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Tuesday, 22 May 2018

Dear Sir/Madam

COMMUNITY HOUSING AND HEALTH (OVERVIEW AND SCRUTINY) COMMITTEE

A meeting of the Community Housing and Health (Overview and Scrutiny) Committee has been arranged to take place **THURSDAY, 31ST MAY, 2018 at 6.00 PM IN THE COMMITTEE ROOM** District Council House, Lichfield to consider the following business.

Access to the Committee Room is via the Members' Entrance.

Yours Faithfully

A handwritten signature in black ink, appearing to read 'Neil Turner', is written in a cursive style.

Neil Turner BSc (Hons) MSc
Director of Transformation & Resources

To: Members of Community Housing and Health (Overview and Scrutiny) Committee

Councillors Leytham (Chairman), Mrs Evans (Vice-Chair), Miss Shepherd (Vice-Chair), Bamborough, Mrs Banevicius, Mrs Boyle, Mrs Constable, Hault, Humphreys, Mosson, O'Hagan, Ray and Mrs Eagland



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AGENDA

1. Apologies for Absence
2. Declarations of Interests
3. Minutes of the Previous Meeting 3 - 6
4. Terms of Reference 7 - 10
Taken from Article 6 of Part 2 of the Lichfield District Council Constitution
5. Update on the Merger of Burton Hospitals NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust Verbal Report
The Chief Executive and Director of Finance and Performance of Burton Hospitals NHS Foundation Trust will be in attendance
6. Work Programme 11 - 12
7. Standing Items Verbal Report
 - a) Lichfield District Health Provision
 - b) Staffordshire Health Select Committee



**COMMUNITY HOUSING AND HEALTH (OVERVIEW AND SCRUTINY)
COMMITTEE**

26 MARCH 2018

PRESENT:

Councillors Leytham (Chairman), Mrs Evans (Vice-Chair), Miss Shepherd (Vice-Chair), Bamborough, Mrs Banevicius, Mrs Boyle, Mrs Constable, Hoult, Mosson, O'Hagan and Ray.

(In accordance with Council Procedure Rule No.17 Councillor Pullen attended the meeting).

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Humphreys.

2 DECLARATIONS OF INTERESTS

Councillor O'Hagan declared a personal interest he was currently employed by the Southern Staffordshire and Shropshire Mental Health Service.

Councillor Mrs Evans declared a personal interest she had a family member who was currently employed by the Southern Staffordshire and Shropshire Mental Health Service.

Councillor Mrs Banevicius declared a personal interest as her business held a contract with the NHS.

3 MINUTES OF THE PREVIOUS MEETING

Subject to the clarification that no for profit organisations would be able to become Registered Providers, the Minutes of the Meeting held on 11th January 2018 were taken as read, and approved as a correct record and signed by the Chairman.

RESOLVED: That the Minutes of the Meeting held on 11th January 2018 be approved as a correct record.

4 WORK PROGRAMME

The work programme was considered. It was noted that it was the last meeting of the municipal year so the Committee considered items for the next year's programme. It was agreed to keep the current standing items of GP provision and Staffordshire Health Select Committee. It was also agreed to add an item regarding the new DFG provider and inviting them to Committee to introduce themselves and their objectives.

It was requested that the Derby NHS Foundation Trust and Burton NHS Foundation Trust Merger (now acquisition), remain on the work programme and representatives be invited back to discuss the requirement from NHS England for a full risk assessment. Members were still concerned about the now takeover especially in light of what was experienced with the Heart of England NHS Foundation Trust takeover of Good Hope. County Councillor Mrs Eagland agreed to raise this at the Health Select Committee.

It was agreed to add an item on Discharge to Assessment as it was not considered to be working well at Queens Hospital, effecting many Lichfield residents.

RESOLVED: That the Work Programme be noted.

5 CANCER CARE

Dr Murray Campbell, a GP from Cannock attended the meeting to discuss Cancer Care in the area. He reported that his work was funded by Macmillan Cancer Support. He then reported that the UK was lagging in survivor rates and earlier diagnosis was needed to address this so screening methods were being looked at along with where patients do not fit into current care pathways. It was noted that Lichfield had a good rate for cancer screening.

Recovery packages were also discussed and it was recognised that like with chronic diseases, even when the cancer is considered cured, care is still required for the lasting effects of it and it was noted that this was being developed through a needs assessment at the point of discharge and involvement of primary care.

Members were disappointed to learn that the smoking cessation programme was to end as this was a high risk factor in the causes of cancer along with obesity and alcohol consumption.

RESOLVED: That the information received be noted.

