Dear Sir/Madam,

A meeting of the **HOUSING, HEALTH AND COMMUNITIES OVERVIEW AND SCRUTINY PANEL** will be held in Committee Room 'A', Town Hall, Nuneaton on Thursday 19th December, 2013 at **5.15pm**

Public Consultation will commence at 5.15 p.m.

Yours faithfully,

ALAN FRANKS
Managing Director

To: All Members of the Housing, Health and Communities Overview and Scrutiny Panel

1. **EVACUATION PROCEDURE**

A fire drill is not expected, so if the alarm sounds please evacuate the building quickly and calmly. Please use the stairs and do not use the lifts. Once out of the building, please gather outside the Yorkshire Bank on the opposite side of the road.

Exit by the door by which you entered the room or by the fire exits which are clearly indicated by the standard green fire exit signs.

If you need any assistance in evacuating the building, please make yourself known to a member of staff.

Please also make sure all your mobile phones are turned off or set to silent.

2. **APOLOGIES** - To receive apologies for absence from the meeting.

3. **MINUTES** - To confirm the minutes of the meeting of the Housing, Health and Communities Overview and Scrutiny Panel held on 21st November, 2013. (Page 4)

4. **DECLARATIONS OF INTEREST/PARTY WHIP** - To receive declarations of Disclosable Pecuniary and Other interests in accordance with the Members' Code of Conduct and of the Party Whip in accordance with the Overview and Scrutiny Procedure Rules 4E, Paragraph 16(b).

   **Note (1):** Following the adoption of the new Code of Conduct, members are reminded that they should declare the existence and nature of their personal interests at the commencement of the relevant item (or as soon as the interest becomes apparent). If that interest is a Disclosable Pecuniary or a Deemed Disclosable Pecuniary Interest, the Member must withdraw from the room.

   Where a Member has a Disclosable Pecuniary Interest but has received a dispensation from Standards Committee, that Member may vote and/or speak on the matter (as the case may be) and must disclose the existence of the dispensation and any restrictions placed on it at the time the interest is declared.

   Where a Member has a Deemed Disclosable Interest as defined in the Code of Conduct, the Member may address the meeting as a member of the public as set out in the Code.

   **N.B.** Council Procedure Rules require Members with Disclosable Pecuniary Interests to withdraw from the meeting unless a dispensation allows them to remain to vote and/or speak on the business giving rise to the interest.
Where a Member has a Deemed Disclosable Interest, the Council’s Code of Conduct permits public speaking on the item, after which the Member is required by Council Procedure Rules to withdraw from the meeting.

Note (2): Overview and Scrutiny Procedure Rules 4E, Paragraph 16(b) states "when considering any matter in respect of which a Member must declare the existence of the whip, and the nature of it before the commencement of the OSP’s deliberations on the matter".

5. **PUBLIC CONSULTATION** - Members of the public will be given the opportunity to speak on specific agenda items if notice has been received.

6. **TRANSFORMING END OF LIFE CARE AT GEORGE ELIOT HOSPITAL** – presentation from Kirsty Clayton, Nurse Lead for End of Life Care, Clinical Nurse Specialist, Cancer Services, George Eliot Hospital NHS Trust.  *(Page 9) (Scrutiny)*

7. **AVENUE CLINIC PILOT ASSESSMENT & UPDATE** – verbal presentation by Josie Spencer, Director of Operations, Coventry and Warwickshire Partnership NHS Trust.  *(Scrutiny)*

8. **UPDATE FROM GEORGE ELIOT HOSPITAL** - verbal presentation by Chris Bradshaw, Director of Finance, George Eliot Hospital NHS Trust.  *(Overview)*

9. **RESPONSES FROM CABINET**

   None

10. **WORK PROGRAMME 2013/14** – presented by the Principal Democratic Services Officer (Committees)

    (a) Work Programme 2013/14 attached.  *(Page 16)*

    - Any News Items

11. **ANY OTHER ITEMS** which in the opinion of the Chair of the meeting should be considered as a matter of urgency because of special circumstances (which must be specified).

**N.B** Agenda Item Descriptors

Scrutiny = Members to consider the evidence presented in detail (e.g. service delivery, value for money, performance, customer satisfaction, social outcomes) and make recommendations for any necessary changes/improvements to service provision or resources and/or request further information.

Overview = Members to consider the information presented and make observations, comments and/or recommend further considerations to be taken into account and any additions or amendments required.
A meeting of the Housing, Health and Communities Overview and Scrutiny Panel was held at the Town Hall, Nuneaton, on Thursday 21st November, 2013.

Present

Councillor C.M. Watkins – Chair
Councillor D. Carr - Vice Chair


Apologies for absence was received from Councillors N.J.P. Phillips and K.D. Wilson.

RESOLVED that the minutes of the meeting held on 12th September, 2013, be confirmed and signed by the Chair.

Declarations of Interest

Councillor J. B. Beaumont declared an Other Interest in any relevant item by reason of him being a Member of Warwickshire County Council

Councillor C.M. Watkins declared an Other Interest in any relevant item by reason of him being a Board member of the Nuneaton and Bedworth Leisure Trust and Community Safety Ambassador.

Cllr D. Carr declared an Other Interest in any relevant item by reason of him being a Police Volunteer and a Neighbourhood Watch Executive

Councillor G.D. Pomfrett declared an Other Interest in Item 9 by reason of him being a member of the Stockingford Community Association.

