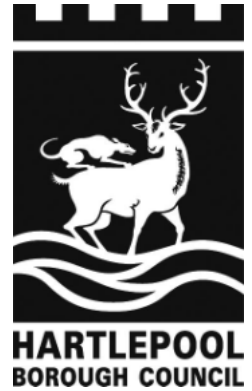


HEALTH SCRUTINY FORUM AGENDA



Tuesday, 22 June 2010

at 3.00 pm

**in Council Chamber
Civic Centre, Hartlepool**

MEMBERS: HEALTH SCRUTINY FORUM:

Councillors S Akers-Belcher, Barker, Cook, Fleet, Griffin, A Lilley, G Lilley, McKenna and Simmons

Resident Representatives:

To be confirmed

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. MINUTES**
 - 3.1 Minutes of the meeting held on 13 April 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 Role of the Health Scrutiny Forum – *Scrutiny Support Officer*

7.2 National Stroke Strategy:-

(a) Covering Report – *Scrutiny Support Officer*; and

(b) Presentation – *North Tees and Hartlepool NHS Foundation Trust*.

7.3 Momentum: Pathways to Healthcare – Service Transformation

(a) Covering Report – *Scrutiny Support Officer*; and

(b) Joint Presentation – *Associate Director of Strategic Planning (North Tees and Hartlepool NHS Foundation Trust) and Assistant Director of Health Systems Development/Estates (NHS Hartlepool)*.

7.4 Determining the Scrutiny Forum's Work Programme for 2010/11 – *Scrutiny Support Officer*

7.5 Appointments to Outside Bodies – Health Scrutiny Nominations to the Tees Valley Joint Health Scrutiny Committee - *Democratic Services*

7.6 Health of ex-Service Community – *Scrutiny Support Officer*

8. ISSUES IDENTIFIED FROM FORWARD PLAN

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

No Items

10. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

ITEMS FOR INFORMATION

Date of Next Meeting:

Tuesday, 3 August 2010 at 3.00 pm in the Council Chamber, Civic Centre, Hartlepool

HEALTH SCRUTINY FORUM

MINUTES

13 April 2010

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

Present:

Councillor: Jonathan Brash (In the Chair);

Councillors: Alison Lilley, Geoff Lilley and David Young

In accordance with Council Procedure Rule 4.2 (ii) Councillor Carl Richardson attended as a substitute for Councillor Gladys Worthy

Resident representatives:

Mary Green, Jean Kennedy and Linda Shields

Officers: Alison Mawson, Assistant Director, Community Safety and Protection
Ian Harrison, Principal Trading Standards and Licensing Officer
James Walsh, Scrutiny Support Officer
Denise Wimpenny, Principal Democratic Services Officer

Also Present: Stephen Thomas, Links Development Officer, Hartlepool Link
Christopher Akers-Belcher, Links Co-ordinator, Hartlepool Link

134. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Barker, Plant, Sutheran and Worthy.

135. Declarations of Interest by Members

Councillor Christopher Akers-Belcher declared a personal interest in minute 141.

136. Minutes of the meeting held on 9 March 2010

Confirmed.

137. Matters Arising from the Minutes

Minute 133 – Tertiary Referrals

In view of the importance of this issue, the need to consider tertiary referrals at a future meeting of the Forum and the possibility of investigating this issue as a work programme item in the future was suggested.

The Chair referred to the Foundation Trust's request for feedback from the Forum by the end of the week in relation to the Quality Account that had been received from North Tees and Hartlepool NHS Foundation Trust (NTHFT), a copy of which had been circulated to each Member. Members raised concerns regarding the tight timescale to consider the report and that there had not been an opportunity to discuss the report with the Trust in advance of formulating a response; accepting that this had been mainly due to the delays with national guidance from the Department of Health. In light of this, Members were of the view that the report should be noted and the Chair contact NTHFT to advise that due the short timescales no commentary will be provided for this year's Quality Account and that the Forum requested earlier consultation with the 2010/11 Quality Account from NTHFT.

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

None

139. Consideration of Request for Scrutiny Reviews Referred via Scrutiny Co-ordinating Committee

None

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

None

141. The National Stroke Strategy – Covering Report
(Scrutiny Support Officer)

Members were advised that due to the unavailability of representatives from North Tees and Hartlepool NHS Foundation Trust who had been invited to the meeting to provide details of developments in relation to the delivery of Stroke Services, this item be deferred.

Recommendation

That this item be deferred to a future meeting of the Forum.

142. Hartlepool Local Involvement Network (LINK) Update – Covering Report *(Scrutiny Support Officer)*

As part of continuing the development of strong working/communication links between Hartlepool Link and the Health Scrutiny Forum, representatives from Hartlepool Link had been invited to the meeting to provide a presentation on the achievements by Hartlepool Link during the 2009/10 Municipal Year. The Links Co-ordinator and Links Development Officer provided a detailed and comprehensive presentation which focused on the following issues:-

- Summary of work 2009/2010
 - Promote/support involvement of people in local care services
 - Obtain views of people on needs and experiences of local care services
 - Enable people to monitor/review commissioning and provision of care services
 - Convey views to organisations responsible for local care services and recommend how services can be improved
- Link Outcomes
- Enter and View Visits – Predominantly positive - key areas of concern
- Appointments
 - difficulties accessing surgeries by phone and costs of phone calls
 - lack of availability of same day/following day appointments
 - 4 to 5 day waiting times reported
- Out of Hours Services/Home Visits
 - lack of awareness of how to access “out of hours” services
 - accessing advice and treatment via out of hours can be lengthy process
 - widespread problems obtaining GP home visits
- Rights and Dignity
 - lack of awareness of complaints procedures/right to change GP practice
 - Apprehensions about changing GP practices
 - Some poor customer service from reception staff
- Pharmacies – Rights and Dignity
 - Lack of awareness of private consultation room facilities
 - Lack of signage outlining availability of consultation rooms
 - Methadone patients taking medication in public area

Following the conclusion of the presentation discussion ensued which included the following issues:-

