

FIELD_TITLE

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

HEALTH AND WELLBEING SCRUTINY COMMITTEE

Wednesday, 6th July, 2016
Time of Commencement: 7.00 pm

Present:- Councillor Dave Jones – in the Chair
Councillors Spence, Sweeney, Walklate and Wright
Officers Jayne Briscoe
Apologies There were no apologies

1. **DECLARATIONS OF INTEREST**

There were no declarations of interest stated.

2. **MINUTES OF PREVIOUS MEETING**

Agreed: That the minutes of the meeting held on 6 January 2016 be agreed as a correct record.

3. **APOLOGIES**

An apology was received from The Partnerships Manager.

4. **TO RECEIVE THE MINUTES OF THE HEALTHY STAFFORDSHIRE SELECT COMMITTEE HELD ON 6 JUNE 2016**

Agreed: That the minutes of the Health Staffordshire Select Committee Meeting held on 6 June 2016 be noted.

5. **JOINT HEALTH SCRUTINY ACCOUNTABILITY SESSIONS WITH NHS TRUSTS - APPOINTMENT OF REPRESENTATIVES**

Agreed: That Councillors Bailey, Northcott and Wright be nominated to represent the Borough Council at the Staffordshire County Council Joint Scrutiny Accountability Sessions. Councillor Gardner would attend the North Staffordshire Combined Healthcare NHS Trust meeting on Monday 5 September 2016.

6. **WORK PROGRAMME**

It was apparent that a number of items had not received attention including a report on the level of swimming provision for Key Stage 2 primary school children within the Borough.

The Chair considered that the Scrutiny Committee should set out the areas of priority for inclusion within the work programme. He added that it was opportune for the Committee to scrutinise at the point when a service was under review as this would enable members to contribute to policy. Continuing the Chair suggested the following areas be included within the work programme:-

Elderly Care
Dementia services

Obesity
Children and Families

With respect to dementia care it was agreed that the experience of service users would be included in the study. Councillor Spence commented, that within the Silverdale area, work was ongoing to achieve Dementia Friendly status.

Following on from a suggestion from Councillor Gardner that the Borough sign up to the Mental Health Challenge it was agreed that this suggestion be explored and a report submitted to this Committee for consideration.

On a separate issue Councillor Hailstones asked that any presentation or report be forwarded to members in advance of the meeting to allow for members to read and digest the information and therefore be in a good position to ask questions.

Councillor Sweeney, as Chair of the Fire Authority, reported that the Fire and Rescue Service was keen to look at work areas of synergy with the Ambulance Trust. Accordingly the Chair suggested the "blue light" services be invited to attend a future meeting.

Councillor Gardner referred to the GP referral service and to the activities provided at Jubilee2 to meet the needs of those referred. It was suggested that this Committee examine the take up of the service and how well such needs were being met; barriers to the take up of the service such as travelling distance and waiting times to be included in the study.

Agreed: That the Scrutiny Officer draw up a meeting schedule to reflect the issues requested by members, beginning with an examination of the dementia topic in October.

7. PUBLIC QUESTION TIME

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

8. URGENT BUSINESS

There were no items of urgent business.

COUNCILLOR DAVE JONES
Chair

Meeting concluded at 7.30 pm

Brief for Scrutiny

<p>Topic to be scrutinised</p> <p>Dementia Care Services in Newcastle-under-Lyme</p>
<p>Questions to be addressed</p> <p>The current demand for dementia services in the borough, and projected figures over the next 10-20 years.</p> <p>Current commissioning of services for dementia care in borough, including providers.</p> <p>How are carers supported in the delivery of dementia care.</p> <p>What needs to be improved and the obstacles that may prevent this happening?</p> <p>What are the plans for future provision as the number of local residents with dementia is going to increase with time as is predicted for the nation as a whole?</p>
<p>Outcome</p> <p>For the Health and Wellbeing Scrutiny Committee to have a greater understanding of:</p> <p>The demand for dementia care in borough at present, and projected long-term demand over the ensuing 10-20 years.</p> <p>The type of dementia care services currently provided, who provides these services, potential avenues for improvement and obstacles to improvement.</p> <p>How carers are supported in the delivery of dementia care</p> <p>Long-term plans for dementia care in the borough.</p> <p>The main output of this scrutiny will be in the form of a report submitted to cabinet highlighting the current provision of dementia care in borough, how this is delivered and feedback from user's representative 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.</p>
<p>Background materials</p> <p>Current statistics for dementia sufferers in borough, including projected figures for the next 10-20 years.</p>

