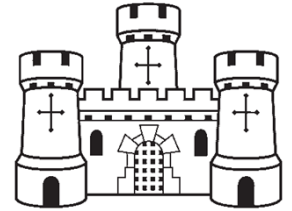


# Public Document Pack

**Date of meeting** Monday, 10th September, 2018  
**Time** 7.00 pm  
**Venue** Astley Room - Castle House  
**Contact** Jayne Briscoe 742250



**NEWCASTLE  
UNDER LYME**  
**BOROUGH COUNCIL**

Castle House  
Barracks Road  
Newcastle-under-Lyme  
Staffordshire  
ST5 1BL

## **Health, Wellbeing & Partnerships Scrutiny Committee**

### **AGENDA**

#### **PART 1 – OPEN AGENDA**

- 1 APOLOGIES**
- 2 DECLARATIONS OF INTEREST**  
To receive declarations of interest from members on items included on this agenda.
- 3 MINUTES OF THE LAST MEETING - 21 JUNE 2018** (Pages 3 - 6)  
To consider the minutes of the last meeting of the Committee held on 21 June 2018
- 4 MINUTES OF HEALTHY STAFFORDSHIRE SELECT COMMITTEE - 16, 23 JULY AND 13 AUGUST 2018** (Pages 7 - 20)  
To receive feedback from members of this committee who attended the meetings of Health Staffordshire Select Committee
- 5 FEEDBACK - VISIT TO BOROUGH COUNCIL CCTV**
- 6 TOWN CENTRE REPORT** (Pages 21 - 26)
- 7 EMERGENCY PLANNING** (Pages 27 - 28)
- 8 UPDATE ON MENTAL HEALTH CHALLENGE** (Pages 29 - 32)
- 9 WORK PROGRAMME** (Pages 33 - 36)
- 10 PUBLIC QUESTION TIME**

Any member of the public wishing to submit a question must serve two clear days' notice, in writing, of any such question to the Borough Council

## 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 Miss J Cooper, Gardner, Heesom, Horsfall, Jones, Kearon, Maxfield, Northcott, Panter, Parker, Wilkes (Chair) and Wright (Vice-Chair)

**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.

**NOTE:** THERE ARE NO FIRE DRILLS PLANNED FOR THIS EVENING SO IF THE FIRE ALARM DOES SOUND, PLEASE LEAVE THE BUILDING IMMEDIATELY THROUGH THE FIRE EXIT DOORS.

ON EXITING THE BUILDING, PLEASE ASSEMBLE AT THE FRONT OF THE BUILDING BY THE STATUE OF QUEEN VICTORIA. DO NOT RE-ENTER THE BUILDING UNTIL ADVISED TO DO SO.

Classification: NULBC **UNCLASSIFIED**

*Health, Wellbeing & Partnerships Scrutiny Committee - 21/06/18*

## **HEALTH, WELLBEING & PARTNERSHIPS SCRUTINY COMMITTEE**

Thursday, 21st June, 2018  
Time of Commencement: 7.00 pm

**Present:-** Councillor Ian Wilkes – in the Chair

Councillors Heesom, Horsfall, Jones, Kearon, Maxfield, Panter and Wright

Officers Rob Foster - Head of Leisure and Cultural Services and Partnerships Manager - Sarah Mooret

### **1. APOLOGIES**

Apologies were received from Councillors Gardener, Julie Cooper and Northcott (as Staffordshire County Council representative).

### **2. DECLARATIONS OF INTEREST**

There were no declarations of interest submitted on this occasion.

### **3. TERMS OF REFERENCE**

The Acting Chief Executive submitted Draft Terms of Reference for the newly constituted Health, Well Being and Partnerships Scrutiny Committee. The Terms of Reference detailed the remit and role of the Committee and made particular reference to the joint working arrangements with Staffordshire County Council for the scrutiny of Health matters.

Members discussed the need for flexibility in the workload of the Committee whilst acknowledging the limitations on resources within the authority to support that workload.

At a later point during the meeting the Chair sought support from the Committee to the extension of its membership to include 2 non-voting co-opted member representatives of young people in the Borough, proposing that they be appointed from Student Representative Bodies at Keele University and Newcastle College.

#### **RESOLVED:**

- (i) That the Terms of Reference be approved subject to amendment to reflect that the Borough Council's representative (and Substitute) on Staffordshire County Council's Healthy Staffordshire Select Committee are appointed by Full Council.
- (ii) That the principle of having no more than 3 active Working Groups/Task and Finish Groups/Scrutiny exercises at any one time be adhered to and reviewed as part of a review of the Terms of reference after 12 months.
- (iii) That Full Council be requested to approve the appointment of 2 non-voting co-opted representatives of young people in the Borough, as proposed by the Chair.

### **4. WORK PROGRAMME 2018/19**

The Acting Chief Executive reported on the need to draw up a Work Programme for the Committee for 2018/19 and sought to assist by setting out guidance on issues to consider when identifying areas for scrutiny. Matters/Service areas within the remit of the Committee were considered in detail.

**RESOLVED-** That:

- (i) the Work Programme for 2018/19 comprise:

<b>DATE OF MEETING</b>	<b>SCRUTINY ISSUE/THEME</b>	<b>DETAIL/COMMENT</b>
Monday 3 September 2018	Newcastle Town Centre	To consider the Borough Councils responsibilities, strategies, initiatives and involvement with partner agencies and including: <ul style="list-style-type: none"> <li>• The Purple Flag Scheme</li> <li>• Update on the Review of the Public Space Protection Order (PSPO)</li> <li>• 'Make it Count' Scheme</li> <li>• Homelessness</li> </ul>
	Emergency Planning	Scrutiny of the Boroughs preparations for the impact of Winter on the provision of, and demand for, services
	Britain in Bloom	Evaluation Report on the Boroughs involvement and participation in the 2018 Scheme
Monday 3 December 2018	Leisure Provision	To consider: <ul style="list-style-type: none"> <li>• Community Recreation and Leisure Strategy</li> <li>• Evaluation of impact and effectiveness of Educational Programmes eg Swimming</li> <li>• Kidsgrove Sports Centre – Community Group Business Plan</li> </ul>
	SPACE Scheme	Evaluation Report on the effectiveness of the 2018 Scheme
	Support and Advice Services for People with Diabetes and /or Parkinsons Disease	Feedback from Councillors Panter and Maxfield on their review of support and advice available within the Borough for suffers of Diabetes and/or Parkinsons Disease
Monday 4 March 2019	Safeguarding	To consider the Borough Councils responsibilities, strategies, initiatives and involvement with partner agencies and progress on

		delivery of the Council's Safeguarding Work Plan 2017-20
Monday 3 June 2019	Review of the Impact of the Committee's work during Sept 2018-March 2019	

(ii) the possibility of members viewing a neighbouring Authority's CCTV Control Room in operation be explored

(iii) the members of the Committee to receive periodic updates on:

- Joint working with Staffordshire County Council on Health matters
- Matters considered by the Staffordshire Police, Fire and Crime Panel.
- Mental Health Challenge (including the Boroughs work on Dementia services and Dementia Awareness)

**5. PUBLIC QUESTION TIME**

There were no questions from members of the public on this occasion.

