

Public Document Pack

Date of meeting **Wednesday, 8th July, 2015**
Time **6.30 pm**
Venue **Committee Room 1, Civic Offices, Merrial Street,**
 Newcastle-under-Lyme, Staffordshire, ST5 2AG
Contact **Justine Tait**

Health and Wellbeing Scrutiny Committee

AGENDA

PLEASE NOTE REVISED TIME OF 6.30PM

PART 1 – OPEN AGENDA

- 1 Apologies**
- 2 DECLARATIONS OF INTEREST**
To receive declarations of interest from Members on items included on this agenda.
- 3 MR D WHITEHOUSE, DEMOCRACY MANAGER,
STAFFORDSHIRE COUNTY COUNCIL**
Mr D Whitehouse will present Members with a resume of Health and Wellbeing Scrutiny.
- 4 MINUTES OF PREVIOUS MEETING** **(Pages 3 - 8)**
To consider the minutes of the meeting held on Wednesday 11th March 2015.
- 5 MINUTES FROM THE HEALTHY STAFFORDSHIRE SELECT
COMMITTEE**
Minutes of the 8th June 2015 to follow.
- 6 Healthwatch, Staffordshire** **(Pages 9 - 12)**
- 7 Promoting Independence, Choice and Dignity: A New Model of
Care in Northern Staffordshire** **(Pages 13 - 16)**
- 8 Local Government Association Peer Review of Decision
Making Arrangements** **(Pages 17 - 36)**
- 9 Health and Wellbeing Strategy** **(Pages 37 - 44)**
- 10 WORK PLAN** **(Pages 45 - 48)**
To discuss and update the work plan to reflect current scrutiny topics.

11 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.

12 URGENT BUSINESS

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

13 DATE AND TIME OF NEXT MEETING

Wednesday 23rd September 2015, 7.00pm in Committee Room 1

Members: Councillors Allport, Bailey, Eastwood (Chair), Frankish, Hailstones, Johnson (Vice-Chair), Loades, Northcott, Walklate, Winfield and Woolley

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, 11th March, 2015

Present:- Councillor Colin Eastwood – in the Chair

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

Outside Parties: Chief Operating Officer (North Staffordshire Clinical Commissioning Group) for item 6 only
Senior Executive Communication and Engagement (Midlands and Lancashire CSU) for item 6 only

1. **APOLOGIES**

Apologies were received from The Mayor Councillor Mrs Hailstones and the Executive Director of Operational Services.

2. **DECLARATIONS OF INTEREST**

There were no declarations of interest.

3. **MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting held on Wednesday 7th January 2015 were agreed as a true and accurate record.

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

Two Digests were received by the Committee:-

Tuesday 13th January 2015

Modernisation of Day Opportunities for People with Learning Difficulties
Kingsgrove Consultation and proposals for the Great Wyrley Community
Support Unit

A Member advised it had been decided that Kingsgrove Day Centre was to try and allocate other services and agencies to use the building which would generate remuneration.

The Committee supported this action, as it was a very positive move from a group of local residents.

Tuesday 3rd February 2015

The Transfer of Services and Future Plans for Cannock Hospital

Committee received the Digest.

5. **HEALTHWATCH, STAFFORDSHIRE**

The Chair updated Committee on proceedings regarding the Engagement Event, Healthwatch wished to hold within Newcastle-under-Lyme.

The Working Group met on Wednesday 18th February 2015 for the first initial meeting. It was suggested to hold the event at Jubilee 2 during June/July 2015. The event would commence from 3.00pm to finish at 7.00pm. The difficulty that had arisen with the venue was that the event would have to finish at 6.00pm.

The Chair advised that the first part of the afternoon would 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. The second part 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 Chair opened it up to Committee.

It was asked would the finish time have an impact on the number of people attending due to work commitments? Also the Engagement Event that took place in Leek was not within the town centre which had an effect on the lack of attendance by the public.

It was suggested to use the Council Suite as the town centre was still the paramount place.

A flyer was tabled informing that Healthwatch, Staffordshire would be at Newcastle Library on Friday 27th March 2015, 10.30am to 3.00pm for the public to voice their experience of health and social care services, whether it be praise, criticism or ideas for improvements.

RECOMMENDED:-

- (a) That the Working Group re-convene to look at the practicalities of holding the event within the Council Suite.
- (b) That Members' inform their constituents of the "Your Voice Counts" event to be held on Friday 27th March 2015.

6. NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST - WARD 4 ASSESSMENT WARD

Clarification was provided on the future proposals for Ward 4. The intention was to reduce the number of Neuro and Old Age Psychiatry beds at Harplands hospital by 15, as a result of the success of the Outreach and Community teams, who were seeing increasingly more people in their own homes. This had resulted in better assessments in familiar environments, more personalised care and had led to a reduction in the need for an acute admission.

The Neuropsychiatry inpatient service would be moving from Ward 5 to Ward 4 by the end of March 2015.

A Member raised concern surrounding Ward 4 being used as a dual care ward, supporting people with both physical and mental healthcare needs and asked for further information as one size does not fit all.

The Member was advised all the patients on this ward were suffering from mental health and were not ready to be discharged but it was a ward to get them ready to go home.

RECOMMENDED:-

That a further update to be provided at the next meeting of Committee.

7. PROMOTING INDEPENDENCE, CHOICE AND DIGNITY:A NEW MODEL OF CARE IN NORTHERN STAFFORDSHIRE

A presentation was carried out by the Chief Operating Officer, North Staffordshire Clinical Commissioning Group (CCG).

NHS Stoke-on-Trent and North Staffordshire CCGs were considering how they commissioned community based services for patients who were currently admitted to a hospital bed. Their aim was to integrate care services to connect people with the care they need, when they need it.

The proposal was for more community based support for individuals in their own home or closer to home, when they were ready for this, which would result in a reduced need for community bed based services.

The vision was to develop a "step down" model of care, which saw the patient's journey from the point of admission to discharge supporting less transfers of care between multiple organisations which would result in a reduction of delays.

They would develop a "step up" model, which would 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.

It was pointed out by a couple of Members that the evidence supplied was quite long standing. Members were advised that the evidence had been based upon the national users.

The following questions and observations were raised and responses provided by the Chief Operating Officer:-

1. How could an elderly patient sitting in a chair at home be better looked after to those in a bed, at hospital, with immediate care?

Getting the patient home helps them to maintain their independence.

2. The community services were not there.

A vast amount of patients were admitted with respiratory problems, within 48 hours that patient required rehabilitation. If they did not receive it within 48 hours it would be harder to get them home.

3. What was there in place to avoid patients being admitted into hospital in the first place? What did you see being in place with GPs locally on an organisational level?

Primary care was struggling nationally. It was difficult to recruit GPs. There was a great deal of other primary care professionals to support GPs. £10½m was to be invested next year into the model of care.

4. Were there identifying areas where there were greater issues to admission into hospital due to the GP Practices not being efficient and/or deprived areas to be known for high admissions?

Every illness had a social class gradient.

5. How did the model fit in with carers?

Care homes amount to 6% of A&E admissions. A pilot scheme was delivered to a pilot population of 171 residents in a single nursing home in 2012. In 2011 the pilot site was not an outlier for either A&E attendance or unscheduled admission rates compared to other local nursing homes. Following introduction of the service for the pilot population, their A&E attendance rate fell by 25% and unscheduled admission rate by 29%, compared to increases in rates for a local population (386 residents in 4 homes) who did not receive the enhanced service.

The pilot service improved individual pathways of care, increased patient, carer and professional satisfaction, and resulted in net financial savings. Expansion of the service was therefore approved by the Staffordshire PCT Cluster and commissioned as a Locally Enhanced Service (LES) across North Staffordshire from April 2013.

6. Would the closure of the beds be in a stepped way?

The University Hospital for North Midlands (UHNM) would be responsible from admission to discharge. The CCG wanted one provider of care not two which was the UHNM, this had been put in place on a trial basis.

7. People who use the hospital do not understand the system. There was a need to invest part of the funds on communication on what the CCG were trying to achieve and this was happening far too quickly. How do you intend to reach the security to people?

The funds had been released. One of the problems around the arrangement was the patient not being fully recovered and being discharged too early.

8. Why were the Partnership Trust having difficulties getting staff and the hospital were not?

The Partnership Trust does not recruit from abroad whereas the hospital does.

9. Have you got the involvement from Staffordshire County Council or from private care?

The CCG had got integrated commissioning arrangements with Staffordshire County Council and had the involvement of the Better Care Fund

The Chair thanked the Chief Operating Officer for the presentation and answering Members questions and concerns.

The Chair informed there was a table top discussion arranged for the 30th March 2015 at The Ballroom, The Moat House Hotel, Festival Park, Stoke-on-Trent on a proposal for a new way to care for the people of Stoke-on-Trent and North Staffordshire. Those Members that were interested in attending to inform the Scrutiny Officer.

RECOMMENDED:-

That Committee receive the proposal of a New Model of Care by Stoke-on-Trent and North Staffordshire CCGs.

