Public Document Pack

Date of meeting Wednesday, 12th February, 2014

Time 7.00 pm

Venue Committee Room 1, Civic Offices, Merrial Street,

Newcastle-under-Lyme, Staffordshire, ST5 2AG

Contact Julia Cleary

PLEASE NOTE THAT ALL MEMBERS OF THE ACTIVE AND COHESIVE OVERVIEW AND SCRUTINY COMMITTEE ARE INVITED TO ATTEND THE MEETING FOR THE PRESENTATION ON ACHIEVING EXCELLENCE FOR YOUNG PEOPLE

Health Scrutiny Committee

AGENDA

PART 1 - OPEN AGENDA

- 1 Apologies
- 2 Declarations of Interest
- 3 Minutes of Previous Meeting (Pages 1 6)
- 4 Minutes of the County Council Health Select Committee held (Pages 7 14) on 11th November 2013
- 5 MINUTES FROM THE UHNS HEALTH ACCOUNTABILITY SESSION HELD ON 28TH JANUARY 2014

These will be provided as soon as they are available.

6 ALCOHOL AND DRUG EXECUTIVE BOARD

(Pages 15 - 18)

The last meeting of the Staffordshire and Stoke on Trent Regulatory Bodies Group was held at Stafford Borough Council Civic Offices on Friday 10th January. Feedback was provided in relation to what needed to be rolled out across the County to local RBGs to tackle the 17 points listed on the attached sheet.

7 ACHIEVING EXCELLENCE FOR YOUNG PEOPLE

(Pages 19 - 40)

To receive a presentation from Staffordshire County Council Cabinet Member Cllr Robert Marshall and Cabinet Support Member Cllr Mark Sutton.

8 INFANT MORTALITY

To receive an update from Sally Parkin (North Staffordshire Clinical Commissioning Group) and Dr John Harvey (Public Health Consultant).

9 HEALTH AND WELL BEING STRATEGY

To receive a verbal update regarding the action plan for the Health and Well Being Strategy from the Council's Head of Leisure and Cultural Services.

10 Workplan

11 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

PLEASE NOTE: The Council Chamber and Committee Room 1 are fitted with a loop system. In addition, there is a volume button on the base of the microphones. A portable loop system is available for all other rooms upon request.

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, 20th November, 2013

Present:- Councillor Colin Eastwood – in the Chair

Councillors Becket. D, Mrs Hailstones, Mrs Johnson, Loades. D,

Mrs Simpson and Taylor.J

Active & Cohesive G Cairns, D Cornes, G Heesom, G Plant, A Rout and J

Winfield

Members in Attendance

Also in Attendance G Snell (Leader of the Council) & J Williams (Portfolio Holder)

Officers J Sellgren (Chief Executive)

D Adams (Executive Director Operational Services)

M Bailey (Head of Business Improvement and Partnerships) A Arnott (Leisure and Cultural Services Project Office)

J Cleary (Democratic Services Manager)
M Stevens (Democratic Services Officer)

1. **APOLOGIES**

An apology for absence was received from Cllr Julie Cooper.

2. MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on the 23 October 2013 were confirmed as a correct record, subject to the spelling of Burton being corrected from "Blurton".

The Head of Business Improvement and Partnerships stated that on the issue of infant mortality a number of issues needed to be clarified at the Commissioners Working Group. An officer would attend the February meeting of the Health Scrutiny Committee.

The Chair referred to an action from the previous meeting for Members to receive the consultation responses to the Health and Well Being Strategy. These had been circulated by email and if Members had any specific points on the matter, they could be raised with Democratic Services and he would then consider its discussion at the next scrutiny meeting.

3. **DECLARATIONS OF INTEREST**

There were no declarations of interest.

4. PHYSICAL ACTIVITY IN SCHOOLS

The Chair welcomed Members of the Active and Cohesive Overview and Scrutiny Committee to the meeting who had been invited to contribute to the item on physical activity. He also welcomed the attendance of Cllr Ben Adams (Portfolio Holder for Learning ad Skills), Nicola Day (Public Health Commissioning Lead: Physical Activity

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and Nutrition), Mr Mark Thornewill (Director for Sport across Staffordshire and Stoke-on-Trent) and Mr Stancliffe (Head Teacher – Reginald Mitchell Primary School).

The Chair stated that the item for Scrutiny had come about as a consequence of receiving a presentation on the Health and Well Being Strategy. The amount of physical activity in primary schools in the Borough was the lowest in the North Staffordshire area and well below the national average. He was pleased that the County Council had submitted a comprehensive document on the issue to the Committee which had been circulated on the previous evening. Another concern of the Committee was the fact that in the Borough's health profile there was an above average level of obesity in year 6 pupils.

The Chair invited Mr Stancliffe to give a statement on the subject of physical activity in primary schools. He stated that one area which his Primary School suffered from was the lack of available sports facilities at the school. He wanted to have 16 sessions a week, but due to the lack of available facilities he could only have 10. The figures on physical activity in school were three years old. At that time, there was much more funding available and so there were often extra events, training and internal competitions. Some of the funding available in 2009 had been stopped on the formulation of the coalition Government in 2010. He however wanted to stress the importance of the Sports Associations and the continued importance of voluntary work in the organisation of competitions and leagues. Much of this work was still active but would not be included in the official figures. It was this hidden sport which was as important as official school activity. It was critical not to lose the goodwill of volunteers as without them the situation would be much worse.

Mr Stancliffe identified Ofsted as being a major issue for schools. Their intensity was causing staff to go into their shells where the delivery of school sport was considered. Until Ofsted said they were going to scrutinise P.E in schools it would not be perceived as a priority. Schools were not as committed to extra-curricular activity through a fear of Ofsted. Staffordshire County Council had helped to develop the Healthy Schools programme. This was no longer funded and so schools had to pay a fee to Entrust if they wished to participate in the programme. For schools it was just one of many programmes which were offered. He described the overall situation in primary schools as the worst time in twenty years.

