

HEALTH SCRUTINY FORUM AGENDA



Tuesday, 13 April 2010

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:

Mary Green, Jean Kennedy and Linda Shields

- 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 9 March 2010
- 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 National Stroke Strategy:-

- (a) Covering Report – *Scrutiny Support Officer*; and
- (b) Presentation – *North Tees and Hartlepool NHS Foundation Trust*.

7.2 Hartlepool LINK Update:-

- (a) Covering Report – *Scrutiny Support Officer*; and
- (b) Presentation – *LINK Co-ordinator, Hartlepool LINK*.

7.3 Draft Final Report – ‘Alcohol Abuse – Prevention and Treatment’ – *Chair of the Health Scrutiny Forum*

7.4 Draft Final Report – ‘Suspension of Greatham Clinic’ – *Chair of the Health Scrutiny Forum*

7.5 Thyroid Problems in Hartlepool – Exploratory Report – *Scrutiny Support Officer*

7.6 Draft Working Protocols – *Scrutiny Support Officer*

8. ISSUES IDENTIFIED FROM FORWARD PLAN

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

9.1 Tees Valley Health Scrutiny Joint Committee – Update – *Scrutiny Support Officer*

10. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

ITEMS FOR INFORMATION

Date of Next Meeting:- To Be Confirmed

HEALTH SCRUTINY FORUM

MINUTES

9 March 2010

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 and Gladys Worthy.

Resident representatives:

Jean Kennedy and Linda Shields.

Also Present: Superintendant Andy Summerbell, Cleveland Police

Officers: Alison Mawson, Assistant Director (Community Safety and Protection)

Ian Harrison, Principal Licensing Officer

James Walsh, Scrutiny Support Officer

Angela Hunter, Principal Democratic Services Officer

123. Apologies for Absence

Apologies for absence were received from Councillor David Young.

124. Declarations of Interest by Members

None.

125. Minutes of the meeting held on 19 February 2010

Confirmed subject to the inclusion of Councillor Gladys Worthy's apologies.

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

None.

127. Consideration of Request for Scrutiny Reviews referred via Scrutiny Co-ordinating Committee

None.

128. Consideration of Progress Reports/Budget and Policy Framework Documents

None.

129. Scrutiny Investigation into ‘Alcohol Abuse – Prevention and Treatment’ – Evidence around impact and good practice (*Scrutiny Support Officer*)

Members were advised that Superintendant Andy Summerbell from Cleveland Police and the Council’s Principal Licensing Officer were in attendance to provide evidence around impact and good practice as part of the Forum’s final evidence gathering session into ‘Alcohol Abuse – Prevention and Treatment’. In addition to this, Balance North East had submitted written evidence in relation to the provision of low cost alcohol.

Superintendant Summerbell gave a comprehensive presentation which highlighted how Cleveland Police were working in partnership with the Safer Hartlepool Partnership to the following aim: ‘Make Hartlepool a safer place by reducing crime and anti-social behaviour, and tackling drugs and alcohol misuse’.

Reference was made to a model adopted in Cardiff which involved the Police working in partnership with Emergency Departments at NHS centres to effectively prevent violence by sharing anonymised data about precise locations of violence, weapon use, assailants and day/time of violence. This aided targeted policing to reduce licensed premises and street violence and reduce A&E violence related attendances. The Cardiff Model was implemented in North Tees and Hartlepool NHS Trust A&E Departments on the 1 May 2009 and detailed statistics were provided within the presentation on the number of assaults presented to A&E since implementation. In addition to this, it was noted that a significant amount of police time was taken up transporting patients to A&E when an ambulance was not readily available.

Members were informed that questionnaires had been completed by people in custody for committing crimes and 48% indicated that alcohol was a factor in why they had committed the crime. The statistics provided appeared to correlate to the availability of later drinking.

It was noted that the town centre area was a hotspot for violence within Hartlepool and a map indicating specific areas of concern was displayed.

The Principal Licensing Officer gave a detailed and comprehensive presentation which outlined the Licensing Act 2003, the powers included therein and the role of the local authority in implementing the Act. Members were informed that a Night Time Economy Group had been formed which looked at improved evidence gathering and identified problem premises with a view to implementing action plans and improve the environment.

In 2009, a voluntary policy of restricting opening hours of late night establishments to 3am had been agreed with all license holders. However, prior to implementation of this policy, the license holders had withdrawn their agreement and it was therefore not implemented. Details of other initiatives being explored were included within the presentation including Saturation Policy to include Church Street, Alcohol Disorder Zone and the Purple Flag scheme.

Prior to the implementation of the Licensing Act 2003, Evidence Led Solutions had been commissioned to provide an overview of the night time economy prior to the introduction of the Act. A further report has been commissioned in 2009 to highlight the impact of the Licensing Act since its introduction. A summary of the findings of this report was included within the presentation.

A discussion ensued which included the following issues:

- (i) It was noted that when someone was taken to hospital by ambulance after a road accident, they would incur a charge for the transportation if they were covered by their vehicle insured. It was questioned whether this principle could be applied to when the police have to transport people to hospital. Superintendent Summerbell responded that the police had a duty of care and a lot of the people who were transported to hospital were victims of crime. However, it was noted that those people generally classed as drunk and incapable were visited the next day and issued with a fixed penalty notice.
- (ii) The view of both Superintendent Summerbell and the Principal Licensing Officer was sought on late licensing. Superintendent Summerbell supported the idea of restricting opening times as proposed in the voluntary scheme last year. However, a number of licensees changed their mind due to fear of competition. It was felt that earlier closing would be beneficial but a change in the drinking culture in Hartlepool was what was required. The Principal Licensing Officer added that the underlying principle of the Licensing Act was sound as it aimed to avoid everyone rushing into the street at the same time. However, this had not happened in Hartlepool as most premises had the same closing time. This was not the case in other Tees Valley areas where hours were more staggered or premises were not so concentrated. The problem had been compounded by all licensees following previous applications and applying to remain open until 4am.
- (iii) The Principal Licensing Officer commented that a cultural shift of

- drinking in Hartlepool meant that people were drinking more at home and coming out late.
- (iv) A resident representative commented that more resources should be made available from the Government to fund the policing and clean up of problem late night areas.
 - (v) Clarification was sought on the situation in Hartlepool and the kind of problems associated with late night drinking in view of the powers available to the police and licensing authority. Superintendent Summerbell confirmed that the powers available included banning orders, direction to leave orders and the implementation of alcohol disorder zones, although these were only implemented after the problems had arose. It was also noted that should the situation continue, this would impact on the sustainability of policing required and may require shift patterns of police to be reassessed.
 - (vi) A Member questioned what powers were available should someone be caught selling drugs within licensed premises. The Principal Licensing Officer confirmed that there were powers available to close premises immediately if it was felt that the premises were contributing towards crime and disorder and the license brought to the Council's Licensing Committee for review. It was noted that should evidence of any incidents of this nature be strong enough, the premises could be closed down indefinitely.
 - (vii) Clarification was sought on the definition of 'contributing to crime and disorder'. The Principal Licensing Officer indicated that alcohol disorder zones looked at a cumulative effect of crime and disorder and if the incidents could not be identified as coming from one particular establishment, all premises in that zone would be held accountable.
 - (viii) A Member commented on young children hanging around the late night establishments within the town centre and whether anything could be done about this. Superintendent Summerbell commented that there had been no evidence of young children hanging around recently although if this was the case, there measures in place to deal with that. Unfortunately any disorder taking place within the street did tend to become a spectator event especially in areas where lots of people gathered for food and taxis such as Church Street.
 - (ix) A Member sought clarification on whether alcohol disorder zones would have an effective role in improving areas. The Principal Licensing Officer confirmed that the purple flag award would look to change the environment in Church Street to a similar environment that currently existed at Navigation Point on the marina and ensuring the area was redefined into a welcoming and safe place for everyone of all ages to go. During discussions with the Home Office, Council officers were encouraged to progress the purple flag award as opposed to Alcohol Disorder Zones. It was noted that nowhere in the Country currently operated an Alcohol Disorder Zone and the long term viability of the action was seriously question.
 - (x) A Member questioned if Church Street was the main area that policing was focussed on late at night? Superintendent Summerbell confirmed that in the early hours on a weekend this was the area

that policing focussed. It was suggested that should members of the Forum feel it would be beneficial, a visit to the control centre on a weekend could be arranged to enable a comparison of the issues affecting Hartlepool, Middlesbrough, Stockton and Redcar.

- (xi) Superintendant Summerbell added that a corporate joined up approach was required and he had been encouraged by recent discussions that had taken place through the Alcohol Strategy Group and it was hoped that this Group could be representative of all agencies involved to enable a collective view of an appropriate way forward across the town in licensed premises.
- (xii) A Member sought clarification on whether the local authority could restrict opening hours through a policy decision. The Principal Licensing Officer this could be achieved through a change in legislation to allow comprehensive closure of all premises at a particular time. Alternatively the Council sub-Committees could change licences as part of the review process but good quality evidence of that premises contribution to crime and disorder would be required. The Principal Licensing Officer added that one of the difficulties in collating good quality evidence was that most of the problems occur in the street and it was difficult to identify which premises contributed to that.
- (xiii) It was acknowledged that whilst closing licensed premises at an earlier time would improve the situation within the town centre, no premises were willing to participate in that for fear of increasing trade for their competitors.
- (xiv) A Member questioned to what extent people leaving certain pubs were wound up and prone to violence. Superintendant Summerbell commented that generally the door supervisors on licensed premises worked exceptionally well including the management of the people inside the licensed premises.
- (xv) In response to comments about licensees contributing financially to the additional policing required in the area, Superintendent Summerbell confirmed that a financial contribution would be difficult to calculate in terms of which premises opened for longer hours or had the best operations management in place. Evidence from the licensees highlighted that late night opening was not cost effective enough to support a financial contribution to additional policing and the Principal Licensing Officer referred to the fact that the three biggest establishments in the town had closed down due to lack of business.
- (xvi) Reference was made to the issue of transporting people out of the town centre area late at night and whether this was a major issue. The Principal Licensing Officer confirmed that although the number of taxis operating was increasing, drivers were not willing to work late due to the problems associated with people drinking too much. However, the provision of a better organised taxi system was being examined as part of the development of the transport interchange.
- (xvii) In response to a question from a Member, the Principal Licensing Officer commented that in his opinion, minimum pricing would not reduce the consumption of alcohol, however, cheap promotion offers should always be discouraged. Superintendant Summerbell

commented that there was a difference between drinking at home and affordability and it should be recognised that people who cannot afford to go out should not be penalised by an increase in the cost of alcohol.

The written evidence provided by Balance North East was noted.

The Chair thanked Superintendant Summerbell and the Principal Licensing Officer for their presentations and for answering Members' questions.

Recommended

Members noted the presentations and evidence provided.

130. Scrutiny Investigation into 'Alcohol Abuse – Prevention and Treatment' – Evidence from the Joseph Rowntree Foundation *(Scrutiny Support Officer)*

Members were advised that the Joseph Rowntree Foundation had carried out a recent investigation into Young People and Alcohol. Attached as Appendix A to the report was a summary of the findings of the Joseph Rowntree Foundation investigation 'Children, Young People and Alcohol: How they learn and how to prevent excessive use'.

Recommended

Members noted the content of the report.

131. Issues Identified from Forward Plan

None.

132. Feedback from recent meeting of Tees Valley Health Joint Scrutiny Committee *(Scrutiny Support Officer)*

A summary was provided of the issues discussed at a recent Tees Valley Health Joint Scrutiny Committee held on 11 January 2010 including:

- (i) Cancer screening across the Tees Valley.
- (ii) Tees Valley Health Scrutiny Joint Committee – Scrutiny Work Programme 2010

The Forum's representatives from the Tees Valley Health Scrutiny Joint Committee gave a detailed update of issues discussed. Members were informed that North Tees NHS Foundation Trust would be consulting the Forum on their Quality Accounts report which was a new requirement introduced by the Department of Health. It had been suggested that this could be submitted to the next meeting of the Forum on 13 April 2010,

however as this was such a full agenda it was felt this was not appropriate. However, once the all the necessary information was available it would be distributed to all forum Members. Should any Members have any comments, they should be forward to the Scrutiny Support Officer or the Chair and either a written submission would be made to the Trust or an additional meeting of the Forum scheduled if this was felt necessary. Members felt that although the relationship between the Forum and the Foundation Trust had improved over the years, they considered that the obligation to consult with scrutiny in a meaningful way should be emphasised to the Trust.

Recommended

The update was noted.

133. Any Other Business – Tertiary Referrals

In view of concerns raised by Members previously, the Chair indicated that any examples of concerns of tertiary referrals (Consultant to Consultant via a GP) should be passed directly to him, anonymised if necessary, and then these would be forwarded to the appropriate personnel within the Primary Care Trust (PCT) to undertake a full investigation into the issue and identify the prevalence of the problem.

Recommended

Members to forward any issues in relation to tertiary referrals to the Chair to be investigated by the Primary Care Trust.

The meeting concluded at 5.11 pm

CHAIRMAN

HEALTH SCRUTINY FORUM

13 April 2010



Report of: Scrutiny Support Officer

Subject: NATIONAL STROKE STRATEGY – COVERING REPORT

1. PURPOSE OF THE REPORT

- 1.1 To introduce representatives from North Tees and Hartlepool NHS Foundation Trust who will be present at today's meeting to provide details of developments in relation to the delivery of Stroke Services.

2. BACKGROUND INFORMATION

- 2.1 Continuing the development of strong working / communication links between North Tees and Hartlepool NHS Foundation Trust (NTHFT) and the Health Scrutiny Forum, a request has been received from the Director of Clinical Services and Compliance (NTHFT), to provide the Forum with details of developments in relation to the delivery of Stroke Services.
- 2.2 The NHS state that:-
- “Stroke is the third biggest cause of death in the UK and the largest single cause of severe disability. Each year more than 110,000 people in England will have a stroke, which costs the NHS over £2.8 billion.”¹
- 2.3 In tackling the number of strokes, the National Stroke Strategy was launched in December 2007. The Strategy had a number of targets, including the reduction of the death rate of people under the age of 75 resulting from stroke, coronary heart and other related diseases which achieved its target date of 2010.

¹ NHS, 2010

- 2.4 In addition to the overall target reduction, the National Stroke Strategy included a ten point plan of action, with number five being most relevant to today's meeting:-

“Stroke as a medical emergency: getting people to the right hospital quickly – where there are specialists who can deliver acute treatments including thrombolysis – will save lives. Is your local stroke network planning to ensure that everyone who could benefit from urgent care is transferred to an acute stroke centre that provides 24-hour access to scans and specialist stroke care?”²

- 2.5 Consequently representatives from NTHFT will be in attendance at today's meeting to provide Members with details of developments in relation to Hyperacute Stroke Services which are planned to be in place during April 2010.

3. RECOMMENDATION

- 3.1 That Members note the content of this report and the presentation, seeking clarification on any issues from the representatives from North Tees and Hartlepool NHS Foundation Trust present at today's meeting.

Contact Officer:- James Walsh – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523647
Email: james.walsh@hartlepool.gov.uk

BACKGROUND PAPERS

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

- (a) NHS (2010) *National Stroke Strategy*, [online], NHS Choices, Available from <http://www.nhs.uk/NHSEngland/NSF/Pages/Nationalstrokesstrategy.aspx> (Accessed 29 March 2010)
- (b) Department of Health (2007) *National Stroke Strategy*, Available from http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/document/s/digitalasset/dh_081059.pdf (Accessed 29 March 2010)

² Department of Health, 2007

HEALTH SCRUTINY FORUM

13 April 2010



Report of: Scrutiny Support Officer

Subject: HARTLEPOOL LOCAL INVOLVEMENT NETWORK
(LINK) UPDATE – COVERING REPORT

1. PURPOSE OF THE REPORT

- 1.1 To introduce representatives from Hartlepool LINK who will be present at today's meeting to provide an update on LINK activity during the 2009/10 Municipal Year.

2. BACKGROUND INFORMATION

- 2.1 Continuing the development of strong working / communication links between Hartlepool LINK and the Health Scrutiny Forum, a request has been received from the LINK Co-ordinator, to provide a presentation covering the following achievements by Hartlepool LINK during the 2009/10 Municipal Year:-
- (i) Overview of activity by Hartlepool LINK;
 - (ii) Summary of Enter and View Reports; and
 - (iii) Details of other projects undertaken.

3. RECOMMENDATION

- 3.1 That Members note the content of this report and the presentation, seeking clarification on any issues from the representatives from Hartlepool LINK present at today's meeting.

