

HEALTH AND WELLBEING SCRUTINY COMMITTEE

Tuesday, 21st October, 2014

Present:- Councillor Colin Eastwood – in the Chair
Councillors Allport, Mrs Astle, Bailey, Eagles, Mrs Hailstones,
Mrs Johnson, Loades, Northcott and Owen

1. **APOLOGIES**
2. **DECLARATIONS OF INTEREST**
3. **FRANCIS REPORT**

The Committee received a report relating to the public inquiry into the Mid-Staffordshire NHS Foundation Trust and allegations of poor care and higher than average mortality rates at Stafford Hospital.

The Francis Report included a range of references to the role played by local authority scrutiny committees between January 2005 and March 2009.

Page 9 of the agenda listed a set of questions to be addressed and the Chair requested that the Committee consider these questions in detail.

The first and most vital question to be addressed in the first instance was:

1. Should this area of scrutiny (of hospitals) be undertaken solely by Staffordshire CC (or Stoke on Trent CC) or should there be a division of responsibilities (in the case of Staffordshire) or joint working (in the case of Stoke on Trent) with the relevant district/borough council(s)?

Members considered that this Council should be carrying out scrutiny of hospitals. Some concerns were raised regarding guidance in relation to what should be looked at and it was suggested that better use of organisations such as Healthwatch would enable the Committee to focus on specific areas of importance.

It was stated that scrutiny needed to be both proactive in a preventative sense and reactive in response to constituent feedback. Scrutiny was an important safeguard to the people of the Borough in relation to the health services they received.

The Committee agreed that the Committee should deal with areas that lay within the Borough boundary and that care had to be taken to avoid any duplication of work.

Members raised the importance of having set objectives when carrying out a piece of scrutiny and that it was important to have clear lines of communication with the County Council to ensure that outcomes were reported back and information shared.

Members of the Committee also suggested that in order to carry out effective scrutiny, training was required in relation to areas such as the health framework and who actually does what.

2. Where does the NULBC Health and Wellbeing Scrutiny Committee get its information from in relation to UHNS and other hospitals?

Members considered that there was a need to approach a variety of forums and networks outside of the normal UHNS partners and that information should also be sought from a patient perspective. Specific information was required rather than a broad overview and the Committee needed to be clear in what it was asking of partner organisation that attended meetings. A set of actions needed to be produced after each meeting that required feedback and monitoring. The suggestion was also made that groups such as PALS and Healthwatch attend the meetings of the Committee to discuss their findings and outcomes and that the PCT should attend meetings to provide feedback on alcohol related admissions.

Members considered that the current remit of the Committee should be looked at as it was deemed inadequate and needed to reflect exactly what the Committee were doing. Tightening up on the remit would also help members to decide what areas of scrutiny the Borough would not be undertaking and avoid duplication with the County and City Councils. The Committee agreed that a member led working group be set up to consider the remits of the scrutiny committees.

3. Are the existing resources dedicated to the NULBC Health and Wellbeing Committee adequate both in terms of committee/scrutiny support and also the provision of expert advice (other than that from UHNS)?

Officers considered that some additional training would help to make the current resources more effective and efficient.

4. Are the existing methods of recording meetings adequate?

Members considered that the current way of recording meetings allowed for challenge and was therefore adequate.

5. Is there sufficient clarity in terms of the respective roles of the SCC Healthy Staffordshire Select Committee and the NULBC Health and Wellbeing Committee?

Members considered that there was clarity and that they were clear in their role as representing the Borough of Newcastle under Lyme and its residents.

6. Do Members feel they receive sufficient training to undertake this role?

Members considered that additional training was required.

7. Is information from the public both sought and responded to?

Members considered that more could be done in relation to this including using the Reporter Newsletter and the website to publicise.

8. What role does the public play at meetings of the NULBC Health and Wellbeing Committee?

A public question time had now been introduced but more could be done to publicise this through the website and the Reporter magazine.

4. URGENT BUSINESS

The Chair welcomed Elizabeth Jarrett from Healthwatch to the meeting. Mrs Jarrett gave a brief overview of the work currently being undertaken by Healthwatch and drew members attention to three public events that would be taking place in November in relation to the UHNS transition of services.

With regards to the GP access project Mrs Jarrett stated that this had been planned for August and September but due to a large amount of interest from NHS England the project had been expanded to include other local authority areas such as Shropshire and Telford and Wrekin. Three GP practices would be chosen per CCG.

A question was raised regarding the criteria for choosing GP practices for the Healthwatch project. Mrs Jarrett stated that she would find out this information and email a response.

The Committee thanked Mrs Jarrett for the update.

COUNCILLOR COLIN EASTWOOD
Chair