

HEALTH SCRUTINY FORUM AGENDA



Thursday, 16 July 2009

at 3.00 pm

**in Council Chamber
Civic Centre, Hartlepool**

MEMBERS: HEALTH SCRUTINY FORUM:

Councillors Barker, Brash, S Cook, A E Lilley, G Lilley, Plant, Sutheran, Worthy and Young

Resident Representatives:

Jean Kennedy, Linda Shields and Mike Ward

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. MINUTES**
 - 3.1 Minutes of the meeting held on 7 April 2009
- 4. RESPONSES FROM LOCAL NHS BODIES, THE COUNCIL, EXECUTIVE OR COMMITTEES OF THE COUNCIL TO FINAL REPORTS OF THIS FORUM**

No Items

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

No Items

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

No Items

7. **ITEMS FOR DISCUSSION**

- 7.1 The Role of the Health Scrutiny Forum – *Scrutiny Support Officer*
- 7.2 Determining the Scrutiny Forum's Work Programme for 2009/10 – *Scrutiny Support Officer*
- 7.3 Appointment To Outside Bodies - Health Scrutiny Nominations To The Tees Valley Joint Health Scrutiny Committee – *Assistant Chief Executive*

8. **ISSUES IDENTIFIED FROM FORWARD PLAN**

No items

9. **FEEDBACK FROM RECENT MEETING OF TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**

No Items

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

ITEMS FOR INFORMATION

Date of Next Meeting:

Tuesday, 1 September 2009 at 3.00 pm in the Council Chamber, Civic Centre, Hartlepool

HEALTH SCRUTINY FORUM

MINUTES

7 April 2009

The meeting commenced at 3.00 pm in the Civic Centre, Hartlepool

Present:

Councillor: Jonathan Brash (In the Chair)

Councillors: Rob W Cook, Shaun Cook, Alison Lilley, Michelle Plant, Chris Simmons and David Young.

Resident representatives:

Jean Kennedy, Linda Shields and Mike Ward

Officers:

Joan Wilkins, Scrutiny Support Officer
Angela Hunter, Principal Democratic Services Officer

Also present:

Ali Wilson, Director of Health Systems and Estates, North Tees and Hartlepool PCT
Louise Wallace, Acting Director Health and Improvement
Linda Watson, North Tees and Hartlepool NHS Foundation Trust
Nick McDonaugh, North Tees and Hartlepool NHS Foundation Trust
Christopher Akers-Belcher, Hartlepool LINK Co-ordinator

134. Apologies for Absence

Apologies for absence were received from Councillor Caroline Barker.

135. Declarations of Interest by Members

None.

136. Minutes of the meeting held on 24 February 2009

Confirmed.

137. Matters arising from the minutes

A resident representative referred to minute 129 – Consultation Feedback – Local Procurement of GP Practices and GP Led Health Centres and requested an update on the opening date of the practice commissioned in Catcote Road. The Director of Health Systems and Estates acknowledged

that there had been a number of difficulties encountered with the proposed building in Catcote Road. Members were informed that due to these difficulties, the original option appraisal had been re-examined and the decision had been taken to utilise the former dentist surgery within the Fens Shops area and refurbishment works had commenced with completion planned before the end of May.

A Member confirmed that planning permission for the doctors' surgery proposed for the Hartfields development had been approved at a recent Planning Committee. However, it was noted that at a recent residents meeting, there were a number of questions directed at the PCT although there was no representatives from the PCT in attendance. The Director of Health Systems and Estates indicated that Hartfields residents had been consulted on several occasions in relation to this proposed development and would be happy for a representative from the PCT to be in attendance at a future residents' meeting to answer further questions should this be required.

138. Responses from local NHS Bodies, the Council, Executive or Committees of the Council to Final Reports of this Forum

None.

139. Consideration of request for scrutiny reviews referred via Scrutiny Co-ordinating Committee

None.

140. Consideration of progress reports/budget and policy framework documents

None.