A Member asked why schools were so fearful of Ofsted in the matter of P.E. In response Mr Stancliffe stated that when schools were in special measures, Ofsted appeared to only wish to focus on Maths and English. As a consequence schools in special measures would often do no real sport for 2-3 years.

The Chairman invited the Director for Sport across Staffordshire and Stoke-on-Trent to give his views on the current situation of physical activity within schools. He stated that the County Sports Partnership had been formed in 2006 and were contracted by Sports England to provide services. Sports England had changed the age groups that they were focussing their efforts on; it was now from age 11 onwards. Sports England would be investing Lottery Funding in 2013-14 and 2014-15 to build capacity in County sports Partnerships to strengthen links between primary schools and sports. This was a very new piece of work and he would be meeting with heads forums to identify how best to support them. He stressed the importance of using coaches and making activity fun for young people.

The Chairman invited Cllr Ben Adams (Portfolio Holder for Learning and Skills) to talk on the subject of physical activity in schools. He stated parents had a significant influence on child activity levels and activity outside of the school environment was of

equal importance to that provided in schools. Nationally schools no longer had a statutory responsibility for offering two hours of high quality Physical Education and 1 hour of additional sport either within the curriculum or as an extra-curricular offer. With the National Curriculum changes due to come into effect in September 2014, the only remaining statutory responsibility for sport and PE was for children to be expected to be able to swim 25m unaided by year 6 and for outdoor education and dance to be provided as an integral part of the curriculum.

Cllr Adams stated that it was important to ensure the sustainability of projects and to have good connections with the sports clubs and schools. The scrutiny process had made him aware of the lack of recent data on physical activity in primary schools and they were actively looking at ways to solve this problem. He believed in recording physical activity data. They had to go beyond just looking at physical activity in schools. It was important to capture the activity outside of schools. It was a very important subject with future health implications. He stressed that schools were autonomous and the County Council's role was one which was supportive. He wanted more parents to ask their Heads and Chair of Governors about physical activity in schools to raise its profile. Effective commissioning was critical which incorporated a level of monitoring the success of any project.

The Public Health Commissioning Lead for Physical Activity and Nutrition stated that she agreed with Cllr Adams that it would be desirable to record the amount of physical activity completed outside of schools. The challenge was the process undertaken to capture this data. There were some potential mechanisms being explored which were alluded to in the information pack provided to Members of the Committee. The Health and Well Being Strategy recognised that traditional services had been commissioned to deal with problems once they had become apparent such as morbid obesity. It was important though to look at things more preventatively such as through the encouragement of a healthy lifestyle. It was clearly a large piece of work to decide the actions that would be taken to improve physical activity in all age groups. How physical activity was co-ordinated was crucial, it was not just about high level sport but about healthy daily living.

A Member in response to the statements stated that they were fully in agreement with diversification in physical activity. Dancing and skateboards were good examples of fun activity which would help to encourage some youngsters to become more active.

A Member stated the outcome of improving physical activity was important because of the effect on the next generation. He believed all local authorities should commit themselves to delivering state of the art facilities for young people. A Member added that it was important that the best use was made of facilities. Cllr Adams in response to comments from Members stated that whilst capital expenditure on sporting facilities was important this was not the only area where progress could be made. Some activity could be done without any capital expenditure, such as walking.

The Chair stated that he was concerned about the lack of data, which had been acknowledged. He was also disappointed that Entrust had not sent a representative to the meeting. He felt there should be as few non-swimmers at the end of year 6 as possible and Entrust were partly responsible for delivering the swimming service to schools. He believed it was a lost opportunity for Entrust to engage with the Council. In response Cllr Adams stated that Entrust believed they could not contribute any more than the information they had already provided to the Committee by written representation.

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Health Scrutiny Committee - 20/11/13

Cllr Adams stated that he would feedback into the Health and Well-Being Board at County level on the discussion. He thanked the Committee for asking him to attend and to contribute to the debate.

The Chairman thanked all of the external speakers for their attendance on behalf of the Committee.

5. UHNS AND THE FUTURE OF THE MID STAFFORDSHIRE NHS FOUNDATION TRUST

The Chair stated that the Committee had previously asked for more information on the matter which the report provided. There were several recommendations within the report but the Committee were not obliged to choose any of them. They could also modify any of the recommendations to their satisfaction. The Head of Business Improvement and Partnerships stated the subject would be considered by Full Council next week.

A Member congratulated the Head of Business Improvement and Partnerships on the quality of the report that had been circulated. He reminded Members that Accountability Sessions were held quarterly. It was important not to duplicate the work of these sessions. It was evident that considerable finance investment would be needed if the UHNS was going to take on more services.

The Chair asked the Leader of the Council if there had been any direct discussions with any of the other local authorities on the matter. In response the Leader of the Council stated that the original conversations had been with Stoke-on-Trent City Council. He was aware that the County Council had some concerns regarding the proposals for a Joint Committee. He personally believed the joint working approach would be beneficial in avoiding duplication by the different authorities. He believed what was best for North Staffordshire as a whole may not necessarily be the best outcome for the Borough. It was therefore important that the Borough Council looked at the issues and in his opinion this was best done in collaboration with the other authorities. He had spoken to the Chief Executive of the UHNS who was supportive of a joint approach believing it would add weight to any proposals. The Leader stated that whilst the accountability sessions were quarterly he did not believe these would keep up with the pace of change. He believed if there was a unified approach any challenge would be stronger.

A Member stated that it was important to progress the matter quickly. It was important that the residents of the Borough did not suffer as a consequence of the proposals for change. In support of this statement a Member stated that the authorities would be stronger collectively and could unite their resources in the best interests of the people.

The Chief Executive stated that the Chief Executive of the UHNS was supportive of a co-ordinated joint approach. He could support the process better if he did not have to facilitate four separate Committees. The process would be more in depth as a consequence. There was a consensus amongst the Committee that a joined up approach was the best way forward.