<p>Details of currently commissioned dementia provision in borough, including provider, mode of delivery, and costs.</p> <p>Details of currently provided support services to dementia carers.</p>
<p>Evidence and witnesses</p> <p>North Staffordshire Clinical Commissioning Group (Commissioning Services) Staffordshire and Stoke on Trent Partnership (Delivery) North Staffordshire Age UK (Support) North Staffordshire Alzheimer's Society (Support)</p>
<p>Method of scrutiny</p> <p>Meetings</p>
<p>Timetable</p> <p>21st September 2016 (1st Meeting: Evidence) 16th November 2016 (2nd Meeting: Evidence) 11th January 2017 (Report Submitted For Approval)</p>
<p>Constraints</p> <p>Availability of witnesses involved with commissioning and delivery delayed until November.</p>
<p>Members to undertake the scrutiny</p> <p>All members of the Health and Well Being Scrutiny Committee.</p>
<p>Support</p> <p>Jayne Briscoe (Committee Secretarial) Officer time to assist with compiling the report.</p>

Newcastle Borough Council Corporate Plan Priority area (s) <ul style="list-style-type: none">○ Creating a healthy and active community
CfPS Objectives: <ul style="list-style-type: none">● Provides and critical friend challenge to executive policy makers and decision makers● Enables the voice and concerns of the public to be heard● Is carried out by independent governors who lead and own the scrutiny role● Drives improvement in public services
Brief approved by Overview and Scrutiny Co-ordinating Committee Signed Date

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Minutes of the Healthy Staffordshire Select Committee Meeting held on 8 August 2016

Present:

Attendance	
Philip Jones	Diane Todd
Ian Lawson	Conor Wileman
Shelagh McKiernan	Maureen Freeman
Trish Rowlands	Janet Johnson
David Smith	David Leytham
Stephen Sweeney	Stephen Smith

Also in attendance:

Apologies: Michael Greatorex, George Adamson, Charlotte Atkins, Chris Cooke, Ann Edgeller, Barbara Hughes, Andrew James and David Jones

PART ONE

12. Apologies

13. Declarations of Interest

There were no declarations on this occasion

14. Minutes of the last meeting held on Tuesday 5 July 2016

Minutes of meeting held on Tuesday 5 July 2016 were agreed and signed by the Chairman.

15. All Age Disability

The Cabinet Member for Health, Care and Wellbeing presented his report to the Committee, and advised that it would also be presented to Cabinet on 17 August 2016. He explained the purpose was to give members an opportunity to note and make comment prior to any subsequent decision by Cabinet.

Members were informed that a change in legislation meant that Staffordshire County Council had a statutory responsibility to provide separate children and adult social care. The legislation for Children's Social Work includes creating an accreditation system for Children's Social Workers and a new Social Work Regulator.

In order to discharge the responsibility it was necessary to change the way that Independent Futures (IF) delivered the All Age Disability Strategy. The proposed

reconfiguration of the operational structure and management of IF outlined would provide a financially sustainable service model.

He informed Members that he would be responsible for the delivery of Adult Social Care and the Cabinet Member for Children and Young People for the delivery of Children's Social Care. Ultimately the intention was to prepare children for adult life, fulfil their potential and live as independently as their condition allowed. He acknowledged that the attempted seamless transition process from child to adulthood had not been successful, and would be addressed by the reconfiguration of services. His view was that early investment would result in a decrease in trajectory of financial investment resulting in a decrease financial support in tandem with the age and development of the young person.

