ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM AGENDA

HARTLEPOOL
BOROUGH COUNCIL

Tuesday 13th December 2005

at 10.00 am

in Committee Room B

MEMBERS: ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM:

Councillors Barker, Cambridge, Clouth, Cook, Griffin, Kennedy, Lauderdale, Lilley, Sutheran, M Waller and Worthy

RESIDENT REPRESENTATIVES:

Tommy Connolly, Mary Green and Evelyn Leck

1. **APOLOGIES FOR ABSENCE**

2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

3. **MINUTES**

   3.1 To confirm the minutes of the meeting held on 15th November 2005 *(attached)*

4. **ITEMS FOR DISCUSSION**

   4.1 TENYAS NHS Trust – Ambulance Response Times and Category C 999 Calls:–

   a) Update Report *(Scrutiny Support Officer)*; and
   b) Presentation/Verbal Evidence from the TENYAS NHS Trust

   4.2 Pandemic Influenza – Contingency Planning – Draft Final Report *(Scrutiny Support Officer)*

   4.3 Scrutiny Investigation into Access to GP Services – Scoping Report *(Scrutiny Support Officer)*

   4.4 Tees Valley Health Scrutiny Committee - Update Report *(Scrutiny Support Officer)*

5. **CONSIDERATION OF PROGRESS REPORTS / BUDGET AND POLICY FRAMEWORK DOCUMENTS**

No Items

6. **RESPONSES FROM THE COUNCIL, THE EXECUTIVE OR COMMITTEES OF THE COUNCIL TO FINAL REPORTS OF THIS FORUM**

No Items

7. **CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA SCRUTINY CO-ORDINATING COMMITTEE**

No Items

8. **ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT**

ITEMS FOR INFORMATION

a) Scrutiny Training and Development Programme 2005/06:

i) Chairing Skills Training Event - 15 December 2005, 9.15 am to 12.30 pm, Civic Centre - Maximum of 15 places available, allocated on a 'first come first served basis'; and

ii) Cabinet/Scrutiny Joint Event – 24 January 2006, 12.30 pm to 4.00 pm, Municipal Buildings – To ensure the event is a success it is important that everyone is able to attend.

Please confirm your attendance for the above-mentioned events with Lisa Woodward on 01429 (28) 4092 as soon as possible.

b) Date of Next Meeting – 31st January 2006, commencing at 10.00 am in Committee Room B.

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

MINUTES

15th November 2005

Present:

Councillor: Geoff Lilley (In the Chair)

Councillors: Caroline Barker, John Cambridge, Rob Cook, Sheila Griffin, Jean Kennedy, John Lauderdale, Maureen Waller and Lilian Sutheran

Resident Representatives:
Mary Green and Evelyn Leck

Officers: Ian McMillan, Acting Director of Adult and Community Services
Ian Parker, Director of Neighbourhood Services
Sajda Banaras, Scrutiny Support Officer
Rebecca Redman, Research Assistant, Scrutiny
Angela Hunter, Principal Democratic Services Officer

Also Present: Peter Price, Director of Public Health and Well-Being
Peter Kendal, Health Protection Agency

A representative from The Mail was also present.

33. Apologies for Absence

Apologies for absence were received from Councillors Harry Clouth and Gladys Worthy.

34. Declarations of interest by Members

Councillor Caroline Barker declared a personal interest.

35. Minutes of the meeting held on 18th October 2005

Confirmed.

36. Pandemic Influenza – Health Protection Agency North East (*Regional Health Emergency Planning Advisor)*

The Regional Health Emergency Planning Advisor gave a detailed and comprehensive presentation to the Forum. He indicated that a pandemic was a rapidly-spreading epidemic of a disease that affects most countries and regions of the world, the symptoms being similar to 'ordinary' flu but more severe. He advised that research had shown that an influenza pandemic appeared to happen three times every century with the last occurrence in 1914-1918 and mainly affected 18-35 year old males from the working population. He explained that it was difficult to predict who would be most vulnerable to any future pandemics as the virus constantly mutates and could therefore affect different people in different ways. The Health Protection Agency, Department of Health and the World Health Organisation were currently looking at the ever-evolving virus and trying to ascertain if it would mutate to affect humans.

Avian influenza 'bird flu' was a contagious disease of animals caused by viruses that normally infect only birds and less commonly pigs. Reported transmissions of the avian virus from birds to humans had so far been extremely rare and were almost entirely among people who had close contact with infected poultry. People living in the far east were particularly vulnerable to this disease as there was a large dependency on birds for their livelihoods. The Regional Health Emergency Planning Advisor added that there were very few stringent regulations to protect people who worked with birds.

