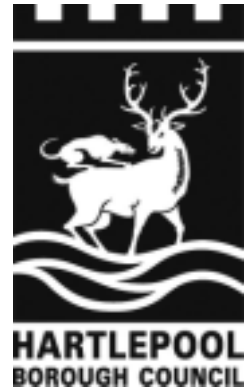


HEALTH SCRUTINY FORUM AGENDA



Tuesday, 12 October 2010

at 3.00 pm

in Committee Room B, Civic Centre, Hartlepool

MEMBERS: HEALTH SCRUTINY FORUM:

HEALTH SCRUTINY FORUM:

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

Resident Representatives:

Mary Green, Linda Shields and 1 Vacancy

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 3 August 2010
 - 3.2 To confirm the minutes of the meeting held on 2 September 2010
 - 3.3 To confirm the minutes of the Joint Health Scrutiny Forum and Scrutiny Co-ordinating Committee meeting held on 27 August 2010

4. RESPONSES FROM LOCAL NHS BODIES, THE COUNCIL, EXECUTIVE OR COMMITTEES OF THE COUNCIL TO FINAL REPORTS OF THIS FORUM

- 4.1 NHS Hartlepool's Response to Suspension of Greatham Clinic Final Report – *NHS Hartlepool*
- 4.2 Portfolio Holder's Response to Alcohol Abuse – Prevention and Treatment - *Joint Report of Director of Regeneration and Neighbourhoods and the Portfolio Holder for Community Safety and Housing*

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 Accident and Emergency Department Update – *Chair of Health Scrutiny Forum*
- 7.2 North Tees and Hartlepool NHS Foundation Trust - Quality Account 2011/12:-
 - (a) Covering Report – *Scrutiny Support Officer*; and
 - (b) Presentation – *Director of Nursing and Patient Safety, North Tees and Hartlepool NHS Foundation Trust*
- 7.3 Minimum Price Per Unit of Alcohol – *Scrutiny Support Officer*
- 7.4 6 Monthly Monitoring of Agreed Health Scrutiny Forum's Recommendations – *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. REGIONAL HEALTH SCRUTINY UPDATE

- 10.1 Joint Health Overview and Scrutiny Committee Protocol – *Scrutiny Support Officer*

11. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

ITEMS FOR INFORMATION

Date and Time of Next Meeting Tuesday, 23 November 2010 at 3.00 pm in
Committee Room B, Civic Centre, Hartlepool

HEALTH SCRUTINY FORUM

MINUTES

3 August 2010

The meeting commenced at 3.00 p.m. in the Civic Centre, Hartlepool

Present:

Councillor Stephen Akers-Belcher (In the Chair);

Councillors: Rob Cook, Mary Fleet, Sheila Griffin, Alison Lilley and Geoff Lilley.

Also Present: In accordance with Council Procedure Rule 4.2 (ii) Councillor Carl Richardson attended as a substitute for Councillor Chris Simmons

Resident Representatives: Mary Green and Linda Shields.

Also Present: Iain Wright MP

Councillor Jonathan Brash

Stephen Thomas, LINK Development Officer, Hartlepool LINK

Christopher Akers-Belcher LINK Co-ordinator, Hartlepool LINK,

Zoe Sherry, Hartlepool LINK

Alex Zielinski, Associate Director of Strategic Planning, North Tees and Hartlepool NHS Foundation Trust

Nick McDonough, Assistant Director of Community Services, North Tees and Hartlepool NHS Foundation Trust

Val Hall, Manager for Community Respiratory, North Tees and Hartlepool NHS Foundation Trust

Lesley Cross, Contract Manager, NHS Tees

Derek Samuel, Contracts Manager, York Road Dental Practice

Alan Foster, Chief Executive, North Tees and Hartlepool NHS Foundation Trust

Jill Carton, North Tees and Hartlepool NHS Foundation Trust

Carl Parker, PEC Chair, NHS Hartlepool

David Emerton, Medical Director, North Tees and Hartlepool NHS Foundation Trust

Rabina Tindale, North Tees and Hartlepool NHS Foundation Trust

Officers: James Walsh, Scrutiny Support Officer

Elaine Hind, Scrutiny Support Officer

David Cosgrove, Democratic Services Team

16. Apologies for Absence

Councillors Barker, McKenna and Simmons and resident Representative Liz Carroll.

17. Declarations of Interest by Members

None.

18. Minutes of the meeting held on 22 June 2010

Confirmed.

19. Responses from the Council, the Executive or Committees of the Council to Final Reports of this Forum

No items.

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

No items.

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

No items.

22. Any Other Business - Accident and Emergency Services in Hartlepool (*Scrutiny Support Officer*)

The Chief Executive, North Tees and Hartlepool NHS Foundation Trust, was present at the meeting and thanked the Chair for the opportunity to discuss with the Forum the issues that had been reported in the press in relation to the Accident and Emergency (A&E) Unit at Hartlepool Hospital. The Chief Executive apologised for the way the recent communications had come out in relation to the changes at A&E. As part of the process of the changes under Momentum, the hospital had commenced as part of its normal procedures, a consultation with staff in A&E in relation to the staffing changes that would occur during the introduction of the Minor Injuries facility in the new One Life Centre on Park Road.

The Chief Executive commented that the changes were part of the overall strategy to restructure the services in the community, including the key step of transferring minor injury services to the new Park Road facility while maintaining the critical Emergency Services at the Hartlepool Hospital site. The Chief Executive commented that the consultation with staff had been about the new staffing arrangements that would need to be implemented to facilitate this change. Some staff would transfer to Park Road, some would operate across the two sites, while others would stay at the hospital. There would be some strengthening of some staffing structures at North Tees Hospital at the same time.

On the new hospital, the Chief Executive stated that the new plan for the new hospital had been affected by the governments announcement not to approve funding, but the Foundation Trust was examining others ways of funding the development. Announcements would be made once this process had been completed.

In relation to some of the press reports about A&E services closing in Hartlepool, the Chief Executive stated that while there were changes being made to the services, there would still be minor injury services, though they would now primarily be provided at Park Road and Emergency Services would still remain at the hospital. The press reports about A&E being provided in porta-cabins were wrong. There had been some brief consideration of using porta-cabins for some admin services on a short-term basis but these had been dropped.

The Member of Parliament for Hartlepool was present at the meeting and addressed the Forum. The MP welcomed the comments from the Chief Executive but did feel that the cancellation of the funding for the new hospital changed matters significantly and he did feel that these changes were premature. The MP considered that closing the A&E provision was speeding up the closure of the Hartlepool Hospital. The MP suggested that what was now being proposed was a substantial variation to service provision and therefore should be subject to a Section 244 Consultation under the NHS Act 2006 or the original Momentum Consultation carried out in 2008 referred to the Regulator for consideration.

Members commented that they did not feel the changes were in the best interests of Hartlepool and were concerned that the separation of the accident and emergency services between two locations would lead to confusion and could lead to people attending the wrong venue which potentially could have dire consequences. The MP added that with a range of venues available to parents in particular as children's services had transferred to North Tees, there was bound to be confusion among the public.

The Medical Director, North Tees and Hartlepool NHS Foundation Trust commented that the North East Ambulance Service were aware of the correct venues for casualties. Essentially those that were conscious, though without major injuries, would be sent to Park Road for assessment and treatment. If there was a need for a patient to be referred on to the emergency unit, then they would be taken there. Communication was important and the Trust would be communicating the changes to the public. The Chief Executive highlighted that the Trust considered that they had consulted on these changes as part of the Momentum Consultation that was carried out in 2008.

Members commented although they recognised being consulted on these changes, they expressed concerns that health services were moving away from what had originally been proposed in Momentum. There were several concerns expressed at the closure of the full A&E facility at the hospital and the split of the service between the two sites. There was concern that

people were in effect being asked to self diagnose to decide which venue they attended. Health representatives did, however, contend, that people had become accustomed quite quickly as to where to take children who were ill, and the Trust had every confidence that people would adapt to the new situation very quickly. There would be experienced well-trained staff at the One Life Centre to deal with 20,000 attendances each year. These services would be closer to the community and were not a replacement of the hospital services, simply a relocation.

There were several representatives from the Save Our Hospital group present at the meeting and with the Chair's permission, they were invited to contribute to the debate. The representatives of the group agreed with the view expressed by the MP that the Trust should put the changes on hold and even put a stop to them completely. There was a view that the cancellation of the funding by the government should put an end to any plans for a new hospital and all the services that had been transferred out of Hartlepool should be brought back to the Holdforth Road site and investment in the facilities there should recommence. Members of the group also feared that Hartlepool's health services were being subsumed into the North Tees services.

The Chair indicated that the MP had suggested that the changes proposed should be referred for further consideration under Section 244 of the NHS Act 2006 and this seemed to be in line with the feeling of the meeting. It would be necessary for the Forum to have details of the consultation that had taken place in 2008 and details of the work that had been undertaken with the Ambulance Trust on arrangements for the new service provision. The Chair also considered that the matter should be brought to the attention of full council.

Recommended

That the Chair be delegated with the authority to explore the submission of a complaint to the Secretary of State (under Section 244 of the NHS Act 2006) regarding the level of consultation undertaken on the proposed changes and that the issue be raised for discussion at Full Council.

23. Hartlepool Dental Practice (*Scrutiny Support Officer*)

The Contracts Manager, York Road Dental Practice outlined the proposal by Hartlepool Dental Practice to move its York Road branch to its existing Victoria Road Surgery. The Victoria Road Surgery is approximately 300 metres away from the York Road site. The relocation is proposed to commence from the 16th August 2010. There were a number of concerns relating to the York Road location, one of which was that the surgery was not Disability Discrimination Act compliant. All of the patients had been informed of the proposed changes and there had been no adverse comments received. The move was seen as being positive for patients and staff who would have the support of the Victoria Road surgery.

Members welcomed the proposals but did comment that the consultation letters had included all past patients as well as current.

Recommended

That the changes to the York Road Dental Practice as reported be noted and welcomed.

24. Service Transformation Project: Long Term Conditions (*Scrutiny Support Officer*)

The Associate Director of Strategic Planning, North Tees and Hartlepool NHS Foundation Trust introduced the Assistant Director of Community Services, North Tees and Hartlepool NHS Foundation Trust and the Manager for Community Respiratory, North Tees and Hartlepool NHS Foundation Trust who gave a presentation to the Forum on the Momentum Service Transformation Project on Long Term Conditions. The presentation outlined the development of the Community Respiratory Service and the excellent patient and practitioner feedback. The presentation also outlined the Telehealth remote monitoring system which was proving to be an excellent development for both patients and practitioners.

The presentation also addressed end of life issues for patients with respiratory diseases to allow them to make their own choice about important issues such as being able to spend their final days at home with their families.

The presentation was welcomed by Forum Members as being very informative of the developments taking place for the care of patients with long term conditions. Members particularly welcomed the approach to end of life issues to allow people to make their own choices in a dignified manner.

Recommended

That the report be noted.

25. Health of Ex-Service Community: Joint Project Board (*Scrutiny Support Officer*)

The Scrutiny Support Officer sought a nomination from the Forum for a Member to participate in the Joint Project Board, to be formed as part of the Regional Health Scrutiny investigation into the Health of the ex-Service Community.

Recommended

That the Chair, be nominated to the Joint Project Board.

26. Issues identified from the Forward Plan

No items.

27. Feedback From Recent Meetings of Tees Valley Health Scrutiny Joint Committee *(Scrutiny Support Officer)*

The Scrutiny Support Officer submitted a report informing Members of the issues discussed at meetings of the Tees Valley Health Scrutiny Joint Committee held since the last meeting of the Health Scrutiny Forum on 22 June 2010.

Recommended

That the report be noted.

28. Any Other Business

Greatham Clinic

The Chair reported that the NHS Hartlepool Board had accepted the recommendations of the Health Scrutiny Forum in relation to their report into the Suspension of Greatham's Nurse Drop-in Clinic at their meeting of 29 July 2010 and circulated the report presented at the NHS Hartlepool Board meeting for Members to note. This was welcomed and noted by the Forum.

Alcohol Pricing

The Chair reported that the NHS Hartlepool Board had accepted the recommendations relevant to them, as a result of the Health Scrutiny Forum's investigation into 'Alcohol Abuse – Prevention and Treatment' at their meeting of 29 July 2010. During this meeting the Executive Director for Public Health made representations seeking the Forum's support for the introduction of a minimum price per unit for alcohol. Members commented that due to the major changes in Members of this Forum and without sufficient background detail on the impact of such a proposal it was difficult to support such a move. Some Members commented that a minimum pricing policy would not affect the licensing trade but would affect the supermarket alcohol trade. Members suggested that it may be more appropriate for the Licensing Committee or Cabinet to deal with such a request. The Chair informed the Forum that the 'closing the loop report' on the investigation into the health affects of alcohol abuse would be coming to a future meeting of the Forum and it may be more appropriate to discuss this issue at that meeting. The Chair suggested that until the Forum received the closing the loop report, the Final Report into Alcohol Abuse and any evidence pertinent to minimum price per unit of alcohol be circulated to Members of the Forum.

The meeting concluded at 5.45 p.m.

CHAIR

HEALTH SCRUTINY FORUM

MINUTES

2 SEPTEMBER 2010

The meeting commenced at 9.00 a.m. in the Civic Centre, Hartlepool

Present:

Councillor Stephen Akers-Belcher (In the Chair);

Councillors: Barker and Simmons

Resident Representatives: Mary Green and Linda Shields.

Also Present: In accordance with Council Procedure Rule 4.2:
Councillor Richardson as substitute for Councillor Griffin
Councillor Wells as substitute for Councillor McKenna.
Councillor Brash, Performance Portfolio Holder.

Officers: James Walsh, Scrutiny Support Officer
Elaine Hind, Scrutiny Support Officer
David Cosgrove, Democratic Services Team

Also Present: Alan Foster – Chief Executive (North Tees and Hartlepool NHS Foundation Trust)
Paul Frank – Assistant Director of Communication and Engagement (NHS Hartlepool)
Andy Simpson – A&E Clinical Director (North Tees and Hartlepool NHS Foundation Trust)
Carl Parker – PEC Chair (NHS Hartlepool)
Neil Nicholson – Director of Finance (NHS Hartlepool)
Joanne Dobson – Acting Director of Health Systems Development (NHS Hartlepool)
Alex Zielinski – Associate Director of Strategic Planning (North Tees & Hartlepool NHS Foundation Trust)
Claire Young – Head of Communications (North Tees & Hartlepool NHS Foundation Trust)
Jill Carton (North Tees & Hartlepool NHS Foundation Trust)
Rubina Tindale (North Tees & Hartlepool NHS Foundation Trust)
David Emerton – Medical Director (North Tees & Hartlepool NHS Foundation Trust)
Fiona McEvoy (North Tees & Hartlepool NHS Foundation Trust)
Steve Wallace – (Chair, NHS Hartlepool)

29. Apologies for Absence

Councillors Cook, Fleet, Griffin, A Lilley, G Lilley, and McKenna.

30. Declarations of Interest by Members

None.

31. Minutes of the meeting held on 3 August 2010

Deferred.

32. Responses from the Council, the Executive or Committees of the Council to Final Reports of this Forum

No items.

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

No items.

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

No items.

35. The Provision of Accident and Emergency / Minor Injuries Services in Hartlepool (*Scrutiny Support Officer*)

The Chair indicated that following the meeting on 3 August, when the issue of the Accident and Emergency (A&E) unit at University Hospital of Hartlepool had been discussed, the North Tees and Hartlepool NHS Foundation Trust had contacted the Chair and Vice Chair of the Forum with a revised approach to the changes at the A&E unit. The Chair had thought it appropriate to bring this to the Forum's attention and therefore convened this meeting.

A&E Clinical Director (North Tees and Hartlepool NHS Foundation Trust) and Carl Parker (NHS Hartlepool) gave a presentation to the forum outlining their new proposal to the forum. The Trust had initially outlined a proposal to the Chair based on a trial of three months of running the proposed accident unit at the One Life Centre at Park Road, while still maintaining the A&E unit at the Hospital. However, subsequent discussions with the Commissioners on this proposal had highlighted concerns raised by clinicians and A&E staff. Staff from the three A&E units (Hartlepool, North Tees and James Cook Hospital) had raised a concern at the lack of senior staff support during the nighttime. There had, therefore, been a reappraisal on urgent care in Hartlepool and the proposed interim solution and the Commissioners had indicated that this was not their

preferred option and highlighted concerns that it may cause confusion amongst the public.

The preferred model of clinicians was that the replacement walk-in A&E would be based at the One Life Centre on Park Road. The out of hours General Practitioner service would also be based in the One Life Centre which would mean that for the majority of the night-time there would be a GP on hand to deal with and referrals and there would also be bookable appointments.

There was significant concern among the Commissioners in relation to the three-month trial as they felt there were too many disadvantages particularly in relation to public confusion and staffing. Staffing issues at the A&E unit at the hospital were already of such concern that consideration had already been given to closing the unit between midnight and 8.00 a.m. Due to a national shortage of doctors, all areas of the country and not just Hartlepool were feeling the effects of this. The Trust stressed that this was not due to a lack of funding.

It was considered that moving the services to the One Life Centre had many benefits over them remaining at the hospital. The unit could be adequately staffed for 24-hour operation and with GP's on hand even during the night to deal with those patients that required a GP rather than emergency staff, patients would receive a better service. The new 111 service would be able to assist in triage of callers to the appropriate venue. This would also be done by paramedics and ambulance staff to ensure that patients were taken to the appropriate venue, as now. Treatment now started in the ambulance with ECG details being sent direct to the hospital as the patient was on route. This allowed speedy treatment when the patient arrived at the specialist centre which made a significant difference to eventual outcomes.

In relation to patients with severe trauma, it was indicated that on a population basis, the Tees Valley / South Durham region would only require one trauma unit, but based on geography it was accepted that two would be required, one at James Cook University Hospital, the second currently at North Tees Hospital; though this would relocate to the new hospital site. It was highlighted to Members that different A&E's also provided different specialist care; not all A&E departments were the same.

Patient treatment was also changing rapidly. New developments in Tele-Medicine were allowing specialists to provide targeted care without the patient needing to attend hospital.