- (i) In response to a query regarding the difficulties for patients accessing appointments with GP's and whether feedback had highlighted the reasons why patients were reluctant to change practices, Members were advised that there was a lack of awareness by patients of their right to change practices which needed to be addressed. However, some patients were prepared to accept the difficulties and waiting times for appointments as they had developed good relationships and trust in GP's.
- (ii) The Chair queried how the relationship between Links and the Health Forum was currently viewed and how it was envisaged this would develop in the coming year. The Links Co-ordinator advised that the Scrutiny Support Officer had been provided with details of a working agreement for the current year and as a result of liaising with the Forum in the early stages there had been no duplication of work. It was considered that Links had complimented the work of the Forum and the working/communication links would continue to develop. The Chair went on to comment on the benefits of joint working arrangements and how external input could broaden future investigations.
- (iii) The Forum shared individual experiences with GP practices, the potential reasons for patient apprehension to change which included inconvenience and emphasised the importance of improvements being made as a result of recommendations of Links. The advantages of Links sharing recommendations with Elected Members was also highlighted.
- (iv) In response to a request for clarification, the Forum was advised of the enter and view visit process to which a report on findings was presented to GP practices for comments. It was pointed out that any comments from staff or patients including Links recommendations were published on their website and were not subject to amendment by the practice. A copy of the report was distributed to NHS Hartlepool with a view to addressing the recommendations as part of the commissioning of services process.
- (v) Concerns were expressed that the recommendations of the former PPI Forum relating to McKenzie House had not been successfully implemented and the impracticalities for some patients of an on-line booking system and patients being unable to make face to face appointments with reception staff. The Links Co-ordinator reported that unfortunately there was no Government legislation to ensure the recommendations of PPI Forums were implemented. The need to ensure recommendations were implemented was further discussed and in light of the Forum's concerns regarding McKenzie House, it was suggested that a statement be issued to the practice setting out the concerns and the importance of addressing the issues identified.
- (vi) In relation to rights and dignity issues, a Member commented on

the implications of methadone patients sharing facilities when attending certain pharmacies and the need to provide private room facilities where possible. The Links Co-ordinator advised that there was no obligation for pharmacies to provide private room facilities. However, the dignity issues of sharing facilities were noted. The pharmacy referred to was not part of the enter and view programme, however, this would be added to the work programme.

- (vii) In response to some concern regarding the lack of awareness of assistance for patients being discharged from hospital, the Forum was advised that the discharge policy stated that patients should not be discharged after 8.00 pm. There was a hospital taxi service available, however, this was not widely publicised and was only available in exceptional circumstances.
- (viii) The Forum complimented the Links representatives on the outcomes achieved and acknowledged the improvements that had been achieved since Links had been established. Members welcomed the attendance of the representatives and suggested an informal debate on future joint work programme issues.

Recommendation

That the content of the presentation and comments of the Forum be noted.

143. Draft Final Report - Alcohol Abuse – Prevention and Treatment *(Chair of Health Scrutiny Forum)*

The Chair referred Members to the draft final report following the Forum's investigation into Alcohol Abuse – Prevention and Treatment.

The report included the terms of reference, methods of investigation, key findings in terms of the baseline statistical evidence, definition of alcohol abuse, the level of alcohol consumption in Hartlepool, national recommendations relating to alcohol abuse prevention and treatment services, how alcohol prevention services are delivered in Hartlepool, how the delivery and provision of alcohol prevention and treatment is viewed in Hartlepool, examples of good practice together with suggested improvements to the delivery of alcohol prevention and treatment services.

The Forum had 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 Cabinet were 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.

The Forum discussed the conclusions and recommendations during which the following comments were raised:-

- (i) In relation to recommendation (c) (iv), a Member requested that regular update reports be provided to the Forum in this regard and this be reflected in the recommendation.
- (ii) With regard to recommendation (b), a lengthy discussion ensued on the advantages and disadvantages of an Elected Member being appointed to Chair the Alcohol Taskforce Group, who that Elected Member might be, the importance of appointing a Member with the appropriate skills and expertise as well as the role of the appointed representative. The Assistant Director advised that the proposed Alcohol Task Group had similar membership to that of the Safer Hartlepool Partnership's Alcohol Strategy Group, the membership and chairmanship of which was currently being reviewed.
- (iii) In response to some concern that recommendations (c) (ii) and (e) (i) may result in a risk of funding for illegal drug treatment and prevention being reduced, the Chair provided clarification on the purpose of the recommendations.

Recommendation

That the draft final report, be agreed subject to minor amendments relating to recommendation (c) (iv) to be agreed with the Chair.

144. **Draft Final Report – Suspension of Greatham Clinic** (Chair of Health Scrutiny Forum)

The Chair referred presented the draft final report following the Forum's investigation into the suspension of the Greatham Clinic.

The report included methods of investigation, key findings, current position of delivery of Greatham Clinic's services, future for delivery of services from Greatham clinic, statistics for usage of Greatham clinic, number of service users accessing the clinic for clinical reasons together with conclusions and recommendations.

The Forum had 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 Cabinet were 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.

The Forum discussed the report and, in particular, the conclusions and recommendations during which the following comments were raised:-

- A Member expressed concerns that the report did not reflect the strong feelings raised by the residents of Greatham regarding the withdrawal of the service and was of the view that the decision to suspend the clinic was financial despite assurances from the Director of Health Systems and Estates Development that the decision was based on clinical and safety issues.
- Residents were disappointed regarding the Director's suggestion that

recent investment in additional and varied primary care services available across the town was a satisfactory substitute for the services that had been removed at Greatham and that the invaluable experience and role of the Health Visitor including the benefits to the community had not been adequately recognised. The Chair reported that whilst conclusion (d)(i) recognised that the interim arrangements did not meet the holistic approach that Greatham residents had enjoyed, a recommendation to strengthen the feeling of residents could be added to the report, details of which would be agreed in consultation with the Greatham Ward Councillor following the meeting.

- Following discussion in relation to paragraph 7.6 of the report regarding obesity statistics in Greatham, the Forum requested that this paragraph be revised on the basis that the statistics were not reflective of Greatham Village as the ward also included South Fens. In light of the Forum's request, it was agreed that the Chair would review this paragraph in consultation with the Greatham Ward Councillor following the meeting.

Recommendation

That the draft final report, be agreed subject to the above comments being included, the wording of which to be determined by the Chair in consultation with the Greatham Ward Councillor.

145. Thyroid Problems in Hartlepool – Exploratory Report *(Scrutiny Support Officer)*

The Chair provided background information to the exploratory evidence gathered around thyroid problems in Hartlepool.

The report included causes of thyroid problems, levels of hypothyroidism in Hartlepool, percentage of cases of hypothyroidism covered by NHS North East together with water fluoridation and thyroid problem statistics.