6 END OF LIFE CARE

Dr Jo Harley was introduced to the Committee and she reported that she also did work through Macmillan Cancer Support specifically looking at end of life care for patients and their families. She reported that a current project was the Do Not Resuscitate (DNR) policy and how the process could be streamlined and less distressing for those involved. She spoke that it was important to have relevant conversations earlier on which could prevent a crisis of a rushed admission to hospital. She noted that it was hoped to follow the work that had been carried out in Frome, Somerset, in providing support groups and advanced planning. It was also suggested that training and supporting nurses and care homes to identify end of life patients earlier on could take pressure off the acute care profession.

Members agreed that families having frank conversations of patient's wishes was key and were glad to hear that support was given from Macmillan for this.

Members suggested that other authorities including Police and Fire could also aid in identifying vulnerable and end of life patients. Added to this, domiciliary care providers could also help in providing support.

It was noted that some end of life patients were referred to a mental health team for being considered suicidal when it was just that they had accepted their diagnosis.

It was suggested that training be given to GPs in the area during one of the pre-arranged sessions and this was agreed.

RESOLVED: That the information provided be noted.

7 HEALTH AND WELLBEING IN LICHFIELD DISTRICT- OUR EMERGING STRATEGY 2018-2020

The Committee received a report on a proposed Health & Wellbeing Strategy (HWS) which explored the ways in which the Council had an impact on the health and wellbeing of residents through its services. It was reported that the HWS identified service areas that impact on the

wider detriments of health and highlighted existing Council activities which contribute to good health and wellbeing along with areas for improvement. It was reported that health and wellbeing wasn't just in a silo and the HWS looked across everything we do as a council. It was noted that as a district council, it didn't have a big impact directly but do through other services including housing, planning and leisure.

Members had some concern regarding sustainability of the HWS as the budget was a one off amount however it was noted that it was more about reshaping how we act as a council. It was hoped that partners would wish to also be part of the HWS and contribute.

Air Quality Management Areas were discussed and the impact of pollution and noise on health. It was agreed to share data from monitoring stations as there were concerns that St. Johns Street was getting too congested with traffic especially from Lorries. It was noted that Staffordshire County Council had been investigating this and agreed to reroute traffic via new signs and redesign the crossing at Greenhill.

Members also felt there wasn't enough emphasis regarding health & social care and didn't mention softer care including companionship and general chores provision like getting shopping and other aids to enable people to continue to live at home.

It was asked how much can planning and licensing policy help and it was reported that under Licensing Act, there was originally an additional objective regarding health however it was taken out when heard at the House of Lords stage. Powers with planning were noted as limited but can try and tease out affordable housing.

Overall, the Committee were very pleased with the HWS and thanked the Housing & Wellbeing Manager and her team for their hard work in preparing it.

RESOLVED: That the draft Health & Wellbeing Strategy be endorsed and recommended to Cabinet for approval.

8 UPDATE FROM THE ENVIRONMENTAL CRIME MEMBER TASK GROUP

The Chairman of the Task Group, Councillor O'Hagan gave the Committee an update on their work. It was noted that although the Member Task Group had been created by the Regulatory & Licensing Committee, it would be beneficial to give an overview to this Committee.

It was reported that the new method of dealing with fouling in the streets by the use of intel cards was having an effect (40% reduction in complaints about fouling to be cleared up) but this was drawing officer time away from patrols in parks. It was therefore proposed to have 20% of fouling work time spent patrolling parks. It was then reported that the task group proposed to potentially have a Public Space Protection Order for requiring a dog walker to have a dog bag or other receptacle on their person when out walking in public. This would make it an offence, for which a person could be served a fixed penalty, to be out in public with a dog but without a bag.

It was noted that the task group had perceived that littering was not as a significant issue as it was in other authorities' areas, but should continue to provide occasional patrols and targeted enforcement where problems occur. Along with this, fly tipping was accepted as difficult to address due to rural areas and it was noted that it would be discussed at the task group's next meeting. It was lastly discussed that the task group were still to consider in detail problems around unadopted land and who takes responsibility when the land is unregistered with the land registry or the owner business has been dissolved.

RESOLVED: That the information received be noted.

9 STANDING ITEMS

LICHFIELD DISTRICT HEALTH PROVISION

Following from the last meeting, it was confirmed by the Chairman that he had received a possible reason as to why there are not many permanent GPs in the area. He reported that regarding NHS contracts there were, among others, general medical contracts (GMC) and private medical services contracts (PMS) and it was the PMS contracts that received more budget for GPs. He reported that the NHS were taking money out of PMS to go into a bigger pot funding pot meaning there was less money for salaries. Members felt that this was no consolation for patients and noted that the Government trying to address with recruitment drive but won't see a result until people are trained and in post.

RESOLVED: That the information received be noted.

