

Public Document Pack

Date of meeting	Wednesday, 11th March, 2015
Time	7.00 pm
Venue	Committee Room 1, Civic Offices, Merrial Street, Newcastle-under-Lyme, Staffordshire, ST5 2AG
Contact	Justine Tait

Health and Wellbeing Scrutiny Committee

AGENDA

PART 1 – OPEN AGENDA

- 1 Apologies
- 2 Declarations of Interest
- 3 Minutes of the previous meeting (Pages 3 - 8)
- 4 **MINUTES FROM THE HEALTHY STAFFORDSHIRE SELECT COMMITTEE**
Minutes to follow
- 5 **Healthwatch** (Pages 9 - 10)
- 6 **North Staffordshire Combined Healthcare NHS Trust - Ward 4 Assessment Ward** (Pages 11 - 12)
- 7 **PROMOTING INDEPENDENCE, CHOICE AND DIGNITY: A NEW MODEL OF CARE IN NORTHERN STAFFORDSHIRE** (Pages 13 - 34)
A presentation will be carried out by Mr Warnes, Chief Commissioning Officer, North Staffordshire Clinical Commissioning Group.
- 8 **WORK PLAN** (Pages 35 - 48)
To discuss and update the work plan to reflect current scrutiny topics
Annual Work Plan Review
To receive outcomes and recommendations of the topics reported during the past twelve months
- 9 **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.

10 URGENT BUSINESS

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

Training for Members

Training for Members on health and wellbeing will be arranged after the Elections. Could Members please suggest what they would like the training to focus on.

Quality Improvement Priorities for 2015/2016

Consultation on the suggested small changes to Staffordshire and Stoke-on-Trent Partnership NHS Trust existing priorities.

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, 7th January, 2015

Present:-	Councillor Colin Eastwood – in the Chair
Councillors	Mrs Astle, Bailey, Becket, Hambleton, Mrs Johnson, Loades, Northcott and Owen
Officers	Executive Director Operational Services Scrutiny Officer
Apologies	Councillor Mrs Hailstones Portfolio Holder for Safer Communities Portfolio Holder for Planning and Assets

1. **DECLARATIONS OF INTEREST**

Councillor Loades expressed a declaration of interest on item 7, Modernisation of Day Centres for People with Learning Difficulties and item 8 Code of Joint Working.

2. **MINUTES OF THE PREVIOUS MEETING**

Minutes of the previous meeting held on Wednesday 19th November 2014 were agreed as a true and accurate record.

3. **MINUTES OF THE MEETING HELD ON THE 24TH SEPTEMBER 2014**

Minutes of the meeting held on Wednesday 24th September 2014 were agreed as a true and accurate record.

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

Resolved:- That the minutes be noted.

5. **HEALTHWATCH, STAFFORDSHIRE**

Mrs Jarrett, Community Engagement Lead for North Staffordshire advised on an Engagement event Healthwatch, Staffordshire carried out in the Staffordshire Moorlands and wished to hold a similar event within Newcastle-under-Lyme.

Essentially its purpose was twofold. One was to enable the public to find out more about the health and social care services available in the area and to talk to service providers who had stands. Two was to be able to ask questions of the senior managers responsible for commissioning and providing services and to hear their responses during a public question time.

The event was organised by Healthwatch, Staffordshire and supported in the planning by the District Council, which also sourced and funded the venue, assisted with the publicity and helped to staff the event.

The purpose of the event was for local people to find out more about local services and engage informally with service providers and commissioners through a drop-in

session and then for local people to pose questions and receive responses from a panel of Chief Officers during a Question Time Panel session.

Members felt it was a good idea but more information would be necessitated regarding the size of the venue and funding. Also the event would need to be located as central, as possible.

A Member advised it would require publicity via the website and the Borough newsletter.

The Chair asked if Members were, in principle, in agreement with the event going ahead.

All Members voted in favour of the event taking place.

Resolved:-

That a small working group be established comprising of Councillors Mrs Johnson, Owen and Northcott to work with Healthwatch, Staffordshire in establishing the event.

6. PORTFOLIO HOLDER(S) QUESTION TIME

Councillor Kearon (Portfolio Holder for Safer Communities), Councillor Williams (Portfolio Holder for Planning and Assets) and Councillor Hambleton (Portfolio Holder for Leisure, Culture and Localism) were asked to attend and supply briefings of their Portfolios which gave a clear idea of the work the Borough carried out in supporting the health and wellbeing of the residents in Newcastle-under-Lyme.

Apologies were received from Councillors Kearon and Williams.

The Chair advised that if Members had any points they wished to be raised with the Portfolio Holders a written response would be provided.

The following observations were raised:-

Councillor Kearon (Portfolio Holder for Safer Communities)

Drug and Alcohol Dependency - Members requested a report on both drug and alcohol dependency and mental health involving teenagers covering all areas of time and investment related to the Newcastle-under-Lyme area and its impact, both in current and future outcomes, for the residents of Newcastle-under-Lyme.

Purposeful Activities for Young People – Due to the range of funded activities being cut back, the Borough Council had stepped in to fund organised activities for young people. A Member asked if a report could be produced on any rise in anti-social behaviour as a result of youth club closures and the opening of new activities.

Health and Wellbeing and the Safer Nights Strategy – Members requested statistics on the first aid triage operating in Newcastle-under-Lyme and more information on what work street pastors carry out.

Mental Health and Public Safety – A Member asked what alterations were going to be put in place to try to prevent suicides at The Midway car park.

Resolved:-

That the following information is provided by the Portfolio Holder for Safer Communities:-

- (a) A report on both drug and alcohol dependency and mental health involving teenagers, which covered all areas of time and investment related to the Newcastle-under-Lyme area and its impact both in current and future outcomes for the residents of Newcastle-under-Lyme
- (b) A report relating to any rise in anti-social behaviour as a result of youth club closures and the opening of new activities.
- (c) Statistics on the first aid triage operating in Newcastle-under-Lyme.
- (d) A report on what work street pastors carry out.
- (e) More information on what alterations were to be put in place to prevent further suicides at The Midway car park.

Councillor Williams (Portfolio Holder for Planning and Assets)

The Chair drew Members attention to the last section of the briefing in which Members may wish to focus on a number of areas, including:-

- (1) The future direction of Better Care Fund process – what role should districts/boroughs play?
- (2) What should the Council be offering in relation to the wider health and wellbeing agenda, particularly in terms of the services it delivers?
- (3) Has the Partnership focussed on the 'right' areas in terms of needs, priorities and outcomes?