The Forum's views were sought as to whether this issue should be further explored on the basis of the evidence provided in the exploratory report.

A resident representative was of the view that this problem was more prevalent in Hartlepool than the report suggested and highlighted that this issue was also being pursued through Links. Following discussion regarding the statistics, the Forum suggested that this issue should be further explored jointly with Links.

Recommendation

That the contents of the report be noted and further detailed research be undertaken as a joint arrangement with Links.

146. Draft Working Protocols *(Scrutiny Support Officer)*

The Forum was advised that 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'. One of the recommendations of the report was that the creation of a formal set of protocols on consultation be debated between the PCT and the Forum. Attached at Appendix A was the draft working protocol between this Forum and NHS Hartlepool (formerly Hartlepool PCT) and Appendix B to the report set out the draft working protocol between this Forum and North Tees and Hartlepool NHS Foundation Trust.

Recommendation

- (i) That the contents of the report be noted.
- (ii) That the draft working protocols, attached at Appendix A and B of the report of the report, be agreed.

147. Tees Valley Health Scrutiny Joint Committee – Update

The Forum were provided with feedback on the issues discussed at the last meeting of the Tees Valley Health Scrutiny Joint Committee held on 8 April 2010 which included the value of appointing substitutes to attend these meetings as required.

148. Any Other Business – Regional Health

The Chair reported that the protocol for joint working between the 12 North East Local Authorities in relation to the formulation of a Regional Health Scrutiny Committee had been provisionally agreed and would be shared with the Health Scrutiny Forum for comment, as part of the Constitutional process.

149. Any Other Business – Salaries - Regional Health Trusts

A resident representative raised concern that the increase in salaries of Health Trust Executives was excessive and funding should be utilised more effectively. Examples of inappropriate spending by health trusts were discussed. The Chair advised that these concerns had previously been raised by Elected Members and debated at Council. Unfortunately, health trusts had the financial freedom to make such decisions and it was a matter for the governors of the Foundation Trust to address spending issues.

150. Any Other Business – Connected Care

A Member expressed disappointment that the evaluation of the Connected Care Pilot had not been received by the Forum. The Chair explained that due to the national interest in the Connected Care evaluation by the Joseph Rowntree Foundation, the Chair of the Connected Care Steering Group had been unable to attend today's meeting, however, it was envisaged that this issue would be further explored in the next municipal year.

151. Date and Time of Next Meeting

It was reported that this was the last meeting of the current municipal year and the date of the next meeting was to be determined.

The Chair expressed his thanks on behalf of the Forum to the Scrutiny Support officers and Democratic Services team for their support to the Forum during this municipal year.

The meeting concluded at 5.35 pm.

CHAIRMAN

HEALTH SCRUTINY FORUM

22 June 2010



Report of: Scrutiny Support Officer

Subject: THE ROLE OF THE HEALTH SCRUTINY FORUM

1. PURPOSE OF REPORT

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

2. BACKGROUND

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

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

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

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

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

4. FUNCTIONS OF OVERVIEW AND SCRUTINY FORUMS

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

(a) Policy Development and Review

Overview and Scrutiny Forums may:

- (i) Assist the Council and the Executive in the development of the budget and policy framework by in-depth analysis of policy issues;
- (ii) Conduct research, community and other consultation in the analysis of policy issues and possible options;
- (iii) Consider and implement mechanisms to encourage and enhance community participation in the development of policy options;
- (iv) Question members of the Executive and Chief Officers about their views on issues and proposals affecting the area; and
- (v) Liaise with other external organisations operating in the area, whether national, regional or local, to ensure that the interests of local people are enhanced by collaborative working.

(b) Scrutiny

Overview and Scrutiny Forums may:

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

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

(c) Finance

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

5. THE REMIT OF THIS FORUM

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

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

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

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

6. SCHEDULE OF FORUM DATES FOR 2010/11

- 6.1 Detailed below, for Members information, are the scheduled dates for meetings of the Health Scrutiny Forum in 2010/11. Please note that scheduled meetings will commence at 3.00pm, in various venues across the town, with the capacity for additional meetings to be arranged where required to accommodate the needs of individual inquiries.

Tuesday 3 August 2010;
Tuesday 14 September 2010;
Tuesday 12 October 2010;
Tuesday 23 November 2010;
Tuesday 1 February 2011 (3.30pm start)
Tuesday 1 March 2011; and
Tuesday 29 March 2011.

7. CONCLUSIONS

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

Contact Officer:- 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:-

- i) Hartlepool Borough Council Constitution.

HEALTH SCRUTINY FORUM

22 June 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

22 June 2010



Report of: Scrutiny Support Officer

Subject: MOMENTUM: PATHWAYS TO HEALTHCARE –
SERVICE TRANSFORMATION – COVERING
REPORT

1. PURPOSE OF THE REPORT

- 1.1 To inform Members that the Associate Director of Strategic Planning (North Tees and Hartlepool NHS Foundation Trust) and the Assistant Director of Health Systems Development/Estates (NHS Hartlepool) will be in attendance at today's meeting to provide a presentation in terms of Service Transformation.

2. BACKGROUND INFORMATION

- 2.1 Members may recall that during the summer of 2008 this Forum was involved in a joint consultation under Section 244 of the NHS Act 2006 relating to the development of the Momentum: Pathways to Healthcare Programme, which “aimed to deliver services closer to home; local clinics, where much of what is provided in hospital can take place and a new hospital within easy reach of everyone in the area”¹. The joint consultation was presented to the NHS Joint Committee on the 29 September 2008.
- 2.2 Subsequently the Associate Director of Strategic Planning (North Tees and Hartlepool NHS Foundation Trust) and the Assistant Director of Health Systems Development/Estates (NHS Hartlepool) will be in attendance at today's meeting to provide a presentation in relation to the Service Transformation Project. However, since 29 September 2008, Members may wish to note the following milestones that have been achieved:-

¹ Momentum – Consultation Response (September 2008)

3. RECOMMENDATION

- 3.1 That Members note the content of this report and the presentation from the Associate Director of Strategic Planning (North Tees and Hartlepool NHS Foundation Trust) and the Assistant Director of Health Systems Development/Estates (NHS Hartlepool), seeking clarification on any relevant issues where felt appropriate.