RECOMMENDATION: That the Health Scrutiny Committee supports the principle of establishing a Joint Committee with other local authorities, to consider the implementation of the proposals resulting from the changes to the Mid-Staffordshire NHS foundation Trust. In addition a smaller Group of Members from the Health Scrutiny Committee, in liaison with the Leader and Chief Executive, will meet to discuss the mechanics and terms of reference for the proposed Joint Committee.

6. THE LICENSING PROCESS

The Democratic Services Manager presented a report on the licensing process. She had recently attended a meeting of the Staffordshire and Stoke Regulatory Bodies Group. A summary of the discussions which took place were included within the report. Appendix A to the report provided a brief overview of the Licensing Act 2003 and the powers that the Act gave to the Local Authority regarding the control and sale of alcohol. The licensing authority was not able to object on health grounds to an application. The four statutory objectives which had to be addressed were the prevention of crime and disorder, public safety, the prevention of public nuisance and the protection of children from harm.

RECOMMENDATION: That the report be accepted and the Committee consider whether to look at the work of the Staffordshire and Stoke Regulatory Group in a few months time.

7. DIGEST FROM THE HEALTHY STAFFORDSHIRE SELECT COMMITTEE

The Committee considered the digest from the Healthy Staffordshire Select Committee, which had been provided with the agenda for information and to help inform the future work plan.

8. WORK PLAN

Cllr Loades requested that the item on the work plan, Community Based Services, listed as a potential future item for Scrutiny should be received by the Committee at its next meeting scheduled for the 12 February 2014.

9. URGENT BUSINESS

There was no urgent business within the meaning of Section 100 B (4) of the Local Government Act 1972.

COUNCILLOR COLIN EASTWOOD
Chair

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Agenda Item 4

Minutes of the Healthy Staffordshire Select Committee Meeting held on 11 November 2013

Present: Kath Perry (Chairman)

Attendance

Charlotte Atkins

Frank Chapman

Chris Cooke

Bob Fraser

Michael Greatorex

David Loades (Vice-Chairman)

Shelagh McKiernan

Sheree Peaple

Trish Rowlands

Mike Worthington

Brian Gamble Cannock Chase District Council

Stephen Smith East Staffordshire Borough

Council

Brenda Constable Lichfield District Council

Colin Eastwood Newcastle Borough Council

Val Chapman South Staffordshire District

Council

Amyas Stafford Northcote Stafford Borough Council

Elaine Baddeley Staffordshire Moorlands District

Council

Andrew James Tamworth Borough Council

Also in attendance:

Apologies: David Smith and Robert Marshall (Cabinet Member for Health and Wellbeing) (Staffordshire County Council)

PART ONE

41. Declarations of Interest

There were no declarations of interest on this occasion.

42. Minutes of previous meetings

Minutes of the Healthy Staffordshire Select Committee held on the 16th September, 23rd September and 21st October 2013 were confirmed and signed by the Chairman.

43. Staffordshire and Stoke -on- Trent Transforming Cancer and End of Life Programme

Andrew Donald, Chief Officer (designate) for Stafford and Surrounds/Cannock Chase Clinical Commissioning Group, and Justine Palin, Programme Director presented about the intentions of the Transforming Cancer and End of Life Care programme.

Andrew addressed the members advising that the programme was an important piece of work spanning all CCG's (except South East and Seisdon) in Staffordshire and Stoke-on-Trent. It consists of two strands of work, one focussing on cancer, from the point of prevention and screening, through to diagnostics, treatment and survivorship, and the other strand focussing on end of life care for all long term conditions including cancer. He expressed an opinion that the present systems were not patient centred and the lack of integration presented real challenges in terms of service delivery and ensuring excellent care for patients and family members. The aim of the programme is to radically transform the way care is commissioned and delivered, both for cancer services and also for end of life care services. The programme has just been identified as one of Norman Lambs fourteen national pioneer sites which focus is to look at integrating health and social care services. He was pleased to report the pioneer status would attract support from government, to facilitate the integration of services across health and social care.

Members were advised by Justine Palin, that it would take two to ten years and that the programme included Clinical Commissioning Groups (CCG's), Partnerships, Public Health and Local Authorities across Staffordshire and Stoke-on-Trent but not Seisdon and South East Staffs who were not taking part.

The programme is a partnership between Macmillan Cancer Support, working across 5 Clinical Commissioning Groups (CCG's) in Staffordshire and Stoke on Trent, Public Health and both Local Authorities. She reiterated that it was intended to change the delivery of services and that effective commissioning of services was critical to the overall success of the process. To achieve these members were advised that it was intended to move to a "Prime Provider" during the next two years. The underpinning ethos for the work is co-design whereby the programme is working extensively with clinicians and patients and carers throughout to determine a care model reflecting the wishes of patients, carers and members of the public. She was anxious that members understood that this was a new innovative programme intending to introduce a different way of working. It would benefit everyone involved in cancer or end of life care from patient's carers through to doctors, nurses and other professionals. It was anticipated that the "Prime Care Provider" would be in place by 2015, and that longer duration

contracts would be awarded (for between 7-10 years) to allow for service transformation and change to take place.

The Chairman asked for reassurance that this was not purely a financially driven process and asked why South East Staffordshire and Seisdon had not been part of the programme. Also what criteria had been applied in relation to quality of service and training needs?

Andrew Donald responded saying that it was definitely not financially driven but there be financial benefits if the right community care was in place to prevent unnecessary admissions which were particularly expensive. There is no more money in the system and this is about ensuring that funding goes to the place where it is most needed to ensure best patient care. In relation to South East Staffs and Seisdon failure to take part in the programme he could not be specific about this but they could join the programme at any point should they there was a change of mind. The Chair recommended as an action that the Committee write to the CCG.

Justine Palin advised members that training was recognised as a critical part of the work necessary with the "Prime Provider "as, along with getting the best integrated care pathways in place, it is important to ensure that there is the right workforce in place to deliver it.

A member making reference to measurement asked what the present situation was, what would success look like when measuring outcomes and outputs? Ultimately what differences would the constituents see and asked what baseline was in use as a basis for the assumptions being made.

