

Public Document Pack

Date of meeting	Wednesday, 30th September, 2015
Time	7.00 pm
Venue	Committee Room 1, Civic Offices, Merrial Street, Newcastle-under-Lyme, Staffordshire, ST5 2AG
Contact	Justine Tait

Health and Wellbeing Scrutiny Committee

AGENDA

PART 1 – OPEN AGENDA

1 Apologies

2 DECLARATIONS OF INTEREST

To receive declarations of interest from Members on items included on this agenda.

**3 MINUTES OF PREVIOUS MEETINGS HELD ON THE 8TH JULY (Pages 3 - 8)
2015 AND THE 27TH JULY 2015**

To consider the minutes of the meetings held on Wednesday 8th July 2015 and the LGA Peer Review of Decision Making Arrangements on Monday 27th July 2015

**4 Minutes of the Healthy Staffordshire Select Committees held (Pages 9 - 24)
on the 5th August 2015 and 10th August 2015**

**5 NORTH STAFFORDSHIRE CLINICAL COMMISSIONING GROUP (Pages 25 - 34)
- A NEW MODEL OF CARE IN NORTHERN STAFFORDSHIRE**

The Interim Accountable Officer from North Staffordshire Clinical Commissioning Group and the Clinical Lead from Stoke-on-Trent Clinical Commissioning Group will be in attendance.

**6 SWIMMING IN THE NATIONAL CURRICULUM FOR KEY STAGE (Pages 35 - 38)
2 PRIMARY SCHOOLS**

Please see attached letter from Councillor Adams. A further response to questions submitted to follow.

7 HEALTHWATCH, STAFFORDSHIRE (Pages 39 - 48)

July and August summary updates attached

8 EXCLUSION RESOLUTION (Pages 49 - 54)

To resolve that the public be excluded from the meeting during consideration of the following report because it is likely that there will be disclosure of exempt information as defined in Paragraph 7a in Part 1 of Schedule 12A of the Local Government Act 1972.

9 WORK PLAN (Pages 55 - 60)

To discuss and update the work plan to reflect current scrutiny topics

10 PUBLIC QUESTION TIME

Any member of the public wishing to submit a question must serve two clear days' notice, in writing, of any such question to the Borough Council.

11 URGENT BUSINESS (Pages 61 - 62)

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

Accountability Sessions, Staffordshire County Council

Please see attached timetable

12 DATE AND TIME OF NEXT MEETING

Wednesday 18th November 2015, 7.00pm in Committee Room 1

Members: Councillors Allport, Bailey, Eastwood (Chair), Frankish, Hailstones, Johnson (Vice-Chair), Loades, Northcott, Wilkes, 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.

FIELD_TITLE

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

HEALTH AND WELLBEING SCRUTINY COMMITTEE

Wednesday, 8th July, 2015

Present:- Councillor Colin Eastwood – in the Chair

Councillors Bailey, Frankish, Hailstones, Loades, Wilkes, Winfield and Woolley

1. **APOLOGIES**

Apologies were received from Councillors Northcott and Mrs Johnson

2. **DECLARATIONS OF INTEREST**

There were no declarations of interest stated.

3. **MR D WHITEHOUSE, DEMOCRACY MANAGER, STAFFORDSHIRE COUNTY COUNCIL**

Nick Pountney, Scrutiny and Performance Manager, from Staffordshire County Council carried out a presentation to Members on the health scrutiny arrangements in Staffordshire.

Resolved:-

Committee received the presentation.

4. **MINUTES OF PREVIOUS MEETING**

The minutes were agreed as a true and accurate record.

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

Resolved:-

Committee received the summary of the Healthy Staffordshire Select Committee meeting, Monday 8th June 2015

6. **HEALTHWATCH, STAFFORDSHIRE**

Resolved:-

Committee received the update on North Staffordshire activity June 2015.

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

The Chief Operating Officer of North Staffordshire Clinical Commissioning Group (CCG) presented the report of a new model of care in Northern Staffordshire.

The aim was to integrate care services to connect people with the care they need, when they need it. 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 transfer of care between multiple organisations which would result in a reduction in delays. Also as part of the wider system reconfiguration the CCG would develop a 'step up' model, which would see a diagnostic and assessment centre within the community, a continued increase in easily accessible home based services within the community.

The criticism to date was if the services were in place around the community to properly care for the patient. Presently there were five community hospitals, 244 beds, which provide intermediate care. They were not there for long term residential care.

There was a golden period (24 hours) to aid the patient's speedy recovery. 14% of patients were called complex discharges, of those 14%, 5% were transferred to a community hospital, 3% go home with intermediate care. The acute hospital was trying to discharge patients more quickly.

The Chief Operating Officer presented answers to the Member who submitted questions prior to the meeting.

The model of care would come into effect October 2015. Performance notices were being issued. This was looked at in great detail through the contract; if the CCG were not confident with the notice another performance notice would be issued.

Savings would be achieved over three years. The saving for this year, from the gross saving, was £15m, with a net saving of £7½m. All of those 244 intermediate care beds, around 110 beds were allocated for step down, with another 37 beds being assigned over winter.

In terms of step up, 114 beds were required resulting in 35 fewer beds to deliver the model of care in year one. The outcome would be fewer intermediate care beds with a formal consultation process being carried out on the proposals.

The consultation would be around the Longton area. Bradwell was a suitable location to provide step down, as well as Cheadle. For step up diagnostic facilities were required.

Only Stoke-on-Trent City Council was involved with the step up and step down group. The engagement finishes September 2015, after which the proposals would be brought to Scrutiny.

With regard to where the commissioning sits with GPs, 70% of the Primary Care Trust sat with the Primary Care Group. Public Health commission health improvement and health function. CCG would commission Level 3 service.

The GP service is a 24 hours, 7 days a week service. In terms of community service, a discharge nurse would be available 24 hours, 7 days a week. The intermediate community care do not work 24 hours at the moment. Presently, there was not the level of consultant care at weekends.

A Member advised that the CCG monitoring would have to be strident when the 85 GP practices close.

The Chief Operating Officer advised that every GP was a Commissioner. Half of the Board were GPs. North Staffordshire had five localities; all 133 GPs were involved in the five localities, about 25% of the CCG GPs were involved in the commissioning role and he, himself, was accountable to the GPs.

Members expressed that the main priority was to keep residents safe and safe discharges were imperative.

Resolved:-

- (a) That the minutes from the Step Up and Step Down group are circulated to Members.
- (b) Marcus Warnes and the Clinical Accountable Officer from Stoke-on-Trent CCG to be invited to attend the next meeting on 30th September 2015 to provide Members with an update on the new proposals.

8. LOCAL GOVERNMENT ASSOCIATION PEER REVIEW OF DECISION MAKING ARRANGEMENTS

This item was deferred to a special meeting.

Resolved:-

That this item be discussed at a special meeting arranged for Monday 27th July 2015, 7.00pm in Committee Room 1.

9. HEALTH AND WELLBEING STRATEGY

The Head of Leisure and Cultural Services carried out a presentation on improving the health and wellbeing through participation and performance in culture sport and physical activity.

Staffordshire Observatory had produced Health and Wellbeing profiles for each of the eight districts in Staffordshire. The profiles included 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.

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

The physical activity target levels within primary schools had been removed. Leisure and Cultural Services offered facilities within local communities and multi skill sports within schools.

Swimming is a statutory requirement within the National Curriculum and every primary school is expected to deliver a school swimming programme. Despite this, a high proportion of children do not receive school swimming lessons.

Resolved:-

That Ben Adams, Cabinet Member for Learning and Skills, Staffordshire County Council is invited to a future meeting to provide Members with an account of physical activities and swimming provision for primary school children within the Borough.

10. WORK PLAN

Resolved:-

That the following items are included on the work plan:-

- Physical activities and swimming provision within primary schools.
- Provisions for dementia within Newcastle-under-Lyme

11. PUBLIC QUESTION TIME

No questions had been received from the public.

12. URGENT BUSINESS

There was no urgent business considered.

13. DATE AND TIME OF NEXT MEETING

Wednesday 30th September 2015, 7.00pm in Committee Room 1.

COUNCILLOR COLIN EASTWOOD
Chair

HEALTH AND WELLBEING SCRUTINY COMMITTEE

Monday, 27th July, 2015

Present:- Councillor Colin Eastwood – in the Chair
Councillors Bailey, Hailstones, Johnson, Northcott, Wilkes and Woolley

1. **APOLOGIES**

Apologies were received from Councillor Loades.

2. **DECLARATIONS OF INTEREST**

There were no declarations of interest stated.

3. **LOCAL GOVERNMENT ASSOCIATION PEER REVIEW OF DECISION MAKING ARRANGEMENTS**

The committee considered a report submitted by the Chief Executive that had been prepared following publication of the recommendations made by the Local Government Association Peer Review Team upon completion of its review of this Council's decision making process.

Although the findings and recommendations of the Peer Review Team were comprehensively set out in the agenda the committee chose to confine its responses to the following issues:-

Merge the Active and Cohesive Communities and Health and Well Being Scrutiny Committees

There was unanimous opposition to this recommendation stating that, if implemented, it would adversely affect this committees ability to deliver effective and robust scrutiny of health related issues. In addition it was considered whilst the use of Task and Finish Groups was a valuable tool in the scrutiny process and should be continued they needed to be more streamlined and time limited.

In addition the committee supported the suggestion that the Council's Constitution Working Group should be requested to review and make recommendations to change this committee's terms of reference to ensure that the lessons learned from the issues at Stafford Hospital and from the resultant Francis Report are embedded into this Council's arrangements.

Timing of Meetings

The committee supported the current practice of the majority of the Council's meetings starting at 7pm.

Members did not feel that evening meetings placed excessive demands upon their time but considered that the Constitution Working Group should look at ways in

which meetings could be better managed particularly in respect of those meetings where members of the public, consultees and others were in attendance.

Re-introduction of Members Information Bulletin

The committee supported this recommendation suggesting that it be incorporated into the Members website when it was up and running.

An alternative to this was that Members only receive information about matters affecting their own and adjoining Wards.

**Reduce Frequency of Local Elections
Reduce the Number of Councillors
Delegating More Decisions to the Cabinet and Officers.**

Although the committee acknowledged the importance of the above issues they considered it premature to comment at this time assuming that all councillors would have the opportunity to debate them at a later date.