A Member stated that there had previously been a lot of debate in respect of the Better Care Fund. The concept was good but there was a funding issue. An action section was required on the Newcastle Partnership Strategic Framework table and information on how adequately it was funded.

A Member stated that there was a need to make sure there was an equal say to how the money would be spent.

Resolved:-

- (a) That the Better Care Fund process be included on the work plan and discussed at the next meeting of scrutiny.
- (b) That an action section be added to the Newcastle Partnership Strategic Framework table and information on how adequately the Better Care Fund was to be funded.

Councillor Hambleton (Leisure, Culture and Localism)

A Member asked why had £45,000 been invested into Norton Cricket Club.

The Executive Director Operational Services advised that it was not the Borough Council's money that had been invested. The Council works with, and assists, local sports clubs in securing much needed investment from a range of external grant funding sources.

A Member queried the cardiac rehabilitation programme, GP Referral Scheme, Sky Rides cycling and the work of the Council's Sports Development Officers.

Clarification was also asked if the Council offered the stage 3 rehabilitation service.

The Executive Director Operational Services explained that stage 3 was still being carried out within Jubilee 2. Newcastle-under-Lyme Borough Council was commissioned by the University Hospital of North Staffordshire (UHNS) and relied upon the UHNS to refer patients that had been through heart episodes to the Council.

Gym Instructors have had specialist training with the aim that patients move into a more regular healthy lifestyle which was known as stage 4.

The Chair asked how would the Council target the 'Get Healthy Get Active' project, within the overall Borough's over 55's activity levels.

The Executive Director Operational Services advised there would be those who were at lower and those who were at higher risk, but would provide a more detailed answer in writing.

It was asked where was the health cost of inactivity in Newcastle figure of £2,715,765 based from?

The Executive Director Operational Services advised it was through a recent health study and agreed to provide a more detailed answer in writing.

An explanation was asked on the term Satellite Clubs?

A Community Sport Activation Fund bid was being developed with the Newcastle-under-Lyme College to deliver the inter-generational activities. This project would last for three years and could bring in investment of between £50,000 to £250,000. The Chair asked how this would be carried out.

The Executive Director Operational Services advised he would report back to Committee on all of the above questions.

Resolved:-

(a) That the Executive Director Operational Services provide further, written information on:-

- How would Council target activity levels to those aged 55 years of age and over?
- An explanation on the term Satellite Clubs.
- How would the Community Sport Activation Fund project be carried out?
- Where had the health cost of inactivity in Newcastle figure of £2,715,765 been based from?
- Why had assistance been given to Norton Cricket Club?

7. MODERNISATION OF DAY CENTRES FOR PEOPLE WITH LEARNING DIFFICULTIES

The Chair provided an explanation of Staffordshire County Council's Cabinet taking the decision in January 2014 to change the way that day opportunities are provided for people with learning disabilities.

Staffordshire County Council decided to change their day centres so that they only provide direct support to people with the most complex needs, whilst supporting other people to move to more personalised community-based support delivered by independent providers.

Staffordshire County Council were at the stage in the process where they were consulting people using the day service at Kidsgrove, their families, carers, staff and interested parties regarding the future options for Kidsgrove Day Centre. One of the options would lead to the closure of Kidsgrove Day Centre.

The consultation was taking place from the 8th December 2014 until 21st January 2015. Meetings had been held with staff, those using the centre and their families to explain the consultation process and support people in making their views known.

A discussion took place and it was felt, as a Committee, to make an agreed response to Staffordshire County Council on the three proposed options:-

Option 1

Keep Kidsgrove Day Service open and operated by the County Council.

Option 2

Keep Kidsgrove Day Service open, but operated by another provider.

Option 3

Develop personalised day opportunities for all eligible people and discontinue the service from Kidsgrove Day Service, closing the building once all alternatives are in place.

Following the end of the consultation period the outcome of the consultation, along with recommendations, would be presented to the Cabinet Member who would then make a decision about the future of Kidsgrove Day Service. If Option 3 were to be chosen there would be an estimated saving to Staffordshire County Council of £186,162 for the first five years, rising to £320,938 from year 6 onwards.

Members asked for more information around the evidence for Staffordshire County Council preferred Option 3, what would be the alternative provisions put in place and how long would it take. There would have to be the appropriate alternatives in place for those people, before the Committee could make a decision.

Resolved:-

That a brief response be sent to Staffordshire County Council informing that, based on the evidence the Committee had seen, Members were opposed to the closure of Kidsgrove Day Centre.

8. CODE OF JOINT WORKING

The Chair asked if Members had any concerns regarding the Code of Joint Working Arrangements.

One Member raised a typo error on page 28 of the document; Maintaining Links bullet point (e) it quoted "2.9(d) above" but there was not a 2.9(d), it should say 2.8(d) above.

Resolved:-

That Committee receive the Code of Joint Working Arrangements

9. **WORK PLAN**

Resolved:-

That the following item is added to the Work Plan:-

11th March 2015

1. The future direction of the Better Care Fund process. What role should districts/boroughs play?
2. Community Care and Domiciliary Care

10. **PUBLIC QUESTION TIME**

No questions had been received from the public.

11. **URGENT BUSINESS**

A Member submitted a question surrounding the recent A&E figures published showing the University Hospital of North Staffordshire at the bottom of the performance table.

Whilst there were many national issues that combine to create the A&E situation there was no reason why the University Hospital should be at the bottom.

In view of the rapidly deteriorating situation at the University Hospital would the Borough Council take immediate steps to work with the County Council and other interested parties.

Resolved:-

- (a) A meeting had been arranged with all the North Staffordshire Leaders to discuss this issue. The meeting would be hosted at Newcastle-under-Lyme Borough Council.
- (b) The Chair to contact the Chief Executive of the University Hospital of North Staffordshire, in writing, requesting a reply within 36 hours

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

Wednesday 11th March 2015, 7.00pm in Committee Room 1.

COUNCILLOR COLIN EASTWOOD
Chair

UPDATE ON NORTH STAFFORDSHIRE ACTIVITY MARCH 2015

In February Healthwatch Staffordshire completed two weeks of surveys in the **A&E department at the Royal Stoke Hospital**. The analysis of the surveys is being undertaken by the Research and Insight Team which will result in a full report. In the meantime, some of the headline results are available.