8. WORK PLAN

RECOMMENDED:-

That the following items are added to the Work Plan:-

- Staffordshire and Stoke-on-Trent Partnership NHS Trust. Quality Improvement Priorities for 2015/2016.
- North Staffordshire Clinical Commissioning Group. Monitoring impact of the new hearing aid policy. It was agreed by Members that a letter of objection to the provision of hearing aids in patients who were diagnosed with a mild hearing loss, not to be routinely funded, be sent to North Staffordshire Clinical Commissioning Group Governing Board with a copy to Staffordshire County Council.

A Member enquired if the remit on the Work Plan could be explored. It was asked for the Member to supply the Scrutiny Officer with some context, which would enable the Constitutional Review Working Group to get the right Officers together to discuss the Committee's responsibilities.

9. PUBLIC QUESTION TIME

No questions had been received from the public.

10. URGENT BUSINESS

Training for Members

RECOMMENDED:-

Nick Poutney, Scrutiny and Performance Manager from Staffordshire County Council, to provide training to enable new Members to have an understanding of the roles of the service providers.

Accountability Session Monday 23rd March 2015

There would be an Accountability Session on Monday 23rd March 2015 for the University Hospital North Midlands NHS Trust. Members to notify the Scrutiny Officer of their wish to attend as soon as possible.

COUNCILLOR COLIN EASTWOOD
Chair

UPDATE ON NORTH STAFFORDSHIRE ACTIVITY JUNE 2015

Carers Project

Following completion of the Phase 2 report and to ensure continued involvement in co-production of the services, Carers have contributed to developing two questions for the service specification tender submissions and have also contributed to the assessment stage of the tender submissions. The announcement of the contract award for the new carers support services will be made in July 2015 by Staffordshire County Council with mobilisation of the services from July and a go live date of 1st October 2015. Carers will also be involved in the ongoing evaluation and performance monitoring of the new services when they are delivered from October this year.

GP Project

Surveys have now been completed across all 4 areas namely Staffordshire, Telford & Wrekin, Stoke-on-Trent and Shropshire and the analysis and report have been completed also. The final report is now with Healthwatch partners for final sign off before we can publish the report and escalate to NHS England.

Royal Stoke University Hospital A&E Report

The final report on Patient Experience of the Royal Stoke University Hospital A&E Department is now available from our website at:

<http://healthwatchstaffordshire.co.uk/wp-content/uploads/2015/06/UHNM-AE-Report.pdf>

Better Care Fund

The project is to engage people across Staffordshire in the plans for the County in relation to the Better Care Fund. Better Care Fund draws together some health budgets and social care budgets in order to integrate community health and social care services with the longer term aim to reduce incidents of emergency and non-elective admissions to acute hospital services.

ECS/Healthwatch is carrying out qualitative research through focus groups and interviews with people who received services such as Disabled Facilities Grants. Newcastle Borough Council have assisted with this research by sending out a letter on our behalf to people who have received adaptations. There has been a good response with six people coming forward to take part in interviews about their experiences of health and social care.

The information taken from the focus groups and interviews will be used to inform a survey that will be widely distributed to see how the people of Staffordshire would like to see services under the Better Care Fund be delivered. The survey will go out over the summer and results will be used as part of a report to Staffs County Council.

Conversation Staffordshire Newcastle

Working in conjunction with the Borough Council, the event took place on 3rd June at Newcastle-under-Lyme College and was attended by over 50 people. The format included a busy market place of information stands supported by a wide range of community and voluntary sector organisations, housing associations, as well as health and social care provider organisations where those attending could ask questions and take away information about services and support. A lively Question Time session with managers from organisations responsible for commissioning and providing those services followed. A full report of the event is being produced and will be available in July.



NHS Complaints Advocacy Service

Since the NHS Complaints Advocacy service has been in operation in-house from 1 February 2015 we have had contact with over 100 people requesting a range of information, advice and support from the in-house team. Services available include Self Help Information Packs and one to one support from our advocates. The service has its own Freephone number of 0800 161 5600 or text 'Healthwatch' with name and number to 60006. Leaflets and posters are available by contacting the team on the number above or e-mailing to advocacy@ecstaffs.co.uk

Drop ins

Attended Newcastle Library on 27th March and had a prominent display in the main foyer and were able to talk to over 30 people, signed up Healthwatch Members, gathered feedback on local services and provided information and signposting literature. A member of our NHS Complaints Advocacy Service team also attended and was able to offer information and support to 2 people in relation to making a complaint. A further drop-in session at Newcastle Library is scheduled for 6th July.

We had an exhibition stand at the Keele Community Day held on 31st May and despite inclement weather, the day was very well attended by a wide range of local people. Our staff and volunteers talked to over 90 people, signed up new Healthwatch Members and distributed our Choose Well leaflets and other information to support people in accessing services.

North Staffs CCGs - New Model of Care

Following completion of phase 1 of the engagement on the "new model of care" North Staffs CCG have invited Healthwatch Staffordshire together with a wide range of stakeholders to be part of a Communications Sub-Group looking at phase 2 of the engagement.

Healthwatch Staffordshire Annual Conference and Annual Report

Our third Annual Conference is taking place on Wednesday 8th July from 5.30pm - 8.30pm at Lea Hall Miner's Welfare Centre and Social Club, Rugeley. The programme includes the presentation of our Annual Report, guest speakers, table discussions, voting on Healthwatch priorities and our volunteer Long Service Award presentations. Please see flyer attached for more information and to book a place please contact Aileen Farrer on 01785 221701 or via our website at <http://bit.ly/HWSConf>

Our Annual Report will be completed by 30th June 2015 and in line with the regulations be submitted to:

Healthwatch England
The Care Quality Commission
NHS England
Clinical Commissioning Groups
Overview and Scrutiny Committees - County, District and Borough Councils.

The Annual Report will also be available via our website with printed copies available on request.





Programme to Include:

Hot Supper
Stand Marketplace
Quiz With Prizes
Chair's Welcome
Annual Report
Guest Speakers
Table Discussions
Q&A
Priorities Voting
Long Service Awards

Third Annual Conference

On

Patient Experience

You will be able to learn more about our work, vote on our priorities, hear from special guest speakers and enjoy free complementary therapies

Wednesday 8 July 2015

5.30 - 8.30pm

**Lea Hall Miner's Welfare
Centre and Social Club**

Sandy Lane, Rugeley, WS15 2LB

To book a place
please call on
01785 221701
or register online:
<http://bit.ly/HWSCConf>

If you have any
accessibility
and/or dietary
needs please let
us know



Special Guest Speakers

Neil Churchill

Director of Patient Experience
NHS England

Rebecca Loo

Orthotics Campaign



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Promoting independence, choice and dignity: a new model of care in Northern Staffordshire

NHS England published the first phase review into Urgent and Emergency care services in November 2013. This report recognises the growing pressure placed on emergency care services and the need to address this urgently.

The demand on urgent care services will continue to grow as people live longer with increasingly complex, often multiple long term conditions. With this growing demand there is an opportunity to shift treatment and advice from hospital based services to home or close to home.

Vision for Stoke-on-Trent and North Staffordshire

The aim is to integrate care services to connect people with the care they need, when they need it. The vision is to develop a 'step down' model of care, which sees the patient's journey from the point of admission to discharge, supporting less transfers of care between multiple organisations which will result in a reduction in delays. Also as part of the wider system reconfiguration, 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 the quality of care for all patients.

Background

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.

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. This is in line with clinical best practice and a growing research base on clinical effectiveness that in essence represents 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.

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 a deterioration in the ability of patients to carry out normal daily activities. One compelling statistic that has informed our thinking is that 10 days in hospital (acute or community) leads to the equivalent of 10 years ageing in the muscles of people over the age of 80 (Gill et al 2008).

The CCGs have been investing in and will continue to invest in community based, patient centred services such as district nurses, intermediate care teams and specialist nursing teams. These services can offer care closer to home and avoiding admission to hospital where it is safe to do so. However, in order to better meet the

needs of patients the CCGs are working collaboratively with Primary Care, the University Hospitals of North Midlands NHS Trust (UHNM) and Staffordshire and Stoke on Trent Partnership NHS Trust (SSOTP) to develop non bed based community services. Following a period of consultation it is anticipated that the CCGs and provider trusts will consider a range of options for the community hospital sites, as it is recognised that community services and facilities are an important part of the health system.

Over the next three months we will be asking for people's views about our proposals and their experiences of hospital discharge and rehabilitation. The attached briefing explains in more detail our proposals and also provides information about how patients and the public can contribute their views on our proposal.

Step Down Pathway

Clinical teams and commissioners undertook a point prevalence study within our community hospitals earlier this year and identified that 47% of the people at that time could have been cared for within their own homes as opposed to a hospital bed. We have also heard from patients and carers that the process of care could be improved. Examples are given where people feel they are not involved in their discharge arrangements and that they stay in beds for a protracted amount of time whilst clinical teams make decisions about them and their future care. As such, CCG commissioners believe that the process should be simplified, ensuring that the patient and carers' experience is improved and individualised care arrangements for the patient results in better clinical outcomes. These are the principles used in developing the step down model, ensuring patients access the care they need first time.

