

# Public Document Pack

**Date of meeting** Wednesday, 16th November, 2016

**Time** 6.00 pm

**Venue** Committee Room  
1, Civic Offices,  
Merrial Street,  
Newcastle-under-Lyme,  
Staffordshire,  
ST5 2AG

**Contact** Jayne Briscoe  
2250



Civic Offices  
Merrial Street  
Newcastle-under-Lyme  
Staffordshire  
ST5 2AG

## Health and Wellbeing Scrutiny Committee

**Please note earlier time of this meeting**

### AGENDA

#### PART 1 – OPEN AGENDA

**1 DECLARATIONS OF INTEREST**

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

**2 MINUTES OF PREVIOUS MEETINGS - 21 SEPTEMBER AND 26 OCTOBER 2016 (Pages 3 - 8)**

To consider the minutes of the meeting held on 21 September and 26 October 2016.

**3 Joint Meeting with Stoke on Trent City Council and NHS England - My Care My Way, Home First - 30 November 2016 - Chair to inform**

**4 Bradwell Hospital Update - Chair to report (Pages 9 - 14)**

**5 Dementia Support - Item for Information (Pages 15 - 16)**

**6 Dementia Friendly Swimming Project - Presentation**

**7 Work Programme (Pages 17 - 22)**

**8 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.

**9 URGENT BUSINESS**

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

**10 Date of next meeting - 11 January 2017**

**Members:** Councillors Bailey, Bloor, Gardner, L Hailstones, Jones (Chair), Loades, Naylor, Northcott, Spence, Sweeney, Walklate and Wright (Vice-Chair)

**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, 21st September, 2016

Time of Commencement: 7.00 pm

**Present:-** Councillor Dave Jones – in the Chair

Councillors Gardner, Holland, Loades, Sweeney, Walklate and Wright

Officers Jayne Briscoe (Scrutiny Officer), Sarah Moore (Partnerships Officer), Jane Barnes (Commissioning and Redesign Manager, Mental Health, North Staffordshire Clinical Commissioning Group and Stoke on Trent Commissioning Group), Ian Turner (Staffordshire and Stoke on Trent NHS Partnership Trust)

Apologies Councillor(s) Bloor, L Hailstones, Naylor, Northcott and Spence

### 1. DECLARATIONS OF INTEREST

There were no declarations of interest stated.

### 2. MINUTES OF PREVIOUS MEETING

**Agreed:** That, with the administrative corrections to the attendance record the minutes of the meeting held on 21 September 2016 be agreed as a correct record.

### 3. SCRUTINY BRIEF - DEMENTIA CARE SERVICES

The Chair and Vice Chair jointly submitted a scrutiny brief for consideration by the Committee in relation of Dementia Care Services.

Members considered the questions to be addressed, areas of work involved together with a timetable for the work and potential outcomes.

**Agreed:** That the scrutiny brief and timetable be approved.

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

**Agreed:** That the minutes of the Healthy Staffordshire Select Committee held on 8 August, 2016 be noted.

### 5. MY CARE MY WAY - HOME FIRST - LETTER FROM SCRUTINY COMMITTEE

The Chair submitted for approval a letter which he had written as Chair of the Health and Wellbeing Scrutiny Committee to the North Staffordshire Clinical Commissioning Group which requested further clarity on the evidence based decision making being

undertaken by the NSCCG in decommissioning rehabilitative care in the community hospitals across North Staffordshire.

Members were supportive of the contents of the letter and agreed that it should be sent as soon as possible.

**6. PRESENTATIONS ON DEMENTIA CARE**

The Committee received a presentation from Ian Turner, Chief Operating Officer, Staffordshire and Stoke on Trent NHS Partnership Trust) and from Jane Barnes (Commissioning and Redesign Manager, Mental Health, North Staffordshire Clinical Commissioning Group and Stoke on Trent Commissioning Group) regarding dementia care within the Borough.

**7. WORK PROGRAMME**

Councillor Northcott requested that Adolescent Mental Health services be considered as a priority topic for scrutiny by this Committee.