A Member voiced concern that the effective delivery of the Programme may have been affected by the number and frequency of the changes of the Lead Officer for the programme. The Cabinet Member acknowledged that there had been a number of changes that had resulted in inconsistencies in the early stages that had been rectified. He advised that problems identified following the Gateway Review had been addressed. A more consistent approach to the role of portfolio holder and a consistent financial trajectory had reduced problems arising from previous inconsistencies.

The County Commissioner for All Age Disability and Wellbeing explained that measures put in place had led to a marked all round improvement, particularly for the assessment process, timeliness of reviews and the advantage of a balanced budget. She advised of a changed and closer working relationship with social workers and greater knowledge of need when going to the market place to commission services. The changes had been well received by the Commissioners and Social Workers but there was still work to be done.

A Member raised the issue of cost of the programme and the impact on services by an overall reduction in expenditure. He asked how it was intended to change and improve services with less outlay and, in relation to 0-19 years, expressed concern that a reduction would have a negative impact on services.

The Cabinet Member responded that in relation to cost at the latter part of 2013 there had been an over spend of 5.5% that had been recovered and the budget balanced. In respect of driving efficiencies to reduce cost this had been achieved by excellent assessment and case management. Concerning 0-19 years as this related to the ring fenced Public Health Grant and the provision of health visitors it was not part of the programme.

In relation 0-19 years, the Commissioner for All Age Disability explained the in the event of the birth of a disabled child, that at an early stage the need for additional support to help the child to live as independently as possible would be recognised. She advised of communications and work with Public Health to provide support for children disabilities. This was important as given the opportunity they were often able to attend mainstream education and later train for and follow employment. The ultimate intention of the changes was to provide a well-defined signposted pathway to independent living .The Cabinet Member for Health, Care and Wellbeing advised of a simultaneous programme

running alongside a programme for the education and development of children with special educational needs.

Concern was expressed at the apparent lack of information contained in the report for support for people suffering more serious and severe disability. Members discussed the weakness in the delivery of service and the anticipated advantages provided by the proposed All Age Disability Strategy. The County Commissioner assured members that in very complex cases where people suffered serious severe disability there would always be a statutory care package. The need to improve the assessment process at 14 years was acknowledged, and that the inception and role of the Transition Team was further proof that the issue was being attended to.

In relation to the All Age Disability Strategy and the proposal to close gaps and provide a seamless transition from child to adulthood, a member questioned the need to separate services and stated that it was important to note that children's needs did not necessarily change when they became an adult. Also due to the possible effects on people's lives could the Committee be assured that there would be a significant consideration of all relevant issues before a decision was made? The Cabinet Member for Children and Young People acknowledged the request and confirmed that this would be the case.

Members debated a number of issues that included the trajectory of expenditure and the assertion that with age the needs of the child diminished, budget pressure, the very high cost of child placements, and that cost for looked after children and children in care did not reduce with the age of the child. The general consensus was that extra work was needed to reduce cost across all areas.

A Member expressed concern that IF had not met the Medium Term Financial Strategy for 2015 and also comparison of performance with similar authorities did not appear favourable. The Cabinet Member for Health, Wellbeing and Care responded that it was acknowledged that there had been problems with IF over a number of years attributed to a number of poor decisions and uncertainty caused by changes of leadership. This had an overall negative effect on the delivery of the programme, created additional stress that resulted in high levels of sickness, rising to 17days, reduced to 7 days following implementation of improved processes. In relation to comparison of performance, it was agreed that a fact finding visit to a similar authority would be useful. The overall impact of IF was discussed and Members were advised that as a result of social workers having more to manage the proposal to move to an assessment and review process outcomes and performance would be improved.