Contact Officer:- James Walsh – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523647
Email: james.walsh@hartlepool.gov.uk

BACKGROUND PAPERS

No background papers were used in the preparation of this report

HEALTH SCRUTINY FORUM

13 April 2010



Report of: Scrutiny Support Officer

Subject: DRAFT FINAL REPORT – ALCOHOL ABUSE –
PREVENTION AND TREATMENT

1. PURPOSE OF REPORT

- 1.1 To inform Members of the Health Scrutiny Forum that presented at today's meeting will be the Forum's Draft Final Report into 'Alcohol Abuse – Prevention and Treatment'.

2. BACKGROUND INFORMATION

- 2.1 At the time of writing this report, Members of the Health Scrutiny Forum, at their Informal Meeting on 29 March 2009 are to consider the Draft Final Report for presentation to the Forum at today's meeting.
- 2.2 However, in accordance with the Authority's Access to Information Rules, it has not been possible to include the Health Scrutiny Forum's Draft Final Report into 'Alcohol Abuse – Prevention and Treatment' within the statutory requirements for the despatch of the agenda and papers for this, as the Informal Meeting of this Forum is scheduled for the afternoon of 29 March 2010. Arrangements have been made for the Health Scrutiny Forum's Draft Final Report into 'Alcohol Abuse – Prevention and Treatment' to be circulated under separate cover and in advance of this meeting.

3. RECOMMENDATION

- 3.1 Members are requested to note the contents of this report and agree the Draft Final Report into 'Alcohol Abuse – Prevention and Treatment'; to be circulated under separate cover in advance of this meeting.

Contact Officer:- James Walsh – Scrutiny Support Officer
Chief Executive's Department – Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523647
Email: james.walsh@hartlepool.gov.uk

BACKGROUND PAPERS

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

HEALTH SCRUTINY FORUM

13 April 2010



Report of: Health Scrutiny Forum

Subject: DRAFT FINAL REPORT – ALCOHOL ABUSE –
PREVENTION AND TREATMENT

1. PURPOSE OF REPORT

- 1.1 To present the findings of the Health Services Scrutiny Forum following its investigation into 'Alcohol Abuse – Prevention and Treatment'.

2. SETTING THE SCENE

- 2.1 At the meeting of the Health Scrutiny Forum on 16 July 2009, Members determined their work programme for the 2009/10 Municipal Year. The topic of 'Alcohol Abuse – Prevention and Treatment' was selected as the major scrutiny topic for consideration during the current Municipal Year.
- 2.2 Although most people in the UK who drink do not become alcoholic, at least 15%¹ of those who do are at risk of 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 disease². 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 alcohol³.
- 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.

¹ NHS, 2009

² British Heart Foundation

³ Drinkaware, 2009

2.4 Excessive drinking over time is associated with⁴:-

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

2.5 Excessive drinking has also been linked to⁴:-

- (i) obesity;
- (ii) sexual problems;
- (iii) infertility;
- (iv) muscle disease; and
- (v) skin problems.

3. OVERALL AIM OF THE SCRUTINY INVESTIGATION

3.1 The overall aim of the Scrutiny investigation was to investigate the provision and effectiveness of alcohol abuse prevention and treatment services in Hartlepool.

4. TERMS OF REFERENCE FOR THE SCRUTINY INVESTIGATION

4.1 The Terms of Reference for the Scrutiny investigation were as outlined below:-

- (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

⁴ Know Your Limits, 2009

- (e) To identify suggestions for improvements to the way in which alcohol abuse prevention and treatment services are delivered in Hartlepool.

5. MEMBERSHIP OF THE REGENERATION AND PLANNING SERVICES SCRUTINY FORUM

- 5.1 The membership of the Scrutiny Forum was as detailed below:-

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

Resident Representatives: Mary Green, Jean Kennedy and Linda Shields.

6. METHODS OF INVESTIGATION

- 6.1 Members of the Health Scrutiny Forum met formally from 1 September 2009 to 13 April 2010 to discuss and receive evidence relating to this investigation. A detailed record of the issues raised during these meetings is available from the Council's Democratic Services.

- 6.2 A brief summary of the methods of investigation are outlined below:-

- (a) Detailed Officer presentations supplemented by verbal evidence;
- (b) Evidence from the Cabinet Members and Portfolio Holders for Public Health Services and Children's Services;
- (c) Evidence from the Acting Director of Health Improvement, NHS Hartlepool;
- (d) Evidence in relation to treatment services from Hartlepool MIND, The Albert Centre and Intrahealth;
- (e) Evidence from the District Commander, Hartlepool Police; and
- (f) The views of people accessing the alcohol treatment services.

FINDINGS

7. BASELINE STATISTICAL EVIDENCE IN TERMS OF ALCOHOL ABUSE

- 7.1 In order to determine a definition of alcohol abuse and to examine the statistical evidence for the scale of the problem in Hartlepool, information gathered by Members is detailed overleaf:-

The definition of Alcohol Abuse

7.2 At their meeting of 10 November 2009, the Members of the Health Scrutiny Forum gathered evidence in relation to the definition of the levels of alcohol consumption that were medically harmful to the body and could be classed as alcohol abuse or misuse. Members were informed that the Department of Health recommended the following levels of alcohol consumption⁵:-

- (i) Men should not regularly drink more than 3-4 units of alcohol per day; and
- (ii) Women should not drink more than 2-3 units of alcohol per day.

Members were somewhat concerned that the use of the phrase 'unit' caused confusion amongst drinkers, although the Forum recognised that differing strengths of drinks made it impossible to simplify the expression to 2½ -3 pints (per day for men), when this only applied to beer / lager / cider that was 3-4% alcoholic volume.

7.3 The Forum also heard evidence at their meeting of 10 November 2009, from the Planning and Commissioning Manager, that drinkers could be classified in a number of different sectors:-

- (i) Sensible;
Low risk drinkers who drink at or below the recommended safe limits.
- (ii) Hazardous;
Risky drinkers who drink above the recommended safe limits, but are not yet demonstrating that they are causing harm to themselves or others.
- (iii) Harmful;
Drinkers who are consuming 50 units or more for Men and 35 or more units for Women per week and are likely to be causing significant harm to themselves or others.
- (iv) Dependent;
Drinking well above sensible levels and at a stage in which not only is the drinking harmful to themselves and others, but where they are becoming mild, moderate or severely dependent on alcohol.

7.4 During the Health Scrutiny Forum meeting of 1 December 2009, Members were provided with an encapsulated view by the Director of Balance North East of the impact of alcohol abuse on society as detailed below:-

- (i) More people die from alcohol related causes, than breast cancer, cervical cancer and MRSA combined;

⁵ DoH, 2009

- (ii) The North East has the highest alcohol-related admissions in the UK;
- (iii) There are 50 times more deaths from drinking every year than there are deaths from illegal drugs;
- (iv) Almost half of all violent crime and domestic abuse is drink related; and
- (v) Alcohol related deaths are 45% higher in deprived areas.

Level of Alcohol Consumption in Hartlepool

- 7.5 Having defined what constituted alcohol abuse and misuse (see paragraphs 7.2-7.3), Members of the Health Scrutiny Forum focussed on the levels of alcohol consumption in Hartlepool. The Planning and Commissioning Manager provided Members on 10 November 2009 with a breakdown of the drinking behaviour of the people in Hartlepool as detailed in Table1 below:-

Table1: Classification of Drinking Behaviour in Hartlepool (December 2008)

Drinking Behaviour	Number of People	Percentage
Non-drinkers	8,556	12.0%
Low Risk Drinkers	43,065	60.4%
Hazardous Drinkers	15,330	21.5%
Hamful Drinkers	4,349	6.1%

Source: North West Public Health Observatory

The evidence in Table1 highlighted to Members that nearly 30% of the drinking population in Hartlepool were consuming alcohol at a level above the recommended limits.

- 7.6 In addition to the evidence in relation to the drinking behaviour of the people of Hartlepool, Members also received evidence in relation to the level of dependency that drinkers were at in Hartlepool as highlighted in Table2 below:-

Table2: Level of Dependency of Alcohol Dependent Drinkers in Hartlepool (2007)

Dependency Level	Number of People	Percentage
Mildly	4,777	6.7%
Moderately	285	0.4%
Severely	71	0.1%

Source: Adult Psychiatric Morbidity Survey

- 7.7 Members of the Health Scrutiny Forum also looked at evidence gathered from the North East Big Drink Debate, carried out by Balance; who were the North East Alcohol Office and the only one of its kind in the country. The North East Big Drink Debate was launched on 16 June 2009 and aimed to carry out:-

“A comprehensive study of the region’s attitudes towards, and relationships with, alcohol...[by encouraging]..members of the public to fill in a questionnaire.”⁶

The results from questionnaires completed by 335 people who lived in Hartlepool are detailed in Table3 below:-

Table3: North East Big Drink Debate Comparison between Hartlepool and North East⁷

Findings	Hartlepool	North East
Drink Alcohol	87%	87%
Drink 2-3 Times a Week	35%	36%
Admit Binge ⁸ Drinking	33%	30%
Drink at Home	45%	50%
Drink in Pubs	34%	33%
Buy Alcohol from Supermarkets	56%	53%

- 7.8 The Forum recognised that alcohol abuse was difficult to quantify and that the evidence in Tables 1, 2 and 3 (paragraphs 7.5-7.7); relating to the drinking behaviour of people in Hartlepool; could only be considered an estimate of the problem, although Members acknowledged that evidence was sufficient to point towards Hartlepool having a problem with alcohol consumption.
- 7.9 The Planning and Commissioning Manager highlighted to Members, at the meeting of the Health Scrutiny Forum of 10 November 2009, the comparison of Hartlepool to national indicators in terms of the health effects of alcohol on the population of Hartlepool as detailed below:-
- (i) Hartlepool has one of the worst rates of alcohol attributed deaths amongst females in the country (Ranked 352 out of 354);
 - (ii) Hartlepool has one of the biggest rates of alcohol attributable hospital admissions amongst females in the country (Ranked 335 out of 354);
 - (ii) Hartlepool has one of the worst rates of female deaths as a result of chronic liver disease in the country (Ranked 343 out of 354);
 - (iv) Hartlepool has one of the biggest rates of alcohol attributable hospital admissions amongst males in the country (Ranked 324 out of 354);

⁶ Hartlepool Mail, 2009

⁷ Balance, 2009

⁸ Binge drinking is defined as 8 units or more for men and 6 units or more for women in one session.

- (v) Hartlepool has one of the highest rates of alcohol attributable hospital admissions amongst under 18s in the country (Ranked 310 out of 354); and
- (vi) Hartlepool has one of the highest rates of binge drinking in the country (ranked 341 out of 354)

8. NATIONAL RECOMMENDATIONS RELATING TO ALCOHOL ABUSE PREVENTION AND TREATMENT SERVICES

8.1 The Health Scrutiny Forum met on 10 November 2009, where they received a detailed setting the scene presentation by the Planning and Commissioning Manager who highlighted to Members the two main national strategies to help combat the dangers of alcohol abuse:-

- (i) Alcohol Harm Reduction Strategy for England (2004)⁹; and
The target of this strategy was to improve education and communication, better treatment, better enforcement of crime and disorder powers and encouraging the drinks industry to promote responsible drinking.
- (ii) Safe, Sensible Social: The Next Steps in the National Alcohol Strategy (2007)¹⁰.
The focus of this strategy surrounded a reduction in alcohol related violent crime and a reduction in chronic and acute ill health caused by alcohol abuse.

8.2 Members were informed that the national recommendations in tackling the harm of alcohol had led to the development of a number of local and regional strategies to tackle the issue. In formulating a partnership approach to tackle the issues surrounding alcohol abuse and misuse, Members were reminded of the development of the Hartlepool Alcohol Harm Reduction Strategy which aimed:-

- (i) To provide adequate service for treating alcohol misuse as experienced by individuals, their families and carers;
- (ii) To reduce underage drinking and challenge the prevailing culture of binge drinking;
- (iii) To develop effective multi agency interventions to tackle alcohol related crime, focusing on both enforcement and the underlying reasons for alcohol misuse; and
- (iv) To ensure Hartlepool is a safe place to live, work and learn.

⁹ Cabinet Office, March 2004

¹⁰ DoH, June 2007

- 8.3 Despite the development of the Hartlepool Alcohol Harm Reduction Strategy, Members were disappointed to learn that under the new Comprehensive Area Assessment (CAA) Hartlepool had been given a red flag in relation to its partnership approach to “tackling the harm caused by alcohol.”¹¹

9. HOW ALCOHOL PREVENTION SERVICES ARE DELIVERED IN HARTLEPOOL

- 9.1 The Members of the Health Scrutiny Forum gathered evidence from a number of different sources in relation to alcohol prevention service delivery in Hartlepool. Information considered by Members is detailed as follows:-

Evidence from NHS Hartlepool

- 9.2 The Health Scrutiny Forum met on 1 December 2009 and received evidence from the Acting Director of Health Improvement into the role of NHS Hartlepool in the prevention of alcohol abuse and misuse. Members learnt that the role of the NHS Hartlepool was shaped by direction from the Regional Public Health Strategy and had become a key priority as part of NHS Hartlepool’s World Class Commissioning role.
- 9.3 Members recognised that the General Practitioner (GP) was one of the key facets in providing a role which aimed to prevent people from becoming alcohol abusers or recognised the signs that may lead a patient to become more dependent on alcohol. The Acting Director of Health Improvement informed the Health Scrutiny Forum that many of the GPs offered a Directed Enhanced Service which aimed to:-
- (i) Screen all newly registered patients using the AUDIT tool;
 - (ii) Provide brief interventions as required; and
 - (iii) Refer patients into treatment services where required.
- 9.4 Members were interested in finding out more about the AUDIT (Alcohol Use Disorders Identification Test) and Members were provided a copy of the AUDIT sheet for their confidential self evaluation, attached as **Appendix A** to this report. Members noted that depending on the AUDIT score, the GP was better placed to refer or provide advice patients in order to promote safe and sensible drinking.

¹¹ Oneplace, 2009

9.5 In addition to the role of the GP, the Health Scrutiny Forum gathered evidence on the role of the Community Pharmacy in the alcohol abuse and misuse prevention. The Acting Director of Public Health highlighted to Members that:-

- (i) As part of the annual health promotion schemes, community pharmacies take part in health promotional campaigns in relation to alcohol consumption; and
- (ii) As part of the core pharmacy services, community pharmacies provide lifestyle advice and signposting to relevant alcohol prevention and treatment services.

Evidence from Children's Services Department

9.6 When the Health Scrutiny Forum met on 1 December 2009, Members received evidence from the Parenting Commissioner about the focus of the Children's Services Department in tackling the problems of young people and alcohol misuse. The evidence gathered by Members indicated that there had been a good history of preventative services in relation to young people and alcohol misuse through the local initiative Straightline to the development of Stay Safe; which aimed on Friday nights to identify young people at risk of abusing alcohol and took them to a place of safety.

9.7 The Parenting Commissioner informed Members that there were a number of priorities that the Authority had towards tackling the problems of young people and alcohol, which were outlined as follows:-

- (i) Integrating specialist services into local processes;
- (iii) Establishing greater individual and corporate responsibilities for the identification and support for young people with substance misuse issues;
- (iii) Developing intelligence led approaches to interventions; and
- (iv) Reviewing specialist services in relation to the current operational and financial context.

9.8 Members were informed that often a pattern developed in young people and those already exhibiting 'risky' behaviour (e.g. teenage pregnancy) went on to become abusers of alcohol, however, all of these prevention services came at a financial cost and the Children's Services Department was currently assessing if they could provide the same services more efficiently and effectively.

- 9.9 In concluding their evidence from the Council's Children's Services Department, the Forum recognised that young people were probably the main group that would affect any cultural shift needed in attitudes towards alcohol consumption. However, Members were left with the thoughts of the difficult choices that parents faced, to either approve alcohol consumption by young people in the home where they were 'safe', or let young people out onto the 'streets' where they may acquire alcohol in 'unsafe' situations.

Evidence from the Regeneration and Neighbourhoods Department

- 9.10 Members of the Health Scrutiny Forum received evidence at their meeting of 1 December 2009 from the Assistant Director (Community Safety and Protection) into the role of the Council as part of the Safer Hartlepool Partnership in preventing the harm caused by alcohol. The majority of the work carried out to tackle alcohol abuse came in the form of early intervention services. Members had already gathered evidence in relation to the role of the Straightline service (see paragraph 9.6), but Members were also informed about the issuing of AS13 Forms for those young people exhibiting examples of anti-social behaviour. Members discovered that:-

- (i) 650 AS13s were issued in 2008;
- (ii) 253 (39%) involved alcohol; and
- (iii) 63 young people were stopped more than once for an alcohol related offence.

- 9.11 Members were pleased to hear that where adults were arrested for alcohol related offences, as like the young people picked up through operation Stay Safe (see paragraph 9.6), they were offered brief interventions to help tackle the harm that alcohol was causing to them and others. These brief interventions were voluntary, although the Forum noted that around 45% of all arrests in Hartlepool were alcohol related.