141. Integrated Urgent Care Provision in Hartlepool Pilot – Update (*Scrutiny Support Officer*)

The Director of Health Systems and Estates was in attendance to update the Forum on the current position in relation to Hartlepool's Integrated Urgent Care Provision Pilot. The Director gave a comprehensive and detailed presentation which provided the background to the pilot and how it operated. The Pilot had been evaluated and it was noted that there had been no written complaints received during the evaluation period with satisfaction generally being high. However, one of the main problems identified had been the need for patients to repeat information a number of times throughout the triage process and ways of alleviating this were being examined. The presentation provided details of performance measures in place and highlighted the risk and issues that had been identified during the

operation of the pilot, including difficulties in recruiting appropriately qualified staff.

The Director commented that professionals involved in the pilot had indicated general satisfaction whilst recognising that some changes were required, especially around the telephone triage. However, it was noted that the service would benefit from additional GP leadership. Members were informed that the pilot was to continue until March 2010 which would align the service to the Tees-wide procurement of OOH services. The Director confirmed that the model used in the pilot had proved cost effective and had highlighted that lessons learned from the model should be applied to future specifications and should include a robust integrated IT system, a more robust collation of patient outcomes and the development of a workforce plan.

A discussion ensued which included the following issues:

- 1) During the presentation reference was made to 34% of patients referred to A and E who did not turn up, had any analysis of this figure been undertaken? The Director indicated that this was currently being analysed, but it appeared that this referred to advice often given at the end of a telephone consultation with the triage nurse, ie to attend A and E should the patient not improve from the advice given. Systems to track patients and identify what treatment they chose were being looked at. It was noted that inappropriate attendances at A and E had reduced since the implementation of this pilot.
- 2) A resident representative questioned whether the telephone number for the IUCC (Integrated Urgent Care Centre) would be advertised further as there appeared to be a lack of knowledge about it. The Director indicated that an advertisement was to be placed in the Council's publication *Hartbeat* and that further promotion of the telephone number would be undertaken.
- 3) In relation to the difficulties in the recruitment of staff, a Member questioned whether there was a reason for this? The Director commented that recruitment of suitably qualified staff was a national issue and had been around for some time. This was compounded by the fact that evening and weekend working was not particularly popular with some GPs.
- 4) A Member sought clarification on how the model had proved cost effective? The Director indicated that taking into account one-off set up costs, overall spend had reduced. This had included the direction of patients to the most appropriate care for example, a reduction in the number of unnecessary visits to the A and E department.
- 5) The reference to the benefit to be gained from increased GP leadership was questioned. The Director indicated that the model was aimed at delivering effective high quality services but may benefit from one GP managing the overall service, both from a professional and patient viewpoint.
- 6) A Member questioned whether the technology available could improve the telephony operation which supported the OOH service? The Director commented that technology improvements were being

examined nationally to improve the service provision and that the current use of NHS Direct was through one telephone number.

- 7) It was noted that at a LINKs meeting in January this year, dissatisfaction had been expressed about having to repeat information and it was questioned what measures had been put in place to deal with this? The Director confirmed that this issue was being addressed but caution needed to be applied as there was only a certain level of information that could be exchanged due to confidentiality or data transfer issues. However, the streamlining of questions and forwarding of non-confidential information was being examined.
- 8) Were any improvements likely to be implemented on the sharing of information now the pilot had been extended to run till 2010? The Director commented that it was unlikely that a solution would be found by the end of the pilot although information sharing and ways of improving communication were being examined.
- 9) It was brought to Members' attention that a number of GPs were using national 0845 telephone numbers which proved costly and the telephone number of the OOH service was often provided at the end of the GPs telephone message. The Director confirmed that the PCT discouraged the use of national numbers and would ensure that all GPs were requested to include the OOH telephone number at the beginning of the surgery's telephone message.
- 10) A resident representative commented that there was no separate waiting area for children within the urgent care centre. The Director commented that there should be a separate area for children and indicated she would look into this and report back to Members of the Forum.

The Director of Health Systems and Estates was thanked for her informative presentation and for answering Members' questions.

Decision

- (i) The update was noted.
- (ii) That clarification on the separate waiting area for children in the urgent care centre be forwarded to Members.

142. Health Visitor Service – Update – Covering Report (Scrutiny Support Officer)

The Acting Clinical Director, Community Services from the North Tees and Hartlepool NHS Foundation Trust was in attendance to update the Forum on the current position in relation to the Health Visitor Service in Hartlepool. Members were informed that the issues facing the Health Visitor Service in Hartlepool was a national problem and was not peculiar to Hartlepool.