The step down model that the CCGs will commission is also known as Discharge to Assess. From April 2015, Royal Stoke University Hospital (RSUH) will be responsible for the entire patient's journey from the point of acute (hospital) admission to assessment and discharge. This will include supporting recovery at home or if necessary in a bed within the community until the patient has reached their optimum level of recovery. Intensive rehabilitation and reablement will be provided soon after an acute episode, which will reduce recovery time and the support needs of the patient post discharge. Furthermore, It is expected that by remaining with the team who have cared for the patient from the beginning that there will be a reduction in assessments and handovers to other teams, resulting in a seamless journey for the patient and their carers. Commissioners and providers have worked together and identified that Bradwell Hospital is potentially the optimum site to support the discharge to assess pathways for patients requiring bed based intermediate care and assessment.

Step Up Pathway

The Step Up pathway model has been developed in line with Sir Bruce Keogh's vision for transformed urgent and emergency care services, providing highly responsive, effective and personalised services outside of hospital. The model's foundations are deeply rooted within general practice who will be key coordinators of care, identifying the services required to support their patients at home wherever possible. Associated with the Step Up model will be the development of an Urgent

Care Assessment Service, which will offer access to diagnostics and multi-disciplinary assessments, reducing the need for patients to attend the acute hospital.

District nursing teams will work closely with GP practices to provide a proactive package of care for those identified as being frail, complex or vulnerable, liaising with specialist teams to gain the highest level of expertise and support for patients.

Intermediate Care Services will be focused upon providing “intensive support” and rehabilitation, reducing the requirement for an acute admission. The service will be reactive, working closely with reablement teams providing the right level of care the patient requires at the right time.

Bed provision within community hospitals is seen as a necessary part of the model, but not the only or main way that patients will be cared for in the community in the future. As such, commissioners will commission fewer bed based services in 2015/16.

Let us know what you think of this new model of care

NHS Stoke on Trent CCG and North Staffordshire CCG are seeking the views of the public, patients and others about this new model of care. Over the next three months we will be asking for your views and your experiences of hospital discharge and rehabilitation.

We will be organising drop in sessions in February in Stoke, Newcastle under Lyme and Leek where you can learn more about the proposals, and let us know what you think. We will also be holding sessions at each of the community hospitals in the area.

You can find out more about these events by going to www.northstaffscgg.nhs.uk or www.stokeccg.nhs.uk. We will also be announcing the details of the drop in sessions in January via local media.

You can let us know what your experiences and your views are by completing our online survey here: <https://www.surveymonkey.com/s/QTG7Q95>

You can contact us on telephone number: 01782 298192 to request a paper copy of the questionnaire, and post it back to us free of charge, or you can tell us your views over the phone.

You can also email us your views by emailing: anewmodelofcare@nhs.net

If you have any questions you can contact us via anewmodelofcare@nhs.net and by phoning us on 01782 298192 .

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Local Government Association Peer Review of Decision Making Arrangements

Submitted by: Chief Executive

Portfolio: Finance IT and customer

Ward(s) affected: Non-specific

Purpose of the Report

To advise Members on the recommendations of the LGA Peer Review and to request feedback on the recommendations.

Recommendations

- (a) That the Committee consider the recommendations for changes to the Council' democratic decision-making arrangements, Peer Review Recommendations 1 and 2 and draft Council report in as far as they relate to the work of the Committee.
- (b) That the Committee comment on the wider proposals made by the Peer Review recommendations 3, 4 and 5 having particular consideration of these matters in respect of the work of the Committee.
- (c) That the Committee record the summary of its responses on these matters so these can be collated with the comments of all other Committees and considered by the Finance, Resources and Partnerships Scrutiny Committee.

Reasons

Resolution by the Finance, Resources and Partnerships Scrutiny Committee on Monday 15th June 2015.

1. **Background**

- 1.1 In the autumn of 2014 an LGA Peer Review team carried out a review of the council's democratic decision-making arrangements. The team made their report in January 2015. In light of this the Group Leaders asked the Chief Executive to draft a report which could be considered by Council to give effect to the recommendations made by the Peer Review report. The draft council report sought to implement the Peer Review recommendations but also to take account of some initial comments which had been made by the Group Leaders on the Peer Review Report.

2. **Scrutiny of Peer Review recommendations**

- 2.1 In view of the fact that the proposals made by the Peer Review have implications for all of the Council's Committees it has been considered prudent for the proposals to be considered by the relevant Committee.
- 2, 2 The attached report was considered by the Finance, Resources and Partnerships Scrutiny Committee at its meeting on 15 June. The Committee has resolved that each Committee be asked to consider the proposals made by the LGA Peer Review and the draft report to Council in as far as they relate to that particular Committee and to feedback these comments.

Actions for the Committee

- 3.1 The Committee is asked to consider the recommendations for changes to the Council's democratic decision-making arrangements, Peer Review Recommendations 1 and 2 and draft Council report in as far as they relate to the work of the Committee.
- 3.2 To comment on the wider proposals made by the Peer Review Recommendations 3, 4 and 5 having particular consideration of these matters in respect of the work of the Committee.
- 3.3 The Committee is asked to record the summary of its responses on these matters so that they can be collated with the comments of all other Committees and considered by the Finance, Resources and Partnerships Scrutiny Committee.

4. Legal and Statutory Implications

- 4.1 There are no legal implications directly associated with this report although it may affect the Council's Primary Charter status.

4. Equality Impact Assessment

- 4.1 There are no equalities implications directly associated with this report.

5. Financial and Resource Implications

- 5.1 There are no financial or resource implications other than your officers' time at meetings.

7. Major Risks

- 7.1 There are no major risks associated with this report.

8. Key Decision Information

- 8.1 The proposals within this report are not regarded as Key Decisions in the sense that it should be included within the Forward Plan. However, as this is not regarded as a non-Executive function, a Cabinet (executive) decision is required to give effect to the proposals.

9. Appendices

Report to the Finance, Resources and Partnerships Scrutiny Committee

10. Earlier Cabinet/Committee Resolutions

Finance, Resources and Partnerships Scrutiny Committee on 15th June 2015.

REPORT ON CHANGES TO COMMITTEE ARRANGEMENTS

Submitted by: Chief Executive

Portfolio: Communications, Policy & Partnerships

Wards affected: All

Purpose

To update Members on the outcome of a review undertaken by a Local Government Association peer review team of the democratic decision-making structures of the Council. To make recommendations to the Council to implement changes to the Council's Committee arrangements in line with the recommendations of the Peer Review report.

RECOMMENDATIONS:-

- (a) That the Council approves the following changes to the Committee arrangements
 - i. Merge the Audit and Risk and Standards Committees
 - ii. Disband the Staffing Committee
 - iii. Disband the Joint Parking Committee
 - iv. Disband the Member Development Committee
 - v. To create the Constitution Working Group as a Committee of the Council and to title it the Constitution Review Committee.
- (b) That the number of places on the Public Protection Committee be set at 15.
- (c) That the Constitution Working Party be asked to make recommendations for changes to the Council's Constitution to give effect to recommendation (a) above and make a report to the next meeting of the Council.
- (d) That the Council approves the Audit and Risk Committee and Standards Committees to operate as a combined Committee until the appropriate changes are made to the Council's Constitution as required consequentially by recommendation (a) above to request the Group Leaders to nominate the same named individuals to both the Audit and Risk Committee and the Standards Committee with immediate effect.
- (e) That the Group Leaders be requested to nominate the same named individuals to both the Licensing Committee and the Public Protection Committee with immediate effect.
- (f) That the Constitution Working Party be asked to undertake a review of the Council's scrutiny arrangements and to bring forward recommendations consistent with the objectives and recommendations of the Peer Review to improve the efficiency of the Council's democratic arrangements.
- (g) That the Council approves the transfer of the powers and duties of the Staffing Committee to the Head of Paid Service acting with the agreement of the Portfolio Holder for human resources with immediate effect and until the appropriate changes

are made to the Council's Constitution as required consequentially by recommendation (a) above.

- (h) That the Constitution Working Party be asked to consider recommending to the Council conventions which could be adopted to improve the efficiency of formal meeting which are consistent with promoting effective debate, efficient use of Member and officer time, and facilitate the involvement of the public, consultees and others in the work of the Council's formal meetings.

1. Context

- 1.1 In December 2014 the Council invited an LGA Peer Review team to conduct a review of its democratic decision making structures. The review reported in January 2015 and a copy of the report is contained in full at Appendix 1 of this report.
- 1.2 The review was commissioned as part of a wider organisational drive for further efficiency. It was specifically designed to help the council look at the way in which its various committees and panels are organised and identify potential options to consider.

2. Findings of the Peer Review

- 2.1 The Peer Review noted that the current democratic decision making arrangements demand a lot of time from both Members and officers. This arises from the extensive array of formally constituted committees and panels. The review team noted that the number of committees and committee positions is very large when compared with similar district and borough councils benchmarked by the team. They noted that the number of meetings (well over 100 per year) is amongst the highest of the benchmark authorities. Similarly the number of committee positions is 3.6 per councillor for this councillor compared to an average of 2.6 amongst the comparator councils.
- 2.2 The Peer Review team undertook a detailed analysis of the implications of these headline findings and these are set out in the report.