**6. URGENT BUSINESS**

There were no questions from members of the public on this occasion.

**7. DATE OF NEXT MEETING**

Monday 3 September 2018 at 7.00pm.

**COUNCILLOR IAN WILKES**  
Chair

Meeting concluded at 8.00 pm

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## Minutes of the Healthy Staffordshire Select Committee Meeting held on 16 July 2018

Present:

### Attendance

Ann Edgeller	Bernard Peters
Paul Northcott (Vice-Chairman)	Carolyn Trowbridge
Kath Perry	Victoria Wilson
Jeremy Pert	

**Apologies:** Charlotte Atkins, Jessica Cooper, Janet Eagland, Phil Hewitt, Alan Johnson, Janet Johnson, Dave Jones, Alastair Little, Johnny McMahon, Ross Ward and Ian Wilkes

### PART ONE

#### 16. Declarations of Interest

Councillor Peters declared a non pecuniary interest in the next item, Burton Hospital NHS Foundation Trust as he is a Member of the Governing Board of the new Trust. He remained in the meeting and took part in the discussion.

#### 17. Burton Hospital NHS Foundation Trust Self Assessment Report (30 minutes)

Representing the Trust at the meeting were; Gavin Boyle, Chief Executive, Magnus Harrison, Executive Trust Medical Director; Duncan Redford, Executive Managing Director Burton; and, Jim Murry, Executive Director of Nursing and Operations.

The Chief Executive (CE) ran through the timeline of activities leading to the merger of Burton Hospital NHS Foundation Trust (BHFT) and Derby Teaching Hospitals NHS Foundation Trust (DTHFT) on the 1 July 2018. The main aims of the merger were to retain a vibrant district general hospital at Burton; to combine catchment populations which would enable the development of specialised services; deliver more care closer to home; make the best use of community hospitals; maximise benefits for patients and deliver a better care at less cost.

The first set of services to integrate were listed as: Cardiology, Stroke, Trauma and Orthopaedic, Imaging, Renal and Cancer services. Work will continue through all services until all at both Trusts are integrated.

The merger was expected to save in the region of £23m by 2022/23 and deliver better services for all patients. The new organisation could also take advantage of an extra

£16.5m Sustainable and Transformation Funding (STF) this year which would not have been available without the merger.

#### **18. Questions from the public (30 minutes)**

No questions had been received from the public

#### **19. Questions from Healthy Staffordshire Select Committee Members (45 minutes)**

A Member asked how the merger and the likely benefit to the public were being communicated. There was concern that the merger would be perceived by the public as a cost saving exercise and not about improving services which was the mergers main aim. The CE responded that the public would be understandably anxious but reiterated that there would be no redundancies and no privatisation of services. The new Trust may want to deliver services differently but that was not the main aim of the merger. The Executive Director of Medical Services added that one of the desired outcomes was to move services back to the community hospitals and to get some services which are now provided out of the County back into Staffordshire.

Following a question on workforce planning and how the Trust intended to recruit and retain staff, the Executive Director of Medical Services felt that when services are viewed as being efficient and well supported, prospective employees are attracted to an organisation, which should make it easier to recruit. The Executive Director of Nursing and Operations explained that there was a strategy for the retention of nurses, including an advanced clinical practitioners training programme.

The Member followed on by asking if the Trust were confident that there would be enough capacity and flexibility to accommodate a mayor incident in one area which would require staff to move between sites. In response, the Executive Managing Director replied that he was confident that it was now possible to spot problems earlier and staff and resources can be moved ensuring patient safety and better service delivery.

The need for clear communication with the public was raised particularly if services were moving sites. Transport between the sites was also discussed. The CE informed the Committee that lessons had been learnt from the University Hospital North Midlands (UHNM) merger and others and the need to be clear with both staff and the public was clear. The Burton and Derby merger was however a different model to that at UHNM and had been consulted on and developed jointly, not imposed, which resulted in less resistance.

A Member asked a question on the safety of patients following the CQC inspection and what progress had been made. The CE informed the Committee that the CQC had recently visited Burton Hospital and the overall rating received was 'Good'. The plan was now to integrate the quality strategy across both organisations and bring both to a 'Good' standard.



A question was raised on the discussions taking place with Community providers about reducing falls and hip fractures. An example was provided of the Highlands Health Board which uses technology in homes in Alness which has been proven to be highly inclusive. The CE of the Trust said that a key focus of the STP area was the prevention agenda and one of the projects in Derbyshire had been a falls team who carried out, amongst other things, home risk assessments and provided support in home. This often resulted in less hospital admissions. It was hoped that this could be developed and rolled out further. There is also work taking place around technology and paramedics which was aimed at giving them the information they needed out in the home to save patients attending hospital.

A question on venous thromboembolism (VTE) assessment and prophylaxis taking place within 24 hours of admission. The Member had read that it is now in the hands of a designated clinician and asked when it would be known if there had been an improvement in the figures? In response, the Committee were informed that in the past there would have been Nurse assessments and then a Doctor would prescribe the necessary drugs. Assessments at Burton were at 94% within 24 hours but prescriptions in the high 80s%. Derby is running at 96.6%. There is a need to bring the two in line so there is equality in service.

A Member felt that although there was a clear vision and aspirations, bringing two organisations together with different cultures would be hard and that this would be where most mergers failed. How did the Trust see the two cultures integrating going forward? The CE explained that they were two Trusts who had very different characteristics and there was no wish to lose that. However, most of the staff wanted to work efficiently and effectively and wanted to learn from each other. In September engagement will begin with all employees, he was very much aware that staff need to be on-board to make things work.

The Member went on to ask what success would look like in three and five years time. The CE felt there were two main measurements, firstly did the merger deliver the implementation plan? Secondly, the Regulator had put in place a process for continuous monitoring and there was a need for a whole list of indicators to be devised to measure success some of which would be public facing such as safety and some around recruitment and retention etc. This set of indicators can be shared with stakeholders.

