

Public Document Pack

Date of meeting	Wednesday, 20th November, 2013
Time	7.00 pm
Venue	Council Chamber, Civic Offices, Merrial Street, Newcastle-under-Lyme, Staffordshire, ST5 2AG
Contact	Martin Stevens Ext 2250

Health Scrutiny Committee

AGENDA

PART 1 – OPEN AGENDA

1 Apologies

2 MINUTES OF PREVIOUS MEETING (Pages 1 - 8)

The minutes of the meeting held on the 23 October 2013 are attached for confirmation.

3 DECLARATIONS OF INTEREST

To receive any declarations of interest from Members.

4 PHYSICAL ACTIVITY IN SCHOOLS

Physical activity in the Borough's schools has been identified as being lower than the national average and within the North Staffordshire region. The Scrutiny Committee wishes to focus particularly on primary schools and the support they receive. Members of the Active and Cohesive Scrutiny Committee have been invited to the meeting to contribute to the discussion. Supporting information has been requested and it is hoped that this will be circulated prior to the meeting.

A number of stakeholders will be present at the meeting including:-

- Cllr Ben Adams (Staffordshire County Council – Portfolio Holder for Learning and Skills)
- Mr Mark Thornewill (Director for Sport across Staffordshire and Stoke-on-Trent)
- Mr Alan Stancliffe (Head Teacher Reginald Mitchell Primary School)
- Marc Neeld (Public Health Officer)

5 UHNS AND THE FUTURE OF THE MID STAFFORDSHIRE NHS FOUNDATION TRUST (Pages 9 - 14)

As a result of the resolution of the Committee at the previous meeting, the Leader and the Chief Executive will attend the meeting to answer questions regarding the proposed joint committee. A background report is attached.

6 THE LICENSING PROCESS

To give an overview of the Licensing process. A briefing note is marked to follow after attendance at the latest meeting of the Staffordshire and Stoke Regulatory Bodies Group on Friday, 8 November by the Democratic Services Manager.

7 DIGEST FROM THE HEALTHY STAFFORDSHIRE SELECT COMMITTEE (Pages 15 - 18)

To consider the digest document of the Healthy Staffordshire Select Committee meeting that took place on 21 October 2013.

8 WORK PLAN (Pages 19 - 22)

A copy of the latest version of the work plan is attached for comment.

9 URGENT BUSINESS

To consider any business which is urgent within the meaning of Section 100 B(4) of the Local Government Act 1972.

Members: Councillors D Becket, Eastwood (Chair), Mrs Hailstones, Mrs Johnson, Loades, Mrs Simpson and Taylor.J

Members of the Council: If you identify any personal training/development requirements from any of the items included in this agenda or through issues raised during the meeting, please bring them to the attention of the Democratic Services Officer at the close of the meeting.

Meeting Quorums :- 16+= 5 Members; 10-15=4 Members; 5-9=3 Members; 5 or less = 2 Members.

Officers will be in attendance prior to the meeting for informal discussions on agenda items.

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

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Report to the Health Overview and Scrutiny Committee

20th November 2013

The Future of the Mid Staffordshire NHS Foundation Trust – North Staffordshire Perspective – Next Steps



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Introduction

For the Committee to consider the next steps in regard to the developing proposals around the future of the Mid-Staffordshire NHS Foundation Trust and the impact of these proposals on North Staffordshire health provision – in particular, the University Hospital of North Staffordshire (UHNS). The paper covers recommendations for the Committee to consider around how the implementation of these proposals could be scrutinised by both Newcastle under Lyme B.C. (NuLBC) and also the other local authorities representing North Staffordshire (Staffordshire County Council, Stoke on Trent City Council and Staffordshire Moorlands DC).