Healthwatch Staffordshire volunteers and staff, with some support from Healthwatch Stoke-on-Trent, spoke with 460 patients, 25% of whom had travelled from Newcastle and fewer than 10% from the Moorlands:

- Nearly half of those surveyed had an injury; others attended with one-off illnesses and recurring conditions
- About 60% of people had been referred to A&E
- Waiting times were very positive with over 90% *triaged within the hour and over 40% seen for treatment within an hour of triage*
- Of those patients who had sought advice/treatment elsewhere before attending A&E, the GP and NHS111 were the most quoted
- For 65% of the sample, this was their only visit to A&E in 12 months
- Nearly 45% of patients had a long standing illness or health condition
- Levels of satisfaction at triage were high with over 80% reporting a positive or extremely positive experience.

The **Carers Project Report** phase 2 has now been published.

The main findings were categorised into three key areas: (1) priority issues for carers; (2) issues underpinning support services; and (3) the design and delivery of a Carers Hub.

Of the proposed themes presented to carers, they considered “physical health”, “my caring role”, “managing at home” and “a life outside of caring” of particular importance.

Carers identified additional themes of respite care; information and advice; and one-to-one support for those having difficulty coping with their role

Access to GP appointments, finances and peer support were also seen as important.

Many of the recommendations relate to the design and remit for the proposed Carers HUB. Ongoing engagement with young carers is also included.

The full report with a short Executive summary available on our website at <http://www.healthwatchstaffordshire.co.uk/media/95215/Support-for-Carers-Phase-2-Final-Report.pdf>



The surveys for the **GP Project** were completed in Staffordshire and Telford & Wrekin some weeks ago. Healthwatch Staffordshire is awaiting survey results from Healthwatch in Stoke-on-Trent and in Shropshire in order to undertake analysis and prepare the report.

Plans are developing for the public event **Conversation Staffordshire Newcastle**, which we hope will take place at Jubilee 2 in June. Working in conjunction with the Borough Council we will offer the public the opportunity to find out more about health and social care services and participate in a Question Time session with managers from organisations responsible for commissioning and providing those services.

Plans are also developing for Healthwatch to hold **drop-in events** in North Staffordshire. We will have been to Madeley Community Centre and the Foxlowe Centre in Leek late February and will be at Newcastle Library on 27 March. Plans for May and June are in hand.

The NHS Complaints Advocacy service has been in operation in-house from 1 February. It has its own Freephone number of 0800 161 5600 or text 'Healthwatch' with name and number to 60006. Two full-time advocates Jo Darrant and Jane Steward have been appointed. Jo will be out in North Staffordshire with Elizabeth Jarrett at the drop-ins events. Leaflets and posters are now available by contacting the team on the number above or e-mailing to advocacy@ecstaffs.co.uk

North Staffs CCG is engaging with the public until the end of March on 'Promoting independence, choice and dignity: a new model of care in North Staffordshire'. Details are available on its website at <http://www.northstaffsccg.nhs.uk/news-and-events/a-proposal-for-a-new-way-to-care-for-the-people-of-stokeontrent-and-north-staffordshire-2765/>

North Staffordshire Combined Healthcare NHS Trust Ward 4 Assessment Ward for Older People

Please see below an explanation from Caroline Donovan, Chief Executive of North Staffordshire Combined Healthcare NHS Trust on the plans for Ward 4 and the wider Older People's and Neuropsychiatry services at Harplands Hospital

"Firstly, could I thank the Health and Wellbeing Scrutiny Committee Members for their interest in our service. I hope that the following addresses the questions the Member has raised and provides some reassurance on the plans for Ward 4 and the wider Older People's and Neuropsychiatry services at Harplands Hospital.

As you will recall, on Wednesday 19 November 2014, Andy Rogers (Director of Operations), Kath Clark (Service Line Manager for Neuro and Old Age Psychiatry) and Annie Roberts (Head of Communications), presented our plans for changes to Neuro and Old Age Psychiatry inpatient services to the Health and Wellbeing Scrutiny Committee of Newcastle-under-Lyme Borough Council.

The plans set out how, due to the success of the Older People's Outreach Team, there was a surplus of beds across our four NOAP wards; namely Ward 4 (Older People's Assessment beds), Ward 5 (Neuropsychiatry service beds), Ward 6 (Older People's Complex needs beds) and Ward 7 (Older People's specialist care beds).

The presentation delivered to the OSC set out our plans to review the bed configuration across three wards rather than four and use the beds on Ward 4 for a service currently not offered by the Trust in North Staffordshire. Ward 5 would continue to deliver Neuropsychiatry services; Ward 6 would deliver Complex Needs care for Older People and Ward 7 would continue to deliver Old Age Psychiatry services.

We apologise if there was some confusion regarding the future use of Ward 4. Neuropsychiatry will continue to be delivered from Ward 5 (not Ward 4). The two proposed uses for the ward which we set out in the presentation are:

- Secure rehab ward, which would allow for the repatriation of patients from 'out of area'
- A shared care ward, providing additional capacity across the health economy for patients with both physical and mental health needs.

Ward 4 closed at the beginning of December with the intention of developing a business case with commissioners for one of the two possible new uses for the ward.

At the beginning of January, it became clear that there were severe pressures on the local health economy, in particular regarding UHNM and A&E waits/admission to beds. As a result, UHNM declared Major Incident status on Monday 5 January.

As part of our responsibility to support patients across the health economy, NSCHT took steps to open Ward 4 to provide additional bed capacity across North Staffordshire. The Ward opened on Friday 9 January, and is anticipated to remain open to support discharge of patients from UHNM until March 2015.

Staff from UHNM have been exceptionally supportive – we have support from a Medical Geriatrician, a nurse practitioner and 2 staff nurses Monday to Friday, as well as support from Discharge Coordinators and access to equipment from UHNM.

The patients admitted from the Royal Stoke to Ward 4 are physically very frail with organic mental health problems (predominantly dementia). They require support with walking and assistance with hydration and nutritional intake. The Physiotherapy and Occupational Therapy teams at the Harplands visit the Ward daily to support with movement advice and activities.