2.3 Peer Review recommendations

The Peer Review Report makes recommendations for a number of committees to be merged, combined or disbanded. The specific recommendations are as follows:

- Merge / amalgamate the Public Protection Committee and Licensing Committees
- Merge / amalgamate the Audit and Risk and Standards Committees
- Merge / amalgamate the Active and Cohesive Communities and Health and Well Being Scrutiny Committee
- Review the continued need for the Staffing Committee
- Review some of the historical / legacy arrangements, such as the Joint Parking Committee and Conservation Advisory Working Party, and whether the Council should continue to service these bodies

Each of these recommendations is considered in detail below.

Merge / amalgamate the Public Protection Committee and Licensing Committees

The Peer Review Report proposes that the Public Protection Committee and the Licensing Committee be amalgamated. It is noted that a single committee covering all of the functions of those two committees is common practice in other councils. However, it should be noted that these two Committees are responsible for two discrete areas of licensing working under two distinct sets of statutory provisions. The Public Protection Committee under the provisions of the local government Act 1972 and the Licensing Committee under the Licensing Act 2003 and Licensing Act 2005.

Given the semi-judicial nature of these Committees care needs to be taken to ensure that Members serving on them are given adequate training. Members will be aware that to facilitate the participation of businesses and their representatives where this is required sub-committees of the Licensing Committee have met during the daytime. It should be noted that on occasion, due to other commitments on the part of some Committee Members, it has been challenging for a suitable quorum of Members to be assembled. It may therefore be prudent in making changes to these committees to enlarge the size of the Public Protection Committee to standardise the number of Members on each Committee at 15 places. In making nominations, Group Leaders should advise their Members of the daytime meeting requirements of these roles.

Whilst the Peer Review recommendation to amalgamate the two committees has merit, some eminent legal authorities maintain that Parliament's intention under the Licensing Act 2003 was to create a standalone licensing committee. This being the case it may be prudent at this time for the Council to retain the separate entities of a Licensing Committee and a Public Protection Committee but that identical nominations be made to the two Committees and that meetings be scheduled so that they run sequentially on the same occasion. On the basis of the amount of business over recent years for the two committees this is considered to be a practical proposal. This arrangement would give efficiencies since the officer time required in supporting the meeting would be less where the businesses of the two Committees is conducted on a 'back-to-back' basis.

It is proposed therefore to accept the principle of Peer Review recommendation and to bring together the operation of two existing committees but to retain the two legally distinct Committee roles.

Merge / amalgamate the Audit and Risk and Standards Committees

The Peer Review report makes the case for the Audit and Risk and Standards Committees to be merged to create an Audit and Governance Committee. There is a high degree of synergy between the work of the two existing committees and it is therefore proposed to accept the Peer Review recommendation and to merge the two existing committees.

Merge / amalgamate the Active and Cohesive Communities and Health and Well Being Scrutiny Committee

In relation generally to the work of the Overview and Scrutiny Committees the Peer Review team observed that they “appear to operate like service committees”. However, the only proposed change to scrutiny arrangements made by the Peer Review team is the merger of the Active and Cohesive Communities and Health and Well Being Scrutiny Committee.

Feedback from Members has indicated a strong desire to retain a separate Health and Wellbeing Scrutiny Committee. In light of the experience of Stafford Borough and the comments made by the Francis Inquiry (in relation to Stafford General Hospital) it would be advisable at this time to recommend the retention of the separate Health and Wellbeing Scrutiny Committee. It is suggested that the Constitution Working Group should be asked to review and recommend the revision of the terms of reference of the Health and Wellbeing Scrutiny Committee to ensure that recommendations from the Francis Report and the experience of Stafford Borough Council have been embedded in this Council’s arrangements.

However, in light of the comments made by the Peer Review about the work of scrutiny committees it is recommended that the Constitution Working Group be asked to undertake a short task and complete piece of work to make recommendations for improvements to be made to the Council’s scrutiny arrangements particularly to ensure that these are efficient and effective and in line with best practice.

Review the continued need for the Staffing Committee

The Peer Review report states that the team was not certain of the role of the Staffing Committee and how it adds value to decision-making. Concerns were expressed that it may add unnecessary delay to the process of getting relatively minor policy updates approved, or escalates issues which might be resolved more quickly and collaboratively at a lower level. The team expressed the view that most of the functions of the Staffing Committee “appear to be in the remit of the Head of Paid Service”. It is therefore proposed to disband the Staffing Committee and to amend the Constitution to pass the functions currently performed by the Committee to be discharged by the Head of Paid Service in consultation with the Cabinet Portfolio Holder for human resources as appropriate. The Constitution Working Group will be asked to oversee the task of recommending the required changes to the Constitution.

Review some of the historical / legacy arrangements, such as the Joint Parking Committee and Conservation Working Group, and whether the Council should continue to service these bodies

The Joint Parking Committee has naturally come to an end with effect from 1 April 2015 as a result of the County Council’s decision to commission its Civil Parking Enforcement service through a single provider. It is therefore recommended that this Committee be disbanded.

The Conservation Advisory Working Party is an advisory Committee which makes comments to the Planning Committee on matters which affect the historic built environment and in particular on applications for planning permission in Conservation Areas, listed building consent, conservation area consent, consents for advertisements, passing comment on applications for historic building grants and to

recommend on conservation policy. It is held on a 3-weekly cycle in order to facilitate efficient decision-making on applications for permission or consent. Its members are drawn from Borough Councillors (5), 7 representatives of local organisations and a representative of each Parish Council.

In terms of officer resources it is supported by one specialist member of staff. In view of the importance of achieving good quality design in historically important parts of the built environment it is considered that there is merit in retaining this advisory group, particularly in view of the relatively modest demands placed upon the Council. It is proposed that the Conservation Advisory Working Party be retained in its current form.

The Member Development Committee was set up on a task and complete basis to advise on improvements to the support arrangements for elected Members. The Committee has reviewed the arrangements and recently made recommendation for the future use of ICT arrangements in line with those which exist for officers and in accordance with good practice. It may be considered that the Committee has now completed its task and should be disbanded.

The Constitution Working Group is technically a Committee of the Council. When this was first established it was done on a task and complete basis with the remit to update the Council's Constitution. Whilst the bulk of the substantive task was completed a year or so ago, the Council has subsequently retained the good practice of keeping the Constitution updated on a rolling basis and the Constitution Working Group has continued to undertake this work. The working group has been kept small and operated on a cross-party basis. It is proposed that this group should become a full Committee of the Council and that the Constitution should be amended to reflect this.

At its meeting on 26 November 2014 the Council established a Committee to look at the future of election cycles and the size of the council. This Governance Committee was established on a task and complete basis with a requirement to report its findings to the Council no later than September 2015. It is proposed that this Committee be retained for the duration of its current remit.

Timing of meetings

Although not considered as part of the brief of the Peer Review there has been discussion within the Council about the timing of meetings. By convention the majority of the council's formal meetings start at 7pm. As part of wider moves to ensure that the council is efficient in the way it conducts its business it has been suggested that consideration be given by Members about whether this is the most convenient time in view of the other demands on the time of both Members and officers.

It is suggested that the Constitution Working Party be asked to give this matter greater consideration and to make recommendations for whether there are ways in which meetings could be scheduled to be more efficient on the time of Members and officers. In doing this the Working Group would also be asked to make recommendations about other practices which could be adopted by convention which may assist the business management of meetings to promote efficient use of time and also to consider this in relation to meetings where members of the public, consultees or others are in attendance.

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A review of the democratic decision-making structures at Newcastle-under-Lyme Borough Council

January 2015

1. Introduction

Background and scope of the review

Like many other local authorities and other public sector organisations, Newcastle-under-Lyme Borough Council is facing financial challenges as a result of reduced Central Government funding to local government. In dealing with these challenges, the Council has introduced the 'Newcastle 2020' programme which is designed to identify efficiencies, cost savings and improvements across all aspects of the Council in terms of its organisation and also the services it delivers.

This review was commissioned as part of that wider drive for further organisational efficiency. It was specifically designed to help the Council look at the way in which its' various committees and panels are organised and identify potential options to consider. The review will feed into the planned local democracy review, and inform and complement the work the Council is already doing. As such the review has been commissioned as a 'light-touch' review focussing on improving current structures and arrangements, not a fundamental examination of the governance model.

Methodology and approach

The review has been undertaken by local government peers, drawing on the principles of sector-led improvement and informed by the following activity:

- Desk top analysis of Newcastle-under-Lyme Borough Council's committee terms of reference, committee membership, and agendas and reports.
- Benchmarking exercise, comparing Newcastle-under-Lyme Borough Council with other district and borough councils in terms of numbers of committees, numbers of committee positions, and frequency of meetings. (Appendix 1)
- Stakeholder engagement facilitated through an online survey to all councillors (and relevant officers) (Appendix 2), face-to-face engagement with committee chairs, vice chairs, senior management and democratic services staff onsite at Newcastle-under-Lyme, plus telephone conversations with other relevant officers (Appendix 3 provides a list of stakeholders engaged during the Review).