Background

Members will recall that, following the publication by the Mid-Staffordshire NHS Foundation Trust Special Administrators (TSAs) of draft recommendations on the future of services at Stafford and Cannock Chase hospitals in early August 2013, NuLBC made representations to the TSAs based on the potential implications of these draft recommendations on UHNS and also wider health care in North Staffordshire. The work of the TSAs has been driven by financial concerns about the future viability of the Mid-Staffordshire Trust; concerns about the number of patients seen at Stafford and Cannock Chase hospitals (and whether these numbers justify the provision of some services at these locations); and the need to continue to attract and retain clinical staff. The headline recommendation relates to the dissolving of the Mid-Staffordshire NHS Trust and the transfer of Stafford Hospital to be run by UHNS.

These draft recommendations, therefore, mainly covered the following areas (in relation to moving services from Stafford Hospital potentially to UHNS: -

- Maternity services – the TSAs’ draft recommendations state that there are too few babies born at Stafford Hospital to make the service economically viable, and so this will be moved – at the appropriate time – to other hospitals (including UHNS), with shared consultant-led care (pre- and post-natal) across Stafford Hospital and UHNS
- Children – the TSAs recommend that children should not longer be admitted to Stafford Hospital as in-patients and that this service should be transferred to other hospitals (including UHNS)
- Emergency surgery – the TSAs recommend that major emergency surgery should no longer be carried out at Stafford Hospital and should be provided by other hospitals such as UHNS (with a related impact on the critical care facility at Stafford Hospital)
- UHNS would also, under the recommendations from the TSAs, be responsible for a number of areas of elective surgery delivered at Stafford Hospital. These include orthopaedic, ear/nose/throat, and plastic surgery operations

As part of these representations, NuLBC requested that consultation on the draft recommendations set out by the TSAs be carried out with residents in the Borough of Newcastle under Lyme. Despite this, the TSAs’ consultation focused on the catchment area of the Mid-Staffordshire NHS Trust, which excludes Newcastle under Lyme Borough. The main consultation process, therefore, began on 6th August 2013.

As a consequence of these developments, NuLBC – following the passing of a Full Council motion on the issue (11th September 2013) – worked with UHNS and the TSAs to set up a series of consultation events in the Borough of Newcastle under Lyme (events also took place in Stoke on Trent). As a result, information was included on the NuLBC website on the consultation, together with consultation documents left at other locations and a public meeting was held on 23rd September 2013 in the Council Chamber at the Civic Offices in Newcastle under Lyme.

The result of this consultation was the collation of a document setting out the views of Newcastle under Lyme residents, which was sent to the TSAs in time for the consultation deadline of 1st October 2013. This document was seen by this Committee at its last meeting on 23rd October 2013. Also included in the document were representations from Stoke on Trent City Council and the Stoke on Trent Clinical Commissioning Group (CCG).

It is now expected that the TSAs will produce their final report setting out their confirmed recommendations in mid- to late-November (it may be that the final report is available for the Health Scrutiny Committee meeting on 20th November). Concerns, however, remain about the financial basis for these recommendations and at what point UHNS will be in a position – both financially and clinically – to take on the additional patients in the areas set out above.

These concerns – together with the specific concerns expressed about the particular service areas identified by the TSAs (maternity, emergency surgery and children) – suggest that there is a role for local authority scrutiny in this process. This is based on the fact that elected Members represent the people and families who are likely to be mainly affected by these proposed changes. A number of concerns have been expressed in the consultation document referred to above, such as the impact on maternity services and whether quality of care can be maintained through these changes. In addition, the pattern of health care in the local area is a complex one and it is not easy to see how the different bodies involved in ensuring implementation of the TSA recommendations could easily be scrutinised by any other body than the relevant local authority.

In addition to these considerations, it should be recognised, as the consultation document submitted to the TSAs recognised, that health care and the impact of the proposed changes does not neatly fit into local government boundaries. Both the pattern of patient care; health provision and social care – together with other services such as housing – forms multiple organisational links which cover the whole of the North Staffordshire area (defined in this case as the Stoke on Trent, Newcastle under Lyme and Staffordshire Moorlands local authority areas).