- 9.12 Along with the police powers that were applied to alcohol related offences, the Forum was interested to seek evidence of preventative measures that are applied to change attitudes towards alcohol. The Assistant Director (Community Safety and Protection) provided the Health Scrutiny Forum with details of some of the activities that were co-ordinated through the Safer Hartlepool Partnership including:-

- (i) ASBAD (Anti-Social Behaviour Awareness Day);
Aimed at Year 8 pupils and involved role playing around the dangers of alcohol.
- (ii) Test Purchasing; and
This included both the use of underage children to try and purchase alcohol from licensed premises, but also through testing adults to see if they would buy alcohol on behalf of underage children.

- (iii) Publicity Campaigns.
(see Picture1 below)



Picture1: Example of a Safer Hartlepool Partnership Advertisement

Evidence from Balance

- 9.13 Members were very interested to hear evidence from the Director of Balance North East, who was present at the Health Scrutiny Forum meeting of 1 December 2009. Members had already gathered evidence from the North East Big Drink Debate (see paragraph 7.7) that had been organised by Balance when the Forum met on 10 November 2009. However, the Director of Balance provided Members with a brief overview of the creation of Balance as the North East alcohol office and its work in terms of preventative services.
- 9.14 The Director of Balance North East informed Members that their biggest tool in terms of preventative measures were founded in the Alcohol Awareness Week and its adoption of a call from the Chief Medical Officer for a minimum price per unit of alcohol. Balance had also been involved in the production of a number of campaigns that were designed to inform, educate and influence people as demonstrated in Picture2 overleaf:-



Picture2: Example of Balance's Advertisement

10. HOW ALCOHOL TREATMENT SERVICES ARE DELIVERED IN HARTLEPOOL

- 10.1 The Members of the Health Scrutiny Forum dedicated their meeting on 2 February 2010 to examine the delivery of alcohol treatment services in Hartlepool. Evidence gathered during this process is detailed as follows:-

Evidence from Children's Services Department

- 10.2 The Parenting Commissioner provided Members of the Forum with evidence in relation to young people and substance misuse at the meeting of the Health Scrutiny Forum of 2 February 2010. Members learnt that the Children's Trust Board was now responsible for tackling substance misuse amongst young people and that for young people in Hartlepool alcohol was the substance which was misused the most, followed by cannabis.
- 10.3 Members discovered that the work of the Children's Trust Board was to ensure that the 'Young People's Specialist Substance Misuse Treatment Plan' was submitted to the National Treatment Agency (NTA). The role of the NTA was to increase the capacity and effectiveness of drug treatment in England, so it was very important that the Children's Trust Board had identified the key objectives in tackling substance misuse.
- 10.4 The key objectives identified by the Children's Trust Board mirrored the evidence Members gathered in relation to prevention services (see paragraph 9.7), but that the Children's Trust Board were looking towards creating a processes of governance between itself and the Safer Hartlepool Partnership to ensure that the needs of young people were focussed in any changes to the future delivery of treatment services.

Evidence from Safer Hartlepool Partnership

- 10.5 The Health Scrutiny Forum met on 2 February 2010, where the Planning and Commissioning Manager provided Members with a background to the models of care available to people in Hartlepool. Key to the ability to direct people to the appropriate pathway for treatment of alcohol abuse was the AUDIT sheet which Members were already au fait with (see paragraph 9.4).
- 10.6 Members were given a detailed description to the alcohol treatment and support care pathway that existed for people in Hartlepool as attached as **Appendix B** to this report. With the focus very much of the GP being the essential cog in the system in identifying and correctly signposting people who were abusing or misusing alcohol. Members were pleased to hear that the model of delivery for alcohol treatment services in Hartlepool, allowed a person requiring treatment to work with a series of providers even if their AUDIT score seemed to restrict which service provider they could access
- 10.7 To further expand on the numbers of people becoming part of the Hartlepool Alcohol Treatment and Support Care Pathway, Members considered the following evidence, for Hartlepool residents from 2008/09, provided by the Planning and Commissioning Manager:-
- (i) There were 588 alcohol related admissions to hospital;
 - (ii) There were 214 people who were accessing community treatment for alcohol misuse;
 - (iii) There were 111 people who were discharged from community treatment for alcohol misuse;
 - (iv) There were 209 young people referred into Straightline; and
 - (v) There were 97 young people referred into HYPED (Hartlepool Young Persons Drugs), which is operated by DISC (Developing Initiatives Supporting Communities)

11. HOW THE DELIVERY AND PROVISION OF ALCOHOL PREVENTION AND TREATMENT IS VIEWED IN HARTLEPOOL

- 11.1 Members of the Health Scrutiny Forum were interested in hearing the views of people at the forefront of the delivery of alcohol prevention and treatment services in Hartlepool. Evidence gathered by Members is detailed as follows:-

Evidence from Hartlepool MIND

- 11.2 The Alcohol Project Co-ordinator from Hartlepool MIND was in attendance when the Health Scrutiny Forum met on 2 February 2010 to provide evidence on how Hartlepool MIND delivered alcohol treatment services and

to provide a case study of one person who Hartlepool MIND had helped. The Alcohol Project Co-ordinator informed Members that the role of Hartlepool MIND was very much steeped in a community wellbeing service which looked to reintegrate people back into the community by a recovery model approach to their mental health.

- 11.3 The Alcohol Project Co-ordinator voiced his positive views in relation to the model of care available for treatment services in Hartlepool and highlighted a case study, which demonstrated that through joint work with the Albert Centre, the case study in question had addressed a physical dependency on alcohol. In addition to addressing the physical dependency, the case study had received therapy to cope with depression and was currently in a position where the case study had left the service abstinent from alcohol and in work.

Evidence from the Albert Centre

- 11.4 The Albert Centre's Chief Executive Officer attended the Health Scrutiny Forum meeting on 2 February 2010, to provide Members with an insight to the work of the Albert Centre in terms of alcohol treatment and its partnership approach to achieve its aims.
- 11.5 In addition to the Hartlepool Alcohol Treatment and Support Care Pathway, the Albert Centre accessed a facility called Cargom, which was a six bed dry house that could be utilised by referral from any of the partner agencies such as Intrahealth or the Hospital's A&E unit; the latter operated their own detox bed. The Chief Executive Officer informed Members that although Cargom had been extremely useful at helping people with long-term problems with alcohol, it was under threat due to funding restrictions.
- 11.6 The Chief Executive Officer from the Albert Centre informed Members what was particularly beneficial and unique in Hartlepool was a Specified Activities Programme which operated between the Albert Centre and Hartlepool MIND. The role of the Specified Activities Programme was based on a 'cycle of change' involving group work, education, alcohol and offending behaviour and one-to-one sessions. The significant impact of this programme had been a reduction in re-offending which was warmly welcomed by Members.

Evidence from Intrahealth

- 11.7 The Medical Director at Intrahealth attended the meeting of the Forum on 2 February 2010 to provide evidence on the role of Intrahealth as the next stage for those people who were abusing alcohol to an extent that psychosocial interventions, specific medical interventions or medically assisted detoxification was needed. The Medical Director informed Members of the Health Scrutiny Forum that medical intervention was an extreme measure, with the likes of Disulfiram having the potential to cause reactions in the patient to alcohol based products like mouth wash and deodorant.
- 11.8 The Medical Director from Intrahealth advised Members that it was felt that developments in the past two years had been immense and the treatment

service provision in Hartlepool was very good. However there were a number of areas that needed to be considered for the long-term continuation of the service and these were detailed to Members as follows:-

- (i) Funding;
Although the service model had been in existence for two years and was showing positive outcomes for abusers of alcohol in Hartlepool, there was no security of investment.
- (ii) Supply and Demand; and
In addition to the issues surrounding funding, there was an issue of increasing demand for services that could not be met at the current level of provision and that providers were in a position where they dare not advertise the service for fear of being swamped.
- (iii) Role of GPs,
Although it is recognised that GPs are one of the most important facets to the delivery of the alcohol prevention and treatment model in Hartlepool, GPs in Hartlepool do not seem particularly interested in their role in the system and that there should be more GP involvement when a patient enters and exits the alcohol treatment pathway.

12. EXAMPLES OF GOOD PRACTICE IN RELATION TO THE PROVISION AND DELIVERY OF ALCOHOL PREVENTION AND TREATMENT SERVICES

- 12.1 Members of the Health Scrutiny Forum were keen to examine any evidence of good practice in relation to the delivery of models of alcohol prevention and treatment. Evidence gathered is detailed below:-

Evidence from Joseph Rowntree Foundation

- 12.2 The Forum had been signposted to an investigation carried out by the Joseph Rowntree Foundation into young people and their relationship with alcohol and how to prevent excessive use. Evidence gathered by the Joseph Rowntree Foundation pointed to a confused pattern of key influences on young people's relationship with alcohol, although family cohesion and sibling behaviour were important factors when considering young people's relationship with alcohol. The overall conclusion by the Joseph Rowntree Foundation was that what would be most appropriate to tackling the problem of young people and alcohol would be, an "integrated, planned and implemented community prevention system".¹²

¹² Joseph Rowntree Foundation, 2009

Evidence from the Cardiff Model

12.3 When the Health Scrutiny Forum met on 9 March 2010, Members received detailed evidence from the District Commander from Hartlepool Police in relation to the adoption of the Cardiff Model by Hartlepool. The District Commander explained that the Cardiff Model was a partnership approach from the Crime and Disorder Reduction Partnership (CDRP) with the Accident and Emergency (A&E) department sharing information about locations of violence, weapon use, assailants and day / time of violence. The evidence gathered through this partnership approach could then aid the targeting of police resources, reduce the number of licensed premises and reduce A&E violent related attendances. This approach had reduced violence in Cardiff by 40% since 2002.

12.4 The District Commander explained that the Cardiff Model was introduced into Hartlepool on 1 May 2009 and informed Members that between 1 October and 31 December 2009, there had been 247 Assault Presentations at the A&E Department of the University Hospital of Hartlepool. In relation to these Assault Presentations:-

- (i) 48% were alcohol related; and
- (ii) 25% were linked to licensed premises.

Members also noted that the Cardiff Model confirmed that over a 12 month period that 60% of Assault Presentations occurred between Friday-Sunday and of these:-

- (iii) 46% of these are alcohol related; and
- (iv) 8% involved the patient being transferred to A&E by the Police.

The District Commander highlighted that statistic 12.3(iv) meant that often two police officers were taken off the street in order to transfer a patient to A&E.

12.5 To supplement the evidence gathered through the introduction of the Cardiff Model, the District Commander highlighted that from 1 October-31 December 2009 213 offences were committed in Hartlepool by someone either in a licensed premise or under the influence of alcohol. Members were informed that these 213 offences constituted a 4% increase on the same period during 2008 and 81% of these offences were classed as violence against the person.

Evidence from Licensing

- 12.6 Members were keen to see how Hartlepool compared to other local authorities in relation to the provision of licensed premises. The Principal Licensing Officer attended the Health Scrutiny Forum meeting on 9 March 2010 and highlighted to Members that Hartlepool had 18 licensed premises with 4am (or later) terminal hour, which compared to 7 for Darlington and 17 for Middlesbrough. In addition to the provision of late licences Members received details in relation to the number of alcohol licensed premises per population as detailed in Table4 below:-

Table4: Number of Alcohol Licensed Premises Compared to Population (November 2009)

Authority	Population (,000s)	On-sales ¹³	Average population per premise	Off-sales ¹⁴	Average population per premise
Durham City	88	206	427	79	1113
Hartlepool	91	199	457	82	1109
Darlington	100	205	487	107	935
Redcar & Cleveland	140	195	718	105	1333
Middlesbrough	139	187	743	130	1069
Stockton	191	235	812	139	1374
Easington	94	106	886	111	846

In relation to its immediate neighbouring Local Authorities, Members noted that only Durham had a higher number of on-sale licensed premises per head of population.

13. SUGGESTIONS FOR IMPROVEMENT TO THE DELIVERY OF ALCOHOL PREVENTION AND TREATMENT SERVICES IN HARTLEPOOL

- 13.1 The Members of the Health Scrutiny Forum recognised that through their evidence gathering process a number of recommendations had arisen for suggestions into how the delivery of alcohol prevention and treatment services in Hartlepool might be improved. However, Members gathered evidence from a number of sources detailed as follows that specifically focussed minds on what could be done in relation to trying to improve prevention or treatment services:-

Evidence from Portfolio Holders

- 13.2 When the Health Scrutiny Forum met on 10 November 2009, Members welcomed both the Portfolio Holder for Children's Services and the Portfolio Holder for Adult and Public Health Services, to provide evidence on their thoughts in terms of tackling the problem of alcohol abuse in Hartlepool.

¹³ Premises where alcohol can be bought and consumed on the licensed premises

¹⁴ Premises where alcohol can be bought, but must be consumed off the licensed premises

- 13.3 The Portfolio Holder for Children's Services highlighted the important job of communicating the health benefits that reductions in alcohol consumption can cause. The Portfolio Holder also relayed to Members concerns over the impact of the extension to the licensing hours and in particular when this was combined with 24hour opening times and the provision of cheap alcohol in supermarkets.
- 13.4 The Portfolio Holder for Adult and Public Health Services shared with Members of the Health Scrutiny Forum the benefits of a partnership approach to addressing alcohol health related issues, ensuring that the development of any strategy took into consideration licensing laws, public order, minimum pricing issues and increasing the level of awareness.

Evidence from Balance

- 13.5 The Director of Balance focussed the thoughts of the Forum on the minimum price per unit campaign when he provided a presentation to Members on 1 December 2009. The Director of Balance suggested some compelling extrapolated evidence for what an introduction of 50p per unit of alcohol; as supported by the Chief Medical Officer; might mean nationally:-
- (i) 6.9% fall in the amount of consumption per drinker, with heavy and younger drinkers seeing larger falls in consumption;
 - (ii) 97,900 fewer hospital admissions;
 - (iii) 10,300 fewer violent crimes;
 - (iv) £1.37bn saving for the NHS over a 10 year period; and
 - (v) £413m saving in relation to crime over a 10 year period.

Evidence from Licensing

- 13.6 At the Forum meeting of 9 March 2009, the Principal Licensing Officer highlighted to Members the important role of the multi-agency organisation called the Night-time Economy Group (NEG). The NEG was made up of representatives from the Police, Fire Brigade, A&E Department as well as the Council. The NEG had been very successful in making a number of recommendations to create a safer night time environment including:-
- (i) Removal of planters in Church Street, where a vast majority of the licensed premises were based and alcohol related problems occurred in Hartlepool;
 - (ii) Cutting back trees to improve CCTV coverage of problem areas; and
 - (iii) Improved street lighting and provision of taxi ranks.

- 13.7 The Principal Licensing Officer highlighted to the Forum that one of the major problems in Hartlepool was the number of late licenses that had resulted out of the Licensing Act 2003. The theory of the Licensing Act 2003 was to create an environment where drinkers were not leaving licensed premises at the same time and that there would be a staggered approach that would reduce alcohol fuelled problems. Members were informed that the reality was that all the Licensing Act 2003 seemed to have caused in Hartlepool was a delay of the problem, which was support by the District Commander from Hartlepool Police who informed Members that police officers were often extremely busy dealing with alcohol related offences much later into the evening / early morning.
- 13.8 To support the views provided in paragraph 13.4, the Principal Licensing Officer drew Members attention to an independent study into Hartlepool's Night Time Economy (NTE) undertaken by an organisation called Evidence Led Solutions. The conclusion of Evidence Led Solutions to their study which looked at the changes to Hartlepool's NTE since 2005 was that:-
- "The later opening of licensed premises and the moving back of the NTE...have been most significant...There is general agreement from stakeholders and licensees that this has had a negative impact on the town and on local services...Licensees are staying open later but are generally reporting that they...are having to employ door staff and bar staff longer and are finding that customers tend to spend less" (Brown et al, p.62)
- 13.9 The Principal Licensing Officer provided Members of the Health Scrutiny Forum with the control powers that the Authority had to deal with alcohol related problems, but often it was very hard to revoke licenses when either people were arriving in the Town Centre already intoxicated with alcohol consumed at home, or were visiting a number of licensed premises and the resulting alcohol related incident could not be targeted at one single establishment. However Members gathered evidence that the following measures could be applied:-
- (i) Saturation Policy;
Where an area of the Town was already saturated with licensed premises, the burden can be placed on any new applicant to prove that by introducing their licensed premise that it won't make matters worse.
 - (ii) Alcohol Disorder Zone (ADZ);
This allows a Local Authority to levy an additional charge all to licensed premises within a designated ADZ where alcohol related incidents occur. However, the Government had advised the Authority against using this power and that nationally there were no ADZs in place.
 - (iii) Purple Flag; and
Similar to the blue flag scheme for beaches, the purple flag was seen as demonstrating that the Town Centre offered a positive experience to users of the NTE.