Members were informed that the average caseload of a health visitor when fully staffed was 275. However, there were currently 2 vacancies with 1 health visitor on long term sick which had resulted in the average caseload increasing to 340. A national advertisement and recruitment campaign had

been undertaken but unfortunately only 1 new appointment had been made. However, a scheme working alongside Teesside University to target students had resulted in 3 students being offered contracts. Members were asked to note that Stockton Health Visiting Service were in a similar position with 8 vacancies across the health visiting service.

The key to the success of the health visitor service was to ensure that resources were targeted to where best needed with patients being treated by other professionals where appropriate. To try and alleviate recruitment pressures, nursing professionals were being approached to train and move into the health visiting profession. However, the increased pressure in relation to safeguarding had proved a barrier to the take-up of health visitor positions.

A discussion ensued which included the following issues:

- 1) The targeting of students through the University of Teesside was welcomed as an excellent step toward alleviating local recruitment issues. A Member commented that approaches should also be made to local sixth form and further education colleges as well as the local University.
- 2) A Member questioned whether the average caseload figures provided in the presentation had other responsibilities factored in, for example team leader roles. The Acting Director confirmed that additional responsibilities had been factored in when the caseload figures were calculated.
- 3) There was concern from Members that staff from Hartlepool may be seconded to Stockton due to their higher level of vacancies? The Acting Director confirmed that 1 health visitor from Hartlepool had been seconded across to Stockton, but that this had made resources available to fund clerical support for each team within Hartlepool. The Director of Health Systems and Estates confirmed that this was a way of ensuring that services were constructed more appropriately to ensure outcomes were still delivered.
- 4) A Member sought clarification on how pro-active the Trust was in developing and training people to become health visitors? The Acting Director confirmed that research had indicated that if health visitors were recruited locally, up until recently, they tended to stay in post. However, where staff were recruited from further away, when a suitable vacancy arose they would return to work in their own locality. Work was currently underway with the Human Resources Department to examine contracts for students whilst acknowledging that more support was required to deal with pressure in relation to greater demands from safeguarding issues. All Members welcomed ways of exploring ways of alleviating the pressure faced by health professionals and it was acknowledged that a great debt of gratitude was owed to all health professionals faced with this type of pressure.

The Acting Clinical Director, Community Services was thanked for her

informative presentation and for answering Members' questions.

Decision

The update was noted.

143. Draft Final Report – Reaching Families in Need (*Health Scrutiny Forum*)

The Scrutiny Support Officer presented a report which outlined the findings of the Health Scrutiny Forum following its investigation into Reaching Families in Need.

During the course of the investigation Members had considered evidence from a range of sources, within the tight timescales prescribed for this investigation. These included:-

- (a) Detailed Officer reports supplemented by verbal evidence;
- (b) Evidence from the Children's Services Department and Adult and Community Services Department (Including the Family Intervention Project);
- (c) Evidence from the Authority's Elected Mayor and Cabinet Member Portfolio Holder for Adult and Public Health Services;
- (d) Evidence from the Director of Public Health;
- (e) North Tees and Hartlepool NHS Foundation Trust and Hartlepool Primary Care Trust;
- (f) Voluntary Sector and Community Groups (including Hartlepool Families First and Hartlepool Patch);
- (g) Hartlepool Partnership;
- (h) Housing Hartlepool;
- (i) Job Centre Plus;
- (j) Anti-Social Behaviour Unit and Youth Offending Team;
- (k) Hartlepool New Deal for Communities (NDC); and
- (l) The views of local residents.

Based on the evidence considered during the investigation, Members discussed the following recommendations to the Cabinet:

- i) That the local authority take the lead in providing a co-ordinated leadership approach across the different providers in order to

facilitate a systematic approach to tackling health inequalities in the town, culminating in the creation of a Family In Need Strategy and specifically designated Executive Portfolio with responsibility for Social Inclusion;