The peers who carried out the review at Newcastle-under-Lyme were:

Jane Burns – Director of Strategy and Challenge, Gloucestershire County Council
Councillor Michael Payne – Deputy Leader, Gedling Borough Council
Jeremy Thomas – Head of Law and Governance, Oxford City Council
Paul Clarke – Programme Manager (Local Government Support), LGA

The peer team used their experience and knowledge of local government to reflect on the information presented to them by people they met, things they saw and materials they read. This report provides a summary of the peer team's findings.

2. Review Findings

Our findings are divided into sections:

- Section 2.1 below summarises our key observations and recommendations about the current arrangements and practice at Newcastle-under-Lyme Borough Council. These are essentially the ‘quick wins’ that will help achieve efficiencies.
- In section 2.2 we summarise other areas we think need to be considered as part of the wider work on governance and culture the Council is already embarking on, or is planning to undertake.

2.1 Key Observations

The current democratic decision-making arrangements at Newcastle-under-Lyme demand a lot from both councillors in terms of their participation, and officer time to service an extensive array of formally constituted committees and panels. The numbers of committees and committee positions per councillor is high when compared to the other district and borough councils we benchmarked Newcastle-under-Lyme against (3.6 positions per councillor at Newcastle compared to an average of 2.6 positions per councillor in other councils), and we know there have been examples of you struggling to fill all positions on some committees.

The number of meetings per year (well over 100 meetings) is also amongst the highest in terms of the benchmarked authorities. The time and resource required to service and support these mean officers are stretched and are focused on ‘feeding the machine’ rather than ‘doing the day job.’ The sheer volume may also be compromising the quality of committee servicing and support, evidenced by the high number of supplementary papers and replacement reports correcting errors. This in turn puts additional pressure on those trying to read the reports in advance of meetings, and arguably diminishes the quality of discussion and debate.

We questioned whether demands on councillors in terms of the requirement to attend a high number of committee meetings has a detrimental effect on their time to effectively undertake their frontline councillor roles within communities. The councillors we engaged with did not cite this as an issue. In fact, some suggested they saw being involved in committee meetings as the key role of a councillor at Newcastle-under-Lyme. The perceived importance of having formal and public roles on committees is reinforced by the survey results (Appendix 2) which suggest that councillors highly value the principles of all debates and decision making being carried out in formally constituted committee meetings which meet in public and supported by formal agendas and minutes.

We think given the important role councillors have in the overall relationship between Council and community, lessening the demands of meeting attendance will allow these roles and relationships to develop further and crucially ‘free up’ reducing officer resources to focus on service delivery.

It appears the extensive structures, together with the relative low levels of delegated decision-making to officers and individual cabinet members, mean the Council is operating a de facto committee system alongside a Leader and Cabinet model of executive arrangements with all of the additional demands on officer time that that implies. Some of the Overview and Scrutiny Committees appear to operate like service committees (in that they perceive themselves to be directing the work of officers) and the existence of others, such as the Staffing Committee, are out of kilter with current practice in other authorities and seem focused on operational matters that are usually in the domain of officers.

In particular, given the existence of the Employee Consultative Committee, and the fact most of the powers and functions of the Staffing Committee appear to be in the remit of the Head of Paid Service, we do not fully understand or appreciate the role of the Staffing Committee and how it adds value to decision-making. There is a danger we think that the Committee adds unnecessary delays to the process of getting relatively minor policy updates approved, or escalates issues that might be resolved more quickly and collaboratively at a lower level.

All of the above combine to create a set of current arrangements and practice that puts an unnecessary and unsustainable demand on the organisation and its capacity and resources, which due to the financial challenges facing local government are continuing to decrease. There is definite scope to achieve more productivity and efficiency within the current set-up. For example, there are opportunities to reduce and rationalise the numbers of committees by merging those with complementary remits and functions.

In particular, the Public Protection Committee and Licensing Committee could be amalgamated. One committee covering all the functions of those two committees is common practice in other councils. There are other opportunities too, such as incorporating the functions of the Standards Committee into remit of the Audit and Risk Committee to create an Audit and Governance Committee. Another is to merge the Active and Cohesive and the Health and Well Being Scrutiny Committees. The Council may wish to consider being more radical in the reduction of the number of Scrutiny Committees. At the very least, scrutiny committee work-plans should not be agreed without some consideration of the Officer resources available to support them.

The responses to the survey we carried out suggest there is support from both officers and councillors for this. Combining/merging some committees was the type of change most likely to be supported by both councillors and officers (81% of respondents), and many of the specific suggestions for change are reflected in our recommendations. There is also a timely opportunity we suggest to review some of the historical legacy arrangements, such as the Joint Parking Committee and Conservation Working Group. The recent changes made to the arrangements regarding the Sports Council provides a precedent here.

In terms of overview and scrutiny, there are both standing committees and task and finish groups. Scrutiny arrangements need to be flexible enough to adapt

to changing circumstances. The principles of good scrutiny are that they should cover the issues that matter to local people, it should be 'narrow and deep' rather than 'broad and shallow' and that all scrutiny reviews should be properly scoped, task and finish, rather than on-going and have realistic timescales. There needs to be a discipline to ensure scrutiny doesn't drift.

There are also some aspects of how committees are serviced and supported that will benefit from modernising. For example, the way committee agendas are circulated. Currently any member can request to be added to a circulation list, enabling them to receive a hard copy of the committee meeting agenda. This potentially adds significant costs to the servicing of committees. This is something you have already identified and are beginning to address (as per the report 'Use of ICT and ICT Resources' to the Member Development Panel on 2nd October 2014). The recent rule changes enabling councils to send out committee papers electronically will help here too.

The length and style of committee reports was cited as an issue. Reports appear lengthy and many of the officers we spoke to feel they take a disproportionate time to produce. This issue may be being exacerbated by a tendency to establish formally constituted committees and sub-committees for areas and issues that may be served equally well by more informal bodies – especially where they are performing an advisory function (e.g. member development) - meaning a need to generate formal agendas, reports and minutes.

We know you are already looking at report writing and we agree this is an important exercise. Ensuring that report writing becomes more consistent across the organisation, is proportionate to the matter being considered, and that reports can be easily read and digested by councillors are all important facets. There may be an opportunity to also review the style of minutes as part of this work.

We think there are also some underlying organisational and cultural issues, including the perceptions and expectations of councillors that have evolved over time which now need addressing. In particular, the current arrangements appear to be seen by non-executive members as a range of opportunities to feel involved and informed, rather than part of a decision-making system. Our desktop analysis suggests more than 40% of the reports on agendas for meetings during September-November 2014 were 'for information'.

In short, councillors appear to rely heavily on committee meetings and agendas/reports for their information. We understand there used to be a Member's Information Bulletin and suggest it may be timely to consider re-introducing something that enables councillors to be kept informed on major developments so they don't feel the need to attend committee meetings and/or request committee agendas as a way of keeping in touch. There may also be scope to consider ward specific information and tailored briefings for councillors to better support them in their frontline roles.

Recommendations

1. **Merge/combine/disband some committees that appear to have a similar or complementary role and remit, or have roles that are effectively fulfilled elsewhere in the wider governance arrangements, in particular:**
 - Merge/Amalgamate the Public Protection Committee and Licensing Committees
 - Merge/Amalgamate the Audit & Risk Committee and Standards Committees
 - Merge/Amalgamate the Active and Cohesive Communities and Health & Well Being Scrutiny Committee
 - Review the continued need for the Staffing Committee
2. **Review some of the historical/legacy arrangements, such as the Joint Parking Committee and Conservation Working Group, and whether the Council should continue to service these bodies.**
3. **Consider re-introducing a Members' Information Bulletin and critically review any "for information" items on committee agendas.**
4. **Progress and implement the measures you are already considering to improve business practice, including report format and circulation of agendas.**
5. **Consider and progress the other issues and areas as identified in section 2.2 of this report (below) – including delegation - drawing on practice from other authorities. They will bring bigger gains and help address the underlying issues.**

2.2. Other observations and areas to consider

You have rightly identified there are potentially a number of other bigger benefits and savings to be gained. Reviewing the frequency of local elections (currently annual by thirds) for example, and reducing the numbers of councillors, (which at 60 is high compared to similar sized district authorities), are likely to result in more significant cost savings. But the bigger prize will be the political stability. All out elections every four years are likely to bring this, and enable more focus on the medium to longer term ambitions and strategic priorities of the Council. It is this vision for the future, including the future shape and function of the Council that will need to inform the wider review of democracy and governance.

We think this should include consideration of the scheme of delegation to individual Cabinet Members which can help manage business more effectively and speed up decision-making. We also think there could be a review of the scheme of delegation to officers with a view to increasing the levels of delegation. As we have alluded to, the levels of delegation to officers at Newcastle-under-Lyme seems low compared to many other authorities.