One of the main differences between Ward 4 and UHNM wards is that the patients are not nursed in bed during the day. Ward 4 staff ensure that patients are out of bed and are dressed in their own clothes. The patients all have their own rooms and there is plenty of space to enable therapies to take place and allow patients to have time with relatives and friends. They have access to quiet areas, to televisions and radios and they go through to the dining area to have meals.

The ward is quiet and feels open and welcoming and this has helped patients and relatives to feel comfortable and supported. The patients always have staff with them and they are clearly relaxed. The positive change in patients' physical and mental health has been noted by staff, visiting staff from the Royal Stoke and relatives

Feedback from relatives has included:

"Thank you so much for caring for my husband, he looks the best I have seen him in months, he looks happy and settled."

"I am very pleased with my husband's care. He's speaking more now than in the last 6 weeks, he is like a different person."

Ward 4, therefore, at the moment is delivering the 'shared care' service – providing both physical and mental health care in partnership with the University Hospital of North Staffordshire NHS Trust. We will review the ongoing use and future use of the Ward with commissioners, to ensure the needs of the local population are met and the bed resource is used in a way which delivers best value and outcomes for those patients."

Regards

Caroline

Caroline Donovan
Chief Executive

A new model of care: promoting independence and effective outcomes

Mr Marcus Warnes, Chief Operating Officer

What is the Scrutiny Committee being asked to do, and why?

- NHS Stoke-on-Trent and North Staffordshire CCGs are considering how they commission (buy) community based services for patients who are currently admitted to a hospital bed.
- Our aim is to integrate care services to connect people with the care they need, when they need it.
- The proposal is for more community based support for individuals in their own home or closer to home, when they are ready for this, which will result in a reduced need for community bed based services.
- This is in line with clinical best practice and a growing research base on clinical effectiveness towards a shift from a focus on beds to a focus on services, tailored to the individual circumstances of each patient, improving choice and control over their daily lives, their personal care and dignity.
- The vision is to develop a "step down" model of care, which sees the patients journey from the point of admission to discharge supporting less transfers of care between multiple organisations which will result in a reduction in delays.
- We will develop a "step up" model, which will see a diagnostic and assessment centre within the community and a continued increase in easily accessible home based services within the community, improving quality of care for all patients.
- We seek to assure the OSC that our plans align with the local populations' expectations and needs for health care. We have undertaken significant modelling work and engagement with key stakeholders to ensure that we are addressing both need and expectation.
- The CCGs wish to seek the views of the Committee in undertaking it's duties in respect of entering a consultation on change in service provision.

The vision for the CCGs

- Services at home OR closer to home:
- Based on clinical evidence and best practice.
- Reduction in the number of assessments and subsequent delays that this incurs.
- A change of focus from bed base to community services which will ultimately lead to a reduction in bed base
- The local health economy is a “distressed economy” and will continue to be if we do the same things the same way as we have always done.
- Therefore: we need to look at alternative ways to deliver health care and this model seeks to do that.

CCG expectations

- That the acute trust will retain all patients who access its services until the point of discharge, and that patients will receive care under one consultant ensuring a consistent approach to their management of care
- People will be able to access care closer to home and will when clinically appropriate have their needs met within their own home by a team of clinicians who will have an integrated approach to their care
- The GP will be key to the co-ordination and access of services ---- consistency and the fact majority of care is provided by GPs
- The Acute Trust will take ownership of the patient care pathway to completion, reducing the number of assessments and reducing the length of hospital stay.
- GPs are the key to a number of services and by improving access and availability within the community to diagnostics, intermediate care and community hospital beds directly this will assist in keeping people closer to home.
- It is recognised that the GP is most likely to be the consistent professional for the majority of people (more than 75% of health care is provided by GPs) and therefore the most likely to recognise changes in people's health earlier.
- Early diagnosis, assessment and care planning reduces the requirement for crisis intervention and the need to have protracted periods of care.
- There is a significant amount of change management we need to get right in order to take this model forward.

The context of the proposal

- Northern Staffordshire's use of community bed based services is very different from similar areas within the country, with many having no or few commissioned community beds.
- A number of external expert reports have recognised that in North Staffordshire, we have an over-reliance upon beds with a system which regards hospital as the safest place for individuals to recover from an acute event.
- Clinical evidence does not support this view and suggests that there is a significant relationship between the amount of time spent in hospital and deterioration in the ability of patients to carry out normal daily activities.

Evidence

- **48% of people over 85 die within one year of hospital admission** (Imminence of death among hospital inpatients: Prevalent cohort study : David Clark, Matthew Armstrong, Ananda Allan, Fiona Graham, Andrew Carnon and Christopher Isles, published online 17 March 2014 *Palliat Med*)
- **43% increase in mortality at 10 days after admission through a crowded A&E** (Richardson DB. Increase in patient mortality at 10 days associated with emergency department overcrowding. *Med J* 2006;184:213-6)
- **10 days in hospital (acute or community) leads to the equivalent of 10 years ageing in the muscles of people over 80.** (Kortebein P, Symons TB, Ferrando A, et al. Functional impact of 10 days of bed rest in healthy older adults. *J Gerontol A Biol Sci Med Sci*. 2008;63:1076–1081)
- **Most studies suggest that admissions can be avoided in 20-30% of >75 year old frail persons** : “Avoiding admissions in this group of older people depended on high quality decision making around the time of admission, either by GPs or hospital doctors. Crucially it also depended on sufficient appropriate capacity in alternative community services (notably intermediate care) so that a person’s needs can be met outside hospital, so avoiding ‘defaulting’ into acute beds as the only solution to problems in the community” (Mytton et al. *British Journal of Healthcare Management* 2012 Vol. 18 No 11)
- There is a **relationship between the amount of time spent in bed rest and the magnitude of functional decline** in instrumental activities of daily living, mobility, physical activity, and social activity. Gill et al (2004).