- ii) That subject to the implementation of recommendation (a) above, the local authority, acting as strategic leader, enter into formal arrangements with partner organisations (i.e. Police, PCT, FT, Housing Hartlepool and the Voluntary Sector);
- iii) That the FIP Project be expanded in light of its effectiveness thus far in targeting hard to reach families;
- iv) That the Connected Care Programme be rolled out across the town as a positive way of helping reach families that would not normally interact with either the council or engage with health services;
- v) That the use of the model of intervention implemented through the FIP Project and Connected Care Project be explored as a basis for a more far reaching Families in Need Strategy, bringing together the activities of all partners / stakeholders with a dedicated Portfolio Holder taking the co-ordinating role;
- vi) That other agencies / bodies be consulted and involved in the further development of the various forms of CAF (Pre CAF, Full CAF or E.CAF) in order to ensure the creation of an assessment framework that can be used by across the board;
- vii) That in order to strengthen links and communication routes between agencies, the establishment of a co-ordinated, single point of contact for the referral of information and referrals from any source be explored (i.e. a 'one stop shop' telephone number or point of contact);
- viii) That the feasibility of introducing a similar way of gathering and sharing data in Hartlepool, as has been implemented by Westminster Council (i.e. a Multi-Agency Information Desk) be explored;
- ix) That ways of providing and promoting programmes that are not badged as being run by official bodies, including those run by the Voluntary Sector, should be explored as a way of reaching families that are reluctant to engage the Council, PCT, FT or other partner bodies; and
- x) That a system be put in place to ensure that where new public buildings / facilities are constructed (i.e. the new health centre) the inclusion of a place where advice / assistance and other integrated services can be provided is explored.

The Chair wished to pass on his thanks and appreciation to the Democratic

Services Team who had supported the Forum during this investigation, but in particular to the Scrutiny Support Officer for all the hard work and commitment displayed throughout this investigation.

Decision

That the recommendations of the Forum's investigation into Reaching Families in Need, as set out above, be approved and the final report of the Forum be forwarded to Cabinet.

144. Any Other Business – Transport to North Tees Hospital

A resident representative commented on the fact that the bus service provided to North Tees Hospital had ceased to operate on 31 March 2009 and sought clarification on the decision making process that led to this. The Chair indicated that clarification would be sought and reported to Members on the decision making route and acknowledged that the Portfolio Holder for Neighbourhoods and Communities was working closely with the Integrated Transport Unit and the PCT to examine the issue of transport to this hospital. A Member of the Forum who was also a member of the Elected Members Transport Working Group confirmed that the service had stopped due to the withdrawal of funding from the North Tees and Hartlepool NHS Foundation Trust.

However, it was noted that there was a scheme within the health service to provide/subsidise transport to hospital but this did not appear to be a well known scheme and clarification was sought on what happened to any unspent budget from this scheme.

The Chair commented that this was part of a bigger issue including transport for staff, the transfer of patients' notes from site to site as well as for patients and visitors. It was noted that this issue could be included for the Forum's consideration when examining the work programme for 2009/10.

Decision

That the issue of transport provision to local hospitals be included as part of the considerations for the Forum's work programme for 2009/10.

The meeting concluded at 4.50 pm.

CHAIRMAN

HEALTH SCRUTINY FORUM

16 July 2009



Report of: Scrutiny Support Officer

Subject: THE ROLE OF THE HEALTH SCRUTINY FORUM

1. PURPOSE OF REPORT

- 1.1 To give an overview of the role and functions of the Health Scrutiny Forum.

2. BACKGROUND

- 2.1 The Council's approach to Overview and Scrutiny has been informed by government guidance, best practice nationally and experience of what works locally to ensure that the Scrutiny Forum's operate in an optimum scrutiny structure that will enable the Forums to add value and improve services for the residents of Hartlepool.
- 2.2 The role of the Scrutiny Co-ordinating Committee is briefly discussed in the following section. Following this in Sections 4 and 5, there are more detailed descriptions of the roles and functions of this Forum.

3. ROLE AND FUNCTIONS OF THE SCRUTINY CO-ORDINATING COMMITTEE

- 3.1 The membership of the Scrutiny Co-ordinating Committee reflects both the Council's political make-up and the five standing Scrutiny Forums (which are equally represented on the Committee). A total of sixteen Elected Members serve on the Committee, consisting of the Chair (appointed by Council) and the Chair, Vice-Chair and one other Members from each of the five standing Forums. In addition to this, three Resident Representatives are also co-opted onto the Committee, one from each Neighbourhood Consultative Forums.
- 3.2 This approach enables the Scrutiny Co-ordinating Committee to draw on the experience of a variety of Members, represent a cross-section of political views and equally represent each of the five standing Forums. The Scrutiny Co-ordinating Committee is responsible for the overall management of Overview and Scrutiny within the Authority. Other authorities' experience of scrutiny appears to have benefited from the establishment of such a body.