To this end, therefore, a number of options present themselves to the Committee: -

- Scrutiny of the recommendations and their implementation can be covered by the NuLBC Health Overview and Scrutiny Committee alone (Not Recommended)
- A Joint Committee can be set up with other local authorities representing North Staffordshire (including invitations to Staffordshire County Council, Stoke on Trent City Council and Staffordshire Moorlands District Council) (Recommended)
- The issues concerned can be scrutinised by Staffordshire County Council alone (Not Recommended)
- The Committee can decide not to include the issue as part of its Work Plan (Not Recommended)

Members of the Committee are asked to consider these options and choose one as a recommendation for Full Council to decide upon at its meeting on 27th November 2013.

Members will note that the option for a Joint Committee with other North Staffordshire local authorities is recommended, as this potentially offers the best opportunity to consider the widest possible implications of any proposed changes for the local population in North Staffordshire; reflects the realities of health care provision and hospital attendance in North Staffordshire; and also reflects the

organisation and coverage area of a number of the health bodies also affected by these proposals, such as the Stoke on Trent and Staffordshire NHS Partnership Trust (who are commissioned to have responsibility for a number of areas of adult social care).

The questions set out in the next section of this paper – some originally identified by Stoke on Trent CC in the consultation document submitted to the TSAs in October – potentially provide a basis for the work of a Joint Committee. These cover the following areas: -

- The financial issues connected to the proposals
- The impact of service changes on the residents of North Staffordshire
- The impact on other work currently going on in the NHS in partnership with local authorities and others (e.g. around moving from treatment to prevention)
- The management of the transition from the current to the proposed arrangements

It is further suggested that the Joint Committee is made up of eight elected Members covering all the Councils concerned. Nominations for members of the Joint Committee will be a matter for each local authority, but it is suggested that Staffordshire County Council – given the subject matter - is represented by at least one elected Member covering a division in North Staffordshire and possibly a member of its Healthy Staffordshire Select Committee and that NuLBC nominates the relevant Portfolio Holder and the Chair of the relevant Scrutiny Committee. It is further suggested to the Committee that a Joint Committee acts on a task and finish basis and meets quarterly at different locations in order to allow members of the public from each area to attend meetings. The Chair of the Joint Committee would be a matter for the Joint Committee itself. Finally, the work of the Joint Committee would be reported back to each local authority via the respective Health Scrutiny Committees.

Questions to be addressed

The areas to be considered are set out above, but can be framed as follows: -

- Whether the NuLBC Health Overview and Scrutiny Committee support the proposal for a North Staffordshire Joint Committee to be set up to consider the proposals from the Mid-Staffordshire NHS Trust Administrators and the impact of these proposals on the residents of North Staffordshire?
- Whether any Joint Committee (if approved) should focus on the areas listed above – finance; impact on residents of service changes; implications for other NHS work; and the management of any transition period?

- What the role of the NuLBC Health Overview and Scrutiny Committee should be if a Joint Committee is approved – should this topic be included on the Borough Council's Health Overview and Scrutiny Committee Work Plan?

Outcomes

The recommendations for the Committee are set out above in detail, but can be summarised as follows: -

- The Committee is asked to consider whether to recommend to Full Council on 27th November 2013 the creation of a Joint Committee – made up of elected representatives from NuLBC, Staffordshire County Council, Stoke-on-Trent City Council and Staffordshire Moorlands District Council – to oversee key areas of the changes potentially to be implemented from the recommendations of the Mid-Staffordshire NHS Trust Administrators
- The Committee is also asked to consider alternative approaches to the scrutiny of the process set out above. These alternative options – to scrutinise the process as individual councils; to ask Staffordshire County Council to scrutinise the issue alone; or not to scrutinise the issue at all – are set out in detail earlier in this report. None of these options are recommended to the Committee.
- The agreed recommendation of the Health Overview and Scrutiny Committee will be communicated to Full Council at its meeting on 27th November 2013, where a final decision will be taken on this matter