The World Health Organisation advised that national plans were based on a cumulative attack rate of 25% compared to the ordinary attack rate of 5-10% associated with 'ordinary flu'. There were various innovative approaches being examined nationally to support people working in the health sector as well as carers including patients who may need more intensive care than what was normally possible at home. There could also be logistical problems due to the interruption of food supplies and transport as part of the general disruption caused by a pandemic.

A national plan was being developed by the Health Protection Agency which indicated that 25% of the UK workforce may take 5-8 days off work over a 3-month period, with schools also being affected with staff absenteeism and disruption to transport services. Work was being undertaken regionally to ensure that there were contingency plans for essential services including police, fire, fuel supply and food production.

The development of a vaccine was being examined, although it was acknowledged that this could only be undertaken once the particular strain of virus was known. It was estimated that it would take 4-8 months to produce a vaccine once the strain was identified.

A discussion followed in which Members raised the following points.

Was the vaccine incubated in hens eggs and was there plans in place to protect birds in order for this to happen? The Regional Health Emergency Planning Advisor indicated that there was a plan in place to deal with this issue and this was developed by DEFRA. The Director of Public Health and Well-Being added that a vaccine would be developed for the entire population and this would be a worldwide production.

There was concern about previous outbreaks of Spanish flu, asian flu and SARS, was there any comparisons to these diseases? The Forum were advised that although lessons were being learned from previous outbreaks of virus and pandemics in terms of emergency planning, it was difficult to compare as every virus was different in who it affected and how. The Direct of Public Health and Well-Being added that the new strain was predicted to have the potential to affect more people, but nothing was certain as the exact strain of the virus was still unknown.

Could more people have the ordinary flu vaccine to try to prevent a pandemic occurring? The Director of Public Health and Well-Being advised that the ordinary flu vaccination would not give immunity to the new strain as it would be a completely different virus. A good cause of prevention would be to ensure a regular intake of vitamin c as well as eating healthily.

Would any promotions be undertaken to emphasise the importance prevention and basic hygiene? The Director of Public Health and Well-Being agreed that this was a very important point as the spread of the virus through families could be a problem that could be prevented by ensuring basic hygiene rules were followed. A Member added that it was important that people were aware what safeguards were in place. It was discussed that a promotional campaign using posters in public places, ie public transport could be undertaken.

The Regional Health Emergency Planning Advisor was thanked for his very informative presentation.

Decision

Members noted the content of the presentation.

37. Pandemic Influenza Contingency Planning (*Director of Public Health and Well-Being*)

The Director of Public Health and Well-Being gave a detailed and comprehensive presentation to the Forum. He indicated that a lot of his presentation had already been covered during the first presentation and discussion that followed. However, he added the following points. The Strategic Health Authority had created a Influenza Pandemic Committee with representatives from all the region's PCTs and hospital trusts. This Committee would develop a Local (SHA-wide) and Regional Plan which would

examine:

- Infection Control
- Anti-Viral Drugs
- Vaccination (2nd wave)
- Communications

A Business Continuity Plan was also being developed by the PCT and was in its interim stage.

Within the Hartlepool PCT area, it was expected that a quarter of the population would be affected with the vast majority of people would be able to deal with this by staying at home taking paracetomol and ensuring their fluid intake was high. It was anticipated that a third of Hartlepool's workforce could be affected across all organisations.

Anti-viral drugs were being developed and would be a form of treatment, not prevention. The aim would be to reduce the severity of symptoms of the more vulnerable people. Guidance would be produced by the Department of Health which would identify vulnerable groups. As covered in the earlier presentation, a vaccine could only be developed once the strain of the virus was identified.

The key lesson to be learned from past pandemics was its unpredictability and included:

- The occurrence of a pandemic was unpredictable and did not always occur in winter
- There were great variations in mortality rates
- There would be a rapid surge of cases over a brief period of time
- It tended to occur in waves, subsequent waves may be more or less severe

A discussion followed in which Members raised the following points.

Who would be eligible to have the vaccine? The Director of Public Health and Well-Being indicated that the Department of Health had not issued its Guidance yet but that promotion would be undertaken to ensure good hygiene and healthy eating were encouraged as a first step towards prevention.

Members were pleased to note that contingency plans were already being developed within the PCT. The Director of Public Health and Well-Being added that the PCT were already preparing lists of priority groups although these would be subject to Department of Health Guidance once this was produced.

Would the virus be likely to mutate between waves? The Director of Public Health and Well-Being advised that it was unusual for a virus to mutate over short periods of time and it was hoped that by the second wave, a vaccine would be developed that would lessen the impact.

