

## HEALTH SCRUTINY COMMITTEE

Wednesday, 23rd October, 2013

- Present:** Councillor Colin Eastwood – in the Chair
- Councillors:** D Becket, Mrs Hailstones, Mrs Johnson, Loades, Mrs Simpson and Taylor.J
- Portfolio Holder(s):** Cllr J. Williams – Stronger and Healthier Neighbourhoods
- Officers:** Dave Adams – Executive Director, Operational Services  
Mark Bailey – Head of Business Improvement and Partnerships  
Trevor Smith – Community Safety Officer (Alcohol Lead)  
Martin Stevens – Scrutiny Officer  
Louise Stevenson – Scrutiny Officer
- Also Present:** Tony Bullock – Commissioning Lead, Alcohol & Drugs (Staffordshire County Council)

### 1. **APOLOGIES**

There were no apologies for absence received.

### 2. **MINUTES OF PREVIOUS MEETING**

**RESOLVED:** The minutes of the previous meeting held on 28 August 2013 be agreed as a correct record with the addition of Cllr Mrs Simpson's apologies.

### 3. **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

### 4. **INFANT MORTALITY**

The Council's Head of Business Improvement and Partnerships introduced a report on infant mortality. The documents illustrated that there was an issue with infant mortality in Newcastle, with Newcastle having the worse statistics in the country at one time, although these had improved slightly. The Head of Business Improvement and Partnerships considered the national statistics contained in the report in conjunction with the health profiles for Newcastle, in particular the 2012 health profile where Newcastle had 11 infant deaths, which was the same as the national statistics 30 years ago. The picture had improved slightly for the 2013 health profile, but there was still a problem. The report contained outcomes and questions to be addressed. The Head of Business Improvement and Partnerships advised the Committee that they may wish to request more input from health organisations as the current picture was quite limited. Public Health had confirmed that there would be a conference on infant mortality in the New Year.

Members questioned whether the statistics were based on post codes, as knowing the postcodes would enable easy identification of whether there was a link to deprived areas. The statistics were for people living in Newcastle but it would be checked whether they were based upon postcodes, although it could be difficult to

obtain information at this close level. Another Member questioned who the representatives were on the Commissioner's Working Group and whether these could be ascertained. The Member was advised that the representatives changed on a regular basis.

**RECOMMENDATION:** The questions contained in the report be forwarded to relevant organisations prior to the conference in the New Year, with any further Member questions to be included. When a response is received, a decision will be made regarding inviting organisations to a future Committee meeting.

## 5. **ALCOHOL STRATEGY**

Tony Bullock, Commissioning Lead for Alcohol and Drugs from Staffordshire County Council Public Health, was in attendance on behalf of the North Staffordshire Clinical Commissioning Group, to provide information on the statistics for alcohol-related admissions. There were two types of alcohol related hospital admissions: those completely caused by alcohol which accounted for a third of admissions and those partly caused by alcohol which accounted for two thirds of admissions. The Clinical Commissioning Group had invested around £500 million in redesigning treatment services. Alcohol and drugs had previously been treated separately, but were now been brought together as it was recognised they were linked. Tendering for new services relating to alcohol and drugs was currently underway, and there was confidence this would lead to a better set of services.

A Member asked whether the reasons for an individual beginning to drink were considered and addressed in the early stages of alcohol addiction. Previously there had been a 98% investment in treatment, but the strategy was moving to early intervention and prevention. There were numerous approaches, including education campaigns, and there was a widespread programme which included the use of regulatory powers. Young to old were affected by alcohol and there could be several generations of the same family with alcohol problems. The Strengthening Families programme was an example of a parenting skills programme. There would be long term work at a community level.

A Member considered that there were missed opportunities to address alcohol consumption with hospital patients. It was acknowledged that these opportunities had been missed previously, but for the past year there had been a team of dedicated nurses, the Alcohol Liaison Team, who trained hospital staff to identify alcohol related issues and provide advice. The team also saw patients. The 'every contact counts' initiative was also important and this was to be spread to primary care services and GP practices.