There was a question on death rates and as both the SHMI and HSMR are likely to deteriorate in the winter months, what mechanisms were in place for an extensive flu vaccine campaign in the community to confer significant herd immunity and reduce the winter death rate? The Executive Director of Medical Services explained that in Derby every patient was flu assessed when admitted into hospital. Also all front line staff needed to be immune and this meant that the Trust need to ensure that the right vaccine was purchased and used on both sites.

A Member was concerned that there were two STPs involved with the Trust and asked how well services and patients would transfer between the two. The Executive Managing Director at Burton explained that they delivered place based care which brought together services so the public wouldn't notice a difference.

A question was asked on where do the Clinical Commissioning Groups (CCGs) fit in with the Trusts and what is their relationship like? The CE explained that now there were single commissioners in each county and this made things much easier for the Trust. The only disadvantage was that they were newly formed and needed to work closely to bring things together. A Member was concerned that there was a national shortage of qualified staff and asked how the Trust intended to fill the vacancy gap. The CE responded to say that the University Hospital status was an important badge as it meant that as a training hospital they would see an opportunity within the Trust to develop training programmes to attract staff and continuous improvement and reward schemes would help to retain staff long term. There was also an apprentice programme seeing younger people join the organisation. The need to be imaginative was important.

There was a question on the 62 day referral to treatment for cancer patients. This was an important target and the member wanted to see pathology specific data in this area for both the last quarter (pre merger) and the next (post merger)

One Member of the Committee felt the Delayed Transfer Of Care (DTC) would need to improve before winter and asked what was being done around this and what was the standard patient position. The Executive Managing Director at Burton explained that this had improved recently and that the last set of figures were below 6% but work was continuing with Social Care to improve further.

In response to a question to the CE on what was his main concern had been during the merger and what was it now. The CE responded that the two Trusts had been working together and planning the merger for such a long time that his main focus then and now remains the same and that is delivering on the commitment to improve.

## **20. Summary and way forward (5 minutes)**

The Chairman felt that this was an exciting but challenging time for the Trust which should bring opportunities for improvement. Residents need to be kept informed of any changes taking place in the future.

All of the officer from the Trust were thanked for attending the meeting.

**RESOLVED** That the Committee:

- a) Receive an update on the progress of the merger in six months time.
- b) The Trust provide the Committee with data on the 62 day referral target for the treatment of cancer patients for both the last quarter (pre merger) and the next (post merger)

**Chairman**

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# Minutes of the Healthy Staffordshire Select Committee Meeting held on 23 July 2018

Present: Johnny McMahon (Chairman)

## Attendance

Janet Eagland	Jeremy Pert
Ann Edgeller	Bernard Peters
Phil Hewitt	Carolyn Trowbridge
Alan Johnson	Ross Ward
Alastair Little	

**Apologies:** Charlotte Atkins, Janet Johnson, Dave Jones, Paul Northcott, Kath Perry, Ian Wilkes and Victoria Wilson

## PART ONE

### 21. Declarations of Interest

The Chairman declared an interest in this item as a relative was training to be a Paramedic with the West Midlands Ambulance Service. He remained in the room and took part in the discussion.

### 22. West Midlands Ambulance Service NHS Foundation Trust Self Assessment Report (30 minutes)

Anthony Marsh, Chief Executive Officer (CEO) and Mark Docherty, Director of Clinical Commissioning and Service Development (DCCSD) attended the meeting to represent the West Midlands Ambulance Service (WMAS).

The CEO gave a presentation covering the main issues facing the service and the performance both for the West Midlands region and specifically for Staffordshire. The Trusts Vision, Strategic Objectives, Priorities and Values were outlined. The Trust was the top performing ambulance service in the country and had the second lowest cost base. The Trust was running at 100% staffing levels with no agency staff employed. The WMAS was the only ambulance service in the country to be rated 'Outstanding' and in a report due to be published by Lord Carter later that week, they were the most productive service nationally.

The CEO informed the Select Committee that there were no vacancies for Paramedics and the Trust had the lowest level of staff sickness in the county. The Trust was training 300 paramedics this year and 100% of the ambulances were manned with a Paramedic. Training was important to the Trust and where staff missed sessions due to long term sickness or maternity leave, this was always rescheduled on their return.

The Trust continues to prepare for major incidents such as those seen at the Manchester arena or in Salisbury, but also more regional activity such as winter planning and the Community Defib Vanguard (discussed later in the meeting).

The Trust had exceeded all the national targets with the exception of one which was missed by 8 seconds.

The new Electronic Patient Record system was described and the link and transfer of data between the ambulance service and hospitals explained. The data collected by the paramedics can be sent to hospitals/treatment centres before patients arrive which ensured quicker and more efficient information sharing and diagnosis.

### **23. Questions from the public (30 minutes)**

None

### **24. Questions from Health Scrutiny Committee Members (45 minutes)**

A Member asked if a fathers training was rearranged/considered if they were on paternity leave in the same way as a woman's was if on maternity. The CEO explained that the training of all staff was a priority and would be rescheduled in the same way as those who had been on longer term sick leave.

The question of personal risk was highlighted and the Trust was asked what was done to ensure staff remained safe and well. The CEO explained that the job by its very nature was high risk, for example, patients fall or need to be carried which can put staff at risk of personal injury. However, the Trust carried out refresher training course on how to use equipment properly and have also recently invested in bariatric supports to provide additional lifting support to staff. This of course helped both staff and patient.

A question was asked on support given to staff who suffer either verbal or physical abuse whilst carrying out their jobs. The CEO was clear that he would not tolerate abuse of any kind to staff and worked with the police to prosecute anyone who wilfully abused staff. Recently a number of custodial sentences had been secured but in the CEO opinion these were not enough or for long enough sentencing periods. There was a Government Bill going through Parliament which aims at protecting emergency service staff further. Staff were also offered a range of support from training on how to deal with violence or aggression, to support and counselling if they were involved in incidents which could leave them with Mental Health issues. The Trust was due to take part in a pilot involving body cameras. It was hoped that this would firstly act as a deterrent and decrease the number of incidence but also increase the evidence which would lead to a higher number of successful prosecutions. Following a separate question on midwifery training, the CEO informed Members that all Paramedics were trained and regularly updated in midwifery and also had support from emergency doctors on call and specialist control centre staff.

A Member of the Committee asked about the Trusts financial position and what financial risks were envisaged which may jeopardise the Trusts success. The CEO responded to explain that finance was a challenge but each year the Trust managed to exceed their targets. Over the past few years they had saved circa £50m.

