HEALTH SCRUTINY FORUM AGENDA



Tuesday, 1 September 2009 at 3.00 pm

in Council Chamber, Civic Centre, Hartlepool

MEMBERS: HEALTH SCRUTINY FORUM:

Councillors Barker, Brash, S Cook, A 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 16 July 2009
- 4. RESPONSES FROM LOCAL NHS BODIES, THE COUNCIL, EXECUTIVE OR COMMITTEES OF THE COUNCIL TO FINAL REPORTS OF THIS FORUM
 - 4.1 Closing The Loop Report Reaching Families In Need Final Report *Scrutiny Manager*

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 Scrutiny Investigation Into 'Alcohol Abuse Prevention and Treatment' Scoping Report *Scrutiny Manager*
 - 7.2 Six Monthly Monitoring of Agreed Health Scrutiny Forum's Recommendations *Scrutiny Manager*
- 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, 6 October 2009 at 3.00 pm in the Council Chamber, Civic Centre, Hartlepool

HEALTH SCRUTINY FORUM MINUTES

16 July 2009

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

Present:

Councillor: Jonathan Brash (In the Chair);

Councillors: Caroline Barker, Alison Lilley, Geoff Lilley, Michelle Plant, Lilian

Sutheran and David Young

In accordance with Council Procedure Rule 4.2 (ii), Councillor Stephen Akers-Belcher attended as substitute for Councillor Gladys Worthy

Resident Representatives:

Jean Kennedy and Mike Ward

Officers: Jill Harrison, Assistant Director, Adult and Community Services

Joan Wilkins, Scrutiny Manager

Denise Wimpenny, Principal Democratic Services Officer

1. Apologies for Absence

Apologies for absence were received from Councillor Shaun Cook, Gladys Worthy and Resident Representative Linda Shields.

2. Declarations of Interest by Members

Councillor Jonathan Brash declared a non prejudicial interest in minute 8.

3. Minutes of the Meeting held on 7 April 2008.

Confirmed.

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

None.

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

None.

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

None.

7. The Role of the Health Scrutiny Forum (Scrutiny Support Officer)

The Scrutiny Support Officer submitted a brief report outlining the background to the approach to overview and scrutiny in the Council. The key roles of Scrutiny were detailed as:

- Policy development and review
- Scrutiny
- Finance

The functions of Scrutiny Co-ordinating Committee was set out with a detailed description of the role and functions of the Health Scrutiny Forum. The report highlighted that the strategic direction of the Scrutiny Forums was to assess, monitor and advise on the Council's progress towards the seven priority aims. The Health Scrutiny Forum's remit was specifically 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. A schedule of the Forum's meeting dates was also included in the report.

Recommendation

That the report be noted.

8. Determining the Scrutiny Forum's Work Programme for 2009/10 (Scrutiny Support Officer)

The Scrutiny Manager presented a report that requested the Health Scrutiny Forum to identify 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.

As such the Assistant Chief Executive for the 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) had been the foundation sources for the report to enable the Forum to compile its Work Programme.

From these sources the following list of potential subjects for investigation had been identified:-

- i) Alcohol Abuse
- ii) Phase 2 Momentum: Pathways to Healthcare
- iii) Hospital Car Parking Charges

In addition, Members were reminded that a 3-year rolling work programme had been established for this Forum as outlined in the health scrutiny guidance as best practice. The following investigations had been included within this programme:-

- (i) Alcohol Abuse
- (ii) Thyroid Problems
- (iii) Smoking
- (iv) Healthy Eating/Obesity

In setting the Work Programme for 2009/10, Members were advised that consideration would also need to be given to the Annual Health Check and the large number of consultations the Forum would be asked to participate in. Members were referred to Appendices A and B which detailed the relevant sections of the Corporate Plan as a potential area for consideration.

Members were reminded that where necessary additional meetings would be scheduled to examine Phase 2 of the Momentum – Pathways to Healthcare process. It was envisaged that the Forum would also be a key player in a potential Child Poverty scrutiny investigation which it was likely would be disseminate to the relevant Forums from Scrutiny Co-ordinating Committee. The Forum was therefore advised to be cautious in setting an overly ambitious work programme for which it may be unable to deliver and the Scrutiny Manager recommended that only one topic should be considered for investigation.