Resolved: That the information be received and the comments noted.

4. URGENT BUSINESS

There was no urgent business.

**COUNCILLOR COLIN EASTWOOD
Chair**

Minutes of the Healthy Staffordshire Select Committee Meeting held on 5 August 2015

Present: Kath Perry (Chairman)

Attendance

Michael Greatorex (Vice-Chairman)	Conor Wileman
Chris Cooke	Colin Eastwood
Ian Lawson	Brian Gamble
David Loades	Janet Johnson
Shelagh McKiernan	David Leytham
David Smith	Stephen Smith

Also in attendance:

Apologies: Charlotte Atkins, Philip Jones, Christine Mitchell, Trish Rowlands, Diane Todd, Ann Edgeller, Barbara Hughes and Andrew James

PART ONE

96. Declarations of Interest

There were no declarations of interest

97. Minutes of the last meeting held on Monday 8 June 2015 were confirmed and signed by the Chairman.

Note to clerk; a member asked for a date within twelve months to be stated in the Work Programme of when the review of change to the Hearing Aid Policy will be brought back to Committee.

98. Improving Lives Programme

Dr Charles Pidsley, Chairman East Staffordshire Clinical Commissioning Group (CCG) gave a brief overview of the CCG, he advised members that it was a statutory body, had been in existence for three years and was a clinically led organisation.

Dr Pidsley presented the Improving Lives programme, and explained that “Improving Lives” had arisen from a review of current services when it had been identified that staff and patients wanted something different and that benchmarking had provided evidence of high costs with poor outcomes for the people of East Staffordshire. It was also recognised as important to align the CCG’s commissioning strategy to the Staffordshire Health and Wellbeing Strategy and that the increased demand presented serious challenges to overall sustainability. These findings and other contributory factors had resulted in recognition of a need to improve community care as a means of preventing hospital admissions.

He explained to members the process undertaken to determine the choice of the “Prime Contractor”, and that the organisation selected is Virgin Care. The contract is for 7 years and worth £270m in total. The advantages of the Partnership and the contractual implications for both partners were outlined. He informed members that the process of co-production through “Competitive Dialogue” was in accord with European Legislation.

The role of Virgin Care as “a like-minded and trusted partner” was outlined and it was pointed out that they had considerable experience and expertise in the area of transformation. He advised that the CCG and Virgin Care shared the same priorities, including improving patient and carers’ experience, reduction of unnecessary admissions, integrated services, maintaining public engagement and shared the vision of care in the community. Dr Pidsley explained what a future care model would look like and how the partnership would achieve its priorities.

Members were informed that since the contract had been awarded a number of actions had followed in particular, continued engagement, ongoing sub-contractor negotiations, voluntary and public sector meetings, community events, and that work is now being done on the establishment of the Citizens Panel. He added that what mattered most was that patients, carers and families felt supported, confident, safe and informed as a result of the “Improving Lives” programme.

Dr Vivienne McVey, Commercial Director at Virgin Care introduced herself to the Committee advising that until she started Virgin Care 9 years ago she had been a General Practitioner. She added that they provided NHS services countrywide, with a work force recruited from the NHS and Local Authorities of 5500, that Virgin Care had not had a contract terminated and, that they had undergone 106 Care Quality Commission (CQC) inspections, 103 of which were good or outstanding and that the remaining three had been remedied within the months allowed for improvement.

Dr McVey explained the actions Virgin Care would take to improve patient and carers experience and of the intention to reduce unnecessary admissions to hospital by integration and to improve existing IT systems. She advised of work to improve communications in some areas, and she highlighted recognition of need for an educational pathway and the creation of a Carers Club for East Staffordshire CCG patients. Members were informed of the considerable experience that Virgin Care had in care in the provision of community services and in the prevention of unnecessary admissions. The role of “Age UK” in East Staffordshire and the introduction of the “Care Coordinator” as a focal point for care were explained. She acknowledged challenges around mental health integration and recognised the ongoing work with Burton Hospitals to address the issue.

Members were advised of the core competencies required as the basis for Community Services and the importance of a proactive response in early identification of persons at risk to ensure effective intervention. The importance of a single point of access for Health and Social Care, the importance of the integration of health records the need to embrace innovation and the value of carers to the process overall was emphasised. Dr McVey advised of the recruitment and role of Care Co-ordinators to manage the frail and vulnerable together with work with the public to determine the shape of future services and that contract with Virgin Care would go “live” in April 2016. She explained

that they had successfully pioneered “Net Promotor Score” a means of measuring patient feedback that had been taken up by the NHS as their “Friends and Family Test” – and that this will be one of the many ways Virgin Care will use to assess patient feedback.

A member referred to the conduct of risk assessments of frequent service users, the provision of proactive community care and the role of the “Care Co-ordinator” and asked would it integrate into other systems such as Social Services.

Dr McVey responded and explained that the risk assessments were intended to identify and understand from the data, who was at risk of illness or admission to hospital. As at the moment, most community services recognise risk following an admission. It was their intention to intervene “upstream” in order to prevent illness or admission by the timely administration of appropriate care and support in relation to care co-ordinators that they would be fully supported and would come from a variety of backgrounds. She explained that they would function as a “buddy” to help with the management of appointments and she gave examples of the frail and elderly suffering from illnesses such as diabetes, heart disease, asthma and arthritis that may have had upwards of 100 visits to outpatients, blood tests or visits to the home each year. If a patient also had the presence of slight dementia these patients could become unable to manage appointments or act on the separate elements of advice given. She explained that co-ordination as a whole team would be required. She recognised for different patient groups there was a need for different types of co-ordinators and that they were working with Age UK in this area. She further clarified that some would be professional employed by community services, some would be trained volunteers and skills could extend through to specialist trained nurses and that they all would be known to GPs, hospitals and community care. In more complex cases the attendance of a highly trained professional such as a Community Matron would be required.

A member asked if Virgin Care would be able to commission care on behalf of patients. Dr McVey responded that as the Prime Contractor, Virgin Care could sub-contract over a range of services but could also provide services.

In relation to integrated care records a member asked who would hold the records, would it be the patient, GP or Virgin Care? The Committee was informed that in an ideal world it is recognised that ideally patients would hold records but at the present they were spread across different organisations. Although they were NHS records, subject to NHS governance and quality standards, in the future it was intended that all professionals would be in a position to view the same record. She explained that Virgin Care’s biggest investment would be in staff training and in IT, focusing on the ability to view patient records and information from a single place.

A member referred to the East Staffordshire CCG and asked if there would be plans for all CCGs to come together across Staffordshire. Dr Pidsley explained that this is not currently planned due to different commissioners in the area and that the CCG was coterminous with the Districts and Boroughs of East Staffordshire. He advised that there was working group ongoing between the 6 CCGS across Staffordshire to prevent duplication of work but that there were no plans to merge.

One member expressed concerns in relation to the budget of £270m and asked if it would be spread over the 7 years in equal amounts and would payment be based on performance and achievement? Members were advised that whilst the contract was spread out over 7 years, as the contract advanced more of the payment would be determined from when outcomes were met.

A member acknowledged the need for flexibility when dealing with contractors and asked was the CCG confident that they had the measurement and control in place to ensure the delivery of the commissioned services and if not, was there a means of sanction, for instance stopping payment.

Dr Pidsley informed members that he was confident that they had a framework of development of outcomes and standards .He confirmed that there was a mechanism in an extreme case to cease the contract.

In response to a question members were advised that none of the GPs in East Staffordshire had links with Virgin Care. Tony Bruce, Accountable Officer, explained that as a clinically led organisation that the governing body was made up of more GPs than other professionals. He advised that it was a statutory public body and that members were expected to make declarations of interest, and as an organisation they were diligent in the application. He explained that the principal place for decision making within the CCG was the Governing Body. All decisions, including those that could be contentious decisions would be referred to a steering group of 19 member practices. There was a Programme Board responsible for implementing the programme on behalf of the Governing Body that was also made up largely of clinicians who were also expected to meet the statutory responsibilities. Overall that they followed a robust policy around declaration of interest.

A member referred to the ongoing negotiations with Burton Hospitals and accepting there was an issue of commercial sensitivity, asked for more detail. In particular as there was a significant spend what was the percentage expenditure for elective and community care. Also could the Committee be advised of the make-up of the negotiating team?

Dr Pidsley said that the scope of the contract between the CCG and Virgin Care covered emergency care, some aspects of planned long term and outpatient care. That the CCG would continue to negotiate directly with the hospital for services outside of the scope of the improving lives contract and that the CCG would continue to negotiate on behalf of other CCGs for the commissioning of services in the lead commissioning arrangement. There would be continued involvement of Burton Hospitals and Virgin Care as the Prime Contractor to determine the future model.

Dr McVey advised the Committee that the scope was around all care for frail elderly and long term conditions care. She outlined that discussions with hospitals in East Staffordshire and Derbyshire were ongoing because they took patients from East Staffordshire. She outlined that approximately 25% of the income for Burton Hospitals will sit within this contract. She confirmed that there was ongoing negotiation with Acute hospitals in East Staffordshire and those outside Staffordshire, in particular Derbyshire, who take admissions from Staffordshire. This is to determine the best model of care to

ensure the most effective and positive patient experience. She outlined a move to introduce consultant involvement in teams to achieve the best outcomes.

In respect of the expenditure of the overall seven year budget of £270m, members were advised that approximately two thirds would be on acute type services and the remaining third would be allocated to care in the community. Looking at the contract over the 7 year period she advised that there would not be very much obvious change because of the necessity to absorb the growth in the elderly population, who would require more acute services. She also confirmed that they would be looking at the use of A&E services in order to reduce unnecessary admissions, when other alternative services were available. Work in this area would include inside A&E with the triage information to determine reasons for admission and discharge of persons with the appropriate support was explained to members.

Members were advised of the proposed IT programmes with an emphasis on compatibility between hospitals and GPs and a solution to upgrade existing systems and of an intention that in the future patients would hold their own records.

A member asked what safeguards were in place should there be a breach of contract by Virgin Care. Tony Bruce informed the Committee of built in contractual safeguards in the event of the breaking of the whole or part of the contract and the sanctions available to the CCG.

A member referred to the work with Voluntary Organisations and asked what form it took. Dr McVey explained that Virgin Care worked with voluntary organisations in a number of ways and the importance of this to patients and to them as the Prime Contractor. Members were informed of local networking to provide a local feel and the possibility of commissioning services from a volunteer organisation and the importance of tapping into their subject matter expertise.