A question was asked regarding Dementia patients and if the Ambulance staff knew in advance that this is what they would be encountering. This was followed by a question on the challenges that different age groups brought and how were staff equipped to deal with them. The CEO explained that it was a challenging demographic population but the Trust was endeavouring to change its services to meet local needs. It constantly reviewed its training needs and had increased the level of mandatory dementia training.

There was a question on dementia services and whether the Trust had signed up to the George Herbert protocol which the police used. In response, the DCCSD informed the Committee that the Trust didn't as yet use the protocol but the demographic was changing and they would be looking at anything that would enhance quality services. They always tried to look at the journey through the service and how to make it better.

A Member asked what the criteria were for deploying Defib and they were concerned that the Trust wasn't aware of the location of all of them. The CEO explained that the Trust was aware of all the Defibs which had been placed by the ambulance service, however, most of the ones located in factories or shops were not on a national data base and it was the aim of the Community Defib Vanguard project to get them all registered, ideally with a GPS location, their age and battery life being recorded. With regard to the criteria that should be met, Members were encouraged to discuss this with the Trusts link officer but generally in public places that has access 24/7.

A question was raised on the availability of electronic records and first responders. The Committee was informed that first responders were not a replacement for an ambulance but were there to fill the gap whilst the ambulance was on route. Currently the ambulance would have access to the electronic data but a pilot was underway in Burnwood to trial how the equipment would work.

The Chairman commented that the leadership team was obviously very strong and asked how they got there and what could they teach others? In response, the CEO explained that he thought that there was a strong sense of what needed to be done within the Trust, a clear direction and a resilience and desire to see things through. The senior management team had also been with the Trust for a number of years and this added resilience and commitment from the top. Also the Trust was not complacent and was constantly trying new things and planning for the unexpected as well as the predictable events such as winter pressures. The DCCSD felt that the difference with the WMAS was the forensic detail that went into all decisions. He explained that if the smallest thing went wrong such as a 0.2second increase in the answering of calls time, it would be addressed as soon as possible, nothing was left to drift or worsen. He also explained that the relationship with the Strategic Transformation Partnership (STP) had improved and all partners were working together to learn lessons and good practice.

Leading on from this question, the Chairman asked how the Trust were planning for winter pressures and how they were vaccinating their staff. The CEO explained that they were planning for the predictable rise in demand around Christmas and the New Year period and the inevitable pressures of winter which tended to be during January and February. Training was planned leaving busy months free so that all staff were on duty and ready to respond. There would also be an extra 200 fully trained permanent front line employees available from the middle of December. The Trust also had a

target of 75% flu vaccinated staff. In 2017 they reached 77% and would ideally like to reach 80%.

The Chairman questioned patient survival rates particularly now that electronic data was in place to monitor the flow of the patient. He asked about not only the patients who survive but also those who were neurologically intact and survive so have a better quality of life. The DCCSD informed the Committee that it was now possible to track a patient's survival (a), into hospital, (b) from hospital to discharge and (c), 30 days post discharge.

A Member asked what support was available for staff who had endured stress or trauma in the work place and also what ethical guidelines had been followed given data and technological advances. The CEO responded to say that all staff had access to a full range of support from training to expert advisors and counsellors. With regard to the technology advances, he informed the Committee that the developments had been ethically approved and the National Royal College had helped with recommendations on recent pilots.

The Chairman requested more information on the Manchester bombing Hazardous Area Response Team (HART). The CEO explained that he leads the national ambulance resilience unit which is part of HART. There were 42 specialist trained paramedics in 2 teams. A decision had been made to increase this by 12 in order to deal with a number of different specific situations such as high altitude events, underground events or bombings etc. In addition, there would be 100's of front facing staff trained to deal with on the ground issues which they were called upon to support, such as war zone training and decontamination.

## **25. Summary and way forward (5 minutes)**

The Chairman thanked the Trust for attending the meeting and congratulated them for leading such a highly efficient and well performing organisation.

**Chairman**



**Healthy Staffordshire Select Committee – 13 August 2018  
District/Borough Digest**

Under the Health Scrutiny Code of Joint Working with District and Borough Councils, Authorities have undertaken to keep relevant Partners informed of their consideration of health matters having regard to the general working principle of co-operation and the need to ensure a co-ordinated Staffordshire approach.

Therefore, the following is a summary of the business transacted at the meeting of the Healthy Staffordshire Select Committee held on 13 August 2018 - link to Agenda and reports pack:

<http://moderngov.staffordshire.gov.uk/ieListDocuments.aspx?CId=871&MId=8814>

<b>Agenda Item</b>	<b>District(s)/Borough(s)</b>
<p><b>Staffordshire and Stoke on Trent Sustainability and Transformation Partnership (STP) - Workforce</b></p> <p>The Committee received a presentation on the STP workforce and Organisational Development Teams. The workforce strategy is made up of three parts:</p> <ul style="list-style-type: none"> <li>• The sustainability pillar which covered: recruitment; retention; improving temporary staff utilisation; and reducing agency usage.</li> <li>• The future workforce pillar focused on widening participation and developing new roles at all levels to improve supply of staff</li> <li>• Transformation of the workforce pillar covered the planning of Clinical work streams, integration of Health and Social Care and transforming Primary Care.</li> </ul> <p>The main achievements so far which included:</p> <ul style="list-style-type: none"> <li>• Children’s Nurse Redeployment into Practice Nurse Development programme.</li> <li>• A Physicians Associate (PA) Programme which provided placements for groups of PA’s within primary and secondary care.</li> <li>• A redeployment team which worked with all NHS partners to redeploy staff at risk of</li> </ul>	<p>All Districts and Boroughs</p>

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<p>redundancy.</p> <ul style="list-style-type: none"> <li>• Apprenticeships and the aim of rotational apprentices were outlined.</li> <li>• The Falls prevention pathway</li> </ul> <p>Members asked questions on the following areas:</p> <ul style="list-style-type: none"> <li>• Whether staff were made redundant by one organisation and then immediately employed by another which would cost the NHS a substantial amount in redundancy pay.</li> <li>• Why there were so many redundancies given the number of vacant posts in the local NHS.</li> <li>• How the future demand for staff had been estimated</li> <li>• How jobs were advertised</li> <li>• Flexible working</li> <li>• How apprenticeships schemes were advertised in schools</li> <li>• The impact of Brexit.</li> </ul> <p><b>RESOLVED</b> The Committee made the following recommendations:</p> <ol style="list-style-type: none"> <li>a) The East of the County and Stoke on Trent had unique challenges and services need to be tailored to their specific needs.</li> <li>b) The work stream needs to ensure that the work force is future proof and can cater for the demands of changing populations.</li> <li>c) The Committee would like to see evidence of the individual organisations being able to adapt to their individual and differing demands and issues.</li> <li>d) The Committee would like to see evidence of redundancy numbers being reduced.</li> </ol> <p><b>Staffordshire and Stoke on Trent Sustainability and Transformation Partnership (STP) - Enhanced Primary and Community Care</b></p> <p>The Committee received a presentation on the STP Enhanced Primary and Community Care Programme (EPCCP) which is responsible for the delivery of:</p> <ul style="list-style-type: none"> <li>• Integrated Care Teams</li> </ul>	<p>All Districts and Boroughs</p>
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- Sustainable General Practice
- Reduced variation in the use of community hospital beds
- End of life care