The presentation also included several scenarios from a major incident such as the school bus crash on Catcote Road several years ago to someone with a severe sore throat and showing how in the majority of cases there was no change to how people would be treated and where they would be treated. The minor accident unit at the One Life Centre as well as treating the 'walking wounded' would also be able to deal with people presenting with illnesses even out of hours due to the on-site GP

who could prescribe where necessary.

As treatment methods developed and improved there would be changes in how patients were treated and where they needed to be treated. The proposals would retain all the services within Hartlepool. What was proposed simply moved the majority of those that presented to the current A&E to a more suitable location where they could receive an improved service. For the best possible health care, Members were informed that there was a need to accept that there would be changes in health care delivery methods.

The Chair commented that this was not the proposal put to him and the vice-chair by the Trust and the proposal he had expected to be put to members at this meeting. The Chair considered that that proposal should have been put to the meeting and that there was an element of the Trust now trying to persuade members with yet another change to the A&E service provision. The Chief Executive of North Tees and Hartlepool NHS Foundation Trust indicated that the presentation covered how the services would work. The proposal discussed with the Chair and vice-chair was to run the same clinical services at the hospital. There would need to be an extensive publicity campaign to inform the public of the changes but if there was no change at the hospital, there could be greater confusion.

The Forum were informed that around 50% of A&E visits were people that turned up of their own volition and the vast majority of these people did not need treatment in a full A&E department. This service provision was not sustainable in A&E. The One Life Centre had been designed to take the number of 'visits' that should more appropriately be treated there. Triage services through the new 111 telephone service and those provided by paramedic and ambulance staff were all 'on-board' with the new options.

Forum Members acknowledged the proposals set out in the presentation and the views of the clinicians in terms of service provision. Members also viewed the 24-hour access to a GP at the One Life Centre as a positive move, but did stress that the hospital was a very emotive issue for the people in the town. This move would be seen by many as a dilution of the services at the hospital and to some just one further nail in the hospital's coffin.

Trust representatives commented that these proposals were an intrinsic part of Momentum, which was based on the provision of a new hospital. The proposals for the One Life Centre retained a significant amount of service provision in Hartlepool, services that would not be re-provided at the new hospital. Only those services that needed to be in a hospital would be provided at the new site.

The Chair commented that much had changed in recent months with the announcement that the hospital wouldn't receive government funding and now it had to be questioned if it would ever realistically happen. The Performance Portfolio Holder and former Chair of the Health Scrutiny Forum indicated that the consultation on Momentum in 2008 did not include

the explicit statement that A&E in its present form would close at the hospital, but it was implicit in the realignment of services set out in the consultation documentation. If the documentation had said that A&E would close some five years ahead of a new hospital being built, then there may have been greater concern expressed. The concern now was that services were being removed from the hospital; before any clear indications about when or if a new hospital is to be built. The Portfolio Holder did state that he didn't necessarily think the proposal being made was wrong; simply that it was premature in light of the great unknowns surrounding the new hospital. There was a lack of consultation on this specific move and the Portfolio Holder considered that there was sufficient reason to refer this matter to the Secretary of State.

Some Forum Members echoed these views and considered that the people of the town were already confused as to where to go for services. Major services were already being transferred out of the town leaving people to travel to North Tees. It also had to be remembered that these changes affected all the areas north of Hartlepool up to and including Peterlee.

The Chief Executive of North Tees and Hartlepool NHS Foundation Trust stated that he fully understood how emotive people were about A&E services. The Trust believed that this was the right thing to do whether or not there was a new hospital built. Many patients would receive improved services by being referred straight to a hospital ward. As the movement towards a new hospital progressed, the changes to services needed to be managed in advance – things could not all happen in one block move. This was part of that process. It also dealt with the issues of night cover at the hospital. Clinicians had a duty to provide the best care to patients and that could not be done by maintaining the status quo. It would be a disservice to the public not to back these changes.

Trust representatives reminded the Forum that there were real issues around the staffing of the current service. In May there had been such concern that consideration was given to closing A&E overnight in Hartlepool and transferring the service to another hospital due to the staffing problems. Even if A&E could be kept open at the hospital as Members seemed to be saying, there was no guarantee it could be kept open during the night.

The Chair commented that the Forum could not be said to be doing people a disservice by tackling the Trust's weak consultation.

The Chair allowed representatives of the 'Save Our Hospital' campaign group to address the Forum. They commented that they were still strongly against the transfer of any more services away from Hartlepool Hospital and would continue to campaign for the return of those that had already moved. The group spokespeople commented that in an area of low car ownership accessing to North Tees Hospital was extremely difficult for the people north of Hartlepool. The Trust seemed to be driving through the closure of Hartlepool hospital whatever the cost or consequences. There would be no issues with the staffing at the A&E unit if the Trust transferred

back the staff they had sent to North Tees. The location of the hospital was key to the people who used it. The Group's representatives also indicated that they would support further consultation, though they did feel it was an expensive waste of time. The people of Hartlepool had already clearly stated that they did not want a new hospital or any services removing from their current hospital.

The Chair questioned the continuing role of the Save Our Hospital Group and how they engaged with its supporters and the public. The Groups representatives indicated that the group still did have some funds available but that most correspondence with supporters was now electronic.

The Chair of the Hartlepool PCT acknowledged that there hadn't been consultation on this very specific move. Changes to health service provision can be very emotive matters and the NHS's track record in planning changes hasn't been very good; saying one thing and doing another. The politics surrounding this issue had also not served people well. The Darzi report had changed everything but since then everything had changed and there was now no going back to that report. Momentum was about much more than a new hospital. Clinical services in Hartlepool were very good but still life expectancy was poorer than almost everywhere in England and Wales. In the past this could have been blamed on the level of heavy industries in the Town, but not now. Now access to health care services was the issue and something needed to be done to improve access and outcomes for people. The Chair of the PCT stated that he was convinced by the clinicians' arguments for the transfer of the services to the One Life Centre. People only had one choice to make; do I ring 999 or do I go to the One Life Centre.

In moving the debate forward the Chair indicated that if a further consultation exercise was to be carried out then it needed to be robust so that its results could be relied upon. The consultation also should not be some kind of delaying tactic. The forum had a letter drafted to the Secretary of State referring this matter and the Chair indicated that he was still minded to send it. The meeting had, however, moved forward and members were supporting the proposal for further consultation. Members did comment that they would wish to view the proposed consultation before it was issued as they were concerned at the slant that could be put on the questions by the Trust. Trust representatives indicated that they were prepared to organise a quick four-week consultation process, with the Forum's support.

The Forum also sought assurance that as wide a circulation of the consultation documentation would be undertaken as was possible. Members stated that relying on the Hartlepool Mail would be insufficient. Trust representatives assured Members that there would be wide circulation of consultation leaflets and that they would be working with Hartlepool LINK to target specific groups of service users.

Recommended

That a further consultation exercise specifically targeted at the proposed transfer of services from the Accident and Emergency Unit at University Hospital Hartlepool to the One Life Centre on Park Road be supported subject to the Forum being consulted further on the detailed questions in the consultation leaflet.

36. Issues identified from the Forward Plan

No items.

37. Feedback From Recent Meetings of Tees Valley Health Scrutiny Joint Committee

No items.

38. Regional Health Scrutiny Update

No items.

The meeting concluded at 11.10 a.m.

CHAIR

JOINT HEALTH SCRUTINY FORUM AND SCRUTINY CO-ORDINATING COMMITTEE MINUTES

27 August 2010

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Councillors C Akers-Belcher, S Akers-Belcher, Barker, Cook, Cranney, Fleet, Flintoff, Griffin, James, Preece, Richardson, Shaw, Simmons and Wells

In accordance with Paragraph 4.2 (ii) of the Constitution Councillor Ingham was in attendance as substitute for Councillor Thomas

Resident Representatives:

Evelyn Leck and Linda Shields

Also Present:Councillor Brash, Performance Portfolio Holder

Councillor Ged Hall, Adult and Public Health Services Portfolio Holder

Councillor S Maness

Mike Procter, Director of Strategic Intelligence, NHS Tees

Officers:

Joanne Machers, Chief Customer and Workforce Development Officer

Graham Frankland, Assistant Director, Regeneration and Neighbourhoods

Stuart Langston, Health, Safety and Wellbeing Manager

Joan Chapman, Corporate ICT Manager

Joan Stevens, Scrutiny Manager

James Walsh, Scrutiny Support Officer

Denise Wimpenny, Principal Democratic Services Officer

1. Appointment of Chair

As this was a Health related issue it was agreed that Councillor Stephen Akers Belcher be appointed Chair for this meeting.

Councillor Stephen Akers Belcher took the Chair

Members were advised that two call-in notices had been submitted and would be considered under any other business. As this issue was within the remit of Scrutiny Co-ordinating Committee, any voting would be restricted to Scrutiny Co-ordinating Committee Members only.

2. Apologies for Absence

Apologies for absence were submitted on behalf of A Lilley, G Lilley, McKenna, Thomas and Resident Representatives Mary Green and Liz Carroll.

3. Declarations of interest by Members

Councillor Christopher Akers-Belcher declared a personal interest in Minute No 8 as the Links Co-ordinator for Hartlepool.

4. Responses from the Council, the Executive or Committees of the Council to Reports of the Scrutiny Co-ordinating Committee

None.

5. Consideration of request for scrutiny reviews from Council, Executive Members and Non Executive Members

None.

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

None.

7. Issues Identified from Forward Plan

None.

8. Responding to the White Paper Equity and Excellence: Liberating the NHS and Liberating the NHS: Local Democratic Legitimacy in Health Consultation – Covering Report *(Scrutiny Manager)*

The Scrutiny Support Officer presented the report which provided Members with an introduction to the White Paper entitled 'Equity and Excellence: Liberating the NHS', attached at Appendix A to the report. Headline news coverage surrounded the following announcements in the White Paper:-

- (i) the abolition of Strategic Health Authorities;

- (ii) the abolition of Primary Care Trusts;
- (iii) the formation of GP Consortia to commission health care;
- (iv) the evolving of LINK into a Local HealthWatch, with increased strength and responsibility;
- (v) the repositioning of Public Health under the direct control of the Local Authority;
- (vi) the proposal for the creation of Health and Wellbeing Boards; and
- (vii) the transformation of all Acute providers into Foundation Trusts.

Key to the Government's proposals from a scrutiny perspective was the formation of a Health and Wellbeing Board, details of which were outlined in the report. Section 4.19 of Appendix A highlighted the new functions (powers) that Local Authorities would have to:-

- (i) Promote integration and partnership working;
- (ii) Lead on joint strategic needs assessments; and
- (iii) Build partnerships for service changes and priorities.

The White Paper suggested that the new functions for Local Authorities:-

*"Would replace the current statutory functions of Health Overview and Scrutiny Committees"*¹

In addition to the White Paper, on 22 July 2010 the Government published a consultation document entitled 'Liberating the NHS: Local Democratic Legitimacy in Health', attached as Appendix B to the report. This document asked a number of key questions in relation to the development of the White Paper, with Hartlepool LINK's helpful summary attached as Appendix C to the report.

Members were requested to formulate a response in relation to Appendix A and questions raised in Appendix B, which could be shared as Scrutiny's views to the Government, the Authority's Cabinet, the Tees Valley Health Scrutiny Joint Committee, Hartlepool LINK and any other relevant bodies seeking Scrutiny's views in relation to the White Paper 'Equity and Excellence: Liberating the NHS' and the consultation document 'Liberating the NHS: Local Democratic Legitimacy in Health'.

The Director of Strategic Intelligence at NHS Tees had been invited to the

meeting to provide further details on the issues raised in the report. The report included details of major milestones for the NHS White Paper

The Director of Strategic Intelligence provided a detailed and comprehensive presentation which examined the following

- Liberating the NHS – the Government's vision for health and how it integrates with Public Health and social care
- GP Commissioning Consortia, how it will operate
- GP Commissioning – Timetable
- NHS Commissioning Board main functions
- Putting patients and the public first – more information for patients, more choice and control for patients, HealthWatch
- Improving Healthcare Outcomes – a new outcomes framework and financial incentives for quality improvement
- Autonomy, accountability and democratic legitimacy: GP commissioning consortia, an NHS Commissioning Board, relationship between NHS and Local Government, freedoms for NHS providers, the Care Quality Commission and Monitor, NHS pay and pensions
- Cutting bureaucracy and improving efficiency
- Conclusion :making it happen
- Local implementation
 - White Paper open to consultation until 11 October 2010
 - PCT restructuring and reduction in staff numbers underway
 - New structure addresses the policy direction set out in Liberating the NHS
 - Development of GP Commissioning being taken forward in partnership with GPs and other local stakeholders.

Following the conclusion of the presentation, a lengthy discussion ensued which included the following issues:

- (i) A Member queried what safeguards were in place to protect patient safety in the interim period of transferring services from the PCT to GPs as some concern was expressed regarding the risks that patient safety and welfare could be compromised. Members were advised that the timetable provided for an overlap between the Consortia in its shadow form with PCTS not scheduled to be abolished until 2 years of dual operation with a gradual handover of services. The current coalition government were keen to have arrangements in place by April 2013. However, it was suggested that this was an ambitious timeframe.
- (ii) Clarification was sought on the arrangements in place to address any failings in GP practices and whether this would affect funding allocation for that area. The Director of Strategic Intelligence advised that whilst the exact details were not yet available, it was envisaged that the Commissioning Board would oversee arrangements to ensure the Consortia operated effectively. If failings were identified, it was anticipated that services and budgets would transfer to an alternative

consortia.

- (iii) Concerns were raised regarding the issue of lack of funding and how the services in Hartlepool may be affected as a result. Members were advised that it was not expected that the clinical delivery of services would be affected. However, if a decision was taken to deliver services in an alternative way, this would need to be carefully monitored by the Scrutiny Forum.
- (iv) With regard to the proposed transfer of services to GPs and GPs operating as independent businesses, a Member highlighted the risk that GPs may be selective in terms of which patients they accepted into their practice and queried what arrangements were in place to ensure patients with greater needs were provided for. In response, it was reported that there were currently safeguards in place to ensure this did not occur.
- (v) Members discussed the working arrangements between the Commissioning Board and local arrangements, the effective use of any underspends in budgets, who would fund Health and Wellbeing boards as well as how these arrangements would be independently monitored to ensure patient feedback was actioned. The Director of Strategic Intelligence stated that any underspends in the past had to be utilised on specific services that would benefit patients. Details of how underspends would be managed and how Health and Wellbeing Boards would be funded was not yet clear.
- (vi) In relation to the future role of Scrutiny Forums, a Member commented on the need to continue to scrutinise local public health arrangements and monitor and evaluate delivery of services, and sought the representative's views in this regard. In response, Members were advised that the White Paper suggested the scrutinisation of local health arrangements would be carried out by the Health and Wellbeing Boards, however, the details of such arrangements were not clear at present.
- (vii) Further discussion ensued on future proposals, the risks of pooling budgets, the number of GPs who had indicated their reluctance to be involved in the Consortia and how this would impact on patient choice, the potential inequality issues and the risks of phasing out the NHS and privatising services as well as the impact on the quality of services provided. The Director of Strategic Intelligence stated that the White Paper suggested that monitoring health inequalities would be a matter for local authorities. The new Coalition Government were proposing to introduce a new outcomes framework for GPs which suggested improved monitoring of outcomes and performance management arrangements. The White Paper indicated that the new arrangements would make it easier for patients to transfer to another practice.
- (viii) The Performance Portfolio Holder raised concerns that the proposals would result in further privatisation of services, there was a reluctance of GPs to join the Consortia, the emphasis on cost as opposed to quality of services and the failure to adequately consult on the proposals on such an important issue.
- (ix) The Adult and Public Health Services Portfolio Holder supported the concerns of Members regarding the proposals to privatise services

and the uncertainty of how the proposals would operate in practice, and highlighted the possible conflict of interests. Reference was made to the potential benefits of the proposals including the transfer of health improvement functions to local authorities and improvement of health care outcomes. The Portfolio Holder emphasised the advantages of effective partnership working between local authorities and the NHS and the benefits of this continuing.

- (x) Clarification was sought on whether it was considered the proposals would have a detrimental impact on the services provided to the public. The Committee was advised that the main concerns were the scale of the changes, the reduction in resources and the lack of detail with regard to how the changes would be achieved.
- (xi) A Member commented that shared decision making for some patients would not be welcomed.

The Chair sought Members' views on Questions, 8, 14, 15 and 16 as set out in the questionnaire, attached at Appendix C.

With regard to Question 8 relating to the main functions of the Health and Wellbeing Board, Members were of the view that the current powers of Health scrutiny should remain with the Health Scrutiny Forum and continue to operate within the local authority to ensure local health commissioners ie GP Consortias were closely monitored. In the event that public health responsibilities transferred to local authorities there would be a requirement to retain a scrutiny mechanism to scrutinise such functions to ensure democratic accountability. Members suggested that this role should remain within the Scrutiny function of the Council.

In relation to Question 14 as to whether the scrutiny and referral function of the current Health OSC should be subsumed within the health and wellbeing board, all Members were of the firm view that this should not be subsumed within the health and wellbeing board and the current Health OSC should retain its current powers.

In terms of Question 15 on how to ensure that arrangements for scrutiny and referral maximised local resolution of disputes and minimised escalation to national level, Members reiterated that the current local scrutiny powers should be retained external to the Health and Wellbeing Board. Health OSCs had been effective in highlighting issues of local concern and bringing relevant local health bodies together to achieve resolution.

With regard to Question 16 on what arrangements the local authority should put in place to ensure that there is effective scrutiny of the Health and Wellbeing Boards, Members were of the firm view that the current scrutiny powers should remain. However, in the event that this was not achievable, the ability to call in decisions should remain in order to respond to local concerns.

In conclusion, the Chair summarised Members serious concerns against privatisation and Consortia arrangements. However, in the event that the

Consortia arrangements were introduced, Members emphasised the importance of ensuring that local consortiums were introduced to reflect local authority boundaries as a wider geographical area would not be as responsive to local needs.

Following further discussion on the submission of a formal response to Cabinet for its meeting on 6 September, it was decided that the final wording of the response would be agreed by the Chair.

The Chair thanked the representative of NHS Tees for his attendance.

Recommended

- (i) That the report and comments of the Forum be noted.
- (ii) That Scrutiny's views in relation to the White Paper 'Equity and Excellence: Liberating the NHS' and the consultation document Liberating the NHS: Local Democratic Legitimacy in Health be submitted to the Government, the Authority's Cabinet, the Tees Valley Health Scrutiny Joint Committee and Hartlepool LINK, the final wording of which to be agreed by the Chair.