A Member referred to the Brokership Team and asked for more information concerning its role, team numbers, cost and day to day involvement and in relation to the sourcing of services. Were they confident that the market place was responsive enough to and could meet the need? The County Commissioner for All Age Disability and Wellbeing explained that the social worker was responsible for the initial assessment and sourcing of care to meet the need. She explained that the current process was time consuming and diverted social workers away from the assessment and review of care.

The purpose of the Brokership Team was to provide support for the social worker by sourcing and delivering the care. Members were informed that the Brokership Team

would be recruited from existing resources and would not affect social worker numbers. She expressed the view that the attitude of the market place was positive and local providers were supportive. Also that the change would provide an opportunity to develop the market place to meet the local need and ultimately manage cost more effectively. Members discussed a number other issues that included, implications of increased numbers of military personnel in the county, difficulties experienced by elderly carers looking after grown up children with disability, the management of transition and associated problems.

The statutory responsibility of the Council was to carry out an annual assessment for each person and the value of the Carer's Hub was discussed. Members were informed that the current funding of the Carer's Hub by the Better Care Fund would continue but that the intended additional investment would no longer take place.

In relation to the improved sickness records, and accepting that the workforce was the best asset, the most expensive resource and crucial for the provision and delivery of care a Member asked what measures were in place to recruit and train staff to ensure sufficient numbers to deliver services.

In response Members were informed of a robust process of recruitment, supplemented by appropriate training, asset based assessment to ensure compliance with the Care Act all of which was supported by a continuous programme of personal staff development. The Brokership Team as with Transition Team would be recruited from existing staff, be cost neutral and social workers would also be eligible to apply. The job specification was in the development stage and there was potential to recruit from the wide range and level of knowledge and expertise already available in Independent Futures.

A Member advised of doubts concerning the continued availability of self-advocacy services in the present form. The Cabinet Member informed Members of a wide range of ad-hoc self-advocacy services available to residents of Staffordshire. He noted concerns and acknowledged the importance of the services, but considered that it may be appropriate to review the number and effectiveness of advocacy services with a view to identifying a better more cost-effective system, but stressed no decisions had been made.

RESOLVED:- a) that the Cabinet Member takes on board the Committee's comments in regard to the All Age Disability Strategy.

b) that arrangements be made for a visit to a similar local authority to compare delivery of All Age Disability and to identify best practice.

c) that the Cabinet Member updates the Committee on the development of the Market Place and progress of assessment and commissioning processes in 6 months' time.

16. District and Borough Updates

Members received and discussed the District and Borough Scrutiny Updates.

RESOLVED:- That the report and the scrutiny undertaken be noted.

17. Healthy Staffordshire Select Committee Work Programme 2016/17

The Scrutiny and Support Manager introduced the Work Programme for the Healthy Staffordshire Select Committee 2016/17.

Members were informed that the next meeting was on 19 September 2016, agenda items as follows:-

- Learning Disabilities Day Opportunities
- Domiciliary Care
- Commissioning Intentions for Long Term Conditions / Frail Elderly Care Services and
- Intermediate Care Services – East Staffordshire CCG

Meeting of the 7 November 2016 would include the following agenda items:-

- Staffordshire Sustainability and Transformation Plan
- Clinical Commissioning Groups Commissioning Intentions
- Transforming Cancer and End of Life Care Programme.

The Committee were informed arrangements were in hand with the North Staffordshire CCG to bring back the Hearing Aid policy before the Committee and, that following the summer holidays, Members would be invited to take part in a Working Group on Obesity as mentioned at the previous meeting of the Committee.

Members were advised that negotiations were still ongoing with Wolverhampton City Council to arrange for joint scrutiny of the Trusts located in that area who were receiving patients from Staffordshire.

In relation to the awaited updates from Staffordshire and Stoke-on-Trent Partnership Trust (SSOTP) and the Better Care Fund the former would be included in the 19 September agenda and latter would be followed up.