Reports to Cabinet tend to be presented in the name of the Executive Director and Scrutiny Committees tend to hold officers rather than executive members to account. Individual decision making and reports to Cabinet in the name of the portfolio holder are now common practice in many councils, and will help to reinforce and embed some of the key principles of a leader/cabinet model of governance. It may be something that warrants consideration at Newcastle-under-Lyme.

The principles of good scrutiny may need to be re-emphasised, so they are fully adopted and embedded, and drive how the overview and scrutiny function operates. It may be timely to review the key objectives of overview and scrutiny and consider where the emphasis needs to be to best support the Council in delivering its priorities – so there is a clearer understanding of the balance between holding to account and informing policy, and the focus on internal and external matters. Ensuring scrutiny is positioned to make a timely and effective contribution to strategic policy development and decision-making will become increasingly important as will an external focus, given that in the future the Council might well directly deliver less, and looks to influence and leverage more from external partners and the community.

There may be a need to consider a re-balancing of the role of councillors and the shape and structure of decision-making arrangements required to enable an emphasis on local community leadership in communities as well as attending and participating in formal committee meetings in the civic offices. The organisation will need to consider the best way of supporting councillors in these roles with the resources and capacity available.

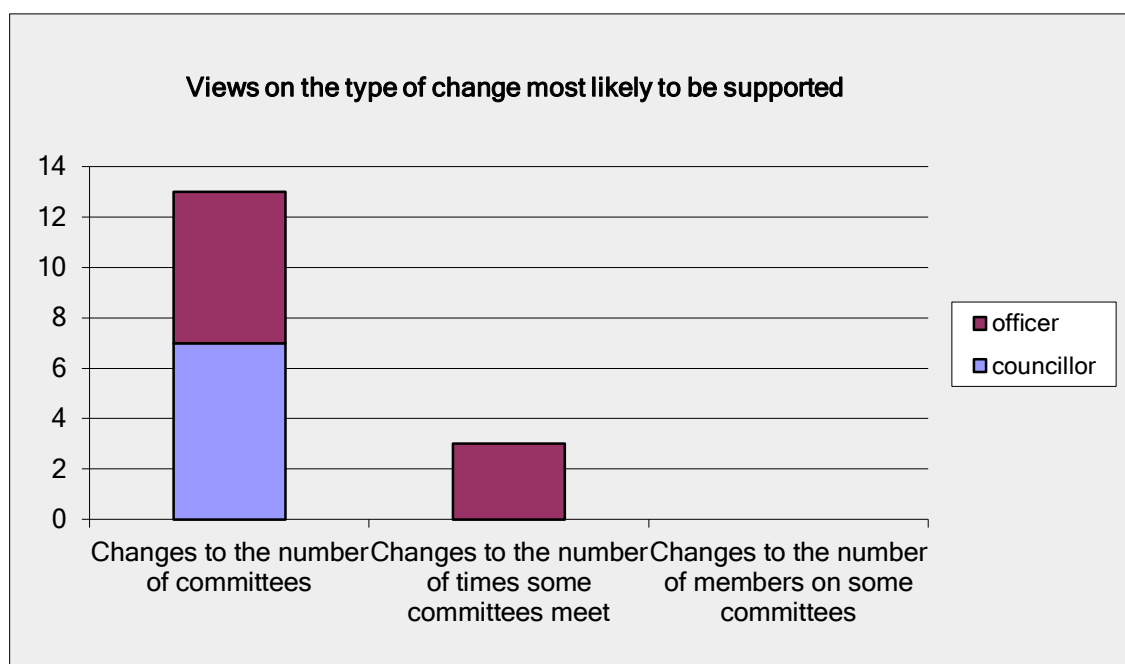
Appendix 1 - Comparison with other councils

	Cotswold DC	Forest of Dean DC	Stroud DC	Cheltenham BC	Tewkesbury BC	Gloucester City	Oxford City	Gedling BC	Ipswich BC	Cannock Chase DC	East Staffs BC	Newcastle-under-Lyme BC	AVERAGE
Current Political Control	Cons (C: 18 / L:9 / LD: 9)	NOC (C: 18 / L:17 / IND: 11 / LD:1 / UKIP:1)	NOC (C: 22 / L:20 / GR: 6 / LD: 3)	Lib Dem (LD 24 / C: 12 / IND: 4)	Cons (C:24 / LD:9 / IND: 5)	NOC (C: 18 / L:9 / LD:9)	Labour (L: 33 / LD: 8 / G: 6 / IND: 1)	Labour (L: 32 / C: 15 / LD: 3)	Labour (L: 35 / C: 10 / LD: 3)	Labour (L: 25 / UKIP: 6 / C: 5 / LD: 3 / IND: 2)	NOC (L: 16 / IND: 4 / C: 18 / LD: 1)	Labour (L: 32 / C:16 / LD: 6 / UKIP: 5/ G:1)	n/a
Total Number of Committees	7	14	9	10	8	11	15	9	12	23	15	16	12
No. of Ctee Positions:No of Members	60:44	114:48	110:40	118:40	82:38	103:36	104:48	95:50	138:48	199:41	45:39	156:60	-
Number of Committee Positions Per Member	1.4	2.4	2.8	3.0	2.2	2.9	2.2	1.9	2.9	4.9	1.2	3.6	2.6
Average Number of Positions Per Committee (Mean)	8.6	11.2	10.9	11.8	8.2	9.4	7	12	11.5	8.6	7.5	9.8	9.7
Total No of Committee Meetings Per Year	48	66	40	51	52	69	114	100	82	120	45	105	74
Average Number of Meetings Per Committee Per Year (Mean)	7	5	4	5	7	6	7	7	7	5	3	7	5.8
Governance Model	Cabinet 6	Cabinet 5	Committee System	Cabinet 8	Fourth option	Cabinet 5	Cabinet 10	Cabinet 7	Cabinet 9	Cabinet 9	Cabinet 6	Cabinet 7	-

Appendix 2 – summary of survey results

All members and a range of relevant officers (senior managers and democratic services staff) were invited to complete a short online survey between 26th November and 10th December 2014. 16 people (9 officers, 7 councillors) completed the survey.

Support for change: The survey responses suggest strong support (81% of respondents) for changing the number of committees, as opposed to changing the numbers of times committees meet (19%) or changing the numbers of members on committees (0%). All councillors (100%) who responded to the survey identified changes to the number of committees as the type of change they would be most likely to support:



Principles and features of governance and decision-making that councillors value the most:

- **Accountability** (which was defined as ‘all debates and decision making are carried out in formally constituted committee meetings with agendas and minutes’) was ranked by 72% of councillors as the principle of governance they value most.
- This contrasts sharply with **Involvement** (which was defined as ‘opportunities for councillors and other stakeholders to be involved in debates and decision making’) which no councillors (0%) ranked as the principle they value most.
- 28% of councillors considered **Transparency** (which was defined as ‘all debates and decision making are carried in meetings that are held in public’) as the principle they most valued.

Specific suggestions for change and consideration: A range of suggestions were put forward by respondents. These included:

- Reduce the number of committees by amalgamating those with obvious synergy
- Get rid of specific committees – e.g. Staffing Committee, Member Development
- Merge the Audit & Risk committee with Standards Committee
- Have less scrutiny committees and/or revisit their remits.
- Less committees and less meetings
- Review the types of agenda items to reduce the number of ‘information only’ items
- Consider the timescales for submission of items to Committee
- Ensure that meetings have a clear outcome/resolution

Appendix 3 – list of stakeholders engaged during the review

The peer team met and/or spoke with the following officers and councillors during the review:

John Sellgren – Chief Executive

Neale Clifton – Executive Director (Regeneration and Development)

David Adams - Executive Director (Operational Services)

Kelvin Turner – Executive Director (Resources and Support Services)

Mark Bailey- Head of Business Improvement, Central Services & Partnerships

Julia Cleary – Democratic Services Manager

Justine Tait – Democratic Services Officer

Geoff Durham – Member Training and Development Officer

Liz Dodd – Audit Manager and Monitoring Officer

Cllr Reginald Bailey – Chair, Active and Cohesive Communities Scrutiny Committee, and member of Health and Wellbeing Scrutiny Committee and Public Protection Committee

Cllr Colin Eastwood - Chair of Health and Wellbeing Scrutiny Committee, and member of Public Protection Committee and Planning Committee

Cllr Sandra Hambleton – Chair of Standards Committee and Staffing Committee and member of Planning Committee and Audit & Risk Committee

Cllr Derrick Huckfield - UKIP Group Leader

Cllr Hilda Johnson – Vice Chair of Health and Wellbeing Scrutiny Committee and member of Active and Cohesive Communities Scrutiny Committee

Cllr Nigel Jones - Liberal Democrat Group Leader

Cllr David Loades – Conservative member of two Scrutiny Committees and Audit & Risk Committee

Cllr Bert Proctor – Vice Chair of Public Protection Committee and Planning Committee and member of Member Development Panel

Cllr Elizabeth Shenton – Deputy Leader of the Council (and Cabinet Member)

Cllr David Stringer – Chair of Economic Development and Enterprise Scrutiny Committee and member of Finance, Resources and Partnerships Scrutiny Committee

Cllr Gill Williams – Chair of Cleaner Greener and Safer Communities Scrutiny Committee and member of Licensing Committee and Public Protection Committee

Cllr Mike Stubbs – Leader of the Council (and Cabinet Member)

Cllr Joan Winfield – Chair of Licensing Committee and member of Cleaner Greener and Safer Communities Scrutiny Committee and Member Development Panel

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Report to the Health and Wellbeing Scrutiny Panel on the Newcastle under Lyme Health and Wellbeing Strategy

Background

One of the main purposes of the Borough Health and Wellbeing Strategy was to ensure that residents are well placed to benefit from recent health reforms.