Prior to consideration of the following items of business Councillor Stephen Akers-Belcher vacated the Chair and Councillor James took the Chair.

Cllr James in the Chair

9. Any Other Items which the Chairman Considers are Urgent

The Chairman ruled that the following items of business should be considered by the Committee as a matter of urgency in accordance with the provisions of Section 100(B) (4)(b) of the Local Government Act 1972 in order that the matter could be dealt with without delay.

10. Any Other Business – Call-In of Decision: Migration of Telephony Provision to Hartlepool Borough Council *(Scrutiny Manager)*

The Scrutiny Manager reported that two call-in notices had been received in relation to two recent decisions taken by the Finance and Procurement Portfolio Holder and Performance Portfolio Holder. The purpose of today's discussion was to consider whether the call-ins should be accepted for the reasons set out in the Notices. Officers who had been involved in the preparation of the reports and the Performance Portfolio Holder were in attendance at the meeting to answer any questions in relation to the decisions.

Members were referred to the report of the Assistant Director (Resources) and decision record of the meeting of the Finance and Procurement Portfolio Holder held on 12 August 2010 relating to the migration of Telephony

Provision together with the call-in notice, copies of which were attached as appendices to the report.

Members questioned the Assistant Director (Resources) regarding the report and the reasons behind the proposals submitted to the Portfolio Holder.

Members expressed concerns and made a number of suggestions which included the following:-

- Some Members had experienced service delivery problems with this company and following investigation had identified they were not a well established company or recognised as a good provider.
- Insufficient service performance checks of the new provider had taken place.
- If the service was to be put out to contract why had the process not been transparent and the contract subject to the correct tendering process and alternative options pursued. Concern was expressed that this did not represent Best Value and that other providers had not had an opportunity to conduct the same exercise as the proposed provider. In response to these concerns, Members were advised that the Government's Office of Government Commerce list of suppliers had been utilised whereby a number of providers (including Daisy) had been through a fully compliant competitive process to prove value for money. The intention of this process being to remove the requirement for local authorities to undertake expensive tendering processes.
- There were a number of other telecommunications providers on the OCG list that had not had not been considered on the basis of references and submissions from Daisy.
- No further negotiations had taken place with the existing provider relating to what the new provider could offer to retain the Council's business. Members were of the view that further negotiations should take place with the existing provider in this regard.
- Risks associated with changing telecommunications providers.
- No other local authorities had conducted a formal tendering process with the proposed provider.
- It was suggested that discussions take place with other neighbouring authorities ie Durham County Council to determine which telecommunications providers were being utilised elsewhere.
- It was confirmed that Hartlepool Borough Council officers had contacted Daisy in light of the company being used by other Tees Valley Authorities (Stockton and Middlesbrough Councils).

The following points were highlighted during the evidence given by the Assistant Director (Resources):-

- The reason for the proposal was to achieve efficiency savings on telephony costs across the Council by relocating the service to a more cost effective provider. It was emphasised that the decision of the

Portfolio Holder to agree the proposal to proceed with the migration of telephony services to Daisy Group plc was subject to satisfactory agreement being reached on the removal of costs from the ICT contract between Hartlepool Borough Council and Northgate and confirmation of service performance checks on Daisy.

- Stockton and Middlesbrough Councils were currently using the proposed provider with positive feedback on the service as well as savings being made.
- Current service provision was not providing value for money.
- The proposed procurement route fully complied with the Council's Procurement Rules and there would be no penalty payable to Northgate as a result of the change in provider.
- The length of the contract was one year with a three month trial period and savings equated to 17% or £25,000.
- Confirmation was given that an assurance had been given in writing there would be no additional/replacement equipment requirements as a result of the change in provider.

Following further debate as to whether the call-in should be accepted, the process for dealing with this call-in and proposed timetable, Members requested that the call-in be accepted and that appropriate arrangements for future meetings to consider the call-in be arranged to ensure completion of the inquiry by September/October to enable the Committee's recommendations to be considered by the Portfolio in October.

Members requested that a shortlist of approximately 6 potential alternative providers be examined and be included in a further report for consideration at the next meeting of the Committee to address the concerns and suggestions of Members as outlined above

Recommended

- (i) That the Call-in notice be formally accepted and additional meetings of the Committee be undertaken in order to complete the process.
- (ii) That a report be submitted to the next Call-in meeting to address the concerns and suggestions of Members, as outlined above.

11. Any Other Business – Call-In of Decision: Counselling Services *(Scrutiny Manager)*

Members were referred to the report of the Chief Customer and Workforce Services Officer and decision record of the meeting of the Performance Portfolio Holder held on 13 August 2010 relating to counselling services together with the call-in notice, copies of which were attached as appendices to the report.

Members questioned the Performance Portfolio Holder, the Chief Customer and Workforce Services Officer and Health and Safety Manager regarding

the report and the reasons behind the proposals submitted to the Portfolio Holder.

Members expressed concerns and made a number of suggestions including:-

- Clarification was sought on the aims and objectives of this proposal, the value of entering into a 5 year contract and partnership arrangement with a neighbouring authority. The Portfolio Holder explained:-
 - the current system had never been market tested for quality or cost and best value could not be determined without a tendering exercise;
 - the benefits of tendering with another authority and emphasised that the management of the contract would be undertaken independently of another authority and the benefits of the service to staff were also outlined; and
 - the service could not be provided internally.
- Members highlighted that the current statistics suggested that the current service was good and emphasised the benefits of retaining the counselling service in Hartlepool.
- Reference was made to the various methods of delivering the service, whether the service could be provided in-house, whether there were additional providers in the area that needed to be tested. The Health Safety and Wellbeing Manager reported:-
 - that the travelling implications of utilising a provider from outside the town would be considered as part of the tender assessment process and that the impact of this would be considered as part of the 60/40 quality/price requirement of the tendering process; and
 - that there were a number of other companies in Hartlepool who currently also provided counselling services.
- Expanding on the option for the provision of counselling services internally, it was confirmed that the service was provided on a 'cost of referral' rather than an annual fee basis. It was also confirmed that whilst the service had been provided internally at one time, when that arrangement ceased it was more cost effective to find an external provider.
- In response to a request for clarification, the Chief Customer and Workforce Services Officer provided details of the counselling referral process and timescales involved as a comparator with the referral timescales of GPs. It was pointed out that whilst this was an invaluable service, some staff may be reluctant to take-up the service for confidentiality reasons. A Member suggested that the current referral process and alternative methods of delivering the service more efficiently should be further explored.
- The importance of prevention and reducing the need to use the service was highlighted.
- Members requested that a local market testing exercise be undertaken with GPs to determine what other services were currently available in Hartlepool to support the counselling services as a comparator to what was currently being provided including the timescales involved.

Following further debate as to whether the call-in should be accepted, the process for dealing with this call-in and proposed timetable, Members requested that the call-in be accepted and that appropriate arrangements for future meetings to consider the call-in be arranged to ensure completion of the inquiry by September/October to enable the Committee's recommendations to be considered by the Portfolio in October.

Recommended

- (iii) That the Call-in notice be formally accepted and additional meetings of the Committee be undertaken in order to complete the process.
- (iv) That a report be submitted to the next Call-in meeting to address the concerns and suggestions of Members, as outlined above.

The meeting concluded at 12.50 pm

CHAIR

HEALTH SCRUTINY FORUM

12 October 2010



Report of: NHS Hartlepool

Subject: NHS HARTLEPOOL'S RESPONSE TO THE
SUSPENSION OF GREATHAM CLINIC FINAL
REPORT

1. PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to provide Members of the Health Scrutiny Forum with the formal response of the NHS Hartlepool in relation to the agreed recommendations arising from the investigation into the 'Suspension of Greatham Clinic'.

2. BACKGROUND INFORMATION

- 2.1 The investigation into the 'Suspension of Greatham Clinic' was conducted during the 2009/10 Municipal Year by the Health Scrutiny Forum. As per agreed practice, NHS Hartlepool has considered the recommendations of the Scrutiny Forum and in doing so, the Action Plan attached as **Appendix A** outlines how NHS Hartlepool intends to deliver / implement such recommendations.
- 2.2 Members should also note that both the Final Report and the Action Plan were reported to the Council's Cabinet at its meeting on 28 September 2010, for information purposes only.
- 2.3 Following on from this report, progress towards completion of the actions contained within the Action Plan will be monitored through Covalent; the Council's Performance Management System; with standardised six monthly monitoring reports to be presented to the Forum.

3. RECOMMENDATION

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

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BACKGROUND PAPERS

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

OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN**NAME OF FORUM:** Health Scrutiny Forum**NAME OF SCRUTINY ENQUIRY:** Suspension of Greatham Clinic**DECISION MAKING DATE OF FINAL REPORT:** September 2010

RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	LEAD OFFICER	DELIVERY TIMESCALE
<p>(a) That a limited non-clinical service is introduced as a matter of urgency and:-</p> <p>(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</p>	<p>Interim service are in place leaflet to all households completed. Interim services consist of;</p> <p>The Health Bus which is run by Hartlepool Families First, a registered charity has added Greatham to its stops. The bus will be in the village (opposite The Green) every Monday between 4pm and 6pm. The attached leaflet gives details of what the Health Bus can offer. For further details please contact Families First on 01429-867016 or email info@hartlepoolfamiliesfirst.org.uk</p> <p>Residents of Greatham who would</p>	Richard Harrety	Complete

OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN**NAME OF FORUM:** Health Scrutiny Forum**NAME OF SCRUTINY ENQUIRY:** Suspension of Greatham Clinic**DECISION MAKING DATE OF FINAL REPORT:** September 2010

RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	LEAD OFFICER	DELIVERY TIMESCALE
	<p>have previously attended the drop-in clinic can also access the district nursing service for any reason that would have normally resulted in a visit to the nurse drop-in clinic by requesting a home visit by contacting the District Nurse either through their GP or directly on 078017818</p> <p>The health trainers are providing advice and support to anyone over 18 years of age who wants to adopt a healthier diet, get more active or stop smoking. Residents can access the health trainer service by calling the central office 01642 853998, or directly to Denise Murphy on 01429-285558 or 07748 112784 or email denise.murphy@nhs.net</p>		
(ii) That the feasibility of	Steering group was set up in June	Richard	Complete

OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN**NAME OF FORUM:** Health Scrutiny Forum**NAME OF SCRUTINY ENQUIRY:** Suspension of Greatham Clinic**DECISION MAKING DATE OF FINAL REPORT:** September 2010

RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	LEAD OFFICER	DELIVERY TIMESCALE	
	Greatham residents forming a steering group to influence the services to be provided be assessed.	2010 and has been meeting regularly.	Harrety	
(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	Options have been drawn up with the steering group and were presented for feedback from local residents on a meeting held on the 6 th September. Next steps are to consult with local GP's and present final report to the November Board meeting. Upon decision by board, presentation will be given to Health Scrutiny Forum	Richard Harrety Richard Harrety	GP consultation 22/09/10 Board Report 25/11/10 Expected January 2011

HEALTH SCRUTINY FORUM

12 October 2010



Report of: Joint Report of Director of Regeneration and Neighbourhoods and the Portfolio Holder for Community Safety and Housing

Subject: PORTFOLIO HOLDER'S RESPONSE ALCOHOL ABUSE – PREVENTION AND TREATMENT

1. PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to provide Members of the Health Scrutiny Forum with feedback on the recommendations from the investigation into the 'Alcohol Abuse – Prevention and Treatment', which was reported to Cabinet on 27 September 2010.

2. BACKGROUND INFORMATION

- 2.1 The investigation into 'Alcohol Abuse – Prevention and Treatment' conducted by this Forum falls under the remit of the Regeneration and Neighbourhoods Department and is, under the Executive Delegation Scheme, within the service area covered by the Community Safety and Housing Portfolio Holder.
- 2.2 On 27 September 2010, Cabinet considered the Final Report of the Health Scrutiny Forum into 'Alcohol Abuse – Prevention and Treatment'. This report provides feedback from the Portfolio Holder following the Cabinet's consideration of, and decisions in relation to this Forum's recommendations.
- 2.3 Following on from this report, progress towards completion of the actions contained within the Action Plan will be monitored through Covalent; the Council's Performance Management System; with standardised six monthly monitoring reports to be presented to the Forum.

3. SCRUTINY RECOMMENDATIONS AND EXECUTIVE DECISION

- 3.1 Following consideration of the Final Report, Cabinet approved the recommendations in their entirety. Details of each recommendation and

proposed actions to be taken following approval by Cabinet are provided in the Action Plan attached at **Appendix A**.

4. RECOMMENDATIONS

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

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BACKGROUND PAPERS

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

- (i) The Health Scrutiny Forum's Final Report 'Alcohol Abuse – Prevention and Treatment' considered by Cabinet on 27 September 2010.
- (ii) Decision Record of Cabinet held on 27 September 2010.

OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN**NAME OF FORUM:** Health Scrutiny Forum**NAME OF SCRUTINY ENQUIRY:** Alcohol Abuse – Prevention and Treatment**DECISION MAKING DATE OF FINAL REPORT:** May 2010

	RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL IMPLICATIONS	LEAD OFFICER	DELIVERY TIMESCALE
(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;	Safer Hartlepool Partnership (SHP) Alcohol Strategy Group have the responsibility and membership identified for an 'Alcohol Task Force'. This includes the five responsible authorities the Council (Community Safety and Protection, Licensing Officer, Child and Adult Services), Cleveland Police, Durham and Tees Valley Probation Trust and NHS Hartlepool (PCT). In addition there is a representative from the Licensee Association and communication with the voluntary sector is through an elected member of the Community Empowerment Network. Operational and task groups reporting to the Strategy Group include wider membership of the retailers and voluntary sector including service providers.	None	Alison Mawson	Complete

OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN**NAME OF FORUM: Health Scrutiny Forum****NAME OF SCRUTINY ENQUIRY: Alcohol Abuse – Prevention and Treatment****DECISION MAKING DATE OF FINAL REPORT: May 2010**

	RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL IMPLICATIONS	LEAD OFFICER	DELIVERY TIMESCALE
(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;	A review by the Alcohol Strategy Group in response to the CAA red flag agrees with the recommendation to appoint an elected member as a champion to lead the group. The appointment of an appropriate member to be identified by Cabinet.	None		By December 2010
(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	(i) Hartlepool Alcohol Strategy and the associated action plans are currently being produced following a comprehensive needs assessment and prioritisation exercise. A visit and recommendations by the NHS National Alcohol Support Team mid October will further strengthen the development of a cross cutting strategy that seeks to address alcohol related prevention, treatment and enforcement issues The terms of reference for the Strategy Group and the self	None	Alison Mawson	Document will be presented to LSP in October and Cabinet in November

NAME OF FORUM: Health Scrutiny Forum

NAME OF SCRUTINY ENQUIRY: Alcohol Abuse – Prevention and Treatment

DECISION MAKING DATE OF FINAL REPORT: May 2010

	RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL IMPLICATIONS	LEAD OFFICER	DELIVERY TIMESCALE
	related problems;	assessment/improvement plan confirm a commitment to pool and maximise resources for more effective responses. This will be influenced however by the Governments announcement on funding allocations and governance structures e.g. GP Commissioning and the abolition of Primary Care Trusts, the detail of which is not likely to be known until January 2011.	Not yet known - Need to await the government decision on funding allocations and structures	Alison Mawson/Louise Wallace	Local arrangements and response should be determined by April 2011
(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	Police and Licensing Officers have positive relationships with the retailers and have had some success with limiting irresponsible promotions on licensed premises. Enforcement action will be a priority to address illegal supply of alcohol There is national work in hand to try	None – Licensees are working with police on voluntary basis to curb access to cheap alcohol	Ian Harrison and Inspector Kathy Prudham.	Complete

OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN**NAME OF FORUM:** Health Scrutiny Forum**NAME OF SCRUTINY ENQUIRY:** Alcohol Abuse – Prevention and Treatment**DECISION MAKING DATE OF FINAL REPORT:** May 2010

RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL IMPLICATIONS	LEAD OFFICER	DELIVERY TIMESCALE
	<p>to influence the larger retailers such as supermarkets who can sell alcohol at low cost which is causing licensees major economic pressure and fuelling anti social behaviour. In addition Hartlepool have strong working relationships with Balance and are supporting their regional campaigns and responses to government consultation on minimum pricing.</p> <p>(iv) Develops a communication strategy that not only keeps the Health Scrutiny Forum update on progress, but also references conclusion (k), around alcohol misuse conjoining with all local community groups so that it effectively targets</p>	<p>None- the production and circulation will be maintained by the Drug and Alcohol</p>	Chris Hart	Introduced from January following Ratification of the Alcohol Strategy.

OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN**NAME OF FORUM:** Health Scrutiny Forum**NAME OF SCRUTINY ENQUIRY:** Alcohol Abuse – Prevention and Treatment**DECISION MAKING DATE OF FINAL REPORT:** May 2010

RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL IMPLICATIONS	LEAD OFFICER	DELIVERY TIMESCALE
	all of parts of Hartlepool. and the Council (including the Health Scrutiny Forum) as appropriate	team working to the Alcohol Strategy Group and in the main externally funded.		
(d)	<p>That Hartlepool Borough Council as the Licensing Authority completes a full review of its licensing policy with the aim of:-</p> <p>(i) Reducing opening hours of on-licensed premises as and when they come forward;</p> <p>The current review of the Licensing Policy provides an early opportunity to place crime and disorder in the night time economy higher in the licensing agenda and set a more rigorous tone in a range of conditions that could be applied in appropriate cases in Hartlepool. Work is in hand with licensees to reach a voluntary agreement to reduce opening hours.</p>	None	Ian Harrison	January 2011

OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN**NAME OF FORUM:** Health Scrutiny Forum**NAME OF SCRUTINY ENQUIRY:** Alcohol Abuse – Prevention and Treatment**DECISION MAKING DATE OF FINAL REPORT:** May 2010

RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL IMPLICATIONS	LEAD OFFICER	DELIVERY TIMESCALE
	<p>(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</p> <p>The CAA review process led to improved data sharing and needs assessment on the nighttime economy. There is also an independent study on the impact of the night time economy completed in December 2009, analysis of offending and offenders, and the Cardiff Model (hospital) data has now come on stream providing a more comprehensive understanding of problem areas and need for focused activity. The responsible authorities are now spearheading joint enforcement activity for the Top Ten problem premises. The Licensing Policy review will be able to take cognizance of this information and activity.</p>	<p>No immediate implication-police enforcement from mainstream budgets, data sharing analysis conducted by SHP externally funded staff. Activity may be at risk if government spending cuts are applied to the alcohol agenda.</p>	<p>Alison Mawson/Inspector Kathy Prudham.</p>	<p>January 2011 – Annual Strategic Assessment re night time economy and reducing violence conducted annually in Autumn.</p>

OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN**NAME OF FORUM:** Health Scrutiny Forum**NAME OF SCRUTINY ENQUIRY:** Alcohol Abuse – Prevention and Treatment**DECISION MAKING DATE OF FINAL REPORT:** May 2010

RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL IMPLICATIONS	LEAD OFFICER	DELIVERY TIMESCALE
	(iii) Ensuring that any new powers from central Government are used to their fullest extent so as to assist in reducing opening times.	The Licensing Review and guidance from Government will be applied and forms part of the Alcohol Strategy and associated Reducing Violence Strategy and plans.	Not known at this time	Alison Mawson/Inspector Kathy Prudham March 2011
(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,	N/A NHS Hartlepool Board considered the recommendations of the investigation at the board meeting in July. It was acknowledged by the PCT Board that alcohol and the funding of treatment services is a key priority. Officers will continue to work to identify resources on a recurring basis through the QIPP programme, particularly as it is recognised that there is a significant	Louise Wallace	March 2011

OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN**NAME OF FORUM:** Health Scrutiny Forum**NAME OF SCRUTINY ENQUIRY:** Alcohol Abuse – Prevention and Treatment**DECISION MAKING DATE OF FINAL REPORT:** May 2010

	RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL IMPLICATIONS	LEAD OFFICER	DELIVERY TIMESCALE
		whilst maintaining the current high standard, is prioritized.			
(f)	That NHS Hartlepool work with GPs in the Town to:-		N/A	Louise Wallace	March 2011
	(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	Work is ongoing to develop the GP Locally Enhanced Service (LES) to ensure GPs are able to offer effective and appropriate services for people in primary care. The LES has been drafted and is now in the process of being consulted on. Any training issues are expected to be identified through this process. This LES will ensure that GPs are a first point of contact as they will be actively engaging with patients who have hazardous and harmful drinking behaviours.			
	(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	Joint work between the Police, the Principal Licensing Officer and Hartlepool Licensees Association	None	Ian Harrison	January 2011

OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN**NAME OF FORUM:** Health Scrutiny Forum**NAME OF SCRUTINY ENQUIRY:** Alcohol Abuse – Prevention and Treatment**DECISION MAKING DATE OF FINAL REPORT:** May 2010

RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL IMPLICATIONS	LEAD OFFICER	DELIVERY TIMESCALE
	on alcohol related incidents is recorded; and continues. Negotiations are reaching a satisfactory conclusion with the potential for a reduction in opening hours and an agreement on an appropriate closing time across establishments in the key area of Church Street.			
(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. Securing Purple Flag status would be challenging and is an aspiration at this time considering the current level and baseline. Improvements would include not only the participation of licensees but also consideration of the wider night time economy environment which does need significant investment. There is however a tiered development plan in place to work towards this award. This includes more positive engagement with the trade to develop higher standards of customer care; more consideration of safe routes home and closer	Not identified at this time. Town Centre Management will have a key role in accessing some funding streams.	Ian Harrison	September 2011

OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN

NAME OF FORUM: Health Scrutiny Forum

NAME OF SCRUTINY ENQUIRY: Alcohol Abuse – Prevention and Treatment

DECISION MAKING DATE OF FINAL REPORT: May 2010

RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	FINANCIAL IMPLICATIONS	LEAD OFFICER	DELIVERY TIMESCALE
	<p>working with town centre management.</p> <p>One of the first stages is the voluntary adoption of voluntary codes by operators and moving to the introduction of the Best Bar None scheme.</p> <p>There will also be a review of the impact of the Transport Interchange.</p>			

HEALTH SCRUTINY FORUM

12 October 2010



Report of: Scrutiny Support Officer

Subject: ACCIDENT AND EMERGENCY DEPARTMENT
UPDATE

1. PURPOSE OF REPORT

- 1.1 To inform Members of the current position of the referral to the Secretary of State of the planned changes to the Accident and Emergency Department at the University Hospital of Hartlepool.

2. BACKGROUND INFORMATION

- 2.1 As Members will be aware, following meetings of the Health Scrutiny Forum on 3 August 2010 and 2 September 2010 in relation to changes planned for the Accident and Emergency Department at the University Hospital of Hartlepool, the matter was referred to the Secretary of State for Health.
- 2.2 At today's meeting the Chair of the Health Scrutiny Forum will provide Members with a verbal update in terms of the current position of the referral.

3. RECOMMENDATIONS

- 3.1 That Members note 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 of the meetings of the Health Scrutiny Forum held on 3 August 2010 and 2 September 2010.

HEALTH SCRUTINY FORUM

12 October 2010



Report of: Scrutiny Support Officer

Subject: NORTH TEES AND HARTLEPOOL NHS
FOUNDATION TRUST – QUALITY ACCOUNT
2011/12 – COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To introduce representatives from North Tees and Hartlepool NHS Foundation Trust who will be in attendance at today's meeting to engage with Members in respect of the Trust's Quality Account for 2011/12.

2. BACKGROUND INFORMATION

- 2.1 In November 2009 the Government published the Health Bill which required all providers of NHS healthcare services to provide an annual Quality Account, initially by the end of April 2010.
- 2.2 Members of the Health Scrutiny Forum met on 13 April 2010 where discussions were held in relation to the North Tees and Hartlepool NHS Foundation Trust's Quality Account for 2010/11. Due to delays on national guidance from the Department of Health and the short timescales for consideration of the 2010/11 Quality Account Members agreed to provide no commentary, but requested earlier consultation in terms of the Trust's Quality Account for 2011/12.
- 2.3 Subsequently, the Director of Nursing and Patient Safety at North Tees and Hartlepool NHS Foundation Trust will be present at today's meeting to provide a presentation in relation to engaging with Members of the Forum in terms of the Trust's Quality Account for 2011/12.

3. RECOMMENDATIONS

- 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 paper was used in the preparation of this report:-

- (a) Minutes of the meeting of the Health Scrutiny Forum held on 13 April 2010.



Quality Accounts 2011/12; moving forward together

Health Scrutiny Forum Consultation

Sue Smith, Director of Nursing & Patient Safety

David Emerton, Medical Director

October 2010

Discussion

- Context
- Priorities for 2011/12
- Style
- Content
- 3rd party narrative





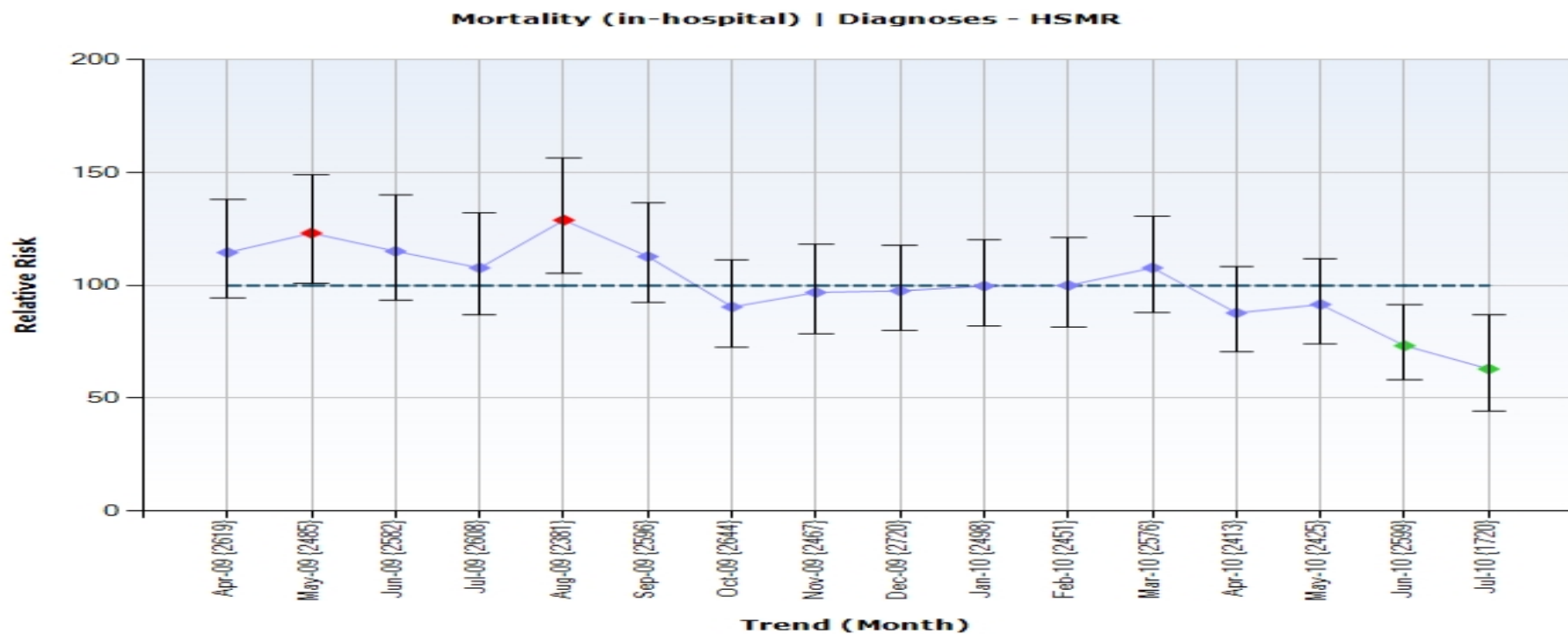
2010/11 Quality Account

- 3 key priorities (p11-13)
- Patient Safety
 - Reduce deaths
- Effectiveness of care
 - 70% EAU patients to have full assessment within 2-hrs of arrival
- Experience
 - Care with compassion



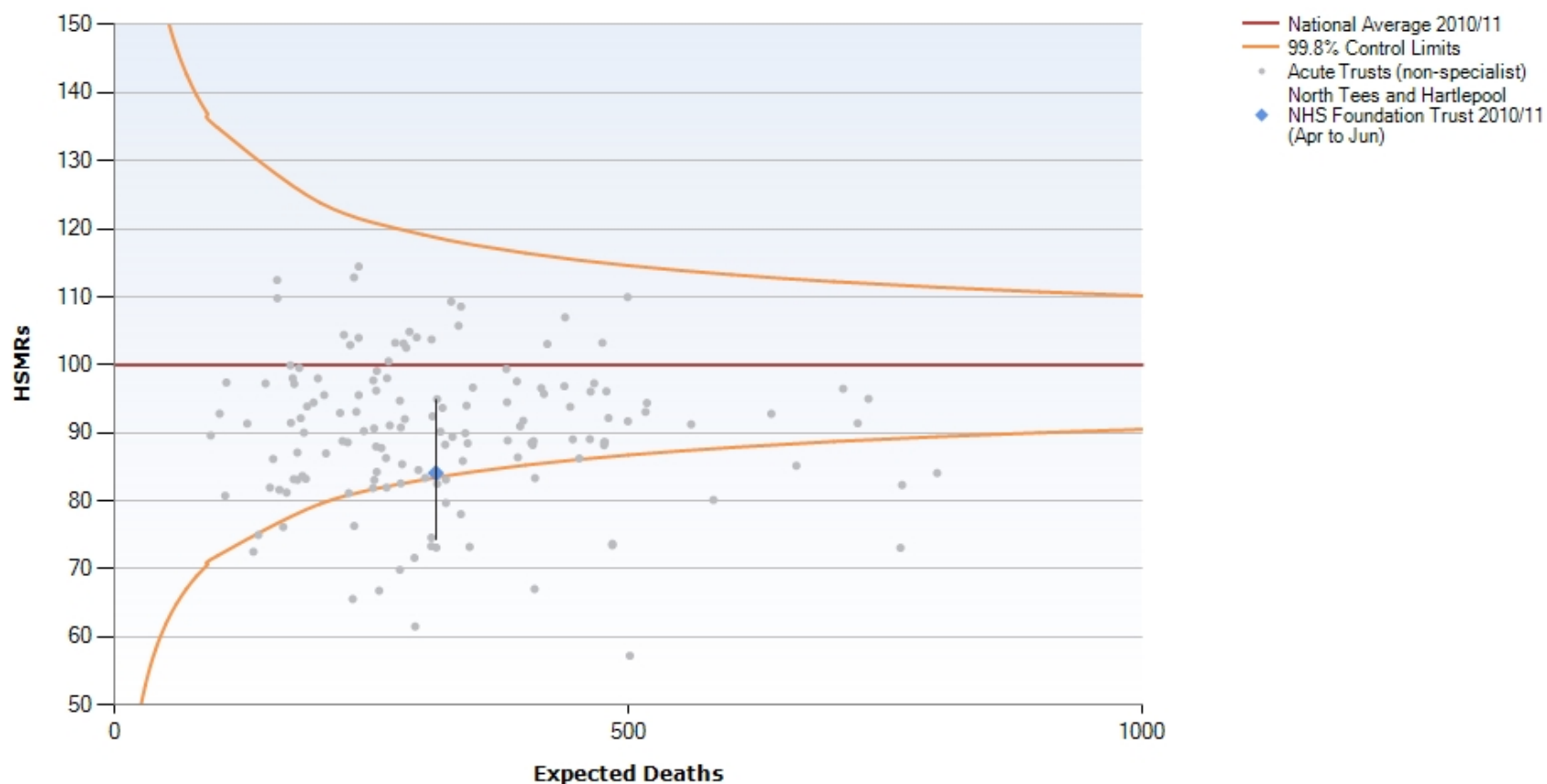


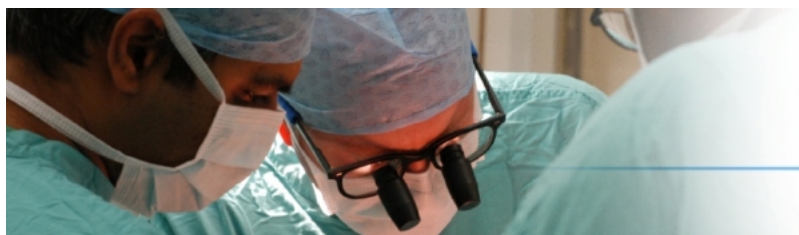
Measuring our progress (Dr Foster data)



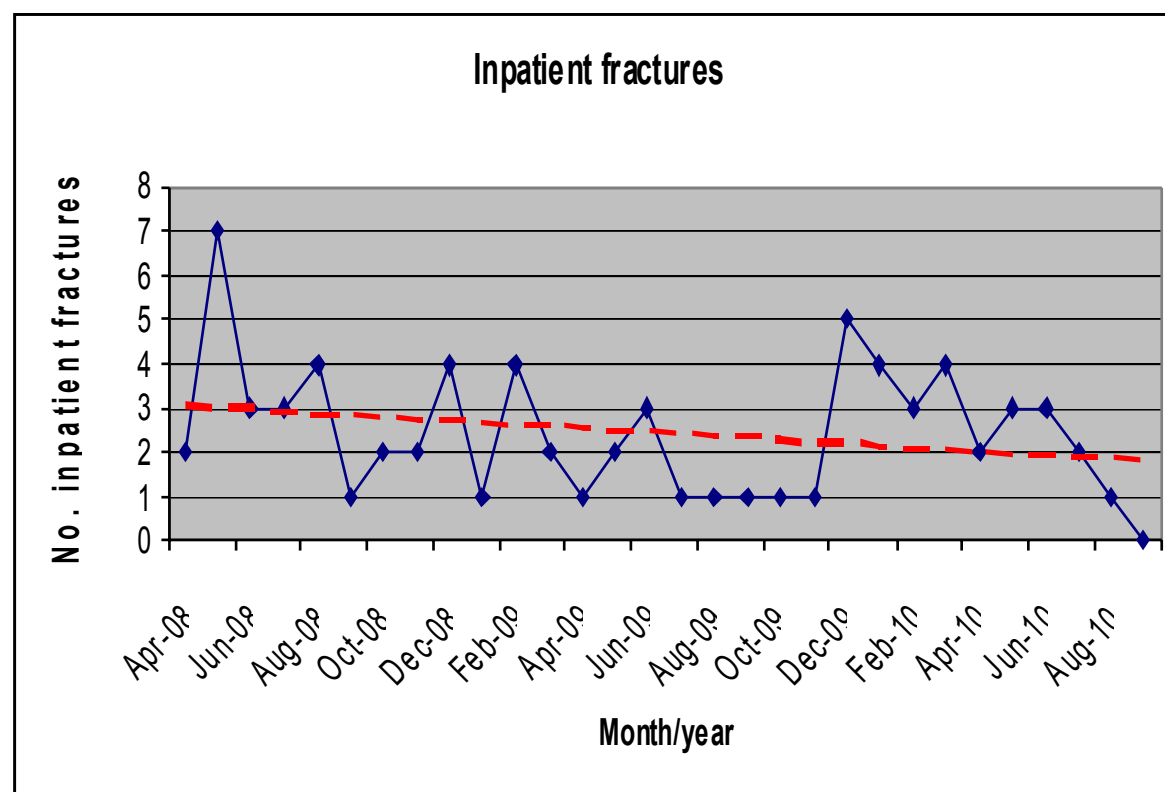


Trust mortality position nationally (Dr Foster data)



