

HEALTH SCRUTINY FORUM AGENDA



Thursday 11 August 2011

at 10.00 a.m.

**in Committee Room B
Civic Centre, Hartlepool**

MEMBERS: HEALTH SCRUTINY FORUM:

Councillors S Akers-Belcher, Griffin, G Lilley, Preece, Robinson, Shields, Simmons, Sirs and Wells

Resident Representatives: N Morrish and 2 vacancies

- 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 4 July 2011.
- 4. RESPONSES FROM LOCAL NHS BODIES, THE COUNCIL, EXECUTIVE OR COMMITTEES OF THE COUNCIL TO FINAL REPORTS OF THIS FORUM**
 - 4.1 Connected Care – Initial Cabinet Response – *Scrutiny Support Officer*
- 5. CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA SCRUTINY CO-ORDINATING COMMITTEE**

No items

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

No items

7. ITEMS FOR DISCUSSION

- 7.1 The Role of the Health Scrutiny Forum - *Scrutiny Support Officer*;
- 7.2 Development of a Hartlepool Health and Wellbeing Board - *Assistant Director for Health Improvement*;
- 7.3 Determining the Scrutiny Forum's Work Programme for 2011/12 - *Scrutiny Support Officer*;
- 7.4 Six Monthly Monitoring of Agreed Health Scrutiny Forum's Recommendations - *Scrutiny Support Officer*

8. ISSUES IDENTIFIED FROM FORWARD PLAN

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

No items

10. REGIONAL HEALTH SCRUTINY UPDATE

No items

11. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

ITEMS FOR INFORMATION

Date of Next Meeting – 8 September 2011 at 10.00 a.m.

HEALTH SCRUTINY FORUM

MINUTES

4 JULY 2011

The meeting commenced at 11.00 a.m. in the Civic Centre, Hartlepool

Present:

Councillor Stephen Akers-Belcher (In the Chair);

Councillors: Geoff Lilley, Arthur Preece, Jean Robinson, Linda Shields, and Ray Wells.

Also Present: In accordance with Council Procedure Rule 4.2;
Councillor Marjorie James as substitute for Councillor Kaylee Sirs,
Councillor Sarah Maness as substitute for Councillor Chris Simmons.

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

1. Apologies for Absence

Councillors Griffin, Simmons and Sirs and Resident Representative Noma Morrish.

2. Declarations of Interest by Members

None.

3. Minutes of the meeting held on 29 March 2011

Confirmed.

A Member questioned the contents of Minute no. 102 "External Review of Hartlepool Accident and Emergency Services". The Member was concerned that it appeared that Hartlepool Councillors had expressed support for the proposal to close the Accident and Emergency (A&E) facility at Hartlepool University Hospital through the Steering Group Meetings. The Member was of the view that the majority of councillors didn't support this view and supported the public view that the A&E Service should be retained. There appeared to be a lack of public transparency as the Member had not been in receipt of minutes of the Steering Group meetings.

The Chair was very clear that he and other Councillors on the Health Scrutiny Forum, that had attended the Steering Group meetings, had very clearly expressed their opinion that the A&E facility should be maintained. Public opinion had not been ignored, quite the contrary, and the Members

who attended the Steering Group were as disappointed as anyone that the recommendation was that the A&E at the hospital should close. What Councillors and other members of the Steering Group had insisted on, and had been conceded, was that if A&E had to close, there had to be a replacement 24 hour public access service through the facility at the One Life Centre. The Chair commented that he had recently been interviewed by Radio 4 and appreciated the opportunity to highlight the discontent and opposition there was to the closure and to correct the perception that the Steering Group and Councillors had simply acquiesced to the closure.

In relation to the minutes of the Steering Group, the Chair commented that he hoped that all Members would receive copies of the minutes together with the final report of the Steering Group. The role of the Health Scrutiny Forum was clarified in relation to scrutinising the health providers and holding them to account, but in the same way scrutiny could not overturn or change a decision of the executive within the Council, it had no authority over the decisions of the Health Trust.

In response to Members questions, the Chair indicated that there was still to be an enhanced emergency admissions facility at the hospital and further details of this would be circulated to all Members. The Chair was challenged by a Member who indicated that he had understood the Chair to say that Members role through the steering group process had been to soften the public view in relation to the closure of the A&E unit. The Chair stated that he and the other Members on the Steering Group had wished to soften the blow of the closure and its effect on the people of Hartlepool by insisting that the 'walk-in' facility at the One Life Centre was open 24 hours. This was supported by other Members present.

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

No items.

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

No items.

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

No items.

7. Tees Valley Health Joint Scrutiny Committee (*Scrutiny Support Officer*)

The Scrutiny Support Officer reported that Members of Hartlepool Borough

Council's Health Scrutiny Forum, had been members of the Tees Valley Health Scrutiny Joint Committee (TVHSJC) since its inception back in 2003.

Support arrangements for TVHSJC had been provided by Middlesbrough Council, with a £5,000pa contribution from each local authority. However, in light of reducing Council budgets, changes had recently been made to these support arrangements removing the requirement for a £5,000 contribution from each local authority. Under these new support arrangements, the Local Authority chairing the TVHSJC would also be responsible for the provision of administrative support.