A Member noted the major impact that alcohol had on A & E departments. They also considered that there were alternative places where people with alcohol related problems could be identified, such as GP practices and the Police, and interventions needed to be made there. You could not go anywhere in the NHS without being asked whether you smoked, and the same was to be introduced with alcohol. This was in its early days, but tens of thousands of booklets had been produced which would provide basic information, and there were high profile pieces of work underway. A diversion scheme had been created for the acutely intoxicated, where individuals were taken to a unit at the Harplands Hospital to be observed whilst they slept off their alcohol consumption, if there were no other complications. This unit was of immense help to A & E. A Funding for the unit came from the CCG, with the hope it would be cost neutral in the long term. A Member questioned the capacity of the Edward Myers Unit, as they were concerned about the impact on other services.

There were ten beds at the unit allocated for planned detox. Two beds had been opened up for diversions from A & E as they were not being used. These were additional beds and therefore there was no reduction in capacity.

A Member questioned whether treatment and education addressed the addictive element of alcohol, and whether people's lifestyles were assessed to understand why they drank. One of the best rehabilitation centres was in Blurton, where professionals endeavoured to understand people's reasons for drinking. More therapeutic services were required and basic social aspects such as support and good accommodation. There was not an expectation that commissioned services would do everything, the hope was to create hubs where it would be easier for people to access services.

The care pathway for drugs and alcohol was fragmented, as patients could present themselves to one service and be referred to other organisations for treatment of different aspects of their conditions. The redesign of the service attempted to address this to allow for one contract to cover all services, with the anticipation of a single unified system. There was a need for equivalent day services to balance centres such as the BAC O'Connor Centres, which provided residential rehabilitation. Bed-based services would still be required, but the intention was to improve community based services and invest in these over the long term.

A Member noted the influence that licensed premises had regarding alcohol. It was illegal for licensed premises to serve intoxicated people, but this was difficult to enforce. An event with the licensing trade had taken place the previous week and it was noted that drinking habits had changed as people were tending to drink in the home before going out, sometimes excessively. A new strategy was needed for the night time economy, and collaboration with the Police was required.

The Council's Community Safety Officer (Alcohol Lead) provided a verbal update on the educational projects being delivered in schools. The current project to educate pupils from year 9 upwards on the dangers of alcohol was being led by Entrust's local co-ordinator, Jo Abbot. There had been problems getting schools to sign up to the project, with one school signed up so far, although various schools had been identified and approached. These problems were being investigated, and with an increase in funding for the next twelve months, it was hoped that more schools could be engaged. The majority of funding was from Staffordshire County Council, and although it was initially one off funding, there was confidence it would continue. A detailed county-wide survey had been undertaken of year 9-11 pupils, the results of which the Community Safety Officer had received that day and would forward to the Committee. The Chair questioned whether there was specific data for Newcastle-under-Lyme. There was limited data from this project, but data was beginning to emerge. The Strengthening Families Programme consisted of 150 families who had been identified through Social Services and youth services, with Entrust commissioned to deliver the programme. The programme educated parents about responsible drinking and it was hoped that Jo Abbot from Entrust would attend a future meeting of the Committee if desired. A Member considered that detailed information regarding the problems being encountered should be requested from Entrust as soon as possible. A Member considered that school governors and local councillors should be used to ensure schools were involved.

Members questioned whether the programme was open to all educational establishments, including academies. It was understood that it would be open to all educational establishments, but this would be investigated and clarified.

The Community Safety Officer advised the Committee of an enhanced first aid triage project for Newcastle town centre, where St. John's Ambulance and the Red Cross would treat minor injuries with a view to easing pressure on A & E. There was the intention of enhancing the project to enable more serious injuries to be treated. There would be a temporary minor injuries vehicle in the town centre on Friday 29 November as part of the first operation, which would be in the town centre on twelve key dates over the next year. A Member questioned whether the street triage linked in with the mental health remit. There was funding available for this, and the Member was of the opinion that this should be investigated if the triage did not link in with the mental health remit. The Police and Crime Commissioner had concerns with alcohol and its link to crime and re-offending, and had funded a review of this with the intention of developing a better way to deal with the issue.