The Borough Council Member for East Staffordshire Borough Council stated that the new management team had asked if they could introduce themselves to his scrutiny panel. The Chairman advised him to email her and the Scrutiny and Support Manager with this request.

RESOLVED:- a) that the Committee note the content of the Work Programme 2016/17.
b) that the Borough Council Member for East Staffordshire email the Chairman and Scrutiny and Support Manager regarding Burton Hospitals request to attend the local scrutiny committee.

18. Exclusion of the Public

Chairman

Classification: NULBC **UNCLASSIFIED**

CC: Cllr Elizabeth Shenton (Leader of the Council), Cllr Amelia Rout (Cabinet Member for Health and Well Being, Mr John Sellgreen (Chief Executive).

Dear Mr Warnes,

I am writing to you in you as the accountability officer for the North Staffordshire Clinical Commissioning Group (NSCCG), in my role as the Chair of the Health and Well Being Scrutiny Committee at Newcastle-under-Lyme Borough Council.

In your report to the last meeting of the NSCCG (7th September), you tabled an update regarding the implementation of “My Care My Way – Home First”. In this update you mention that wide ranging consultation and engagement supported the delivery of this plan (Paragraph 4.1). You report that as part of this implementation 108 sub-acute community beds across North Staffordshire have been decommissioned: 37 at Longton Hospital, 20 at Haywood, with 47 beds due to be decommissioned at Cheadle Hospital by the end of September 2016. You further report that point prevalence studies have been carried out at Cheadle, Leek, Bradwell and Haywood Community Hospitals, and alongside previous studies, demonstrate that the majority of patients occupying these beds do not require sub-acute care and would be better served in either a nursing home setting, or with suitable support in their own homes (Paragraph 4.3). Additionally, you report that 65 beds are to be decommissioned at Stadium Court, Hilltop and Abby Court Nursing Home (Paragraph 4.2). Finally, you mention that these facilities, commissioned as rehabilitative care, at community hospitals have become, in effect, “waiting rooms” for patients awaiting health and social care services to enable them to be discharged into their own homes.

Whilst the Health and Wellbeing Scrutiny committee recognise that pressures on acute care at present, we seek further clarification of the evidence based decision making being undertaken by the NSCCG in decommissioning rehabilitative care in the community hospitals across North Staffordshire. Specifically, we would be grateful if you could provide further clarity regarding the following points:

- 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?
- 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).
- 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.

Classification: NULBC **UNCLASSIFIED**

- 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.
- 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.
- 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? 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.
- 7) 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 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?

On behalf of the committee I would like to take the opportunity to express our thanks in advance for answering these questions and providing further clarity and evidence behind the decision to decommission the rehabilitative care beds in our community hospitals.

I look forward to receiving your response.

Best wishes,

Cllr Dave Jones
Chair Health and Well Being Scrutiny Committee
Newcastle-under-Lyme Borough Council

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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 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 and Digest of the 14 th 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
18th November 2015 (agenda dispatch 6th November 2015) 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"> • What is dementia? • What causes dementia and how can it be prevented? • What is the dementia pathway in North Staffordshire from memory services to end of life? • Work that is happening in health and social care
	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
	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

Date of Meeting	Item	Reason for Undertaking
6th April 2016 (agenda dispatch 27th March 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
	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
6 July 2016	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.
21 September 2016	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
16 November 2016	Dementia Care Services	
11 January 2017		
12 April 2017		

Task and Finish Groups:	
Future Task and Finish Groups:	
Suggestions for Potential Future Items:	<ul style="list-style-type: none"> • Dementia Services within Newcastle-under-Lyme – updates to be provided on future developments, particularly the Dementia Plan • 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

	<p>funding could cause for some organisations that are supporting vulnerable residents.</p> <ul style="list-style-type: none"> • Health and Wellbeing within the Public Health Function. District Public Health Development Officer - Newcastle under Lyme to be invited.
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Cabinet Meetings	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	