STAFFORDSHIRE HEALTH SELECT COMMITTEE

The Chairman of the Committee reported that at the last meeting the Select Committee considered the development of an All Age Disability Strategy for Staffordshire.

RESOLVED: That the information received be noted.

10 VOTE OF THANKS

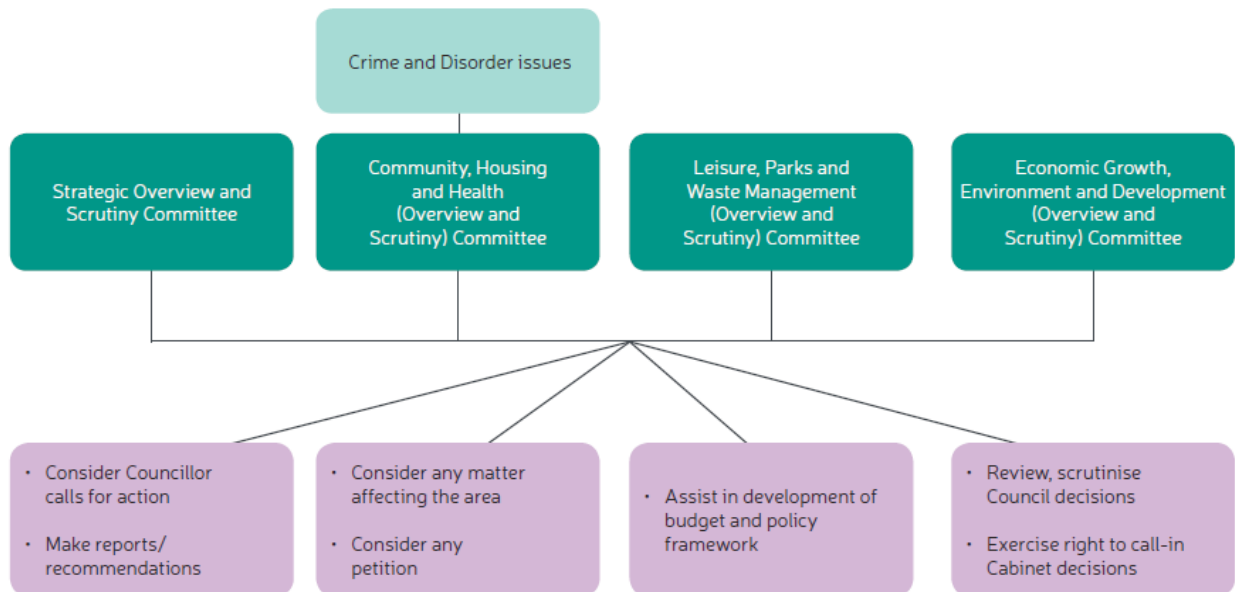
It was proposed, duly seconded and

RESOLVED: That the sincere thanks of the Committee be recorded to the Chairman and Vice-Chairmen for their work during the past year.

(The Meeting closed at 8.00 pm)

CHAIRMAN

6.0 ARTICLE 6 – OVERVIEW AND SCRUTINY COMMITTEES



6.1 The Council is required by law to discharge certain overview and scrutiny functions. These functions are an essential component of local democracy. Overview and Scrutiny Committees can contribute to the development of Council policies and also hold the Cabinet to account for its decisions. Another key part of the overview and scrutiny role is to review existing policies, consider proposals for new policies and suggest new policies.

Overview and scrutiny should be carried out in a constructive way and should aim to contribute to the delivery of efficient and effective services that meet the needs and aspirations of local residents.

6.2 The Council will appoint a Strategic Overview and Scrutiny Committee (which will comprise between 9 and 13 members of the Council except those who are members of the Cabinet), plus Economic Growth, Environment & Development (Overview & Scrutiny) Committee, Community, Housing and Health (Overview & Scrutiny) Committee and Leisure, Parks & Waste Management (Overview & Scrutiny) Committee (each consisting of between 9 and 13 Councillors) to discharge the function; together these Committees will comprise the formal scrutiny arrangements of the Council.

Any member of the Council may refer a matter* affecting any part of the District to the relevant Overview and Scrutiny Committee ("Councillor Calls for Action").

(*Defined as a matter which relates to the functions of the Overview and Scrutiny Committee other than a local crime and disorder matter dealt with by the Police and Justice Act 2006 or a matter which the Secretary of State has excluded by Order).

No member of the Council may scrutinise a decision in which they were involved.

The Chairman of the Strategic Overview and Scrutiny Committee may not also chair one of the Overview and Scrutiny Committees.