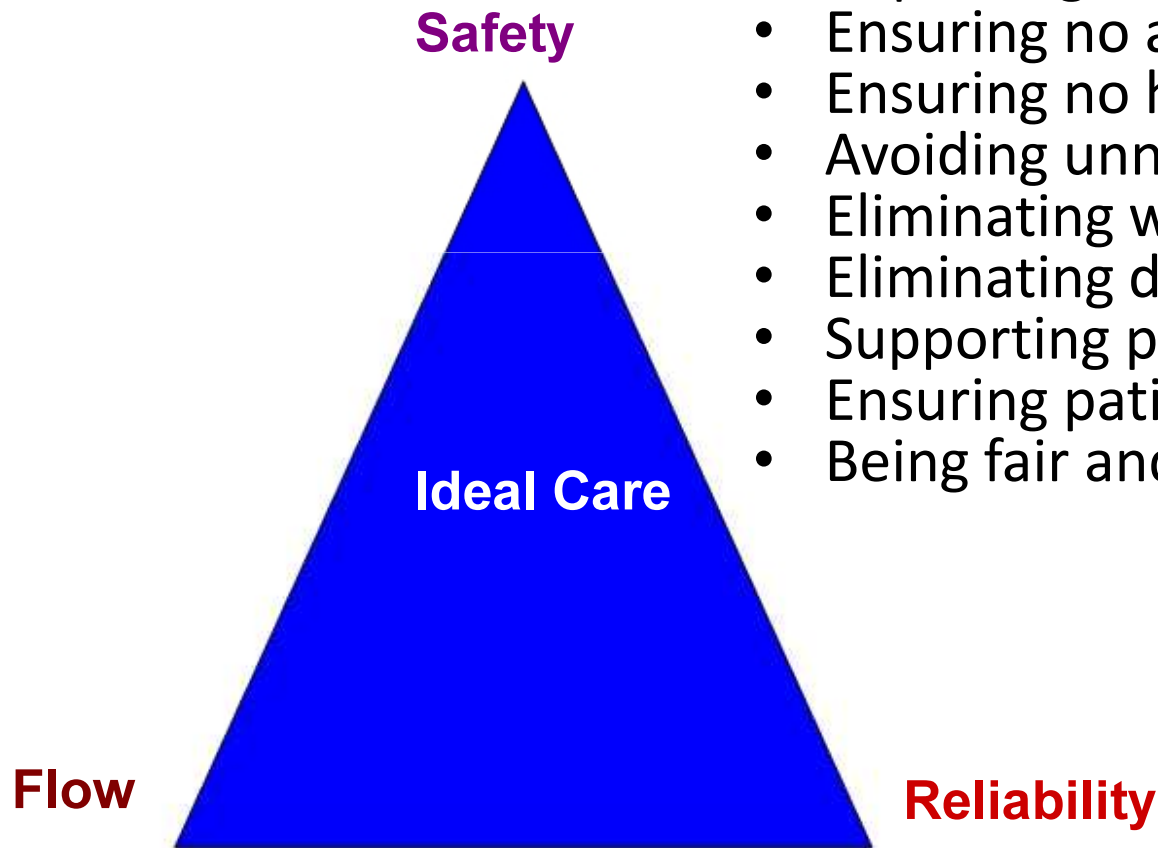
Evidence

- *Consistently* prioritising discharge activities can significantly reduce length of stay in elective or emergency clinical care pathways.
- Prioritising discharge activities only when beds are full may have little impact on patient throughput or average length of stay.
- Increasing beds may increase length of stay with no benefit to patient throughput.

Simulation of patient flows in A&E and elective surgery Discharge Priority: reducing length of stay and bed occupancy Michael Allen, Mathew Cooke & Steve Thornton, Clinical Systems Improvement 2010

What are we trying to achieve?

- Helping patients get better, faster and safer
- Improving outcomes
- Ensuring no avoidable deaths
- Ensuring no harm
- Avoiding unnecessary pain
- Eliminating waste
- Eliminating delays
- Supporting patients
- Ensuring patients don't feel helpless
- Being fair and ensuring equality



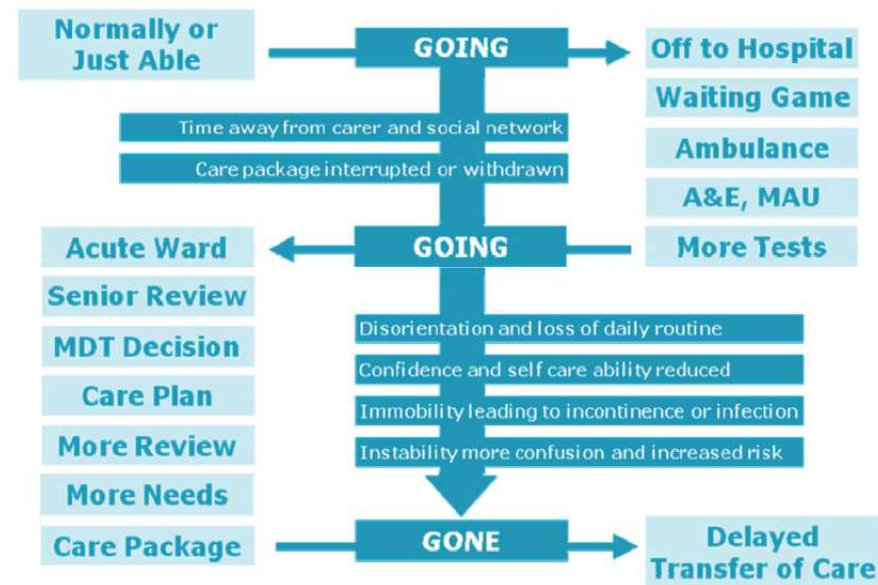
Culture of bed based pathways

Beliefs and behaviours

- Bed = 'safe' care
- Bed = what patients expect
- Bed = what families ask for

The challenge back

- Who sets the tone ?
- What would professionals want for themselves or their family ?
- Rights of people with capacity to take risks and live their lives the way they have and want to?



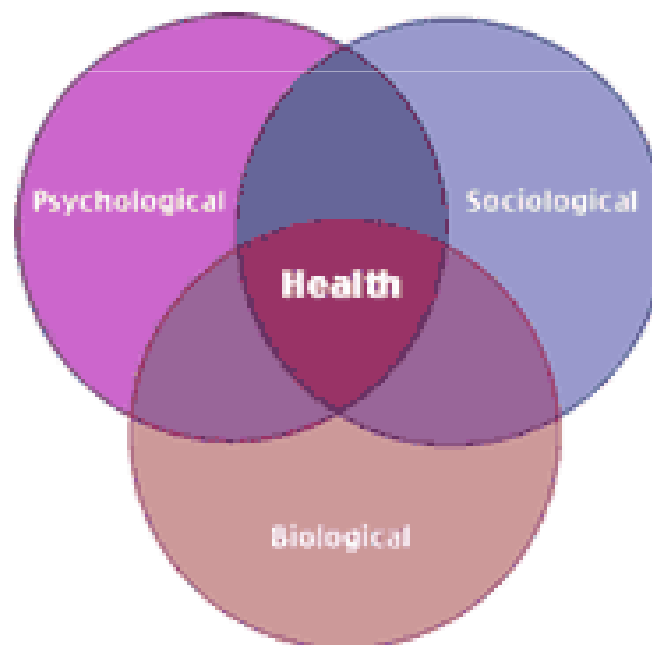
Adopting the Patient's Perspective

- Hospital ward not the best place for rehabilitation patients:
 - they don't understand what is happening
 - they feel out of control
 - they are making life changing decisions out of context
 - they need time in context to plan and consider
- The best place to understand how someone will improve their independence and confidence is in their own kitchen, bathroom or bedroom is in their home

How older people define wellbeing..