The Director of Public Health and Well-Being was thanked for his very informative presentation.

Decision

Members noted the content of the presentation.

38. Pandemic Flu Contingency Planning (*Director of Neighbourhood Services*)

The Director of Neighbourhood Services gave a detailed and comprehensive presentation to the Forum. He advised the Forum that as the lead officer in this area, he would co-ordinate the Council's approach to the development and implementation of a plan to deal with a flu pandemic. The plan was currently being prepared and the aim was to achieve 80% preparedness by March 2006. It was highlighted that there were four stages of alert, green, amber, red and red/red. An Incident Management Team (IMT) would be established once amber alert was reached.

The Director of Neighbourhood Services indicated that service priorities would be defined from critical to non-critical levels 1-3 with resources being utilised to maintain critical services. However, this did not mean that critical services were any more important than non-critical. Alternative ways of delivering services would be explored which may include utilising transferable skills and home working. Another option may be to use leisure facilities where schools had closed to provide activities for children in the event that their parents had to continue working.

The Council was committed to promoting multi-agency plan sharing and would co-operate and lead, if necessary, any mutual aid arrangements in the event of an influenza pandemic. A Communications Strategy was being developed that would be capable of disseminating information into the community daily if required. This Strategy would also develop arrangements for multi-agency information sharing dissemination.

A Member asked if the refuse collection service would be a critical service. The Director of Neighbourhood Services indicated that although the service was classed as essential, it was not critical on the basis that it could be interrupted as a short-term measure.

Members agreed that it was important to know that emergency planning was being undertaken and that this included multi-agency working. The Director of Neighbourhood Services was thanked for his very informative presentation.

Decision

i) Members were happy with the progress made with the preparation for an influenza pandemic.
ii) Members endorsed the emergency plans currently being developed.

GEOFF LILLEY

CHAIRMAN

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM REPORT

13th December 2005

HARTLEPOOL BOROUGH COUNCIL

Report of: SCRUTINY SUPPORT OFFICER

Subject: TENYAS NHS TRUST– AMBULANCE RESPONSE TIMES & CATEGORY C 999 CALLS – UPDATE REPORT

---

1. PURPOSE OF REPORT

1.1 To introduce to the Forum representatives of TENYAS NHS Trust.

1.2 To invite TENYAS NHS Trust to present evidence to Members around changes to Ambulance Response Times.

2. BACKGROUND INFORMATION

2.1 Member of the Adult and Community Services and Health Scrutiny Forum will recall that Members expressed concerns around the change in management of Category C 999 calls. In conjunction with earlier concerns expressed around the Change in Management of Category C 999 Calls, Members also began expressing concern about Ambulance Response Times in general, given media reports that these response times were not accurate.

2.2 Members received a written statement from TENYAS in July that affirmed that TENYAS operates within the guidelines established by the Department of Health and that response times were accurate. This statement also indicated, in line with a previous recommendation of the previous Health and Social Care Scrutiny Forum that representatives of TENYAS would attend a future meeting of the committee to share the results of the Category C service once it had become operational in Hartlepool.

3. RECOMMENDATIONS

3.1 That Members note the report and invite representatives from Tenyas to make their submission to the Forum.

BACKGROUND PAPERS

No background papers were used in the preparation of this report:-

Contact Officer:- Sajda Banaras – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523 647
Email: Sajda.banaras@hartlepool.gov.uk

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

13th December 2005

HARTLEPOOL BOROUGH COUNCIL

Report of: Scrutiny Support Officer

Subject: Pandemic Influenza- Contingency Planning – Draft Final Report

---

1. PURPOSE OF REPORT

1.1 To present Members of the Forum with a **Draft** Final Report of the Forums investigation into Pandemic Influenza – Contingency Planning.

2. BACKGROUND INFORMATION

2.1 Members of the Adult and Community Services and Health Scrutiny Forum undertook a short investigation into 'Pandemic Influenza – Contingency Planning.' The investigation was initiated as a response to concerns expressed about the rise in Avian Influenza and the possible impact this could have on human health.

2.2 During an early evidence gathering session Members agreed to focus the concerns raised in relation to Avian Influenza within the overall contingency planning for Pandemic Influenza by the Local Authority and Health Sector. The Forum agreed that this investigation would be useful to allay concerns and informative thus it was agreed to incorporate this investigation into the forums annual work programme.

3. AIM OF THE SCRUTINY ENQUIRY

3.1 To undertake a short inquiry into Pandemic Influenza, looking at the overall contingency planning for a possible outbreak of "avian flu."