As a result of a question arising from the meeting of the Committee 5 December 2015 in relation to the development of Peer Support Groups for persons suffering from long-term conditions and the effects of isolation. Members were assured that the introduction of a Peer group type programme would be progressed during the next financial year and that the importance of the programme had not slipped down the agenda since the meeting mentioned.

In respect of financial and contractual implications a member asked for more detail. In particular the role of Virgin Care, following the notice given to present providers for contracts ending on 31 March 2016. Would they enter into new contracts, supply the services themselves and ultimately were they confident that Virgin Care could provide the services? The Committee was informed that the CCG was confident that Virgin Care could and would deliver the requirements of this contract. The role of the Prime Contractor and its relationship with the CCGs and hospitals was outlined together with financial arrangements. Dr Ajitha Prasad, Governing Body Member, explained that from a GP's perspective, the system in terms of finance or patient numbers in its current form could not be sustained. GPs in East Staffordshire had embraced the model and despite the shortage of GPs were driving change.

In relation to the change to services and when it would they take place? Members were informed that portfolios of service were being prepared, that Virgin Care would commission existing and new providers including those from the voluntary sector and that recruitment would follow. In terms of the timetable for the changes, members were informed of ongoing negotiation with various organisations and that the CCG would hold Virgin Care to a timetable of implementation. It was expected that they would be in a position to advise further by mid-autumn. In the event of a substantial change of service which may require formal consultation or engagement, Tony Bruce advised that he would bring it back to the Committee for consideration.

A member referred to the £274m budget and asked was it intended to provide services or did it also include a management element and if it was not spent what would happen to the remainder. Tony Bruce explained that £274m was the totality of the contract with Virgin Care to drive improvement, improve care and patient experience and that there would not be further money. It doesn't change over the life of the contract. He explained that Virgin Care was a commercial organisation that must make a return on investment. That it had already committed to making considerable upfront investment in IT, staff training and development and had a target profit figure that the CCG was aware of and comfortable with. He also explained the gain share arrangement in the event of profits above an agreed level, and there was an agreement in place to divide it between the NHS and Virgin Care.

Discussion followed in relation to complaints procedures, in particular complaints made against the Prime Provider or GPs by service providers. Members were advised that the system was the same as for complaints about the NHS and that it would be the duty of Virgin Care to hold sub-contractors to account and have systems in place to identify themes and trends.

Acknowledging that there are issues of recruitment across the whole of the NHS, a member asked how confident was Virgin Care of recruiting particularly for community care the right quality of staff. The Committee was advised of a skilled recruitment team, targeting for areas of hard recruitment, in house training and liaison with universities to attract recruits.

Discussion followed in respect of areas co-terminus to East Staffordshire and the practical and clinical issues arising when patients crossed boundaries to receive care.

A member expressed concern that if a GP was commissioned to carry out additional work outside of existing contracted role that payment may be duplicated or paid twice. Dr Pidsley explained that GPs could receive payment for work in their area of special interest, which effectively would mean a split portfolio, but that there would not be any duplication of payment.

In response to a question from a member in relation to the number of similar schemes implemented by Virgin Care across the country. Dr McVey informed members that everything that was included in the contract was already being done by Virgin Care elsewhere in the country, but that this was the first time they would be doing it all in one CCG..

In relation to the Programme a member asked that if it proved to be a success across the East Staffordshire CCG that did the Committee have the authority to cause it to be implemented across the remainder of the County. He was advised that the Committee would only be in a position to make recommendations.

Tony Bruce, Accountable Officer said that there was national interest in this Improving Lives programme and that the CCG and Virgin Care would be working together to make this happen with patients. He emphasised that it was the rigorous procurement process that had been followed meant that the CCG had a Prime Contractor with the determination and skills to do this work.

Tony Bruce also asked the Committee that if any Member thought that the CCG should do more to, or should adopt a different response in order to engage the local community, that CCG would be pleased to know as they would be happy to share any ideas they might have.

RESOLVED:-a) that the Committee note the progress of the Programme to date
b) that the Clinical Commissioning Group update and report the progress of the Programme to the Committee in November 2015, or sooner in the event of a major re-configuration of services.

Chairman

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Minutes of the Healthy Staffordshire Select Committee Meeting held on 10 August 2015

Present:

Attendance

Michael Greatorex (Vice-Chairman)	David Smith
Chris Cooke	Diane Todd
Ian Lawson	Colin Eastwood
David Loades	Brian Gamble
Shelagh McKiernan	Janet Johnson
Christine Mitchell	David Leytham
Trish Rowlands	Stephen Smith

Also in attendance:

Apologies: Kath Perry, Charlotte Atkins, Philip Jones, Conor Wileman, Ann Edgeller and Barbara Hughes

PART ONE

99. Declarations of Interest

Councillor Loades declared his membership of Healthwatch

100. End of Life and Cancer Care Programme

Andrew Donald Chief Accountable officer addressed the Committee and gave a brief overview of the programme. He explained that the programme was intended to transform the experience and outcomes for patients and carers in the areas of end of life and cancer care. In effect that there was two programmes that they had been working on for the last three years. The process was to procure two Service Integrators to work with the NHS procurement to ensure better outcomes for patients and carers. He added that in relation to the four chosen tumour areas for cancer that they were not in the top 20 in Europe, in respect of end of life care the majority of people did not have a choice of where they would end their days. The idea was to integrate services and give a more streamlined pathway to produce a better experience for the patient and the carer. In the area of cancer there would over the next 10 years be an increase of up to 20% in those being diagnosed and living with cancer and more support for patient and carers will be needed.

Justine Palin, Programme Director, gave a general overview of the programme explaining that it was for the procurement of cancer and end of life services. She described the process for mobilisation, strategic engagement to date, communications and media involvement. Members were informed that the procurement for cancer services had been ongoing since March and involved a process of face to face meetings

with bidders, which patients have been involved in. The programme is at the stage of procurement where dialogue is continuing with a consortium of private sector and NHS providers. The next and final stage of the procurement is the receipt of a business case by the Bidder, which will be evaluated in September and it is expected that contracts would be awarded by Christmas. She explained that co-design was on going with patients and carers still involved in the process.

In relation to the “End of Life” procurement she advised that the same principals around choice still applied. She described the process to members, and the involvement of the patient champions in the development of procurement documents, inclusive of the outcomes framework, and in the face to face competitive dialogue meetings with bidders. She added that it was intended that the process would be recommenced in September with a competitive and comprehensive of face to face meetings, workshop assessments, business case evaluation and the continued involvement of commissioner’s patients and carers. The process was expected to be completed by March/April 2016.

Members were advised that the Programme is preparing for the ‘mobilisation phase’, which is the stage when the contracts are let, and how to ensure continued patient involvement. An initial workshop was held in May 2015 to discuss with the Programme partnership group, the continued representation and involvement of patients and carers during the first 2 years following the award of contracts.

Regarding strategic engagement, she informed the members that Staffordshire Health and Wellbeing Board in June unanimously advocated their support for the Programme, and colleagues from the HWB and the Programme are actively seeking a way of aligning the Process to the County Councils “Living Well” programme. In addition to this the Programme is reflecting the recommendations of the NHSE ail 5 Year Forward View regarding the integration of services and patient pathways.

Justine Palin explained to members that as one of the first wave National Health and Social Care Integrated Pioneer Sites, the Programme has been asked to ‘host’ the next national Assembly in September at Britannia Stadium. All Vanguard sites and Pioneer sites, as well as colleagues from national arm’s length bodies will be attending. The focus of the event is co-design and the Programme, through writing the agenda, presenting and running workshops will be using the opportunity to show case their work on co-design.

The Programme website has recently been revamped to make the language on it much more patient focussed and the team are currently in the process of uploading all relevant programme documentation.

In relation to the bidding process a member asked had the University Hospital of North Midlands taken part. Andrew Donald advised that they had decided to withdrawn from the bidding process bid, but would continue to provide services. The probable reason being the current levels of activity and the level of risk involved. The Service would be expected to perform at the same level but with a reduction of 10% of the budget. In respect of implementation of the process across the 6 CCGs countywide, members

were informed that South East Staffordshire and Seisdon had not been part of the Programme, the main reasons regarding patient flows outside of County and in East Staffordshire that cancer was not a priority.

Discussion followed concerning the poor performance of Cancer Care when compared with the rest of Europe, how outcomes could be improved the importance of hospice services to the process. Members were advised variations across the county and of the ultimate wish to become a top performer nationally before improving their position in Europe.

A member referred to the bidding process and asked how would the bids be evaluated in terms of cost? Would the contracts put pressure on staff with a demand for more for less? In short was it about making savings?

Andrew Donald responded that as the procurement process was ongoing that he could speak about specifics but that in respect of cancer care it was about using the existing money in the system to better effect. He explained that there would be no additional money and that the service integrator was expected to deliver services without additional funds and that overall there was a need for services to work better together. In respect of the End of Life programme he explained that things were different and the focus has to be on enabling choice about place of death and thus ensuring any efficiency savings could be reinvested in community provision/services closer to home, to enable this to happen. Justine Palin explained the evaluation process for the main bidder's business case and that the emphasis would be on patient experience, quality and finance. She added that the contract is split into two parts, phase 1 consisting of 2 years and then an eight year contract. In the first two years, both for cancer and end of life care the Service Integrators will be tasked with a range of areas of work, inclusive of establishing a patient monitoring system.

A member raised concerns that dropping down to one main bidder to the consortium described may affect the quality care being provided and asked had the programme been developed for ease of application rather than the quality of care? Also that there was an absence of comment from oncologists, other medical staff and detail of remaining bidders who formed the consortium.

Andrew Donald explained that the complexities of services to be provided put it beyond the capabilities of a single organisation and that Wolverhampton, who is part of the bidding consortium, had supported the procurement and had committed their clinicians to the cancer procurement as they could see the advantages of a 10 year contract. He advised that the remaining two providers were Inter Serve and Phillips Healthcare both from the private sector that brought expertise and analytical capabilities to set up services that would ultimately provide personalised patient care. He explained that the CCGs were the commissioners of service and would ensure that the Service Integrators oversees the services delivered in accordance with the commissioning arrangements. In relation to the issue of clinical engagement Dr Johnny Mc McMahan gave a comprehensive overview explaining the difference between areas of the County, meetings with Governing Bodies, Cannock and Stafford boards. He explained of the need for more clinical dialogue between Primary and Secondary Care providers and of the agreement for the need of a Pan Staffordshire discussion by the Chairs of the CCGs.