- (iv) Reduced Late Night Opening.

Although there were no powers for the Authority to impose earlier closing times on licensed premises, it was noted that a voluntary code could be adopted by licensees.

- 13.10 In relation to the measures identified under paragraph 13.6, Members were advised that there was a Saturation Policy applied to Victoria Road, but that the local plan said that Church Street should be available for late night developments. Also in relation to a earlier closing times, Members were drawn back to the study by Evidence Led Solutions which said that:-

“A view from a majority of stakeholders and from some licensees that licensed premises should move their closing times back to 3.00am – 3.30am. However, a voluntary agreement to do this has already been tried once and failed, and if all premises don’t agree to it, then none will.” (Brown et al, p.62)

14. CONCLUSIONS

- 14.1 The Health Scrutiny Forum concluded:-

- (a) That there was a major cultural change needed within the Town in relation to its attitude towards alcohol;
- (b) That the continuation of funding for treatment services was essential to provide much needed intervention for those people who found themselves involved in risky behaviour in relation to alcohol consumption;
- (c) That the changes to the licensing hours had made a major impact on the timing of alcohol related incidents in the Town, which has had a knock-on effect in terms of the allocation of police resources;
- (d) That Hartlepool is not unique in having a problem in relation to alcohol problems, but that the red flag under CAA had pushed the issue of dealing with the problem of alcohol abuse to the top of many partner’s agendas;
- (e) That irresponsible drink promotions and the relative cheap cost of alcohol from certain sources exacerbated the problem of alcohol abuse;
- (f) That the introduction of a minimum price per unit of alcohol may have some impact on the impact of the number and degree to which people abuse alcohol, but there was contradictory evidence that suggested that increasing the price of a product doesn’t necessarily deter people from continuing to buy that product;
- (g) That a collective agreement was needed to be encouraged from licensees to trial the adoption of voluntary earlier closing times and

that it that if all licensees agreed to it there should be no real loss in finance;

- (h) That GPs in the Town needed to realise their important role in the alcohol treatment pathway and an emphasis placed on GPs playing an active part to any patient entering or exiting the alcohol treatment pathway;
- (i) That treatment services in Hartlepool were extremely good, however they suffered from:-
 - (i) A lack of sustainable long-term funding; and
 - (ii) The capacity to provide the same good quality service to more patients, due to financial restrictions that otherwise would allow them to expand service provision.
- (j) That as role models to younger people, adult drinkers needed to demonstrate the promotion of safe and sensible drinking; and
- (k) That any communication strategy or campaign addressing the issue of alcohol abuse, needs to learn from the successful work undertaken in reducing smoking, by focusing more heavily on the serious negative impact of such behaviour on others and to utilise qualitative data rather than quantitative evidence.

15. RECOMMENDATIONS

15.1 The Health Scrutiny Forum has taken evidence from a wide range of sources to assist in the formulation of a balanced range of recommendations. The Forum's key recommendations to the Cabinet are as outlined below:-

- (a) That Hartlepool Borough Council set up an 'Alcohol Task Force' linking all major stakeholder including Licensing, GPs, Cleveland Police, Cleveland Fire Authority, relevant voluntary groups and major off- and on- licensed retailers in the Town;
- (b) That in addition to recommendation (a) the Council appoint an elected member to chair this group and to oversee and promote its work throughout every community in the town;
- (c) That on the formation of an 'Alcohol Task Force' under recommendation (a), this group:-
 - (i) Works together to investigate what changes can be made as a collective to addressing the issue of alcohol abuse;
 - (ii) Looks to pool resources in the treatment and prevention of alcohol related problems;

- (iii) Undertakes specific work in conjunction with on-licensed premises and major off-licence retailers to look at the issue of the pricing and promotion of the very cheapest alcohol; and
 - (iv) Develops a communication strategy, referencing conclusion (k), around alcohol mis-use in conjunction with all local community groups so that it effectively targets all of parts of Hartlepool.
- (d) That Hartlepool Borough Council as the Licensing Authority completes a full review of its licensing policy with the aim of:-
 - (i) Reducing opening hours of on-licensed premises as and when they come forward;
 - (ii) Tasking Cleveland Police, Licensing and other stakeholders to gather detailed evidence to feed into the review, to enable licensees that are contributing to alcohol related violence to be held properly accountable; and
 - (iii) Ensuring that any new powers from central Government are used to their fullest extent so as to assist in reducing opening times.
- (e) That NHS Hartlepool reassesses its funding of alcohol treatment services to ensure that:-
 - (i) The funding of alcohol treatment and prevention services is ring-fenced and mirrors illegal drug treatment and prevention; and
 - (ii) The current delivery model is made sustainable and the ability to increase the capacity of providers, whilst maintaining the current high standard, is prioritised.
- (f) That NHS Hartlepool work with GPs in the Town to:-
 - (i) Address the problem of why people exhibiting risky behaviour in terms of alcohol don't utilise their GP as their first point of contact; and
 - (ii) Ensure that all GP practices are trained in terms of brief interventions.
- (g) That licensees are encouraged to participate in a trial period of early closing and that the impact on alcohol related incidents is recorded; and

- (h) In promoting safe, sensible drinking, that the Council be encouraged to evaluate any opportunities to work towards recognising the Town Centre as a Purple Flag zone.

ACKNOWLEDGEMENTS

The Forum is grateful to all those who have presented evidence during the course of our investigation. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named:-

Hartlepool Borough Council:

Councillor Ged Hall – Portfolio Holder for Adult and Public Health Services

Councillor Cath Hill – Portfolio Holder for Children's Services

Alison Mawson – Assistant Director (Community Safety and Protection)

John Robinson – Parenting Commissioner

Chris Hart – Planning and Commissioning Manager

Ian Harrison – Principal Licensing Officer

External Representatives:

Prof. Peter Kelly – Executive Director of Public Health, NHS Tees

Tom Livesey – Alcohol Project Co-ordinator, Hartlepool MIND

Dr Paul McGorran – Medical Director, Intrahealth

Andy Summerbell – District Commander, Hartlepool Police

Colin Shevills – Director, Balance North East

Louise Wallace – Acting Director of Health Improvement, NHS Hartlepool

Kevin Wilson – Chief Executive Officer, The Albert Centre

**COUNCILLOR JONATHAN BRASH
CHAIR OF THE HEALTH SCRUTINY FORUM**

April 2010

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BACKGROUND PAPERS

The following background papers were consulted or referred to in the preparation of this report:-

- (a) Report of the Scrutiny Manager entitled 'Scrutiny Investigation into 'Alcohol Abuse – Prevention and Treatment' – Scoping Report' presented at the meeting of the Health Scrutiny Forum of 1 September 2009.
- (b) NHS (2009) 'A Quarter of Adults in England are Hazardous Drinkers', The *NHS Information Centre*, 20th May, [online] Available from <http://www.ic.nhs.uk/news-and-events/press-office/press-releases/may-2009/a-quarter-of-adults-in-england-are-hazardous-drinkers> (Accessed 22 March 2010)
- (c) British Heart Foundation *Alcohol and Heart Disease*, Available from http://www.bhf.org.uk/keeping_your_heart_Healthy/healthy_eating/alcohol_advice.aspx (Accessed 22 March 2010)
- (d) Drinkaware (2009) *Up to One in Three Adults is at Risk of Alcohol-Related Liver Disease*, Available from <http://www.drinkaware.co.uk/facts/did-you-know/up-to-one-in-three-adults-are-drinking-enough-to-risk-developing-alcohol-related-liver-disease> (Accessed 22 March 2010)
- (e) Know Your Limits (2009) *Know...The Effects of Alcohol*, Available from <http://www.knowyourlimits.info/TheEffectsOfAlcohol.aspx> (Accessed 22 March 2010)
- (f) Department of Health (2009) *Alcohol Misuse*, Available from http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Alcoholmisuse/DH_072581 (Accessed 23 March 2010)
- (g) Hartlepool Mail (2009) 'Have your say in the Big Drink Debate', *Hartlepool Mail*, 15th June, [online] Available from <http://www.hartlepoolmail.co.uk/health-matters/Have-your-say-in-the.5366408.jp> (Accessed 28 October 2009)
- (h) Balance (2009) *North East Big Drink Debate Results*, Available from http://www.balancenortheast.co.uk/media_documents/REPORT%20FINAL1.pdf (Accessed 28 October 2009)
- (i) Cabinet Office (March 2004) *Alcohol Harm Reduction Strategy for England*, Available from

<http://www.cabinetoffice.gov.uk/media/cabinetoffice/strategy/assets/caboffice%20alcoholhar.pdf> (Accessed 23 March 2010)

- (j) Department of Health (June 2007) *Safe. Sensible. Social. The Next Steps in the National Alcohol Strategy*, Available from http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_075219.pdf (Accessed 23 March 2010)
- (k) Oneplace (2009) *Green and Red Flags for Hartlepool*, Available from <http://oneplace.direct.gov.uk/infobyarea/region/area/pages/flags.aspx?region=52&area=356> (Accessed 23 March 2009)
- (l) Joseph Rowntree Foundation (2009) *Children, Young People and Alcohol: How they learn and how to prevent excessive use*, Available from <http://www.jrf.org.uk/sites/files/jrf/children-and-alcohol-use.pdf> (Accessed 13 January 2010)
- (m) Report of the Scrutiny Support Officer entitled 'Alcohol Abuse – Prevention and Treatment – Setting the Scene Presentation – Covering Report' presented at the meeting of the Health Scrutiny Forum of 10 November 2009.
- (n) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Alcohol Abuse – Prevention and Treatment – Evidence from the Authority's Portfolio Holder for Adult & Public Health Services and Portfolio Holder for Children's Services – Covering Report' presented at the meeting of the Health Scrutiny Forum of 10 November 2009.
- (o) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Alcohol Abuse – Prevention and Treatment – Alcohol Self Assessment Questionnaire' presented at the meeting of the Health Scrutiny Forum of 10 November 2009.
- (p) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Alcohol Abuse – Prevention and Treatment – Evidence from the North East Big Drink Debate – Covering Report' presented at the meeting of the Health Scrutiny Forum of 10 November 2009.
- (q) Presentation by the Planning and Commissioning Manager entitled 'Investigation into Alcohol Abuse, Prevention and Treatment – Setting the Scene' delivered at the meeting of the Health Scrutiny Forum of 10 November 2009.
- (r) Report of the Scrutiny Support Officer entitled 'Alcohol Abuse – Prevention and Treatment – Preventative Services – Covering Report' presented at the meeting of the Health Scrutiny Forum of 1 December 2009.
- (s) Presentation by the Director of Balance North East entitled 'Debating Alcohol's Impact on Hartlepool' delivered at the meeting of the Health Scrutiny Forum of 1 December 2009.

- (t) Presentation by the Acting Director of Health Improvement entitled 'Alcohol Prevention and Primary Care' delivered at the meeting of the Health Scrutiny Forum of 1 December 2009.
- (u) Presentation by the Assistant Director (Community Safety and Protection) entitled 'Preventing Harm Caused by Alcohol' delivered at the meeting of the Health Scrutiny Forum of 1 December 2009.
- (v) Presentation by the Parenting Commissioner entitled 'Young Persons Alcohol Misuse – Prevention' delivered at the meeting of the Health Scrutiny Forum of 1 December 2009.
- (w) Report of the Scrutiny Support Officer entitled 'Alcohol Abuse – Prevention and Treatment – Treatment Services – Covering Report' presented at the meeting of the Health Scrutiny Forum of 2 February 2010.
- (x) Presentation by the Parenting Commissioner entitled 'Young People's Substance Misuse' delivered at the meeting of the Health Scrutiny Forum of 2 February 2010.
- (y) Presentation by the Acting Director of Health Improvement entitled 'Strategic Context – Commissioning Alcohol Treatment Services' delivered at the meeting of the Health Scrutiny Forum of 2 February 2010.
- (z) Presentation by the Planning and Commissioning Manager delivered at the meeting of the Health Scrutiny Forum of 2 February 2010.
- (aa) Presentation by the Alcohol Project Co-ordinator entitled 'Hartlepool MIND Alcohol Project: An Introduction' delivered at the meeting of the Health Scrutiny Forum of 2 February 2010.
- (bb) Presentation by the Chief Executive Officer of The Albert Centre delivered at the meeting of the Health Scrutiny Forum of 2 February 2010.
- (cc) Presentation by the Medical Director of Intrahealth delivered at the meeting of the Health Scrutiny Forum of 2 February 2010.
- (dd) Report of the Scrutiny Support Officer entitled 'Alcohol Abuse – Prevention and Treatment – Impact and Good Practice – Covering Report' presented at the meeting of the Health Scrutiny Forum of 9 March 2010.
- (ee) Report of the Scrutiny Support Officer entitled 'Alcohol Abuse – Prevention and Treatment – Evidence from the Joseph Rowntree Foundation – Covering Report' presented at the meeting of the Health Scrutiny Forum of 9 March 2010.
- (ff) Presentation by the Principal Licensing Officer entitled 'The Licensing Act 2003' delivered at the meeting of the Health Scrutiny Forum of 9 March 2010.

- (gg) Brown, R., Evans, E. (2009) *The Impact of Night Time Economy in Hartlepool: Changes Since 2005*, Evidence Led Solutions
- (hh) Presentation by the District Commander entitled 'A Police Overview of Alcohol Related Violence in Hartlepool' delivered at the meeting of the Health Scrutiny Forum of 9 March 2010.
- (ii) Minutes of the Health Scrutiny Forum of 16 July 2009, 1 September 2009, 10 November 2009, 1 December 2009, 2 February 2010 and 9 March 2010.

AUDIT

1 How often do you have a drink containing alcohol?

Never ☐ (0) Monthly or less ☐ (1) 2 to 4 times a month ☐ (2) 2 to 3 times a week ☐ (3) 4 or more times a week ☐ (4)

2 How many standard drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2 ☐ (0) 3 or 4 ☐ (1) 5 or 6 ☐ (2) 7 to 9 ☐ (3) 10 or more ☐ (4)

3 How often do you have 6 or more standard drinks on one occasion?

Never ☐ (0) Less than monthly ☐ (1) Monthly ☐ (2) Weekly ☐ (3) Daily or almost daily ☐ (4)

4 How often during the last year have you found that you were not able to stop drinking once you had started?

Never ☐ (0) Less than monthly ☐ (1) Monthly ☐ (2) Weekly ☐ (3) Daily or almost daily ☐ (4)

5 How often during the last year have you failed to do what was normally expected from you because of your drinking?

Never ☐ (0) Less than monthly ☐ (1) Monthly ☐ (2) Weekly ☐ (3) Daily or almost daily ☐ (4)

6 How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?

Never ☐ (0) Less than monthly ☐ (1) Monthly ☐ (2) Weekly ☐ (3) Daily or almost daily ☐ (4)

7 How often during the last year have you had a feeling of guilt or remorse after drinking?

Never ☐ (0) Less than monthly ☐ (1) Monthly ☐ (2) Weekly ☐ (3) Daily or almost daily ☐ (4)

8 How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never ☐ (0) Less than monthly ☐ (1) Monthly ☐ (2) Weekly ☐ (3) Daily or almost daily ☐ (4)

9 Have you or someone else been injured as a result of your drinking?

No ☐ (0) Yes, but not in the last year ☐ (2) Yes, during the last year ☐ (4)

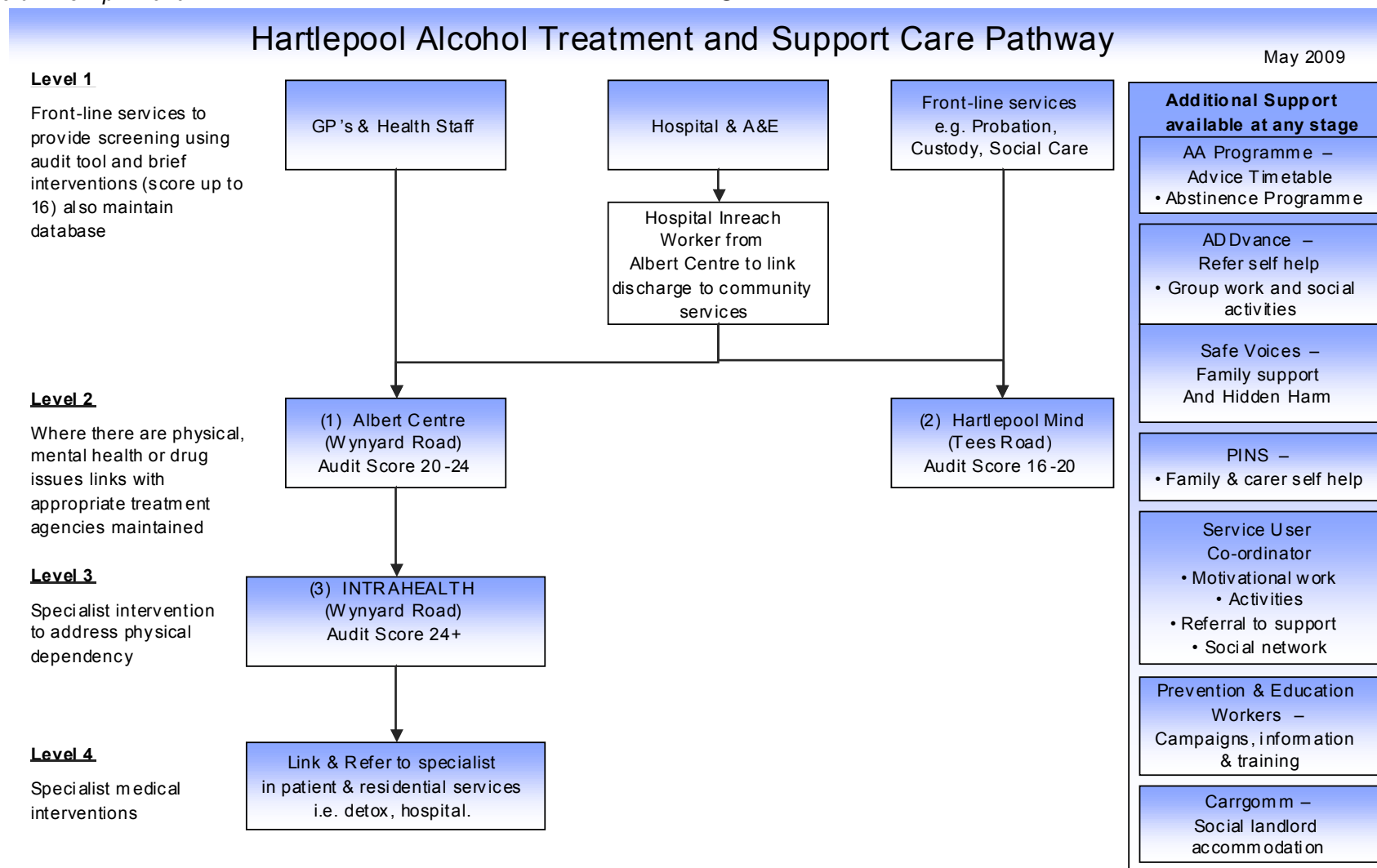
10 Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?