Given the increasing importance of the scrutiny role under the new arrangements and the likely increase in workload of the scrutiny function the role of the Scrutiny Co-ordinating Committee is invaluable. The main roles and functions of the committee are as follows:-

- (i) To work with the five Forums to decide an annual Overview and Scrutiny Work Programme, including the programme of any ad-hoc Forum that it appoints, to ensure that there is efficient use of the Forums and that the potential for duplication of effort is minimised;
- (ii) To lead the involvement of Overview and Scrutiny in the development of the budget and the plans and strategies that make up the policy framework and to delegate issues for consideration to the Forums;
- (iii) Where matters fall within the remit of more than one Overview and Scrutiny Forum, to determine which of them will assume responsibility for any particular issue and to resolve any issues of dispute between Overview and Scrutiny Forums;
- (iv) To receive requests from Members, the Executive and/or the Full Council for items (including those referred via the Councillor Call for Action mechanism) to be considered by Overview and Scrutiny Forums and to allocate them, if appropriate to one or more Overview and Scrutiny Forum;
- (v) To put in place and maintain a system to ensure reports from Overview and Scrutiny to the Executive are managed efficiently and do not exceed any limits set out in the Constitution (this includes making decisions about the priority of reports, if the volume of such reports creates difficulty for the management of Executive business or jeopardises the efficient running of the Council business);
- (vi) To exercise the power of call-in in relation to Executive decisions made as set out in Section 21 (3) of the Local Government Act 2000, or allocate them to the appropriate Overview and Scrutiny Forum for consideration; and
- (vii) Assessing, monitoring and advising on the role of the Council's central support services in supporting the Council's progress towards the Community Strategy's priority aims, including:-
 - General policies of the Council relating to the efficient use of resources (people, money, property, information technology); and
 - District Auditor performance reports, the District Auditor's Annual Audit Letter, Best Value Performance Indicators and health and safety issues.

4. FUNCTIONS OF OVERVIEW AND SCRUTINY FORUMS

4.1 The five standing Overview and Scrutiny Forums have three main functions and these are set out in the following paragraphs:-

(a) Policy Development and Review

Overview and Scrutiny Forums may:

- (i) Assist the Council and the Executive in the development of the 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;
- (iv) Question members of the Executive and Chief Officers about their views on issues and proposals affecting the area; and
- (v) Liaise with other external organisations operating in the area, whether national, regional or local, to ensure that the interests of local people are enhanced by collaborative working.

(b) Scrutiny

Overview and Scrutiny Forums may:

- (i) Review and scrutinise the decisions of the Executive and Chief Officers both in relation to individual decisions and their overall strategic direction;
- (ii) Review and scrutinise the work of the Council in relation to its policy objectives, performance targets and/or particular service areas;
- (iii) Question members of the Executive and Chief Officers about their decisions, whether generally in comparison with the service plans and targets over a period of time, or in relation to particular decisions, initiatives or projects;
- (iv) Review and scrutinise the performance of other public bodies in the area, requesting them to attend and address relevant scrutiny forums to speak about their activities and performance;
- (v) Investigate other issues of local concern, outside the control of the Council and other public bodies in the area, and make recommendations to the Council, the Executive and / or other organisations arising from the outcome of the scrutiny process;

- (vi) Question and gather evidence from any person (with their consent); and
- (vii) Make recommendations to the executive and / or the council arising from the outcome of the scrutiny process.

(c) Finance

Overview and Scrutiny Committees may exercise overall responsibility for the finances made available to them. This presently consists of a dedicated overview and scrutiny budget of 50k. Applications for funding must be made through Scrutiny Co-ordinating Committee.

5. THE REMIT OF THIS FORUM

- 5.1 The strategic direction of the Scrutiny Forums will be to assess, monitor and advise on the Council's progress towards the 7 priority aims of the Community Strategy whilst the operational direction of the individual Scrutiny Forums will be governed by the remits outlined in the Constitution.

The remit of the Health Scrutiny Forum is as follows:-

'To exercise the powers of the Health and Social Care Act 2001 in considering the provision of health services at both local and regional level.'

