

Public Document Pack

Date of meeting	Wednesday, 24th September, 2014
Time	7.00 pm
Venue	Committee Room 1, Civic Offices, Merrial Street, Newcastle-under-Lyme, Staffordshire, ST5 2AG
Contact	Julia Cleary, Ext. 2227

Health and Wellbeing Scrutiny Committee

AGENDA

PART 1 – OPEN AGENDA

- 1** **Declarations of Interest**
- 2** **MINUTES OF THE PREVIOUS MEETING** **(Pages 3 - 6)**
- To agree as a true record the minutes of the meeting held on Wednesday 9 July 2014
- 3** **MINUTES FROM THE HEALTHY STAFFORDSHIRE SELECT COMMITTEE (11.08.14)** **(Pages 7 - 8)**
- The minutes have not yet been finalised. Please use the Digest attached until they are published
- 4** **CLINICAL COMMISSIONING GROUP URGENT CARE STRATEGY** **(Pages 9 - 18)**
- A presentation will be carried out by Marcus Warnes (Chief Operating Officer). Presentations are limited to 10 minutes as per the Council's Constitution.
- Members are requested, where possible, to submit any questions to Justine Tait before Friday 19 September 2014
- An updated copy of the North Staffordshire Clinical Commissioning Group Urgent Care Strategy will be forwarded prior to the meeting.
- 5** **HEARING AID CONSULTATION**
- Marcus Warnes will be carrying out a second presentation. Copies to follow. There is a time limit of 10 minutes to carry out presentations as per the Council's Constitution
- Members are requested, where possible, to submit any questions to Justine Tait before Friday 19 September 2014

**6 NORTH STAFFORDSHIRE CLINICAL COMMISSIONING GROUP (Pages 19 - 22)
BRIEFING PAPER**

Attached is a Briefing on the proposals for decommissioning funding of hearing aids for adults with mild to moderate hearing loss

7 HEALTHWATCH, STAFFORDSHIRE (Pages 23 - 24)

Attached is an update on the GP access project, information on volunteer recruitment and a summary of what Healthwatch has done recently in Newcastle-under-Lyme

**8 Additional Meeting Tuesday 21 October 2014, Committee Room
2**

9 WORK PLAN (Pages 25 - 30)

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.

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, 9th July, 2014

Present:- Councillor Colin Eastwood – in the Chair

Councillors Mrs Astle, Bailey, Eagles, Mrs Hailstones, Loades, Northcott and Owen

1. **APOLOGIES**

Apologies were received from Cllr Becket and Cllr Mrs Johnson.

2. **MINUTES OF THE PREVIOUS MEETING**

Resolved: That the minutes of the previous meeting be agreed as a correct record.

3. **DECLARATIONS OF INTEREST**

Declarations of interest were received from Cllr Loades and Cllr Mrs Hailstones.

4. **MINUTES OF THE HEALTH AND WELL BEING TASK AND FINISH GROUP OF THE 4 JUNE 2014**

Resolved: That the minutes be received and noted.

5. **REPRESENTATIVES FROM STOKE-ON-TRENT AND NORTH STAFFORDSHIRE CLINICAL COMMISSIONING GROUPS**

The Chair welcomed Dr Mark Shapley and Marcus Warnes, Chief Operating Officer from the North Staffordshire Clinical Commissioning Group.

The Committee received a presentation from Mr Warnes in relation to Urgent Care and Emergency Care Primary Care for which a joint Strategy was currently being prepared with Stoke on Trent Clinical Commissioning Group.

The following points and issues were highlighted:

- Issues with domiciliary care were not necessarily financial but more to do with the retention and employment of staff and their contracts (including areas such as unpaid travel time).
- There were budget concerns regarding primary care – the budget for acute services had doubled but primary care had remained stationary.
- There were issues across Staffordshire regarding meeting the 4 hour waiting time target.
- There was an upward trend regarding A&E attendances (10.3% higher than planned). This was however a national problem. The main reasons for this included self-referral - 40% in contrast to only 6% of referrals being from GPs. Approximately 40% of referrals were also from the Ambulance Service.

The Committee questioned whether the part closure of the A&E department at Mid Staffordshire General Hospital had contributed to the increased demand at North Staffordshire. Mr Warnes stated that there had been some impact but that it was not huge. Mr Warnes stated that there had been approximately 25% increase in demand from outside of the area and that repatriation of these patients could take longer as they needed to be returned to a different area with a different operating system.

Members also raised concerns in relation to the out of hours services provided from 6pm onwards once most GP surgeries had closed and queried whether this was increasing demand at A&E. Mr Warnes stated that as so many patients skipped the visit to the GP anyway this was not thought to be a major contributing factor.