Mrs L. Price declared an interest in Item 6 and Item 7 by reason of her being a member of the Community Safety Partnership.
Community Safety Performance

The report of the Director – Housing and Communities was considered. This report provided Nuneaton and Bedworth Safer Communities Partnership (NABSCOP) performance measures relating to Community Safety

Members asked questions and the following issues were raised:

(a) concern at the rise in personal ASB and vehicle crimes in the Borough during the second quarter;

(b) pleased with the reduction of Domestic Violence incidents as part of the violent crime figures but concerns raised that the underlying cause could be a reduction in reporting of incidents to Police;

(c) as the Borough had 48% of Priority Families did the borough receive a proportionate amount of funding to tackle the issues?

(d) there remains an issue with the Police contact centre regarding recording crime which is perhaps discouraging the public from calling;

RESOLVED that the report be noted.

Police Safer Neighbourhood Team Report

The Chief Inspector provided a report outlining the role and responsibilities of the Safer Neighbourhood Teams (SNT) as well as the staffing levels and areas of deployment of SNTs in the Borough.

Members asked questions and the following issues were raised;

(a) no PCSOs in Bulkington;

(b) the new powers for PCSOs now in place and training given;

RESOLVED that

(a) the report be noted and that information regarding the number and role of Special Constables be provided for a future meeting of this Panel; and

(b) the Chief Inspector, Mike Slemensek, be thanked for his attendance.
Town Centre Housing

The Director- Regeneration and Public Protection presented a report requested by the Panel at a previous meeting regarding the provision of accommodation within the Town Centres.

Members asked questions and the following issues were raised;

(a) ability to retain the Market Town character of the Town Centres with the quarters concept in the Borough Plan;

(b) being mindful of the listed buildings and conservation areas with the Towns;

(c) need for the relevant departmental Officers of the Council to be kept aware and are able to influence the detail of the Borough Plan;

(d) that the risk of flooding in the Town Centre of Nuneaton is minimal and should not deter development of homes;

RESOLVED that the report be noted and further information regarding the conservation areas and buildings within the Town Centres be shared with Members of the Panel.

Community Centre Updates 2013

The Director of Housing and Communities provided a report on Stockingford Community Centre and Kersley Village Centre relating to the service level agreements, the usage of the centres and the costs and income generated.

Members asked questions and the following issues were raised

(a) the value for money received from both centres appears to be maintained in these difficult economic times;

(b) there has been a slight down turn in income and number of visits due to reductions in Youth Services;

(c) need to ascertain the number of community rooms and centres so that they can be promoted.

RESOLVED that the report be noted.
Health Inequalities Working Group – Progress Report on Action Plan Implementation

A report from the Director of Housing and Communities was presented regarding the progress made on the recommendations made by the Health Inequalities Working Group in 2012/13.

Members asked questions and the following issues were raised;

(a) concern that the partners are on board with work to reduce health inequalities; and

(b) suggestion that smart phone applications could be promoted for use by young people to improve fitness and diet;

RESOLVED that the report be noted.

Integrated Performance Report

The Integrated Performance Report from the Finance and Procurement Manager and Performance and Quality Manager seeks to provide adequate performance measures and financial budget information for service areas within the scope of the Panel. The report was presented on an exception basis reporting on under performing areas.

Members asked questions and the following issues were raised;

(a) concern was raised that the lack of possession orders being issued by the Courts may have a detrimental effect on the Council’s income;

(b) the Council needs to promote and encourage money management programmes to help tenants with household budgeting;

(c) the temporary arrangements put in place with regard to sickness absence management

RESOLVED that the report be noted and further information regarding the number of tenants that had come forward for money management assistance be provided to Members.
Work Programme 2013/14

The Principal Democratic Services Officer (Committee) discussed the Work Programme for 2013/14

RESOLVED that the work programme as amended below be agreed.

(a) reports previously requested from the Clinical Commissioning Group (CCG), Healthwatch and the Health and Wellbeing Board be put on the work programme as suggested items for consideration in 2014/15; and

(b) the Principal Democratic Services Officer (Committee) also asks the CCG to attend the December meeting for the item on End of Life Care Review of Working Group Recommendations.

Chair
Transforming End of Life Care at George Eliot Hospital

Kristy Clayton – Lead Nurse for End of Life Care
The Scale of the Issue

• At GEH there were 791 inpatient deaths (Apr 11 – Mar 12)

• Around a quarter of hospital inpatients are in their final year of life

• On average, patients will have 2.1 unplanned admissions in their final year with an average stay of 30 days

• Keogh: “Lack of end of life planning”

• George Eliot Hospital End of Life Care Strategy
Transform

Five Key Enablers

- Advance Care Planning
- EPaCCS
- Rapid Discharge Home to Die
- AMBER care bundle

Care in the last days of life
Outcomes from Transform

• Improve the experience and quality of care received
• Enable people to die in the place of their choice
• Deliver a reduction in the number of inappropriate interventions
• Manage and reduce unplanned hospital admissions as well as length of stay
• Improve staff morale and staff retention while developing a skilled workforce
• Result in fewer complaints and improved reputation for the Trust
• Allow the Trust to manage its resources effectively
Leadership Engagement

- EOLC Strategy Group
- EOLC Operational Group
- Nurse Lead in EOLC
- Clinical Lead in EOLC
- Band six ward nurses: “Transform Champions/QELCA”
Monitoring progress

• National Care of the Dying Audit- Hospitals
• Quarterly reporting on the use of the LCP
• Baseline and ongoing data collection and reporting to the Transform central team
• Registration with ELCQuA (End of Life Care Quality Assessment Tool)
• CQUIN 5d
• Complaints/compliments/critical incidents
• User involvement
Summary

• End of life care is a core part of our roles
• Transform uses the five key enablers (LCP, AMBER, RIPPLE, ACP, EPaCCS) to improve end of life care in acute hospitals and communication across organisational boundaries
• Transform is part of our end of life care strategy delivery plan
• GEH will start to roll out Transform next month
• QELCA Training begins in early 2014
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