Whilst we have the same issues locally as are faced nationally:

- Ageing population
- High levels of childhood and adult obesity
- Poor nutrition
- High levels of smoking and alcohol consumption

These issues are compounded when combined with the high levels of deprivation in certain wards. In particular there are stark differences in life expectancy and other issues related to the above factors, including dementia, diabetes and heart disease and lung and liver disease.

As well as varying levels of deprivation many residents are at risk of social isolation. The Borough Health and Wellbeing Strategy recognise the importance of communities in tackling these issues particularly in the elderly, the young and financially disadvantaged, who by the nature of their situation need support within their immediate neighbourhood.

The approach is therefore to tackle issues at a neighbourhood level and develop strategies that will help better lifestyle choices. Early detection of disease and work on Housing and Employment strategy and initiatives in the Borough is the foundation to improving life chances and lifestyle choices.

Physical Activity

A major part of the Borough Health and Wellbeing Strategy is to use physical activity both to prevent the onset of disease and to aid recovery. Within the Council this is primarily the role of the Sport and Active Lifestyle Service.

A power point presentation will be made to the meeting covering:

- The development of the Sport and Active Lifestyles
- Work to promote lifestyle changes, including Change4life, diet, obesity, exercise, and preventing heart disease.
- Work place health initiative bronze award
- Active2 Physical Activity programme for Young People
- Football Development programme in infant and primary schools
- Joint and Muscle Mobility programmes for older people
- This Girl Can campaign to engage more women in sport
- Healthy Eating and Fair Trade
- Fitness and nutrition trained staff
- Exercise Referral
- Cardiac Rehabilitation

Classification: NULBC **UNCLASSIFIED**

- Arts in Health
- Support to sports clubs and inward investment into sport in the Borough
- The wider economic value of sport to health

Robert Foster
18 June 2015

Introduction

Over the past few years all public organisations have had to deal with the reality of responding to local challenges with ever-decreasing resources. Despite this, enhanced partnership working across the Borough has led to reductions in levels of crime and anti-social behaviour; improvements in health and a range of different initiatives aimed at improving the local economy.

The borough council, our strategic partners within the County Council and the Office of the Staffordshire Police and Crime Commissioner's office are working together to target a range of shared priorities identified from local data and intelligence from within our communities. Funding from the three organisations has been made available via the Newcastle Partnership Commissioning Prospectus. The first round of funding, launched in December 2014 has allowed 16 community-based projects to get up and running to enable delivery of key shared outcomes. A second round of funding opened earlier this month and offers further opportunities to tackle more of the partnership's priorities.

Staffordshire Observatory has produced Health and Wellbeing Profiles for each of the eight districts in Staffordshire. The profiles include key indicators which aim to provide commissioners and stakeholders with a robust evidence base across a range of issues in order to identify priority areas for the improvement of health and wellbeing and to reduce health inequalities for the people of Newcastle.

This briefing note brings together an overview of the key issues in the borough and describes the projects already awarded funding via the Prospectus. It also gives an idea of the issues to be addressed in Round 2.

It should be noted that, where projects are targeted in particular wards across the Borough this is in response to significant need identified in those areas. It is also important to consider that long-term conditions identified by these indicators are most effectively managed in a primary care setting. In many cases, interventions funded by the partnership focus on prevention and early intervention.

Summary of Key Issues in Newcastle

Demographics

- Ageing population, increased dependency ratio

The needs of the ageing population in the borough are addressed through projects aimed at older people and are discussed in further detail under the 'Age Well' heading.

Start Well

- Higher rates of neonatal mortality
- More mothers smoking in pregnancy
- Lower rates of breast feeding initiation and prevalence

Grow Well

- More young people who are NEET
- Fewer young people taking part in the recommended amount of physical activity
- Lower rate of Chlamydia diagnosis
- Higher rate of unplanned hospital admissions due to lower respiratory tract infections
- Higher rate of unplanned hospitalisation for asthma, diabetes and epilepsy

Round 1 of the Commissioning Prospectus funded a number of projects aimed at addressing the needs of young people:

'ACTIVE 2' is a physical activity programme for children aged 4-12 years.

Around 80 young people from a number of wards will receive a subsidised (half price) 6 month programme of activities which include swimming, climbing, athletics, fun and games, dance, martial arts, football skills and activities.

'Fit Kids' is a physical activity programme for children aged 0-11 (and their parents).

Free of charge physical activity sessions will take place in 3 local Primary Schools (after school). Sessions will also take place in local community venues for children and parents throughout the year, both in the evening and during the day and also in the school holidays.

'Independence First'

Offers support and advice to young people to prevent them becoming homeless. The service also delivers preventative work in local schools to raise awareness of homelessness issues and dispel myths around homelessness.

'Loggerheads and Ashley YAP'

Aims to provide a range of regular opportunities for young people to engage in positive activities which will enhance their social development and health and fitness, as well as diverting them away from antisocial behaviour.

'Detached and Outreach Youth Work - Kidsgrove'

Diversionsary and positive activities, as well as advice and guidance will be delivered to tackle hot spot areas of anti-social behaviour. The project will prioritise marginalised young people who are not engaged in any mainstream youth provision or activities and there will also be a focus on family engagement.

Further funding is available in Round 2 of the prospectus with service outlines designed to address:

'Physical Activity for 0-5 year olds'

- Provide opportunities to increase levels of physical activity and reduce sedentary behaviour for babies and children aged 0-5 years in Newcastle-under-Lyme
- Provide a diverse range of activities for this age group
- Address one or more of the different developmental needs of the following early years stages:
 - Infants who cannot yet walk unaided
 - Pre-school children who can walk unaided
 - All those aged under 5

'Young People's Positive Activities'

- Increase in provision of diversionsary activities for young people that encourage active and healthy lifestyles
- Target specific groups and targeted locations.
- Provide youth outreach in priority identified areas.
- Increase access to and availability of activities for young people
- Increase interaction between young people and adults in local communities.
- Contribute to local understanding of causes of antisocial behaviour and lifestyle choices by young people

'Multi Systemic Therapy Service'

The primary aim of this service is to help families in difficulty to identify support systems within their immediate family, extended family and community, so that they do not need to rely on more formal support involving external agencies. Support will be offered in terms of things like behaviour management, improved communication and social skills

Live Well

- Lower levels of income
- More people in Fuel Poverty
- Higher rates of violent crime and violence resulting in injury
- Higher rates of domestic abuse
- More adults with depression
- Higher rates of hospital admissions for self-harm
- More people receiving Disability Living Allowance
- Higher rates of alcohol-related hospital admissions

- Higher alcohol-related mortality rates amongst women

To contribute to the healthy lifestyles prevention agenda, and encourage lifestyle behaviour change, an information, advice and guidance hub has been developed and procured for Staffordshire. The hub, known as 'The Healthy Staffordshire Hub', will be available to provide Newcastle under Lyme residents with self-help telephone and digital based information, advice and guidance on health topics including stopping smoking, healthy eating, physical activity and drinking less alcohol.

The 'The Healthy Staffordshire Hub' will be available to Newcastle under Lyme residents of all ages, and where necessary tailored information, advice and guidance is available e.g. for children, and pregnant women. Telephone based support from the hub will be initially available from July 2015. The launch of the interactive website is due later on in the year.

The first round of prospectus funding is supporting projects which address several of the key issues affecting adults and families in the borough:

'Debt and Money Advice'

A dedicated debt and money advice service for those at risk of homelessness through debt issues. Customers are advised on their rights and the remedies available, and when customers require extra support, this is provided, which includes the processing of Debt Relief Orders and representation at benefit tribunals.

'Family Employment Service'

A Family Employment Support Service for families predominately who are eligible for Building Resilient Families and Communities support. A Family Employment Advisor will deliver the project who will be part of Aspire Housing's Employment and Skills Team.

'Furniture Mine'

The Furniture Mine collects reusable furniture and white goods donated from members of the public and makes the furniture available to those experiencing need and hardship that are unable to afford essential items by any other means.

'Domestic Abuse Service'

A holistic domestic abuse service to ensure that victims feel safer, healthier, well supported and able to live independent lives, which includes support to high risk victims and to children and young people, early intervention and peer support, community advice clinics, DVEI Workshops for Professionals, DVEI Welfare Support, and a Freedom programme.

'Get Newcastle Running'

This project aims to set up two women-only beginners running groups in two areas of Newcastle – Knutton and Silverdale, and Kildgrove, with two intakes per area.