Discussion followed in relation to the working relationships between the consortium, other providers and the issues of recruitment of carers. The importance of improved working with community and voluntary groups, training, and an effective IT system was acknowledged by members. Andrew Donald, at the request of members, outlined a model for delivery of contractual arrangements with providers for the period of issue of engagement with the CCGs by the Committee was discussed and the apparent reluctance by UHNM to engage with the process. Members were advised that UHNM fully supported the programme but because of multiple challenges and the dissolution of Mid Staffs Trust could not commit to a meaningful engagement in the process.

A member raised concerns that time and money that had been expended over the past 3 years and asked what would the eventual cost be? Was there a need for a Service Integrator? In the past the functions had been performed adequately by the Primary Care Trust and also in relation to engagement that there was no mention of Staffordshire and Stoke-on-Trent Partnership Trust (SSOTP) or Macmillan

Members were advised that Macmillan were a full partner and member of the Programme Board and had funded the whole programme at no cost to the NHS, they had funded the first two years and that the only cost to the NHS to date were a few small commissioning costs. In two years Macmillan would cease to provide funding and that the Service Integrator would be required to self-finance. He explained that the programme had been in progress for three years as it was outcome based and would have an impact on the delivery of care to the patients and therefore it was important to get it right from the outset. In relation to SSOTP he informed members that the Service Integrators were in conversation with them.

Going forward a member asked how the patient experience had improved over the last 3 years and in respect of any data collected what it would be used for. Members were advised that nothing had changed and that this was part of the reason why the programme was needed. The intention was to model a programme that would meet the needs of patients that have been identified from patient engagement to date. In relation to the collection of data that this created issues as the data currently relied on was predominantly based on National Patient Surveys. These surveys when published are a year out of date and thus not based on real-time data. To make a difference real time data would be required which is the request of the bidder in the first two years of the contract. Discussion followed in relation to cancer patients suffering long-term illness at the time of diagnosis, co-morbidity. The changing rational from numbers based measurement, to outcome based and what would be considered as value money. Dr McMahon explained the importance of the role of the Service Integrator to the process, explained the cost of poor medicine and the value of early intervention.

A member expressed concern that the financial element of the programme in particular end of life care and care pathways could result in future underfunding creating risk to the patient and asked what the Committee could do in order to prevent this.

Andrew Donald explained that each year 2700 people would die in the UHNM and that 75% could have had a better choice or experience. That there wasn't a system in place to satisfactorily identify persons near to death. He informed members that on average a person in the last year of life would have on average 3 unplanned visits to hospital and if

just one of the visits could be prevented it would result in considerable savings that could be re-invested in more services such as hospice care.

A member referred to the absence of Social Services in the programme and asked that if involved were they confident they had the ability to perform their role effectively. Members were advised that Social Services were on the Programme Board, and that Social Care as part of the Health Service had a part to play in cancer and end of life care. He advised of the expectancy that the Service Integrator would engage with Social Services and Social Care in the development of true integration of services. It was an opportunity with challenges and risks.

The Committee discussed the contractual implications to the parties concerned and the responsibilities of the Service Integrator and noted that there were clauses in the contract to impose sanctions in the event of underperformance. In terms of the length of contract that it would give the Service integrator confidence to develop services overtime. It was acknowledged that the statutory responsibility to consult over major services was not affected by the programme.

The Chairman referred to the next appearance by the CCGs before the Committee and suggested that it should be following the next milestone in the programme. Andrew Donald responded and asked if it would be possible to return to the Committee in January 2016 or whenever a contract was awarded. He suggested that the Service Integrator and Consortium Members may also be asked to attend.

RESOLVED: that the Clinical Commissioning Groups report to the Committee in January 2016 or whenever a contract was awarded

101. Joint working between the Healthy Staffordshire Select Committee and Healthwatch

The Scrutiny and Support Manager presented the report and asked the Committee to consider and give their views on a joint working protocol which had been developed between the Committee and Healthwatch to enhance the assurance that patient safety was being maintained during the transition of services in Staffordshire. He advised that it would not preclude the Committee from undertaking other work and that there would be no cost to the County Council. It was intended to formalise the work between Healthwatch and the Committee but that Committee and Accountability Sessions would continue to be the main venues for discussion. He advised that the first Accountability Session of new cycle was with the Trust and that Stafford Borough Council had already raised questions concerning transfer of services from Stafford to Stoke.

A member raised concerns about Engaging Communities for Staffordshire (ECS) how they were funded, what was their relationship with Healthwatch and could the Committee scrutinise ECS. Members were directed to an item on the Committees Work Programme yet to be confirmed, for an update from Healthwatch. Members had asked for a presentation from ECS on the role, purpose, funding of Healthwatch and that it was it fulfilling the role that it was originally set up for.

A member asked for reassurance that Healthwatch was not getting any extra funding as a result of the joint working arrangements. Members were advised that there would be no funding provided by the County Council.

A member referred to the concept of the "Mystery Shopper" and questioned viability adding that it was a managerial responsibility to ensure the delivery of care and that the money would be better spent in the provision of care. Basically it was an unnecessary additional cost.

A member referred to previous experience with ECS describing a meetings facilitated by members of Healthwatch ahead of the transfer of services between Stafford and Stoke. That the views expressed by people in attendance around travel, transport and paediatrics had gone unreported and for this reason she had no confidence in them as an organisation.

A member advised that the programme Engaging Communities was initially funded in part by the County Council and was a professionally run company. That it tendered and won the contract for Healthwatch. From experience they had difficulty with outcomes and the publication of reports that they had been commissioned for. Members discussed the complaint procedures available poor marketing and the need for value for money.

RESOLVED: a) that the Committee note the report
b) that the Chief Executive Officer of Healthwatch attend a future meeting of the Committee to be held to account.

102. Healthy Staffordshire Select Committee Work Programme 2015/16

The Scrutiny and Support manager presented an updated Work Programme and advised that the dates for the Trusts Accountability Session had now been fixed through to March 2016. Each Trust would be held to account once with the Acute Trusts having two. He advised that the "Better Care Fund" one of the County Councils 14 Priorities and "Living My Life My Way" would be on the Agenda for the September meeting of the Committee and that members had received a briefing note on the proposed transfer of Haematology and Oncology Services from Stafford to Stoke.

Members discussed the proposed meeting with Wolverhampton City Council concerning cross boarder admissions and to this end were advised that arrangements were ongoing. In relation to the responses from Trusts arising from the Accountability Sessions the importance of a response to the Committee within 28 days was noted.

The Scrutiny and Support Manager advised that as requested that the Committees Working Groups membership be included on the Work Programme and Councillor Loades gave an update in respect of Achieving Excellence for Mental Health, Health and Wellbeing Strategy. It was anticipated that the Group would report to the Committee by Christmas 2015.

Members were advised that the visit to Assistive Technologies had been arranged for 14 September 2015, and members wishing to include additional items to the programme

should forward request to the Scrutiny and Support Manager for discussion by the Committee prior to a decision being made.

RESOLVED:- that the Work Programme be confirmed

Chairman

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ENCLOSURE:

LEAD DIRECTOR	OPERATIONAL LEAD	AUTHOR
Marcus Warnes, Interim Accountable Officer, North Staffordshire CCG	Becky Scullion, Head of Commissioning, North Staffordshire CCG	Gemma Smith, Senior Commissioning Manager, North Staffordshire CCG

REPORT TO	Briefing for Newcastle Under Lyme Health and Wellbeing Scrutiny Committee
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TITLE	Step up and Down “New Model of Care “ Renamed “My Care My Way – Home First”
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DATE OF THE MEETING	Wednesday 30 th September 2015
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RECOMMENDATION	Approve	Assurance	<input checked="" type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	information	<input checked="" type="checkbox"/>
That the Newcastle under Lyme Health and Wellbeing Scrutiny Committee accept this paper for information and as a basis for further discussion.							

PURPOSE OF THE REPORT
This paper provides a response to the committees’ questions relating to My Care, My Way – Home First.

KEY POINTS/EXECUTIVE SUMMARY
<ul style="list-style-type: none"> North Staffordshire and Stoke on Trent Clinical Commissioning Groups (CCGs) are considering how they commission community based services. They propose a “New Model of Care” renamed “My Care My Way – Home First” as agreed by patient representatives and other key stakeholders who form part of the working party forum. The model will see fewer beds than at present and would suggest that 37 beds at Longton Hospital no longer required due enhanced services in the provision of community care. This will be the focus of the consultation outlined within this paper. A communication strategy has been developed to engage with patients and public. Following the initial engagement phase in early 2015 further engagement with stakeholders has been underway for some months. To ensure a wider engagement audience a working party has been formed to shape engagement to include reaching minority groups and will shape the proposal moving forward A second phase of engagement commenced in June 2015 and will include formal consultation in Autumn/Winter 2015.

1.0 Context and Background

- 1.1 The local NHS wants safe, high-quality care for everyone in Northern Staffordshire and to reflect this there has been a steady investment in the range and quality of community health services (such as district nurses, intermediate care teams and specialist nursing teams).
- 1.2 This is to improve health services as a whole and prevent prolonged stays within a hospital bed and where clinically appropriate, unnecessary admission into acute hospitals.
- 1.3 New Model of Care – My Care My Way – Home First has been developed, putting the emphasis on community services tailored to the individual circumstances of each patient, improving choice and control over their daily lives, their personal care and dignity.
- 1.4 The proposals are based upon a ‘discharge to assess’ (D2A) model which is a proven success in a number of areas around the country. This process will enable earlier discharge by assessing the person once they are at home, and will be delivered through to the investment that the CCGs have made to provide more staff in the community. This model will provide comprehensive assessment and re-ablement during post-acute (hospital) care to determine and reduce long term care needs. One health professional will act as the main point of contact and assessment with input from other health professionals if needed.
- 1.5 The new model of care will support the patient’s journey from the point of acute (hospital) admission to discharge home, supported by a single organisation simplifying the complexity to ensure that the journey is integrated, smooth and trouble-free without the delays currently being experienced.
- 1.6 Patients will remain in the care of the acute team and experience less toing and froing by being moved from one service to another. This will result in improved and optimal health outcomes, a reduction in Delayed Transfers of Care, fewer assessments and the removal of duplication within the system. Ultimately this will result in an improved patient experience. There will be an increased emphasis on rehabilitation with a focus on supporting patients to be independent, and in control of their lives. By supporting people in their own homes this will be achieved, with community nursing and clinical support.
- 1.7 The modelling to support this model of care is outlined under section 2.1.3, however, it is likely that the successful implementation will result in a required reduction in the number of commissioned beds within the community hospitals bed base.