**Agreed:** That the committee receive a scrutiny brief from Councillor Northcott at the next meeting of the Committee in relation to a study of Adolescent Mental Health services.

Councillor Gardner referred to reductions in the provision of hospital based care services and questioned whether this had caused a change in the numbers of referrals from GPs to Jubilee 2 in respect of both physical and mental wellbeing activities. Councillor Gardner also asked if information was available on the take up of services on an area basis following recommendations from the GP.

**Agreed:** That a scrutiny brief be completed by Councillor Gardner for consideration at the next meeting.

**8. PUBLIC QUESTION TIME**

There were no members of the public present at the meeting.

**9. URGENT BUSINESS**

There was no urgent business.

**10. DATE OF NEXT MEETING - 16 NOVEMBER 2016**

**COUNCILLOR DAVE JONES**  
Chair

Meeting concluded at 8.15 pm

## **HEALTH AND WELLBEING SCRUTINY COMMITTEE**

Wednesday, 26th October, 2016  
Time of Commencement: 7.00 pm

**Present:-** Councillor Dave Jones – in the Chair

Councillors Bailey, Gardner, L Hailstones, Loades, Northcott, Spence, Walklate and Wright  
Councillors S Hambleton, T Hambleton Owen and Councillor J Williams were also present at the meeting to observe.

Officers Jayne Briscoe (Scrutiny Officer)

Also in Attendance Representing the CCG – Dr Andrew Bartlam, Accountable Officer for Stoke CCG), Cheryl Hardistry (Director of Commissioning), Dr Steve Fawcett.

Representing SSOTP – Rose Goodwin, Director of Nursing and Quality.

Together with 5 members of the public.

### **1. DECLARATIONS OF INTEREST**

Councillor Loades declared an interest as a Cabinet Support Member for Social Care and Wellbeing.

Councillor L. Hailstones declared an interest as a District Nurse employed by SSOTP.

### **2. PROPOSED BED CLOSURES AT BRADWELL HOSPITAL - CHAIR TO REPORT**

The Chair explained that the meeting had been called to scrutinise the issues around the proposed decision to close beds at Bradwell Hospital and set out how the meeting would be conducted.

Opening with scrutiny questions about the timeline and openness around the decision to close the community beds at hospital, members had sight of correspondence from the Accountable Officer which stated that the proposals would be considered at a public meeting of the Governing Body on 4 October. It was noted that this decision was subsequently taken in a closed session.

Continuing, Sharon Emery as a member of the public who had submitted questions in advance of the meeting, addressed these to the representatives of the CCG and the SSOTP :-

1. Will the CCGs guarantee that no harm will come to patients as a result of closing these community beds?

- 2.
3. What is the plan for coping with the winter pressures, especially with the loss of such a significant number of community beds?
  
4. What is the breakdown of how monies saved from bed closures have been used to improve quality of care for patients in the community?

Representatives from the CCG explained that no harm would come to the patients. Some community beds would be retained at the Haywood Hospital and that other support in nursing homes in the community would be provided.

There were a number of plans in terms of extra nursing home capacity. From the savings achieved by closing the beds £5m could be invested into community services, primary care and dementia care liaison; there would be an increase in the number of beds commissioned within nursing homes and there would be increased therapy cover to sit within the nursing homes.

Members returned to question the representatives from the CCG and SSOTP regarding:-

Concerns around the patient experience following discharge from Bradwell, which may result in readmission to UHNM, and to a subsequently worsening bed situation at the UHNM.

It was explained by the CCG that the point prevalence study had shown that the majority of people occupying beds were waiting for other services and that rehabilitation did not necessarily need to occur in a hospital. However re admittance to hospital may not always be avoided, around 13% return to hospital, as this was dependent on an individual's condition.

It was stated that 20 beds had closed at the Haywood Hospital and that 130 beds had been commissioned in the community. Pressed on the point around the provision of adequate care package provision within the home it was admitted that there were difficulties around the Council procuring services, although investment had been made to help with this area of work.