- Control over daily life
- Personal care and appearance
- Food and drink
- Accommodation – including garden(cleanliness and comfort)
- Personal safety
- Social participation
- Occupation/activity
- Dignity (in care) once you *are* acutely ill or dependent on care

There are wider determinants of health and wellbeing with the potential for multiple disadvantages



Improving Care for Older People

- ‘Choose to admit’ only those frail older people who have evidence of underlying life-threatening illness or need for surgery – they should be admitted, as an emergency, to an acute bed
- Provide early access to assessment, ideally within the first 24 hours, to set up the right clinical management plan
- ‘Discharge to assess’ as soon as the acute episode is complete, in order to plan post-acute care in the person’s own home. This is the basis of the step down model and the system we will be commissioning.
- Provide comprehensive assessment and re-ablement during post-acute care to determine and reduce long term care needs
- One person – main point of contact and assessment with input from others if needed – inter professional working not just parallel MDT approach

Passing the Power to the patient

- Rehabilitation = Maximum independence
- Independence = Choice and Control over our lives, independence of mind
- Rehabilitation is not all about mobility and physical function
- To give independence we have to listen to what is important to the person, standard assessments have a tendency to focus on what is important to us

Care at home keeps Jim out of hospital



<http://www.staffordshireandstokeontrent.nhs.uk/Service-Showcase/care-at-home-keeps-jim-out-of-hospital.htm>

A New Lease of Life for Florence following support from Intermediate Care

NHS
Stoke-on-Trent
Clinical Commissioning Group

NHS
North Staffordshire
Clinical Commissioning Group

Florence Mills lived an active life with her daughter in the Staffordshire Moorlands but following a stay in hospital due to an infection, she found it difficult to have the confidence to carry out everyday tasks for herself.

Unfortunately Florence, 94, did not settle back into home easily and her family had begun to consider respite care to help. Leek Community Intervention Service visited in the mornings and evenings for just over a week to give Florence a little support to get back to walking independently, washing and dressing herself again and to make sure she was confident



<http://www.staffordshireandstokeontrent.nhs.uk/Service-Showcase/a-new-lease-of-life-for-florence-following-support-from-intermediate-care.htm>

Feedback from family and carers

“We had been through a rough few months with frequent visits to hospital ...You feel quite helpless. I didn't want him in hospital but we needed help too.”

“Mum is more comfortable in her own environment and they know exactly how to help people at home and prevent things from getting worse. The team really made time for mum, it was such personal care and they saw things from our point of view. They were so gentle and gave the whole family such confidence again.”

Within just a week of the team coming, mum had a renewed confidence. Staying in hospital and coming home had been a very stressful experience now, thanks to the Intermediate Care Team, I think she is more of full of life than before she was ill.”

Outcomes

- Improved health, social and personal outcomes
- Minimise loss of confidence and institutionalisation
- Home with support in place to meet short term needs and assess long term
 - Person can make an informed choice about what they think is best for them
 - Reduction in wasted days in hospital
- Reablement approach supports maintenance of independence – choice and control
 - Reduction in care home placements
- Reduced occupied acute inpatient beds & ED crowding

Engagement

- Over the last 3 years many engagement exercises have taken place on long term conditions intermediate care as well as the Call to Action activities at both of the CCGs, maybe a link to the websites.
- The CCGs also monitor patient and carer feedback in real time via a database that collates patient experience, clinical effectiveness and safety data the main themes and trends
 - Coordination of discharge
 - Clear communication about the next steps on discharge
 - Join up between primary and secondary care
 - Need to have care closer to home
 - Patients not wanting to be in the acute hospital
 - Focus on getting the right support packages in place to support discharge to home
- This feedback from patients and carers has been used to shape our proposals and we will continue to monitor patient feedback to ensure that we are listening and responding in real time.

2 www.nhs.uk

You said, We listened... We did.

You wanted...

- Care closer to home
- Local integration / joined up care
- Right person at the right time – more personal approach
- Someone taking ownership of a patient's journey

We listened and...

"The Hub is one of our flagship programmes," says Hanley-based GP, Dr Steve Fawcett, the CCG's Lead for Acute Care. "It's a call centre used by medical professionals and staffed by a range of clinical experts – to determine the best and most effective pathway for their patients' specific needs, using up-to-date information on availability and capacity in the local system to guide the decision on when and where to refer patients."

"It's already considerably eased pressure on our local hospitals, reducing unnecessary admissions. It allows patients to be treated in their own homes where possible and ensures they receive the care they need, from the right person at a time and place that suits them."

You wanted...

- To assure the patient that support would be there when at home
- More hospital at home type services

We listened and...

"This year we extended Hospital at Home to include a paediatric service for children under 19 with minor illnesses and some long term conditions."

"The service runs at peak times alongside out of hours GP services," said Dr Fawcett. "Offering dedicated advice and help – such as intravenous antibiotics and wound care – supporting anxious parents who might otherwise take their child to A&E."

You wanted...

- More investment in nurses in the community
- More nurses in the community
- Recruitment of more district nurses

We listened and...

CCG Nurse Board Member, Jan Warren, says: "This year we have introduced extra district nurses in our local primary care team."

"They will play a vital role, visiting patients in their own homes and providing care and support for families and carers, keeping the people of Stoke-on-Trent well and out of hospital."

"Additionally, district nurses are pivotal in ensuring on the occasions where patients are admitted to hospital, they are able to return to their own homes as soon as medically possible."

You wanted...

- Integrated / improved assessment
- Someone taking ownership of a patient's journey

We listened and...