No ☐ (0) Yes, but not in the last year ☐ (2) Yes, during the last year ☐ (4)

Scoring: The scores for each question are shown under each response. The minimum score (for non-drinkers) is 0, and the maximum possible score is 40

AUDIT TOTAL SCORE

Circle	0 – 7, No risk	8 – 15, Hazardous	16 – 19, Harmful	20+ Dependent
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(1) Albert Centre - Severe dependency and dependency with complex needs (Audit Score 20-24) offer Comprehensive Assessment, Structured Counselling, Psychosocial Interventions (Motivational Interview, Solution Focused Therapies & Cognitive Behaviour Therapies)

(2) Hartlepool Mind – Harmful & hazardous drinkers (Audit Score 16-20) offer Comprehensive Assessment, Brief Intervention, Psychosocial Intervention (Motivational Interview, Solution Focused Therapies & Cognitive Behaviour Therapies) *Adopt a Human Givens approach

(3) Intrahealth – Specialist treatment, prescribing, home and community detox.



HEALTH SCRUTINY FORUM

13 April 2010



Report of: Health Scrutiny Forum

Subject: DRAFT FINAL REPORT – SUSPENSION OF GREATHAM CLINIC

1. PURPOSE OF REPORT

- 1.1 To present the findings of the Health Scrutiny Forum following its investigation into the 'Suspension of Greatham Clinic'.

2. SETTING THE SCENE

- 2.1 The Health Scrutiny Forum met on 1 December 2009, where concerns were raised by Members that the Health Centre in Greatham (Greatham Clinic) had been closed without notification to residents, Members and staff working at Greatham Clinic.
- 2.2 Following the Health Scrutiny Forum of 1 December 2009, notification was received by the Chair of the Health Scrutiny Forum, from NHS Hartlepool (Hartlepool PCT), that the service from Greatham Clinic had not been withdrawn, but that 11 Front Street in Greatham, had been assessed as inappropriate for delivery of clinical treatments and that alternative arrangements were being sought, with interim measures in place for the delivery of the baby clinic from Greatham Community Centre and adult patients offered a home visit.
- 2.3 On 23 December 2009, the Chair of the Health Scrutiny Forum contacted NHS Hartlepool in relation to the interim delivery measures requesting clarification on a number of points, attached as **Appendix A** to this report. Subsequently a response was received from NHS Hartlepool, attached as **Appendix B** to this report.
- 2.4 In response to the level of concerns from residents and the Ward Councillor to the feasibility of interim arrangements continuing, the Chair of the Health Scrutiny Forum agreed that this issue should be investigated by the Health Scrutiny Forum.

3. METHODS OF INVESTIGATION

- 3.1 Members of the Health Scrutiny Forum met formally on 19 February 2010 at Greatham Community Centre to receive evidence relating to the historical context behind the suspension of Greatham Clinic, the current interim arrangements and the future delivery options. A detailed report of the issues raised during this meeting is available from the Council's Democratic Services.

4. MEMBERS IN ATTENDANCE AT THE HEALTH SERVICES SCRUTINY FORUM

- 4.1 Detailed below is the attendance list for the Health Scrutiny Forum meeting held on 19 February 2010:-

Councillors Brash, A E Lilley and G Lilley

Resident Representatives: Jean Kennedy

FINDINGS

5. THE SUSPENSION OF GREATHAM CLINIC FROM 11 FRONT STREET

- 5.1 In order to be in a position to assess current interim arrangements, Members of the Health Scrutiny Forum wished to understand the reasons behind the suspension of services for Greatham Clinic from 11 Front Street, Greatham.
- 5.2 The Health Scrutiny Forum met on 19 February 2010 and Members received detailed verbal evidence from the Clinical Director of Community Services at North Tees and Hartlepool NHS Foundation Trust (NTHFT) covering the history behind the development of Greatham Clinic and the reasons behind the suspension of delivery from 11 Front Street, Greatham.
- 5.3 Members were reminded that Greatham Clinic was launched in 2002 in order to address the needs of the people of Greatham and those in the South of the Town who, at that time, had limited access to primary care services such as a pharmacy, a GP practice and community nursing. In 2002 Hartlepool PCT (now NHS Hartlepool) had been the deliverers of the service from Greatham Clinic, but due to the changes and the development of World Class Commissioning NHS Hartlepool were now the commissioners of Greatham Clinic and it was the NTHFT who provided the service delivery.
- 5.4 The Clinical Director of Community Services informed the Forum that there had been many changes to regulations surrounding clinical excellence, that had not only been originally implemented to raise building standards for the delivery of clinical services, but also to halt the rising number of cases of

MRSA (Meticillin-resistant Staphylococcus Aureus) infection in Acute (Hospital) Settings.

- 5.5 Members were reminded that the Care Quality Commission (CQC) had been set up in April 2009 and that registration by health care organisations was required by the end of January 2010 in order that they could continue to deliver services from April 2010.
- 5.6 In preparation for registration with CQC and as a result of the changes to regulations that now applied to community based health care services, the Assistant Director of Adults at NTHFT, informed Members of the Health Scrutiny Forum that in December 2009 a quality review had highlighted serious issues in relation to infection control and health and safety, the latter was concerned with issues surrounding lone working, alarms and fire extinguishers. Although it was recognised that the health and safety issues could be addressed at relatively low cost, the serious clinical control issues were sufficient to warrant the immediate suspension of Greatham Clinic from its premises at 11 Front Street.
- 5.7 The representatives from the NTHFT and NHS Hartlepool agreed that communication between the provider (NTHFT) and the commissioner (NHS Hartlepool) had been poor and this had subsequently meant that the residents of Greatham, the Ward Councillor and the Health Scrutiny Forum had received information that was unclear and did little to alleviate concerns regarding the future for Greatham Clinic.
- 5.8 There was also recognition that a response to the Ward Councillor from a representative of NHS Hartlepool that facilities would be up and running in Greatham by December 2009, was based on a overly optimistic desire to quickly replace services for Greatham Clinic from a 'new' venue, however, in hindsight and after consideration of the options available, it became quickly apparent that this timescale was unachievable and that the interim measures were likely to last for some considerable time.
- 5.9 In response to a suggestion that the decision to suspend Greatham Clinic was financial, the Director of Health Systems and Estates Development highlighted to Members that NHS Hartlepool were the financiers of Greatham Clinic and the decision to suspend service delivery from 11 Front Street was taken by the NTHFT based on clinical and safety issues, without NHS Hartlepool being immediately informed of the decision. Members, of the Health Scrutiny Forum present at their meeting of 19 February 2010, were informed that future options of the restoration of a service that met all clinical and safety standards would have to take cost and value for money into consideration to ensure appropriate use of public funds, but that this decision would be taken by NHS Hartlepool's Board.

6. CURRENT POSITION OF DELIVERY OF GREATHAM CLINIC'S SERVICES

- 6.1 Members of the Health Scrutiny Forum recognised that there were currently interim arrangements in place for the delivery of Greatham Clinic's services that were previously dispensed from 11 Front Street.
- 6.2 At their meeting of the 19 February 2010, those Members present received detailed information in relation to the current provision of services available to the residents of Greatham. The Director of Health Systems and Estates Development reminded Members of the significant recent investment in additional and varied primary care services available across the Town intended to improve accessibility. The investment in services was demonstrated in the development of the new GP services at the Fens, Hartfields, the Walk-in Centre in the centre of the Town and the extended hours each GP practice had been commissioned to provide.
- 6.3 In addition to the service provision available throughout Hartlepool, Members were pleased to hear that the baby clinic was operating from Greatham Community Centre and that home visits were being offered to those residents of Greatham who found themselves 'house bound' or had other mobility problems that prevented them accessing the same services on offer outside of Greatham village. This fitted the picture of an integrated service operated by locality teams and the Assistant Director of Adults provided detailed evidence to Members of how this service operated in the Town and applied to the situation that residents in Greatham now found themselves.

7. FUTURE FOR DELIVERY OF SERVICES FROM GREATHAM CLINIC

- 7.1 Members of the Health Scrutiny Forum were particularly interested to hear what the long-term plans were for the delivery of services in Greatham. When the Forum met on 19 February 2010 the Director of Health Systems and Estates Development reassured those present that no final decisions had been made for the future of Greatham Clinic, although there was now an opportunity for future delivery to meet more closely the changing health needs of the residents of Greatham.
- 7.2 The Director of Health Systems and Estates Development provided statistics for the usage of Greatham Clinic which are detailed in Table1 below:-

Table1: Statistics for usage of Greatham Clinic

Reason for Attendance	Percentage of Total Usage
Immunisations / Injections	16%
Blood Pressure	15%
Smoking Cessation	13%
Dermatology	10%

Members highlighted that for services such as blood pressure and smoking cessation, the need for a setting the met clinical standards was not a

necessity. The Director of Health Systems and Estates Development agreed that for the majority of service users accessing Greatham Clinic a non-clinical service could be provided from a suitable venue in Greatham.

- 7.3 The Health Trainer from NTHFT, who was present at the meeting of the Forum on 19 February 2010, revealed to Members that the Health Trainer Team were in a position to offer a managed intervention service for the residents of Greatham. This service could operate from a community centre and would provide advice and support around many of the issues that residents of Greatham had used Greatham Clinic for. This community based team would provide a link into the integrated locality care team highlighted in paragraph 6.3. The Health Trainer agreed to investigate how residents could influence the services offered via a steering group that could agree what Greatham residents want and need.
- 7.4 In relation to the clinical services that Greatham Clinic offered the Director of Health Systems and Estates Development presented figures relating to the number of service users utilising Greatham Clinic over a two year period for clinical reasons, these figures are highlighted in Table2 below:-

Table2: The number of service users accessing Greatham Clinic for clinical reasons 2007-09

Clinical Service Accessed	Number of Users
Changing Dressings	83
Blood Taken	164

The above figures compared with non-clinical usage during the same period of 279 users having blood pressure checks.

- 7.5 The Director of Health Systems and Estates Development stated that the number of people accessing Greatham Clinic for clinical reasons did not present a compelling case for a resurrection of a full service, although residents would be involved in a consultation and a decision would be taken by the NHS Hartlepool Board based on the desire of the residents of Greatham and the health needs of those people.
- 7.6 In assessing the health needs of the people of Greatham it was noted by Members that statistics showed that the obesity was of significant concern in the Greatham Ward in comparison to the rest of Hartlepool, although there was some disquiet that the figures for Greatham Ward were not necessarily reflective of Greatham Village as the Ward also included South Fens.

8. CONCLUSIONS

- 8.1 The Health Scrutiny Forum concluded:-

- (a) That communication between the provider (NTHFT) and the commissioner (NHS Hartlepool) was slow, with information released to the Ward Councillor and the Health Scrutiny Forum before the commissioner was aware of the closure;

- (b) That a need to rapidly act where situations of serious issues arise was important, but that communication on the suspension of the Clinic had been particularly poor, with Greatham residents left in a confused position about how they could access a continuation of service when Greatham Clinic was suspended;
- (c) That it was recognised that the changes in clinical standards had necessitated the suspension of services from 11 Front Street and that the decision taken was not based on financial considerations; and
- (d) That from the evidence provided it was concluded that:-
 - (i) The current interim arrangements did not meet the holistic approach that Greatham residents had enjoyed at Greatham Clinic when it was operational from 11 Front Street; and
 - (ii) That the long-term future of Greatham Clinic had not been agreed and there was opportunity for the restoration of the non-clinical elements on offer at the Clinic and that residents could be involved in the development of services.

9. RECOMMENDATIONS

9.1 The Health Scrutiny Forum has taken evidence from a wide range of sources to assist in the formulation of a balanced range of recommendations. The Forum's key recommendations to NHS Hartlepool are as outlined below:-

- (a) That a limited non-clinical service is introduced as a matter of urgency and:-
 - (i) That residents in Greatham are informed when this service is operational, what this service will provide and what options are available for accessing other health services including the clinical elements not currently provided for; and
 - (ii) That the feasibility of Greatham residents forming a steering group to influence the services to be provided be assessed.
- (b) That options are drawn up for delivering clinical services with:-
 - (i) Consultation being carried out with all Greatham residents; and
 - (ii) The outcome of the consultation being shared with the Health Scrutiny Forum.

ACKNOWLEDGEMENTS

The Committee is grateful to all those who have presented evidence during the course of our investigation. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named:-

External Representatives:

Sharon Bartram – Health Trainer, North Tees and Hartlepool NHS Foundation Trust

Jenny Jones – Health Visitor, North Tees and Hartlepool NHS Foundation Trust

John Lovatt – Assistant Director of Adults, North Tees and Hartlepool NHS Foundation Trust

Linda Watson – Clinical Director of Community Services, North Tees and Hartlepool NHS Foundation Trust

Ali Wilson – Director of Health Systems and Estates Development, NHS Hartlepool

All those residents of Greatham who took the time to attend the Health Scrutiny Forum of 19 February 2010 held in Greatham Community Centre.

COUNCILLOR JONATHAN BRASH CHAIR OF THE HEALTH SCRUTINY FORUM

April 2010

Contact Officer: James Walsh – Scrutiny Support Officer
Chief Executive's Department – Corporate Strategy
Hartlepool Borough Council
Tel:- 01429 523647
Email:- james.walsh@hartlepool.gov.uk

BACKGROUND PAPERS

The following background papers were consulted or referred to in the preparation of this report:-

- (a) Report of the Scrutiny Support Officer entitled 'Suspension of Greatham Clinic from 11 Front Street, Greatham – Covering Report' presented at the meeting of the Health Scrutiny Forum of 19 February 2010.
- (b) Report of the Director of Health Systems and Estates Development entitled 'Greatham Clinic: Update on review of premises and options for

service delivery. Prepared by NHS Hartlepool in collaboration with North Tees and Hartlepool NHS Foundation Trust' presented at the meeting of the Health Scrutiny Forum of 19 February 2010.

- (c) Minutes of the Health Scrutiny Forum of 1 December and 19 February 2010.

Appendix A

Councillor Jonathan Brash (Chair, Health Scrutiny Forum)
16 Eamont Gardens
Hartlepool
TS26 9JD

23 December 2009

Mrs A Wilson
Director of Health Systems and Estates Development
Hartlepool Primary Care Trust
Teesdale House
Westpoint Road
Thornaby
Stockton on Tees
TS17 6BL



Dear Ali

GREATHAM HEALTH CENTRE

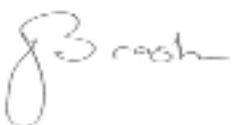
I know we have already spoken on the topic of the current issues surrounding delivery of services at Greatham Health Centre and thank you for keeping me up to date of developments.