Members were advised by Justine Palin that outcomes as well as a measurement framework are currently being developed for the programme and within that we will be reflecting national outcomes and measures, such as 1 year and five year survival rates. The overarching baseline is about what people are saying in relation to their experience of cancer and end of life care services and this is reinforced by the National Cancer Survey and also the National Voices Bereavement Survey. Patients and carers are telling us that there are gaps are current service provision and that the services are fragmented. For cancer patients issues relate to having survived the treatment was their appropriate aftercare available to enable people to live with and beyond cancer. In particular following discharge patient and carers often had difficulty finding their way around the system. The situation was similar with end of life programme with people having difficulty obtaining support out of hours and at the weekend in the community.

A member reiterated the initial question asking what were the baselines indicators, what was being measured and how would improvement be measured in the next 2 years.

Andrew Donald responded advising members of the OSCAR model (Outcome, Strategy satisfaction and outcomes, Clinical outcomes, Activity based outcomes and Resource utilisation). The Chairman asked if the information could be shared with the committee when available.

Members were informed by Justine Palin of the "End of Life Care Register" that records the number of people who will be nearing end of life care and who will need end of life

care. This number is really low and less than the national average. This will be one of the things that the Prime Provider will be asked to address and will be measured against this.

A member expressed concern regarding the possible conflict of interest between the NHS, the private sector and voluntary sector as they may have different agendas. Also, as it was acknowledged that hospices provide the best treatment what action was intended to exploit this and to integrate services in order to improve survival rates in line with other European countries.

Members were advised by Justine Palin that they would welcome cooperation and collaboration with all the agencies. Prime Providers once in place would be encouraged to interact and integrate with hospices and similar organisations. Commenting on the poor performance and survival rates, over time they would expect that the prime provider would demonstrate with timescales how they intended to address the issue and at the same time recognising they would not be short term solutions.

General discussion took place in relation to the capacity in the community to deliver the services away from hospitals being proposed, the importance of the monitoring performance, training role of the "Key Worker" and the importance of the availability of a point of communication for the carers and patients.

A member raised concern about the sole "Prime Provider" being responsible for the cancer and end of life pathways from beginning to end as there maybe issues of sustainability on the part of the services being delivered and asked what strategy was in place to address this issue.

Andrew Donald responded informing members that the "Prime Provider" would have other providers to ensure the proper mix of service delivery and the integration was crucial to the process. Commenting on sustainability this was an issue of due diligence and their responsibility. The provider model was work in progress over 7 to 10 years during which time they would test the implementation processes, and for security there would be break clause in the contracts awarded. Members were informed that the pioneer status meant they would have 5 years extra support from Monitor and NHS England and other national partners.

Discussion then followed in relation to the measurement of survival rates, and that the 1 year and 5 year survival periods were accepted nationally and this will be what the programme will be using as measures. It was decided that the national survival rates statistics should be used as the bench mark to determine performance locally and when available this information be brought before the Committee.

RESOLVED -

- a) that the Staffordshire and Stoke-on-Trent Transforming Cancer and End of Life Programme be noted and the Committee be kept informed of progress
- b) that the committee receive an update in relation to the "OSCAR" strategy when available.
- c) that the definition of survival rates and how they are measured be provided to the Committee

44. Update on the Closure of Chebsey Close Service

Members received a report from Christine Adams, Commissioning Manager Learning Disabilities outlining the reasons for closure as previously requested by the Chairman of the Committee.

Members were advised of the three areas considered in arriving at the decision and the proposals to relocate the 3 Staffordshire residents and staff.

This was against a background of a ratio of 9 patients – 90 staff the closure of the Bucknall Hospital and the resulting isolation of the facility. Alternative placements and care had been identified after consultation with families and advocate's. Staff concerned had been supported through the process with relocation, training and voluntary redundancies.

Members were advised that the process and progress was monitored through the North Staffordshire and Stoke-on-Trent Health Economy Contract Monitoring Meeting and though the North Staffordshire Combined Health Care Clinical Quality Review Group.

RESOLVED – that the Committee note the work undertaken at Chebsey Close.

45. Implications of the Final Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry

Duncan Whitehouse the Democracy Manager Scrutiny and Governance addressed the Committee in relation to the report by Robert Francis QC which had been published on the 6th February 2013.

The report was damming of the NHS system that led to the tragedy at Stafford Hospital and that the regulatory system intended to preside over the Trust had failed in its primary duties to protect the patients and maintain confidence in the health care system.

Overview and scrutiny as a principal part of the regulatory system was also criticised by Robert Francis in his report when he stated that the Local Authority Scrutiny Committee did not detect or appreciate the significance of any signs suggesting serious deficiencies of the Trust. These failings had included lack of clarity of responsibility for scrutinising the Trust, passive receipt of reports, failure to solicit views of the public, no procedures in place to encourage the public to come forward, little use of sources of information (press, complaints), a lack of concern or interest in the standard mortality rate data statistics. Poor reaction to the concerns expressed by "CURE" to the Borough Council Overview Scrutiny Committee and not considering the implications of the announcements of an investigation by the Health Care Commission. The failings had resulted in a number of recommendations.

He advised members of on-going work, the need to develop working relations with Health Watch and other focus groups. Also is a consequence of the report ,extensive effort had gone into development of scrutiny processes and there was an intention to provide clear route of scrutiny for access by local councillors and communities. The Joint Code of Working protocols now in place between the Staffordshire County Council

and Stafford Borough Council had been recognised and held up as an example of good practice by the Centre for Public Scrutiny. He added in relation to the Joint Code of Working that the revision made the scrutiny of Stafford Hospital Trust the absolute responsibility of the Staffordshire Health Select Committee. Members were informed that an overview of the County Council Select Committee and that external peer support was being provided by the Centre of Public Scrutiny who was assisting with a formal review of the code.

Nick Pountney, Scrutiny and Support Manager expanded on the review of the Joint Code of Working between the 8 districts and the County Council. He informed members of the networking now in place, and the structure of with meetings in place between the 8 Districts. Also those recently training sessions had been arranged for members and the "Mortality Workshop" had been acknowledged by the Centre for Public Scrutiny.