- 5.2 There will be, however, from time to time, be issues that could be considered by more than one Forum and it will be for the Scrutiny Co-ordinating Committee to determine which forum should examine a particular issue. It is also open to the Scrutiny Co-ordinating Committee to appoint ad hoc forums. For example, where an issue comes within the remit of two scrutiny forums, the Scrutiny Co-ordinating Committee could decide to establish an ad hoc forum made up of four Members from each of those two Forums.
- 5.3 The Forum will undertake the Council's role in scrutinising the health service. Health Scrutiny is a responsibility given to Local Authority scrutineers under the Health and Social Care Act 2001. It expands upon powers given under the Local Government Act, which created the Overview and Scrutiny function so that elected members could examine local services and policies and look for ways to improve them. Health Scrutiny has much wider responsibilities, looking not only at local authorities themselves, but also at all health service providers and any other factors that affect people's health.
- 5.4 Members of the Forum also have a key role to play in joint scrutiny across the Tees Valley area and with additional local partners such as Stockton on Tees Borough Council, Durham County Council and Sedgefield and Easington District Councils whose residents are often served by the same health service providers.

6. SCHEDULE OF FORUM DATES FOR 2009/10

- 6.1 Detailed below, for Members information, are the scheduled dates for meetings of the Health Scrutiny Forum in 2009/10. Please note that scheduled meetings will commence at 3.00pm, in various venues across the town, with the capacity for additional meetings to be arranged where required to accommodate the needs of individual inquiries.

Tuesday 1 September 2009;
Tuesday 6 October 2009;
Tuesday 10 November 2009;
Tuesday 2 February 2010;
Tuesday 9 March 2010; and
Tuesday 13 April 2010.

7. CONCLUSIONS

- 7.1 No specific action is required as a result of this report, however, Members may have questions about the role of the Forum.

Contact Officer:- Joan Wilkins – Scrutiny Manager
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BACKGROUND PAPERS

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

- i) Hartlepool Borough Council Constitution.

HEALTH SCRUTINY FORUM

16 July 2009



Report of: Scrutiny Support Officer

Subject: DETERMINING THE SCRUTINY FORUM'S WORK
PROGRAMME FOR 2009/10

1. PURPOSE OF REPORT

- 1.1 To provide the Members of the Health Scrutiny Forum with a range of information, extracted from various sources to assist in the consideration of suitable topics for inclusion into the Forum's Work Programme for the 2009/10 Municipal Year.

2. BACKGROUND INFORMATION

- 2.1 The Health Scrutiny Forum needs to develop a Work Programme for the 2009/10 Municipal Year, together with a timeframe for each review, for consideration by the Scrutiny Co-ordinating Committee on 31 July 2009. Detailed terms of reference should be developed at the start of each review.
- 2.2 As such the Assistant Chief Executive for Hartlepool PCT, Assistant Chief Executive for North Tees and Hartlepool NHS Foundation Trust; Cabinet Member for Adult and Public Health Services; Corporate Performance Plan (BVPP) and consultation with the Local Involvement Network (LINK) have been the foundation sources for this report to enable the Forum to compile its Work Programme.
- 2.3 However, it should be appreciated that some of the areas detailed below are continually evolving and further details will emerge throughout the year.
- 2.4 Members may also wish to factor into the work programme time to contribute to the 'Annual Healthcheck', which provides for Overview and Scrutiny Committees to participate in the self-assessment process for NHS Trusts. NHS Trusts are expected to ask all Scrutiny Forums in their area for their views on the standards. The Healthcare Commission is clear that Members "are not expected to have an in-depth, expert knowledge about all the services that a trust is providing and being assessed on".

- 2.5 In conducting health scrutiny Members may wish to note that the Health Scrutiny Regulations enable scrutiny committees to request the attendance of an officer from a local NHS body to answer questions and NHS bodies are under a duty to comply with these requests.
- 2.6 In addition to establishing the Forum's Work Programme, the Forum may consider it appropriate to receive illustrations from local NHS bodies in relation to impending legislation and to respond on an ad hoc basis to emerging issues which would be considered appropriate for an investigation or review to be undertaken.

