

## **HEALTH SCRUTINY COMMITTEE**

Wednesday, 12th February, 2014

**Present:-** Councillor Colin Eastwood – in the Chair

Councillors Taylor.J

### **10. APOLOGIES**

Apologies were received from Cllr Becket, Cllr Mrs Hailstones, Cllr Mrs Johnson, Cllr Loades and Cllr Mrs Simpson.

The meeting was not quorate and therefore no decisions could be made.

### **11. DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **12. MINUTES OF PREVIOUS MEETING**

To be agreed at the next meeting of the Committee.

### **13. ACHIEVING EXCELLENCE FOR YOUNG PEOPLE**

A presentation was received from Staffordshire County Council Cabinet Member Robert Marshall.

The following responses to the consultation were made by members:

Question 10.

Newcastle under Lyme Health Scrutiny Committee and Active and Cohesive Overview and Scrutiny Committee.

Question 11.

N/A

Question 12.

N/A

Questions 13.

Newcastle under Lyme

Question 14, 15 and 16

Members are concerned that the views of the Cabinet already appear to be set prior to any consultation responses being received. People need to know that this is a real consultation exercise and that the decision has not already been made.

There is concern in relation to Chesterton Vision in Newcastle under Lyme and the young people who currently use it are worried that it might close.

Will the youth clubs be open outside of school term time as this is very important and it is felt that they should open 52 weeks of the year. Many youth clubs are currently in a situation in school grounds and are shut during school holidays.

What are the costs of the building being used for youth clubs, are they SCC owned, will the Council dispose of those it does not own and maintain those it does? If the Council does maintain the buildings how can this result in a saving?

There are concerns in relation to the youth club at Kidsgrove Whitehall Avenue. SCC do not own the building and the youth club is funded by the private sector – will this cease to happen if the proposals go ahead, if the funding is not available the youth club may be forced to close.

When will the people running and attending the youth clubs be given information about the future?

Will there be a commissioning model for the youth clubs – needs/what services are required to meet desired outcomes etc.?

If paid full time staff are no longer to be used will this not result in a loss of expert / trained individuals? Can volunteers be expected to deal with vulnerable children and young adults? Might there be an over reliance on volunteers and will some volunteers be provided with specialist training.

The locality must be taken into consideration as two youth clubs very close geographically may in fact belong to very different localities and thus have very different needs.

What engagement has been carried out with districts up to this point and what is planned for the future?

Request that Cabinet members report back to the scrutiny committee in 12 months time so that progress can be monitored.

#### **14. INFANT MORTALITY**

The Chair welcomed Dr John Harvey and Sally Parkin to the meetings.

Mrs Parkin stated that an Infant Mortality Commissioners Group made up of representatives from partner organisations within Newcastle Borough Council, Staffordshire County Council District Commissioner, Public Health, GP locality leads, Clinical Commissioning Group and NHS England Area Team had been established in June 2012 to:

- Address the issues of high infant mortality rates in Newcastle under Lyme and recommend a way forward to achieve the outcomes as specified in the NSCCG Integrated Strategy and Operating Plan.
- Understand and co-ordinate the range of interventions currently being commissioned

- Advise the CCG Board regarding future commissioning intentions
- Understand and analyse how the wider determinants of health impact positively and negatively on maternal and infant health and to investigate opportunities for partnership working that can lead to improved outcomes.

The following areas had been identified as services that needed to be prioritised by the Clinical Priorities Advisory Group

- Increased detection of Intra Uterine Growth Restriction (IUGR)
- Maternal Mental Health
- Pre-conception counselling
- Enhanced smoking cessation support
- Breastfeeding support in Primary Care
- Sudden Unexpected Death in Infants (SUDI) campaign

The Infant Mortality Commissioners Group would continue to meet bi monthly to:

- Monitor the implementation of services identified through the health prioritisation process
- Monitor Infant Mortality Rates across the Borough
- Analyse the effectiveness of services already commissioned and whether these services are delivering the expected outcomes for those they are targeted for.

Focus now needed to be on the integration of commissioned services to ensure that all of the different agencies involved in the care/support of families were able to share the information that they held to ensure that families were accessing, known to and receiving support from the appropriate services. An initial meeting was scheduled for Monday 10<sup>th</sup> February to map out and commence this piece of work.

## 15. **HEALTH AND WELL BEING STRATEGY**

An update on the Strategy was received from the Executive Director for Operational Services.

The Borough Council's Draft Health and wellbeing Strategy had been approved for consultation in June 2013 and responses had been received from the following organisations:

- Aspire
- Actions Housing
- Staffordshire County Council
- Newcastle under Lyme College

The response from County Council Public Health suggested that the final version should be closer aligned to 'living well in Staffordshire' – the Staffordshire Health and wellbeing Boards 5 year plan 2013 to 2018.

The mapping exercise which had been started by the executive Director for Operations had now been taken on the District Public Health Officer for Newcastle under Lyme. A template had been circulated for completion by all Heads of Service

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and responses were currently being analysed before an action plan could be formulated.

The Council would also be leading on the development of a specific strategy to increase levels of physical activity on the Borough.

**16. COMMUNITY BASED SERVICES**

This would be carried forward to the next meeting of the Committee.

**17. WORKPLAN**

Members noted topics on the current work plan.

**COUNCILLOR COLIN EASTWOOD**  
**Chair**