The Committee considered the impact of alcohol on the Major Trauma unit at University Hospital North Staffordshire. A Member advised that a report had been commissioned as part of their role as an NHS Governor with regard to major incidents at the Major Trauma unit, which they would share with the Committee when it was available.

A Member was of the opinion that drink awareness courses should be introduced, similar to speed awareness courses, and be part of the criminal justice system. A similar suggestion had been made the previous week at the licensing meeting, and Tony Bullock would enquire with the Police with regard to the suggestion.

**RECOMMENDATIONS:** (a) The Community Safety Officer to circulate the results of the Insight Team School Alcohol Survey County Report.

(b) Entrust be contacted to request information regarding the problems engaging schools for the education project for alcohol.

## 6. **CARDIAC REHABILITATION AT JUBILEE 2**

The Executive Director, Operational Services provided a verbal update for cardiac rehabilitation at Jubilee 2. The Council delivered Phase 3 of the cardiac rehabilitation process, which was an eight week programme. Phase 4 was an additional four week programme. The scheme had been implemented during 2012/2013 and there had been 60 referrals in that part year. There had been 128 referrals in 2013/2014 so far, with the indication that the final total for the year would be in excess of 200 referrals. Referrals were for residents across North Staffordshire. One question that had been asked was how many more referrals could be expected. This would be a question to pose to the Commissioner for the cardiac rehabilitation service.

A Member noted that a county wide survey had been conducted in the past which ranked Newcastle last for cardiac rehabilitation and questioned whether there was any current data that illustrated whether the situation had improved in comparison to other areas of Staffordshire. The question was whether quality of life had improved and deaths had decreased. It was agreed that this was a question for the commissioner of the service.

A Member considered the significant increase in referrals and questioned whether the Council had the capacity to deliver the service. The Executive Director, Operational Services would ascertain when the next review of the service would be. The programme was delivered by qualified Council staff, with the support of hospital staff, and as the project was funded it was meeting its costs.

The Chair questioned whether there was an exit interview for users of the service, and if so, whether it was conducted by the Council. It was understood that there was, and it was similar to a GP referral scheme. It was not understood whether all referrals were followed up. The Chair further questioned whether there were facilities available for those referrals who could not easily travel to Newcastle. It was agreed that this would also be a question to be put forward to the commissioner.

The benefit of delivering the service at Jubilee 2, and an attractive feature when being commissioned, was the wellness system, which recorded initial fitness levels and tracked improvements to an individual's fitness levels.

**RECOMMENDATION:** The questions raised by the Committee to be forwarded to the commissioner of the cardiac rehabilitation service.

## 7. **HEALTH & WELL BEING STRATEGY**

The Executive Director, Operational Services provided the Committee with a verbal update regarding the Health and Well Being Strategy. The draft strategy had been approved for consultation by Cabinet in the summer. There were two phases to the consultation, the first being to ascertain the views of health and well-being organisations. 35 partner organisations had been contacted and they had approved the principles and priorities contained in the strategy. It was expected that an interim report would be considered by Cabinet in December, which would seek approval to begin the second phase of the consultation, which was to engage with Borough residents around a set of proposed actions. Where there was knowledge of problems, residents could be asked whether the correct actions were contained within the strategy. When the second phase had been completed, the strategy would be received by Cabinet for sign off.

The Chair questioned whether there had been any suggested amendments from the responses received from the health and well-being organisations. It was understood that there were no fundamental amendments suggested, mainly practical comments, but these would be circulated to the Committee.

A Member suggested that the strategy should return to the Committee in six months.