The programme will deliver Integrated Care Teams (ICT) in 23 localities each serving a population of between 30,000 and 70,000. The ICT's will deliver GP services, Nurses, Health Care support workers, Pharmacist, Social Care, Voluntary sector, District Nursing, Community Matrons, and Community Mental Health in one locality designed around individual local demand/need. These 23 ICTs will form 8 Specialist Team Hubs covering the Stoke North, Stoke South, Newcastle, Moorlands, Stafford, Cannock, Lichfield and Tamworth and East Staffordshire areas, which will provide a range of specialist services aligned to the local population e.g. Dementia services, Cardiac rehab, Specialist nursing Home first etc.

The following points were discussed:

- How the public would know where to go when they need medical advice.
- The need for the system to work and had to be right first time.
- The significant work burden for GP's
- Winter pressures.
- A County wide flu vaccination initiative.

**RESOLVED** That the Committee request the following:

- a) Evidence that the STP is letting go of control to the Integrated Care Team localities to deliver services to meet their local need.
- b) That at a future meeting when this item is being considered, a practising GP be invited to attend, to offer their views on the programme
- c) Information on the public awareness campaign and how that will be delivered.

Their next meeting will be held on Monday 17 September 2018.

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## Town Centre report for Health, Wellbeing & Partnerships Scrutiny Committee 10<sup>th</sup> September 2018

**Author: Trevor Smith, Partnerships Interventions Officer**

This report seeks to update the Scrutiny Committee on current activity and initiatives in the town centre with the Council's and their partners.

### **Introduction**

Newcastle Town centre is an important area for business, leisure and retail. It provides a great deal of employment and provides a wide variety of arts, culture and evening entertainment, as well as its football club.

Newcastle Town Centre is a thriving historic Market and University Town that has plentiful attractions and facilities for visitors and residents. The town also boasts the Queens Gardens which is the floral centrepiece of the Borough's national and regional winning Britain in Bloom campaign.

Newcastle has a variety of cafes open into the early evening and enjoys a large multi-screen cinema complex in the heart of the town centre. These are complemented by a range of licensed premises, a number of which are CAMRA accredited, live music venues and variety of restaurants offering a diverse range of menus to appeal to every appetite. Other attractions include a popular and award winning Theatre and a neighbouring museum and art gallery hidden in Brampton Park featuring over 2000 years of Borough history.

### **Issues**

Newcastle Town Centre, similar to any other town centre across the Country, has its fair share of issues. These including the following;

#### **Rough Sleeping**

The responsibility with rough sleeping sits with the Regeneration and Development directorate particularly the Housing Strategy Team.

Newcastle Town Centre, like many other Town Centres in the UK experiences rough sleeping. A key part of Newcastle Borough Council's Homelessness Strategy is the provision of a specialist Rough Sleeper Outreach Service. This service is jointly commissioned with Stoke-on-Trent City Council and operates across both Local Authority areas. The service is delivered by an organisation called Brighter Futures and consists of a dedicated Rough Sleepers team providing assertive outreach to those sleeping rough. It facilitates the swift access to emergency accommodation and ensures individuals are engaged with required support services.

There is the perception that the number of rough sleepers in the town centre is increasing, however whilst there has been an increase in the number of referrals, there has not been the same increase in verified rough sleepers. Between 1st April and 30th June there have been 11 rough sleepers verified in Newcastle (this includes open and closed cases). At the time of writing there is only one open case at the moment an individual who is rough sleeping in Grosvenor roundabout. The Rough Sleepers Team are engaging this person on a daily basis. The previous quarter (1st January to 31st March 2018) there were 3 rough sleepers verified. Looking back at the same quarter for last year (April to June 2017) there were 4 verified rough sleepers.

In the past there have been random quarters where there has been an increase and things have then subsided, so it will be important to see what this next quarter brings, as to whether it's a growing trend or a temporary spike.

Often assumptions are made that it is homeless people who are engaging in street activities, however the housing status of those engaging in street activity is not so clear cut, with some already having accommodation, be it temporary, supported or permanent and therefore not actually homeless.

Although the numbers of actual rough sleepers at any one time has remained relatively consistent, without the provision of the outreach service, a rise in numbers would be anticipated. In addition 'visible' rough sleeping has increased and there is a cohort of individuals in North Staffordshire who are reticent to engage with services and often migrate between both Local Authority areas to sleep rough. These are the most challenging cases for our service, as they are usually well known to services with very complex needs.

With regards to plans in place to address this, Officers from both Authorities are in regular contact with the outreach service provider and host contract monitoring meetings to discuss levels of rough sleeping and agree the most appropriate ways to address behaviour. The service also meets on a monthly basis with partner agencies to discuss and agree personal plans for those individuals currently on the active rough sleeper lists. Such plans can include the provision of personalised budgets, agreement by partner agencies to reconsider / review previous exclusions or reconnection assistance if a Rough Sleeper has migrated from another area.

Whilst the numbers of Rough Sleepers in Newcastle are relatively low compared to other areas in the Country, assisting individuals off the street is only the start of their journey. It has been determined that many individuals require higher levels of support for longer periods of time before they are successfully able to sustain their own accommodation and live independently.

### **Anti-Social Behaviour (ASB)**

The responsibility for ASB rests directly with the Partnerships Team of the Chief Executives Directorate at Newcastle Borough Council.

Begging and Street Drinking are the main ASB problems in Newcastle Town Centre and we have seen a spike in these issues over the last 12 months.