Supporting Information

- 'Consultation on the Future of Mid-Staffordshire NHS Foundation Trust – North Staffordshire Perspectives' – document submitted to the Office of the Mid-Staffordshire NHS Trust Special Administrator on 1st October 2013 (included as part of the NuLBC Health Overview and Scrutiny Committee Agenda, 23rd October 2013)
- 'Maintaining high quality, safe services for the future' – consultation on the Trust Special Administrators' draft recommendations on the future of services for local people using Stafford and Cannock Chase hospitals – produced by the Office of the Mid-Staffordshire NHS Foundation Trust Special Administrator, August 2013

Invited Partners/Stakeholders/Residents

- The Leader of NuLBC will be present at the meeting, as will the Chief Executive

Constraints

- Agreement from other local authorities on involvement in a Joint Committee, as outlined in the report
- The detail of final proposals from the TSAs and any changes which could affect the work of scrutiny
- The implementation of any changes – subject to internal issues with the organisations involved in the NHS

Conclusions

- The report has set out the main proposals from the TSAs for the Mid-Staffordshire NHS Foundation Trust, especially the changes to services at Stafford hospital which could impact on UHNS
- Members have been asked – in the light of the potential implications of the draft recommendations put forward by the TSAs for residents of the Borough and for North Staffordshire as a whole – to agree to the establishment of a Joint Committee with neighbouring local authorities to monitor the situation on an ongoing basis

Relevant Portfolio Holder(s)

Councillor John Williams, Stronger and Healthier Neighbourhoods

Local Ward Member (if applicable)

N/A

Background Materials

See above

Appendices

None

Summary of the main items of business from the
Healthy Staffordshire Select Committee meeting – 21 October 2013
<http://moderngov.staffordshire.gov.uk/mgCommitteeDetails.aspx?ID=871>

Agenda Item	Of particular interest to ...
<p>The Healthy Staffordshire Select Committee met on Monday 21st October 2013 when the Agenda included:</p> <p>“Living My Life My Way”: A Strategy for Disabled People. The members received a report from the County Commissioner –Learning Disability around the reconfiguration of services for disabled people, children and adults which featured the consultation process undertaken and the intended seamless transition from childhood to adulthood. There was a strong emphasis on self-determination through choice, personal budgets and direct payment with the overall intention that where possible the individual should have a full and fulfilling life in the community. Members overall supported the Strategy, but made a number of additional recommendations to the Cabinet Member.</p> <p>Update on Project to Shift Acute Mental Health care Provision from Hospital to Community in South Staffordshire. The members received a report from the Clinical Commissioning Groups and were asked to consider and comment on the progress since the closure of the in-patient mental health beds at the Margaret Stanhope Centre in South Staffordshire. Members were advised of the decision to close the Centre after public consultation with a number of caveats to mitigate risk. The 6 month post closure impact had been carried out as a first step to the provision of a functionalised model of care across adult in-patient care. A number of enhancements to service were outlined and the impact of the closure on the remaining sites at Stafford and Tamworth.</p> <p>Stroke Services: Reconfiguration of the Hyper Acute Stroke service. Members received a report from the Clinical Commissioning Groups and were asked to consider the and comment on the progress of reconfiguration of the hyper-acute stroke service, and the recommendation to transfer hyper acute</p>	All