4. TERMS OF REFERENCE FOR THE SCRUTINY ENQUIRY

4.1 The following terms of reference were established for the review:-

- To identify how the UK is working with international bodies to monitor the development of the virus; and reduce the risk of pandemic influenza emerging and spreading.

- To consider the current assessment of the likely impact of pandemic influenza on the UK (both in terms of health and on wider society, including the economy)

- To consider if the UK's stockpile of antiviral treatments adequate, and how will it be distributed? Furthermore, to consider what steps are being taken to ensure that the UK has access to sufficient antiviral treatment and vaccine in the event of a flu pandemic?

- To identify how the risk of pandemic influenza is being assessed and how this assessment can be improved?

- To identify what the long-term strategy is for reducing the threat of pandemic influenza?

- To consider the plans to co-ordinate between health, emergency and other essential services for responding to a pandemic

- To identify the current assessment of the likely impact of pandemic influenza on Hartlepool (both in terms of health and on wider society, including the economy)

- To consider how well prepared and co-ordinated is the Local Authority, health, emergency and other essential services are both regionally and locally for responding to a pandemic?

- To consider the awareness raising plans in place to ensure that the general public are aware of the risks and likely effects of a pandemic, and of how they should react.

5. METHODS OF INVESTIGATION

5.1 The Adult and Community Services and Health Scrutiny Forum agreed to undertake a short review of the Contingency plans in relation to Pandemic Influenza. A variety of sources were used in order to conduct a robust yet targeted investigation.

5.2 Members of the Forum consulted a range of sources including, Department of Health Guidance, World Health Organisation Reports and spoke with representatives from the Health Protection Agency, Hartlepool PCT and the Council's Director of Neighbourhood Services.

6. CONDUCT OF THE INVESTIGATION – SUMMARY OF PROCESS

Meeting	Date	Issue
1	**20th Sept 05**	**'Setting the Scene' – Overview of the main issues relating to Bird Flu.**
2	**18th Oct 05**	**'Scoping the review' – Defining the aim of the investigation and the terms of reference.**
3	**15th Nov 05**	**Evidence Gathering Session – Determining the Conclusions & Recommendations**
4	**13th Dec 05**	**Publication of Draft Final Report**

6.1 Once the Forum has approved the Draft Final Report, the report is scheduled to be considered by:-

- **SCC - Date to be determined -** To endorse Final Report
- **Cabinet – Date to be determined -** To consider the Final Report of this Committee.

7. FINDINGS

7.1 - The disease – establishing what is a Pandemic & its potential impact (Also, see Table 1 below)

(a) Pandemic flu is a type of influenza that spreads rapidly to affect most countries and regions around the world. However, unlike the ordinary flu that occurs every winter in the UK, pandemic influenza can occur at any time of year.

(b) Pandemics of influenza have occurred sporadically throughout history – three times in the last hundred years – resulting in many deaths.

(c) Experts predict another pandemic will occur but cannot say exactly when it will happen. When it does, it may come in two or more waves several months apart. Each wave may last two to three months.

(d) Pandemic flu is more serious than 'ordinary' flu. As much as a quarter of the population may be affected – maybe more.

(e) Pandemic flu is likely to cause the same symptoms as 'ordinary' flu. The symptoms may be more severe because nobody will have any immunity or protection against that particular virus.

(f) A serious pandemic is likely to cause many deaths, disrupt the daily life of many people and cause intense pressure on health and other services.

(g) Each pandemic is different, and until the virus starts circulating, it is impossible to predict its full effects.

(h) The current epidemic of highly pathogenic avian (bird) flu – (H5N1) is generally thought to have increased the likelihood of a Pandemic occurring in the near future.

Table 1

'Ordinary' flu	Pandemic flu

• 'Ordinary' flu occurs every year during the winter months in the UK.
• It affects 10-15% of the UK population, causing around 12,000 deaths every year.
• Globally, epidemics of 'ordinary' flu are thought to kill between 500,000 to 1 million people every year.
• Most people recover from 'ordinary' flu within one or two weeks without requiring medical treatment.
• Deaths are generally confined to 'at risk' groups including:
  • elderly people over 65 years of age
  • people with existing medical conditions such as lung diseases, diabetes, cancer, kidney or heart problems
  • people whose immune systems are compromised due to HIV/AIDS or because they have a transplant, for example
  • the very young.
• The vaccine against 'ordinary' flu is effective because the virus strain in circulation each winter can be fairly reliably predicted.
• Annual vaccination, when the correct virus strain is fairly reliably predicted, and antiviral drugs are available for those at risk of becoming seriously ill.
	• Pandemics of have occurred sporadically throughout history and can take place in any season.
	• It affects many more people than 'ordinary' flu – a quarter or more of the population – and is associated with much higher rates of illness and death. For example, the worst flu pandemic last century – the 1918 'Spanish Flu', caused around 250,000 deaths in the UK alone and up to 40 million deaths worldwide.
	• Pandemic flu, usually associated with a higher severity of illness and consequently a higher risk of death, represents a much more serious infection than 'ordinary' flu.
	• People of all age groups may be at risk of infection with pandemic flu, not just 'at risk' groups.
	• A vaccine against pandemic flu will not be available at the start of a pandemic. This is because the virus strain will be completely new. It will be different from the viruses that circulated the previous winter, and not predictable in the same way.
	• Antiviral drugs may be in limited supply, their use depending on evidence of their efficacy which will only emerge once the pandemic is under way. (Treatment available for pandemic flu is described in more detail in Chapter 3).