However, Councillor Geoff Lilley has asked me in my position as Chair of the Health Scrutiny Forum to seek answers to the following questions on his behalf:-

- (i) Did the building, which until recently housed Greatham Health Centre, meet the various criteria when it was first opened in 2002?
- (ii) What has changed since the building was first opened in 2002?
- (iii) How often are buildings checked to ensure they meet access and health and safety criteria?
- (iv) When and where will the 'new' health centre serving Greatham be opened and will all the original services be delivered from this 'new' venue?

I would appreciate a response as soon as possible so that the answers can be shared with Councillor Geoff Lilley.

Yours sincerely



Councillor Jonathan Brash
CHAIR OF THE HEALTH SCRUTINY FORUM

cc Councillor Geoff Lilley [by email]

a healthier hartlepool



Our Ref: AW/ed/0013

8 January 2010

Councillor Jonathan Brash
16 Eamont Gardens
Hartlepool
TS26 9JD

Teesdale House
Westpoint Road
Thornaby
Stockton-on-Tees
TS17 6BL

Tel: 01642 646700
Fax: 01642 646701

Dear Jonathan

RE: Greatham Health Centre

Please find below a response to the questions raised in your correspondence dated 23rd December 2009.

The building was opened in 2002 and at that time was fit for purpose, however as the service has evolved and legislation has changed this means the premises do not meet DDA requirements and more specifically requirements set by the Care Quality Commission, which now includes community premises.

A risk assessment should be carried out each year by the provider occupying the building. A risk assessment was carried out in December 2009 by North Tees and Hartlepool NHS Community Services at this time that the PCT was alerted to the issues that have been raised.

We are in the process of developing an options appraisal with regard to a new facility. This should be completed by the end of January 2010.

It is interesting to note that since the facility was temporarily suspended the number of home visits have been very few. This may be because we now have a primary care facility within Fens. In light of the current situation we have asked the current provider to review utilisation of the drop in clinic as it may be more efficient for patients and staff to continue with a home visiting service.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Ali Wilson'.

Ali Wilson
Director
Health Systems and Estates Development

HEALTH SCRUTINY FORUM

13 April 2010



Report of: Scrutiny Support Officer

Subject: THYROID PROBLEMS IN HARTLEPOOL –
EXPLORATORY REPORT

1. PURPOSE OF THE REPORT

- 1.1 To provide Members with exploratory evidence gathered around Thyroid Problems in Hartlepool.

2. BACKGROUND INFORMATION

- 2.1 Members will recall that at the meeting of this Forum on 16 July 2009 it was agreed that an exploratory report be produced in relation to Thyroid Problems in Hartlepool. Therefore, this report is intended as an exploratory report to inform Members decisions if further in depth research be undertaken.

3. CAUSES OF THYROID PROBLEMS

- 3.1 Thyroid problems can either exhibit themselves as underactive (hypothyroidism) or overactive (hyperthyroidism) with both cases of thyroid problems affecting more women than men in the UK.

Hypothyroidism

- 3.2 In addition to the prevalence of the disease in women rather than men by around a ratio of around 19:1 per 1,000¹, evidence also points to hypothyroidism being more common in older people¹. The causes of hypothyroidism are as follows; taken from the website Patient UK:-

(i) **Autoimmune Thyroiditis;**

The most common cause of hypothyroidism in the UK and can be classified as an autoimmune disease; where the body 'attacks' the thyroid gland through the production of antibodies. Family history,

¹ Bupa, April 2008

Graves disease, Down's and Turner's syndromes are amongst the causes of autoimmune thyroiditis.

- (ii) **Surgery or Radioactive Treatment;**
Treatments for other thyroid problems (e.g. hyperthyroidism) can result in hypothyroidism.
- (iii) **Iodine Deficiency;**
Most common for worldwide cases of hypothyroidism, but less common in the UK due to the level of iodine in western diets (e.g. Cow's milk, sea and shell fish²).
- (iv) **Medicinal Side effects; and**
Less common cause, but hypothyroidism can result from medicinal usage of amiodarone (for treatment of irregular heart beats³) or lithium (a mood stabilising drug⁴).
- (v) **Congenital Hypothyroidism.**
Some children can be born with an underactive thyroid gland.

Hyperthyroidism

- 3.3 Although the prevalence of hyperthyroidism in women is greater than in men by around a ratio of around 10:1⁵, it occurs most commonly in people aged between 20 and 50⁶. There are two major causes of hyperthyroidism as follows; taken from the website Patient UK:-

- (i) **Graves' Disease; and**
The most common cause of hyperthyroidism in the UK and can be classed as an autoimmune disease.
- (ii) **Nodular Thyroid Disease.**
Small lumps within the thyroid gland containing abnormal thyroid tissue producing too much thyroid hormone.

4. LEVELS OF HYPOTHYROIDISM IN HARTLEPOOL

- 4.1 The Executive Director for Public Health, NHS Tees has agreed in principle to investigate further the issue of Thyroid Problems in Hartlepool, should Members recommend such action. Data for the prevalence of hypothyroidism is detailed in Table 1 overleaf:-

² FSA

³ Rull, G. Patient UK, September 2009

⁴ Rull, G. Patient UK, October 2009

⁵ Bupa, April 2008

⁶ Jenkins, G. BBC, June 2009

Table1: Percentage of cases of hypothyroidism covered by NHS North East

Area	2007/08[#]	2008/09
England	2.71%	Data not provided
North East	3.36%	Data not provided
Redcar & Cleveland	4.35%	4.6%
South Tyneside	4.29%	4.5%
Middlesbrough	4.00%	4.1%
Hartlepool	3.81%	4.0%
Sunderland	3.64%	4.0%
Gateshead	3.45%	3.6%
Stockton	3.32%	Data not provided
County Durham	3.24%	3.4%
Northumberland	Data not provided	3.2%
North Tyneside	2.82%	2.9%
Darlington	2.80%	2.9%
Newcastle	2.76%	2.8%

[#]Data supplied by Executive Director of Public Health (NHS Tees) from GP data

* Data obtained from QOF Database⁷

5. WATER FLUORIDATION AND THYROID PROBLEMS

- 5.1 The British Fluoridation Society produced a document entitled 'One in a Million'⁸ in 2004 which detailed the levels of fluoridated water across the UK. In the area covered by NHS North East (the Strategic Health Authority for the North East) the levels of water fluoridated at 1 part of fluoride per million parts of water are detailed in Table2 below:-

Table2: NHS North East areas having access to fluoridated water (2004)

Area	% of population with access to fluoridated water	Natural or Adjusted
Derwentside	100%	Adjusted
Easington	50%	Natural
Hartlepool	100%	Natural
Newcastle	100%	Adjusted
Gateshead	100%	Adjusted
North Tyneside	50%	Adjusted

NB All other areas covered by NHS North East did not receive fluoridated water

⁷ QOF Database, 2010

⁸ BFS, June 2004

- 5.2 NHS Tees recently produced the ‘Tees Oral Health and Commissioning Strategy: Primary Care Dental Services – 2009-2014’, which highlighted the positive effects of fluoridation on dental health. Hartlepool’s four most deprived wards had levels of child tooth decay that were comparable with the four most affluent wards from across the Tees Valley and led to NHS Tees declaring that:-

“Children who live in Hartlepool, where the water is naturally fluoridated, have half the decay rates than children living in non-fluoridated areas.”⁹

- 5.3 Despite the evidence in paragraph 5.2 indicating improved dental health for populations supplied with fluoridated water, as supported by the World Health Organisation⁹, there is some dispute over whether fluoridation of water is an additional cause of thyroid problems. The British Thyroid Association¹⁰ made the following comment in relation to a statement made by the British Fluoridation Society in January 2006 that there was an absence of an association between water fluoridation and thyroid disorders:-

“This statement [see **Appendix A**] has been reviewed and endorsed by the British Thyroid Association (BTA), however the BTA would recommend that appropriate monitoring of thyroid status should be considered in areas where fluoridation is introduced to enable an ongoing epidemiological evidence base for thyroid status with fluoridation to be created”¹¹

3. RECOMMENDATIONS

- 3.1 That Members note the content of this report and indicate if further more detailed research is required.

Contact Officer:- James Walsh – Scrutiny Support Officer
Chief Executive’s Department – Corporate Strategy
Hartlepool Borough Council
Telephone Number: 01429 523647
E-mail – james.walsh@hartlepool.gov.uk

⁹ Shah. K, NHS Tees, 2010

¹⁰ “A non-profit making Learned Society of professional clinical specialist doctors and scientists in the United Kingdom who manage patients with thyroid disease and / or are researching into the thyroid and its diseases in humans,” BTA

¹¹ BTA

BACKGROUND PAPERS

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

- (a) Bupa (2008) *Underactive Thyroid (Hypothyroidism)*, Available from http://hcd2.bupa.co.uk/fact_sheets/html/underactive_thyroid.html (Accessed 16 March 2010)
- (b) Food Standards Agency *Iodine*, Available from <http://www.eatwell.gov.uk/healthydiet/nutritionessentials/vitaminsandminerals/iodine> (Accessed 18 March 2010)
- (c) Rull, G. (2009) *Amiodarone*, [online], Patient UK, Available from <http://www.patient.co.uk/doctor/Amiodarone.htm> (Accessed 18 March 2010)
- (d) Rull, G. (2009) *Lithium*, [online] Patient UK, Available from <http://www.patient.co.uk/doctor/Lithium.htm> (Accessed 18 March 2010)
- (e) Bupa (2008) *Overactive Thyroid (Hyperthyroidism)*, Available from http://hcd2.bupa.co.uk/fact_sheets/html/overactive_thyroid.html (Accessed 18 March 2010)
- (f) Jenkins, G. (2009) *BBC – Health – Conditions – Thyroid*, Available from <http://www.bbc.co.uk/health/conditions/thyroid1.shtml> (Accessed 16 March 2010)
- (g) QOF [Quality and Outcomes Framework] Database Available from www.gpcontract.co.uk (Accessed 18 March 2010)
- (h) The British Fluoridation Society *One in One Million: The Facts About Water Fluoridation* (2nd Edition), Available from <http://www.bfsweb.org/onemillion/onemillion.htm> (Accessed 18 March 2010)
- (i) Shah, K. (2010) *Tees Oral Health and Commissioning Strategy: Primary Care Dental Services 2009-2014*, NHS Tees
- (j) British Thyroid Association *British Fluoridation Society Statement (January 2006)*, Available from http://www.british-thyroid-association.org/Guidelines/Docs/B_F_S.pdf (Accessed 16 March 2010)

BRITISH FLUORIDATION SOCIETY STATEMENT (January 2006) on the absence of an association between water fluoridation and thyroid disorders

'This statement has been reviewed and endorsed by the British Thyroid Association (BTA), however the BTA would recommend that appropriate monitoring of thyroid status should be considered in areas where fluoridation is introduced to enable an ongoing epidemiological evidence base for thyroid status with fluoridation to be created.'

The available medical and scientific evidence suggests an absence of an association between water fluoridation and thyroid disorders.

Many major reviews of the relevant scientific literature around the world support this conclusion. Of particular importance are:

- an exhaustive review conducted in 1976 by an expert scientific committee of the Royal College of Physicians of England;
- a systematic review in 2000 by the NHS Centre for Reviews and Dissemination at the University of York; and,
- a 2002 review by an international group of experts for the International Programme on Chemical Safety (IPCS), under the joint sponsorship of the World Health Organisation (WHO), the United Nations Environment Programme (UNEP), and the International Labour Organisation (ILO).

None has found any credible evidence of an association between water fluoridation and any disorder of the thyroid.

Report of Royal College of Physicians

A scientific committee was established by the Royal College of Physicians to review whether, and to what extent, water fluoridation benefited people's teeth and whether there were any harmful effects to general human health. As well as confirming that water fluoridation reduces levels of tooth decay, the review also found that it was safe.

Specifically, the report concluded that "*there is no evidence that fluoride is responsible for any disorder of the thyroid*". It also confirmed that iodine deficiency was the root cause of goitre, and that fluoride does not significantly influence the thyroid's uptake of iodine.

The University of York Review

Published in 2000, the York Systematic review identified over three thousand references in total. However, they found **no** scientific studies of an acceptable scientific standard that would support suggestions of an association between water fluoridation and thyroid disorders, including goitre, in the populations drinking fluoridated water.

When the **Medical Research Council** subsequently used the York report as a basis for determining whether further research on any aspect of water fluoridation was needed, it concluded on the basis of the evidence already available that new research on fluoride and thyroid disorders should be regarded as a low priority.

Review by the International Programme on Chemical Safety (IPCS)

The IPCS review of fluoride was one of several published by the World Health Organisation intended to “*provide critical reviews on the effects on human health and the environment of chemicals and of combinations of chemicals ...*”, and to “*assist national and international authorities in making risk assessments and subsequent risk management decisions.*” As such, it examined evidence on fluoride relevant to all aspects of human health.

The review, which included 788 original studies from the worldwide scientific literature – both published and unpublished - identified no evidence of an association between fluoride and thyroid dysfunction in humans.

Experience in the UK’s most extensively fluoridated region

The conclusions of these authoritative reviews are mirrored by the experience of specialist doctors diagnosing and treating thyroid disorders in hospitals in the West Midlands, which has had fluoridation schemes in operation since the mid-1960s and which is today the most extensively fluoridated region of the United Kingdom. Around seven out of ten people in the West Midlands now drink water whose natural fluoride content has been topped up to the optimum for dental health of one part of fluoride per million parts of water.

Dr Andy Toogood, a consultant endocrinologist in the Department of Medicine at the Queen Elizabeth Hospital in Birmingham, says that he and his colleagues have seen nothing to suggest a rise in thyroid disorder cases resulting from water fluoridation.

Nor have public health officials who monitor trends in disease across the West Midlands detected any impact on the health of local populations drinking fluoridated water - other than a reduction in tooth decay levels which puts children living in the West Midlands among the best in the country for dental health.

ENDS

Notes

Sources of fluoride

All drinking water and virtually all foodstuffs contain measurable amounts of fluoride; tea leaves are particularly rich in fluoride, as is fish. We are all, therefore, exposed to fluoride from natural sources on a daily basis.

Furthermore, around 400 million people worldwide drink fluoridated water – including 150 million in the US. Water supplies for many communities have been fluoridated for over 60 years. If fluoridation caused *any* adverse effects – including thyroid disorders - it is inconceivable that the reviews to date would have missed them.

Water fluoridation

Fluoride occurs naturally in all water supplies. In many parts of the world – for example Hartlepool in the North East of England, and many parts of East Anglia and Essex - the level is around the optimal for dental health (one part of fluoride per million parts of water – 1ppm). However many communities lack sufficient natural fluoride in their drinking water to prevent tooth decay, and because of the significant health benefits of the right amount of fluoride, the World Health Organisation recommends water fluoridation.

Water fluoridation takes place at the water treatment works. It is the controlled adjustment of the naturally occurring fluoride in the water to a level known to be safe, and to benefit dental health (1ppm).

References

- McDonagh, M., *et al.* (2000): *A systematic review of public water fluoridation*. York, **The University of York NHS Centre for Reviews and Dissemination**. Report 18.
- **Medical Research Council** (2002): *Working Group Report: Water fluoridation and health*. London, MRC.
- **Royal College of Physicians** (1976): *Fluoride Teeth and Health*. London, Pitman Medical: 83.
- **International Programme on Chemical Safety** (2002): *Environmental Health Criteria 227 FLUORIDES*. Geneva, World Health Organisation.

HEALTH SCRUTINY FORUM

13 April 2010



Report of: Scrutiny Support Officer

Subject: DRAFT WORKING PROTOCOLS

1. PURPOSE OF THE REPORT

- 1.1 To provide Members with details of draft working protocols drawn up with NHS Hartlepool and North Tees & Hartlepool NHS Foundation Trust.

2. BACKGROUND INFORMATION

- 2.1 Members may recall at the meeting of the Adult and Community Services and Health Scrutiny Forum of 8 April 2008, Members agreed the draft final report into 'Withdrawal of Emergency Care Practitioners Service at Wynyard Road Primary Care Centre'. Amongst the recommendations in that report was:-

"That the creation of a formal set of protocols on consultation be debated between the PCT and the Forum"

- 2.2 Subsequently attached to this report at **Appendix A** is the draft working protocol between this Forum and NHS Hartlepool (formerly Hartlepool PCT) and attached as **Appendix B** to this report is the draft working protocol between this Forum and North Tees and Hartlepool NHS Foundation Trust.

3. RECOMMENDATION

- 3.1 That Members:-

(a) note the content of this report; and

(b) amend and / or agree the draft working protocols attached at **Appendix A and B** of this report.