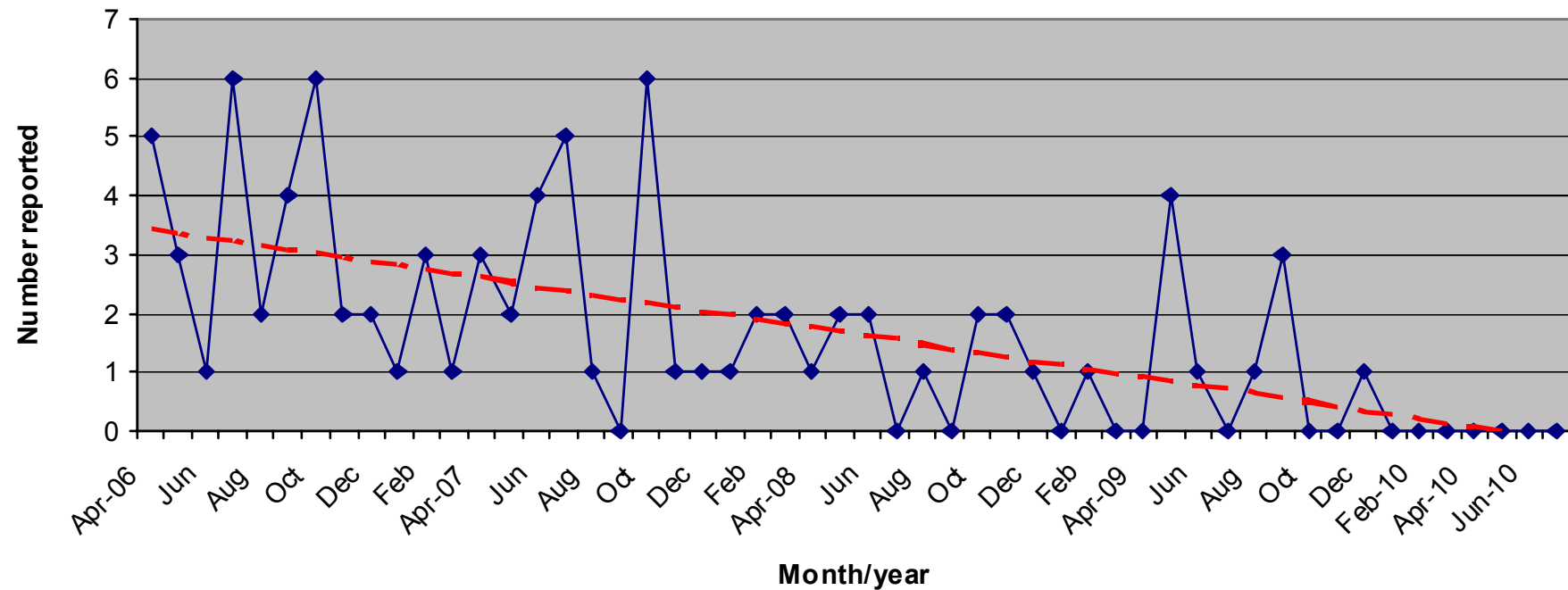


Inpatient fractures



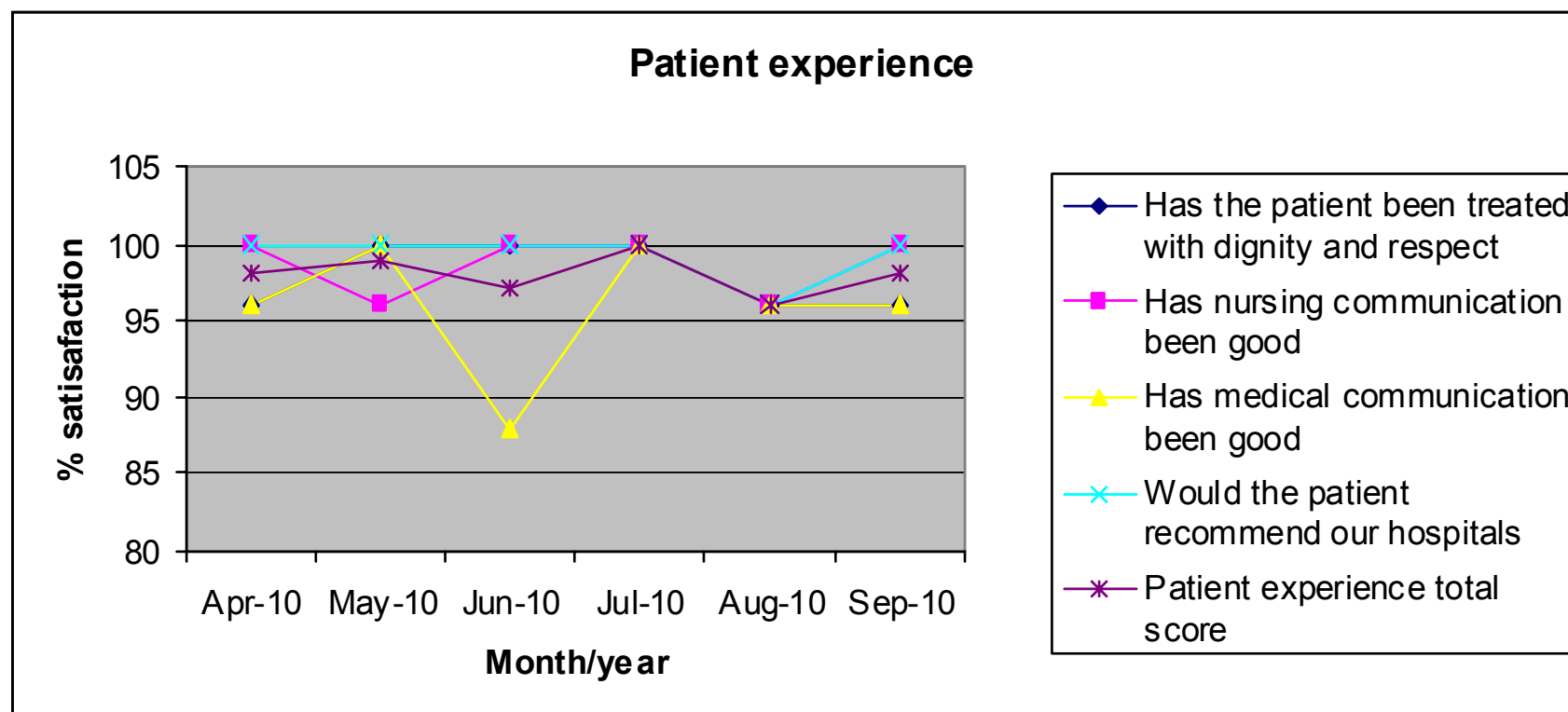


MRSA bacteraemia





Patient Experience (Apr-Sept 2010)

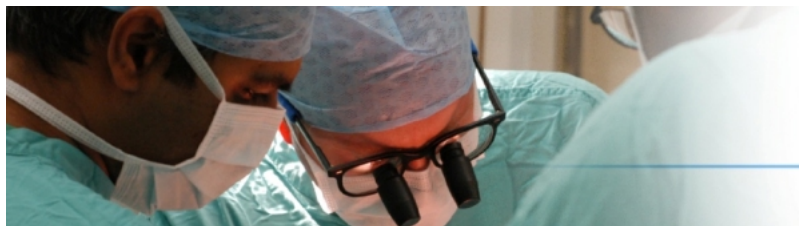


518 patient/carers/relatives interviewed over 6-months

Consultation



- Patients & staff
- Governors
- OSC
- LinkS
- Commissioner
- Other stakeholders



2011/12 priorities

- **Mortality**
 - Infection
 - Falls
 - Medicine safety
 - Cardiac arrests
 - Dementia (new)
- **Effectiveness**
 - Discharge
 - Full EAU assessment within 2-hours
 - Communication/documentation
- **Patient experience**
 - Is care good (compassion/respect/dignity)
 - Recommendation
 - Compliments and complaints
 - Environment
 - Patient surveys
 - External reviews (LinKs, PEAT, peer, CQC, commissioner)
 - Staff surveys





Other (more important) measures?



- Patients & staff 😊
- Governors 😊
- **OSC**
- **LinKs**
- Commissioner
- Other stakeholders

Passionate about health



Thank you

Questions and comments

HEALTH SCRUTINY FORUM

12 October 2010



Report of: Scrutiny Support Officer

Subject: MINIMUM PRICE PER UNIT OF ALCOHOL

1. PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to seek the Forum's views in terms of supporting the proposed Minimum Price per Unit of Alcohol.

2. BACKGROUND INFORMATION

- 2.1 Members will recall at their meeting of 3 August 2010, the Chair provided the Forum with feedback from the presentation of the 'Alcohol Abuse – Prevention and Treatment' Final Report at the NHS Hartlepool Board meeting of 29 July 2010. During the consideration of the report by the NHS Hartlepool Board, the Executive Director for Public Health made representations seeking the Forum's support for the introduction of a minimum price per unit of alcohol. The Chair proposed that due to the change in Members who were involved in the 'Alcohol Abuse' investigation and were now serving on the Forum, more time was needed to consider this matter before making a decision.
- 2.2 Following the Forum meeting of 3 August 2010, the Final Report into 'Alcohol Abuse – Prevention and Treatment' and documentation relating to the proposed minimum price per unit of alcohol was circulated to all Members of the Health Scrutiny Forum.

4. RECOMMENDATIONS

- 4.1 That Members note the content of this report and formulate views in relation to the minimum price per unit of alcohol to be reported back to the Executive Director for Public Health (NHS Tees).

Contact Officer:- James Walsh – Scrutiny Support Officer
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Telephone Number: 01429 526647
E-mail – james.walsh@hartlepool.gov.uk

BACKGROUND PAPERS

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

- (i) Minutes of the Health Scrutiny Forum held on 3 August 2010.

HEALTH SCRUTINY FORUM

12 October 2010



Report of: Scrutiny Support Officer

Subject: SIX MONTHLY MONITORING OF AGREED HEALTH SCRUTINY FORUM'S RECOMMENDATIONS

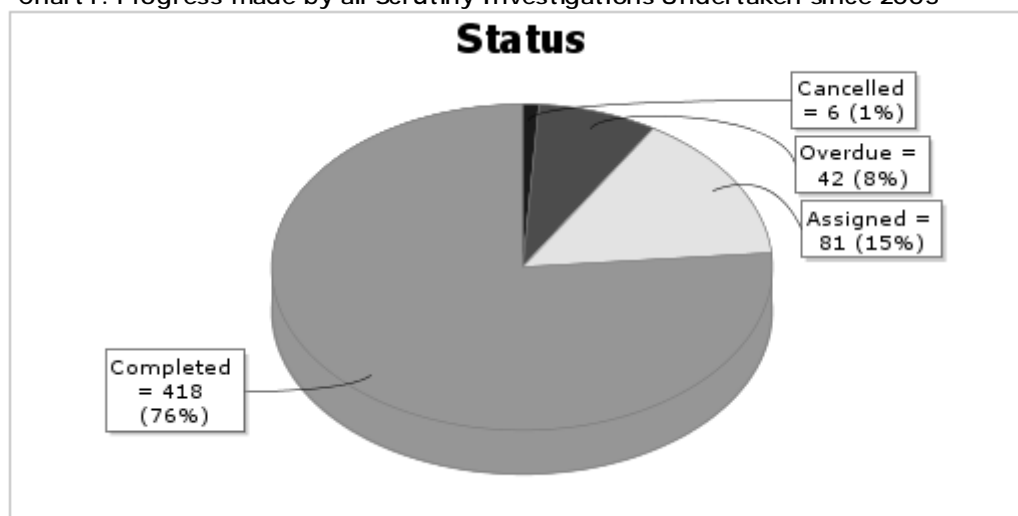
1. PURPOSE OF REPORT

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

2. BACKGROUND INFORMATION

- 2.1 In November 2007 the Scrutiny Co-ordinating Committee approved the introduction of the Scrutiny Monitoring Database, an electronic database, to monitor the delivery of agreed scrutiny recommendations since the 2005/06 Municipal Year.
- 2.2 In March 2010 Scrutiny Chairs noted and agreed for the movement of the Scrutiny Monitoring Database into the Covalent, which is the Council's Performance Management System. Members are asked to note that the transfer of data into Covalent took place during February – April 2010, this process updated notes made by Officers in the Scrutiny Monitoring Database with an automatically stamped date of transfer, this explains why some notes might appear more recent than the completion date.
- 2.3 In accordance with the agreed procedure, this report provides for Members details of progress made against each of the investigations undertaken by the Forum, incorporating those investigations undertaken by the former Adult and Community Services & Health Scrutiny Forum. **Chart 1** overleaf is the overall progress made by all scrutiny forums since 2005 and **Appendix A** provides a detailed explanation of progress made against each scrutiny recommendation agreed by this Forum.

Chart1: Progress made by all Scrutiny Investigations Undertaken since 2005



3. RECOMMENDATIONS

3.1 That Members:-

- (a) Note progress against the Health Scrutiny Forum's (including the former Adult and Community Services & Health Scrutiny Forum) agreed recommendations, since the 2005/06 Municipal Year, and explore further where appropriate; and
- (b) Retain **Appendix A** for future reference.

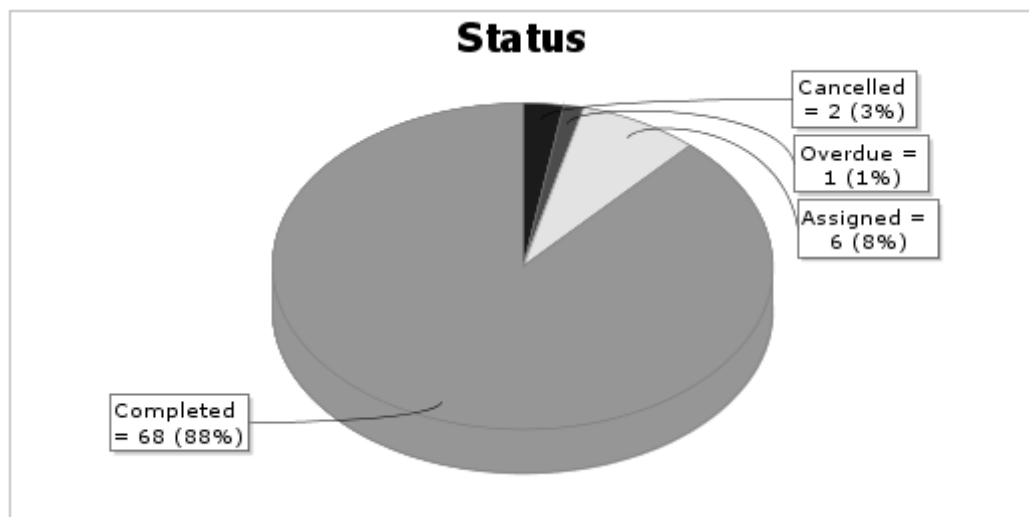
Contact Officer:- James Walsh – Scrutiny Support Officer
 Chief Executive's Department - Corporate Strategy
 Hartlepool Borough Council
 Tel: 01429 523647
 Email: james.walsh@hartlepool.gov.uk

BACKGROUND PAPERS

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

Health Scrutiny Forum

Generated on: 23 August 2010









Year 2005/06




Investigation Access to GP Services







Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
SCR-ACS/2a That Hartlepool PCT establish a campaign that explains the role of GPs and other primary care professionals to help patients get the best value from the system.	Develop a spirit of positive collaboration between the PCT, GP practices and local patient groups through a public launch statement.	Alison Wilson	01 Aug 2006	01 Aug 2006	21 Apr 2010 A range of public press releases in respect of GP practices, including the extended hours pilot, have been made. There has also been a Public Information Programme re. access to services in Primary Care.	<div> <div>100%</div> <div>Completed</div> </div>






Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
SCR-ACS/2a That Hartlepool PCT establish a campaign that explains the role of GPs and other primary care professionals to help patients get the best value from the system.	<p>Develop a communications marketing plan for PCT services to include the following:</p> <ul style="list-style-type: none"> - Arrange feature articles in Hartlepool Mail in liaison with PCT and GP practice staff in order to raise awareness of their roles - Raise awareness of 'positives' delivered by GP practices and their staff by encouraging feedback of compliments through the PCT PALS service - Arrange presentations and discussion sessions regarding access issues through local networks - Prepare and distribute a communications and information support pack for GP practices - Reflect these issues in the 2005/06 PCT Annual Report - Hold an event in Middleton Grange Shopping Centre to 'showcase' new and existing services - Ensure that the next 'Your Guide to Services' explains how access systems work. 	Alison Wilson	01 Jul 2006	01 Jul 2006	21 Apr 2010 Plus action in ACS/2a/i public forums attended re GP access, engagement & consultation. Process completed re improving access (July 07), further consultation (May 08). Info support pack completed & Middleton Grange event superseded by 08 Prospects.	<div>100%</div> Completed
SCR-ACS/2a That Hartlepool PCT	Promote the PCT Service Directory	Alison Wilson	01 Aug 2006	01 Aug 2006	21 Apr 2010 Superseded by production of the PCT	<div>100%</div> Completed






Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
establish a campaign that explains the role of GPs and other primary care professionals to help patients get the best value from the system.					Prospectus 2008.	
SCR-ACS/2a That Hartlepool PCT establish a campaign that explains the role of GPs and other primary care professionals to help patients get the best value from the system.	Create and develop a dedicated section on the PCT website and use as a feedback mechanism for members of the public.	Alison Wilson	01 Aug 2006	01 Aug 2006	21 Apr 2010 New Web Site launched	 Completed
SCR-ACS/2a That Hartlepool PCT establish a campaign that explains the role of GPs and other primary care professionals to help patients get the best value from the system.	Ensure PCT and practice staff awareness of campaigns via existing communications mechanisms.	Alison Wilson	01 Aug 2006	01 Aug 2006	21 Apr 2010 Communications Plan implemented	 Completed
SCR-ACS/2a That Hartlepool PCT establish a campaign that explains the role of GPs and other primary care professionals to help patients get the best value from the system.	Practices to promote services via in-house posters and leaflets.	Alison Wilson	01 Jul 2006	01 Jul 2006	21 Apr 2010 Practices provide practice leaflets and practice service information. Posters provide information on new services. Process in place and ongoing.	 Completed
SCR-ACS/2a That Hartlepool PCT establish a campaign that explains the role of GPs and other primary care professionals to help patients get the best value from the system.	Ongoing evaluation on the uptake of minor ailments scheme.	Alison Wilson	01 Aug 2006	01 Aug 2006	21 Apr 2010 Numbers of patients accessing minor ailments are recorded on a monthly basis in order to evaluate utilisation. This service has achieved maximum capacity with	 Completed




Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
best value from the system.					2,000 patients per month entering the service. Process in place.	
SCR-ACS/2b That Hartlepool PCT establish a major campaign to increase awareness of the availability of additional primary care services including nurse provision and the minor ailments scheme.	Develop a spirit of positive collaboration between the PCT, GP practices and local patient groups through a public launch statement.	Alison Wilson	01 Aug 2006	01 Aug 2006	21 Apr 2010 A range of public press releases in respect of GP practices, including the extended hours pilot, have been made. There has also been a Public Information Programme re. access to services in Primary Care.	 Completed
SCR-ACS/2b That Hartlepool PCT establish a major campaign to increase awareness of the availability of additional primary care services including nurse provision and the minor ailments scheme.	Develop a communications marketing plan for PCT services to include the following: - - Arrange feature articles in Hartlepool Mail in liaison with PCT and GP practice staff in order to raise awareness of their roles - Raise awareness of 'positives' delivered by GP practices and their staff by encouraging feedback of compliments through the PCT PALS service - Arrange presentations and discussion sessions regarding access issues through local networks - Prepare and distribute a communications and information support pack for GP practices - Reflect these issues in	Alison Wilson	01 Jul 2006	01 Jul 2006	21 Apr 2010 Plus action in ACS/2a/i public forums attended re GP access, engagement & consultation. Process completed re improving access (July 07), further consultation (May 08). Info support pack completed & Middleton Grange event superseded by 08 Prospects.	 Completed





Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
	the 2005/06 PCT Annual Report - Hold an event in Middleton Grange Shopping Centre to 'showcase' new and existing services - Ensure that the next 'Your Guide to Services' explains how access systems work.					
SCR-ACS/2b That Hartlepool PCT establish a major campaign to increase awareness of the availability of additional primary care services including nurse provision and the minor ailments scheme.	Promote the PCT Service Directory.	Alison Wilson	01 Aug 2006	01 Aug 2006	21 Apr 2010 Superseded by production of the PCT Prospectus 2008.	 Completed
SCR-ACS/2b That Hartlepool PCT establish a major campaign to increase awareness of the availability of additional primary care services including nurse provision and the minor ailments scheme.	Create and develop a dedicated section on the PCT website and use as a feedback mechanism for members of the public.	Alison Wilson	01 Aug 2006	01 Aug 2006	21 Apr 2010 New Web Site launched	 Completed
SCR-ACS/2b That Hartlepool PCT establish a major campaign to increase awareness of the availability of additional primary care services including nurse provision and the minor ailments scheme.	Ensure PCT and practice staff awareness of campaigns via existing communications mechanisms.	Alison Wilson	01 Aug 2006	01 Aug 2006	21 Apr 2010 In place	 Completed






Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
SCR-ACS/2b That Hartlepool PCT establish a major campaign to increase awareness of the availability of additional primary care services including nurse provision and the minor ailments scheme.	Practices to promote services via in-house posters and leaflets.	Alison Wilson	01 Jul 2006	01 Jul 2006	21 Apr 2010 Practices provide practice leaflets and practice service information. Posters provide information on new services. Process in place and ongoing.	 Completed
SCR-ACS/2b That Hartlepool PCT establish a major campaign to increase awareness of the availability of additional primary care services including nurse provision and the minor ailments scheme.	Ongoing evaluation on the uptake of minor ailments scheme.	Alison Wilson	01 Aug 2006	01 Aug 2006	21 Apr 2010 Numbers of patients accessing minor ailments are recorded on a monthly basis in order to evaluate utilisation. This service has achieved maximum capacity with 2,000 patients per month entering the service. Process in place.	 Completed
SCR-ACS/2c That an action-plan is devised to address the short-fall in the number of GPs in Hartlepool.	Carry out a review of non GMS contracts with a view to ensuring value for money in line with Our Health, Our Care, Our Say.	Alison Wilson	01 Jul 2006	01 Jul 2006	21 Apr 2010 Superseded by North East wide process. Review commencing Teesside (Summer 2008)	 Completed
SCR-ACS/2c That an action-plan is devised to address the short-fall in the number of GPs in Hartlepool.	Consider independent sector procurement of primary care services resulting in an increase of GPs to the area.	Alison Wilson	01 Sep 2006	01 Sep 2006	21 Apr 2010 First independent sector procurement complete. Second to commence in July 08.	 Completed
SCR-ACS/2c That an action-plan is devised to address the short-fall in the number of GPs in Hartlepool.	Implement ongoing audit of open and closed practice lists.	Alison Wilson	01 Aug 2006	01 Aug 2006	21 Apr 2010 Process in place and ongoing	 Completed
SCR-ACS/2c That an action-plan is devised to address the short-fall in the number of GPs in Hartlepool.	Implement urgent access facility providing services for minor injury and urgent	Alison Wilson	01 Jul 2006	01 Jul 2006	21 Apr 2010 New urgent access ??????? Service community at hostipal site from 2008. New	 Completed







Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
Hartlepool.	primary care complaints.				independent sector procurement for 8-8 7 days a week Health Centre (July 08) following consultation.	
SCR-ACS/2c That an action-plan is devised to address the short-fall in the number of GPs in Hartlepool.	Encourage and increase the development of training practices to aid recruitment and retention.	Alison Wilson	01 Dec 2007	01 Dec 2007	21 Apr 2010 Process in place and ongoing	 Completed
SCR-ACS/2c That an action-plan is devised to address the short-fall in the number of GPs in Hartlepool.	Continue with salaried GP programme providing additional GP capacity and supporting practices.	Alison Wilson	01 Aug 2006	01 Aug 2006	21 Apr 2010 In place. The PCT currently employs 10 salaried GPs, several of whom have specialist interests, e.g, musculoskeletal, heart failure and palliative care. Our PEC chair and clinical governance lead are salaried GPs.	 Completed
SCR-ACS/2c That an action-plan is devised to address the short-fall in the number of GPs in Hartlepool.	Continue to effectively manage capacity in general practice.	Alison Wilson	01 Aug 2006	01 Aug 2006	21 Apr 2010 In place. All primary care provision is now supported by additional community nursing teams.	 Completed
SCR-ACS/2d That results of the patient satisfaction survey in relation to the OOH service is shared.	Ensure that patients' views are sought and appropriately actioned.	Alison Wilson	01 Aug 2006	01 Aug 2006	21 Apr 2010 Primecare (current OOH provider) carries out its own annual patient satisfaction survey. Results of the last survey in Oct 05 were presented and shared with all commissioning PCTs. Reviewed on annual basis.	 Completed
SCR-ACS/2d That results of the patient satisfaction survey in relation to the OOH service is shared.	Results of any OOH surveys are shared with the wider community.	Alison Wilson	01 Jul 2006	01 Jul 2006	21 Apr 2010 Hartlepool PCT conducted an OOH patient satisfaction survey in January 06. This survey will be repeated on an annual basis.	 Completed



Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
SCR-ACS/2e That disability awareness for primary health care professionals be provided to ensure disabled patients groups gain improved access to services.	Provide training and relevant information for PCT staff.	Alison Wilson	01 Sep 2005	01 Sep 2005	21 Apr 2010 In place. Mandatory 'Equality and Diversity' training was introduced in September 2005.	 Completed
SCR-ACS/2e That disability awareness for primary health care professionals be provided to ensure disabled patients groups gain improved access to services.	Work with Hartlepool Access and all ability forums to support primary care providers to increase all ability awareness and to improve accessibility to premises	Alison Wilson	01 Oct 2006	01 Oct 2006	21 Apr 2010 PCT is working on an updated estates strategy to identify where estates development is required. Practices are reminded of their responsibilities under the DDA legislation at practice meeting. The programme of practice improvements continues.	 Completed
SCR-ACS/2e That disability awareness for primary health care professionals be provided to ensure disabled patients groups gain improved access to services.	Work in partnership with Hartlepool Borough Council on improving access for those with learning disabilities	Alison Wilson	01 Sep 2006	01 Sep 2006	21 Apr 2010 Health Facilities Lead to be appointed to lead strategically on assisting & supporting people with learning disabilities (LD) to access primary and secondary health care. New PCT structure in 08 includes a commissioning post with responsibility for LD.	 Completed
SCR-ACS/2e That disability awareness for primary health care professionals be provided to ensure disabled patients groups gain improved access to services.	Work in partnership with Hartlepool Borough Council on improving access for those with learning disabilities	Alison Wilson	01 Aug 2006	01 Aug 2006	21 Apr 2010 In place. Health Action plans are currently being produced in conjunction with a Health Working Group (a sub-group of the learning disability partnership board)	 Completed
SCR-ACS/2f That the PCT supports GP practices in developing	Provide support to practices with various initiatives and models	Alison Wilson	01 May 2006	01 May 2006	21 Apr 2010 A PCT service improvement facilitator (SIF) visited all practices in	 Completed

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
a mechanism to share models of best practice in developing the role of support staff (receptionists/administrators) as facilitators to direct patients to the most appropriate care.	to improve access.				May and June 06 to discuss access issues and share best practice. Completed - ongoing support at practices request.	
SCR-ACS/2f That the PCT supports GP practices in developing a mechanism to share models of best practice in developing the role of support staff (receptionists/administrators) as facilitators to direct patients to the most appropriate care.	Provide support in devising an access plan with emphasis on the following elements:- - Opportunity to consult a GP within 2 working days; - Opportunity to make advanced bookings; - Improvements in telephone access; and - Practitioner of choice.	Alison Wilson	01 Jun 2006	01 Jun 2006	21 Apr 2010 A template to aid the design and production of an action plan to address access was issued and discussed with every practice during May and June 06. Action Plan implemented.	 Completed
SCR-ACS/2f That the PCT supports GP practices in developing a mechanism to share models of best practice in developing the role of support staff (receptionists/administrators) as facilitators to direct patients to the most appropriate care.	Share best practice initiatives.	Alison Wilson	01 Aug 2006	01 Aug 2006	21 Apr 2010 Process in place. SIF to attend practice manager meetings to discuss the results of access action plans in order to promote best practice. This occurs at Practice Manager meetings.	 Completed
SCR-ACS/2f That the PCT supports GP practices in developing a mechanism to share models of best practice in developing the role of support staff (receptionists/administrators) as facilitators to	Improve performance management of access using new reporting mechanisms.	Alison Wilson	01 Mar 2007	01 Mar 2007	21 Apr 2010 Standard item on Patient Forum Meetings.	 Completed

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
direct patients to the most appropriate care.						
SCR-ACS/2g That the PCT research patients views in relation to advanced / improved access for each GP Practice via the annual survey as part of the Quality Framework in the 2006/07 municipal year.	Promote maximum 'sign up' to PCAS survey by all practices.	Alison Wilson	01 Jun 2006	01 Jun 2006	21 Apr 2010 National survey published annually on the Web Site.	 Completed
SCR-ACS/2g That the PCT research patients views in relation to advanced / improved access for each GP Practice via the annual survey as part of the Quality Framework in the 2006/07 municipal year.	Benchmark access results from QOF patient questionnaire in order to measure any improvements and identify shortfalls.	Alison Wilson	01 Jul 2006	01 Jul 2006	21 Apr 2010 Published on the Web Site	 Completed
SCR-ACS/2g That the PCT research patients views in relation to advanced / improved access for each GP Practice via the annual survey as part of the Quality Framework in the 2006/07 municipal year.	Analyse and act upon results of new DOH access survey.	Alison Wilson	01 Mar 2007	01 Mar 2007	21 Apr 2010 Introduced pilot Flexible Hours Programme. New DES to be introduced 2008.	 Completed
SCR-ACS/2h That a summary of results of the annual patient surveys carried out as part of the Quality Framework in GP Practices be made available to this Health Scrutiny Forum and Hartlepool Primary	That a summary of results of the annual patient surveys carried out as part of the Quality Framework in GP Practices be made available to this Health Scrutiny Forum and Hartlepool Primary	Alison Wilson	01 Aug 2006	01 Aug 2006	21 Apr 2010 Patient satisfaction report carried out and actioned on an ongoing basis. Publically available on the web site. Update on out of hours provided to scrutiny.	 Completed


Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
Hartlepool Primary Care PPI Forum.	Care PPI Forum.					
SCR-ACS/2i That Hartlepool PCT considers PPI Forum report and makes its response to the issues raised therein available to this Health Scrutiny Forum.	Present primary care action plan at PPI Forum	Alison Wilson	01 Jun 2006	01 Jun 2006	21 Apr 2010 Draft report presented in June 06. Report greeted favourably with additions and comments added to this plan.	 Completed
SCR-ACS/2i That Hartlepool PCT considers PPI Forum report and makes its response to the issues raised therein available to this Health Scrutiny Forum.	Arrange further meetings with members of PPI forum, the PCT and the scrutiny committee.	Alison Wilson	01 Aug 2006	01 Aug 2006	21 Apr 2010 Monthly access meetings in place	 Completed
SCR-ACS/2j That learning from the Connected Care Scheme is rolled out to other areas of deprivation in the Town.	Implement service specification for Connected Care in Owton working with partner organisations to establish CC within current services.	Alison Wilson	01 Jul 2006	01 Jul 2006	21 Apr 2010 Implemented	 Completed
SCR-ACS/2j That learning from the Connected Care Scheme is rolled out to other areas of deprivation in the Town.	Recruit CC workers to support community navigation.	Alison Wilson	01 Sep 2006	01 Sep 2006	21 Apr 2010 Navigators recruited and in place in ????	 Completed
SCR-ACS/2j That learning from the Connected Care Scheme is rolled out to other areas of deprivation in the Town.	Identify appropriate wards to undertake CC audit and identify appropriate service response i.e. roll-out of Connected Care initiative to other deprived wards.	Alison Wilson	01 Aug 2006	01 Aug 2006	21 Apr 2010 Roll out to be considered following evaluation	 Completed

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
SCR-ACS/2k That the PCT review patient experience of open access at Medical Centres operating the system with a view to improving access to GP Services in Hartlepool.	Encourage all surgeries to implement pre-bookable and open access systems in order to extend patient choice.	Alison Wilson	01 Jul 2006	01 Jul 2006	21 Apr 2010 Complete and in place	 Completed
SCR-ACS/2k That the PCT review patient experience of open access at Medical Centres operating the system with a view to improving access to GP Services in Hartlepool.	Examine results of recent QOF patient satisfaction survey and DH national patient survey with regard to overall satisfaction of access Investigate reasons as to why patients queue before surgery opening hours.	Alison Wilson	01 Mar 2007	01 Mar 2007	21 Apr 2010 Completed. Flexible Opening Pilot introduced.	 Completed
SCR-ACS/2l That the PCT audits Patient Panels in GP practices and offers support to all practices in establishing similar patient forums.	PPI Team to offer support for those practices wishing to develop patient panels. PPI Team to attend practice patient panel in order to audit format and results.	Alison Wilson	01 Aug 2006	01 Aug 2006	21 Apr 2010 A number of practices have already successfully introduced patient panels with members of PCT PPI group in attendance. Other practices have indicated in access action plans an intention to develop patient panels. Ongoing (PPI no longer in place).	 Completed
SCR-ACS/2m That the funding of GP practices is reviewed.	As per recommendation c(i) above re: review of PMS contracts.	Alison Wilson	01 Jul 2006	01 Jul 2006	21 Apr 2010 Part of North East wide process.	 Completed
SCR-ACS/2m That the funding of GP practices is reviewed.	National review of GMS funding 2007.	Alison Wilson	01 Apr 2007	01 Apr 2007	21 Apr 2010 PCT undertaking benchmarking and VFM work PMS review	 Completed
SCR-ACS/2n That the Local Medical Committee is requested to consider the findings of the PPI Forum	Send LMC PPI Forum Report	Sejda Banaras	01 Sep 2006	01 Sep 2006	21 Apr 2010 Done - LMC Comments received and circulated	 Completed

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
Report.						
SCR-ACS/2o That the Authority develops a protocol to govern joint-working between Scrutiny and the PPI Fora.	Develop a protocol.	Sejda Benares	01 Mar 2007	01 Mar 2007	21 Apr 2010 Withdrawn by Scrutiny - Due to abolition of PPI Forums.	 Completed
SCR-ACS/2p That any new site proposed for primary care purposes is subject to a detailed assessment to ensure adequate parking facilities are available and good public transport links in so far as is practical.	It is standard practice that all planning applications are assessed in respect of accessibility and car parking provision associated with them. This is particularly important with Health Care facilities and an assessment of public transport facilities that are either already available, or require to be provided, is made, with provisions in the Section 106 Agreement for contributions from the developer for supported buses if necessary. Car parking requirements are assessed in conjunction with the availability of public transport links and sustainability agendas. The PCT also takes this issue into consideration in the selection of sites (ie the new town centre site includes the provision of disabled and other parking).	Dave Stubbs; Alison Wilson	01 Aug 2007	01 Aug 2007	21 Apr 2010 Achieved	 Completed



Year 2005/06




Investigation Pandemic Influenza - 'Contingency Planning'






Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
SCR-ACS/1a Members recommend that in the event of a pandemic, Hartlepool Borough Council and the Health Agencies would undertake to publicise good basic hygiene that would reduce the risk of influenza spreading.	That Hartlepool Borough Council and the Health Agencies undertake to publicise good basic hygiene that will reduce the risk of influenza spreading.	Dave Stubbs	01 Jan 2006	01 Jan 2006	21 Apr 2010 Complete	 Completed




Year 2006/07

Investigation Social Prescribing


Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
SCR-ACS/3a That the authority agrees that Social Prescribing is a priority and use the evidence gathered through this investigation, and other studies to agree a framework for Hartlepool.	To ensure social prescribing is linked into the Voluntary Sector Strategy work as a key tool for supporting low level preventative services.	Nicola Bailey	01 Mar 2008	01 Mar 2008	21 Apr 2010 Social prescribing is picked up through the Voluntary Sector Strategy, Adult & Community Services has funded low level preventative services (ie Hartlepool Now). The PCT also agreed with the LDP process to fund a range of health & wellbeing initiatives.	 Completed
SCR-ACS/3b That a comprehensive and coordinated strategy for the development, delivery, funding and evaluation of social prescribing be produced within the coming	This is to be led by the newly set up Social Prescribing Steering Group. The approach will be to link social prescribing into other key strategies and to raise the profile in the	Alison Wilson	01 Oct 2007	01 Oct 2007	21 Apr 2010 Achieved	 Completed



Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
Municipal Year (2007/08) across council departments.	NHS at the Practice Based Commissioning Group.					
SCR-ACS/3c As part of this process, detailed consideration should be given during the 2007/08 year to re-allocating funds to the MIND and other social prescribing services from existing activities that service users found less helpful and acceptable.	This recommendation is specifically linked to NDC funding and we do not allocate these funds.	Nicola Bailey	11 Jun 2007	11 Jun 2007	21 Apr 2010 Unable to progress. HBC doesn't allocate NDC funding. However, the PCT has allocated significant funding to be administered by HVDA to support voluntary organisations (in the region of 250 -300k). These resources cover core costs as well as specific funding for projects such as social prescribing (as this is specifically linked in to the Public Health Strategy as a recommendation). MIND has received a significant amount of this funding and has also been allocated some voluntary sector core cost funding by the PCT.	 Cancelled
SCR-ACS/3d That work is undertaken locally to standardise and secure greater understanding of the definition of Social Prescribing.	Social Prescribing Steering Group now set up to raise profile and understanding of social prescribing.	Peter Price	01 Aug 2007	01 Aug 2007	21 Apr 2010 Achieved	 Completed
SCR-ACS/3e That work is undertaken to establish a clear picture of Social Prescribing projects currently offered in Hartlepool or those that can be encompassed within the definition of Social Prescribing.	Social Prescribing Steering Group will take this work forward.	Peter Price	01 Aug 2007	01 Aug 2007	21 Apr 2010 Social Prescribing Steering Group is up and running and will have a role in identifying and monitoring Social Prescribing funding through the LDP.	 Completed

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
SCR-ACS/3f That Social Prescribing be adopted as part of the joint PCT and council Public Health Strategy and its outcome criteria, together as well as the emerging strategy for integrating adult social care and community services.	Social Prescribing Steering Group is multi-agency and is a sub group of the Public Health Steering Group, we envisage social prescribing becoming better co-ordinated across the town with clear referral and eligibility routes.	Peter Price	01 Jul 2008	01 Jul 2008	21 Apr 2010 Social Prescribing Steering Group is up and running and will have a role in identifying and monitoring Social Prescribing funding through the LDP.	 Completed
SCR-ACS/3g That Social Prescribing be incorporated within the Voluntary Sector Strategy Development.	Agreed will be incorporated	Nicola Bailey	01 Mar 2008	01 Mar 2008		 Completed
SCR-ACS/3h That Social Prescribing be linked to any future Commissioning strategies.	Will link to Low Level Preventative Strategy as this is not bound by eligibility thresholds	Alison Wilson	01 Oct 2007	01 Oct 2007	21 Apr 2010 The Low Level Prevention Strategy is now completed and is focused on the development of social prescribing initiatives (ie. Information Now) and will link to other PCT funded initiatives.	 Completed
SCR-ACS/3i That funding streams to support Social Prescribing in the long-term be actively identified and developed.	The need for any additional resources will be flagged up via the NHS LDP process and the Councils budget (pressures) process	Nicola Bailey	01 Oct 2007	01 Oct 2007	21 Apr 2010 Actioned with over £120k LDP funding allocated to develop health and wellbeing initiatives under the Social Prescribing banner.	 Completed
SCR-ACS/3j That the Council link the outcomes of the FSCR-ACS consultation to funding Social Prescribing activities as part of the proposed resourcing of low level support.	The need for any additional resources will be flagged up via the NHS LDP process and the Councils budget (pressures) process and will link to low level support strategy.	Nicola Bailey	01 Oct 2007	01 Oct 2007	21 Apr 2010 Actioned with over £120k LDP funding allocated to develop health and wellbeing initiatives under the Social Prescribing banner.	 Completed


Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
SCR-ACS/3k That work is undertaken by HBC and HPCT with the PBC Group in a bid to increase the level of support for Social Prescribing.	Agreed to be taken forward by Social Prescribing Steering Group	Peter Price	01 Aug 2007	01 Aug 2007	21 Apr 2010 Completed	 Completed
SCR-ACS/3l That work be undertaken to identify target groups who would benefit from Social Prescribing initiatives, including carers and hard to reach groups.	Agreed to be taken forward by Social Prescribing Steering Group	Peter Price	01 Mar 2008	01 Mar 2008	21 Apr 2010 Members agreed as part of the change to the eligibility criteria for Adult and Social Care to support low level services (ie. range of lunch and social activities for older people, etc).	 Completed
SCR-ACS/3m That capacity issues be considered within the VCS in conjunction with plans to develop Social Prescribing.	Will link this work into the Voluntary Sector Strategy Development	Nicola Bailey	01 Mar 2008	01 Mar 2008	21 Apr 2010 Now part of the remit of the Voluntary Sector Partnership Steering Group. Capacity issues to be able the respond to Social Prescribing will be reflected as part of the strategy. Funding is available through the LDP to support the necessary structure.	 Completed

Year 2007/08**Investigation** Withdrawal of Emergency Care Practitioners Service at Wynyard Road Primary Care Centre

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
SCR-ACS/4a That as part of the 'Momentum: Pathways to Healthcare' consultation programme, Hartlepool PCT and the Council discuss / debate plans	A full consultation process has been agreed and is underway, including proposals for community facilities.	Alison Wilson	01 Jun 2008	01 Jun 2008		 Completed

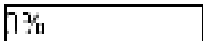

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
for the future Community based settings that are proposed for the Town						
SCR-ACS/4b That Hartlepool PCT not only keeps this Forum updated of the 'Development of Integrated Urgent Care Provision in Hartlepool', but also that the plans for such a service are more rigorously communicated	There has been a delay in the start of this service and the PCT have communicated this to Health Scrutiny. A communication strategy will be brought to the committee in June.	Alison Wilson	01 Sep 2008	01 Sep 2008	21 Apr 2010 Service commences Sept 08. Communication plan for 6 weeks prior to changes. Media communication taking place week commencing 25 Aug. Scrutiny panel updated by letter 27th Aug and attendance at 9th Sept meeting.	 Completed
SCR-ACS/4c That the creation of a formal set of protocols on consultation be debated between the PCT and the Forum.	Draft proposals have been shared. This is being progressed by the PCT and Scrutiny Chairs.	Alison Wilson	31 Dec 2009	31 Jan 2010	29 Apr 2010 Draft protocol approved by Health Scrutiny Forum on 13 April 2010. Following a few minor amends to communication elements to be shared with Scrutiny Co-ordinating Committee at start of 2010/11 Municipal Year 18 Feb 2010 Draft proposals have been shared. This is being progressed by the PCT and Scrutiny Chair.	 Completed


Year 2008/09**Investigation** Reaching Families in Need

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
SCR-HSF/1a That the local authority take the lead in providing a co-ordinated leadership approach across the	The government has provided guidance regarding a "Think Family" initiative that we are developing in	Ann Breward; John Robinson	01 Mar 2011	01 Mar 2011	23 Feb 2010 Think Family Co-ordinator is now in post. Directors of Child and Adult Services is chair of the 'Think Family Steering	 Assigned


Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
different providers in order to facilitate a systematic approach to tackling health inequalities in the town.	Hartlepool. This initiative will support this recommendation and will endeavour to lead a culture change in the way that our services are designed.				Group'. Cross organisation social inclusion group is also in place to steer operational aspects.	
SCR-HSF/1a That the local authority take the lead in providing a co-ordinated leadership approach across the different providers in order to facilitate a systematic approach to tackling health inequalities in the town.	A specifically designated Executive Portfolio with responsibility for Social Inclusion is not to be created; however, the feasibility of including responsibilities within one of the existing Portfolio Holders remits is being explored.	Stuart Drummond	01 Sep 2009	01 Sep 2009		<div><div></div></div> Cancelled
SCR-HSF/1b That subject to the implementation of recommendation 1a, the local authority, acting as strategic leader, enter into formal arrangements with partner organisations (i.e. Police, PCT, FT, Housing Hartlepool and the Voluntary Sector).	The Think Family Reforms will be reported through the Children's Trust that includes all major stakeholders in this process.	Ann Breward; John Robinson	01 Mar 2011	01 Mar 2011	06 Apr 2010 The Think Family Coordinator is working with the Parenting Commissioner to develop a Vision Statement that will be put before the Children's Trust Board for discussion and agreement in June 2010. This will form the basis of an integrated strategy that delivers a Think Family approach across services.	<div><div></div></div> Assigned
					23 Feb 2010 Expected to achieve target.	
SCR-HSF/1c That the FIP Project be expanded in light of its effectiveness thus far in targeting hard to reach families.	The Family Intervention Project (FIP) is currently being developed as an integrated part of the Team around the School initiative. This service has been	Ann Breward; John Robinson	01 Dec 2011	01 Dec 2011	06 Jul 2010 The government has removed the funding ring fence on this programme and has consequently dropped its monitoring responsibilities. This will enable Hartlepool to further develop the	<div><div></div></div> Assigned



Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
	designed to enable new services to be bolted onto it and to adopt the FIP approach to assertive support.				<p>Family Intervention project as an integral part of the team around the school approach. We will continue to use this funding to explore the development of direct support to targeted families. The Housing FIP is in a similar position and will be developed in line with other preventative services.</p> <p>06 Apr 2010 In March 2010 Hartlepool was successful in a bid to develop a Housing Challenge Family Intervention Project with Partners from Housing Hartlepool, NDC and Belle Vue Centre. This project will bring an additional £87,000 into the town and will link with the Team Around the School Initiative that concentrates on housing in the Belle Vue area.</p> <p>23 Feb 2010 Service continues to develop with further opportunities being offered by government. Housing worker and 3 separated parent workers have joined the team.</p>	
SCR-HSF/1d That the Connected Care Programme be rolled out across the town as a positive way of helping reach families that would not normally interact with either the council or engage with	The Connected Care pilot in Owton is undergoing an independent evaluation during 2009/10. Decisions regarding 'roll out' of the model need to be informed by the outcome of this	Phil Hornsby	01 Mar 2010	01 Mar 2010	<p>19 Apr 2010 Independent review completed</p> <p>23 Feb 2010 Expected to achieve target.</p>	<div>100%</div> Completed

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
health services.	evaluation. In the interim, opportunities to use the Connected Care approach elsewhere are being explored with Neighbourhood Forums and specific developments such as the extra care development at Orwell Walk.					
SCR-HSF/1e That the use of the model of intervention implemented through the FIP Project and Connected Care Project be explored as a basis for a more far reaching Families in Need Strategy.	The FIP and connected Care steering groups will be asked to undertake a review of the projects and look at the learning that can be identified from both projects. This will form the basis of an event in March 2010 that will enable stakeholders to analyse and respond to the learning. This event will help frame the issues in preparation for a decision regarding a Families in Need strategy.	Denise Ogden	01 Mar 2010	01 Mar 2010	23 Feb 2010 Activities are underway within the Neighbourhood Action Plan areas	 13% Overdue
SCR-HSF/1f That other agencies / bodies be consulted and involved in the further development of the various forms of CAF (Pre CAF, Full CAF or E.CAF) in order to ensure the creation of an assessment framework that can be used by across the	A Common Assessment Framework Coordinator is now in place and will lead on this action as part of the agreed roll out of the programme. The extension of CAF to other services and client groups will be determined by the outcomes achieved through the	Paul Kelly	01 Sep 2009	01 Sep 2009	27 Apr 2010 CAF training dates now in place across agencies. Already achieving wider range of organisations completing CAF Forms.	 100% Completed

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
board.	development process.					
SCR-HSF/1g That in order to strengthen links and communication routes between agencies, the establishment of a co-ordinated, single point of contact for the referral of information and referrals from any source be explored.	We will explore current communication routes being developed by community safety, the Team Around the School Initiative and Family Information Service to further this action and provide a report to the Children's Trust and Cabinet.	Ann Breward; John Robinson	01 Mar 2011	01 Mar 2011	06 Jul 2010 After a development meeting to discuss the reintroduction of the Hartlepool Intervention Panel those present expressed the belief that this was not a system that is currently required the work including the circle of adults was seen as sufficient. We will return to this if needed.	<div>  Assigned </div>
					06 Jul 2010 The Team around the school process is refining referral routes operationally but needs to be cemented through policy and procedure The development of the Team Around the School processes will continue as the focus of a new preventative strategy that will be written during 2010/11	
					06 Apr 2010 The Parenting Commissioner has reinstigated the Hartlepool Intervention Panel to support the development of this work. The panel is made up of senior	

managers that have strategic and operational responsibilities who are in a position to make decisions regarding gaps in service, resource issues and "stuck

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
					cases" that are creating major concerns.	
					23 Feb 2010 Initially this process is to be looked at by the Family Intervention Project Steering Group. A YCAP database is being developed and a police officer has joined the TAPs team to look at some of the issues.	
SCR-HSF/1h That the feasibility of introducing a similar way of gathering and sharing data in Hartlepool, as has been implemented by Westminster Council (i.e. a Multi-Agency Information Desk) be explored.	We will investigate this issue as part of the development of the Common Assessment Framework linked in with the Children's Trust, the Local Safeguarding Children Board and the Safer Hartlepool Partnership. These developments will need to take account of the current sub regional agreements that are in place.	Ann Breward; John Robinson	01 Mar 2011	01 Mar 2011	<p>06 Jul 2010 The CAF Coordinator is currently taking a quality audit of CAF that will result in new policy and guidance. This audit will be completed by October 2010.</p> <p>06 Apr 2010 The CAF Coordinator is currently providing training for staff across agencies to support the development of this process. We are currently developing new monitoring systems based on family outcomes rather than numbers of CAFs completed. This shows that we are entering a significant new development phase that will focus on quality rather than quantity.</p> <p>23 Feb 2010 The Parent Commissioner attended a seminar on the Westminster model and has received all policy and operational documents, these will be considered as part of the development of Integrated</p>	 Assigned

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
					Services.	
SCR-HSF/1i That ways of providing and promoting programmes that are not badged as being run by official bodies be explored.	(i) We will continue to develop our commissioning and procurement process to ensure that they are accessible to third sector organisations. (ii) We will continue to involve a wide range of stakeholders in the development of services and in particular involve local community based groups to provide services that are not perceived as stigmatising by users.	Ian Merritt	01 Mar 2011	01 Mar 2011	23 Jun 2010 Meetings with key providers from the VCS continue to take place. Potential workshop on the impact of cuts in Government funding during July or September.	 50% Assigned
					13 Apr 2010 A workshop on commissioning was delivered in March 2010. Work with key providers to assist them in developing strategies to deal with the challenging circumstances anticipated over the next few years is continuing.	
					23 Feb 2010 Proposals to ensure that the commissioning and procurement process children's services are more accessible to third sector organisations are being developed. It is anticipated that a report will be submitted to the Portfolio Holder for Children's Services early in 2010. Children's Services continue to involve stakeholders in the development of services and the 3rd Sector have been contracted to provide outreach to vulnerable families on behalf of SureStart Children's Centres.	
SCR-HSF/1j That a system be put in place to ensure that where	A generic facility for providing advice and assistance will be	Joanne Dobson	01 May 2010	01 May 2010	23 Feb 2010 The new Hartlepool integrated health centre will be operational	 100% Completed

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
new public buildings / facilities are constructed (i.e. the new health centre) the inclusion of a place where advice / assistance and other integrated services can be provided is explored.	available in new integrated health centres.				from May 2010.	
SCR-HSF/1j That a system be put in place to ensure that where new public buildings / facilities are constructed (i.e. the new health centre) the inclusion of a place where advice / assistance and other integrated services can be provided is explored.	As the Council's accommodation strategy develops co-location and integrated services will be considered in option appraisals.	Keith Lucas	01 Sep 2009	01 Sep 2009		<div> <div></div> <div>100%</div> </div> Completed

HEALTH SCRUTINY FORUM

12 October 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 update provided at the meeting of the Health Scrutiny Forum on 3 August 2010.

2. BACKGROUND INFORMATION

- 2.1 A summary is provided below of the issues discussed at a recent Tees Valley Health Scrutiny Joint Committee Meetings. Further information on these issues is available from the Scrutiny Support Officer and where appropriate clarification can be sought from Hartlepool's Tees Valley Health Scrutiny Joint Committee representatives who are present at today's meeting:-

- 2.2 The Tees Valley Health Scrutiny Joint Committee met on 23 August 2010 when the following issues were discussed:-

(i) Mental Health Services – Capacity of Community Services

Members had agreed at the meeting of the Committee held on 19 July 2010 that they would undertake an investigation into Mental Health Service Provision across the Tees Valley. Subsequently, representatives from Tees, Esk and Wear Valley NHS Foundation Trust provided Members with an update, particularly in relation to the development of Roseberry Park to replace the provision at North Tees and St Luke's sites.

(ii) White Paper – Equity and Excellence: Liberating the NHS

Members of the Committee examined the key developments suggested in the NHS White Paper. Concerns were raised on a number of issues and it was agreed that constituent Authorities would submit their comments back to the Joint Committee, once they had held discussions within their own Health Overview and Scrutiny Forums.

2.3 The Tees Valley Health Scrutiny Joint Committee also met on 13 September 2010 when the following issues were discussed:-

(i) Momentum Update

The Momentum Programme Director provided Members of the Committee with an update in terms of the Momentum Programme. It was noted that the decision by the Treasury in relation to the funding of the Hospital at Wynyard was likely to delay developments by at least one year. Currently North Tees and Hartlepool NHS Foundation Trust were actively seeking funding through private businesses that it was hoped would have interest rates which were less than the traditional PFI route. It was, however, noted that the overall footprint for the Hospital and single bed occupancy may have to change to reduce the overall cost of the project, although there was reassurance that there were no plans not to deliver all the services from the Hospital which had been originally consulted on in 2008.

(ii) Cancer Screening – An Update on Progress

The Executive Director for Public Health provided the Committee with an update in relation to Cancer Screening Services. It was noted that there had been improvements in the number of patients accessing Cancer Screening Services across the Tees Valley, although encouraging take-up in certain communities (particularly where health inequalities existed) were still challenging.

(iii) White Paper – Equity and Excellence: Liberating the NHS

The Committee agreed that a final draft submission from the Committee should be collated by the Chair of the Committee from representations at the Joint Committee meeting and those constituent Authorities who had provided written summaries.

2.4 Members are asked to note that the Tees Valley Health Scrutiny Joint Committee is also due to meet on 11 October 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 11 October 2010, therefore, a verbal / summary of discussions will be provided by those Members of the Tees Valley Health Scrutiny Joint Committee present at today's meeting.

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.

Contact Officer:- James Walsh – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy

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BACKGROUND PAPERS

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

HEALTH SCRUTINY FORUM

12 October 2010



Report of: Scrutiny Support Officer

Subject: JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE PROTOCOL

1. PURPOSE OF REPORT

- 1.1 To seek comments from Members in relation to the protocol for the formation of a Joint Health Overview and Scrutiny Committee for the North East.