➢ ***Extract from Explaining Pandemic Flu - A guide from the CMO' (Chief Medical Officer), Department of Health, October 2005***

7.2 International Monitoring & Surveillance

7.2.1 Members of the Forum noted that it is unlikely that the global spread of a pandemic flu virus could be prevented once it emerges. Therefore, the emphasis in pandemic flu virus control is on reducing the impact of Pandemic Influenza. The Forum was advised that several tools help achieve this aim:-

- Year round global surveillance
- effective and accurate methods of diagnosis
- vaccines (once they become available)
- antiviral drugs
- social interventions.

7.2.2 The Forum was advised that surveillance is a year around global activity. Its objective is to monitor the evolution of flu viruses and associated illness to inform recommendations for the annual vaccine, but also in order to detect the emergence of 'unusual' viruses that may have pandemic potential as they emerge. The sooner a potential pandemic virus is detected, the sooner control measures can be put in place and the sooner the development of a vaccine can begin. Effective surveillance is vital, not only in detecting the first virus, but also for example, in detecting the first signs of person to person transmission.

7.2.3 The UK is an integral part of an international network of flu surveillance to which it contributes, and from which it receives data:-

- **The World Health Organization Global Influenza Surveillance Network**

- This is an international network of laboratories which provides a mechanism for monitoring flu viruses and detecting the emergence of new viruses with pandemic potential. The World Health Organization network consists of four WHO Collaborating Centres (in Australia, Japan, the USA and the UK), which perform genetic analyses of around 2000 flu viruses each year, and 112 contributing national influenza laboratories in 83 countries, including the UK, which collect more than 175,000 samples from patients with flu like illness.

- **The European Influenza Surveillance Scheme**

- This is a collaborative surveillance network within the European Network for the Epidemiological Surveillance and Control of Communicable Diseases and is funded by the European Union. It combines clinical surveillance and reference laboratory reports from 23 European countrie s, including the UK, allowing flu activity to be monitored across Europe.

- **UK Health Protection Agency**

- Flu surveillance across the UK is coordinated by the Health Protection Agency (an independent body funded by the Department of Health) throughout the year but with a particular focus over the winter months. The agency uses a range of information sources including data on new general practitioner consultations for flulike illness, laboratory reports and data from the NHS telephone information service – NHS Direct, and their equivalents in the other UK countries, to monitor circulating flu virus strains and the illness they are causing. It aims to detect new subtypes of epidemic or pandemic potential.