It was considered that one very important area that could be improved was the process in place at the hospital, if processes could be improved to ensure that up to half of patients were seen and discharged before 1pm then they would be able to go straight to the right after care service rather than having to wait another 24 hours in the A&E. It was confirmed that this was already being looked at and was starting to be put into action.

It was also stated that work was being done in relation to the possibility of GP surgeries being open 12 hours per day, 7 days a week but in order for this to happen funding in the region of 20 million pounds would be required. Funding on GP services had remained static since 2005.

The Committee discussed the possibility of educating the public to help make them aware that in many cases they may be seen by a highly qualified and experienced practice nurse rather than having to wait to see their GP. All were in agreement that the key to solving the problem was prevention and the identification of any problems at the earliest possible stage. Members asked that Dr Shapley and Mr Warnes please let them have any ideas for Member involvement in this education

The Committee thanked Mr Warnes and Dr Shapley for the presentation and information.

Resolved: That the information be received.

6. HEALTH AND WELL BEING STRATEGY

Officers had spent a considerable amount of time working on the Strategy and Action Plan and ensuring that it worked alongside work being carried out by other statutory organisations and 3rd sector groups. This had resulted in a huge data capture

-

exercise which had led to a slight delay in the draft Strategy being prepared. A piece of work had also been carried out to help identify the impact that local authorities could have on health and wellbeing. Once the data had all been collated a report would be presented to Cabinet in September when the priority areas would be identified. It was thought that the main areas for work would be in relation to prevention and rehabilitation.

Resolved: That the information be received and an update provided to a future meeting.

7. **MINUTES FROM THE HEALTHY STAFFORDSHIRE SELECT COMMITTEE**

Resolved: That the information be noted.

8. **REPORT ON THE FRANCIS ENQUIRY**

The Committee considered the report submitted by the Head of Business Improvement, Central Services and Partnerships.

Members considered the importance of public engagement and that the fact that the public seemed unaware of local authority involvement in health and thus the lack of feedback and engagement that occurred. Elected Members and local authorities needed to become more proactive to overcome this hurdle.

The Committee agreed that communication needed to be improved and that groups such as Locality Action Partnerships, Parish Councils and Residents Associations needed to be used more effectively to get information across to the public. An article could also be included in the Reporter Magazine on a regular basis.

Concerns were also raised regarding the low turnout at Accountability Sessions run by the County Council which again highlighted the need for a more proactive approach from elected Members and local authorities with more specificity regarding questions and outcomes desired.

It was agreed that an extra meeting be organised to consider the report on the Francis Enquiry in further detail.

Resolved: That an additional meeting be arranged.

9. **PUBLIC QUESTION TIME**

No questions had been received from the public.

10. **URGENT BUSINESS**

Cllr Becket would be attending the West Midlands Ambulance Service Accountability Session and had requested that any Members with questions please submit them to him.

COUNCILLOR COLIN EASTWOOD
Chair

This page is intentionally left blank

**Summary of the main agenda items from the
Healthy Staffordshire Select Committee meeting – 11 August 2014**
<http://moderngov.staffordshire.gov.uk/ieListDocuments.aspx?CId=871&MId=5128&Ver=4>

Agenda Item	Of particular interest to ...
<p>The Healthy Staffordshire Select Committee met on 11 August 2014. Members received the report of the Cabinet Member for Care on the Mental Health and Wellbeing Strategy prior to its submission to Cabinet. Members considered the changes in the delivery of care, funding implementation and the interface with other agencies. The Committee agreed to note the strategy and to form a Working Group to further explore the implementation of the Strategy going forward.</p> <p>The Committee received a report and presentation from the East Staffordshire CCG on their Improving Lives Programme. Following concerns expressed by Members details were outlined of the financial governance and the contractual arrangements for the Prime Contractor Model which was proposed for Long Term Conditions and Frail and Elderly Care Members sought assurance in relation to the procurement, the commissioning process, ensuring performance and quality management, consultation and governance.</p> <p>Additionally the Committee agreed recommendations in relation to the Cannock Minor Injuries Unit, requesting that the CCG undergo a 4 week public consultation on reduced hours Minor Injuries Unit, and received a verbal update on the Learning Disabilities Modernisation Programme in particular the consultation in relation to the Codsall Day Services. Members were assured that there were services in the community and that patients would be properly assessed before closure of the service and those patients were happy with the arrangements.</p>	All