2.0 The Issue

- 2.1 Councillors have requested that North Staffordshire and Stoke on Trent CCGs attend the Newcastle Under Lyme Health and Wellbeing Scrutiny Committee on the 30th September 2015 to answer the following questions:
 - Could a clear breakdown be produced of how many beds will be closed at Bradwell Hospital? What date is this service expected to start?
 - Have enough District Nurses been recruited? If not, how many are still needed and what, if any plans are in place to support the service in the meantime?
 - What other services, health or social care, need to be in place for Step Up/Step Down scheme to be

effective?

- Are these services currently in place with enough capacity for the scheme to improve long term outcomes for patients
- Currently, what are the main causes of delay for patients who are medically fit to be discharged from acute beds at the Royal Stoke University Hospital?
- How will the proposed Step Up/Step Down scheme reduce these delays?

3. Could a clear breakdown be produced of how many beds will be closed at Bradwell Hospital? What date is the service due to start?

3.1 Currently the Community Hospital bed base has a total of 323 beds this is broken down as below:

- Bradwell Hospital 63 beds
- Cheadle Hospital 47 beds
- Leek Hospital 36 beds
- Haywood Hospital 140 beds (of these 63 beds are aligned to specialist services – stroke, neuro rehabilitation and Rheumatology, , these services will remain as is)
- Longton Cottage Hospital 37 beds

3.2 As the Step Up Step Down model of care is intended to prevent unnecessary admissions to hospital, facilitate more timely discharge and to discharge more people home first rather than into a community bed, there will be a requirement for fewer beds in the community once the model is embedded.

3.3 The modelling undertaken identifies that there will be the following capacity requirements following the full implementation of My Care, My Way. The modelling has been assumed based upon the current levels of complex discharges, with length of stay and bed occupancy assumptions against a phased approach:

- 110 step down beds at Bradwell and Cheadle hospitals (discharge from acute).
- 113 step up beds at Leek and Haywood hospitals (admission avoidance). As an interim measure and part of the transformational phasing, it has been agreed that Leek Hospital will support step down up to April 2016 and that in the interim, the 77 beds at the Haywood will provide the Step Up bed capacity.
- 1836 Step Down Intermediate Care packages (full year effect)
- 3009 Step Up Intermediate Care packages (full year effect)

3.4 In line with the modelling and the principles of 'Home First', there are currently 37 beds that would no longer be required. As such, the CCGs will be undertaking a formal consultation as outlined in this report on the future of these beds at Longton Cottage Hospital. However, it is recognised that there will be a requirement for an increase in Intermediate Care packages and potential further investment to ensure home first remains the default for both admission avoidance and discharges from a hospital setting.

3.5 The Step Down model of care will commence on the 1st November 2015. Bradwell Hospital will retain all 63 beds and will be run by the University Hospital of North Midlands as step down capacity for patients who need a period of rehabilitation or require assessment for a longer term residential or nursing placement.

4. Have enough District Nurses been recruited? If not, how many are still needed and what, if any plans are in place to support the service in the meantime?

4.1 North Staffordshire CCG and Stoke on Trent CCG £1,900,000 investment into District Nursing services to facilitate the increase in the District Nursing teams by 67.50 whole time equivalent (WTE) posts in line with the national benchmarks against contacts per WTE, caseload per WTE and WTE per registered 100k population.

4.2 In North Staffordshire, the investment supported the following posts:

- Workforce before investment – 105.4 WTE's
- Workforce after investment – 142.9 WTE's
- Additional 37.5 WTE's

4.3 In Stoke on Trent, the investment supported the following posts:

- Workforce before investment – 119.42 WTE's
- Workforce after investment – 149.42 WTE's
- Additional 30 WTE's

4.4 Current staffing levels as of the end of August 2015 are identified below:

Stoke on Trent CCG			
	CCG Contracted WTE	Actual WTE in post	Variance
Nurse band 8a	8.77	8.31	(0.46)
Nurse band 7	2.73	1.00	(1.73)
Nurse band 6 case manager	5.48	3.80	(1.68)
Nurse band 6	15.59	13.50	(2.09)
Nurse band 5	77.96	75.00	(2.96)
Nurse band 4	2.88	4.40	1.52
Nurse band 3	12.37	14.41	2.04
Phlebotomist	2.88	4.78	3.92
Admin and clerical band 3	3.84	3.80	(0.04)
Admin and clerical band 2	6.32	4.78	(1.56)
Agency Admin		1.61	1.61
Bank nursing staff		3.02	3.02
Total	138.85	140.41	1.56
North Staffordshire CCG			
	CCG Contracted WTE	Actual WTE in post	Variance
Nurse band 8a			
Nurse band 7	1.84	1.80	(0.04)
Nurse band 6 case manager			
Nurse band 6	15.95	17.01	1.06
Nurse band 5	70.43	58.51	(11.92)
Nurse band 4	4.60	5.40	0.80

Nurse band 3	22.09	17.91	(4.18)
Phlebotomist		2.00	2.00
Admin and clerical band 3		2.00	2.00
Admin and clerical band 2	10.07	5.45	(4.62)
Agency Admin		0.52	0.52
Bank nursing staff		1.13	1.13
Total	118.75	114.16	(4.59)

4.5. There remains a shortfall in staff within Northern Staffordshire but further interviews and recruitment drives are underway to ensure that the services are fully staffed moving forwards.

5. What other services, health or social care, need to be in place for Step Up/Step Down scheme to be Effective? Are these services currently in place with enough capacity for the scheme to improve long term outcomes for patients?

5.1 Commissioners are confident that the services have been commissioned to deliver the capacity required for the successful implementation of My Care, My Way – Home First. The modelling for the Step Down pathways has been undertaken by both commissioners and colleagues at the Acute Trust and the agreed set of numbers support the proposals within this paper and the engagement documentation for the overarching model.

5.2 Significant year on year recurring investment has been made in community services by Stoke on Trent and North Staffordshire CCGs from 2013/14 to date to facilitate the principle of ‘home first’ and admission avoidance. This investment was put in place on top of existing budgets across the Community and Mental Health providers. These investments are outlined below:

- £1,900,000 investment into District Nursing services to facilitate the increase in the District Nursing teams by 67.50 whole time equivalent (WTE) posts in line with the national benchmarks against contacts per WTE, caseload per WTE and WTE per registered 100k population.
- £4,865,000 invested within the Community Hospitals to support the recruitment of 6 WTE geriatricians, 12 WTE Advanced Nurse Practitioners and 43wte band 5 nursing staff to improve staffing levels and to manage acuity across all five community hospital sites.
- £1,300,000 has been invested into the Intermediate Care Team to support the increase in activity and acuity. This investment equates to an increase in 36.07WTE nursing and therapy staff to deliver the commissioned volumes of 3382 packages of care per annum.
- £650,000 investment into the Clinical Co Ordination Hub, assisting GPs, Community Services and West Midlands Ambulance Service in supporting patients at home to prevent and admission but to also facilitate discharges to the most appropriate place for the individual patient’s needs.
- £255,000 investment into the North Staffordshire Wellbeing Service (Improving Access to Psychological Therapies)
- £244,000 investment into the Community Triage Team to fund an additional 3wte Community Psychiatric Nurses across Stoke on Trent and North Staffordshire
- £198,000 investment into the Early Intervention in Psychosis Team

- £190,995 investment into Memory Services and Dementia support/advisory services (North Staffordshire CCG only)
- £2,500,000 investment into Primary Care to support proactive management and admission avoidance within Primary Care.
- **Total investments to support patients to both remain at home, and to ensure that home first remains the default following admission to a bed based setting equates to £12,102,995.**

5.3 As part of the process of reviewing services, the CCGs have considered published evidence, local hospital point prevalence studies and external expert opinion and are now seeking to commission these services in line with this best practice. Rising patient need and demand from an ageing population requiring support has historically been provided by bed based services. Services and patients have tended to rely on this model of care to meet demand. However there has been a shift in perception and a growing pressure for care to be delivered closer to the patient’s home, or indeed, at home.

5.4 As a result of this the CCGs have been investing in and will continue to invest in community, home based and patient centred services, including community nursing support such as district nurses and other specialist support. We are confident that the capacity we have commissioned currently and our plans for reallocation of resources into Intermediate Care and enhanced diagnostics moving into 2016-17 within Step Up community beds will provide us with the capacity required to safely deliver the new model of care.

5.5 In addition, both Stoke on Trent and North Staffordshire CCG continue to invest into social care through the Better Care Fund, S256 and S75. Through the delivery of the Step Down pathway, we expect that the need for long term, complex packages of care will decrease as the emphasis within the new model of care is on rehabilitation and home first remains the default position wherever clinically appropriate. The provision of domiciliary care in the short term remains the main cause of delayed transfers of care across the Local Health Economy and a full impact assessment is currently being undertaken by both the City and County Councils.

6. Currently, what are the main causes of delay for patients who are medically fit for discharge to be discharged from acute beds at the Royal Stoke University Hospital? How will the proposed Step Up/Step Down scheme reduce these delays?