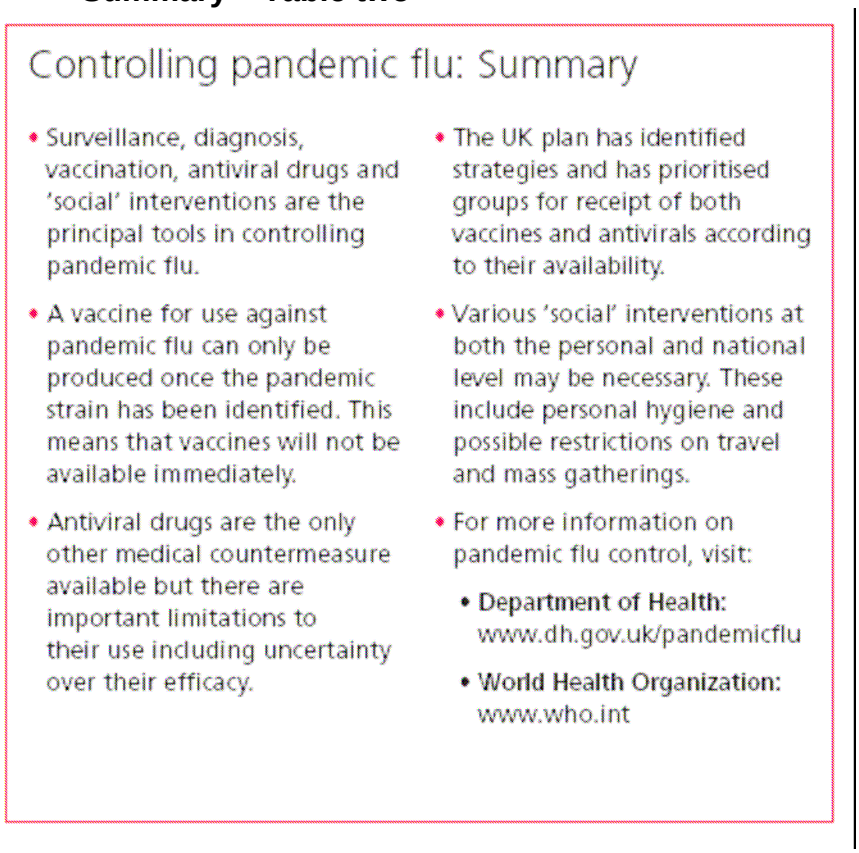
7.3 Vaccinations

7.3.1 The Forum noted that medicines known as antivirals can be used to *treat* influenza. They have been shown to be very helpful in the treatment of 'ordinary' flu, and it is likely that they would be effective in the treatment of pandemic flu, but their effectiveness would not be known until the pandemic virus is circulating. It was emphasized that antivirals do not stop the flu from developing but they do subdue the symptoms and reduce the time people are sick.

7.3.2 The Government announced plans to procure 14.6 million courses of the antiviral drug Tamiflu, which is expected to reduce the impact of the disease. This will provide treatment for one in four of the UK population - the proportion most likely to become infected with the disease and is consistent with the figure recommended by the World Health Organisation for planning purposes. The vaccines will be used to protect key medical and emergency workers across Britain against a possible global pandemic.

7.3.3 Influenza pandemics are caused when a new flu virus emerges which is markedly different from recently circulating strains. As it is new, ordinary flu vaccines will not be effective and a new vaccine will need to be developed. This will take time and therefore a vaccine will not be available at the beginning of a pandemic. However, the UK is participating in research to speed up the production of a vaccine against a future pandemic flu outbreak.

Summary – Table two



➢ ***Extract from Explaining Pandemic Flu - A guide from the CMO' (Chief Medical Officer), Department of Health, October 2005***

7.4 CO-ORDINATION BETWEEN AGENCIES- NATIONAL CONTINGENCY PLANS

7.4.1 The Forum established that the Government has prepared a UK wide Influenza Pandemic Contingency Plan which will be put into action in the event of a pandemic. The Plan includes initiatives to improve our preparedness now, before another pandemic occurs.

7.4.2 The UK Pandemic Influenza Contingency Plan was published in March 2005. Replacing the Multiphase Contingency Plan for Pandemic Influenza published in 1997, the current plan has been updated to take account of new scientific developments, changes in the health service, lessons learned from the 1997 outbreak of avian flu in Hong Kong and from the 2003 SARS outbreak and experience in emergency planning since the events of 11 September 2001. It has subsequently been revised, taking into account comments received in response and further developments in planning.

7.4.3 The UK plan has been developed in accordance with international recommendations issued by WHO and adapted to meet national needs. Its overall objective is to minimise the impact of a flu pandemic on the UK population. Key elements are:

- the organisational arrangements for an effective response
- identifying pandemic flu and monitoring its spread and impact, to inform actions
- containing the spread of infection to the extent that this is possible
- reducing illness and saving lives
- ensuring the continuation of essential services, thereby minimising social and economic disruption
- ensuring that the public, health professionals and media have up-to-date, comprehensive information at all stages.

7.5 An integrated international, national and local response

7.5.1 The Forum established that the UK plan provides the overall framework for a UK wide response and covers the national health response. Contingency plans however, are also being developed at a local level by the Primary care trusts and strategic health authorities and the Local Authority to ensure local needs are met while remaining integrated in the national and international response.

7.5.2 The Forum was advised about local business continuity planning, pandemic influenza contingency planning by both Hartlepool PCT and the Council. The Forum was pleased to note the joint working between the various stakeholders, at a local level , which included links to partners such as Government Office North East and the Health Protection Agency.

8. CONCLUSIONS & RECOMMENDATIONS

8.1 Members were pleased to that there is a great deal of work underway, globally, nationally, regionally and locally in order to anticipate and respond effectively to an influenza pandemic, should one occur.