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

Urgent Care Strategy Northern Staffordshire

2013/14-2018/19

Challenges

- Failed A&E 4 hour target 7 quarters in a row
- Q1 2013/14 v 14/15
 - A&E attendances increased by 10.5%
 - Non-elective admissions increased by 8.9%
 - July – 127 more beds used (71 SoT, NS)
- Admission>discharges=insufficient flow & system silts up
- Not enough step up, which means too much step down
- Over reliance on beds
- Not enough community capacity and primary care
- A&E often 1st choice not last resort

Vision

- “Delivering an urgent care system that delivers high quality care in the right setting by the right professional in a timely manner seven days a week”

Approach

- Consistent, high quality, safe care 7 days/wk
- Right care, right place, 1st time
- Remain at home, care closer to home
- Support for self care
- Sustainable urgent care system
- Discharge planning on day of admission
- Responsive mental health services

Key Deliverables

- Achieve 95% A&E target consistently
- No variation over 7 days
- Acute bed occupancy averages 92%
- Reduce A&E attendances by 40%
- Over 5 years, reduce emergency admissions by 11,900 full year effect
- Improve access to primary care, evenings and weekends
- Max 14 day Length of Stay in community step up
- Acute LoS 60%<2 days, 80%<7 days, 90%<11 days

3 Key Elements

- Pre-hospital/admission avoidance and prevention
 - Keeping people out of hospital and at home or in a community service
- In hospital
 - Right service 1st time, improve flow and reduce length of stay
- Post-hospital/community
 - Improve discharge process, increase number of simple and timely and discharge more people home

Pre-hospital

- Developing primary care at scale
- Promoting self-care to patients to manage their conditions
- Comprehensive community pathways for frail/elderly
- Enhance local pharmacy services
- Improving ambulance performance and integration

Hospital

- Developing effective alternatives to A&E
- Incorporate Primary Care in A&E
- Early senior clinical assessment in A&E
- Responsive acute mental health services
- Development of Ambulatory Emergency Care assessment
- 7 day working

Post-hospital

- Timely discharge to place of residence as soon as clinically appropriate
- Only patients requiring further rehab discharged to a community bed
- Timely and appropriate intermediate & social care intervention
- Timely and appropriate therapy intervention
- Quality assure nursing/care home capacity for those that need it

Questions?



BRIEFING:

PROPOSALS FOR DECOMMISSIONING FUNDING OF HEARING AIDS FOR ADULTS WITH MILD TO MODERATE HEARING LOSS

North Staffordshire Clinical Commissioning Group's (CCG) commissioning intentions for 2014/15 include the proposal to decommission the funding of hearing aids for adults with mild to moderate adult onset hearing loss. This definition is taken from the WHO document 'Global Burden of Hearing Loss' where this is defined as 'Cases of adult onset hearing loss due to ageing or noise exposure. Excludes hearing loss due to congenital causes, infectious diseases, other diseases or injury'.

This briefing explains the prioritisation process that informed the commissioning intention and the context within which a decision to decommission the service will be made.

Although the proposal considers the decommissioning of hearing aids for adults with mild to moderate hearing loss, these patients will still be eligible for NHS hearing tests. The service for people with severe and profound hearing loss remains unaffected and people with mild to moderate adult-onset hearing loss will be eligible for a hearing aid if their condition deteriorates to severe.

The CCG recognises there are different classifications of hearing loss, and as the main systematic evidence review was undertaken by the American Academy of Audiology, CPAG has recommended that the American classification is used which gives a cut-off at 55dB for moderate loss.

Prioritisation Process

The CCG has a process for prioritising the use of the resources available to commission healthcare in North Staffordshire. This is set out in the Policy on the Prioritisation of Healthcare Resources which can be found on the CCG website ([click here](#)).

Prioritisation is the process of ranking interventions, such as drugs, or services, in order of clinical importance. Priority setting is a key part of making decisions about the best use of NHS funds locally, i.e. which investments should be made that will deliver the best outcomes for patients, given the limited resources available.

The CCG has a group known as the Clinical Priorities Advisory Group (CPAG), which is a subcommittee of the Governing Board. The group considers interventions and services which are referred from the CCG's commissioning team. This may be because there is a recognised unmet need and the CCG wishes to identify the best interventions to invest in or, as is the reason in this case, because there is a view that a service needs to be reviewed.

CPAG undertakes the ranking of healthcare interventions using a scoring system of criteria based on the Portsmouth Scorecard.

- The magnitude of overall health benefit, where it looks at issues such as how far the intervention or service extends life and how far it improves quality of life.

