2014, 7.00pm, Committee Room 1
	Wednesday 23 July 2014, 7.00pm, Committee Room 1
	Wednesday 10 September 2014, 7.00pm, Committee Room 1
	Wednesday 15 October 2014, 7.00pm, Committee Room 1
	Wednesday 12 November 2014, 7.00pm, Committee Room 1
	Wednesday 10 December 2014, 7.00pm, Committee Room 1
	Wednesday 14 January 2015, 7.00pm, Committee Room 1
	Wednesday 4 February 2015, 7.00pm, Committee Room 1 (BUDGET)
	Wednesday 25 March 2015, 7.00pm, Committee Room 1
	Wednesday 24 June 2015, 7.00pm, Committee Room 1

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