6.3 General Role

The Overview and Scrutiny Committees may :

- (a) review and/or scrutinise decisions made or actions taken in connection with the discharge of any of the Council's functions;
- (b) make reports and/or recommendations to the Council and/or the Cabinet in connection with the discharge of any functions;
- (c) consider any matter affecting the area or its residents;
- (d) exercise the right to call in, for reconsideration, decisions made but not yet implemented by the Cabinet;
- (e) to assist the Council and the Cabinet in the development of its budget and policy framework;
- (f) consider any Councillor Calls for Action requiring scrutiny through the formal scrutiny process.

6.4 Specific functions

- (a) **Policy Development and Review.** The Overview and Scrutiny Committees may:
 - (i) assist the Council and the Chief Executive in the development of its budget and policy framework by in-depth analysis of policy issues;
 - (ii) conduct research, community and other consultation in the analysis of policy issues and possible options;
 - (iii) consider and implement mechanisms to encourage and enhance community participation in the development of policy options; and
 - (iv) question members of the Cabinet and officers about their views on issues and proposals affecting the area.

- (b) **Scrutiny.** The Overview and Scrutiny Committees may:
- (i) review and scrutinise decisions made by and performance of any member exercising executive functions and officers both individually and over time;
 - (ii) review and scrutinise the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas;
 - (iii) question any member exercising executive functions and officers about their decisions and performance, whether generally in comparison with service plans and targets over a period of time, or in relation to particular decisions, initiatives, or projects;
 - (iv) make recommendations to the Cabinet and/or the Council arising from the outcome of the scrutiny process;
 - (v) question and gather evidence from any person (with their consent);
 - (vi) consider and make recommendations on a Councillor Call for Action;
 - (vii) challenge a decision of the Cabinet or an officer not to classify a certain decision as “key”.
- (c) **Scrutiny of regulatory decisions.** The Overview and Scrutiny Committees may review policies and procedures in connection with any regulatory functions exercised by Planning and Regulatory & Licensing Committees, and Sub-Committees thereof, or by officers, but such a review shall not include scrutiny of any such decision relating to an individual application for determination, consent, licence, permission etc.

6.5 Crime and Disorder

The Community, Housing & Health (Overview and Scrutiny) Committee will act as the Council’s Crime and Disorder Committee for the purposes of the Crime and Disorder (Overview and Scrutiny) Regulations. Any member of the Council, whether a member of this Committee or not, may refer a local crime or disorder matter* to the Committee.

6.6 Proceedings of the Overview and Scrutiny Committees

The Overview and Scrutiny Committees will each conduct its proceedings in accordance with the Scrutiny Procedure Rules set out in Part 4 of this Constitution.

6.7 Quorum

The quorum for a meeting of the Overview and Scrutiny Committee shall be one quarter of the number of voting members of the Overview and Scrutiny Committee.

* Local crime and disorder matter means a matter concerning:

a) crime and disorder (including anti-social behaviour or other behaviour adversely affecting the local environment) or

b) the misuse of drugs, alcohol or other substances.

Where such a matter affects all or part of the electoral area for which the member is elected or any person who lives or works in that area (s.19 Police and Justice Act 2006)

COMMUNITY, HOUSING AND HEALTH (OVERVIEW AND SCRUTINY) COMMITTEE DRAFT WORK PROGRAMME FOR 2018-19 (Version 1)

Item	31 May	12 Sep	10 Jan	07 Mar	Details	Link to CHH Top 10	Officer	Member Lead
Policy Development								
Terms of reference	✓				To remind the Committee of the terms of reference and suggest any amendments		CLL	N/A
General Health Service Review (standing item)	✓	✓	✓	✓	To update Members on GP Provision in the District and proposals emerging for Samuel Johnson and Sir Robert Peel Hospitals	N/A	GD	CG
Feedback from Staffordshire Health Select Committee (standing item)	✓	✓	✓	✓	The Chairman of the Committee is the LDC representative on the County Council's Health Select Committee and will feed back on any items of relevance to Lichfield District residents. Councillor David Smith is the County Councillor representative on the Select Committee with a remit to feedback to the local Health Panel / Committee	N/A	GD	DL / JE
Merger of Burton Hospitals NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust	✓				Update on the merger from representatives of the Trusts	N/A	GD	n/a
New DFG Provider		✓			To invite representative to a meeting	N/A	GD	DP
Discharge to Assessment					To discuss as it is considered to be working well at Queens Hospital, effecting many Lichfield residents.		GD	n/a

COMMUNITY, HOUSING AND HEALTH (OVERVIEW AND SCRUTINY) COMMITTEE DRAFT WORK PROGRAMME FOR 2018-19 *(Version 1)*

Item	31 May	12 Sep	10 Jan	07 Mar	Details	Link to CHH Top 10	Officer	Member Lead