

HEALTH AND WELLBEING SCRUTINY COMMITTEE

Wednesday, 19th November, 2014

Present:- Councillor Colin Eastwood – in the Chair

Councillors Bailey, Becket, Mrs Hailstones, Mrs Johnson, Loades, Northcott and Owen

1. APOLOGIES

Apologies were received from Councillor Allport and the Head of Business Improvement, Central Services and Partnerships.

2. MINUTES OF THE PREVIOUS MEETING - TUESDAY 21ST OCTOBER 2014

The minutes of the meeting held on Tuesday 21st October 2014 were agreed as a true and accurate record.

3. DECLARATIONS OF INTEREST

There were no declarations of interest.

4. HEALTHWATCH, STAFFORDSHIRE

Mrs Jarrett, Community Engagement Lead for North Staffordshire provided an update on activity from Healthwatch, Staffordshire:-

(a) Two large scale public events had taken place in Stafford and Stoke. A further one was scheduled for Saturday 22nd November 2014 in Leek. These were to raise awareness of the changes in University Hospitals North Midlands. Presentations were carried out, along with a question and answer panel, attended by senior members of the Trust.

(b) This year Healthwatch carried out a project on Support for Carers to find out what unpaid carers think about services and support available to them and to work with them to improve things in the future. The report was available on Healthwatch, Staffordshire website.

A new Staffordshire Carers Partnership had been launched with memberships from all the main commissioning and provider organisations, including North Staffordshire Carers Association and Carers Association South Staffordshire.

(c) General Practitioners Project – Healthwatch, Staffordshire are about to embark on a new mystery shopper project, speaking to patients waiting in General Practitioners surgeries.

(d) Engaging Communities Staffordshire – a Complaints and Advocacy Manager had newly been appointed.

(e) Dementia Pathway Study – this had been published and would be on Healthwatch, Staffordshire website shortly.

- (f) Experience Exchange – This was launched in June 2014 for the public to provide feedback, which would be vital to the improvement of local services. Healthwatch, Staffordshire would be able to map trends and highlight concerns.

It was asked if the Carers report involved young people. Mrs Jarrett replied it did, the carers support unit had been undertaking work and would be included into the next phase.

A Member raised concern that young carers are not reached and asked if a system could be looked at to improve the visibility of young carers.

Members were reassured that Healthwatch, Staffordshire were working with the Carers Association and were looking at ways of enhancing the system.

Resolved:- That the update be received.

5. NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST - ADULT ACUTE OUTREACH

A report on Enhancing Older People's and Neuropsychiatry Services was introduced by the Director of Operations and Service Line Manager for Neuro and Old Age Psychiatry of North Staffordshire Combined Healthcare NHS Trust.

It was anticipated that demand for older people's services would rise significantly over the next few years. The Trust's Business Plan showed that demographic change would mean that within our catchment population the number of people aged over 65 years would increase by 7.8% between 2012 and 2017 and by 12.7% for people over the age of 80.

The Enhanced Outreach Team would continue the core role of supporting patients in their own homes as an alternative to hospital admission and in supporting discharge. However, this would be extended to support more complex patients, which could be people in residential or nursing homes.

The enhancement would be achieved by supporting the cohort of patients with one less fifteen bedded ward, allowing for staff from this area to be redeployed into the community team.

Harlands Hospital wards would, in the short term, maintain the capability to support similar cohorts of patients. In the longer term, they would also provide greater variety of services, by way of enhancing rehabilitation services.

The proposals were:-

- (a) Extending older people's mental health care closer to home.
- (b) Building on the success of the Community Outreach Team
- (c) Supporting clients in care homes
- (d) Delivering inpatient care from three wards, not four (reduction of fifteen beds)

The Community Outreach Team role was:-

- (a) Qualified mental health staff supported by a Consultant Psychiatrist
- (b) The team delivers intensive support in people's own homes
- (c) Advice on behaviours, medication and support
- (d) Supportive discharge from in-patient wards

- (e) Available seven days per week, 8.00am to 8.00pm (supported by Acute Home Treatment Team, 8.00pm to 8.00am)

It was asked what measures were in place to ensure that all care homes were up to the correct standard of care.

The Service Line Manager confirmed all care homes were inspected by the Care Quality Commission.

All care homes had a Care Home Liaison Team who had an obligation to flag up areas of bad practice.

The Outreach Team were working with staff to provide support and training and had an obligation to bring care homes up to the required standard.

A Member asked if there was a timescale for working with families or was it based on need.

It was responded that it was based on need.

Concern was raised that residential care was means tested and whistle blowing should be encouraged to achieve the best practice across the board.

Members were reassured any concerns were raised by the staff.

It was advised by a Member that should the discharge system not work effectively for Combined Healthcare to return to this Committee for support. This offer was thanked by the Director of Operations.

The Chair asked for Combined Healthcare to be invited back to Committee in four months' time for an update and thanked them for attending.

Resolved:- For North Staffordshire Combined Healthcare to be invited back to the meeting to be on the 29th April 2015.

6. **DIGEST FROM THE HEALTHY STAFFORDSHIRE SELECT COMMITTEE (10TH NOVEMBER 2014)**

Resolved:- That the minutes be noted.