Agenda Item	Of particular interest to ...
<p>stroke services from Burton Hospitals to Derby Hospitals NHS Foundation Trust. The rationale behind the decision was explained, in particular that Burton Hospitals were unable to meet the specific service requirements, and the wish of NHS England to see it replicated nationally. Locally Staffordshire Cardiac and Stroke Network was tasked to lead this work.</p> <p>Intermediate Care/Frail Older People and Long Term Conditions. Members received a report from the Clinical Commissioning Groups and were asked to consider supporting the content. Members were advised East Staffs CCG was working with South Staffordshire CCG to create a new model for those people needing intermediate care and frail older people. Also the CCG was working with Stafford and Surrounds and Cannock CCGs and potentially Staffordshire County Council to create a new model of care for people with long term conditions. The CCGs vision was in accord with The Staffordshire Health and Wellbeing Strategy in recognising the need for independence reduction of dependency and early intervention. The report was prepared against a back drop an aging population with an increase of long-term conditions which was now responsible for 70% of the Health Care budget. The Committee appreciated early involvement in this area of work and requested to be kept involved in the development.</p>	
<p>Report of the Scrutiny and Support Manager</p> <p>Members were advised that the Burton Hospital's Foundation Trust Accountability Session will take place on the 11th December 2013 and arrangements were in hand for the next Mid Staffs NHS Foundation Trust as the Trust Special Administrator as consultation and proposals were now in the</p>	All

Agenda Item	Of particular interest to ...
<p>public domain.</p> <p>Members then discussed the work programme for the upcoming year in detail and a number of amendments and additions to the programme were agreed. Arrangements for the accountability sessions for the Partnership trust and the Mid Staffordshire NHS Foundation Trust to made as a matter of priority. Also to include in the Work Programme Appropriate Usage of Accident and Emergency and a report on Children and Adolescent Services be prepared.</p>	
<p>Trust and LINK updates. None on this occasion</p>	

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SCRUTINY COMMITTEE WORK PLAN



Committee Name:	Health Scrutiny Committee
Chair:	Cllr Colin Eastwood
Portfolio Holder(s) Covering the Committee's Remit:	Cllr John Williams – Stronger and Healthier Neighbourhoods
Work Plan Correct As At:	8 November 2013

Date of Meeting	Item	Reason for Undertaking
20 November 2013 (Agenda dispatch 8 November 2013)	Physical Activity in Schools (Joint with Active and Cohesive Communities Scrutiny Committee)	Physical activity in the Borough's schools is lower than the national average and within the North Staffordshire region. The Scrutiny Committee wishes to focus particularly on primary schools and the support they receive.
	The Licensing Process	To give an overview of the Licensing process. A briefing note will be provided after attendance at the latest meeting of the Staffordshire and Stoke Regulatory Bodies Group on Friday, 8 November by the Democratic Services Manager.
	UHNS and the Future of the Mid Staffordshire NHS Foundation Trust.	As a result of the resolution of the Committee at the previous meeting, the Leader and CEO will attend the meeting to answer questions regarding the proposed joint committee.

12 February 2014 (Agenda dispatch 31 January 2013)	Portfolio Holder(s) Question Time	An opportunity for the Committee to question the Portfolio Holder on their priorities and work objectives for the next six months and an opportunity to address any issues or concerns that they may currently be facing. It's also an opportunity for the Portfolio Holder to flag up areas within their remit that may benefit from scrutiny in the future i.e. policy development.
	The Francis Report	Implementation of recommendations, at a District level, to be monitored – Staffordshire County Council are revising their Code of Joint Working, which the Health Scrutiny Committee will receive in draft form for their comments.
	Health and Well Being Strategy	To review the action plan for the Health and Well Being Strategy.
	Alcohol and Drug Executive Board	Status report on the group set up by the Alcohol and Drug Executive Board, co-chaired by Chief Constable and Director of Public Health, to explore ways of aligning and developing the approaches to licensing taken by the eight district councils in Staffordshire.
9 April 2014 (Agenda dispatch 28 March 2014)	Annual Review of the Scrutiny Committee's Work	To evaluate and review the work undertaken during 2013/14.

Task and Finish Groups:	
Future Task and Finish Groups:	
Suggestions for Potential Future Items:	Fit for the Future & Move of A & E Centre – 4 hour target issues to be monitored. Consultation on Mental Health Services (Committee to determine timescales). Suicide Prevention. Community Based Services (potentially for the January meeting)

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