8.2 The Forum noted that protecting the public from pandemic influenza was an integral part of ongoing work by Hartlepool Borough Council, Hartlepool PCT and the Health Protection Agency.

8.3 Members wished to endorse the first generation contingency plan presented by Hartlepool Borough Council.

8.4 Members endorsed the approach adopted by Hartlepool PCT in relation to its activities, both in contributing to the development of a Local (SHA-area wide) contingency plan and, the PCTs own business continuity plan.

8.4 Members recommend that in the event of a pandemic, Hartlepool Borough Council and the Health Agencies would undertake to publicise good basic hygiene that would reduce the risk of influenza spreading.

9. ACKNOWLEGEMENTS

9.1 Members of the Forum would like to place on record their thanks to;

- Peter Kendal, Regional Health Emergency Planning Advisor – Health Protection Agency North East
- Peter Price, Director of Public Health and Wellbeing - Hartlepool PCT
- Ian Parker, Director of Neighbourhood Services -Hartlepool Borough Council

10. BACKGROUND PAPERS

The following background paper was used in the preparation of this report:-

(i) Report of the Scrutiny Support Officer entitled 'Avian Influenza (Bird Flu) – Briefing Note 'presented to the Adult and Community Services and Health Scrutiny Forum on 20th September 2005.
(ii) Report of the Scrutiny Support Officer entitled 'Pandemic Influenza – Contingency Planning' - Scoping Paper presented to the Forum on 18th October 2005
(iii) 'Explaining Pandemic Flu - A guide from the CMO' (Chief Medical Officer), Department of Health, October 2005

Contact Officer:- Sajda Banaras – Scrutiny Support Officer

Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council

Tel: 01429 523 647
Email: Sajda.banaras@hartlepool.gov.uk

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM REPORT

13th December 2005

HARTLEPOOL BOROUGH COUNCIL

Report of: Scrutiny Support Officer

Subject: SCRUTINY INVESTIGATION INTO ACCESS TO GP SERVICES – SCOPING REPORT

---

1. PURPOSE OF REPORT

1.1 To make proposals to Members of the Adult and Community Services and Health Scrutiny Forum for their forthcoming investigation into access to GP services.

2. BACKGROUND

2.1 At the meeting of the (then) Health and Social Care Scrutiny Forum on 28th June 2005 the Forum agreed to explore Access to GP Services as a work programme item for the 2005/6 municipal year. Scrutiny Co-ordinating Committee subsequently approved this item for the Forum's work programme on 5th August 2005.

2.2 In, *A Guide to the NHS for Members and Officers of Health Scrutiny Committees*, general practitioners (GPs) are defined as:

> *doctors who work from a local surgery or health centre providing medical advice and treatment to patients who have registered on their list. The majority of GPs are independent contractors providing services to patients through a contract with the local PCT. GPs refer patients who need more help to specialists, such as hospital consultants. Practice nurses based at the surgery usually support the doctor.*

2.3 Several years ago the government introduced targets geared towards improving the access of patients. These call for GP's to see patients within 48 hours and nurse practitioners within 24 hours.

2.4 Access is a notoriously complex concept and can be interpreted as any of the following:

- A service available for use when needed;
- Using a service;
- Having available or using a service that is responsive to clinical needs (both in terms of needs and severity);
- Having available or using a service that is responsive to individual choices and circumstances, and is convenient to use; and
- having available or using a service that provides care of high quality (both in terms of delivery and outcome)

2.5 There are two further ways of analysing access that Members may want to consider over the course of the inquiry. Firstly; *absolute access* – problems faced by all citizens or service users in accessing GPs, irrespective of social background, condition, location or circumstances. Secondly; *relative access* – problems experienced by people with different social backgrounds or with particular circumstances in accessing GP services.

3. OVERALL AIM OF THE SCRUTINY INVESTIGATION

3.1 To examine the current access to GP services within Hartlepool.

4. PROPOSED TERMS OF REFERENCE FOR THE SCRUTINY INVESTIGATION

4.1 The following terms of reference for the review are proposed:-

a) To gain an understanding of the numbers of GPs and their geographical distribution;

b) To gain an understanding of GP practices in relation to centres of population and transport;

c) To gain an understanding of physical access including waiting times;

d) To gain an understanding of hours of operation and out of hours arrangements;

e) Knowledge of services available together with an understanding of how to enter the health system;

f) To gain an understanding of the availability and use of services;

g) To gain an understanding of accessibility for different groups within the local population; and

h) To gain and understanding of the quality of service being accessed.

4.2 However, given that this investigation is beginning part way through the current municipal year. Members may want to consider whether it is necessary to focus only on selected areas of the remit during the inquiry.