Over and above the potential topics identified in the report, during the course of discussions the following addition topics were suggested for inclusion within the 2009/10 Work Programme and Rolling Programme:-

- promoting mental health and wellbeing;
- drug rehabilitation support; and
- high prevalence of cancer clusters in Hartlepool

Taking these factors into consideration, and following a lengthy discussion in relation to all of the possible topics, it was suggested that Alcohol Abuse (from the Rolling Programme) and Momentum - Pathways to Healthcare (Phase 2) should form the basis of the Health Scrutiny Forum's 2009/10 Work Programme.

In addition to this, it was suggested that hospital car parking charges should be retained as a 'reserve' item for consideration should there be

spare capacity at the end of the Work Programme year. It was also agreed, that given the strength of feeling expressed in relation the issue of 'thyroid problems' in Hartlepool that an exploratory report be submitted to the Forum to enable Members to make a fully informed decision on the way in which it should be further investigated.

In relation to the three year rolling programme the Forum were of the view that Healthy Eating/Obesity, Smoking, Drug Rehabilitation and Cancer Clusters should be included for future investigation.

Recommendation

- (i) That the Scrutiny Co-ordinating Committee be advised that the Forum wished to undertake the following investigations as part of its 2009/10 Work Programme:
 - Alcohol Abuse
 - Momentum: Pathways to Healthcare Phase 2
 - Hospital Car Parking (to be retained as a 'reserve item for consideration should there be spare capacity at the end of the work programme year).
- (ii) That in addition to the topics selected above, an exploratory report be submitted to the Forum on 'Thyroid Problems in Hartlepool'.

That the Forum's three year Rolling Work Programme be amended to include issues in relation to Healthy Eating/Obesity, Smoking, Drug Rehabilitation and Cancer Clusters.

9. Appointment to Outside Bodies – Health Scrutiny Nominations to the Tees Valley Health Joint Scrutiny Committee (Assistant Chief Executive)

In accordance with the draft Tees Valley Health Scrutiny Protocol and the establishment of a Tees Valley Health Scrutiny Joint Committee (TVJHSC) to facilitate the exchange of scrutiny information Councillor nominations to the Tees Valley Joint Health Scrutiny Committee were sought following the nomination agreed at Annual Council on 25 June 2009 of Councillor Jonathan Brash, Chair of the Forum.

As the Chair of the Health Scrutiny Forum, Councillor Jonathan Brash (Labour) was automatically included within the membership of the TVJHSC and the appointments to the Tees Valley Health Joint Scrutiny Committee were subject to the political balance of the Council and as such 1 labour and 1 nomination from either the administrative group or an Independent Member was required.

Recommendation

- (i) That the nomination agreed at Annual Council on 25 June 2009 of Councillor Brash to the Tees Valley Joint Health Scrutiny Committee, be confirmed.
- (ii) In the absence of a second Labour nomination, the following nominations to the Tees Valley Health Joint Scrutiny Committee were suggested for approval by the Executive:-

Councillor Geoff Lilley (Administrative Group) Councillor Michelle Plant (Independent)

10. Issues Identified from Forward Plan

None

11. Feedback from Recent Meeting of Tees Valley Health Scrutiny Joint Committee

None

12. Date and Time of Next Meeting

It was reported that the next meeting would be held at 3.00 pm on Tuesday 1 September 2009.

The meeting concluded at 4.00 pm.

CHAIR

HEALTH SCRUTINY FORUM

1 September 2009



Report of: Scrutiny Manager

Subject: CLOSING THE LOOP REPORT - REACHING

FAMILIES IN NEED FINAL REPORT

1. PURPOSE OF THE REPORT

1.1 The purpose of this report is to provide Members of the Health Scrutiny Forum with the formal response in relation to the agreed recommendations arising from the investigation into the 'Reaching Families in Need'.