'This Girl Can'

A national campaign, developed by Sport England to inspire and motivate women aged between 14 and 40 to participate in physical activity. The funding will be used to support the delivery of this programme at a local level.

'Newcastle Community Food Gardens'

There are three projects being delivered through this initiative:

Queen Elizabeth Park – enhancement and expansion of a well-established food garden

Chesterton Park and Clough Hall Park – development of a new community food gardens

The schemes will include educational and nutritional guidance to encourage healthy living and sustainable development.

'Come Cook With Me'

A 5 week cooking on a budget course, which targets adults living in the following wards: Chesterton, Cross Heath, and Knutton and Silverdale. Participants also have the opportunity to undertake a Food Hygiene Certificate, and will be encouraged to sign up to the 'Incredible Edible Network'.

'Family Food and Fun'

An intergenerational programme that aims to educate families in Kidsgrove on the benefits of healthy eating. A number of adults will also have the opportunity to undertake a Food Hygiene Certificate.

'Chesterton and District Lone Parents Peer Support Group Cooking Club'

A programme of weekly 2 hour cooking workshops will be delivered to lone parents at the Salvation Army in Chesterton. Participants also have the opportunity to attend a number of different courses, including undertaking a Food Hygiene Certificate.

'Street Chaplains'

Teams of volunteers will patrol the town centre to offer help, support, signposting and intervention to anyone in need during the evening at key dates and weekends. Street Chaplains work closely with the Police, Newcastle Borough Council and other agencies to reduce the fear of crime and contribute to assisting vulnerable residents who may be intoxicated. They will also provide first aid assistance and intervention to de-escalate possible conflict in the town centre.

The second round of Prospectus funding seeks to meet several priorities for adults, families and the wider community:

'Alcohol and Drugs'

Prevention: reducing the risk factors and/or foster the protective factors which enable people (*particularly young people*) to be more resilient to developing drug/alcohol problems.

Early Intervention: stopping or reduce problematic drug use/drinking to within safe limits and reducing associated community and social problems, by reducing risk factors and promoting protective factors.

Recovery: complementing existing specialist services by addressing wider health and social needs, such as housing, training, skills and employment, health or emotional/psychological issues, to support people and communities who are recovering from problematic drug/alcohol use/dependency.

'Preventing and Reducing Social Isolation and Loneliness'

Seeking to limit the incidence of social isolation and loneliness and to redress the negative impact of this on individuals aged 16 years plus. Increasing social interaction and community involvement, preventing or delaying the deterioration of wellbeing that can result from ageing, illness or disability and the need for most costly and intensive services.

'Community Reassurance for Vulnerable Victims of Antisocial Behaviour'

A 'Conflict Resolution and Support' service for vulnerable victims of ASB to contribute and enhance the complaints resolution, behaviour change and enforcement action already delivered by the Partnership. Providing independent and impartial support, seeking to contribute to resolving neighbour disputes, noise related complaints and cases involving conflicting lifestyles through providing emotional and practical support to vulnerable victims and those most in need.

'Community Reassurance Surveillance'

To contribute to and complement existing work around antisocial behaviour Newcastle Partnership wish to commission a specialist provider to deliver a 'Community Reassurance Surveillance' service. The service will provide independent mobile CCTV to patrol designated hotspots of anti-social behaviour that have been identified by community safety partners through the operational multi agency forums of the Newcastle Partnership.

Age Well

- More residents with limiting, long-term illness (2011 Census)
- Lower disability free life expectancy
- More residents with long term conditions (particularly hypertension, obesity, depression, diabetes and asthma)
- More people diagnosed with dementia
- Higher rates of emergency hospital admissions for Ambulatory Care Sensitive conditions
- More people providing unpaid care (particularly carers over age 65)
- Higher rates of hospital admissions for falls in those aged over 65
- Higher rates of accidental death (particularly in those aged over 65)

- Higher rates of mortality from accidental falls in those aged over 65

The Health Checks programme is key to reducing health inequalities and increasing life expectancy from preventable conditions. It aims to help prevent heart disease, stroke, diabetes, kidney disease, atrial fibrillation (irregular heart beat) and dementia.

In Newcastle, everyone between the ages of 40 and 74 years, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of developing these conditions and will be given support and advice to help them reduce or manage that risk.

- Between 1 April 2013 and 31 March 2015 around 6,800 Newcastle-under-Lyme Borough Council residents have received a health check (18% of the people who should have had a check). This is the same as the Staffordshire average for having a health check.
- During the last two years the NHS health checks programme has already demonstrated benefits in terms of early identification of new heart disease in Newcastle-under-Lyme.

As well as early identification of potentially life threatening conditions, health checks give GP's the opportunity to offer residents healthy lifestyle advice. Where appropriate referrals are made to services which can help increase their physical activity, help them quit smoking or cut down on harmful levels of alcohol consumption.

The second round of prospectus funding is looking to address two key priorities for older people in the borough:

'Physical Activity for Older People'

- Provide opportunities to increase the levels of physical activity and reduce sedentary behaviour for older people in Newcastle-under-Lyme
- Provide a diverse range of activities for these age groups
- Increase and enable access to physical activity in the local community
- Promote physical activity in green spaces
- Use social interaction to help increase older people's motivation to become/remain more physically active
- Enable older people to remain physically active to minimise their risk of falls

'Nutrition for Older People'

Food Skills Development - Increasing older people's knowledge, skills and confidence around menu planning, budgeting, buying, preparing and cooking healthy food, alongside safe food preparation and storage.

Food Growing Initiatives - These focus on increasing access to food growing schemes, and also developing knowledge and skills around food growing.

Community Food Distribution Initiatives - These focus on improving accessibility to good quality healthy food at affordable prices. Examples include food co-operatives (where healthy food is bought in bulk or grown by the local community, and distributed at lower costs to the consumer).

Die Well

- Lower life expectancy for both men and women
- Inequality in life expectancy as a result of deprivation
- Higher overall mortality rate
- Higher mortality rate from communicable diseases

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Members: Bailey, Allport, Mrs Winfield,
Loades, Northcott, Mrs Hailstones, Miss
Frankish, Miss Walklate and Woolley

HEALTH AND WELLBEING SCRUTINY COMMITTEE WORK PLAN

Chair: Councillor Eastwood
Vice Chair: Councillor Mrs Johnson

Portfolio Holder(s) covering the Committee's remit:
Councillor John Williams (Town Centres' Business and Assets)
Councillor Tony Kearon (Safer Communities)
Councillor Amelia Rout (Leisure, Culture and Localism)

Work Plan correct as at: 25th June 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
<p align="center">8th July 2015 (agenda dispatch 26th June 2015)</p>	North Staffordshire Clinical Commissioning Group – Promoting independence, choice and dignity: a new model of care in Northern Staffordshire	The Clinical Commissioning Groups aim is to integrate care services to connect people with the care they need, when they need it. Officers from both North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups are invited to attend to answer any concerns raised by Members
	Health and Wellbeing Strategy	The Health and Wellbeing Strategy seeks to identify and prioritise the key determinants of health in Newcastle under Lyme, develop a shared approach to addressing health inequalities and ensure that our residents are well placed to benefit from current health reforms
	Minutes from the Healthy Staffordshire Select Committee	To receive the minutes of the meeting held on the 8 th June 2015
	Local Government Association Peer Review of Decision Making Arrangements	To advise Members on the recommendations of the LGA Peer Review and to request feedback on the recommendations
	Healthwatch, Staffordshire	Update on North Staffordshire activity June 2015
	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
23rd September 2015 (agenda dispatch 11th September 2015)	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
	Work Plan	To discuss the work plan and potential topics that Committee members would like to scrutinise over the forthcoming year
18th November 2015 (agenda dispatch 6th November 2015)	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
	Work Plan	To discuss the work plan and potential topics that Committee members would like to scrutinise over the forthcoming year
6th January 2016 (agenda dispatch 24th December 2015)	Minutes from the Healthy Staffordshire Select Committee	To receive the minutes of the meeting held on
	Healthwatch, Staffordshire	Summary update to be provided by Healthwatch, Staffordshire
	Work Plan	To discuss the work plan and potential topics that Committee members would like to scrutinise over the forthcoming year
6th April 2016 (agenda dispatch 27th May 2016)	Minutes from the Healthy Staffordshire Select Committee	To receive the minutes of the meeting held on
	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?

DATES AND TIMES OF CABINET MEETINGS:	Wednesday 10 th June 2015, 7.00pm, Committee Room 1
	Wednesday 22 nd July 2015, 7.00pm, Committee Room 1
	Wednesday 16 th September 2015, 7.00pm, Committee Room 1
	Wednesday 14 th October 2015, 7.00pm, Committee Room 1
	Wednesday 11 th November 2015, 7.00pm, Committee Room 1
	Wednesday 9 th December 2015, 7.00pm, Committee Room 1
	Wednesday 20 th January 2016, 7.00pm, Committee Room 1
	Wednesday 10 th February 2016, 7.00pm, Committee Room 1
	Wednesday 23 rd March 2016, 7.00pm, Committee Room 1
	Wednesday 8 th June 2016, 7.00pm, Committee Room 1