## 8. **HEALTH SCRUTINY WORK PLAN**

The latest version of the Health Scrutiny Work Plan was considered by the Committee. Cllr Loades requested that an item be added regarding seeking clarification of the support given to community services.

## 9. **URGENT BUSINESS**

An item of urgent business was considered within the meaning of Section 100 B(4) of the Local Government Act 1972. There was consideration of the formal response by Newcastle Borough Council and Stoke-on-Trent City Council to the draft recommendations by Trust Special Administrators (TSA) for the Mid Staffordshire Foundation Trust.

A Member requested it be minuted that the document was not representative of the views of the Committee. There was agreement to this by the full Committee.

The Chair advised that the Borough Council had facilitated the opportunity for residents to express their views, and Members views had been channelled through the County's Healthy Staffordshire Select Committee.

The Head of Business Improvement and Partnership advised that the document was the same as had been provided to the TSA and was a combination of the engagement work the Borough Council had undertaken and the responses the City Council had received from organisations in Stoke-on-Trent. As the consultation had closed, it was a background document and the Committee were being asked to focus on future arrangements, and the scrutiny and oversight of these. A provisional date for a special Council meeting on 13 November had been set aside, for the Council to consider whether a joint committee should be established between the Borough Council and Stoke City Council and the Committee were being asked to put forward their views in regard to this proposed arrangement.

A Member was disappointed that there was no response from the North Staffs Clinical Commissioning Group and that there had not been more involvement from Borough Councillors. Moving forward, the Member felt that Borough councillors should be kept informed of developments. The Member felt it important that the influence of the Committee should not be underestimated and the issues in Newcastle were different to those in Stoke-on-Trent and North Staffordshire. In response, a Member felt that pressure could still be placed on the County Council and the Committee could advise Stoke. Another Member considered that the concerns detailed at the beginning of the document should be expanded and pressed going forward to ensure they were addressed.

Some Members felt that monitoring should be conducted jointly with Stoke City Council as it was a unitary authority with appropriate officers to support an overview group. Another Member felt that monitoring should be conducted on behalf of residents and therefore by the Borough Council alone. Although Members of the opposing view questioned where the resource would come from for the Borough Council to do this.

The Head of Business Improvement and Partnerships sought to clarify that the decision to undertake a public consultation was the result of a motion at the last Full Council meeting and that the Borough Council had been unable to produce similar documents to the ones from Stoke City Council as the Full Council had been unable to agree to a position at its last meeting.

The Portfolio Holder for Stronger and Healthier Neighbourhoods suggested joint scrutiny was the best way forward as Stoke City Council had the resource to support the scrutiny and the majority of patients were from across North Staffordshire.

Members then considered that clarification of the remit of the proposed joint committee was required before a recommendation could be made by the Committee. The Committee considered that although a date had been set aside for a special Council meeting, they did not need to make a decision at this meeting. A Member stated that the date for the publication of the TSA report on the consultation had been extended to 26 November and felt that a decision about the proposed joint committee could not be made until this report had been published. They suggested that the Committee could re-consider the joint scrutiny proposals at its meeting on 20 November with more information to be made available, and then a full debate could take place at the established Council meeting of 27 November.

Cllr Loades requested that it be recorded in the minutes that he did not support a joint committee with Stoke-on-Trent City Council.

A Member suggested that a governance structure should be established in order for the Council to work with the City Council and potentially with other district councils in the future if similar circumstances were to occur.

**RESOLVED UNANIMOUSLY:** In light of a recent change of circumstances, the Health Scrutiny Committee should not make a recommendation at this time on whether the Committee believes a Joint Committee should be setup with Stoke-on-Trent City Council, to oversee the implementation arrangements at University Hospital North Staffordshire resulting from operational changes to the Mid Staffordshire NHS Foundation Trust. Further information should be sought from Group Leaders regarding the remit, governance arrangements and practicalities for a Joint Committee and this information should be reported to the next meeting of the Health Scrutiny Committee currently scheduled for the 20 November.

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