Councillor Loades added that the CCGs were committed to ensuring that care packages were provided and that this had rendered very positive results with the opportunity to deliver safe care at home.

Further concerns were expressed at the number of people waiting for a care package revealed by the point prevalence study which was felt to be particularly acute in rural areas. The location of the care within the Newcastle area was a matter of importance to members. Care packages were considered to be somewhat of a postcode lottery and concern was expressed that not all of the training and equipment would be in place by the end of Dec within the Newcastle area. This concern was acknowledged and shared by representatives of the CCG and SSOTP.

The representative from the SSOTP endorsed the view that bed based services were not the best way for care to be provided for the majority but acknowledged that people may require additional support within the care home setting, for example end of life services which would require appropriately trained staff.

The recruitment of Health visitors was scrutinised and the SSOTP representative explained that the skills mix was continually being examined.

Members addressed the consultation process that had been undertaken by the CCG. It was pointed out that there had been no focus group within Newcastle that the reporting of the number of signatures on a petition was inaccurate and that closure of beds had not been addressed in the consultation. It was alleged that the statutory duty to consult had not been carried out adequately and that views from members of the public had not sought.

Representatives from the CCG stated that consultations would be reported to the governing body on 1 November and if there were significant changes to go out to public consultation in the New Year.

Members considered the timescale of 1 November to be too short.

The Chair asked if NHS England had directed the CCG not to make the decision public.

A member asked for quality assurance regarding the inspection of the residential care homes commissioned. It was stated that all the homes had been inspected and that this role would be continued by the Community Matron.

In summing up the Chair felt that it would have been better to have consulted in September at which time the concerns could have been addressed in a more constructive way.

The Chair stated that the healthcare system was approaching crises point and at an early point in the year. The wards at UHNM were full and that there may be a need to recommission these beds at Bradwell Hospital in January 2017.

Representatives from the CCG confirmed that provision needed to be made for around 200 people who were medically fit for discharge and that as Commissioners and providers this was their responsibility.

The effect on the morale and stress of the staff at Bradwell Hospital was acknowledged by the CCG and it was stated that following discussions the hospital beds would remain open until December; patients who met the criteria would be admitted.

The Chair thanked the representatives from the CCG and the SSOTP for their attendance at the meeting.

The Chair considered that the subsequent decisions would benefit from public scrutiny and he urged the representatives to take this message back to the Board.

**3. URGENT BUSINESS**

There was no urgent business.

**4. DATE OF NEXT MEETING -16 NOVEMBER 2016**

**COUNCILLOR DAVE JONES  
CHAIR**

Meeting concluded at 8.20 pm



Please contact: Louise Booker  
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**NHS Midlands and Lancashire CSU**  
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Lancashire Business Park  
Leyland  
PR26 6TR  
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27 October 2016

Dear Mr Jones

**Re: Request for information under the Freedom of Information Act 2000**  
**Ref no: FOI-02000-C8J6-SOT**

Thank you for your correspondence dated 7 October 2016 making a request under the Freedom of Information Act 2000 for access to information which may be held by NHS North Staffordshire Clinical Commissioning Group (CCG).

Please find detailed below NHS North Staffordshire CCG's response to your request, which is formatted as follows:

1. A schedule of all the records covered by your request.
2. Details of NHS North Staffordshire CCG's decision in regard to the information requested.
3. Details of how you can appeal this decision should you wish to do so.
4. A statement concerning copyright and re-use of public sector information.

**This letter addresses each of these parts in turn:**

## **1. Schedule of records**

- 1) Could the NSCCG provide details of the 'point prevalence', and additional studies conducted at Bradwell hospital and mentioned as evidence to support the decision to decommission beds?