A member referred to the complaints, and the role and powers of Overview and Scrutiny Committees and the Local Health Watch. In particular to confidential and personal information and would this be an issue.

Nick Pountney responded saying that patient confidential would not be compromised as the Trusts self-assessment reports did not include individual or confidential information. Their value was as a means of picking up trends, Burton Hospitals NHS Trust was a good example as the issues had identified through self-assessment prior to the publication of the Sir Bruce Keogh Review into the Quality of Care and Treatment by the 14 hospital Trusts in England.

In relation to powers to inspect, rather than relying on local patients groups and similar organisations the consensus was that it was better to work with the Trusts to trigger follow up inspections rather than awaiting further reports.

Members were advised by Duncan Whitehouse that there was national recommendation for this course of action, and that the County Council was seeking to develop strong links with Health Watch. It was anticipated that this would d lead to information being referred directly into the Select Committee.

The lack of public awareness of Health Scrutiny and the District Committees was discussed, and it was agreed that there was a the need for proactive advertising and marketing to improve public awareness of and attendance at committee meetings.

RESOLVED - That the actions being taken in response to the Francis Report be noted.

46. Scrutiny Manager Report and Work Programme

Nick Pountney, the Scrutiny and Support Manager advised members of the upcoming accountability sessions:

Mid Staffordshire NHS Foundation Trust 2nd December Stoke-on-Trent Staffordshire Partnership NHS Trust 9th December Burton Hospitals NHS Trust 11th December Members agreed that accountability session for the University Hospital of North Staffordshire NHS Foundation Trust be arranged for as soon as possible after the Christmas holidays.

Nick Pountney advised members that the executive response in relation to "Living My Life My Way" the strategy for disabled people across Staffordshire had been received and tabled the response.

Members discussed the work programme prioritised a number of issues to be include on the agenda of the next scheduled meeting of the Committee.

RESOLVED- that the following Work Programme items be include on the agenda of the next scheduled meeting of the Committee

- a) Appropriate use of Accident Emergency
- b) Child and Adolescent Mental Health Services
- c) NHS111 Contract

Community Nursing the Scrutiny and Support Manager to go Districts with a view to preliminary and preparatory work being carried before being returned to the Committee.

47. Items requested by the Select Committee

The District and Borough Scrutiny Report update. The members received the Borough and District report outlining local scrutiny and overview activity

Chairman

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Agenda Item 6

RESTRICTED

Security Classification	RESTRICTED
Contents may be seen by: SSRBG Members	
Author Inspector Jared White SSRBG Member	Organization: SSRBG
Date Created: December 2013	

Actions arising from focus groups at Alcohol Industry Day held October 2013

Action Sheet

Result	Ongoing	In progress		in progress	Planned in for proactivity throughout 2014	ongoing
Action Owner	Chair SSRBG	Julie Davies PABCIS		Staffs/Stoke on Trent Trading Standards Local RBG's	Staffs Police Licensing Unit/Insp White	ALL SSRBG
Update	To invite alcohol industry representatives to sit on 1. Agreed that RBG that 3 industry reps should be invited. the Staffordshire & Stoke on Trent Responsible One individual from the North and South Pub trade and one Bodies Group (SSRBG) in order to consult closely rep from the County Off trade. with the alcohol trade and obtain opinion/views to Details of proposed individuals to be brought to SSRBG in January 2014 for invites to be sent out	1. Funding has been secured via Julie Davies from PABCIS to provide 100 training places on a two hour training input for staff across the county. There has been a big uptake on this training provision with all areas of Staffordshire putting staff members forward.	the 2 hour training. Police, TS and Alcohol trade were represented along with a course administrator who is working on the course content and will update by end of January 2014	 This was discussed at 2 above but will not figure in that training as only a two hour slot. Trading Standards looking at this issue and due to present at SSRBG on 10.01.14 	use of 1. Police and partners licensing visits to premises will include accessing checking of ID's on individuals already in the licensed premises that look under 21.	1. Staffs Police Licensing Unit identify premises who have passed compliance testing and post their details on social media(Twitter) as well as making contact with them either by letter or personal call to provide feedback.
Action	To invite alcohol industry representatives to sit on the Staffordshire & Stoke on Trent Responsible Bodies Group (SSRBG) in order to consult closely with the alcohol trade and obtain opinion/views to assist the SSRBG	Training for Licensed Premises staff around Challenge 21/25 schemes		Training for Licensed Premises door staff on acceptable forms of ID and spotting false/fake ID.	Concentrated action on under age use of false/fake ID's to combat under 18's accessing licensed premises.	System to be established in order to reward and recognize responsible retailing and successfully completed compliance test.
No and Date of Action	-	2		က	4	ro.

2. Other members of SSRBG to consider similar method of identifying good compliance and responsible retailing.
 Local RBG's to consider this issue and how they link in with the licensing trade in their own areas.
1.Police will look at a four stepped approach to drug swabbing, action plan and support to Licensed premises in respect of tackling drug misuse in the NTE
 Police to look at this issue and see what has already been produced and distributed elsewhere in order to adopt best practice.
 Police to look at producing A4 newsletter to Licensed premises on designing out drug misuse in their premises, i.e. U/V lights, Toilet and public areas set up, amnesty bins, condition of entry drug swabbing of customers etc.
 Local RBG groups to make contact with alcohol/drugs services and arrange partnership work within the NTE
 Police to push this message through local RBG groups and Pubwatch/Business crime partnership.
 Police and local RBG's to contact Pubwatch groups in the county in order to encourage early intervention by premises.
Local Authorities to develop this and link in with Pubwatch groups around the county
Talk Alcohol campaign from County Council has been developed and rolled out. Reps from alcohol trade have been invited into schools to see how education is being delivered and to give an industry perspective.
Various LRBG's have been visited and recommendations re aims and objectives of the groups to be submitted to County SSRBG
Initiatives being rolled out in both areas. Scoping exercises in process with off licence business.