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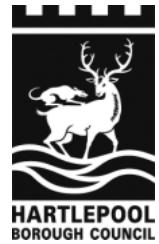
BACKGROUND PAPERS

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

- (i) Momentum: Pathways to Healthcare – Consultation Response, presented to the NHS Joint Committee on 29 September 2009

HEALTH SCRUTINY FORUM

22 June 2010



Report of: Scrutiny Support Officer

Subject: DETERMINING THE SCRUTINY FORUM'S WORK PROGRAMME FOR 2010/11

1. PURPOSE OF REPORT

- 1.1 To provide the Members of the Health Scrutiny Forum with a range of information, extracted from various sources to assist in the consideration of suitable topics for inclusion into the Forum's Work Programme for the 2010/11 Municipal Year.

2. BACKGROUND INFORMATION

- 2.1 The Health Scrutiny Forum needs to develop a Work Programme for the 2010/11 Municipal Year, together with a timeframe for each review, for consideration by the Scrutiny Co-ordinating Committee on 23 July 2010. Detailed terms of reference should be developed at the start of each review.
- 2.2 As such the Assistant Chief Executive for Hartlepool PCT, Assistant Chief Executive for North Tees and Hartlepool NHS Foundation Trust; Cabinet Member for Adult and Public Health Services; Corporate Performance Plan (BVPP) and consultation with the Local Involvement Network (LINK) have been the foundation sources for this report to enable the Forum to compile its Work Programme.
- 2.3 However, it should be appreciated that some of the areas detailed below are continually evolving and further details will emerge throughout the year.
- 2.4 In conducting health scrutiny Members may wish to note that the Health Scrutiny Regulations enable scrutiny committees to request the attendance of an officer from a local NHS body to answer questions and NHS bodies are under a duty to comply with these requests.

- 2.5 In addition to establishing the Forum's Work Programme, the Forum may consider it appropriate to receive illustrations from local NHS bodies in relation to impending legislation and to respond on an ad hoc basis to emerging issues which would be considered appropriate for an investigation or review to be undertaken.

TOPIC	Cabinet Member / Health Trust / Director	LINK (To be advised at the meeting)	NHS Consultation	Member(s)	Referral	Member of the Public / Resident Representative / Community Group
Service Transformation Project (Issue: To consider current and future impact of the Momentum: Pathways to Healthcare programme in terms of the Service Transformation Project) For further details see Appendix A.	X		X			
Hartlepool Power Station (Issue: To explore concerns regarding the health impacts of the activities of Hartlepool Power Station) For further details see Appendix B.						X
Car Parking Charging Policy (Issue: To explore concerns related to car parking charging policy near community based health care facilities and at Hospitals) For further details see Appendix C.				X		
Tertiary Referrals (Issue: To further explore the issue of tertiary (consultant to consultant) referrals) For further details see Appendix D				X		

Teenage Pregnancy Rates (Issue: To explore the rate of teenage pregnancy in Hartlepool in comparison to national and local indicators) For further details see Appendix E				X		
Breastfeeding (Issue: To explore breastfeeding outcomes in Hartlepool) For further details see Appendix F	X					

- 2.6 In considering potential work programme items for 2010/11 Members may also wish to update the 3 year rolling work programme for this Forum. The establishment of the rolling work programme is considered best practice as outlined in the health scrutiny guidance. This is to enable local partners to be aware in advance of forthcoming priorities of the Health Scrutiny Forum.

ROLLING HEALTH SCRUTINY WORK PROGRAMME – YEARS 2 & 3	Estimated timetable for consideration by the Forum
Smoking	Y2/3
Healthy Eating / Obesity	Y2/3
Drug Rehabilitation	Y2/3
Cancer Clusters	Y2/3

- 2.7 In setting the Work Programme for 2010/11 consideration also needs to be given to the following items which the Forum will need to consider throughout the year

ITEM TO BE CONSIDERED	Details	Estimated Timetable for Consideration by the Forum
National Stroke Strategy	In response to the National Stroke Strategy and as part of Momentum's Service Transformation Project, update to be provided to Members of developments in relation to Hyperacute Stroke Services.	22 June 2010 (re-arranged from Forum meeting of 13 April 2010).

Dust Deposits on the Headland	Professor Peter Kelly, Executive Director for Public Health agreed to share findings of investigation into any link between cancer clusters, stress related illness and dust deposits.	Awaiting confirmation from Professor Kelly of likely timescales.
Connected Care Pilot	The Chair of the Connected Care Steering Group agreed to share with the Forum the evaluation of the Connected Care Pilot.	August 2010 – dependent on availability of the Chair of Connected Care Steering Group
Health Inequalities	The Forum agreed at their meeting of 6 October 2009 to receive an annual update on health inequalities “focussing on those specific wards causing concerns in relation to life expectancy of women”.	October 2010
Quality Accounts	The Forum agreed at their meeting of 13 April 2010 to enter into earlier dialogue with North Tees & Hartlepool NHS Foundation Trust in relation to their Quality Account for 2010/11.	January 2011

- 2.8 Having considered the above information together with topics identified by individual Members’ for inclusion into the Work Programme, the Forum may wish to discuss various aspects contained within the Corporate Plan 2010/11 to raise potential areas for consideration. They could range from areas already identified as suitable for development through Commitments or areas where the specific performance is below the targeted level. For this purpose, **Appendices G and H** detail the relevant Sections of the Corporate Plan for the Panel’s consideration as outlined below:-

Appendix G – Council’s Priority Contributions to Community Strategy Themes ‘Health and Wellbeing’.

Appendix H – Performance Indicator Table: ‘Health and Wellbeing’.

- 2.9 The Forum may also wish to apply a degree of emphasis on a particular source for example, would the Forum consider issues which are clearly raised as a concern by the public to carry more weight than those considered important by the service provider? In practice the Forum will need to apply a considered opinion from all sources against the individual subject area.
- 2.10 Once the Forum has identified Scrutiny topics, anticipated time frames need to be applied. It is suggested to the Forum that a standard template for applying time allocations should be treated with caution as when scoping a subject a number of complexities may arise, therefore the anticipated duration should be allocated to the subjects on an individual basis.

- 2.11 The Forum is also advised to be cautious in setting an overly ambitious Work Programme for which it may be unable to deliver.
- 2.12 In addition to the above, the Forum may also consider establishing some small Sub-Groups, known as Working Groups to look at sharp focused areas of supplementary aspects of the main topic being scrutinised.

