

Health and Wellbeing Committee Meeting 21 October 2014

The main item on the agenda was discussing the implications of the Francis report on how the borough, as a district council, could/should scrutinise hospitals. Members agreed they should scrutinise hospitals where issues lay within the borough boundary and not duplicate scrutiny by Staffordshire healthy Select committee. It was felt the committee already worked closely with the county to this end and supplied detailed minutes of all committee. Additional training was felt important for members to carry out their role of scrutiny effectively. Although meetings are open to the public, they rarely attended and consideration was given to how this could be improved e.g. publicising more prominently on Borough website. Finally it was decided the current remit of the committee should be reviewed to reflect exactly what the committee were doing. It was proposed a member led working group be set up to consider the remits of the scrutiny committees.

Elizabeth Jarrett, Healthwatch, gave a short feedback on the GP access project the organisation was carrying out. It was originally intended to run from August to September in North Staffordshire, but due to it being extended to other areas it has not been completed yet. It is hoped Elizabeth will be able to attend the next meeting in November if the project has been completed.

Colin Eastwood

Chair Newcastle Health and Wellbeing Scrutiny Committee

North Staffordshire Combined Healthcare Trust gave a presentation and answered questions on the proposed change to the Enhancement of community Older People's Mental Health Outreach Team. The key role is to support patients in their own homes as an alternative to hospital admission and in supporting discharge. This will be extended to support more complex patients – which could include people in residential or nursing homes. This will allow for a vacant ward to be developed, to support patients who currently require out-of-area placement. This is in line with reducing reliance on hospital based inpatient services by making the appropriate investment in community outreach services. The main points raised were the ward closure should not be rushed and concerns about the level of care in some homes with the need to avoid another "Bristol care home scandal". It was agreed NSCH would give a progress report in four months and flag up earlier if they encounter any issues which would affect patients care.

With NSCHT already attending it was an ideal opportunity to focus on issues around alcohol. It should be remembered this week is Alcohol Awareness Week and Newcastle has an above average number of identified residents with alcohol problems than Staffordshire and nationally. Sarah Moore and Trevor Smith gave a presentation on the work undertaken locally as a partnership around preventing and dealing with alcohol related issues in the Borough. Some of the projects mentioned were Purple Flag, Reducing The Strength, First aid Triage and Street Chaplains and alcohol education in schools. A presentation was also given by Debbie Moores from One Recovery, who are part of Addiction Dependency Solutions (ADS) a national charity. She explained previously drugs and alcohol were commissioned separately to a mixture of statutory and voluntary agencies in North Staffordshire, but ADS were now the lead provider working with NSCH who sub contracted out work to other organisations. The overall aim with service users is to achieve stability, set goals for the future, improve physical and emotional wellbeing, improved social awareness/functioning, prepare for employment and help others to achieve. Dr Derrett Watts from NSCHT then gave an overview of the work the organisation provided for patients with alcohol problems. He highlighted the objective of providing a caring, trusting environment which enabled service users to feel accepted and achieve their goals, and their families and carers were listened to and supported. He mentioned the success of the Intoxication Observation Unit where drunken patients were diverted from being sent to A&E to a place they can be properly treated. Whilst having produced identified success rates, there is still a long term issue over funding. He also stated the importance of working as a partnership and identified the 3rd sector, UHNS, GP's, local commissioners, other service lines within NSCHT and service users/carers. NSCHT recognised the role the Borough played in prevention and would meet with officers to play an active role in the Newcastle Partnership.

Colin Eastwood, Chair Newcastle Health and Wellbeing Scrutiny Committee