LRBG's		
1. Local RBG groups to look at improvement around	transport in NTE through contact with local taxi/bus	companies
Local taxi ranks and transportation around the 1.	NTE	
17	4	

ongoing

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Agenda Item 7



Achieving Excellence for Young People

Frequently asked questions

Is this purely about budget cuts?

Money is certainly a consideration and the way that the youth service operates currently cannot be justified financially. At the moment only 15,902 young people across the county use the youth and community service – that means that county wide four out of five young people do not use our services. In some areas, attendance is less than 1 in 10, as low as 7%. Radical changes are needed to ensure that young people have access to the information and services they need to make informed decisions locally. We will then work with partners to provide highly specialist and targeted support to those who need it most. This model will not only help us to achieve the best results for young people but will provide the tax payer with better value for money.

Why are you doing this?

The existing model simply isn't working in terms of what young people say they want or in terms of the sensible use of public money. Four out of five young people currently do not use our services.

Our proposals are designed to increase young people's access to activities, targeting resources at the most vulnerable young people, and putting more focus on local provision, all while providing value for money for our tax payers.

How much will this save?

Through the proposed approach it is anticipated that council budget savings of £2.8m in 2014/15 rising to £4.5m annually by 2020/21 will be achieved.

Does the proposal meet the council's statutory duties?

Local authorities have a number of different statutory duties with regard to young people. The most relevant to youth services is the duty to secure access to positive activities. The duty requires local authorities to ensure, so far as reasonably practicable, that young people have access to sufficient educational leisure-time activities which are for the improvement of their well-being and personal and social development. This proposal will ensure the County Council meets its statutory duties, which apply to the 13 – 19 age range, and up to 25 for young people with learning difficulties.

In particular, local authorities are charged with addressing the needs of young people at greatest risk of negative outcomes and whose engagement in positive activities is often limited, and by doing so, increase their participation through securing access to appropriate provision.



The new proposal will ensure that all young people are able to access excellent universal provision that will give them the skills they need to become work and life ready. It will provide high quality targeted and specialist services for vulnerable young people with the highest level of needs including those with physical or learning disabilities, as well as those young people who at greatest risk.

Were any other options considered?

A number of alternative models have been considered during the process including changes to existing arrangements, looking for a single partner to provide youth services, and stopping all investment. None of these approaches would enable the County Council to deliver on its future offer which is a balance between protecting support for the vulnerable whilst allowing the community, with support, to meet the needs of its young people.

Are you shutting youth clubs?

This proposal is about achieving the best outcomes for young people and outlines how we could remodel the service to achieve better results, particularly for the most vulnerable in our communities. No decisions have been made and much will depend on the results of the consultation, but if it the proposal is approved, we would look at every aspect of the service.

What will you do with Youth Service premises?

No decisions can be made until the outcome of the consultation is known. If there are cases where buildings are no longer needed, we will look to ensure that they are used for the benefit of the local community.

How can we expect the voluntary and community sector to take on work when they are struggling with their budgets?

There is a vast amount of provision already available through the voluntary, community and private sectors for young people, and these services are already used by people in large numbers. Just consider the number and extent of local sports clubs, institutions such as the Boy Scouts and Girl Guides, to name just a few. Under the proposal, we would continue to work with the most challenged young people and would support our partners to provide a wide range of activities for all young people in Staffordshire.

How many young people are in the scope of this work?

This proposal is about making sure every young person in Staffordshire can achieve their potential, and are able to take control of their lives with support by and in their communities if they need it. There are more than 73,000 young people in Staffordshire. 15,902 of them attend activities run by Staffordshire Youth and Community Services in 2012 / 13 while nearly half of them (34,513) attended clubs and activities provided by the voluntary sector.

How do you know what young people want?

We have asked them. We have done a range of surveys with young people to understand their wants and needs, and since September have been talking in detail with a range of organisations to understand how we can make Staffordshire one of the best places in the country for young people to grow up. Young people tell us that they want access to positive activities, support for vulnerable groups and those in need, and a focus on transport and the transitional stages of life.

We already have a good track record in supporting young people to be independent. For example, the Your Staffordshire Card, which allows holders to pay just £1 per journey, is currently used by over 30,000 young people. We may look at how we could extend the scheme to allow even more young people to benefit from the card under this proposal.

How will you look after young people who cannot afford to access other services in the private/community sector? What about young people from ethnic minorities or other groups who live in rural areas?

We are producing a thorough Community Impact Assessment that will enable us to identify those groups of young people, including those who are disadvantaged, from a BME background, or are affected by their geographical location when accessing services, to ensure that they receive the support they need. We will ensure that we continue to fund targeted support services for young people who are most in need and will also have a local budget that can also address issues for those young people, or may have issues in relation to accessing services.

Is this a done deal?

No decisions have been made.

What considerations have been made to the impact on young people?

The wellbeing and future prospects of young people are at the heart of this proposal. We have researched in depth the outcomes this approach will achieve for Staffordshire's young people, and the public consultation and community impact assessment will take this work forward.

How can this be a countywide decision when each district has different needs?

We recognise that the needs of communities are very different, and that one size does not fit all. Part of this proposal is to support a strong local offer in each community, which the county council will manage to provide truly local provision.



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Achieving Excellence for Young People Questionnaire for young people

Staffordshire County Council wants all young people in Staffordshire to fulfil their potential. We want young people to prosper, be healthy and happy and live safely and be supported by their communities. We are committed to talking and listening to young people so that we focus on the things that matter most to you.

This survey should take no more than 10 minutes to complete and all responses are completely confidential. The closing date for returning completed surveys is 26th February 2014.