3. RECOMMENDATIONS

- 3.1 The Health Scrutiny Forum is requested to consider the wide range of information detailed within this report to assist in the determination of its 2010/11 Work Programme, to be approved by the Scrutiny Coordinating Committee at its meeting on 23 July 2010. Members may want to choose a maximum of one/two items for the coming year, which will allow for flexibility in its work programme for emerging issues and referrals.

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BACKGROUND PAPERS

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

- (i) Corporate Performance Plan for 2010/11

<p>Topic:</p> <p>Service Transformation Project</p>
<p>Aim</p> <p>To consider current and future impact of the Momentum: Pathways to Healthcare programme in relation to the Service Transformation Project.</p>
<p>Background Information</p> <p>The Momentum: Pathways to Healthcare programme aims “to deliver services closer to home; local clinics, where much of what is provided in hospital can take place and a new hospital within easy reach of everyone in the area”. In relation to Momentum, Members in Hartlepool were involved in a formal consultation under Section 244 of the NHS Act 2006, which ended in September 2008.</p> <p>Since the formal consultation Members of the Health Scrutiny Forum have received regular updates in relation to the Momentum Programme, part of which covers Service Transformation.</p> <p>Service Transformation is made up of a mixture of pathway projects (e.g. Cardiology) and service enabling projects (e.g. ICT). It has been suggested that Members focus on the pathway elements of Service Transformation.</p>
<p>What would be the desired area(s) of impact / benefit resulting from the investigation?</p> <ol style="list-style-type: none"> 1) Strategic – in terms of raising awareness of health care implications for the changes in delivery through the Service Transformation Project; 2) To maximise the alignment of the pathways with other organisations and initiatives; and 3) To maximise the opportunity to ensure patient safety and cost effectiveness are the outcomes of Service Transformation.
<p>Corporate Plan Actions / Pi's and LAA targets to which the issue relates.</p> <p>None</p>

<p>Topic:</p> <p>Hartlepool Power Station</p>
<p>Aim</p> <p>To explore concerns regarding the health impacts of the activities of Hartlepool Power Station.</p>
<p>Background Information</p> <p>A concern has been raised about the health and environmental impacts of the activities of Hartlepool Power Station.</p> <p>Members are asked to note that any environmental impact of the activity of Hartlepool Power Station would come under the remit of the Neighbourhood Services Scrutiny Forum.</p> <p>The Health and Safety Executive - Nuclear Directorate's Nuclear Installations Inspectorate (NII) carry out Periodic Safety Reviews (PSR) at 10 yearly intervals (inbetween regular inspections are undertaken), the most recent PSR carried out in 2009 is available at http://www.hse.gov.uk/nuclear/periodic-safety-review/hartlepool-heysham1.pdf where no "immediate concerns for nuclear safety" were found.</p>
<p>What would be the desired area(s) of impact / benefit resulting from the investigation?</p> <p>None provided.</p>
<p>Corporate Plan Actions / Pi's and LAA targets to which the issue relates.</p> <p>None.</p>

<p>Topic:</p> <p>Car Parking Charging Policy</p>
<p>Aim</p> <p>To explore concerns related to car parking charging policy near community based health care facilities and at hospitals.</p>
<p>Background Information</p> <p>This topic was considered as a reserve work programme item during the 2009/10 Municipal Year, but the workload of the Forum meant that an inquiry could not be undertaken. In addition to concerns raised about hospital car parking charges at hospitals, more recent concerns have been raised about car parking charges being implemented near to the health centre on Victoria Road.</p> <p>The aim of the investigation could be to consider:-</p> <ul style="list-style-type: none"> - car parking charging policy near the Victoria Road facility; - car parking charging policy in terms of Hospital car parks; and - general car parking as a result of the general movement of health service delivery away from hospitals and into community based settings <p>Members maybe aware that the Department of Health (DoH) undertook a public consultation between 29 December 2009 – 23 February 2010 into NHS Car Parking with the potential for the implementation of free car parking for NHS inpatients, the results of this consultation and the response from the DoH to it have been embargoed due to the recent period of Purdah. It is currently not known what the 'new' National Coalition Government's plans are in relation to this policy area.</p>
<p>What would be the desired area(s) of impact / benefit resulting from the investigation?</p> <p>Allow patients and staff to raise their views in relation to car parking charges.</p> <p>To evaluate the abuse of car parks by non-NHS users.</p> <p>To evaluate the potential for the introduction of a more patient friendly system.</p>
<p>Corporate Plan Actions / Pi's and LAA targets to which the issue relates.</p> <p>None.</p>

Topic: Tertiary Referrals
Aim To further explore the issue of Tertiary Referrals.
Background Information Members of the Health Scrutiny Forum at their meeting of 5 January 2010 considered the topic of Tertiary (Consultant to Consultant) Referrals. Members agreed that the “system as set out in theory was fair and in the best interests of patients, but members questioned [if it] operated this way in practice [and] in all circumstances”. The scope of the investigation could be to:- <ul style="list-style-type: none"> - seek the views of patients affected by tertiary referrals - to evaluate the number of unnecessary referrals from a consultant to a GP and then back to a consultant
What would be the desired area(s) of impact / benefit resulting from the investigation? To improve outcomes for patients
Corporate Plan Actions / Pi's and LAA targets to which the issue relates. None

<p>Topic:</p> <p>Teenage Pregnancy Rates</p>
<p>Aim</p> <p>To explore the rate of teenage pregnancy in Hartlepool in comparison to national and local indicators.</p>
<p>Background Information</p> <p>The Government set a target in 1998 of halving the number of teenage pregnancies by 2010 based on a baseline figure of 46,000 teenage pregnancies in 1998.</p> <p>In Hartlepool the rate of teenage pregnancies in 1998 was 75 per 1,000 girls and this had fallen to 65 per 1,000 girls a reduction of 13%</p> <p>By comparison Darlington had a teenage pregnancy rate of 64 per 1,000 girls in 1998 with this falling to 55 per 1,000 girls a reduction of 20%.</p> <p>There are a number of national directives, targets and reviews relating to the reduction in the number of teenage pregnancies.</p>
<p>What would be the desired area(s) of impact / benefit resulting from the investigation?</p> <p>To review the teenage pregnancy strategy in Hartlepool;</p> <p>To compare Hartlepool's teenage pregnancy rate with local and national indicators; and</p> <p>To seek good practice examples that could be adopted in Hartlepool for the continued reduction in teenage pregnancies.</p>
<p>Corporate Plan Actions / Pi's and LAA targets to which the issue relates.</p> <p>Corporate Strategy Theme: Health and Wellbeing Outcome: Be Healthy Action: CADHW017</p>