"Additionally we have launched eight new integrated local care teams this year, representing an investment of an extra £600,000 in community nursing levels and helping better support people to live independently."

"These teams of health and social care professionals have been established to share information where appropriate and support best practice standards in care, in line with the specific needs of our patient population in Stoke-on-Trent."

"They will drive forward new and innovative ways of working and develop new systems of care for the people of Stoke-on-Trent streamlining services and making them straightforward and easier to access and understand for patients."

You wanted...

- To involve patients more, work with them to develop new service
- To monitor user feedback
- Greater patient involvement at all levels
- To collect more patient experiences

We listened and...



"The Maternity Service Liaison Committee directly involves people who have already used the service in shaping the future of maternity care in Stoke-on-Trent," said Mrs Warren.

"People who sit on the committee have called the experience 'very positive' and it is already providing a way for patients and their families to better understand the way the NHS works and ensure their views are being heard."

We listened and...

The CCG introduced Datix patient safety software. The web-based technology creates a comprehensive picture of patient feedback and helps providers and commissioners respond more directly and immediately to the needs of their patient population.

Dr Bartlam said: "Datix has allowed us to approach adverse event reporting, complaint handling and all other types of patient experience feedback in an all-encompassing and effective manner to help shape the future of health services in Stoke-on-Trent."

Engagement

- Briefings to all stakeholders
- Press releases and media engagement
- An online survey
- A number of public meetings which will focus upon listening to staff and patient views regarding the proposed model
- Engagement with local groups and individuals
- Engagement with Healthwatch and Patient Congress
- Representations from stakeholders
- Review of the evidence
- OSC engagement

“The CCG initiated an engagement process to consider the views and experiences of patients and understand the potential impact of the proposed service changes”

Engagement

- We have been sharing our plans with voluntary groups and key local organisations
- We're also holding drop in sessions across the area – at each of the community hospitals in the area.
- If you would like us to attend a community group to explain the plans in more detail, please contact us
- We are taking calls over the phone from people who want to tell us their views on the plans and about their own experiences of returning home and rehabilitating after a stay in hospital.
- You can call **01782 298192** and tell us what you think or even just request a paper copy of our survey .
- You can complete the survey online by visiting www.surveymonkey.com/s/QTG7Q95.
- If you want to give us your thoughts over email, you can use newmodelofcare@staffordshireccs.nhs.uk
- We will be holding drop in sessions at:

Venue	Date	Time
University Hospital of North Midlands	24th February	11.00am - 12.30pm
Bradwell Hospital	24th February	12.45pm - 2.15pm
Haywood Hospital	27th February	2.00pm - 4.00pm
Leek Hospital	4th March	12.00 noon - 2.00pm
Cheadle Hospital	11th March	1.00pm - 3.00pm
Moat House	TBC	

Next steps

- Receive views from Staffordshire Moorlands District OSC
- Receive views from Newcastle under Lyme Health and Wellbeing Scrutiny Committee (24/09/14)
- Analyse representations and engagement feedback
- Recommendations and feedback will be considered at the CCGs Commissioning, Finance and Performance Committee

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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: Thursday 26th February 2015

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
9th July 2014 (agenda dispatch 27th 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
24th September 2014 (agenda dispatch 12th 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
21st October 2014 (agenda dispatch 10th October 2014)	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	
19th November 2014 (agenda dispatch 7th November 2014)	North Staffs Combined Healthcare Trust (accountability session on 10 th 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 th 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
7th January 2015 (agenda dispatch 19.12.14)	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
11th March 2015 (agenda dispatch 27th February 2015)	North Staffordshire Combined Healthcare NHS Trust – Ward 4 Assessment Ward for Older People	Feedback to be received on the plans for Ward 4 and the wider Older People's and Neuropsychiatry services at Harplands Hospital
	Promoting Independence, Choice and Dignity: A New Model of Care in Northern Staffordshire	NHS Stoke-on-Trent CCG and North Staffordshire CCG are seeking the views of the public, patients and others about a proposed new model of care
	Healthwatch, Staffordshire	Summary update to be provided by Healthwatch, Staffordshire.
	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"> • Mr Warnes from North Staffordshire CCG to be invited back to provide an update on the Urgent Care Strategy for North Staffordshire • 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 • The Future Direction of the Better Care Fund Process. What role should

	districts/borough play? What should the Council be offering in relation to the wider health and wellbeing agenda, particularly in terms of the services its delivers? Has the Partnership focused on the 'right' areas in terms of needs, priorities and outcomes?
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DATE AND TIME OF FUTURE MEETINGS	To be arranged
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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

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HEALTH AND WELLBEING SCRUTINY COMMITTEE

ANNUAL 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)

Date of Meeting	Topic	Outcomes/Recommendations	Further Action Required/Feedback
Wednesday 9th July 2014	Representatives from Stoke-on-Trent and North Staffordshire CCG	<p>Dr Mark Shapley and Marcus Warnes, Chief Operating Officer from the North Staffordshire Clinical Commissioning Group were in attendance.</p> <p>The Committee received a presentation from Mr Warnes on the Urgent Care and Emergency Care Primary Care for which a joint Strategy was currently being prepared with Stoke on Trent Clinical Commissioning Group.</p> <p>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. The Strategy was a joint initiative and would not be completed until August. It was agreed that Marcus Warnes be invited back to the September meeting.</p> <p>Resolved:- That the information be received</p>	Members received the report.
	Health and Wellbeing Strategy	<p>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. 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.</p> <p>Resolved:- That the information be received and an update provided to a future meeting</p>	Went to Cabinet on the 10 th September 2014 where it was resolved that the importance of the Health and Wellbeing Strategy and its bearing on the delivery of council services be noted.

Date of Meeting	Topic	Outcomes/Recommendations	Further Action Required/Feedback
Wednesday 9th July 2014 Cont'd	Report on the Francis Enquiry	<p>The Committee considered the report submitted by the Head of Business Improvement, Central Services and Partnerships.</p> <p>Members considered the importance of public engagement and 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.</p> <p>Resolved:- That an additional meeting be arranged</p>	An additional meeting was held on the 21 st October 2014
Wednesday 24th September 2014	Clinical Commissioning Group	<p>A presentation was given by Marcus Warnes in relation to the Urgent Care Strategy for North Staffordshire.</p> <p>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 1st October 2014.</p> <p>Resolved:- Mr Warnes to be invited back to Committee with an update once the strategy had been agreed.</p>	Mr Warnes to be invited back to a future meeting to provide an update once the Strategy had been agreed. This has been noted on the work plan.