TOPIC	Cabinet Member / Health Trust	LINK (To be advised at the meeting)	NHS Consultation	Member(s)	Referral
<p>Alcohol Abuse</p> <p>(Issue: Included in the Rolling Health Work Programme as detailed in Section 2.7 of the report. Investigation to focus on the provision and effectiveness of prevention and treatment services in Hartlepool)</p>	X		X	X	
<p>Phase 2 – Momentum Pathways to Healthcare</p> <p>(Issue: Phase 1 of the Momentum process considered the location of the new hospital. As part of Phase 2 of the Momentum process, the Forum will have the opportunity to be involved in detailed consultations on the placement and provision of health services in community locations throughout Hartlepool.</p> <p>The Forum will also be involved through the Tees Valley Health Joint Committee in consultations on the placement of specialist services at the new hospital)</p>			X		

Annual Health Check			X		
Hospital Car Park Charges (Issue: Level of Charging)				X	

- 2.7 In considering potential work programme items for 2009/10 Members may also wish to update the 3 year rolling work programme for this Forum. The establishment of the rolling work programme is considered best practice as outlined in the health scrutiny guidance. This is to enable local partners to be aware in advance of forthcoming priorities of the Health Scrutiny Forum.

ROLLING HEALTH SCRUTINY WORK PROGRAMME – YEARS 2 & 3	Estimated timetable for consideration by the Forum
Alcohol Abuse	Y2/3
Thyroid Problems	Y2/3
Smoking	Y2/3
Healthy Eating / Obesity	Y2/3

- 2.8 Having considered the above information together with topics identified by individual Members' for inclusion into the Work Programme, the Forum may wish to discuss various aspects contained within the Corporate Plan 2009/10 to raise potential areas for consideration. They could range from areas already identified as suitable for development through Commitments or areas where the specific performance is below the targeted level. For this purpose, **Appendices A and B** detail the relevant Sections of the Corporate Plan for the Panel's consideration as outlined below:-

Appendix A – Council's Priority Contributions to Community Strategy Themes 'Health and Wellbeing'.

Appendix B – Performance Indicator Table: 'Health and Wellbeing'.

- 2.9 The Forum may also wish to apply a degree of emphasis on a particular source for example, would the Forum consider issues which are clearly raised as a concern by the public to carry more weight than those considered important by the service provider? In practice the Forum will need to apply a considered opinion from all sources against the individual subject area.

- 2.10 Once the Forum has identified Scrutiny topics, anticipated time frames need to be applied. It is suggested to the Forum that a standard template for applying time allocations should be treated with caution as when scoping a subject a number of complexities may arise, therefore the anticipated duration should be allocated to the subjects on an individual basis.
- 2.11 The Forum is also advised to be cautious in setting an overly ambitious Work Programme for which it may be unable to deliver.
- 2.12 In addition to the above, the Forum may also consider establishing some small Sub-Groups, known as Working Groups to look at sharp focused areas of supplementary aspects of the main topic being scrutinised.

3. RECOMMENDATIONS

- 3.1 The Health Scrutiny Forum is requested to consider the wide range of information detailed within this report to assist in the determination of its 2009/10 Work Programme, to be approved by the Scrutiny Coordinating Committee at its meeting on 31 July 2009. Members may want to choose a maximum of one/two items for the coming year, which will allow for flexibility in its work programme for emerging issues and referrals.

Contact Officer:- Joan Wilkins – Scrutiny Manager
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Hartlepool Borough Council
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BACKGROUND PAPERS

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

- (i) Corporate Performance Plan for 2009/10

Health - Corporate Plan 2009/10

This Forum's remit covers Actions under the following Community Strategy Themes / Council Priority areas:

- Health and Wellbeing;

The information provided in the appendix includes the relevant Community Strategy Themes, which are divided into the Corporate Plan Objectives that have some relevance to this Forum. Under each Corporate Plan Objective there are a number of Actions.