<p>Topic:</p> <p>Breastfeeding</p>
<p>Aim</p> <p>To explore breastfeeding outcomes in Hartlepool.</p>
<p>Background Information</p> <p>Figures released in 2010 showed that only 35% of women in Hartlepool breastfed their baby at birth, this compared to the national average of 77%.</p> <p>Breastfeeding is one of the key local priorities of NHS Hartlepool's role as World Class Commissioners of healthcare services.</p>
<p>What would be the desired area(s) of impact / benefit resulting from the investigation?</p> <ul style="list-style-type: none"> - To gain an understanding of breast feeding levels in Hartlepool and compare this to regional and national figures; - To gain an understanding of the benefits for babies and their mothers from breastfeeding; and - To explore activities undertaken by HBC to encourage breastfeeding, how effective these activities are and if they should continue in their current format.
<p>Corporate Plan Actions / Pi's and LAA targets to which the issue relates.</p> <p>Corporate Strategy Theme: Health and Wellbeing Outcome: Be Healthy Action: CADHW016</p>

Health - Corporate Plan 2010/11

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

- Health and Wellbeing;

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

Theme: Health and Wellbeing			
Outcome: Improved Health			
Code	Action	Date to be Completed	Responsible Officer
CADHW010	Revise Joint Strategic Needs Assessment (JSNA) and ensure it influences all plans and programmes that addresses Health Inequalities	31 Mar 2011	Louise Wallace
CADHW011	Ensure implementation of the action plans developed through the Smoke Free Hartlepool Alliance	31 Mar 2011	Louise Wallace
CADHW014	To reduced the prevalence of obesity	31 Mar 2011	Louise Wallace

Theme: Health and Wellbeing			
Outcome: Be Healthy			
Code	Action	Date to be Completed	Responsible Officer
CADHW016	Work with partners to reduce health inequalities e.g. by promoting breastfeeding, reducing smoking in pregnancy, tackling obesity	31 Mar 2011	Sally Robinson; Louise Wallace
CADHW017	Work with partner agencies, young people, schools and families to reduce under 18 conception rate by 55% from 1998 baseline and improve sexual health	31 Mar 2011	Sheila O'Connor; Louise Wallace

PERFORMANCE INDICATORS

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

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

⇒ **Health and Wellbeing**

NI's are set by the government and information for these are included in the Corporate Plan. Some of the NI's have additional uses these include:-

- | | |
|---|---|
| <ul style="list-style-type: none">• Comprehensive Area Assessment (CAA)
The means of assessing the Council's performance and how well it works together with other public bodies to meet the needs of Hartlepool residents. Replaced the Comprehensive Performance Assessment in April 2009. | <ul style="list-style-type: none">• Public Service Agreement (PSA)
Agreement between local and central government to improve performance across a range of indicators based upon national and local priority |
|---|---|

Theme: Health and Wellbeing			
Outcome: Improved Health			
Code	Indicator	2009/10	Annual 2010/11
		Value	
NI 8	Adult participation in sport and active recreation	19.0%	22.1%
NI 120b	All-age all cause mortality rate - Males		704
NI 131	Delayed transfers of care		.0

Theme: Health and Wellbeing			
Outcome: Be Healthy			
Code	Indicator	2009/10	Annual 2010/11
		Value	
LAA HW P001	Smoking during pregnancy		22

HEALTH SCRUTINY FORUM

22 June 2010



Report of: Assistant Chief Executive

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

1. PURPOSE OF REPORT

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

2. BACKGROUND

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

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

3. ISSUES FOR CONSIDERATION

The Chair of the Health Scrutiny Forum, Councillor Stephen Akers-Belcher (Labour) is automatically included within the membership of the TVJHSC and the Scrutiny Forum are requested to nominate a further two members from within the membership of the Health Scrutiny Forum to take part in the Tees Valley Health Scrutiny Joint Committee. The current proportionality for a membership of three provides for two labour nominations and one Association of Independent Councillors nomination. Therefore one further labour nomination is sought along with one Association of Independent Councillors nomination.

The Forum is also requested to note that due to the rotation of the Chair and Vice-Chair positions of TVHSJC, this year the position of Vice-Chair will be taken by the Chair of this Forum.

3. RECOMMENDATIONS

- (i) That the nomination agreed at Annual Council on 27 May 2010 to the Tees Valley Joint Health Scrutiny Committee of Councillor Stephen Akers-Belcher be confirmed.
- (ii) That an additional Labour nomination and one further nomination from the Association of Independent Councillors be made to the Tees Valley Health Scrutiny Joint Committee, subject to approval by the Executive.

HEALTH SCRUTINY FORUM

22 June 2010



Report of: Scrutiny Support Officer

Subject: Health of ex-Service Community

1. PURPOSE OF THE REPORT

- 1.1 To seek a maximum of three nominations from the Forum to participate in the Regional Health Scrutiny Inquiry into the Health of the ex-Service Community.

2. BACKGROUND INFORMATION

- 2.1 Members may recall at their meeting of 2 February 2010 the Chair confirmed that the 12 North East Local Authorities had been successful in a bid for funding from the Centre for Public Scrutiny through their Health Inequalities initiative to carry out an investigation into the Health of the ex-Service Community. **Appendix A** attached to this report details the bid made by the 12 North East Local Authorities to the CfPS.

- 2.2 Subsequently, the following arrangements have been made:-

(i) **28 June 2010 - Overview Day**
Venue: Rivergreen Centre, Durham

Opportunity for Members to hear the background to the project and what is happening nationally and locally in terms of the health of the ex-Service Community

Appendix B attached to this report gives an outline to the Overview Day

(ii) **July – November 2010 – Working Groups**

Three working groups are planned to carry out a series of meetings to gather evidence in the areas overleaf:-

Physical Health;

Socioeconomic; and

Mental Health.

Appendix C attached to this report provides more detail in relation to the working groups.

3. RECOMMENDATION

- 3.1 That Members agree a maximum of three nominations from the Health Scrutiny Forum in Hartlepool to be involved in the regional scrutiny inquiry into the 'Health of the ex-Service Community'.

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BACKGROUND PAPERS

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

- (a) Minutes of the Health Scrutiny Forum held on 2 February 2010.