2. BACKGROUND INFORMATION

- 2.1 The investigation into 'Reaching Families in Need' was conducted during the 2008/09 Municipal Year by the Health Scrutiny Forum.
- 2.2 As per agreed practice, the recommendations of the Scrutiny Forum have been considered by the appropriate bodies and in doing so, the Action Plan attached as **Appendix A** outlines how it is intended to deliver / implement such recommendations.
- 2.3 Members should note that both the Final Report and the Action Plan were reported to the Council's Cabinet at its meeting on 17 August 2009. An update on this will be provided at the meeting.

3. RECOMMENDATION

3.1 That Members note the proposed actions detailed within the Action Plan, appended to this report (**Appendix A**) and seek clarification on its content where felt appropriate.

Contact Officer:- Joan Wilkins – Scrutiny Manager

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BACKGROUND PAPERS

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

4.1 Appendix A

NAME OF FORUM: Health Scrutiny Forum

NAME OF SCRUTINY ENQUIRY: Reaching Families in Need

RECOMMENDATION	EXECUTIVE RESPONSE /	FINANCIAL	LEAD	DELIVERY
	PROPOSED ACTION	IMPLICATIONS	OFFICER	TIMESCALE
(a) That the local authority tak lead in providing a co-ordinate according to tackling health inequalities the town, culminating in creation of a Family In Strategy and specific designated Executive Powith responsibility for Stricture.	tred the to ach is in the eed ally olio olio on the to ach ach is in the eed ally olio olio on the tred tred tred tred tred tred tred tre	group of Officers that will guide this process. A coordinator is currently being	(i) John Robinson	(ii) March 2011 (ii) To be confirmed

4.1 Appendix A

NAME OF FORUM: Health Scrutiny Forum

NAME OF SCRUTINY ENQUIRY: Reaching Families in Need

	RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL IMPLICATIONS	DELIVERY TIMESCALE	
(b)	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).	process.	Already in place for development. The outcomes of practice and culture change may have cost implications in the future.	Kelly Moss/John Robinson	March 2011
(c)	That the FIP Project be expanded in light of its effectiveness thus far in targeting hard to reach families;	The Family Intervention Project (FIP) is currently being developed as an integrated part of the Team around the School initiative. This service has been designed to enable new services to be bolted onto it and to adopt the FIP approach to assertive support.	The current FIP programme is grant funded although the Anti Social Behaviour FIP has been based on a decreasing budget that has been taken up by the council. The current grant position is ASB poverty and Youth	John Robinson	Grants and current work agreements are planned to cease in 2011.

4.1 Appendix A

NAME OF FORUM: Health Scrutiny Forum

NAME OF SCRUTINY ENQUIRY: Reaching Families in Need

	RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL IMPLICATIONS	LEAD OFFICER	DELIVERY TIMESCALE
(d)	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.	The Connected Care pilot in Owton is undergoing an independent evaluation during 2009/10. Decisions regarding 'roll out' of the model need to be informed by the outcome of this evaluation. In the interim, opportunities to use the Connected Care approach elsewhere are being explored with Neighbourhood Forums and specific developments such as the extra care development at Orwell Walk.	Crime FIPs have £474,000 allocated annually until March 2011. To run and develop the process we will need to replace these grants. Potential cost of circa £1M to replicate the current Connected Care model across the town.	Geraldine Martin / Phil Hornsby	Mach 2010
(e)	That the use of the model of	The FIP and connected Care	No financial	Denise	March 2010

^{4.1 -} HSF - 09.09.01 - - Appendix A - Action Plan - Reaching Families in Need

4.1 Appendix A

NAME OF FORUM: Health Scrutiny Forum

NAME OF SCRUTINY ENQUIRY: Reaching Families in Need

	RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL IMPLICATIONS	LEAD OFFICER	DELIVERY TIMESCALE
	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.	steering groups will be asked to undertake a review of the projects and look at the learning that can be identified from both projects. This will form the basis of an event in March 2010 that will enable stakeholders to analyse and respond to the learning. This event will help frame the issues in preparation for a decision regarding a Families in Need strategy.	implications to initial action up to March 2010 other than Officer time.	Ogden / John Robinson	
(f)	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.	A Common Assessment Framework Coordinator is now in place and will lead on this action as part of the agreed roll out of the programme. The extension of CAF to other services and client groups will be determined by the outcomes achieved through the development process.	Already in place	Paul Kelly	March 2011
(g)	That in order to strengthen links	We will explore current	Already in place as	John	March 2011