**Recent point prevalence studies of the five community hospitals confirmed the findings of previous reviews carried out over a number of years. The AIRS beds have been commissioned to provide bed based intermediate care and by exception assessment where there is an ongoing medical or nursing need.**

**To provide context, the overarching points prevalence breakdown across the four community hospital AIRS bed bases is included below which covered a total of 198 available beds, of which 187 were occupied at the time of the audit.**

Community Hospital Beds (Step Up and Down)		
Type of Service	On the Day	%
Number of people who required a <i>Community Hospital sub-acute bed</i>	16	9%
Number of people who required a <i>bed</i> that can manage <i>challenging behaviour / people with dementia</i>	11	6%
Number of people who required an <i>assessment / rehab bed</i> ie: care home with MDT support	40	21%
Number of people who required a <i>Palliative / Fast Track Palliative bed</i> in a Care Home	11	6%
Number of people who required a <i>Stroke ax / rehab bed</i> but not sub-acute		
Number of people who could gone <i>home</i> with no <i>support</i>	6	3%
Number of people who could of gone <i>home</i> / waiting to go home with <i>Intermediate Care</i>	11	6%
Number of people who could of gone <i>home</i> / waiting to go home with <i>Rapid District Nursing / Tissue Viability support</i>		
Number of people who could of gone <i>home</i> with <i>community palliative care</i>	6	3%
Number of people who could of gone <i>home</i> / waiting to go home with a <i>Package of Care (social care)</i>	46	25%
Number of people who are waiting to go <i>home</i> with <i>EMI S@H</i>	5	3%
Number of people waiting to go to an <i>Extra Care Facility / supported living</i>	6	3%
Number of people waiting to go into <i>24 hour care</i>	13	7%
Number of people waiting to go into <i>EMI 24 hour care</i>	16	9%
<b>TOTAL</b>	<b>187</b>	<b>100%</b>

The specific breakdown relating to Bradwell Hospital is as follows:

Bradwell		
Type of Service	On the Day	%
Number of people who required a <i>Community Hospital sub-acute bed</i>	5	8%
Number of people who required a <i>bed</i> that can manage <i>challenging behaviour / people with dementia / learning difficulties</i>	6	10%
Number of people who required an <i>assessment / rehab bed</i> ie: care home with MDT support	9	15%
Number of people who required a <i>Palliative / Fast Track Palliative bed</i> in a Care Home	10	17%
Number of people who required a <i>Stroke assessment / rehab bed</i> but not sub-acute		
Number of people who could gone <i>home</i> with no <i>support</i>	1	1%
Number of people who could of gone <i>home</i> with <i>community palliative care</i>	2	3%
Number of people who could of gone <i>home</i> / waiting to go home with <i>Intermediate Care</i>	4	7%
Number of people who could of gone <i>home</i> / waiting to go home with a <i>Package of Care (social care)</i>	12	20%
Number of people who are waiting to go <i>home</i> with <i>EMI S@H</i>		
Number of people waiting to go to an <i>Extra Care Facility / supported living</i>	6	10%
Number of people waiting to go into <i>24 hour care</i>	5	8%
Number of people waiting to go into <i>EMI 24 hour care</i>	1	1%
<b>TOTAL</b>	<b>61</b>	<b>100%</b>

- 2) Could the NSCCG provide the Committee with statistics regarding the patients that have occupied these commissioned beds over the past 12 months, including time occupied, referral mode (Acute vs Community), care level required (Acute, Sub-acute, Primary)?

The beds at Bradwell have been utilised as Step Down capacity for the past 12 months and all patients will have been admitted directly from the acute portals or wards.

The throughput equates to 16 patients per week/832 patients per year, with only 9% being admitted with an Intermediate care/reablement requirement with the remainder requiring palliative care, awaiting a package of care or awaiting an assessment for 24 hour nursing or residential care.

The average length of stay within the beds equates to 25 days.

- 3) Has the NSCCG performed any impact studies regarding the knock on effect of decommissioning sub-acute beds at community hospitals on provision of beds at the Royal Stoke Hospital? Notably, is there any risk of 'bed-blocking' identified from decommissioning these beds, and as a consequence a cost comparison of provision of these community beds verses cost of delays in discharge of patients from acute service beds.