**Supporting Scrutiny - Invitation to bid for
Scrutiny Development Area status
for the Health Inequalities Scrutiny Programme**



Section 1, details of the lead authority submitting the bid and the contact officer, details of partner organisations, management and governance arrangements for the project.

Lead authority: Newcastle City Council

Contact officer: Steven Flanagan, Scrutiny Team, Chief Executive's Department, Newcastle City Council, Civic Centre, Newcastle upon Tyne NE99 2BN; 0191 277 7522; steven.flanagan@newcastle.gov.uk

Partner authorities: All the local authority overview and scrutiny committees in North East England: Darlington, Durham, Gateshead, Hartlepool, Middlesbrough, Newcastle, North Tyneside, Northumberland, Redcar and Cleveland, Stockton-on-Tees, South Tyneside and Sunderland.

The project would involve, as witnesses and advisors, a range of partner organisations including directors of public health, the Strategic Health Authority, health commissioners and providers, social services departments, Members of Parliament, ex-servicemen's organisations, voluntary and community groups and the armed forces, as well as academic advisors..

Governance arrangements: Board made up of one representative from each local authority – either the Chair of the relevant overview and scrutiny committee, or a member nominated by that committee, with an officer from each in attendance.

Management arrangements: Project lead officer from Newcastle City Council. The work is expected to be broken into streams (eg mental health, physical health, psychosocial or comparative socio-economic groups) each with a lead officer from one of the partner authorities. The workstream leads and the project leads will form a management group for the project as a whole.

Section 2, details of the proposed project – have you answered the questions fully?

What is the health inequality?

The project would examine the physical, mental and broader health needs of ex-servicemen and women, their families and communities, how they are being assessed and met across the range of agencies at regional and local level, and how far ex-service personnel and their families are aware of the support available to them.

The project would establish baseline local and regional information about:

- the health needs and access to services of the ex-service communities compared with civilians of similar socio-economic backgrounds;
- the different needs of different ex-service communities, including, for example, older and younger veterans, veterans of different conflicts; veterans of different services and the families of those groups;
- the extent to which ex-service communities suffer from health inequalities in relation to access to services and support (including psychosocial support), access to employment and training, drug and alcohol misuse, family breakdown, housing difficulties and involvement with the criminal justice

system;

- good and bad practice across the region, including specific issues such as priority access to NHS treatment for war pensioners, but also more generally in terms of the quality of communications between agencies and partnership working and the resulting support for ex-service communities.

Nationally, ex-service personnel and their families have generally poorer health than the population at large. In 2003, 25% of the ex-service community (including dependants of ex-servicemen) reported their health as “not good”, compared with 14% of the adult population as a whole. Fifty-two % of the ex-service community have a long-term illness or disability, compared with 35% of the general population.*

This is linked to problems with social integration. For example, around 9% of the prison population is made up of ex-servicemen.**

Among 16-44 year old veterans, the prevalence of mental health disorders is around 11%, compared with 3% for this age group of the general population.* Ex-servicemen under 24 are three times as likely to take their own lives as other men of the same age.*** The Royal British Legion says, “Evidence from Combat Stress suggests that only the very seriously mentally ill receive treatment from the NHS. Priority treatment for war Pensioners is rarely achieved.”

Adults in the ex-service community (including dependants) are more likely (67%) to experience difficulties than in the country as a whole (55%).

The number of ex-servicemen over 85 is forecast to have tripled in size over the period 2005-2020.

The health of ex-servicemen is affected by a wide range of factors including those involved in healthcare, housing, criminal justice, social care, and the provision of benefits.

* Source: “Profile and Needs of the Ex-Service Community 2005-2020”, Compass Partnership for Royal British Legion, September 2006

** Napo, August 2008

*** University of Manchester for Veterans Policy Unit, Ministry of Defence, March 2009

Why the subject was chosen

The Government has made a strong commitment to the importance of support to armed forces, their families and veterans across the range of central government departments and agencies.**** The partner overview and scrutiny committees believe that good communications and partnership working are important at a local and regional level too. This project would help address three of the Ministry of Defence and Department of Health’s four draft priorities for armed forces community health in 2010: veterans’ mental health; equality of access for families to health and social care; and co-ordination between agencies.

There is a wide range of anecdotal and national data – some quoted above – about issues such as post-traumatic stress disorder, social exclusion of ex-servicemen, and particular approaches to health care appropriate to ex-service personnel. But there is less good understanding at a local and regional level. None of the local authorities areas in our region, for example, has yet included the needs of ex-service communities in its joint strategic needs assessment.

The government is unable to provide data about what proportion of armed forces personnel were recruited in North East England****. Anecdote suggests that it is disproportionately high. The Armed Forces Career Office maintains five offices in

Appendix A

North East England, the same as in South East England****, which has over three times the population*****. The health of ex-servicemen is therefore of particular concern to this region.

By choosing a particular group of the population and adopting a multiple-workstream approach, this project can integrate smoothly with existing priorities within the partner authorities, so maximising member commitment and available time.

Evidence from NHS South West suggests that bringing together stakeholders will have immediate practical benefits for the ex-service communities.*****

**** “The Nation’s Commitment” Cm 7424, July 2008

***** Hansard, 30 June 2008, Columns 609W-610W

***** 2001 Census data

***** Presentation by NHS Devon and NHS South West to seminar at Department of Health, November 2009

Who the partnership will include in the review

Royal British Legion

Combat Stress, and other relevant organisations identified in the initial stages of the review

Parliamentary Under-Secretary of State (Veterans)

Army units, including Territorials, with links to the North East, for example the Royal Regiment of Fusiliers,

Royal Navy, RAF, and Merchant Navy

Directors of Public Health

North East Public Health Observatory

NHS Commissioners

Adult Services Departments in each of the partner authorities

A selection of acute trusts, including Tees, Esk and Wear Valleys NHS Foundation Trust (mental health), which is undertaking a pilot exercise on post-traumatic stress disorder

Voluntary and community groups to be identified with the assistance of LINKs across the partner authorities

The Soldiers, Sailors and Families Association (SSAFA) and Families Federations for particular services

Individual ex-servicemen and their families, identified by Royal British Legion, SSAFA and community groups

Drugs and alcohol advisory teams

Police and National Offender Management Service

Department of Health and Ministry of Defence

Faith organisations

How the partnership will run the review

Separate workstreams will be established to examine different aspects of the health of

Appendix A

ex-servicemen and comparison groups. The Project Management Team (officers) and Project Board (members with officer support) will ensure minimal duplication (eg interviewing same individuals about different aspects of health) takes place and that the project is well-supported and co-ordinated.