Date of Meeting	Topic	Outcomes/Recommendations	Further Action Required/Feedback
Wednesday 24th September 2014 Cont'd	Hearing Aid Consultation	<p>Mr Warnes provided a presentation to the Committee in relation to hearing aid provision in North Staffordshire. It was 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 15th October and to the CCG Governing Board on 5th November 2014.</p> <p>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</p>	Mr Warnes would feedback Members objections to the CCG
	Healthwatch, Staffordshire	<p>Members received an update on the GP access project, information on volunteer recruitment and a summary of what Healthwatch had done recently in Newcastle-under-Lyme</p> <p>Resolved:- That the update be noted</p>	Members received the update
Tuesday 21st October 2014	Francis Report	The Committee received a report relating to the public inquiry into the Mid-Staffordshire NHS Foundation Trust and allegations of poor care and higher than average mortality rates at Stafford Hospital	A public question time had now been introduced but more could be done to publicise this through the website and The Reporter.

Date of Meeting	Topic	Outcomes/Recommendations	Further Action Required/Feedback
Wednesday 19th November 2014	Healthwatch, Staffordshire	Mrs Jarrett, Community Engagement Lead for North Staffordshire provided an update on activity from Healthwatch, Staffordshire Resolved:- That the update be received	Committee received the report
	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. Resolved:- For North Staffordshire Combined Healthcare to be invited back to the meeting to be on the 11 th March 2015.	Feedback had been received from the CEO of North Staffordshire Combined Healthcare NHS Trust and to be presented to Committee at its meeting on the 11.03.15 on the plans for Ward 4 and the wider older people’s and neuropsychiatry services at Harplands hospital
	Presentation from the Community Safety Officer – Alcohol Lead and the Partnerships Manager	A presentation was carried out by the Community Safety Officer and the Partnerships Manager on the work Newcastle Partnership undertake around preventing and dealing with alcohol related issues in the Borough. Resolved:- That Committee receive the report	Committee received the work Newcastle Partnership undertook around preventing and dealing with alcohol related issues in the Borough and that the partnership working with North Staffordshire Healthcare Trust and Newcastle Borough Council be undertaken
	North Staffordshire Combined Healthcare NHS Trust – Alcohol Use and Misuse	The service provided a caring, trusting environments which enable 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.	

Date of Meeting	Topic	Outcomes/Recommendations	Further Action Required/Feedback
Wednesday 19th November 2014 Cont'd ...		Resolved:- That Committee receive the information provided surrounding the Substance Misuse Services carried out by North Staffordshire Combined Healthcare NHS Trust	Committee received the information
	One Recovery	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. Resolved:- That Committee receive the information presented from One Recovery, Staffordshire	Committee received the report
Wednesday 7th January 2015	Healthwatch, Staffordshire. An Engagement Event held in Newcastle	The purpose of the event was for local people to find out more about local services and engage informally with service providers and commissioners through a drop-in session and then for local people to pose questions and receive responses from a panel of Chief Officers during a Question Time Panel session. Resolved:- That a small working group be established comprising of Councillors Mrs Johnson, Owen and Northcott to work with Healthwatch, Staffordshire in establishing the event.	A working group has been established and arrangements to hold the event have commenced.

Date of Meeting	Topic	Outcomes/Recommendations	Further Action Required/Feedback
Wednesday 7th January 2015 Cont'd ...	Portfolio Holder(s) Question Time	<p>Portfolio Holder for Leisure, Culture and Localism was in attendance. Apologies were received from Portfolio Holder for Safer Communities and Portfolio Holder for Planning and Assets.</p> <p>Resolved:- That the Portfolio Holder for Safer Communities provide the following information:-</p> <ul style="list-style-type: none"> (a) A report on the drug and alcohol dependency and mental health involving teenagers which covered all areas of time and investment related to the Newcastle area and its impact both in current and future outcomes for the residents of Newcastle (b) A report on the monitoring that was being carried out between the closure of youth clubs and the opening of new facilities. (c) Statistics of the first aid triage operating in Newcastle-under-Lyme. (d) A report on what work street pastors carry out. More information on what alterations were to be put in place to prevent further suicides at The Midway car park. <p>That the Portfolio Holder for Planning and Assets provide the following information:-</p> <ul style="list-style-type: none"> (a) That the Better Care Fund process be included on the work plan and discussed at the next meeting of scrutiny. (b) That an action section be added to the Newcastle Partnership Strategic Framework table and information on how adequately the Better Care Fund was to be funded. 	<ul style="list-style-type: none"> (a) Report to be distributed once received from the Community Safety Officer (b) To be forwarded as there has not been sufficient time to quantify or analyse existing trends since majority only closed on the 31st December (c) Report to be distributed once received from the Community Safety Officer (d) Report to be distributed once received from the Community Safety Officer <p style="text-align: center;">} This has been included on the work plan</p>

Date of Meeting	Topic	Outcomes/Recommendations	Further Action Required/Feedback
Wednesday 7th January 2015 Cont'd ...		<p>That the Portfolio Holder for Leisure, Culture and Localism provide the following information:-</p> <ul style="list-style-type: none"> (a) How the Council was going to target activity levels to those aged 55 years of age and over. (b) An explanation on the term Satellite Clubs. (c) How the Community Sport Activation Fund project would be carried out. (d) The source of figures relating to the cost of health inactivity in Newcastle 	<p>Information circulated 29th January 2015</p>
	<p>Modernisation of Day Centres for People with Learning Difficulties</p>	<p>Staffordshire County Council decided to change their day centres so that they only provide direct support to people with the most complex needs, whilst supporting other people to move to more personalised community-based support delivered by independent providers.</p> <p>The consultation was taking place from the 8th December 2014 until 21st January 2015.</p> <p>Resolved:- That a brief response be sent to Staffordshire County Council informing that, based on the evidence the Committee had seen, Members were opposed to the closure of Kidsgrove Day Centre.</p>	<p>A response was sent on behalf of the Committee on the 8th January 2015</p>
	<p>Code of Joint Working</p>	<p>Members were asked if they had any concerns regarding the Code of Joint Working Arrangements. Apart from a typo error the Committee were in agreement with the Code of Joint Working Arrangements</p>	<p>Members received the report</p>