**Using the recent implementation of temporary bed closures at Cheadle, the patients in the 47 beds were discharged over a four week period in September 2016. Every patient was medically fit for discharge when the point prevalence was carried out. 48% of patients were discharged in line with plans already in place. 52% of patients were discharged in line with plans put in place during the four week period. Alternative services were commissioned and in place to enable the eight admissions a week from UHNM to Cheadle to be managed and the beds closed to new admissions. There is no evidence that there has been an adverse impact on the system since Cheadle closed to new admissions in late August and we have seen no evidence of an increase in a length of stay or excess bed days to date.**

**The CCGs have also commissioned a number of nursing home beds which came on line from the 24<sup>th</sup> September 2016 in a phased approach to support those patients who still require a bed based service. These beds have been commissioned specifically in line with demand for DST assessments, Palliative care and patients with EMI needs requiring a period of assessment and modelling has been undertaken to understand the weekly and annual demand based upon the past three years data. The length of stay has also been modelled and agreed which will result in greater throughput.**

**The CCG has also made available investment into social care to increase reablement at home services which will be made recurrent in 2017-18 full year effect.**

- 4) Has the NSCCG commissioned any studies to identify the potential increased need for beds within the Nursing Home setting for patients that will be discharged from acute care, yet still require wrap around nursing home care? If so, could the NSCCG provide the Committee with the details of such studies, and identification of potential costs of acquiring nursing home care for patients discharged into nursing home facilities.

**As mentioned above, North Staffordshire CCG alongside Stoke on Trent CCG has commissioned a number of nursing homes to support patients with assessment and/or palliative care needs. There is no evidence to demonstrate that a reduction in beds will increase the health economies reliance on beds and in fact, it is anticipated that there will actually be a decrease in the requirements for longer term care through ensuring patients are discharged home with the support in place or are discharged into the most appropriate bed base first time in line with need.**

**Evidence demonstrates that people recover more quickly when they are at home or an appropriate care home environment as opposed to a hospital ward, with their own clothes and personal items and a sense of independence and if required, rehabilitation, reablement and care packages that support their recovery.**

**Current system configuration also conspires to create a sub-optimal clinical experience. Patients should be managed in the most appropriate clinical setting for their needs and receive what they need when they need it. Delays cause patients health to deteriorate, they can quickly lose independence and it becomes more difficult for them to return home. In many cases, acute and community beds have become places people wait for the right services.**

**From a cost perspective, the average care package/bed placements are outlined below:**

**Community hospital bed costs around £2,100 /week**

**An average domiciliary care package costs around £210 /week.**

**An average residential home bed costs around £600 per week**

**Nursing home bed £700 per week and with intensive therapies support it can be up to £1,000 per week.**

- 5) Could the NSCCG provide details regarding the reasoning for decommissioning nursing home beds, against a backdrop of decommissioning sub-acute beds at community hospitals, with the potential knock on requirement of increased demand for nursing home beds?

**As mentioned above, the CCGs are commissioning nursing home beds in line with need and have not directly commissioned any nursing homes prior to the recently procured beds for the past 18 months therefore have not decommissioned any beds.**

- 6) Can the NSCCG provide the committee with any impact studies that have taken place to identify the potential increased pressure on the Staffordshire Social Services regarding the decommissioning of sub-acute beds at community hospitals, and potential increased costs in provision of in home care for patients discharged to home from acute care?

**As outlined above and evidenced through the points prevalence, the beds are not commissioned to provide capacity to admit patients awaiting a package of care. The CCGs have commissioned 3382 spells of home based intermediate care along with an additional 2000 hours per week of reablement care during 2016-17 which heavily support patients whilst domiciliary care packages are being sourced. This is based upon lessons learned from the implementation of the 'home first' model of care and is sufficient to meet demand.**

**Evidence shows that if patients are discharged into the most appropriate place to meet their needs with home being the default option, and if assessments are undertaken at a time where patients are recovered and in a place of comfort, there is a lesser requirement for extensive packages of domiciliary care. A recent pilot has demonstrated that 52% of patients discharged home for assessment for a domiciliary package actually didn't require any support following a 72 day intensive package to help them settle back into home with the right support and it is expected that this will be built upon as the model expands and is fully embedded.**

**The CCGs are also making additional investment available to community services including reablement in 2017-18**

- 7) The Committee would appreciate any further details on the work carried out by the NSCCG in conjunction with partner organisations to ensure that once patients are discharged to their own homes from acute care, they received the support they require.