School work	Things to do	Relationships
Exams	People to talk to	Alcohol
Future career / job	Places to go	Drugs
Money	Bullying	How other peop
Health	How young people	view young peo
Friendships	look	
Family	Peer pressure	
Other, please tell us:		

					Very	D
	Excellent	t Good	OK	Poor	poor	ا kı
Range of things to do						[
Affordability of things to do						[
Information about what is going in the local area	on 🗌					[
Getting around e.g. public transport						
Please use this box to tell us	why?					
	4 to 10 o follo				0	
How often have you taken par	rt in the follo	_			ime?	
How often have you taken par		owing, ou At least once a	tside of so At leas once a	t	ime? _ess	
How often have you taken par	rt in the follo	At least	At leas	t ı L		N
How often have you taken par Uniformed groups (e.g. guides, scouts, cadets)		At least once a	At leas once a	t ı L	_ess	N
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Uniformed groups (e.g. guides, scouts, cadets) Sports clubs / training (e.g.		At least once a	At leas once a	t ı L	_ess	N
Uniformed groups (e.g. guides, scouts, cadets) Sports clubs / training (e.g. football, martial arts)		At least once a	At leas once a	t ı L	_ess	N [
Uniformed groups (e.g. guides, scouts, cadets) Sports clubs / training (e.g. football, martial arts) Activities at a youth club		At least once a	At leas once a	t ı L	_ess	N [
Uniformed groups (e.g. guides, scouts, cadets) Sports clubs / training (e.g. football, martial arts) Activities at a youth club Dance lessons / groups		At least once a	At leas once a	t ı L	_ess	N
Uniformed groups (e.g. guides, scouts, cadets) Sports clubs / training (e.g. football, martial arts) Activities at a youth club Dance lessons / groups Drama lessons / groups Arts / crafts sessions		At least once a	At leas once a	t ı L	_ess	N
Uniformed groups (e.g. guides, scouts, cadets) Sports clubs / training (e.g. football, martial arts) Activities at a youth club Dance lessons / groups Drama lessons / groups		At least once a	At leas once a	t ı L	_ess	N

If you <u>attend a youth club</u>, please continue to <u>Q5</u>. If you <u>do not attend a youth club</u> please go to <u>Q8</u>.

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Thinking about your yo	outh club(s)	, how wou	uld you ra	te the foll	owing?	
						[k
	Excellent	Good	OK	Poor	Very poor	
Variety of activities						
Affordability of activities						
The staff / volunteers						
The facilities						
Overall						
And if you attend a you about your youth club(g e
						g el
Do any of the following tick all that apply)	g stop you f	rom doing	you like o	s outside	of school? (Ple
Do any of the following tick all that apply) There's nothing ava	g stop you f	rom doing	you like o	s outside	e.	Ple
Do any of the following tick all that apply) There's nothing ava	g stop you failable in my	rom doing	g activities There want	e's nothing to do it	of school? (Pleat the
Do any of the following tick all that apply) There's nothing ava It costs too much make the time.	g stop you failable in my	rom doing	g activities There want I don going	e's nothing to do it 't know ho	of school? (g available at	(Pleat the
Do any of the following tick all that apply) There's nothing ava	g stop you failable in my noney	rom doing	g activities There want I don going I'm n	e's nothing to do it 't know ho	of school? ((Pleat the

Our Proposal

We want to support young people to shape the lives they want, get the most out of school and find a good job. We also need to make sure, in a time of reduced funding, that we are getting real value for money for every pound we spend on young people in Staffordshire, targeting those individuals who really need our help.

The need to make the best use of our resources, and the changing needs of young people, means we have to change.

There is already a large amount of out-of-school activities for young people across Staffordshire. This is being delivered by a range of different organisations, including voluntary and private sector organisations, for example sports clubs, guides / scouts, drama groups and outdoor pursuits. We believe that these organisations are better placed to deliver support and activities to young people.

As such, Staffordshire County Council is proposing to move away from providing out-ofschool activities for all young people, instead focusing our investment on vulnerable young people who really need our help. We will continue to support and fund the voluntary sector in Staffordshire to provide an extensive range of activities and opportunities for young people.

9.	Do you agree or disagree with the above pro	pposal?
	Strongly agree	Disagree
	Agree	Strongly disagree
	Neither agree nor disagree	Don't know
10		
10.	Please tell us why you think this?	

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11. Please use the box below to tell us your suggestions.

We really want to hear your views as to how we can achieve our vision for young people.

2.		uture opportunities to shape support and ocal area, please tick the box and provide your
	Please note that this question is option research purposes and will be treated	nal and your personal details will only be used for in confidence.
	Name	
	Email	
	Address	

12.

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About You

The following questions will help us to understand your answers even more. You do not have to fill this section in if you don't want to, but if you do your details will not be passed on to anyone else.

Are you?		
Male Female		
How old are you?		
10 or under 14	18	22
☐ 11 ☐ 15 ☐ 16	☐ 19 ☐ 20	23 24
13 17 17	21	25
I would describe myself as		
White (British, Irish, Other)	1 1	can / Caribbean / Black
Mixed / Multiple Ethnic Group	British Brofor not	to only
Asian / Asian British	Prefer not	lo say
Other, please tell us:		
Which of the following best describes	you?	
Which of the following best describes I live with both of my parents		oster carer(s)
	I live with f	oster carer(s) hildren's home
I live with both of my parents	I live with f	hildren's home
I live with both of my parents I live with one of my parents I live with another member of my	I live with f	hildren's home

Don't have a disability	Manadal basilda agradidi ara ara
Don't have a disability Social / communications impairment,	Mental health condition, e.g. Depression, Anxiety or Schizophrenia
e.g. Asperger's or Autism	Learning difficulty, e.g. Dyslexia
Deaf or hearing impairment	Physical impairment or mobility issue
Blind / visual impairment	Prefer not to say
Long-standing illness or health condition, e.g. Leukaemia or Epilepsy	
Other, please tell us:	
Cities, piedec ten de.	
Do you look after someone in your family w	no has an niness or a disability?
Yes No	
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what is your nome postcode? (if you are no	-tf th
	ot sure of the whole postcode, please
either put the first four digits or put the dist	
You have now finished! Thank you very much	rict / area where you live)
either put the first four digits or put the dist	rict / area where you live)
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Achieving Excellence for Young People

Questionnaire for parents, carers and organisations

Staffordshire County Council wants all young people in Staffordshire to fulfil their potential. We want young people to prosper, be healthy and happy and live safely and be supported by their communities. We want to talk to you, to make sure you have a voice and can help to shape these plans.