4.1 Appendix A

NAME OF FORUM: Health Scrutiny Forum

NAME OF SCRUTINY ENQUIRY: Reaching Families in Need

	RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL IMPLICATIONS	LEAD OFFICER	DELIVERY TIMESCALE
	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).	developed by community safety, the Team Around the School Initiative and Family Information Service to further this action and provide a report to the Children's Trust and Cabinet.	part of our embedded partnership working.	Robinson	
(h)	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.	part of the development of the Common Assessment Framework linked in with the Children's Trust, the Local Safeguarding Children Board	Already in place regarding CAF but will require additional Officer time and expertise across stakeholders.	John Robinson	March 2011
(i)	That ways of providing and	(i) We will continue to develop	Already in place	Ian Merritt	March 2011

^{4.1 -} HSF - 09.09.01 - - Appendix A - Action Plan - Reaching Families in Need

4.1 Appendix A

NAME OF FORUM: Health Scrutiny Forum

NAME OF SCRUTINY ENQUIRY: Reaching Families in Need

	RECOMMENDATION		JTIVE RES		FINANCIAI IMPLICATIO	_	EAD FICER	DELIVERY TIMESCALE
	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.	prodens accoorga (ii) We wide in servinvo bass	ure that essible to anisations. vill continue range of the devertices and live local ed groups rices that beived as st	they ar third sectors to involve stakeholder to in particular communit to provide	ce r a a s f r y			
(j)	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 explore.	pro ass ava inte	istance ilable	facility for dvice an will be in new alth centres	Town centre development under construction completion M 2010	lay	anne obson	(i) May 2010 (ii) September

4.1 Appendix A

NAME OF FORUM: Health Scrutiny Forum

NAME OF SCRUTINY ENQUIRY: Reaching Families in Need

RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL LEAD IMPLICATIONS OFFICER		DELIVERY TIMESCALE	
	accommodation strategy develops co-location and integrated services will be considered in option appraisals.	in relation to accommodation changes	Lucas	2009	

HEALTH SCRUTINY FORUM

1 September 2009



Report of: Scrutiny Manager

Subject: SCRUTINY INVESTIGATION INTO 'ALCOHOL

ABUSE - PREVENTION AND TREATMENT' -

SCOPING REPORT

1. PURPOSE OF REPORT

1.1 To make proposals to Members of the Health Scrutiny Forum for their forthcoming investigation into 'Alcohol Abuse – Prevention and Treatment.

2. BACKGROUND INFORMATION

- 2.1 At the meeting of this Forum on 16 July 2009, Members determined their work programme for the 2009/10 Municipal Year. The issue of 'Alcohol Abuse' was selected as the first Scrutiny topic for consideration during the current Municipal Year. Furthermore, Members suggested that this investigation should form the major in-depth Scrutiny Inquiry for the Forum's 2009/10 work programme.
- 2.2 Although most people in the UK who drink do not become alcoholic, at least 15% of those who do are at risk for developing a serious problem which impacts relationships, health, work and the quality of life. Research has also shown that, for men over 40 and women after the menopause, having one or two small drinks a day can help prevent coronary heart disease. However, it is estimated that nearly one in three adults in the UK are risking their health by drinking more than the recommended daily amount of alcohol.
- 2.3 In the short term, we are all familiar with the side effects of alcohol (loss of inhibitions, physical co-ordination) and that in large amounts it can lead to unconsciousness, coma, and even death. In the longer term, however, its misuse / abuse can cause physical damage, increase the risk of getting some diseases, and make other diseases worse.