**The CCGs have invested extensively into community services over the past three years to commission high quality services within the community. We have close working relationships with SSOTP and the local authorities to ensure that services are aligned with a move towards integration to remove barriers to access. The principles of Home First are widely accepted and are signed up to across the Local Health Economy and are discussed in numerous stakeholder meetings to drive forwards the discharge to assess programme of work.**

- 8) Could the NSCCG provide further details regarding the wide ranging and consultation and engagement conducted on "My Care My Way – Home First"? Specifically, you mention that such consultation supported the delivery of this plan. In the Consultation and Engagement Feedback Summary Report, published by the NSCCG, there are 261 survey respondents reported during phase 1, with a further 28 during the publicity event. Unfortunately, this report

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only provides a snapshot of the collated evidence from these engagement activities, and as a consequence it is difficult to ascertain how such responses can be construed as support for delivery of the plan. The Committee would appreciate the NSCCG providing further details of the responses to the engagement survey and in particular the reasoning behind the interpretation of supportive for the delivery of this plan?

**The first phase of engagement about My Care, My Way – Home First began in December 2015 with a briefing to MPs and local health, voluntary and local authority organisations. We also talked to the public at a series of events, public, local authority and health meetings, not just the online survey that you quote above.**

**The Case for Change set out the proposed model of care designed around a ‘home first’ philosophy. The documentation which was consulted on made it specifically clear that “The likely impact is that fewer community intermediate care beds will be required.”**

Details about the consultation can be found here <http://www.northstaffscg.nhs.uk/my-care-my-way>

**The CCGs are in the process of planning a four week engagement exercise to enable people to engage further with the implementation of the model. The Case for Change to inform this exercise is currently with NHS England. Once we have their approval, we will be communicating about how people can get involved. We are planning to commence this work in November.**

## **2. Decision**

I can confirm that NHS North Staffordshire CCG does hold the information requested, and this is detailed above:

## **3. Right of appeal**

If you are dissatisfied with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you are entitled to complain in the following way:

Initially you should complain in writing to the freedom of information officer, either by email on [MLCSU.FOITeam@nhs.net](mailto:MLCSU.FOITeam@nhs.net) or post to Jubilee House, Lancashire Business Park, Leyland, PR26 6TR, specifying why you feel you have been wrongly denied access to the information requested. The freedom of information officer will ensure your complaint is investigated under NHS North Staffordshire CCG’s internal processes and provide you with a written response within 20 working days.

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner’s Office (ICO) for a decision. Generally, the ICO cannot make a decision unless you have exhausted the complaints procedure provided by NHS North Staffordshire CCG.