- The strength of the evidence supporting the assessment of benefit is assessed using the same categories adopted by NICE
- Prevention and whether the intervention will prevent a condition or detect a condition which is not known (as in screening).
- How far the intervention provides support to someone who has a long-term condition, especially preventing complications.
- What is the cost-effectiveness - which is best expressed as a cost for the gain of one quality adjusted life year.
- What is the opportunity cost - this is measured as the cost per patient per year.
- Assessment of the impact on inequality (different health risks between population groups) and inequity (different levels of access).

Finally the group considers whether there are any local or national standards, targets or guidance (such as NICE) which are relevant.

The scoring is carried out in small groups and then debated by CPAG to reach a consensus. This final score is reported to the CCG Commissioning, Finance and Performance Committee. No decision is made by CPAG about whether a service should or should not be commissioned. As the policy explains there is a threshold score, and interventions scoring below the threshold will not be considered by the CCG for new investment and where already commissioned, will be considered for decommissioning.

Context

As described, the CCG has a robust process for prioritising the services and treatments it commissions.

Decommissioning and disinvestment are difficult decisions to make, which is why the CCG has a clinically-led prioritisation process. Inevitably, this will result in some services scoring below the threshold for investment, but the CCG has to ensure that it operates within its defined budget and achieves financial balance.

The provision of hearing aids for adults with mild to moderate hearing loss was initially scored during CPAG in August 2013 where the score for the intervention fell below the threshold score. The CCG engaged with providers of hearing services to discuss the prioritisation process and to understand the impact of de-commissioning funding for hearing aids for people with mild or moderate adult-onset hearing loss. Some providers asked for additional evidence to be considered. CPAG agreed to this request and this further evidence was appraised and presented as a new submission to CPAG on Wednesday 26th February 2014.

A guiding question behind the process is “what clinical priority should be given to providing hearing aids to people with mild/moderate hearing loss”. A total of 22 papers providing evidence were considered against this question but the score once again fell below the threshold and is therefore being considered for decommissioning.

Next steps

In light of the outcome of CPAG and prior to a decision being made on the future commissioning of this service, the CCG will ensure they have undertaken meaningful engagement with the public and provide opportunities for patients, potential patients, carers and the voluntary sector to give feedback on any proposed changes.

In particular, the CCG want to understand the impact a change in service may have on service users, whether there are any unintended consequences of decommissioning the service and the potential impact on other services. The proposed stages are set out below with an expected timescale of June 2014 – October 2014;

Early June 2014

- Patient Membership Scheme. Consists of around 900 patients with whom the CCG maintain regular contact through a monthly newsletter. Members were forwarded a briefing and invited to comment on the potential changes to the hearing aid service and/or attend the engagement events.
- Patient Participation Groups. Members were forwarded a briefing and invited to comment on the potential changes to the hearing aid service and/or attend the engagement events.
- Website. A page added to the CCG website with information, details of the engagement events and a feedback form/Survey Monkey link.
- Press release (3rd June). Sent to our main local newspapers; The Sentinel, Leek Post and Times and the Biddulph Chronicle. Included details of our prioritisation process and its current context within the hearing aid service. Readers were invited to register their interest in our engagement events and given several options to submit their views.
- GP communication. Briefing circulated to GPs via email. GPs were invited to comment and share details with their patients.
- MP communication. A briefing and covering letter was circulated to MPs via email on the 3rd June.
- Staffordshire County Overview and Scrutiny Committee. Briefing circulated to the committee via email
 - Correspondence with Staffordshire County Council's Scrutiny and Support Manager was first established with regard to this proposal in February 2014 following our CPAG. As, advised, the CCG forwarded a briefing to the Scrutiny and Support Manager (in May 2014) highlighting the CCGs proposal and its intention to enter the engagement process.
 - the briefing was discussed during the committee meeting in June 2014 and during a subsequent conversation, it was agreed with the Scrutiny and Support Manager that the CCG would present their proposals to the September Committee once the analysis of the feedback was complete
- Patient Congress. This is a strategic patient group consisting of around 18 representatives of patient participation groups and community and voluntary sector organisations that reports to the CCG Governing Board. Members were updated during their monthly meeting regarding our intentions and invited to attend the engagement events. Members also received details of the email address and phone number for feedback to circulate to their respective networks.

End June - July 2014

- Two engagement events were held across North Staffordshire; one in the Newcastle area on Wednesday 25 June and one in the Staffordshire Moorlands area Wednesday 2 July. Invitations were extended to patients, the public, community and voluntary sector organisations, including specific groups who support patients with hearing loss. Both events were well attended with over 100 attendees across the two events. There was excellent representation from a cross section of patients, various charity and voluntary sector organisations and councillors. Whilst many people were anxious about the impact of the proposals, they appreciated the opportunity to express their views, which were captured by the note takers in round table discussions with senior management from the CCG. These views will form part of the feedback and findings of the engagement to help the CCG shape their decisions
- Briefing circulated to the Newcastle under Lyme Health and Wellbeing Scrutiny Committee
 - Contact established with the Democratic Services Manager and it was agreed that the CCG would present at the September Committee once the analysis of feedback was complete.