Methods to be employed will include interviews with commissioners and service providers, public voluntary and private, interviews with armed forces and (if possible) Parliamentary Under-Secretary of State (Veterans), surveys and a public event for ex-servicemen and their families.

Outcomes will be shared with the partners to the review, reported to the Overview & Scrutiny Committees of the partner authorities and published through the Overview & Scrutiny web-pages of Newcastle City Council and the Centre for Public Scrutiny website. They will also be disseminated through the North East Health Scrutiny Network.

Copies of the report will be provided to the Parliamentary Under-Secretary of State at the Ministry of Defence, who has responsibility for veterans.

Advice will be sought from the Royal British Legion about the best way to disseminate learning from the study among ex-servicemen and voluntary organisations that they may access.

When the review will be carried out

2010

February-March: Project board defines workstreams and establishes working groups.

April – July Working groups conduct examination of individual workstreams.

August-September Results of individual workstreams collated and considered by Project board

October-November Consultation on initial findings

December Finalisation and publication of report

Section 3, details of how the project meets each of the evaluation criteria.

Answer fully all the application questions above

Our application is comprehensive.

The subject is timely and focused, and the project is designed to make a real difference to the development of policies and services for the communities which we serve.

Demonstrate the desire to adopt new and innovative choices and how being chosen as a Scrutiny Development Area will help you to achieve this

Bringing together all the local authorities in the region to examine a subject other than a “substantial development or variation” in NHS services is a significant learning opportunity for not just the overview and scrutiny committees concerned, but also a wide range of partner organisations, some of which will not have had any involvement with local authority overview and scrutiny to date.

Our project will:

- focus on a priority issue
- address the health inequalities faced by particular communities
- be well planned, through a project management approach;
- allow engagement of elected members with a wide range of organisations

and individuals;

- employ a wide range of techniques including but not limited to interviews, questionnaires, focus groups and direct experience by members of provision for ex-service personnel;
- emphasise the importance of a rigorous evidence base;
- make constructive proposals for real-world improvements;
- systematically work with stakeholders to monitor and assess impacts;
- establish and test joint scrutiny arrangements which could be exported to other parts of the country;
- build the profile and understanding of scrutiny among a wide range of partner organisations.

Show that consideration of local health issues including the wider determinants of health, has been given

See “what is the health inequality” and “why the subject was chosen” in section 2 above

Show a commitment to equality and diversity

Historically, the make up of the armed forces has not been representative of the population: in particular, many more of the armed forces are men than women. In addition, disabled people cannot join the services as they are not expected to be able to meet physical and other selection requirements.

The proportion of members of the armed forces who come from ethnic minorities and the proportion who are women have increased in recent years, and the armed forces have active equal opportunities policies. These policies will in due course impact on the relative proportions of different groups who are veterans.

Our review will take this into account and comment on the importance of equality and diversity and community cohesion.

Give a commitment to run with the review to the end of the programme

Yes! Including the action learning meetings and presentations in 2011.

Show how your organisations will use this process to enhance scrutiny within your area

The North East has concentrated on developing arrangements for joint scrutiny of substantial variations and developments of NHS services, and on building informal networking arrangements. This would be the first time the region had undertaken a subject-based review of a health equality issue. It includes a number of novel features, which have not all been used within all partner authorities to date.

The project will provide an opportunity for the region's overview and scrutiny committees to directly inform Joint Strategic Needs Assessments across the region.

Section 4, details of the project costs, amount bid for and charging arrangements.

Consultants to facilitate contact with armed forces and with voluntary organisations outside the region @c£900/day

Event: venue hire, publicity, organisation

Publication costs

Other costs to be met from mainstream budgets

As lead authority, Newcastle City Council would issue an invoice to CfPS after each of the stages costed above.

**REGIONAL SCRUTINY OF HEALTH OF EX-SERVICE COMMUNITY
OVERVIEW DAY, MONDAY 28 JUNE 2010**

10	30	Registration Councillors asked to indicate which of the workstream tables they will join (if not indicated in advance)
11	00	Welcomes, introductions, housekeeping (Durham Chair)
	05	Opening remarks – Minister for Veterans if available (Omit if Minister not available – Or pick up Royal British Legion offer of a veteran to speak?)
	20	Summary of the scrutiny project , introduction to workstreams (Shaun Gordon?)
	35	What is known nationally King's College presentation
	50	King's College Q&A
12	05	What is being done nationally Sir Andrew Cash presentation
	20	Caroline Fox presentation
	35	Sir Andrew Cash & Caroline Fox Q&A
	50	Lunch
01	20	The position in the North East Armed Services presentation to all
	35	Ex-service organisations presentation to all
	50	Health & care service providers presentation to all
02	05	General Q&A
	20	comfort break
	25	Group discussions Councillors join workstream table. Discussion facilitated by workstream lead. Notes on flipchart and post-it – no feedback session. Workstream leads arrange note-taking.

		First session – Regional guests arranged thus: Armed forces on mental health table Ex-service reps on physical health table Service providers on sociological wellbeing table
	40	Regional guests rotate
	45	Second session
03	00	Regional guests rotate
03	05	Third session
	20	Open session for final comments and questions
	30	Wind up and conclusions

From 3:45pm – Project Board meeting

Explanation of Working Groups

Each of the working groups (work streams) is focussed on a specific issue relating to health inequalities. These are:-

- ⇒ Physical Health
- ⇒ Mental Health
- ⇒ Socioeconomic wellbeing.

The role of the work stream groups is to scrutinise how the needs of veterans and their families are being assessed and met in one of the three areas and if veterans and their families are aware of the support available to them. This will require the involvement of witness, experts, advisors, public and third sector service providers, community and voluntary groups and veterans.

Currently Officer support for the workstreams is detailed in the table below, although this does not necessarily need to mirror Member interest.

	Physical health	Mental health	Social & economic well-being
All to consider these age-groups:	Middlesbrough (Lead)	Durham (Lead)	Gateshead (Lead)
Young (under 24)	Hartlepool	Newcastle	Darlington
	North Tyneside	Northumberland	Stockton-on-Tees
Mid (24 – 49)	Redcar & Cleveland	South Tyneside	Sunderland
Older (50+)			