## **4. Copy and reuse of public sector information**

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Yours sincerely

**Sandra Chadwick on behalf of Marcus Warnes  
NHS North Staffordshire CCG**

## REPORT FOR HEALTH & WELLBEING SCRUTINY – DEMENTIA SERVICES IN NEWCASTLE-UNDER-LYME.

- Approach – local Charity that provides services, including some commissioned by North Staffs CCG, to meet the needs of older people with dementia and their carers. Primarily works in Newcastle & Stoke. Their Chief Officer Will Boyce is Chair of the Staffordshire & Stoke-on-Trent DAA and Vice-Chair of East Newcastle LAP.
- Alzheimer's Society – no local branch. Co-ordinates the Dementia Action Alliances and Dementia Friends scheme nationally.
- Beth Johnson Foundation – national Charity based in Hartshill. Provides a Dementia Advocacy Project for North Staffordshire.
- Bradwell Hospital (CCG) – provides a Dementia Ward, although its future is currently uncertain.
- Staffordshire & Stoke-on-Trent Dementia Action Alliance (DAA) – co-ordinates the delivery of the DAA across Staffordshire & Stoke. Co-ordinated by officers from Stoke City Council and North Staffs CCG.
- DAA members that operate in Newcastle include:-
  - Age UK North Staffs.
  - Aspire Housing.
  - Audley Health Centre.
  - Beth Johnson Foundation.
  - East Newcastle LAP.
  - Home Instead, Newcastle & Stoke.
  - Millrise Medical Practice.
  - North Staffs Carers Association.
  - Staffordshire County Council.
  - Staffordshire Fire & Rescue.
  - Staffordshire Police.
- Newcastle Borough Council – has submitted an Action Plan and awaiting approval to be registered as a DAA member.
- Belong Villages (see <http://www.belong.org.uk/>) – are restoring and redeveloping the former Maxim's site to provide new services including a Dementia Centre of Excellence.
- Healthy Minds Service – a partnership between North Staffordshire Combined Healthcare NHS Trust, North Staffs Minds and Changes Health and Wellbeing service; operates under the umbrella of a national NHS programme, Improving Access to Psychological Therapies (IAPT) and from January 2017 has been commissioned by the CCG to provide additional services for long-term conditions, including dementia.
- Other organisations – there are also a range of organisations that provide services that will be relevant to people with dementia and their carers including:
  - Loggerheads & District Befrienders.
    - North Staffs Linkline.
    - Father Hudson's Society.

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Members: Bailey, Bloor, Gardner,  
Hailstones, Jones, Loades, Naylor,  
Northcott, Spence, Walklate, Wright,

# HEALTH AND WELLBEING SCRUTINY COMMITTEE WORK PLAN

**Chair: Councillor Jones**  
**Vice Chair: Councillor Wright**

**Portfolio Holder(s) covering the Committee's remit:**  
**Councillor Tony Kearon (Communities and Social Cohesion)**  
**Councillor Amelia Rout (Leisure, Culture)**

**Health and Well Being Scrutiny Committee may wish to examine the following areas -**

- 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 style="text-align: center;"><b>8<sup>th</sup> July 2015</b>  <b>(agenda dispatch</b>  <b>26<sup>th</sup> June 2015)</b></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 <sup>th</sup> 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
<b>30<sup>th</sup> September 2015</b> <b>(agenda dispatch 18<sup>th</sup> September 2015)</b>	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 <sup>th</sup> August 2015 and the 10 <sup>th</sup> 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
<b>18<sup>th</sup> November 2015</b> <b>(agenda dispatch 6<sup>th</sup> November 2015)</b>	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 <sup>st</sup> September 2015 and Digest of the 14 <sup>th</sup> October 2015
	Portfolio Holder(s) Question Time – Cabinet Portfolio Holder for Leisure, Culture and Localism will be in attendance	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
	Better Care Fund	The Head of Housing and Regeneration Services be invited to present the future direction of the Better Care Fund process. What role should districts/boroughs play?, What should the Council be offering in relation to the wider health and wellbeing agenda, particularly in terms of the services it delivers? Has the Partnership focussed on the 'right' areas in terms of needs, priorities and outcomes?