6.1 As of the 14th September 2015, the numbers of patients who were medically fit for discharge currently within an acute bed at the Royal Stoke University Hospital were as follows:

Count of Pathway			Local Authority	
Current/Discharging Provider	Current/Discharging Division	Pathway	City	County
UHNM	External	Dom Care	3	1
		Intermediate Care at Home		1
		Low Level Rehab	1	1
		Long Term Placement (24 hr Care)	2	1
	Medicine	Dom Care	2	2
		Low Level Rehab	3	2
		Long Term Placement (24 hr Care)	5	5
		Fast Track / Palliative	4	
	Specialised	Dom Care	1	1
		Low Level Rehab	4	4
		Fast Track / Palliative	1	
	Surgery	Dom Care		1
		Low Level Rehab	1	1
		Long Term Placement (24 hr Care)		
	UHNM Total		27	20

6.2 However, across the Local Health Economy, the numbers of patients who are medically fit for discharge and awaiting a service on the 14th September 2015 are as follows:

Count of Pathway			Local Authority	
Current/Discharging Provider	Current/Discharging Division	Pathway	City	County
AMG	AMG	Dom Care	63	2
AMG Total			63	2
Community	Bradwell	Dom Care	2	4
		Long Term Placement (24 hr Care)		2
	Cheadle	Dom Care	6	1
		Long Term Placement (24 hr Care)	1	2
	Haywood	Dom Care	7	
		Long Term Placement (24 hr Care)	2	1
	Leek	Dom Care	3	
		Long Term Placement (24 hr Care)		1
	LIS		N/A	55
	Intermediate Care		11	
Community Total			32	66
UHNM	External	Dom Care	3	1
		Intermediate Care at Home		1
		Low Level Rehab	1	1
		Long Term Placement (24 hr Care)	2	1
	Medicine	Dom Care	2	2
		Low Level Rehab	3	2
		Long Term Placement (24 hr Care)	5	5
		Fast Track / Palliative	4	
	Specialised	Dom Care	1	1
		Low Level Rehab	4	4
		Fast Track / Palliative	1	
	Surgery	Dom Care		1
		Low Level Rehab	1	1
		Long Term Placement (24 hr Care)		
UHNM Total			27	20
Hilltop		Dom Care	7	
		Long Term Placement (24 hr Care)	7	
Hilltop Total			14	0
Grand Total			136	88

6.3 During 2014, commissioners undertook a review across all discharge services which identified that only 14% of all patients within the acute setting required some form of support or service upon discharge. The model has been based upon improving performance and patient outcomes with key performance indicators against a reduction in overall length of stay, a reduction in the number of assessments that are undertaken and a reduction in delayed transfers of care which are all key KPIs within the specification.

7. Engagement, Consultation and Time Table for change

Engagement

7.1 The first phase of the engagement commenced in December 2014 and involved the widespread sharing of a comprehensive briefing, developed with support from Healthwatch to targeted individuals including MPs, through the media, existing third sector, general practice and local authority networks. The briefing outlined the challenges faced by the health economy across Northern Staffordshire and included a focus on delivering more care closer to where people live. The briefing also set out an initial programme of drop in sessions at local hospitals to gain patient and public views. Representatives of the North Staffordshire and Stoke on Trent CCGs attended existing meetings of overview and scrutiny committees, patient groups,

voluntary sector and primary care localities. Alongside all of this activity interviews on local radio took place.

7.2 There have also been 24 Healthwatch events in August, venues included supermarkets, healthcentres, Bentilee Neighbourhood Centre and Longton Market. On the whole feedback on the core principles and ambitions of the “My Care My Way – home first” has been positive and well received although it should be recognised that this does not take into account the overarching view covering the proposals of the beds at Longton Cottage Hospital.

7.3 An online survey was also undertaken, supported by paper questionnaires. Phase one feedback had 261 responses with the key themes being:

- Patients benefit from being at home
- Patients prefer to be at home
- Support for the proposed model in principle

With the caveats that commissioners must:

- Ensure that there is capacity in community services to support this
- Reassure the public about the future of community hospitals
- Ensure that there will be support for spouse/family/carer
- Ensure patients will be followed up in the community
- Ensure that this is carefully implemented
- Ensure that the investment is made to support the changes to the model of care.

7.4 Engagement on the ‘My Care, My Way – Home First’ proposals will continue alongside the formal consultation on the future of the 37 beds at Longton Cottage, with plans in place to ensure a wider engagement audience a working party, including partner organisations and community and voluntary sector representatives. This will continue up to the end of December 2015.

8. Consultation

8.1 It is intended that a formal period of consultation is underway and began at 00:01 on 14 September, 2015. This consultation will focus upon the proposals for the permanent closure of the 37 beds at Longton Cottage Hospital. The consultation will run for 12 weeks until 23:59, 14 December 2015. The timetable and approach that the CCGs will be taking is outlined below:

Phase 1	14 September 2015 – ongoing	Start of formal consultation focusing upon gathering opinions and views regarding the permanent closure of the 37 beds at Longton Cottage Hospital
Phase 2	October – December 2015	Public Consultation There will be a minimum of four public events in the form of meetings and other public facing events held for the public. Representatives from the CCGs will attend meetings

		with stakeholders to present their proposals and receive responses.
Phase 3	December 2015 – January 2016	Review of responses by the CCGs
Phase 4	January – March 2016	Publication of the outputs from the Consultation

Phase 1 – Awareness from 14 September 2015

- To gain wide public, stakeholder and media awareness of the proposals relating to the permanent closure of the 37 beds at Longton Cottage Hospital
- To promote the consultation launch on 14 September 2015 to stakeholders and North Staffordshire and Stoke on Trent residents.
- A key element to the success of the consultation will be the awareness of consultees about its timetable, content and how they can participate and contribute their views. The credibility of the process is dependent on all local people, patients, staff and other stakeholders who want to participate, being able to do so. Therefore, it is of utmost importance that the CCGs focus on promoting the consultation process, how to participate in it, how to respond to it and to raise awareness of event dates and venues. All suitable channels will be used to drive awareness and participation in the consultation including public engagement meetings/community road shows, communicating online via the website, use of social media and email, and throughout the duration of the consultation, utilising the media.

Approach

- To issue a press release to mark the start of the consultation.
- This will be followed by 1:1 media interviews with CCG representatives
- Publication of proposals on the CCGs’ respective websites.
- Messages to stakeholders.
- As part of the engagement process the CCGs have already created a CCG/Patient Forum as an engagement group, chaired by the CCG consisting of members of the Patient Participation Group, Patient Congress, Healthwatch, voluntary organisations and others to ensure independent oversight of the engagement and consultation process.

Other communications on the day

- Staff Briefings - global email sent to all staff within UHNM and SSoTP and CCGs and all documents to be published on respective intranets to advise consultation has begun.
- Stakeholders – telephone calls to key players including MPs, Overview and Scrutiny Community Board (OSC)

Phase 2 – Public Consultation and engagement

- To engage and consult with the residents of North Staffordshire and Stoke on Trent on the proposal to permanently close the 37 beds at Longton Cottage Hospital.
- Manage media interest and enquires
- Monitor themes and issues arising and develop and implement responses as necessary
- Ensure effective running of the consultation and public, stakeholder and media awareness of its timetable, events and how to participate
- Identify and develop responses to unplanned issues/events
- Manage the conclusion of the consultation period and provide information about the post consultation

period.

Approach

- To use all available communication channels – website, email, twitter, media to promote the consultation and participation in it.
- To manage media enquiries and provide briefings the proposals and consultation materials.
- Use the period to identify key emerging themes of interest and/or challenge and develop appropriate responses and materials – briefings, factsheets, presentational aides, etc...as required.
- As the consultation progresses shift emphasis from participation in events to generating and receiving responses
- Provide information on how to respond and thus reducing time available to respond
- Development of proposals and materials for post-consultation phase

Phase 3 – Analysis of responses and refinement of proposals

- Understand the views of the residents in North Staffordshire and Stoke on Trent
- Use the responses to refine the final proposals and provision in the local community

Approach

- Use independent organisation to help oversee the review of responses to the consultation
- Share themes with stakeholders as they emerge

Phase 4 – Publication of the outcomes from the Consultation

- Publish the outcomes from the Consultation around the 37 beds within Longton Cottage Hospital
- Ensure local residents are aware of the outputs and next steps

Approach

- Publication of the outputs and next steps on the CCG's websites
- Copies of the outputs and next steps to be e-mailed to all stakeholders

8.2 It is important to note that no decisions on the community hospitals or beds have been made at this point. Commissioners will not pre-empt the outcome of any consultation, but it is unlikely that any permanent, major service changes will be made in 2015 in line with the proposals outlined within this paper.

Mr Ben Adams
Cabinet Member for Learning and Skills

2 Staffordshire Place, Tipping Street
Stafford ST16 2DH
Telephone: (01785) 278797
E-mail: ben.adams@staffordshire.gov.uk
Website: www.staffordshire.gov.uk

FAO Justine Tait
Scrutiny Officer – Democratic Services
By email: Justine.tait@newcastle-staffs.gov.uk

My ref: BA/RF58

Your Ref:

2 September 2015

Dear Justine and Members of the Select Committee

Thank you for the invitation to attend your Health and Wellbeing Scrutiny Committee on Wednesday 30th September 2015 to discuss how schools are providing school swimming. As I am unable to attend on this occasion I am providing this written response to inform your discussion.

The responsibilities in regard to school swimming rest unequivocally with schools — though the county council works with all schools to promote and secure access to a good education, and swimming and water safety are important to us within this.

Statutory guidance is issued by government to set out, by law, the requirements placed on schools. Schools must follow the guidance unless there's a good reason not to. All local authority maintained schools should teach to the guidance set out in the national curriculum.

The National Curriculum in England: physical education programmes of study makes a statement on "Swimming and Water Safety":

"All schools must provide swimming instruction either in key stage 1 or key stage 2.

In particular, pupils should be taught to:

- swim competently, confidently and proficiently over a distance of at least 25 metres
- use a range of strokes effectively [for example, front crawl, backstroke and breaststroke]



- perform safe self-rescue in different water-based situations”

<https://www.gov.uk/government/publications/national-curriculum-in-england-physical-education-programmes-of-study/national-curriculum-in-england-physical-education-programmes-of-study#swimming-and-water-safety>

It is for schools leaders and governing bodies to make appropriate arrangements to fulfil this duty. Ofsted inspect schools how on they fulfil their obligations – and their reports are a matter of public record.

It has been recognised by the county council that changes made nationally by government to simplify the elements permitted within the funding formula for schools removed the ability of the local formula to make specific provision to fund swimming pools at a school site and as a distinct element of the formula. This has placed additional pressure and challenge on schools in terms of maintaining the costs associated with pools that are part of a school site – and has, in some parts of the county, had an impact on access to local school-based facilities.

However, it is not the duty of the county council to provide swimming pool facilities – and we have no funding stream available to us that would enable us to do so. Instead, the county council has sought to promote a close collaboration with district council’s in particular, where shared or joint use agreements have worked to the benefit of district councils and of schools, and therefore ultimately for pupils.