7. **PRESENTATION FROM THE COMMUNITY SAFETY OFFICER - ALCOHOL LEAD AND THE PARTNERSHIPS MANAGER (NEWCASTLE BOROUGH COUNCIL)**

A presentation was carried out by the Community Safety Officer on the needs of Newcastle Borough in relation to alcohol.

This year's Alcohol Awareness Week was running from the 17th to the 23rd November. The theme for this year was 'Facing our alcohol problem: Taking back our health and high streets.'

The total population of Newcastle Borough was 125,000. The number of jobs in the Borough had decreased by 1,000 over the last decade.

Alcohol related admissions (per 100,000 persons) to hospitals in Newcastle were higher than England in 2012/2013. This equated to around 3,200 admissions in Newcastle.

The rate of crime per 1,000 residents in Newcastle Borough was higher than the county average.

The second part of the presentation was carried out by the Partnerships Manager.

Newcastle Partnerships was established in 2012.

There was a Newcastle Partnership Strategic Board who met twice a year to set the vision for Staffordshire. The Board empowered individuals with the responsibility and accountability to oversee the delivery of shared priorities.

A Partnership Delivery Group met bi-monthly with ad-hoc meetings.

There were three tier operational groups which were Officer orientated, Task and Finish Groups and finally there were the Locality Action Partnerships which, within the Borough, consisted of nine and were attended by representatives from the public and the private sector to support.

The Community Safety Officer summarized the alcohol projects:-

- (a) Purple Flag – this was an accreditation scheme.
- (b) Reducing the Strength – a campaign had been launched "Reducing the Strength" by Newcastle Borough Council and Staffordshire Police and would be delivered to other localities within the Borough.
- (c) First Aid Triage and Street Chaplains – St John Ambulance and the Red Cross work with the Borough and act as a focal point to the town centre. Street Chaplains patrol the town centre on a monthly basis and are voluntary pastors.
- (d) Dependent Drinkers/Social Inclusion Case Conference – the conference was working well.
- (e) I'll be Des - The principle of the scheme was that participating venues offer free or reduced price soft drinks to the 'designated driver' from a group of customers e.g. groups of three people or more. The aim was to encourage groups to nominate a driver and to make driving more 'attractive'.
- (f) Alcohol Education in Schools Project – this was presently run by Entrust and was a county wide project.

It was asked if there was a requirement to enforce more action from Staffordshire Police. The Chair advised this was the responsibility of the Licensing Committee.

It was felt by the Vice Chair that partnership working was vital and there was a need to work with each other and asked for a commitment from North Staffordshire Combined Health NHS Trust to get involved in these structures.

The Director of Operations agreed to this commitment.

Resolved:-

- (a) That Committee receive the work Newcastle Partnership undertake around preventing and dealing with alcohol related issues in the Borough.
- (b) That partnership working with Staffordshire Combined Health NHS Trust and Newcastle Borough Council be undertaken.

8. **NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST - ALCOHOL USE AND MISUSE**

The Clinical Director for the Substance Misuse Directorate, North Staffordshire Combined Healthcare NHS Trust carried out a presentation on the Substance Misuse Services.

The service provided a caring, trusting environments which enabled service users to feel accepted and achieve their goals.

There had been five new locations for 2014; Stoke Heath Prison, Stafford, Cannock, Tamworth and Burton.

Drunken patients were being plucked from A&E and transferred to a new style 'drying out unit' in a different hospital.

The referral route; EMU In-Patients was as follows:-

- (a) Referral meeting held once a week to receive referrals from Community Services.
- (b) Separate meetings for Stoke-on-Trent and County patients.
- (c) Also one bed on the Unit was based for transfer from UHNS.
- (d) Have some referrals from out of the County.

North Staffordshire Combined Healthcare NHS Trust (NSCHT) were primarily commissioned by Public Health as opposed to Clinical Commissioning Groups.

The Chair thanked the Clinical Director for attending and the presentation.

Resolved:- That Committee receive the information provided surrounding the Substance Misuse Services carried out by North Staffordshire Combined Healthcare NHS Trust.

9. **ONE RECOVERY**

A presentation was carried out by the Service Manager of One Recovery, Staffordshire.

One Recovery consist of a team of thirty nine staff who deliver an innovative, recovery focussed, integrated substance misuse service across the County of Staffordshire. Their premises were located at 2 and 7 Fellgate Court, Froghall, Newcastle-under-Lyme, Staffordshire, ST5 2AU.

There were two access and service hubs and the association were looking to take over premises for developing a recovery hub.

A number of questions were raised by Members and responded by the Service Manager:-

Q: How would the service be measured and was there a timeframe?

A: Some of the key performance indicators were based on targets from the previous contract which were being looked at.

Q: Was there sufficient advertising?

A: Yes. Presently only a leaflet had been developed but there was more material being prepared and a launch would be held in the New Year.

The Chair thanked the Service Manager of One Recovery, Staffordshire for the presentation and advice.

Resolved:- That Committee receive the information presented from One Recovery, Staffordshire.

10. **WORK PLAN**

Resolved:- When partners and outside bodies attend meetings, Officers ensure that outcomes are carefully monitored and where appropriate benchmarking exercises undertaken.

11. **URGENT BUSINESS**

There was no urgent business considered.

COUNCILLOR COLIN EASTWOOD
Chair