2.4 Excessive drinking over time is associated with:

- hepatitis and cirrhosis of the liver;
- gastritis (inflammation of the stomach lining) or pancreatitis (inflammation of the pancreas);
- high blood pressure (which can lead to stroke);
- certain types of cancer, including mouth and throat;
- damage to the brain;
- heart failure:
- neurological problems such as epilepsy; and
- certain types of vitamin deficiency.

2.5 Excessive drinking has also been linked too:

- obesity;
- sexual problems;
- infertility;
- muscle disease; and
- skin problems.
- 2.6 In selecting this investigation, Members had been keen to gain a clearer understanding of alcohol abuse prevention and treatment services in Hartlepool. In doing this Members will be keen to hear first hand the views and experiences of users of the service with a view to identifying ways of improving service provision for the benefit of all. In order to facilitate this, suggestions for the terms of reference, potential areas of enquiry / sources of evidence and timetable for the investigation are outlined in Sections 4, 5 and 8 of the report. Members views on these suggestions and the way forward for the conduct of the investigation are now being sought.

3. OVERALL AIM OF THE SCRUTINY INVESTIGATION

3.1 To investigate the provision and effectiveness of alcohol abuse prevention and treatment services in Hartlepool.

4. PROPOSED TERMS OF REFERENCE FOR THE SCRUTINY INVESTIGATION

- 4.1 The following Terms of Reference for the investigation/review are proposed:-
 - (a) To gain an understanding of national recommendations relating to the provision / delivery of alcohol abuse prevention and treatment services;
 - (b) To gain an understanding of the alcohol abuse prevention and treatment services available in Hartlepool and how they are being delivered;

- (c) To seek the views of people who use services, and other interested groups / individuals, on the provision and delivery of alcohol prevention and treatment services in Hartlepool;
- (d) To seek and compare good practice from another comparable local authority in relation to the provision and delivery of alcohol abuse prevention and treatment services; and
- (e) To identify suggestions for improvements to the way in which alcohol abuse prevention and treatment services are be delivered in Hartlepool.

5. POTENTIAL AREAS OF ENQUIRY / SOURCES OF EVIDENCE

- 5.1 Members of the Forum can request a range of evidential and comparative information throughout the Scrutiny review.
- 5.2 The Forum can invite a variety of people to attend to assist in the forming of a balanced and focused range of recommendations as follows:-
 - (a) Member of Parliament for Hartlepool;
 - (b) Elected Mayor;
 - (c) Cabinet Members with Portfolios for:
 - Adult and Public Health Services; and
 - Children's Services.
 - (d) Directors, or appropriate officers, from the:
 - Adult and Community Services Department;
 - Regeneration and Planning Services Department; and
 - Children's Services Department.
 - (e) Representatives from the Primary Care Trust and Foundation Trust;
 - (f) Representatives from the Police and Probation Service;
 - (g) Local residents and users of services;
 - (h) Interested Groups (i.e. DISC. Other suggestions welcomed from the Forum and Officers)
 - (i) Representatives of community groups and minority communities of interest or heritage; and
 - (i) Ward Councillors.

- 5.3 The Forum may also wish to refer to a variety of documentary / internet sources, key suggestions are as highlighted below:-
 - (a) North East Alcohol Regional Office www.balancenortheast.co.uk

6. COMMUNITY ENGAGEMENT / DIVERSITY AND EQUALITY

- 6.1 Community engagement plays a crucial role in the Scrutiny process and paragraph 5.2 details who the Forum could involve. However, thought will need to be given to the structure in the way that the Forum wishes to encourage those views.
- 6.2 In addition, diversity issues have been considered in the background research for this enquiry under the Equality Standards for Local Government. As such the views of local diversity groups will be sought throughout the inquiry where felt appropriate and time allows. Consequently, consideration has been given as to how the views of people from minority communities of interest or heritage (for example, people with disabilities, people with learning disabilities, people with mental health problems, black and minority ethnic people, and Lesbian, Gay, Bisexual and Transgender people), which may not be gathered through the usual community engagement routes, can be included over the course of the inquiry.