2. BACKGROUND INFORMATION

- 2.1 As Members will be aware, Hartlepool Borough Council is a constituent Authority of the Tees Valley Health Scrutiny Joint Committee which is formally recognised through the Council's Constitution.
- 2.2 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. This was the first time that the 12 North East Local Authorities had come together to carry out a scrutiny inquiry on a matter than transcended the 12 Authority boundaries.
- 2.3 During the development of the investigation in the Health of the ex-Service Community, Members of the 12 North East Local Authorities agreed that a Memorandum of Understanding between the Authorities be developed. Members were also in agreement that a formal arrangement should exist for a Joint Health Overview and Scrutiny Committee for the North East, which would:-
- (a) Undertake discretionary health scrutiny reviews, on occasions where health issues may have a regional or cross boundary focus;

- (b) Undertake statutory health scrutiny reviews to consider and respond to proposals for developments or variations in health services that affect more than one health authority area, and that are considered “substantial” by the health overview and scrutiny committees for the areas affected by the proposals; and
 - (c) Monitor recommendations previously agreed by the Joint Committee.
- 2.4 Before the Joint Health Overview and Scrutiny Committee for the North East is recognised through the Constitutional process of the Authority, Members views are requested on the protocol which is attached as **Appendix A** to this report.

3. RECOMMENDATIONS

- 3.1 That Members note this report and formulate any views on the protocol attached as **Appendix A** to 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 of the meeting of the Health Scrutiny Forum held on 2 February 2010.

Joint Health Overview and Scrutiny Committee of:

Darlington Borough Council, Durham County Council, Gateshead Council, Hartlepool Borough Council, Middlesbrough Council, Newcastle upon Tyne City Council, North Tyneside Council, Northumberland County Council, Redcar and Cleveland Borough Council, South Tyneside Council, Stockton-on-Tees Borough Council and Sunderland City Council

**TERMS OF REFERENCE
AND PROTOCOLS**

Establishment of the Joint Committee

1. The Committee is established in accordance with section 244 and 245 of the National Health Service Act 2006 (“NHS Act 2006”) and regulations and guidance with the health overview and scrutiny committees of Darlington Borough Council, Durham County Council, Gateshead Council, Hartlepool Borough Council, Middlesbrough Council, Newcastle upon Tyne City Council, North Tyneside Council, Northumberland County Council, Redcar and Cleveland Borough Council, South Tyneside Council, Stockton-on-Tees Borough Council and Sunderland City Council (“the constituent authorities”) to scrutinise issues around the planning, provision and operation of health services in and across the North-East region, comprising for these purposes the areas covered by all the constituent authorities.
2. The Committee will hold two full committee meetings per year. The Committee’s work may include activity in support of carrying out:
 - (a) Discretionary health scrutiny reviews, on occasions where health issues may have a regional or cross boundary focus, or
 - (b) Statutory health scrutiny reviews to consider and respond to proposals for developments or variations in health services that affect more than one health authority area, and that are considered “substantial” by the health overview and scrutiny committees for the areas affected by the proposals.
 - (c) Monitoring of recommendations previously agreed by the Joint Committee.

For each separate review the Joint Committee will prepare and make available specific terms of reference, and agree arrangements and support, for the enquiry it will be considering.

Aims and Objectives

3. The North East Region Joint Health Overview and Scrutiny Committee aims to scrutinise:
 - (a) NHS organisations that cover, commission or provide services across the North East region, including and not limited to, for example, NHS North East, local primary care trusts, foundation trusts, acute trusts, mental health trusts and specialised commissioning groups.
 - (b) Services commissioned and / or provided to patients living and working across the North East region.

(c) Specific health issues that span across the North East region.

Note: Individual authorities will reserve the right to undertake scrutiny of any relevant NHS organisations with regard to matters relating specifically to their local population.

4. The North East Region Joint Health Overview and Scrutiny Committee will:
 - (a) Seek to develop an understanding of the health of the North East region's population and contribute to the development of policy to improve health and reduce health inequalities.
 - (b) Ensure, wherever possible, the needs of local people are considered as an integral part of the commissioning and delivery of health services.
 - (c) Undertake all the necessary functions of health scrutiny in accordance with the NHS Act 2006, regulations and guidance relating to reviewing and scrutinising health service matters.
 - (d) Review proposals for consideration or items relating to substantial developments / substantial variations to services provided across the North East region by NHS organisations, including:
 - (i) Changes in accessibility of services.
 - (ii) Impact of proposals on the wider community.
 - (iii) Patients affected.
 - (e) Examine the social, environmental and economic well-being responsibilities of local authorities and other organisations and agencies within the remit of the health scrutiny role.

Membership

5. The Joint Committee shall be made up of 12 Health Overview and Scrutiny Committee members comprising 1 member from each of the constituent authorities. In accordance with section 21(9) of the Local Government Act 2000, Executive members may not be members of an overview and scrutiny committee. Members of the constituent local authorities who are Non-Executive Directors of the NHS cannot be members of the Joint Committee.
6. The appointment of such representatives shall be solely at the discretion of each of the constituent authorities.
7. The quorum for meetings of the Joint Committee is one-third of the total membership, in this case four members, irrespective of which local authority has nominated them.

Substitutes

8. A constituent authority may appoint a substitute to attend in the place of the named member on the Joint Committee. The substitute shall have voting rights in place of the absent member.

Co-optees

9. The Joint Committee shall be entitled to co-opt any non-voting person as it thinks fit to assist in its debate on any relevant topic. The power to co-opt shall also be available to any Task and Finish / Working Groups formed by the Joint Committee. Co-option would be determined through a case being presented to the Joint Committee or Task and Finish Group / Working Group, as appropriate. Any supporting information regarding co-option should be made available for consideration by Joint Committee members at least 5 working days before a decision is made.

Formation of Task and Finish / Working Groups

10. The Joint Committee may form such Task and Finish / Working Groups of its membership as it may think fit to consider any aspect or aspects within the scope of its work. The role of any such Group will be to consider the matters referred to it in detail with a view to formulating recommendations on them for consideration by the Joint Committee. The precise terms of reference and procedural rules of operation of any such Group (including number of members, chairmanship, frequency of meetings, quorum etc.) will be considered by the Joint Committee at the time of the establishment of each such Group. The Chair of a specific Task and Finish Group will act in the manner of a Host Authority for the purposes of the work of that Task and Finish Group, and arrange and provide officer support for that Task and Finish Group. These arrangements may differ if the Joint Committee considers it appropriate. The meetings of such Groups should be held in public except to the extent that the Group is considering any item of business that involves the likely disclosure of exempt information from which the press and public could legitimately be excluded as defined in Part 1 of Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006.
11. The Chair of the Joint Health Overview and Scrutiny Committee may not be the Chair of a Task and Finish Group.

Chair and Vice-Chairs

12. The Chair of the Joint Committee will be drawn from the membership of the Joint Committee, and serve for a period of 12 months, from a starting date to be agreed. A Chair may not serve for two consecutive twelve-month periods. The Chair will be agreed through a consensual process, and a nominated Chair may decline the invitation. Where no consensus can be reached then the Chair will be nominated through a ballot system of one Member vote per Authority only for those Members present at the meeting where the Chair of the Joint Health Overview and Scrutiny Committee is chosen.
13. The Joint Committee may choose up to two Vice-Chairs from among any of its members, as far as possible providing a geographic spread across the region.

A Vice-Chair may or may not be appointed to the position of Chair or Vice-Chair in the following year.

14. If the Chair and Vice-Chairs are not present, the remaining members of the Joint Committee shall elect a Chair for that meeting.
15. Other than any pre-existing arrangements within their own local authority, no Special Responsibility Allowances, or other similar payments, will be drawn by the Chair, Vice Chairs, or Tasking and Finish Group Chairs in connection with the business of the Joint Committee.

Host Authority

16. The local authority from which the Chair of the Joint Committee is drawn shall be the Host Authority for the purposes of this protocol.
17. Except as provided for in paragraph 10 above in relation to Task and Finish Groups, the Host Authority will service and administer the scrutiny support role and liaise proactively with the other North East local authorities and the regional health scrutiny officer network. The Host Authority will be responsible for the production of reports for the Joint Committee as set out below, unless otherwise agreed by the Joint Committee. An authority acting in the manner of a Host Authority in support of the work of a Task and Finish Group will be responsible for collecting the work of that Group and preparing a report for consideration by the Joint Committee.
18. Meetings of the Joint Committee may take place in different authorities, depending on the nature of the enquiry and the potential involvement of local communities. The decision to rotate meetings will be made by members of the Joint Committee.
19. Documentation for the Joint Committee, including any final reports, will be attributed to all the participating member authorities jointly, and not solely to the Host Authority. Arrangements will be made to include the Council logos of all participating authorities.

Work planning and agenda items

20. The Joint Committee may determine, in consultation with health overview and scrutiny committees in constituent authorities, NHS organisations and partners, an annual work programme. Activity in the work programme may be carried out by the Joint Committee or by a Task and Finish / Working Group under the direction of the Joint Committee. A work programme may be informed by:
 - (a) Research and information gathering by health scrutiny officers supplemented by presentations and communications.
 - (b) Proposals associated with substantial developments / substantial variations.

21. Individual meeting agendas will be determined by the Chair, in consultation with the Vice-Chairs where practicable. The Chair and Vice-Chairs may meet or conduct their discussions by email or letter.
22. Any member of the Joint Committee shall be entitled to give notice, with the agreement of the Chair, in consultation with the Vice-Chairs, where practicable, of the Joint Committee, to the relevant officer of the Host Authority that he/she wishes an item relevant to the functions of the Joint Committee to be included on the agenda for the next available meeting. The member will also provide detailed background information concerning the agenda item. On receipt of such a request (which shall be made not less than five clear working days before the date for despatch of the agenda) the relevant officer will ensure that it is included on the next available agenda.

Notice and Summons to Meetings

23. The relevant officer in the Host Authority will give notice of meetings to all Joint Committee members, in line with access to information rules of at least five clear working days before a meeting. The relevant officer will send an agenda to every member specifying the date, time and place of each meeting and the business to be transacted, and this will be accompanied by such reports as are available.

Attendance by others

24. The Joint Committee and any Task and Finish / Working Group formed by the Joint Committee may invite other people (including expert witnesses) to address it, to discuss issues of local concern and/or to answer questions. It may for example wish to hear from residents, stakeholders and members and officers in other parts of the public sector and shall invite such people to attend.

Procedure at Joint Committee meetings

25. The Joint Committee shall consider the following business:
- (a) Minutes of the last meeting (including matters arising).
 - (b) Declarations of interest.
 - (c) Any urgent item of business which is not included on an agenda but the Chair agrees should be raised.
 - (d) The business otherwise set out on the agenda for the meeting.
26. Where the Joint Committee wishes to conduct any investigation or review to facilitate its consideration of the health issues under review, the Joint Committee may also ask people to attend to give evidence at Joint Committee meetings which are to be conducted in accordance with the following principles:
- (a) That the investigation is conducted fairly and all members of the Joint Committee be given the opportunity to ask questions of attendees, and to contribute and speak.
 - (b) That those assisting the Joint Committee by giving evidence be treated with respect and courtesy.

- (c) That the investigation be conducted so as to maximise the efficiency of the investigation or analysis.

Voting

27. Any matter will be decided by a simple majority of those Joint Committee members voting and present in the room at the time the motion is put. This will be by a show of hands or if no dissent, by the affirmation of the meeting. If there are equal votes for and against, the Chair or other person chairing the meeting will have a second or casting vote. There will be no restriction on how the Chair chooses to exercise a casting vote.

Urgent Action

28. In the event of the need arising, because of there not being a meeting of the Joint Committee convened in time to authorise this, officers administering the Joint Committee from the Host Authority are generally authorised to take such action, in consultation with the Chair, and Vice-Chairs where practicable, to facilitate the role and function of the Joint Committee as they consider appropriate, having regard to any Terms of Reference or other specific relevant courses of action agreed by the Joint Committee, and subject to any such actions being reported to the next available meeting of the Joint Committee for ratification.

Final Reports and recommendations

29. The Joint Committee will aim to produce an agreed report reflecting a consensus of its members, but if consensus is not reached the Joint Committee may issue a majority report and a minority report.
- (a) If there is a consensus, the Host Authority will provide a draft of both the conclusions and discursive text for the Joint Committee to consider.
 - (b) If there is no consensus, and the Host Authority is in the majority, the Host Authority will provide the draft of both the conclusions and discursive text for a majority report and arrangements for a minority report will be agreed by the Joint Committee at that time.
 - (c) If there is no consensus, and the Host Authority is not in the majority, arrangements for both a majority and a minority report will be agreed by the Joint Committee at that time.
 - (d) In any case, the Host Authority is responsible for the circulation and publication of Joint Committee reports. Where there is no consensus for a final report the Host Authority should not delay or curtail the publication unreasonably.

The rights of the health overview and scrutiny committees of each local authority to make reports of their own are not affected.

30. A majority report may be produced by a majority of members present from any of the local authorities forming the Joint Committee. A minority report may be agreed by any *[number derived by subtracting smallest possible majority from quorum: e.g. if quorum is 4, lowest possible majority is 3, so minority report requires 1 members' agreement]* or more other members.

10.1 Appendix A

31. For the purposes of votes, a “report” shall include discursive text and a list of conclusions and recommendations. In the context of paragraph 29 above, the Host Authority will incorporate these into a “final report” which may also include any other text necessary to make the report easily understandable. All members of the Joint Committee will be given the opportunity to comment on the draft of the final report. The Chair in consultation with the Vice-Chairs, where practicable, will be asked to agree to definitive wording of the final report in the light of comments received. However, if the Chair and Vice-Chairs cannot agree, the Chair shall determine the final text.
32. The report will be sent to *[name of the NHS organisations involved]* and to any other organisation to which comments or recommendations are directed, and will be copied to NHS North East, and to any other recipients Joint Committee members may choose.
33. The *[name of the NHS organisations involved]* will be asked to respond within 28 days from their formal consideration of the Final Report, in writing, to the Joint Committee, via the nominated officer of the Host Authority. The Host Authority will circulate the response to members of the Joint Committee. The Joint Committee may (but need not) choose to reconvene to consider this response.
34. The report should include:
 - (a) The aim of the review – with a detailed explanation of the matter under scrutiny.
 - (b) The scope of the review – with a detailed description of the extent of the review and it planned to include.
 - (c) A summary of the evidence received.
 - (d) An evaluation of the evidence and how the evidence informs conclusions.
 - (e) A set of conclusions and how the conclusions inform the recommendations.
 - (f) A list of recommendations – applying SMART thinking (Specific, Measurable, Achievable, Realistic, Timely), and how these recommendation, if implemented in accordance with the review outcomes, may benefit local people.
 - (g) A list of sources of information and evidence and all participants involved.

Timescale

35. The Joint Committee will hold two full committee meetings per year, and at other times when the Chair and Vice-Chairs wish to convene a meeting. Any three members of the joint committee may require a special meeting to be held by making a request in writing to the Chair.
36. Subject to conditions in foregoing paragraphs 29 and 31, if the Joint Committee agrees a report, then:
 - (a) The Host Authority will circulate a draft final report to all members of the Joint Committee.

- (b) Members will be asked to comment on the draft within a period of two weeks, or any other longer period of time as determined by the Chair, and silence will be taken as assent.
 - (c) The Chair and Vice-Chairs will agree the definitive wording of the final report in time for it to be sent to *[name of the NHS organisations involved]*.
37. If it believed that further consideration is necessary, the Joint Committee may vary this timetable and hold further meetings as necessary. The *[name of the NHS organisations involved]* will be informed of such variations in writing by the Host Authority.

Guiding principles for the undertaking of North East regional joint health scrutiny

38. The health of the people of North East England is dependent on a number of factors including the quality of services provided by the NHS, the local authorities and local partnerships. The success of joint health scrutiny is dependent on the members of the Joint Committee as well as the NHS and others.
39. Local authorities and NHS organisations will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their codes of conduct. Personal and prejudicial interests will be declared in all cases in accordance with the Members' Code of Conduct of each constituent authority.
40. The scrutiny process will be open and transparent in accordance with the Local Government Act 1972 and the Freedom of Information Act 2000 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be considered in private. The Host Authority will manage requests and co-ordinate responses for information considered to be confidential or exempt from publication in accordance with the Host Authority's legal advice and guidance. Joint Committee papers and information not being of a confidential nature or exempt from publication may be posted on the websites of the constituent authorities as determined by each of those authorities.
41. Different approaches to scrutiny reviews may be taken in each case. The Joint Committee will seek to act as inclusively as possible and will take evidence from a wide range of opinion including patients, carers, the voluntary sector, NHS regulatory bodies and staff associations, as necessary and relevant to the terms of reference of a scrutiny review. Attempts will be made to ascertain the views of hard to reach groups, young people and the general public.
42. The Joint Committee will work to continually strengthen links with the other public and patient involvement bodies such as PCT patient groups and Local Involvement Networks, where appropriate.
43. The regulations covering health scrutiny allow an overview and scrutiny committee to require an officer of a local NHS body to attend before the

committee. This power may be exercised by the Joint Committee. The Joint Committee recognises that Chief Executives and Chairs of NHS bodies may wish to attend with other appropriate officers, depending on the matter under review. Reasonable time will be given for the provision of information by those asked to provide evidence.

44. Evidence and final reports will be written in plain English ensuring that acronyms and technical terms are explained.
45. Communication with the media in connection with reviews will be handled in conjunction with the constituent local authorities' press officers.

Conduct of Meetings

46. The conduct of Joint Committee meetings shall be regulated by the Chair (or other person chairing the meeting) in accordance with the general principles and conventions which apply to the conduct of local authority committee meetings.
47. In particular, however, where any person other than a full or co-opted member of the Joint Committee has been allowed or invited to address the meeting the Chair (or other person chairing the meeting) may specify a time limit for their contribution, in advance of its commencement which shall not be less than five minutes. If someone making such a contribution exceeds the time limit given the Chair (or other person chairing the meeting) may stop him or her.
48. The Chair (or other person chairing the meeting) may also structure a discussion and limit the time allowed for each agenda item and questioning by members of the Joint Committee.