Contact Officer:- James Walsh – Scrutiny Support Officer

Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523647
Email: james.walsh@hartlepool.gov.uk

BACKGROUND PAPERS

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

- (a) Minutes from the Adult and Community Services and Health Scrutiny Forum held on 8 April 2008.



Hartlepool Health Scrutiny Forum and

NHS Hartlepool

Draft Working Agreement

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1 The Purpose of the Working Agreement

The development and maintenance of a positive working relationship between NHS Hartlepool and Hartlepool Health Scrutiny Forum is recognised as a vital element in ensuring effective Patient, Carer and Public Engagement (PCPE).

- 1.1 This document will ensure that there is a consistent working agreement and communication process between Hartlepool Health Scrutiny Forum and NHS Hartlepool ensuring that correspondence and / or documents reach the relevant department or individual to process.
- 1.2 This Agreement will add value to the new Comprehensive Area Assessment (CAA) by helping to identify evidence on progress against national priorities and document valuable information to examine how well Hartlepool Health Scrutiny Forum and NHS Hartlepool work together to meet the needs of the people they serve. (See Appendix 1: Comprehensive Area Assessment)
- 1.3 This document will ensure that NHS Hartlepool is able to meet their statutory duties in informing, involving and consulting Hartlepool Health Scrutiny Forum and that Hartlepool Health Scrutiny Forum are able to effectively perform their formal role in monitoring and scrutinising health and health care.
- 1.4 The working agreement will be reviewed yearly unless there are significant changes that need to be made i.e. changes in legislation.

2 Overview and Scrutiny

Overview and Scrutiny is a function that reviews the effectiveness of decisions, policies and services for a particular subject within their local authority area. Each local authority has established Scrutiny Panels, Committees or Forums with different areas of interest; one of which has the job of monitoring and scrutinising health.

- 2.1 The primary aim of Health Overview and Scrutiny is to act as a lever to improve the health of local people, ensuring that their needs are considered as an integral part of the delivery and development of health services.
- 2.2 There are four Health Scrutiny Committees in the Tees area (listed below), each of which come under the remit of their respective local authority, working for the local community.

Hartlepool Health Scrutiny Forum
Middlesbrough Health Scrutiny Panel
Redcar and Cleveland Health Scrutiny Committee
Stockton-on-Tees Health Select Committee

- 2.3 Local Authorities have their own agreed framework in place for when a decision, policy or service covers more than one area; this is called a time limited 'joint committee'.
- 2.4 When all areas are impacted by a proposal, development or service a framework is in place to act on behalf of the Tees Valley area. This includes Darlington, Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton-on-Tees, and is known as;

Tees Valley Health Scrutiny Joint Committee

3 Legislation

Hartlepool Health Scrutiny Forum is a democratically elected body with a statutory duty to comment on NHS Hartlepool developments affecting local residents. NHS Hartlepool acknowledges compliance of the duties detailed in section 242 and 244 of the consolidated NHS Act 2006 (See Appendix 2). NHS Hartlepool will engage with Hartlepool Health Scrutiny Forum throughout the scrutiny process.

- 3.1 The NHS Act 2006 requires NHS bodies to provide information to Overview and Scrutiny and for NHS officers to attend meetings of Overview and Scrutiny to answer questions. NHS bodies are also required to respond to recommendations made by Overview and Scrutiny and must consult with relevant Overview and Scrutiny Committees about proposals for substantial service changes. (See Appendix 2: Section 8b)
- 3.2 Section 244 of the NHS Act 2006 requires NHS organisations to consult relevant Overview and Scrutiny Committees on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services. (See Appendix 2: Section 8b)
- 3.3 The Local Government and Public Involvement in Health Act (2007) reinforced powers for Overview and Scrutiny to review and scrutinise the actions of key local public service providers and empowered Councillors to raise issues with Overview and Scrutiny through a "councillor call for action." This Act also established Local Involvement Networks (LINKs), who work closely with Overview and Scrutiny and are able to refer matters of concern with regards to health and social care to Overview and Scrutiny for consideration.
- 3.4 A number of circumstances are exempt from the requirement for NHS organisations to consult Overview and Scrutiny including proposals to establish or dissolve an NHS trust or PCT, Pilot Schemes and decisions immediately due to a risk to the safety or welfare of patients or staff. (See Appendix 2: Section 8b)

4 Duties and Responsibilities

In order for both Hartlepool Health Scrutiny Forum and NHS Hartlepool to effectively carry out their roles, it is important to adhere to the responsibilities that aid the working agreement to maintain an ongoing dialogue regarding current and future plans, priorities and activity.

- 4.1 NHS Hartlepool acknowledges Hartlepool Health Scrutiny Forum to be a 'critical friend' in the scrutiny process.
- 4.2 Hartlepool Health Scrutiny Forum and NHS Hartlepool will attempt to ensure that the community's aspirations with regard to improvement in health are pursued, maximising public accessibility to the scrutiny process and its outputs.
- 4.3 NHS Hartlepool will involve Hartlepool Health Scrutiny Forum in wider activity to engage with patients, carers and members of the public. Comments on proposals and suggestions regarding engagement with groups, individuals and organisations will be actively sought.
- 4.4 NHS Hartlepool will provide reports where appropriate to show how information is being used from engaging with the Hartlepool Health Scrutiny Forum and the public.
- 4.5 NHS Hartlepool acknowledges the statutory duty to respond to requests and recommendations from Hartlepool Health Scrutiny Forum as part of a formal scrutiny process or consultation, and in a more informal role as consultees.
- 4.6 On request NHS Hartlepool will provide Hartlepool Health Scrutiny Forum with suggestions and views on priority topics for investigation as part of the scrutiny work programme in line with agreed timescales.
- 4.7 NHS Hartlepool will respond openly to questioning from Hartlepool Health Scrutiny Forum and will comply with paper submission schedules for Hartlepool Health Scrutiny Forum meetings.
- 4.8 NHS Hartlepool will update Hartlepool Health Scrutiny Forum at key points in the commissioning process, and will inform Hartlepool Health Scrutiny Forum of any developments, proposals and significant strategies.
- 4.9 NHS Hartlepool acknowledge that Overview and Scrutiny operate within the framework of Local Government and, as such, cannot consider any items or undertake any activity when local elections are being held. Where possible, this will be taken into account by NHS Hartlepool in planning developments and involvement activity, where Hartlepool Health Scrutiny Forum may be involved.

- 4.10 NHS Hartlepool will provide clear evidence-based explanations in any circumstance whereby they do not take up scrutiny recommendations.

5 Communication

- 5.1 To enable effective communication and coordination it would be helpful if Hartlepool Health Scrutiny Forum could provide NHS Hartlepool with the following:
1. Meeting dates including paper submission schedules
 2. Work plans
 3. Up-to-date contact details.
- 5.2 NHS Hartlepool will ensure that they respond appropriately to all communication from Hartlepool Health Scrutiny Forum within 28 days of the request. Reports will be presented as appropriate.
- 5.3 All contact with Hartlepool Health Scrutiny Forum will be made via the relevant Scrutiny Support Officer. Wherever practical, communication will be via email with paper copies forwarded in addition and where appropriate.
- 5.4 When proposals for activity or investment are Tees-wide in their nature or impact, NHS Hartlepool will brief the Tees Valley Joint Health Scrutiny Committee for their consideration. In these instances, all communication will also be copied to the Chairs of the four local Committees. *(A diagram detailing the process of issuing a brief can be found at appendix 3)*

6 Correspondence

- 6.1 To ensure a coordinated and consistent approach to information and response management, all correspondence to NHS Hartlepool should be addressed via the Communication and Engagement Team:

Pete Moody
Communication and Engagement Officer
Communication and Engagement Team
NHS Tees
Riverside House
18 High Force Road
Riverside Park
Middlesbrough
TS2 1RH

Telephone: 01642 352506
Email: peter.moody@middlesbroughpct.nhs.uk

As an alternative contact when Pete Moody is unable to respond in an appropriate timescale, please email: mynhshartlepool@nhs.net which will be picked up by another member of the communication and engagement team.

- 6.2 The Communication and Engagement Team will liaise with the appropriate individual(s) for response, and will act as a point of liaison with Hartlepool Health Scrutiny Forum to feedback on the progress of correspondence. *(A diagram detailing the process for sending correspondence can be found at appendix 4)*

7 Submitting Health Scrutiny Reports

7.1 Reports submitted by the Health Scrutiny Committee will be logged and forwarded for discussion at the appropriate Committee or Board meeting. Hartlepool Health Scrutiny Forum will be updated via Jackie White, Assistant Director to Corporate Development throughout the process. Issues raised and outcomes of these meetings will be fed-back accordingly. *(A diagram detailing the process for sending correspondence can be found at appendix 4)*

7.2 Reports should be submitted to:

Jackie White
Assistant Director Corporate Development
Corporate Development Directorate
NHS Tees
Teesdale House
WestPoint Road
Thornaby
Stockton on Tees
TS17 6BL

Telephone: 01642 666719

Email: Jackie.white@northteespct.nhs.uk

8 Patient and Public Communication and Engagement Committee

- 8.1 The Patient and Public Communication and Engagement committee's (PPCEC) role is to ensure that the views of patients, carers and members of the public are taken into consideration when making commissioning decisions. The PPCEC is a sub committee of the Tees Strategy and Procurement Board (TSPB) that has responsibility for ensuring the delivery of the Tees strategy and the development of World Class Commissioning.
- 8.2 The Committee includes representation from each of the LINKs within Teesside all of whom who have full membership rights. (The terms of reference for the PPCEC are available via the NHS Tees website www.tees.nhs.uk)
- 8.3 The Tees Strategy and Procurement Board (TSPB) has responsibility for ensuring the delivery of the Tees strategy and the development of World Class Commissioning.
- 8.4 Papers from the Patient and Public Communication and Engagement Committee will be sent to Hartlepool Health Scrutiny Forum for information. Where a common priority or piece of work is identified, Hartlepool Health Scrutiny Forum and the PPCEC will seek to take a coordinated approach.

The Patient and Public Communication and Engagement Committee can be contacted via:

Pete Moody
Communication and Engagement Officer
Communication and Engagement Team
NHS Tees
Riverside House
18 High Force Road
Riverside Park
Middlesbrough
TS2 1RH

Telephone: 01642 352506

Email: peter.moody@middlesbroughpct.nhs.uk

9 Appendix 1: Comprehensive Area Assessment (CAA)

What is the Comprehensive Area Assessment? (CAA)

In April 2007, the Government commissioned seven inspectorates, led by the audit commission, to jointly develop and test an outcome based, proportionate, risk-based system of assessment and inspection for local services, the Comprehensive Area Assessment (CAA)

The CAA replaced the previous assessment regime for local authorities, the Comprehensive Performance Assessment (CPA), from 1 April 2009.

“CAA examines how effectively local public services are performing, and how well they are working together, to meet the needs of the people they serve. CAA provides reassurance that public money is being well spent, and assesses how well local services are improving”.

Further information regarding the Comprehensive Area Assessment can be found online at: www.audit-commission.gov.uk/caa/

10 Appendix 2: Guidance on Section 242 and 244 of the NHS act 2006

8a. Introduction

Section 242 of the consolidated NHS Act 2006 came into force on 1 March 2006 and replaces Section 11 of the Health and Social Care Act 2001. It applies in England to:

Strategic Health Authorities (SHA), Primary Care Trusts (PCT), NHS trusts and NHS foundation trusts.

Section 242 sets out the requirement for NHS organisations to involve and consult patients and public in:

- The planning and provision of services
- Development and consideration of proposals for changes in the way services are provided
- Decisions to be made by NHS organisations that affect the operation of services.

8b. Section 244 of the NHS Act 2006

Section 244 of the NHS Act 2006 replaces Section 7 of the Health and Social Care Act 2001. Section 244 requires NHS organisations to consult relevant overview and scrutiny committees on any proposals for substantial variations or developments of health services. This is in addition to the duty of involvement and consultation as outlined in section 242.

A substantial variation is not defined in Regulations. Section 244 applies to any proposal where there is a major change to services experienced by patients. Proposals may range from changes that affect a small group of people within a small geographical area, to major reconfigurations of specialist services affecting large numbers of patients across a wide area.

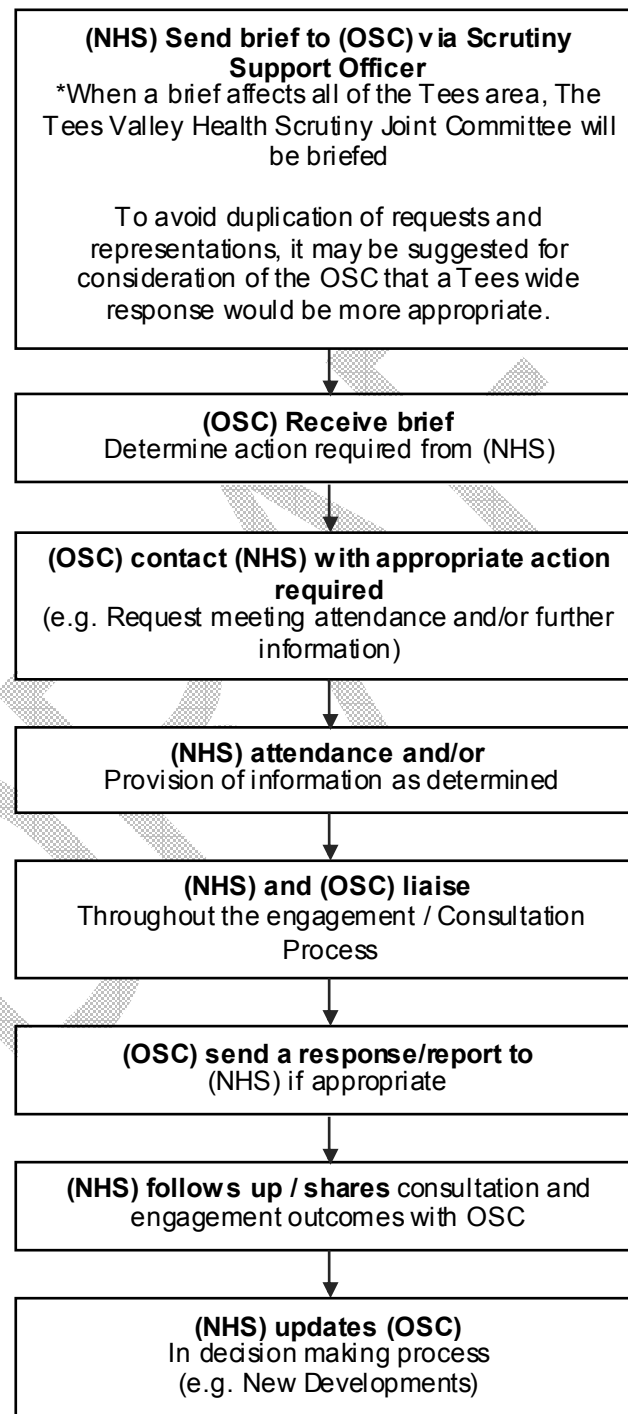
Proposals for changes to services or new developments should be considered at an early stage, to identify whether proposals are substantial and to gain agreement on consultation.

A number of circumstances are exempt from the requirement for NHS organisations to consult overview and scrutiny:

- Any proposal to establish or dissolve an NHS trust or PCT unless dissolution represents a substantial variation or development to the services that will be delivered in the future.
- Pilot schemes within the meaning of the National Health Service (Primary Care) Act 1997
- When an NHS body believes a decision has been taken on an issue immediately due to a risk to the safety or welfare of patients or staff.