Date of Meeting	Item	Reason for Undertaking
<b>18<sup>th</sup> November 2015</b> (agenda dispatch <b>6<sup>th</sup> November 2015)</b> Cont'd ...	Dementia Services within Newcastle-under-Lyme	The Commissioning Manager, Dementia and District Commissioning Lead for Newcastle be invited to present a report covering:- <ul style="list-style-type: none"> <li>• What is dementia?</li> <li>• What causes dementia and how can it be prevented?</li> <li>• What is the dementia pathway in North Staffordshire from memory services to end of life?</li> <li>• Work that is happening in health and social care</li> </ul>
	Work Plan	To discuss the work plan and potential topics that Committee members would like to scrutinise over the forthcoming year
<b>6<sup>th</sup> January 2016</b> (agenda dispatch <b>24<sup>th</sup> December 2015)</b>	Minutes from the Healthy Staffordshire Select Committee	To receive the minutes of meetings held on the 9 <sup>th</sup> November 2015 and the 4 <sup>th</sup> December 2015
	Healthwatch, Staffordshire	Summary update to be provided by Healthwatch, Staffordshire
	Swimming as part of the National Curriculum for Key Stage 2 Children	A report to be presented into the findings carried out by Committee
	The Midway Walk In Centre	A review to be presented by Officer(s) from North Staffordshire and Stoke on Trent Clinical Commissioning Groups on the outcome of a programme of work and the level of patient engagement undertaken to establish a suitable service
	Better Care Fund	Councillor Loades to present a report showing what engagement the Borough has with the Better Care Fund – as agreed at the last meeting
	Work Plan	To discuss the work plan and potential topics that Committee members would like to scrutinise over the forthcoming year

<b>Date of Meeting</b>	<b>Item</b>	<b>Reason for Undertaking</b>
<b>6<sup>th</sup> April 2016</b> <b>(agenda dispatch</b> <b>27<sup>th</sup> March 2016)</b>	Minutes from the Healthy Staffordshire Select Committee	To receive the minutes of meetings held on the 2 <sup>nd</sup> February 2016 and 22 <sup>nd</sup> March 2016
	Healthwatch, Staffordshire	Summary update to be provided by Healthwatch, Staffordshire
	Dementia Services within Newcastle-under-Lyme	Nicola Bucknall, North Staffordshire CCG Manager to present a summary of a pilot project, Dementia Primary Care Liaison Service (Community Psychiatric Nurses supporting primary care).
	Annual Work Plan Review	To evaluate and review the work undertaken during 2014/2015
<b>6 July 2016</b>	Healthy Staffordshire Select Committee 6 June summary	To receive a summary of the main agenda items from Healthy Staffordshire Select Committee held on 6 June
	Annual Work Plan	To discuss the work plan and the potential topics that Committee members would like to scrutinise during the forthcoming year.
<b>21 September 2016</b>	Dementia Care Services	Scrutiny Brief submitted. Outcome will be report to Cabinet which will highlight the current provision of dementia care in the Borough, how this is delivered and feedback from user's representatives groups. In addition, potential challenges for the Borough at present and over the next 10-20 years, with the provision of dementia care will be highlighted
<b>16 November 2016</b>	Dementia Care Services	
<b>11 January 2017</b>	GP Referrals	
<b>12 April 2017</b>		

<b>Task and Finish Groups:</b>	
<b>Future Task and Finish Groups:</b>	
<b>Suggestions for Potential Future Items:</b>	<ul style="list-style-type: none"> <li>• Dementia Services within Newcastle-under-Lyme – updates to be provided on future developments, particularly the Dementia Plan</li> <li>• Partnership Working between Newcastle Borough Council and other organisations in the area of health 'prevention' work.</li> <li>• Issues relating to Children and Adolescent Mental Health.</li> <li>• Supporting People Funding. To look at what implications of withdrawing this</li> </ul>

	<p>funding could cause for some organisations that are supporting vulnerable residents.</p> <ul style="list-style-type: none"> <li>• Health and Wellbeing within the Public Health Function. District Public Health Development Officer - Newcastle under Lyme to be invited.</li> </ul>
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<b>Cabinet Meetings</b>	Wednesday 19 October 2016, 7.00pm, Committee Room 1
	Wednesday 23 November 2016, 7.00pm, Committee Room 1
	Wednesday 7 December 2016, 7.00pm, Committee Room 1
	Wednesday 18 January 2017, 7.00pm, Committee Room 1
	Wednesday 22 February 2017, 7.00pm, Committee Room 1
	Wednesday 22 March 2017, 7.00pm, Committee Room 1
	Wednesday 14 June 2017, 7.00pm, Committee Room 1