The main reasons for this increase are;

- **Migration of problematic individuals from Stoke-on-Trent**  
Police colleagues in Stoke-on-Trent are currently employing a range of strategies and tactics to tackle ASB, including engaging, support and disruption. Enforcement wise the use of Community Protection Notice Warnings (CPNWs), Community Behaviour Orders (CBOs) and section 34/35 dispersals. The use of sustained enforcement is causing a degree of displacement of individuals from Stoke-on-Trent into Newcastle-under-Lyme and other areas. A number of individuals are coming into Newcastle and causing ASB and crime as some of them are not on the radar of enforcement agencies.
- **Magistrates Courts**  
In early 2013 the Magistrates Court in Fenton, Stoke-on-Trent closed and all cases were re-directed to the Newcastle Magistrates Court, renamed the North Staffordshire Justice Centre. This has seen a significant influx of offenders come into Newcastle Town Centre which in turn has caused an increase in crime and disorder such as shoplifting, street drinking, littering, substance misuse and general anti-social behaviour (predominantly shouting, swearing and littering).
- **Inclement weather**  
The recent heatwave over the summer months has in part caused an increase in rough sleeping, begging and rise in ASB including street drinking.

## **What we are doing as a Partnership to address ASB?**

### **Public Space Protection Order (PSPO) review**

Newcastle Borough Council's Partnership Team is responsible for the review of the existing PSPO. Newcastle Town Centre is currently subject to a PSPO whereby a number of ASB related issues are prohibited. These prohibitions include general ASB, vandalism, street drinking, substance misuse, graffiti and unauthorised use of Council car parks. However, due to the influx of Beggars on the Town Centre the Council has had to re-evaluate its stance on persistent and aggressive beggars. As part of this re-evaluation the Borough Council has proposed to make the following changes to the PSPO process;

1. Begging on the Town Centre is proposed to be included to the list of existing PSPO prohibitions (a public consultation is currently underway).
2. Streamlining the enforcement process by removing the Warning Notice stage and proceeding directly to Fixed Penalty Notices of up to £100 (£75 if paid within 14 days).

These changes have already been approved in principle by both Cabinet and Public Protection Committee pending a public consultation period from 13th August to 24th September.

### **Town Centre working group**

A town centre working group has been established by the Partnerships Team at the Borough Council to identify and address issues on the town centre. The working group's remit is to look at various issues such as CCTV, known individuals perpetrating ASB on the town centre and issues such as illegal highs.

### **Use of section 34 & 35 powers**

In the last two months the neighbourhood Policing Team (NPT) from Staffordshire Police has authorised the use of s34 and s35 notices as a short term enforcement tactic designed to disrupt the activities of individuals who persistently cause ASB, which spikes over the summer months. 26 section 35 notices have been issued since January 2018. The Chief Inspector has ensured that patrols in the town centre have been increased, subject to available resources, to proactively discourage begging and street drinking and a number of notices have been issued in the last few weeks and as a result several known beggars have been dispersed from the town centre for up to 48 hours at a time.

### **Community Protection Warning Notices (CPWNs) and Community Protection Notices (CPNs)**

Newcastle Borough Council's Partnerships Team and Staffordshire Police lead on issuing perpetrators of ASB CPWN's and CPN's. Since January 2018, 4 CPWN's have been issued by the Borough Council for a variety of ASB offences on the town centre and 0 CPNs issued.

### **CCTV**

There are currently 17 CCTV camera's operating in Newcastle Town Centre however there are 2 cameras which are inoperable. Out of these 17 CCTV camera's 12 are moveable and 3 are static. The existing CCTV system is managed by the Business Improvement District (BID) and the Assets team in the Regeneration and Development directorate of Newcastle Borough Council. The BID manage a number of CCTV volunteers who operate out of the CCTV control room based at the Borough Councils Depot on a Monday and a Friday daytime. The Council has a contract to supply SIA licensed CCTV operatives on a Friday evening from 8pm until 3am and Saturday evening from 8pm until 3am. Otherwise, the facility is unmanned (although on record) and therefore, in real time, cannot be responsive to crime and disorder incidents in the town centre. The CCTV system is approximately 15 years old and as a consequence the reliability and picture quality of the cameras

has degraded. The Borough Council recognises the importance of providing the community with a reliable, effective CCTV system and so are currently collaborating with partners to discuss cost effective ways to improve the system. However, it is expected that any improvements would need further investment in the system and monitoring of services to be made.

### **Other activity/initiatives**

#### **Make it Count**

The Partnerships Team at Newcastle Borough Council have now officially launched and publicised the “Make it Count” scheme to address begging and substance misuse in the Town centre by encouraging people to make donations via the numerous collection boxes located in various retailers, rather than giving money directly to beggars. It is recognised that many passers-by want to help someone in need by giving them their loose change but this can actually compound the problem and prevent vulnerable people from getting the help they need. Money donated through “Make it Count” will be distributed to registered Charities Brighter Futures and One Recovery to help address homelessness and substance misuse services in the Borough.

The scheme has 2 key areas;

##### **1. Diverted giving**

It is recognised and understood that many people who see street beggars will feel moved to want to do something about this so ‘Make it Count’ encourages people to give money to registered charities to can support people who beg.

##### **2. Informing and educating**

Make it Count raises awareness amongst the public about begging and the issues that surround it within Newcastle-under-Lyme. ‘Make It Count’ has been promoted via a variety of channels as the most appropriate means of making a contribution to help Beggars.

#### **Purple Flag**

Purple Flag is an accreditation scheme governed by the Association of Town Centre Managers (ATCM) and designed to improve the early evening and night time offering in the town centre. The scheme is similar to awards given out to the best beaches (Blue Flag) and parks (Green Flag). Purple Flag looks holistically at the Town centre including policing, parking, lighting, entertainment, leisure and retail. To achieve the award, towns and cities must meet or exceed the ATCM’s standards, which are evaluated through a comprehensive assessment process.

The Purple Flag assessment considers holistically what a city or town centre can offer the general public and is based on 5 themes, wellbeing, movement, appeal, place and policy. Cities and towns across the United Kingdom who have been granted the award have reported that they have benefited from an increased footfall, additional inward commercial investment, reductions in crime and anti-social behaviour and improved perceptions from the public.

Newcastle-under-Lyme Partnership, led by the Borough Council, gained the prestigious Purple Flag award in November 2014 and retained the award in 2016, 2016 and 2017. In July 2018 the Business Improvement District took on the leadership of the scheme and with the help of key partners, including NBC is seeking to retain the award this autumn.