5. POTENTIAL AREAS OF INQUIRY / SOURCES OF EVIDENCE

5.1 Members of the Forum may wish to consider requesting evidence from/about the following:-

a) Representatives from Hartlepool PCT;

b) GP's – through links to GP Councils;

c) Portfolio Holder for Adult Services and Public Health; and

d) Hartlepool Primary Care Patient and Public Involvement (PPI) Forum;

6. COMMUNITY ENGAGEMENT

6.1 Community engagement plays a crucial role in the Scrutiny process. Given the reasonably tight time constraints on the inquiry the Forum may want to consider liaising with Hartlepool Primary Care PPI. The PPI is a statutory independent body comprised of patients and other people from the local community. It has a role in promoting the public in decisions and matters affecting their health and putting forward the views of the public to key local decision-makers. Consequently, the PPI could usefully feed their experience/findings about the community's perception of access to GP services into the Forum's inquiry.

7. PROPOSED TIMETABLE OF THE SCRUTINY INVESTIGATION

7.1 Detailed below is the proposed timetable for the review to be undertaken, which may be changed at any stage. Furthermore, it may be necessary to schedule additional meeting/s.

13th December 2005 – Scoping Meeting

31st January 2006 – Evidence to be determined (possibly evidence from the PCT)

28th February 2006 – Evidence to be determined (possibly evidence from the PPI)

28th March 2006 – Evidence to be determined (possibly evidence from the Portfolio Holder for Adult Services and Public Health and GP representatives).

25th April 2006 – Draft Final Report (n.b. may have to move this meeting back to the previous meeting date dependent on whether an additional Scrutiny Co-ordinating Committee is scheduled for May 2006).

8. RECOMMENDATIONS

8.1 That Members note the content of the report and agree the terms of reference outlined in section 4.

CONTACT DETAILS

Sajda Banaras and Jonathan Wistow
Scrutiny Support Officers
Chief Executive's Department – Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523647
Email: sajda.banaras@hartlepool.gov.uk and jonathan.wistow@hartlepool.gov.uk

BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

i. *A Guide to the NHS for Members and Officers of Health Scrutiny Committees* – Department of Health 2003.
ii. *2004-2005 Annual Review: A Healthier Hartlepool* – Hartlepool PCT.
iii. *Creating a Patient-Led NHS: 'Work in Progress'* – Speech by Patricia Hewitt MP, Secretary of State for Health, 7th November 2005: to the New Health Network.
iv. *Health and Health Care in Britain* – Bob Baggott 2004.

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM REPORT

13th December 2005

HARTLEPOOL BOROUGH COUNCIL

Report of: SCRUTINY SUPPORT OFFICER

Subject: TEES VALLEY HEALTH SCRUTINY COMMITTEE – UPDATE REPORT

---

1. PURPOSE OF REPORT

1.1 To update Members of the Adult and Community Services and Health Scrutiny Forum of issues considered by the Tees Valley Joint Health Scrutiny Committee (Acute Services Review).

2. UPDATE

2.1 The Tees Valley Health Scrutiny Committee (Acute Services Review) has met on four occasions since the forum received its last update report. Outlined below are the key issues that were considered at those meetings:-

- **19th October 2005**

  - The issue under consideration at this meeting was the proposed excellence in Women's & Children's Services at University Hospital Hartlepool. Representatives of the local NHS were in attendance and addressed the Joint Committee on the reasons for the proposed development and the associated subject matter.

- **24th October 2005**

  - The concentration of elective orthopaedics in Hartlepool
  - The increased use of the Friarage for orthopaedics
  - The establishment of a major trauma & emergency surgery facility at North Tees

- **8th November 2005**

  - The proposed establishment of a Tees wide upper gastro intestinal service at University Hospital North Tees.

  - The proposed establishment of a Tees wide endo luminal vascular service and the establishment of a vascular network with James Cook University Hospital.

- **17th November 2005**

The Joint Committee received evidence from:-

- The local NHS in relation to consultation

- Patients Forums

- North Yorkshire Local Medical Committee

- **28th November 2005**

The Joint Committee received evidence in relation to Transport:-

- Evidence was received from the two Trusts serving the area, namely Tees, East & North Yorkshire Ambulance Service (TENYAS) and the North East Ambulance Service (NEAS).

- The Committee also heard from the Transport and Health Partnership Group

3. RECOMMENDATIONS

3.1 That Members note the report

BACKGROUND PAPERS

No background papers were used in the preparation of this report.

Contact Officer:- Sajda Banaras – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523 647
Email: Sajda.banaras@hartlepool.gov.uk