Theme: Health and Wellbeing			
Outcome: Improved Health			
Code	Action	Date to be Completed	Responsible Officer
CORP HW01	To improve the health and wellbeing of Hartlepool citizens by implementing the Public Health Strategy and Action Plan	31/03/2011	Louise Wallace
CORP HW02	To revise the Joint Strategic Needs Assessment (JSNA) and ensure that it influences all plans and programmes that address health inequalities	31/03/2011	Louise Wallace
CORP HW21	To reduce smoking prevalence in Hartlepool	31/03/2010	Louise Wallace
CORP HW22	To increase participations in Physical Activity within Hartlepool	31/03/2010	Pat Usher
CORP HW23	To increase the number of people eating healthily across Hartlepool	31/03/2010	Louise Wallace
CORP HW24	To reduce the prevalence of obesity	31/03/2011	Louise Wallace
CORP HW25	To promote good mental health and wellbeing	31/03/2011	Carl Bashford
CORP HW26	To reduce the death rate and the rate of serious harm from accidents	31/03/2011	Louise Wallace
CORP HW27	To promote the uptake of screening and immunisation programmes	31/03/2011	Louise Wallace
CORP HW28	Take action to address the wider detriments of health	31/03/2011	Louise Wallace

PERFORMANCE INDICATORS

Every council is required by the Department for Communities and Local Government to collect and publish a range of Best Value performance indicators. In addition to these Government indicators, services in Hartlepool Borough Council have also set 'Local indicators,' these statutory and non-statutory Best Value indicators are set out in the pages that follow.

One of the Community Strategy themes have some relevance to this Forum, and are listed below:-

⇒ **Health and Wellbeing**

BVPIs are set by the government and information for these must be included in the plan, in previous years Outturn and Target information was included for each of the BVPIs, this has not been possible this year due to the newness of the indicators. Some of the BVPIs have additional uses these include:-

- | | |
|--|---|
| <ul style="list-style-type: none">• Comprehensive Area Assessment (CAA)
The means of assessing the Council's performance and how well it works together with other public bodies to meet the needs of Hartlepool residents. Replaced the Comprehensive Area Assessment in April 2009. | <ul style="list-style-type: none">• Public Service Agreement (PSA)
Agreement between local and central government to improve performance across a range of indicators based upon national and local priority |
| <ul style="list-style-type: none">• Performance Assessment Framework (PAF)
Indicators set by the government for Social Services service areas | <ul style="list-style-type: none">• Quality of Life (QoL)
These indicators cover the issues that effect how people feel about life in the local area. |

Theme: Health and Wellbeing Outcome: Improved Health			
Code	Indicator	2008/09	Annual 2009/10
		Value	
LAA HW P001	Smoking during pregnancy	27.3	

HEALTH SCRUTINY FORUM

16 July 2009



Report of: Assistant Chief Executive

Subject: APPOINTMENT TO OUTSIDE BODIES - HEALTH
SCRUTINY NOMINATIONS TO THE TEES VALLEY
JOINT HEALTH SCRUTINY COMMITTEE

1. PURPOSE OF REPORT

- 1.1 To seek Councillor nominations to the Tees Valley Joint Health Scrutiny Committee.

2. BACKGROUND

The Health and Social Care Scrutiny Forum, held on the 17th January 2003, approved the adoption of the draft Tees Valley Health Scrutiny Protocol. A key element of the protocol was the establishment of a Tees Valley Health Scrutiny Joint Committee (TVJHSC) to facilitate the exchange of information about scrutiny work; to consider proposals for joint scrutiny exercises; and to carry out joint scrutiny exercises.

The committee consists of 15 members, 3 from each of the Tees Valley authorities, selected on the basis of political proportionality. Three nominations are now sought from this Scrutiny Forum for Hartlepool's representatives on this committee.

3. ISSUES FOR CONSIDERATION

The Chair of the Health Scrutiny Forum, Councillor Jonathan Brash (Labour) is automatically included within the membership of the TVJHSC and the Scrutiny Forum are requested to nominate a further 2 members from within the membership of the Health Scrutiny Forum to take part in the Tees Valley Health Scrutiny Joint Committee. The current proportionality for a membership of 3 provides for 2 labour nominations and 1 further nomination from either the Administrative Group of an Independent Member. Therefore one further labour nomination is sought along with 1 from either the Administrative Group of an Independent Member.

3. RECOMMENDATIONS

- (i) That the nomination agreed at Annual Council on 25 June 2009 to the Tees Valley Joint Health Scrutiny Committee of Councillor Jonathan Brash be confirmed.
- (ii) That an additional Labour nomination and one further nomination from either the Administrative Group or an Independent Member be made to the Tees Valley Health Scrutiny Joint Committee, subject to approval by the Executive.