#### **Regeneration in the Town Centre**

This area is led by the Regeneration Team in the Regeneration and Development directorate of the Borough Council who are working on the following;



- **Town Centre Vacancy Rate (TVCR)**

There are a number of ongoing regeneration projects in the Town centre at the moment. The biggest challenge is improving the Town Centre Vacancy Rate (TCVR), which currently stands at 17%. This is likely to increase as national retailers and service organisations reduce their premises and workers costs in response to reduced demand. The Royal Bank of Scotland (RBS), which closed on 2<sup>nd</sup> August, is a prime example of this.

- **Wayfinding and signage**

Wayfinding in the Town centre and road signage is to be improved this year through the Newcastle Sustainable Transport Group. All works are being funded by the County Council and through s106 agreements.

- **Shopping experience and footfall**

The Borough Council is working with Home Town Plus on a new approach to create a different shopping experience which encourages people to volunteer their time, which is paid with Counter Coins, which can be exchanged for goods and services.

The Borough Council and the BID are working together to bid for Arts Council funding for events, which increase footfall in the town centre such as Homecoming and Astley related projects which celebrate the towns cultural heritage. The BID funds regular business networking events called Connect.

- **Empty buildings**

A Keele University Post Graduate Intern is currently working with the Regeneration Team and has provided specialist support through research into specific Town Centre topics. This year options for use of the vacant floors in Lancaster Buildings are being discussed.

- **Markets**

The Regeneration team is currently negotiating a contract with Market Place Management to take on the future management and development of the market.

### **Environmental activity**

This area of work is led on by the Environmental Services Team within the Regeneration & Development Directorate at the Borough Council who has responsibility for the following functions;

- **Taxis**

The availability of Hackney and Private Hire taxi services are key to many people who work in or visit the Town centre. Environmental Health teams ensure that drivers are correctly licenced and that vehicles are clean and safe by enforcing a number of licencing controls. We commission Staffordshire Police to enable the bus station to be used by these vehicles on weekend evenings and assist the local taxi association to operate a marshalling scheme.

- **Litter**

The councils litter enforcement officer continues to focus the majority of his time in and around the Town centre. They issue fixed penalty tickets where they witness littering offences. The number of tickets issued is falling year on year as fewer offences are occurring in his presence.

- **Food Safety Standards**

There is in excess of 200 food business within the Town ward. They are all subject to risk based hygiene inspection programme to ensure that the food they store, prepare and sell is safe. Inspectors also check waste disposal arrangements to ensure that excess food does not create odour, fly or rodent problems.

- **Liquor / Entertainment Premises**

Liquor and entertainment premises are subject to licencing controls through a multi-agency inspection regime. New applicants must prove that their business would not add to behavioural problems within the town centre.

- **Air Quality**

Sections of the Town centre have been included in an Air Quality Management Area and the Council undertakes ongoing pollution monitoring. An action plan has been developed to tackle key pollutants at hotspots.

- **New Accommodation / Redevelopment**

As the rate of redevelopment in the Town centre increases and there is an increased focus on creating (student) accommodation, Environmental Health reviews planning applications and ensures designs and construction does not have an adverse impact. The team considers noise, nuisance, waste disposal arrangements and where appropriate lighting design.

Officers from the Council's Partnerships Team will be in attendance at the meeting to take further questions.

Classification: NULBC UNCLASSIFIED

## Newcastle-under-Lyme Borough Council

Date 23 August 2018

### Report to Health, Wellbeing and Partnerships Scrutiny Committee

#### Reason for Report

The Committee has requested information on:

*Emergency Planning and in particular an update on the Borough's preparations for the impact of Winter on the provision of, and demand for, services.*

#### Officer Response

##### a) Emergency Planning

The Council has a number of statutory obligations for emergency planning which are set out in the Civil Contingencies Act (2004) and its accompanying Civil Contingency Planning Regulations (2005). This includes the responsibility to have in place plans to respond to, and recover from, a Major Incident or Emergency.

The Act defines a Major Incident or Emergency as:

*'An event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK'.*

In the event of a Major Incident being declared, the role of the Council is to:-

- (i) support the emergency services response to the incident;
- (ii) lead the recovery process enabling a restoration to normality;
- (iii) maintain as far as is practicable the normal Council services.

A Major Incident or Emergency may occur at any time of day or night therefore the Council has established and approved a Major Incident Plan complimented by Business Continuity Plans and other supporting plans. The Major Incident Plan identifies the Council's command and control structures, which are necessary to manage the effects of a Major Incident or Emergency. It also defines the roles of trained senior officers, who will carry out the key roles in any Council response. Additionally the Council is a member of the Staffordshire Resilience Forum a public sector partnership that plans and prepares for emergencies and through this receives support from the Staffordshire Civil Contingencies Unit. In the event of a major incident or emergency the Council is able to call on support from the Staffordshire Resilience Forum and Civil Contingencies Unit should the need arise. This arrangement also assists the Council in ensuring that its response plans are fit for purpose.

##### b) Business Continuity

The Civil Contingencies Act (2004) requires the council to have Business Continuity Plans in place to facilitate the recovery of critical services during an emergency. The Council has a Corporate Business Continuity Plan that gives guidance on the Council's corporate arrangements during a Business Continuity incident. This has been made available to the Wider Management Team and also forms part of the Council's incident response and on-call documentation. In addition service specific Business Continuity Plans are owned and

maintained by individual Heads of Service and these detail the service priorities and recovery procedures for each individual area.

The emergency planning and business continuity processes are separate but parallel processes. In the event of an incident the Director on Call and Executive Management Team (as appropriate) are tasked with balancing the need to respond to an incident and the need to continue the business of the Council.

**c) Winter Preparedness**

The Council receives Met Office forecast information to assist with planning for adverse weather conditions. Business continuity processes are in place to ensure that as far as possible services are delivered as normal. For example, the Council's remote working arrangements can facilitate access to Council systems for office based staff to alleviate the need to travel in poor weather conditions. For external services such as refuse collection a dynamic risk assessment is undertaken on the morning of an adverse weather event and a decision is made whether it is safe to operate or whether the service needs to be suspended or adapted. Should a decision be taken to suspend or adapt the service then the Communications team and Customer Services team are briefed accordingly. The Communications team uses a number of means such as the website, social media and local media to inform residents about the adapted service arrangements and the Customer Service team responds to enquiries from residents who contact the Council directly. An action plan is also put into place to recover service gaps. For example, the Recycling and Waste Service would take steps to recover missed collections, prioritising refuse first and then recycling.

## Report to the Health, Wellbeing & Partnerships Overview and Scrutiny Committee

Monday 10<sup>th</sup> September 2018

### Local Authority Mental Health Challenge update



**Report Author:** Robin Wiles  
**Job Title:** Partnerships Locality Officer  
**Email:** robin.wiles@newcastle-staffs.gov.uk  
**Telephone:** Ext 2493

#### Introduction



This report aims to provide an update on the Local Authority Mental Health Challenge (LAMHC).