- The closing date for feedback was the 31st July 2014 however the CCG have committed to arranging additional engagement events in line with demand
- The CCG has received several requests for additional information regarding the prioritisation process and as a result arranged a meeting with representatives from various organisations and shared the evidence, individual criterion scores and rationale as agreed during the CPAG in February 2014. Several attendees submitted additional evidence for consideration and which is subject to a technical appraisal by Public Health colleagues by mid-august.

August 2014

- Technical appraisal of new evidence by Public Health colleagues
- Analysis of feedback from the engagement process

September 2014

- Quality and Equality Impact assessment to be completed using feedback from the engagement process to inform this analysis
- Outcomes of engagement presented to CCG Commissioning, Finance and Performance Committee
- Engagement results and the CCG's intentions to be presented to Staffordshire County OSC, the Staffordshire Moorlands District Council Health & Community O&S Panel and the Newcastle under Lyme Health and Wellbeing Scrutiny Committee

October - November 2014

- Recommendations and feedback from the various scrutiny committees will be presented to the CCGs Commissioning, Finance and Performance Committee on 15 October 2014.
- Recommendations and feedback from the various scrutiny committees will be presented to the Governing Board 5 November 2014.

ENDS.



September 2014 update

Healthwatch Staffordshire is delighted to have won the Healthwatch England 2014 award for the **Outstanding Local Healthwatch Team**

The new **Experience Exchange**, an on-line system for collecting feedback about all local health and social services was launched at the Healthwatch AGM in July (demonstrations are available)

The new **Healthwatch Priorities** are mental health, integrated services and domiciliary care

A **Conversation Staffordshire Moorlands public event** is being held on Monday 20 October to include information stands and a public question time with Chief Officers/senior managers of the , County Council, CCG, SSOTP, UHNS and NSCHCT. If successful a similar event could be planned for Newcastle.

District **Information and Signposting directories** are being updated currently. The North Staffordshire one will be published later in the year.

The Carers Project final report was presented to the Carers Partnership on 3 September and will be available on the Healthwatch website shortly.

Healthwatch is carrying out a survey to seek local people's views about changes being proposed by the County Council to **housing related support services** through the Supporting People Fund. The survey is available on line at

https://www.surveymonkey.com/s/housing_related_support_staffs

GPs Project – This project is now being undertaken in conjunction with Healthwatch England. We have chosen 15 GP surgeries (10% of all surgeries) across Stafford and Surrounds, Cannock Chase, East Staffordshire, North Staffordshire and South Staffordshire. During September and October we will be carrying out surveys of patients in the waiting rooms to find out more about their experiences.

Newcastle Mayhem – we will have a stand there on 14 September.

Reading Panel – we are currently recruiting people to a panel to assist us in developing/reviewing our literature to ensure it is in user friendly language and formats.

This page is intentionally left blank

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

HEALTH AND WELL BEING 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: Thursday 11 September 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
9 July 2014 (agenda dispatch 27 June 2014)	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
24 September 2014 (agenda dispatch 12 September 2014)	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
21 October 2014 (agenda dispatch 10.10.14)	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	
19 November 2014 (agenda dispatch 07.11.14)	North Staffs Combined Healthcare Trust (accountability session on 10 th September 2014, Stafford)	Vice Chair to provide some questions/background
	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
	Joint Code of Working	Implementation of recommendations, at a District level, to be monitored – Staffordshire County Council are revising their Code of Joint Working, which the Health Scrutiny Committee will receive in draft form for their comments
	Work Plan	To discuss the work plan and potential topics that Committee members would like to scrutinise over the forthcoming year
	Healthwatch, Staffordshire	
7 January 2015 (agenda dispatch 24.12.14)		
	Healthwatch, Staffordshire	
	Work Plan	To discuss the work plan and potential topics that Committee members would like to scrutinise over the forthcoming year

Date of Meeting	Item	Reason for Undertaking
29 April 2015 (agenda dispatch 17.05.15)		
	Annual Work Plan Review	To evaluate and review the work undertaken during 2014/2015

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

DATES AND TIMES OF FUTURE MEETINGS:	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

DATES AND TIMES OF CABINET MEETINGS:	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

This page is intentionally left blank