7. REQUEST FOR FUNDING FROM THE DEDICATED OVERVIEW AND SCRUTINY BUDGET

7.1 Consideration has been given, through the background research for this scoping report, to the need to request funding from the dedicated Overview and Scrutiny budget to aid Members in their enquiry. At this stage no additional funding has been identified as being necessary to support Members in their investigation. Members, however, may wish to seek additional funding over the course of the investigation and the pro forma attached at **Appendix A** outlines the criteria on which a request to Scrutiny Co-ordinating Committee will be judged.

8. PROPOSED TIMETABLE OF THE SCRUTINY INVESTIGATION

8.1 Detailed below is the proposed timetable for the review to be undertaken, which may be changed at any stage:-

10 November 2009

*Subject to availability

- Voluntary Questionnaire. Results to be kept to the individual to give an idea of where the drinking habits of the Forum fit in to the concept of alcohol 'use, misuse or abuse';
- 'Setting the Scene' (Report / presentation to cover *Terms of Reference* (a) and (b));

- Evidence from the Portfolio Holder for Adult and Public Health Services*
- Evidence from the Portfolio Holder for Children's Services*; and
- Evidence from the Member of Parliament for Hartlepool, Iain Wright*.
- ?? December 2009 (additional meeting) Themed meeting around the provision of 'Preventative Services'. (Reports / presentations to cover Terms of Reference (b) and (c)).
 - Evidence will be provided on services / activities undertaken by the Council, outside organisations/ bodies, health bodies (PCT / FT), police, etc. This will include evidence from DISC organisation on services to support drinking parents and Straightline project sessions with young people.; and
 - Input will be sought from service users and where available anonymous case studies.
- **2 February 2010** Themed meeting around the provision of '**Treatment Services**' (Reports / presentations to cover *Terms of Reference (b) and (c)).*
 - Evidence will be provided on services / activities undertaken by the Council, outside organisations/ bodies, health bodies (PCT / FT), police, etc; and
 - Input will be sought from service users and where available anonymous case studies.
- **9 March 2010** Reports / presentations covering *Terms of Reference (d) and (e).*

During the course of this meeting:

- (i) Evidence will be provided on:
 - Good practice in other areas: What and how prevention and treatment services are being carried out elsewhere; and
 - The cost and impact (financial, behavioural and other) of dealing with alcohol abuse for families and the wider community.
- (ii) The Forum will be asked to formalise any suggestions it may have for improvements to the way in which alcohol abuse prevention and treatment services are be delivered in Hartlepool.
- **13 April 2010** Consideration of Draft Final Report

23 April 2010 - Consideration of Final Report by the Scrutiny Co-ordinating Committee.

10 or 24 May 2010 - Consideration of Final Report by the Cabinet (tentative date).

9. RECOMMENDATION

9.1 Members are recommended to agree the Health Scrutiny Forum's remit of the Scrutiny investigation as outlined in paragraph 4.1.

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APPENDIX A

PRO-FORMA TO REQUEST FUNDING TO SUPPORT CURRENT SCRUTINY INVESTIGATION

Title of the Overview and Scrutiny Committee:
Title of the current scrutiny investigation for which funding is requested:
To clearly identify the purpose for which additional support is required:
To outline indicative costs to be incurred as a result of the additional support:
To outline any associated timescale implications:
To outline the 'added value' that may be achieved by utilising the additional support as part of the undertaking of the Scrutiny Investigation:

To outline any requirements / processes to be adhered to in accordance with the Council's Financial Procedure Rules / Standing Orders:
To outline the possible disadvantages of not utilising the additional support during the undertaking of the Scrutiny Investigation:
To outline any possible alternative means of additional support outside of this proposal:

HEALTH SCRUTINY FORUM

1 September 2009



Report of: Scrutiny Manager

Subject: SIX MONTHLY MONITORING OF AGREED HEALTH

SCRUTINY FORUM'S RECOMMENDATIONS

1. PURPOSE OF REPORT

1.1 To provide Members with the six monthly progress made on the delivery of the agreed scrutiny recommendations of this Forum.