Where the county council is landlord to a leisure facility located on a school site, our strategic property leads have secured appropriate agreements in regard to maintenance and upkeep - in negotiation with the parties involved. However, the county council is not funded to meet running costs of pools and neither are schools following the recent changes to school funding which has therefore brought about additional pressure in regard to on-going viability of such provision.

Where schools in Staffordshire have had to make the very difficult decision that maintaining a swimming pool located on their school site is no longer sustainable, then the county council has worked with the school and key partners or local stakeholders, through the District Commissioning Lead, to seek to mitigate the impact of that change, wherever it is possible to do so. This could be through negotiating new joint agreements or through schools making fuller use of other swimming pool and leisure facilities locally, using their core budgets and any funding they have such as through contributions they choose to seek toward transport/costs from parents (in line with the school’s policies) or through other funding sources available to them.

You may also be interested in the DfE Myths and Facts publication which states:



“Myth: Primary schools can use the PE and sport premium to pay for swimming lessons to meet the national curriculum requirement to teach pupils to swim 25 metres by the time they complete key stage 2.

Fact: Swimming and water safety requirements are compulsory for primary schools. Funding is already included in a school’s budget for this. The primary PE and sport premium can be used to pay for additional swimming lessons or specialist coaching sessions, but it should not be used to meet a school’s obligations under the national curriculum.”

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/394721/myths_and_facts_archive_for_January_2015_publication.pdf

Finally, the county council has acted to support schools in the delivery of their duty through our joint venture partnership Entrust. Through Entrust schools have the opportunity to buy in specialist support in regard to fulfilling the duty . This includes:

- Access to a traded swimming service (full details available from Entrust – contact Nathan Palmer Stevens)
- Access to specialist PE Advisory services which schools can buy in to support them
- Updates to governors where the school buys in to the governor support services provided to Entrust

To gain insight into the perspective of schools in fulfilling the duty I would suggest that the committee may wish to seek comment from the district’s primary Headteachers’ forum. I am sure school leaders will be able to provide you with additional insights into the provisions made by local schools in regard to the duty for swimming and water safety at KS2 and the challenges and successes evident in current arrangements, so that District council is well-informed to lend their support to schools in fulfilling this important aspect of the school curriculum.

Yours sincerely



County Councillor Ben Adams
Cabinet Member for Learning and Skills
Staffordshire County Councillor for Perrycrofts, Tamworth



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UPDATE ON NORTH STAFFORDSHIRE ACTIVITY JULY/AUGUST 2015

Carers Project

Following the tender procurement process by Staffordshire County Council, PeoplePlus were awarded the contract in July and are currently in the mobilisation phase prior to delivery of services with effect from 1st October 2015. The Staffordshire Carers Partnership, which is Chaired by John Bentley, Healthwatch Staffordshire Advisory Group Vice-Chair, has received two presentations from PeoplePlus setting out their approach to delivery of the services and an update Newsletter (attached). Carers will continue to be involved in the ongoing evaluation and performance monitoring of the new services when they are delivered from October this year and Healthwatch Staffordshire will be conducting Phase 3 of its Carers Project work for engagement, insight and co-production by gathering feedback from carers and professionals accessing the Carers Hub services and the production of an insight report. The likely timeframe for this work is January to March 2016.

GP Project

The final report is now with Healthwatch partners for final sign off before we can publish the report but has been escalated to NHS England. The final report will be publicly accessible via our website in the very near future.

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 has completed Phase 1 of the project and a presentation on the key themes and findings from Phase 1 has been presented to the Project Delivery Board (see attached presentation). This will also be referred through to the Commissioning Congress. Phase 2 of the project will focus on 3 mini qualitative research projects:

- Aids and adaptations
- Social isolation
- Mobility

The methodology for these projects will focus on three areas: patients, families and professional staff and the timeframe for starting Phase 2 will be mid-October.

University Hospitals of North Staffordshire NHS Trust (UHNM)

Healthwatch Staffordshire is conducting an evaluation of the transition of services during 2015 across the two hospital sites of UHNM to understand the patient and staff experience of the transition process.

The methods being incorporated into this project include:

- On-line survey via the Healthwatch Staffordshire website at:

<https://www.surveymonkey.com/r/UHNMTransitionPublicAppeal>

- Telephone survey with a member of the Healthwatch Staffordshire staff team by phoning our Freephone number 0800 051 8371

- In depth interviews with patients, carers and/or family members. **Staffordshire**
- Enter and View visits and production of reports for analysis and reporting on key themes and issues identified.
- Research and analysis of our various data and feedback streams including Experience Exchange (www.healthwatchstaffordshire.co.uk/x2), Digimind and Insight Reports and Dashboards.
- Staff focus groups.

Following completion of all the above activities, a Research and Insight Report will be produced by end of October 2015 and will be available for circulation.

North Staffs Combined Healthcare NHS Trust

North Staffs Combined Healthcare NHS Trust have recently launched its newly formed Service Users and Carers Council with both Healthwatch Staffordshire and Healthwatch Stoke-on-Trent being in attendance to represent the views of services users and carers. The first meeting/workshop took place on 20th August and there was very good attendance and representation from Service Users, Carers and the Trust Directorates including:

- Adult Inpatient
- Adult Community
- Learning Disabilities
- Substance Misuse
- CAMHS Services
- Neuropsychiatry and Older People's Services.

Healthwatch Staffordshire will continue to attend this Council to contribute to the ongoing development of mental health services by representing the views of service users and providing service user and carer feedback.

Staffordshire County Council and Clinical Commissioning Groups

Healthwatch Staffordshire has been working with Staffordshire County Council mental health commissioners and Clinical Commissioning Groups on the launch of the pan-Staffordshire Mental Health and Wellbeing Strategy including facilitating 3 public events to raise awareness of the new strategy and associated initiatives and engaging with service users on the issues that are important to them. Two events have taken place already and these were in Tamworth on the 6th July and in Leek at the Staffordshire Moorlands District Council offices on 9th September. The final event will take place on 17th September at the Stafford Gatehouse Theatre, Stafford.

All events have been very well attended with a format of market place stands representing voluntary and community sector organisations offering support and information; presentations from commissioners and providers - North Staffs Combined Healthcare NHS Trust's Chief Executive Caroline Donovan delivered a very comprehensive presentation at the Leek event supported by several of the Trust's staff which was followed by a Question and Answer session with the public; and the third element of the event was table discussions with service users which were facilitated by Healthwatch Staffordshire staff. The Leek event was attended by 87 people and the feedback from the event was positive.



North Staffs and Stoke-on-Trent 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. This group has continued to meet and contributes to and comments on the development of an effective communications plan for the implementation of the New Model of Care. Following a shortlisting and voting process, the consensus for the public facing name of the New Model of Care has been agreed and is to be known as My Care, My Way - Home First.

Keele University

Healthwatch Staffordshire has been working closely with Keele University in respect of their Community Experience Placements and Community Leadership Project working with both Year 2 and Year 5 Medical Students.

We currently have a cohort of four Year 5 Medical Students who are working on a 15 week project as part of their training and volunteering Community Leadership Project and will focus on community services. Following the successful placement of a Year 2 Medical Student earlier this year, we are offering 2 more places to Year 2 students to work with our Complaints Advocacy team starting in early October.

Healthwatch Staffordshire has also been working with the Students Union to promote our volunteering opportunities and will be attending the Volunteering and Job Fair at Keele University on 13th October.

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

Over the last month, we have received a diverse range of complaints about a wide variety of issues including delays and cancelled operations, staff attitudes, access to GP services, NHS wheelchairs, 111 and emergency dentist access to name a few.

We have been getting out across Staffordshire to increase awareness of our service, offering drop in sessions and attending different events to talk to people about what NHS complaints advocacy is and how it can help people who want to make a complaint about the NHS.

Our advocates work hard to support as many people as possible, taking over 1100 calls on our Freephone number in the last month alone. They work closely to support people to get the best possible outcome to their NHS complaint.

However, sometimes, people still feel dissatisfied after they have received the final response from the NHS provider, and we inform people of their right to take their complaint to the Parliamentary and Health Services Ombudsman and support them to fill in the necessary paperwork.

As a client led service, we value feedback and input from people who access our service.



Healthwatch Advocates are committed to ensuring people are supported at every stage of the complaints process and here are some of the comments we have received so far in August from people who have used our service.

“The support from my advocate at the meeting was invaluable and much appreciated.”

“My advocate was very supportive from the start. She took my complaint seriously and wrote on my behalf which saved me a lot of angst. I was very grateful.”

Name of event	Date and Time
Newcastle Under Lyme Library Drop in	Monday 6 th July
Leek Show, Birchall Playing Fields, Leek	Saturday 25 th July

“My advocate was very understanding and I am immensely thankful for the support I received.”

”I was given regular updates and straightforward advice.”

We value feedback as it helps us to improve the service that we can provide. All suggestions, comments, compliments or ideas about what we could do better are welcome.

Get involved and become a volunteer advocate

Due to the large increase in the number of people we have seen coming to us for support, we are now looking to recruit volunteer advocates to work alongside our existing NHS Complaints Advocates to provide additional support to the people who access our services.

As a volunteer advocate the role will involve attending client visits with a Healthwatch Advocate, and assisting them to provide information and support to clients. The role will also involve attending local and county wide events to promote the advocacy service to increase awareness and usage of the service across Staffordshire.

If you would like more information please contact Elizabeth Learoyd, Complaints and Advocacy Manager on (01785) 221776 or email: advocacy@ecstaffs.co.uk

Hard to Reach Engagement

Healthwatch Staffordshire has a dedicated Community Engagement Lead, Jo Hall, who focuses on our hard to reach engagement work across the County. The specific areas Jo has been involved with thus far include:

- Homeless and rough sleepers
- Substance mis-use
- Learning Disabilities
- Not in employment, education or training, CSE and mental health.
- Mental Health
- Gypsy and Travellers



Bradwell Lodge, Newcastle Under Lyme	Saturday 1 st August
Mental Health Public Engagement Event Moorlands District Council	Wednesday 9 th September 2pm-5pm
Careers Fair Newcastle Under Lyme College	Wednesday 9 th September 2pm-4pm
Voluntary Sector Forum Newcastle	Thursday 10 th September
GP Out of Hours Event Moorlands District Council, Leek	Monday 14 th September 10am-12pm
Macmillan Community Event Victoria Hall, Stoke on Trent	Wednesday 16 th September 10am-3pm
Macmillan Event Victoria Centre, Station Road, Biddulph	Thursday 24 th September 5pm-9pm
GP Out of Hours Event Newcastle Under Lyme	Monday 28 th September 2pm-4pm
Keele SU University Volunteering Fair	Tuesday 13 th October 11-4pm

Engagement Activities and Drop-in sessions

Please see below a schedule of events and activities where Healthwatch Staffordshire has attended/had an engagement stand in order to raise awareness of Healthwatch, provide information and signposting materials and gather feedback from patients and service users as well as recruiting Members and Champion volunteers.