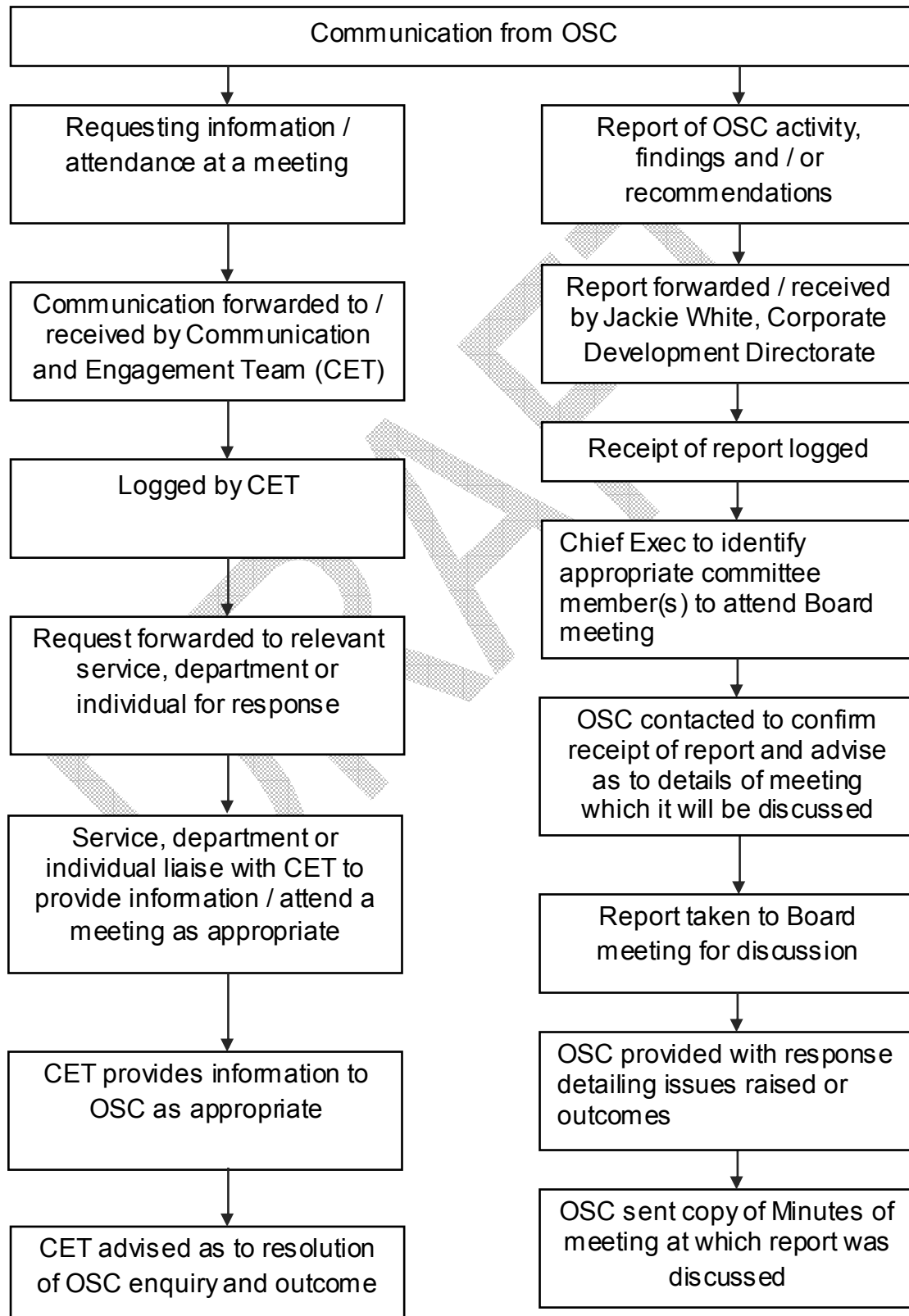
11 Appendix 3: Briefings from NHS Hartlepool to Hartlepool Health Scrutiny Forum

This Diagram shows the briefing process between NHS Hartlepool (NHS) and Hartlepool Health Scrutiny Forum (OSC)



12 Appendix 4: Correspondence

This Diagram shows the correspondence process between NHS Hartlepool Communication and Engagement Team (CET) and Hartlepool Health Scrutiny Forum (OSC)



Hartlepool Health Scrutiny Forum

Suggestions for the Development of Protocols with North Tees and Hartlepool NHS Foundation Trust to Govern Health Scrutiny Arrangements Affecting the Residents of Hartlepool

1. Introduction

- 1.1 Overview and scrutiny of health is an important part of the Government's commitment to place patients and the public at the centre of health services. It is also an opportunity for democratically elected community leaders to voice the views of their constituents and require North Tees and Hartlepool NHS Foundation Trust (hereafter referred to as the 'Foundation Trust') to listen and respond. The Health Scrutiny Forum is a democratically elected body with a statutory duty to comment on NHS developments affecting Hartlepool residents.
- 1.2 The Department of Health issued guidance on 20 May 2003, two years after the Health and Social Care Act (2001) became law and just less than five months after local authorities' powers to scrutinise health services came into force. A full explanation of the powers and duties placed upon local authorities and local NHS bodies¹, including definitions of terms and phrases, may be found in the Department of Health Guidance of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002. A summary of the powers are described in Appendix 1.

2. Health Scrutiny Protocols – Local NHS Bodies and Hartlepool's Health Scrutiny Forum

Background

- 2.1 The Health and Social Care Act contains provision to amend the Local Government Act 2000 to enable a local authority's overview and scrutiny committee to "review and scrutinise, in accordance with regulations under that Section (Section 7 of the Health and Social Care Act) matters relating to the health service in the authority's area, and to make reports and recommendations on such matters in accordance with the regulations."
- 2.2 The Health Scrutiny Forum can scrutinise a health system or 'economy', not just individual NHS bodies. Therefore, the power to scrutinise health should

¹ *Local NHS bodies which may be scrutinised include: a strategic health authority, primary care trust, or NHS trust which "provides, or arranges or performance manages the provision of services to people living within the area of the overview and scrutiny committee's local authority."*

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be seen in the context of the Borough Council's role in community leadership. The Local Government Act 2000 and the Health and Social Care Act 2001 strengthen local government's community leadership role in relation to health and should ensure that the Borough Council can work with the health community to ensure the delivery of excellent quality services.

- 2.3 The Health Scrutiny Forum, although autonomous and reporting to its own Council, will also cooperate within the framework agreed through the Tees Valley Health Scrutiny Joint Committee.

The Aim of Health Scrutiny

- 2.4 The fourfold aim of health scrutiny will be:-

1. to ensure that people's needs and wishes for health and health related services have been identified and prioritised so as to move towards achieving health improvements;
2. to ensure that these services meet the needs of all the population (including minorities, socially excluded and other targeted groups);
3. to scrutinise whether services that impact on the health are accessible to, and can be accessed by, all parts of the community; and
4. to scrutinise whether the outcomes of intervention (whether through services or other intervention designed to impact on health) are positive and good for all groups/sections of the population.

- 2.5 In summary, the aim of overview and scrutiny of health is "to act as a lever to improve the health ... ensuring that [their] needs . . . are considered as an integral part of the delivery and development of health services." ('Overview and Scrutiny of Health – Guidance'). This could mean addressing, for example, the issues around health inequalities between different groups and working with NHS bodies to secure continuous improvement of health services and those services that impact on health.

Partnership

- 2.6 Overview and scrutiny will not work if it is adversarial. A constructive but challenging approach – based on mutual understanding between the Health Scrutiny Forum and the Foundation Trust – will be a prerequisite for success.
- 2.7 The dialogue must be based on a proper flow of information, so that the same is both constructive and meaningful.
- 2.8 The Health Scrutiny Forum will aim to be a 'critical friend' to the Foundation Trust who will need to respond frankly to questioning and provide convincing explanations when they do not take up scrutiny recommendations.
- 2.9 Health Scrutiny Forum members will maintain a positive style of questioning and treat witnesses with respect and courtesy. Health Scrutiny Forum

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members will familiarise themselves with the subject under review prior to calling witnesses. Health Scrutiny Forum members will maximise public accessibility to the scrutiny process and its outputs.

- 2.10 While the final decision on what and how to scrutinise should be the sole preserve of the Health Scrutiny Forum, the Foundation Trust will be involved in discussions about the purpose and scope of the role. Health partners will also have vital information on the particulars of health issues and can give advice on the timings of scrutinising particular issues.

Resource implications on Local NHS Bodies

- 2.11 The Health Scrutiny Forum recognises the resource implications on the Foundation Trust in being scrutinised. In addition to attendance at Formal meetings of the Health Scrutiny Forum, as and when required, regular informal bi-monthly meetings will take place between the Health Scrutiny Forum Chair and senior officers from the Foundation Trust. The aim of these meetings will be to assist in the continued provision of excellent communication routes between all bodies and the achievement of effective scrutiny in terms of topic selection and evidence provision as well as the effective dissemination of information, including good practice.
- 2.12 These protocols will, however, not take away any of the statutory rights of the Health Scrutiny Forum to “hold to account” the Foundation Trust if it so wishes.

Conduct of Meetings between Local NHS Bodies and the Health Scrutiny Forum

- 2.13 Officers from the Foundation Trust will be expected to answer questions of the Health Scrutiny Forum Chair or their representatives.
- 2.14 Reports will be presented as appropriate, covering background and other information to appraise individuals engaged in the overview and scrutiny process.
- 2.15 Different approaches (i.e. meeting formats) and locations may be used depending on the circumstances.
- 2.16 The Health Scrutiny Forum Chair or their representatives will give sufficient notice of its request for an officer to attend, provide an indication of the issues being considered and (where possible) the potential lines of enquiry. Agendas will be circulated as public documents five clear working days before meetings. Confidential items, as classified under the Local Government Act 1972, as amended by the Local Government (Access to Information) Act 1985, will not be available to the public or press.
- 2.17 The meetings will be chaired by the Chair of the Health Scrutiny Forum or their substitute.

Duties and Responsibilities of the Foundation Trust

- 2.18 The Foundation Trust will have a statutory duty to provide any information requested by the Health Scrutiny Forum, subject to any applicable exemption.
- 2.19 It is expected that the Foundation Trust will provide all information that may assist the objectives of scrutiny, except where to do so would compromise individual confidentiality.
- 2.20 The Health Scrutiny Forum will make clear the nature of the information it seeks so that the Foundation Trust can identify the most appropriate officer² to attend. The legislation does not require the chairman or non-executive directors to attend but "there may be times when they may wish to accept invitations to enable the committee to discuss issues of governance and policy relating to the NHS body."
- 2.21 They will be expected to consider any recommendations and report back the outcome of their consideration. The Foundation Trust will on request, respond to reports and recommendations within 28 days of the request from the Health Scrutiny Forum.

Duties and Responsibilities of the Health Scrutiny Forum

- 2.22 The Health Scrutiny Forum working together at meetings with the Foundation Trust will focus their interest and questions on issues which are of relevance to the residents of Hartlepool.
- 2.23 The Health Scrutiny Forum cannot enter the domain of scrutinising individual patient cases. However, they may use trends emerging from individual patient issues to determine which policies to scrutinise.
- 2.24 The Health Scrutiny Forum cannot become involved in scrutinising individual operational issues or staffing matters. However, they may wish to comment on general principles they deem appropriate in relation to such areas.

Community Aspirations

- 2.25 The Health Scrutiny Forum will attempt to ensure that the aspirations of the Hartlepool community, with regard to improvement in health, are pursued.

² An officer of an NHS body, who is required to attend a committee by virtue of the powers of overview and scrutiny of health, means any officer of an NHS body. Some NHS bodies may designate a specific scrutiny link officer, or may consider that all invitations should be made to the chief executive to identify who is the most appropriate officer to attend.

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- 2.26 The scrutiny process will attempt to be inclusive of all relevant views to ensure that the outcomes are well reasoned.

Not Duplicating Work

- 2.27 The field of NHS regulation is a crowded one. The purpose of the local authority scrutiny role should be to fill a gap in existing arrangements for performance management of the health community, not to duplicate them.
- 2.28 The Health Scrutiny Forum will strive to work in conjunction with the inspection and regulatory frameworks for the NHS and local government, while providing input into the NHS as the only directly democratically elected bodies being able to do so.

Consultation Arrangements

- 2.29 The Foundation Trust has a duty to consult Hartlepool's Health Scrutiny Forum on any proposals relevant to residents of the town which it considers may be "a substantial development of the health service in the area . . . or on any proposal to make any substantial variation in the provision of such service(s)" (Appendix 2). This is in addition to the discussions that the Foundation Trust will have with the full Council or its Executive about service developments and to the duty to consult and involve patients and the public.
- 2.30 The Foundation Trust is advised to discuss any proposals for service change in Hartlepool with the Health Scrutiny Forum "at an early stage, in order to agree whether or not the proposal is considered substantial [and] discussion about how consultation will be undertaken [including] agreement about the length of time [it] will last and methods to be used taking into account local needs."
- 2.31 The Foundation Trust does not have to consult if they believe that a decision must be taken immediately because of a risk to the safety or welfare of patients or staff (for example closing a ward due to an outbreak of infection). The guidance document says that "these circumstances should be exceptional" and that the NHS must notify the Forum immediately of the decision taken and the reason why there was no consultation. As good practice, the NHS should also say how patients and carers have been informed and what alternative arrangements have been made.

APPENDIX 1:**Powers of local authority Health Scrutiny Forum**

The Health Scrutiny Forum may:

1. review and scrutinise any matter relating to the planning, provision and operation of health services in the area of the Forum's local authority;
2. make reports and recommendations to local NHS bodies and to its local authority on any matter reviewed or scrutinised using the overview and scrutiny of health power;
3. require the attendance of an officer of a local NHS body to answer questions and provide explanations about the planning, provision and operation of health services in the area of the Forum's local authority;
4. require a local NHS body to provide information about the planning, provision and operation of health services in the area of the Forum's local authority, subject to exemptions outlined in the Health and Social Care Act 2001;
5. establish joint committees with other local authorities to undertake overview and scrutiny of health services, where necessary; and
6. report to the Secretary of State for Health:
 - where the committee is concerned that consultation on substantial variation or development of services has been inadequate; or
 - where the committee considers that the proposal is not in the interests of the health service.

APPENDIX 2: Definition of ‘Substantial Variation’ and ‘Substantial development’ in the Local Health Economy

The Regulations do not define 'substantial' and so NHS bodies are encouraged to aim to reach an understanding or definition with their Health Scrutiny Forum, informed by discussions with other "key stakeholders" (a term much used in the guidance but likewise undefined) including patients' forums.

In considering whether the proposal is substantial, NHS bodies, committees and stakeholders should consider generally the impact of the change upon patients, carers and the public who use or have the potential to use a service.

They are enjoined to take into account:

- (i) changes in accessibility of services, for example both reductions and increases on a particular site or changes in opening times for a particular clinic. There should be discussion of any proposal which involves the withdrawal of in-patient, day patient or diagnostic facilities for one or more speciality from the same location;
- (ii) the effect of the proposal on the wider community and other services, including economic impact, transport, regeneration;
- (iii) patients affected, a change affecting a small group may still be regarded as substantial, particularly if patients need to continue accessing that service for many years (for example, renal services).
- (iv) methods of service delivery, for example moving a particular service into community settings rather than being entirely hospital-based.

Where the committee is not satisfied:

- (i) with the content of the consultation or that sufficient time has been allowed;
or
- (ii) that the reasons given for not carrying out consultation are inadequate;

it may report the issue to the Secretary of State in writing.

"Any such referral should make clear the grounds on which it has reached its conclusion. It should be noted, that the referral power for overview and scrutiny committees in the context of inadequate consultation, only relates to the consultation with committees by the NHS and not consultation with other stakeholders. Section 11 of the Act requires more wide ranging involvement and consultation but no referral power relates to that wider duty."

The Secretary of State can require the NHS body concerned to carry out "such consultation or further consultation with the committee as he considers appropriate", after which the NHS body must reconsider its decision in the light of that additional consultation.

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Where the committee considers that the proposal is not in the interests of the health service in its area, it can refer the issue to the Secretary of State in writing and he may make a final decision on the proposal. The Secretary of State can require the NHS body "to take such action or desist from taking such action as he may direct."

A referral on the basis of a proposal not being in the interests of the health service should also set out the grounds on which the committee came to that conclusion. The power "should not be used lightly ... local resolution of issues is always preferable."

The Secretary of State may ask the Independent Reconfiguration Panel (IRP) to advise him on a referral. This is an advisory non-departmental public body with a chair and members drawn equally from health service professionals, health service managers and patients and citizens.

It "will wish to be satisfied that all options for local resolution have been fully explored" before considering an issue in detail. The IRP may visit the NHS body and consider the OSC's report and recommendations.

HEALTH SCRUTINY FORUM

13 April 2010



Report of: Scrutiny Support Officer

Subject: TEES VALLEY HEALTH SCRUTINY JOINT
COMMITTEE - UPDATE

1. PURPOSE OF THE REPORT

- 1.1 To inform Members of issues discussed at meetings of the Tees Valley Health Scrutiny Joint Committee held since the last meeting of the Health Scrutiny Forum on 9 March 2010.

2. BACKGROUND INFORMATION

- 2.1 Members are asked to note that the Tees Valley Health Scrutiny Joint Committee is due to meet on 8 April 2010, the production of the agenda and reports for today's meeting is before confirmation has been received of agenda items for the Tees Valley Health Scrutiny Joint Committee of 8 April 2010, therefore, a verbal / summary of discussions will be provide by those Members of the Tees Valley Health Scrutiny Joint Committee present at today's meeting.
- 2.3 Full copies of these reports are available from the Scrutiny office should Members wish to obtain them.

3. RECOMMENDATION

- 3.1 That Members note the content of the report and outline any possible comments in relation to the issues discussed which they would like the Chair to relay back to the Joint Committee on their behalf.

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BACKGROUND PAPERS

No background papers were used in the preparation of this report