2. BACKGROUND INFORMATION

- 2.1 As Members will be aware, Scrutiny Co-ordinating Committee on the 21 November 2007 approved the introduction of an electronic database to monitor the delivery of agreed scrutiny recommendations since the 2005/06 Municipal Year. Approval was also given for the introduction of a standardised six monthly cycle for the submission of progress reports to each Scrutiny Forum.
- 2.2 The newly created electronic database, to be known as the Scrutiny Monitoring Database, will run along the same principles as the Authority's former Corporate Performance Management Database and in addition to provision of standardised six monthly monitoring reports, as detailed above, will provide the Scrutiny Co-ordinating Committee with a breakdown of progress against all Scrutiny Forums' recommendations on an Annual basis. The introduction of the new database will also provide the ability to produce 'real time' information of the progression of recommendations upon request.
- 2.3 In accordance with the agreed procedure, this report provides for Members information details of progress made against each of the investigations undertaken by the Forum. Attached as **Appendix A** is a Summary Report that breaks down progress made by investigation and **Appendix B**, provides a detailed explanation of progress made against each recommendation.

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3. RECOMMENDATIONS

3.1 That progress against the Health Scrutiny Forum's (incorporating the former Adult and Community Services and Health Scrutiny Forum) agreed recommendations, since the 2005/06 Municipal Year, be noted and explored further where appropriate.

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BACKGROUND PAPERS

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

Appendix A **Scrutiny Enquiry Summary Report Adult & Community Services & Health Scrutiny Forum** Pandemic Influenza - 'Contingency Planning' G Target achieved 1 **Access to GP Services** G Target achieved 48 **Social Prescribing** No longer deliverable 1 G Target achieved 12 Withdrawal of Emergency Care Practitioners Service at Wynyard Road

2

1

G Target achieved

A Expect to achieve target

Appendix B

Scrutiny Recommendations (Not Completed) Monitoring Report

August 2009

Department:	*			Scrutiny:	Adult & Community Services & Health Scrutiny Forum				
Division:	*			Scrutiny Enquiry: *					
		N	No longer deliverable		1	1.5%			
			Adult & Community Services & Health Scrutiny F	orum	1				
		A	Expect to achieve target		1	1.5%			
			Adult & Community Services & Health Scrutiny F	orum	1				
		G	Target achieved		63	96.9%			
			Adult & Community Services & Health Scrutiny F	orum	63				
		To	otal No. of Actions			65			

Scrutiny Recommendations (Not Completed) Monitoring Report

Progress Rec. No. Recommendation By When / Milestone Update on progress Lead Officer

SCRUTINY INVESTIGATION INTO:

ACS/06-7/3 SOCIAL PRESCRIBING

Recommendation:

ACS/06-7/3c As part of this process, detailed consideration should be given during the 2007/08 year to re-allocating funds

to the MIND and other social prescribing services from existing activities that service users found less helpful

and acceptable.

ACS/06-7/3c

This recommendation is specifically linked to

NDC funding and we do not allocate these funds.

June 2007 Unable to progress. HBC doesn't allocate NDC funding. However, the PCT has allocated significant funding to be administered by HVDA to support voluntary organisations (in the region of 250 -300k). These resources cover core costs as well as specific funding for projects such as social prescribing (as this is specifically linked in to the Public Health Strategy as a recommendation). MIND has received a significant amount of this funding and has also been allocated some voluntary sector core cost funding by the PCT.

progressed by the PCT and Scrutiny Chairs.

Progress Rec. No. Recommendation By When / Milestone Lead Officer Update on progress **SCRUTINY INVESTIGATION INTO:** ACS/06-7/4 WITHDRAWAL OF EMERGENCY CARE PRACTITIONERS SERVICE AT WYNYARD ROAD Recommendation: ACS/06-7/4c That the creation of a formal set of protocols on consultation be debated between the PCT and the Forum to:-(i) Promote the real improvements in health services in Hartlepool; and (ii) Foster the improved links with Hartlepool PCT, that have developed in the intervening period between the closure of the ECP Service at Wynyard Road and the conclusion of this Forum's investigation. Draft proposals have been shared. This is being Ali Wilson ACS/06-7/4c December 2009 Draft proposals have been shared. This is being

progressed by the PCT and Scrutiny Chair.