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To: INSERT YOUR OWN EMAIL ADDRESS
Subject: The Carers Hub - Newsletter

The Carers Hub Newsletter



August has been a busy month and we have been working closely with the incumbent providers, our local partners, carers, Stoke and Staffordshire councils and our locally-based Independent Living Services team to ensure the smooth launch of the Carers Hub next month.

I am delighted to report that we have established the new locations for the Hub in Stoke and Staffordshire. After drawing on feedback from carers, partners and the commissioning teams, we look forward to welcoming carers and visitors to the following Hub locations:

- Hanley – Suite 9, The Forecourt, Albion Street, Hanley, Stoke-on-Trent, ST1 1QH
- Stafford – SGI Offices, Madford Retail Park, Foregate Street, Stafford, ST16 2QY

The selection of these sites followed an intensive search by our Estates team for sites that met all the necessary requirements, including:

- Accessibility for carers
- Accessible public transport routes
- Fit for purpose facilities
- IT & Telephony requirements
- Parking and drop off points
- Disabled access
- Health and Safety for staff, carers and visitors to the Hub

PeoplePlus has also appointed two experienced managers to help mobilise the contract and support the transition to the new model. Myself and Interim Partnership Engagement Manager Deborah Roe, who will be responsible for developing new and existing relationships with organisations that can support carers.

We fully respect and understand that many carers currently have well-established relationships with the existing providers and will be concerned about change. Over the coming weeks we will be arranging further engagement events across the regions to meet carers, their families and local partners.

Carers and their families who want further information and organisations who are interested in the hub can email carershub@peopleplus.co.uk.

Get in touch

If you have any queries regarding the delivery of the integrated Staffordshire and Stoke Carers Hub or you would like to support with potential outreach locations then contact us at carershub@peopleplus.co.uk

People & training update

Having a strong local team to deliver this service was high on our priorities. We have now completed a mapping process as part of the TUPE transfer activity and all concerned will be notified shortly. From mid-September, we will be starting learning and development programmes for all employees, as well as introducing new staff to the PeoplePlus ethos, mission and services that support carers.

Services for Carers - update

Over recent weeks, one frequent question we have been asked is **'what will be different about the Carers Hub compared to what has been/is already in place?'**

From October 1, the new service includes:

- **A single point of access** - for all partners and care services across Staffordshire and Stoke-on-Trent, making it easier for carers, of all ages, to get the help and support they need. This is important because while the services previously available provided a range of good support, carers were sometimes confused about where to go for help, and not all services were available in all parts of the county.
- **Personal key worker support** - from start to finish so carers don't have to repeat the same information to various professionals.
- **Accessible support** - the Carers Hub can be accessed in person, through the Hub centres, online through an interactive website, by email or phone to their key worker. The wide range of services will also include access to free Money Advice, either face to face or by telephone, and counselling and support services via workshops and drop in events.

PeoplePlus will work in partnership with a number of local organisations making sure that carers receive a localised service that is tailored to their individual needs.

I am also delighted with the fantastic response we have received from local organisations and charities, who have offered us their support. As an example of this, The Carers Hub is exploring with Staffordshire and Stoke on Trent Library and Information Services how they can work with us to support some of the community provision across Staffordshire within their premises.

Another question we have been asked is **'what service will exist for different types of carers, particularly young people'**.

We believe that carers perform one of the most important roles in society, and we want to ensure that they are getting the best, personalised, support regardless of their age, needs or location. Below, I have set out a brief overview of some of the services that carers can expect from the Carers Hub.

Young Carers	Adult Carers	Carers of people with learning disabilities or mental health conditions
<ul style="list-style-type: none"> • Dedicated key worker • Personal support plan • Crisis management • Speak to your school or college if there's a an issue we can help with • Health and well-being activities through Stoke City Football club • Personal well-being budget • Face to face, web, telephone access • Assist with and arrange 	<ul style="list-style-type: none"> • Dedicated key worker • Personal support plan • Personal well-being budget • Carers allowance support • Events calendar of activities to help cope with caring and socialise with other carers • Access to money advice services • Access to employment advice services • Access to vocational skills training services 	<ul style="list-style-type: none"> • Dedicated key worker • Personal support plan • Liaise with health and social care teams for self-directed support services such as Direct Payments and Personal Health budgets • Co-ordinate all activities on your behalf to help navigate the various professional and teams • Help access a range of support services through Staffordshire Cares Market place

<p>meetings with local services</p> <ul style="list-style-type: none"> • A range of social and leisure activities • Weekly activities within the hubs e.g. training and education, homework clubs • Peer support with other young people 	<ul style="list-style-type: none"> • Access to respite care services • Access to services through a range of partner organisations e.g. Stroke Association • Peer support workshops 	<ul style="list-style-type: none"> • Personal well-being budget • Carers allowance support • Access to money advice services • Access to employment advice services • Access to vocational skills training services • Access to respite care services • Access to services through a range of partner organisations e.g. Stroke Association, Dove services
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Referrals

We know that many people are also keen to know **how referrals will be made to specialist services** when the Carers Hub launches.

This month, we will open discussions with our partners to develop a joint protocol that gives a clear view of who does what and how the service will work, and this will continue throughout September and after 1 October. We will meet with practitioners working in adult social care and mental health services, as well as with young carers, so that we can agree how processes will ensure we have a joined-up service that achieves the best outcomes for carers.

Important Contact Details

As always, if you have any queries regarding the delivery of the Staffordshire and Stoke Carers, please do not hesitate to get in touch. You can reach me at Gary.Smith@peopleplus.co.uk and Deborah at Deborah.Roe@peopleplus.co.uk. Organisations who would like to support with potential outreach locations can also contact us at carershub@peopleplus.co.uk.

We are one step closer to implementing this new service and making improvements that will genuinely make a difference to local carers and their families. Thank you for your ongoing support.

Kind regards,

Gary

Gary Smith | Acting Contract Manager
gary.smith@peopleplus.co.uk



By virtue of paragraph(s) 7a of Part 1 of Schedule 12A
of the Local Government Act 1972.

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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: Friday 18th September 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
30th September 2015 (agenda dispatch 18th September 2015)	Healthwatch, Staffordshire	July/August summary updates to be provided by Healthwatch, Staffordshire
	Minutes from the Healthy Staffordshire Select Committee	To receive the minutes of meetings held on the 5 th August 2015 and the 10 th August 2015.
	North Staffordshire Clinical Commissioning Group – Promoting independence, choice and dignity: a new model of care in Northern Staffordshire	Officers from both North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups are invited to attend to present Members with the new proposals of the model of care which would come to effect October 2015
	Swimming in the National Curriculum for Key Stage 2 Primary Schools	Ben Adams, Cabinet Member for Learning and Skills, Staffordshire County Council to be invited to attend to provide an account of swimming provision for Key Stage 2 primary school children within the Borough
	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	Sue Baknak from Healthwatch, Staffordshire attending to provide a summary update
	Minutes from the Healthy Staffordshire Select Committee	To receive the minutes of the meeting held on the 21 st September 2015
	Portfolio Holder(s) Question Time	An opportunity for the Committee to question the Portfolio Holder(s) on their priorities and work objectives for the next six months and an opportunity to address any issues or concerns that they may wish to raise
	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 meetings held on the 9 th November 2015 and the 4 th December 2015
	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

Date of Meeting	Item	Reason for Undertaking
6 th April 2016 (agenda dispatch 27 th May 2016)	Minutes from the Healthy Staffordshire Select Committee	To receive the minutes of meetings held on the 2 nd February 2016 and 22 nd March 2016
	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

Agenda Item 11

Accountability Session (Venue: Council Chamber, County Buildings, Martin Street, Stafford unless *)	Contact Officer
University Hospitals of North Midlands NHS Trust 5pm, Monday 28 Sept 2015 (All Newcastle Health and Wellbeing Scrutiny Committee Members invited)	Justine Tait Scrutiny Officer justine.tait@newcastle-staffs.gov.uk 01782 742250
North Staffordshire Combined Healthcare NHS Trust 5pm, Wednesday 14 Oct 2015 (5 Newcastle Health and Wellbeing Scrutiny Committee Members invited)	Justine Tait Scrutiny Officer justine.tait@newcastle-staffs.gov.uk 01782 742250
Burton Hospitals NHS Foundation Trust *venue TBC 5pm, Tuesday 3 Nov 2015	Louise Barnett Scrutiny and Support Officer louise.barnett@staffordshire.gov.uk 01785 276 144
West Midlands Ambulance Service NHS Trust 5pm, Monday 16 Nov 2015 (3 Newcastle Health and Wellbeing Scrutiny Committee Members invited)	Justine Tait Scrutiny Officer justine.tait@newcastle-staffs.gov.uk 01782 742250
South Staffordshire & Shropshire Healthcare NHS Foundation Trust 5pm, Wednesday 16 Dec 2015	Tony Jackson Scrutiny and Support Officer Tony.jackson2@staffordshire.gov.uk 01785 277 868
Staffordshire and Stoke on Trent Partnership Trust 5pm, Wednesday 20 January 2016 (3 Newcastle Health and Wellbeing Scrutiny Committee Members invited)	Justine Tait Scrutiny Officer justine.tait@newcastle-staffs.gov.uk 01782 742250
University Hospitals of North Midlands NHS Trust *venue TBC 5pm, Monday 22 Feb 2016 (All Newcastle Health Scrutiny Committee Members invited)	Justine Tait Scrutiny Officer justine.tait@newcastle-staffs.gov.uk 01782 742250
Burton Hospitals NHS Foundation Trust *venue TBC 5pm, Wednesday 9 March 2016	Louise Barnett Scrutiny and Support Officer louise.barnett@staffordshire.gov.uk 01785 276 144

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