#### Background

The Council agreed to sign up to the LAMHC at the full Council meeting held in November 2017.

Further to that, at the full Council meeting held in February 2018 Cllr. Jill Waring was nominated and approved as the Member Champion for the LAMHC, with the Lead Officer role designated to the Partnerships Locality Officer.

#### Questions to be Addressed

Are the correct priorities being focused on?

Is sufficient progress being made?

#### Outcomes

Increased awareness of mental health.

#### Supporting Information

An Action Plan is to be drawn up focusing on the following priority issues that have been identified:-

- Mental Health Awareness Raising/Training – for Members and staff.
- Review of support & advice available for staff.
- Review of Housing Strategy in respect of mental health.
- Provision of mental health information, internally & externally.
- Developing links with partner organisations and projects in respect of mental health.

The Council is represented on or involved in the following relevant groups:-

- Challenge North Staffs Stakeholders' Group.
- Mental Health Helpline Stakeholders' Group.
- North Staffs Suicide Prevention Partnership Group.

In addition, Newcastle Partnership currently commissions Brighter Futures to deliver the "Safe Recovery" project that provides intensive 1:1 support for individuals, most of whom have a diagnosis of severe & enduring mental health condition, referred by the Partnership Hub to reduce challenging and offending behaviour. We have also worked with Brighter Futures on a bid to the Building Communities fund for an extension of this service.

#### **Invited Partners/Stakeholders/Residents**

To be considered for future meetings.

#### **Constraints**

There are no additional resources for the Council for LAMHC activities.

#### **Conclusions**

Progress has been made towards developing an Action Plan for the LAMHC with the identification for priority issues.

Comments and suggestions from members of the Health, Wellbeing & Partnerships Overview and Scrutiny Committee are requested to feed into this Action Plan.

#### **Relevant Portfolio Holder(s)**

Cllr. Waring, Community Safety and Wellbeing.

#### **Local Ward Member (if applicable)**

N/A

#### **Background Materials**

N/A

**Appendices**

N/A

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**HEALTH, WELLBEING AND PARTNERSHIPS SCRUTINY COMMITTEE**

Work Programme 2018/19

Chair: Councillor Ian Wilkes

Vice-Chair: Councillor Ruth Wright

Members: Gardner, Horsfall, Jones, Kearon, Julie Cooper, Heesom, Maxfield, Panter and Parker

Portfolio Holders covering the Committee's remit:

Councillor Jill Waring - Cabinet Member – Community Safety and Well Being

Councillor Mark Holland - Cabinet Member - Leisure and Culture



The following services fall within the remit of this Scrutiny Committee:

Health and Wellbeing	Leisure Facilities (Leisure Centers etc.)
Anti-Social Behavior	Museum and Art Gallery
CCTV	Community Recreation
Homelessness	Community Centers
Civil Contingencies / Emergency Planning	Parks and Gardens – Recreation and Leisure
Community Safety(inch Police and Crime Panel and Safer and Stronger Board (Crime and Disorder Reduction Partnership)	Britain in Bloom
Domestic Violence Reduction	
Business Crime Reduction	

Classification: NULBC **UNCLASSIFIED**

The core Work Programme is determined at the beginning of the municipal year. Issues can be added throughout the year with the Chair's approval or where a new priority area comes to the Committee's attention.

For more information on the Committee or its work Programme please contact Jayne Briscoe on 01782 742250 or at [jayne.briscoe@newcastle-staffs.gov.uk](mailto:jayne.briscoe@newcastle-staffs.gov.uk)

<b>DATE OF MEETING</b>	<b>ITEM</b>	<b>BACKGROUND/OBJECTIVES</b>
Monday 10 <sup>th</sup> September 2018	Newcastle Town Centre	To consider the Councils responsibilities, strategies, initiatives and involvement with partner agencies and including: <ul style="list-style-type: none"> <li>• The Purple Flag Scheme</li> <li>• Update on the Review of the Public Space Protection Order (PSPO)</li> <li>• 'Make in Count' Scheme</li> <li>• Homelessness</li> </ul>
	Emergency Planning	Scrutiny of the Boroughs preparations for the impact of Winter on the Provision of, and demand for, services. NB The remit for this Committee includes Civil Contingencies/Emergency Planning.
	Britain in Bloom	Evaluation report on the Boroughs involvement and participation in the 2018 Scheme.
	Update on Mental Health Challenge	
	Work Programme	To discuss the work programme and progress of scrutiny activity and to consider any amendment/additions to the Programme.
Monday 3 <sup>rd</sup> December 2018	Leisure Provision	<ul style="list-style-type: none"> <li>• Community Recreation and Leisure Strategy</li> <li>• Evaluation of impact and effectiveness of Educational Programmes</li> </ul>

Classification: NULBC **UNCLASSIFIED**

		<ul style="list-style-type: none"> <li>Kidsgrove Sports Centre – Community Group Business Plan</li> </ul>
	SPACE Scheme	Evaluation report on effectiveness of 2018 Scheme.
	Parkinsons Disease	Support and advice service for people with diabetes and Parkinsons Disease.
	Feedback	From Councillors Panter and Maxfield on their review.
	Work Programme	To discuss the work programme and progress of scrutiny activity and to consider any amendment/additions to the Programme.
Monday 4 <sup>th</sup> March 2019	Safeguarding	
	Work Programme	To evaluate and review the work undertaken during 2018/19.
Monday 3 <sup>rd</sup> June 2019	Committee’s Work	Review of the Impact of the Committee’s Work.
	Work Programme	To discuss the work programme and potential topics that Committee members would like to scrutinise over the forthcoming year.
<p>Suggestions for potential future items:</p> <ol style="list-style-type: none"> <li>Feedback/Monitoring reports from bodies on which the Borough Council has member representation: <ul style="list-style-type: none"> <li>Healthy Staffordshire Select Committee -District and Borough Digest – summary of work of Committee</li> <li>Staffordshire Police and Crime Panel – summary of Panel discussions</li> </ul> </li> <li>Review of SPACE provision</li> <li>NHS Provision in North Staffordshire ( consultation exercise anticipated in Autumn 2018)</li> <li>Mental Health Challenge</li> <li>Dementia</li> <li>Safeguarding</li> <li>Child Sexual Exploitation (CSE)</li> <li>Domestic Violence</li> <li>Counter Terrorism</li> </ol>		

10. Purple Flag
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