This survey should take no more than 10 minutes to complete and all responses are completely confidential. The closing date for return of completed surveys is 26th February 2014.

	A parent / carer of a young person aged 13-19
	A parent / carer of a young person with learning disabilities aged 13-25
	A volunteer involved in support / activities for young people
	An organisation that provides support / activities for young people
	An employee of Staffordshire County Council
	An employee of an organisation that provides support / activities for young people
	A local Councillor / MP
Oth	ner, please tell us:

School work		Things	to do		Rela	tionships
Exams		People	to talk to		Alcol	nol
Future career / job		Places	to go		Drug	S
Money		Bullying	l			other peopl
Health			ung peop	le	view	young peop
Friendships		look				
Family		Peer pro	essure			
Other, please tell us:						
If you are responding o				lease go t	to Q10.	
All other respondents How would you rate to	, please cor	ntinue to <u>(</u>	<u>Q3.</u>	_		a? (please
If you are responding o All other respondents How would you rate that apply)	, please cor	ntinue to <u>(</u>	<u>Q3.</u>	_		a? (please
All other respondents How would you rate to	, please cor	ntinue to <u>(</u>	<u>Q3.</u>	_	· local are	
All other respondents How would you rate to	, please cor	ntinue to <u>(</u> g for you	<u>Q3.</u> ing peop	le in your	· local are	Don't
All other respondents How would you rate that apply) Range of things to do Affordability of things to do	ne followin Excellent	ntinue to <u>(</u> g for you	<u>Q3.</u> ing peop	le in your	· local are	Don't
All other respondents How would you rate the that apply) Range of things to do	ne followin Excellent	ntinue to <u>(</u> g for you	<u>Q3.</u> ing peop	le in your	· local are	Don't

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If you <u>are</u> a parent or carer, If you <u>are not</u> a parent or ca	irer, pleas	e continue	to Q10.	a. outside	of scho
	irer, pleas	e continue	to Q10.	g, outside	of scho
f you are not a parent or ca	irer, pleas	e continue to part in the At least	to Q10. ne following At least		of scho
f you are not a parent or ca	rer, pleas	e continue to the part in the At least once a	to Q10. ne following At least once a	Less	
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How often have your child (please tick all that apply) Uniformed groups (e.g. guides, scouts, cadets) Sports clubs / training (e.g.	rer, pleas	e continue to the part in the At least once a	to Q10. ne following At least once a	Less	
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cellent God				Don't
	od OK	Poor	Very poor	use
		hild(rens) y	outh club(s	s), for exa
		ything else about your cke or don't like.		aything else about your child(rens) youth club(ske or don't like.

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There's nothing available in the local area It costs too much money Not having the time They have no-one to go with	 There's nothing available at the time they want Not knowing how to find out what's going on They are not interested in any activities
There isn't a bus service Worrying about your children	Being too shy Nothing stops them from taking part in any activities
Other, please tell us:	

Q14. 10. Name of your organisation 11. Please provide a brief description of the support / activities that your organisation currently delivers to young people in Staffordshire 12. What age groups do they cover? (please tick all that apply) 0-5 10-12 16-19 6-9 13-15 20-25 13. Which geographical areas do they cover? (please tick all that apply) Newcastle-under-Staffordshire Cannock Chase Lyme Moorlands East Staffordshire South Staffordshire Tamworth Lichfield Stafford Other, please tell us:

If you <u>are</u> responding on behalf of an organisation, please continue to **Q10**.

If you are not responding on behalf of an organisation, please go to 'Our Proposal' and

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We want to support young people to shape the lives they want, get the most out of school and find a good job. We also need to make sure, in a time of reduced funding, that we are getting real value for money for every pound we spend on young people in Staffordshire, targeting those individuals who really need our help.

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As such, Staffordshire County Council is proposing to move away from providing out-ofschool leisure time activities for all young people, instead focusing our investment on vulnerable young people who really need our help. We will continue to support and fund the voluntary sector in Staffordshire to provide an extensive range of activities and opportunities for young people.

14.	Do you agree or disagree with the above proposal?						
	Strongly agree	Disagree					
	Agree	Strongly disagree					
	Neither agree nor disagree	Don't know					
15.	Please tell us why you think this?						

We really want to hear your views as to how we can achieve our vision for young people

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•		local area, please tick the box and provide you
	Please note that this question is option research purposes and will be treated	onal and your personal details will only be used for d in confidence.
	Name:	
	Email:	
	Address:	
	About you and your child(ren)	
		o understand your answers even more. You do no want to, but if you do your details will not be passe
ı	Are you?	
	Male	Female
	How old are you?	
	☐ 16-19	35-44
	20-34	45-59 75+
	Are you?	
	White (British, Irish, Other)	Black / African / Caribbean / Black
	Mixed / Multiple Ethnic Group	British Prefer not to say
	Asian / Asian British	Freier flot to Say
	Other, please tell us:	
	Do you consider yourself to have a	a disability?
	Yes	No
	Do you look after someone in your	r family who has an illness or a disability?
	Yes	No

	How many children and young people live in your household? (Please include children and young people from 0-19 years of age or 0-25 years of age if they have a learning disability).	
	What ages are they? (please tick all that apply)	
	10 or under 14 18 22 11 15 19 23 12 16 20 24 13 17 21 25	
	Please tell us about any disabilities your child(ren) have? (please tick all that apply)	
	Child(ren) don't have any disabilities Social / communications impairment, e.g. Asperger's or Autism Deaf or hearing impairment Blind / visual impairment Long-standing illness or health condition, e.g. Leukaemia or Epilepsy Mental health condition, e.g. Depression, Anxiety or Schizophrenia Learning difficulty, e.g. Dyslexia Physical impairment or mobility issue Other, please tell us:	
	Please can you tell us your postcode	
	Thank you very much for taking the time to complete the survey.	
	Please return your completed survey to: AEYP Consulation, Communications Team Wedgwood Building, Tipping Street, Stafford, ST16 2DH	n,
	the knot unites	
1		

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