In accordance with the agreed rota, Hartlepool Borough Council would in 2011/12 be offered the chair of the TVHSJC and on the basis of the new arrangements would be required to provide all administrative support (Scrutiny and other administrative / democratic services). This posed an issue for consideration by the Forum, in terms of internal capacity to support both the TVHSJC and Hartlepool's own Health Scrutiny Forum.

Members were therefore asked to consider how they wished to proceed in relation to participation in the TVHSJC in 2011/12.

Members were advised that Legal advice had been sort and confirmation obtained that under the Health and Social Care Act 2001 and the NHS Act 2006 there was no statutory requirement for Hartlepool to be involved in the TVHSJC arrangement. Nor, would a decision to withdraw prevent Members in Hartlepool from initiating, or participating in, any future Section 244 Joint Committee(s) created to discuss any potential NHS bodies proposals for substantial development or variation in services, which would affect more than one local authority (as detailed in the NHS ACT 2006).

The Scrutiny Support Officer indicated that Members who had served on the TVHSJC in previous years may wish to provide information / advice in terms of the value of their previous involvement.

In exploring a way forward in relation to this issue, The Scrutiny Support Officer advised Members of the potential options:-

- (i) That Hartlepool Borough Council take the Chair the TVHSJC for the 2011/12 Municipal Year, but with an acknowledgement that there would be an impact on the continued level of support to the Health Scrutiny Forum which would need to be taken into consideration in terms of the Forum's Work Programme for 2011/12;
- (ii) That Hartlepool declines the Chair and continues to attend as a Member of the Joint Committee;
- (iii) That Hartlepool serves notice of its intention to withdraw from the TVHSJC arrangements.

The Forum was advised that selecting either option (i) or (ii) would require three nominations from this Scrutiny Forum as Hartlepool's representatives

on TVHSJC. Details of the nominations already received were submitted in the report.

Members commented that it would be difficult for the TVHSJC to form a coherent line under a new Chair in only nine months, particularly alongside a complete change in the support to the function. The Chair agreed that such a function did need greater stability if it was to be of value. However, the Chair questioned the value of the body particularly as this Forum had the ability to be involved in any major investigations and that potential changes to the organisation of health management could create conflict between Tees Valley Authorities.

Members with experience of the TVHSJC commented that the body did serve an important role. Attendance by Hartlepool members had, however, been low. Other Members did feel that the past consistency of the body may be hampered in the future without the financial support previously provided by the five Tees Valley Authorities. Taking the Chair this year would bring with it a workload in terms of support that there was simply insufficient resources within the council to support. Hartlepool may not be the only authority in this position which may lead to the collapse of the Tees Valley arrangement. The Forum also considered that it would have been more appropriate to discuss these proposals several months in advance of the proposed rotation to allow the potential for temporary arrangements to be put in place should that option have been supported by Members.

The Chair indicated that he had no wish to take up the Chair of TVHJSC and suggested that in declining the Chair, the Forum's comments in relation to the affect on the stability and continuity of the arrangement being severely hampered by the rotation of the support function be forwarded to the TVHSJC.

After further discussion the Forum agreed to continue to be members of the TVHJSC for 2011/12 and therefore moved onto consideration of nominations to the membership of the body. There were three positions available and one automatically went to the Chair of the Forum. Political balance was applied to the representation, therefore from the nominations set out in the report, the Forum agreed to appoint the Vice-Chair of the Forum, Councillor Griffin (Labour) and Councillor G Lilley (Association of Independents).

Recommended

1. That Hartlepool Health Scrutiny Forum formally declines the position of Chair of the Tees Valley Health Scrutiny Joint Committee for 2011/12.
2. That Councillors Stephen Akers-Belcher, Sheila Griffin and Geoff Lilley be appointed as the Forum's representatives to the Tees Valley Health Scrutiny Joint Committee for 2011/12.
3. That the Scrutiny Support Officer be authorised to write to the Tees Valley Health Scrutiny Joint Committee indicating this Forum's views in relation to the destabilising affect that the rotation of the support function may have on the joint committee in the future.

8. Issues identified from the Forward Plan

No items.

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

No items.

9. Regional Health Scrutiny Update

No items

The meeting concluded at 11.45 a.m.

CHAIR

HEALTH SCRUTINY FORUM

11 August 2011



Report of: Scrutiny Support Officer

Subject: CONNECTED CARE – INITIAL CABINET RESPONSE

1. PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to provide Members of the Health Scrutiny Forum with an update on the progress of the recommendations from the investigation into 'Connected Care' following the presentation of the Final Report at Cabinet on 4 July 2011.

2. SCRUTINY RECOMMENDATIONS AND EXECUTIVE DECISION

- 2.1 Following the consideration of the Final Report and associated Action Plan culminating from this Forum's investigation into Connected Care, the minute extract from the Cabinet meeting on 4 July 2011 is detailed below:-

'That the Action Plan in response to the recommendations of the Health Scrutiny Forum's investigation into 'Connected Care' be deferred for further consideration.'

- 2.2 Subsequently, the Portfolio Holders response to the investigation into 'Connected Care' will be presented at a future meeting of the Forum.

3. RECOMMENDATIONS

- 3.1 That Members note the content of this report and Cabinet's decision as outlined in 2.1.

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

BACKGROUND PAPERS

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

- (i) The Health Scrutiny Forum's Final Report 'Connected Care' considered by Cabinet on 4 July 2011.
- (ii) Decision Record of Cabinet held on 4 July 2011.

HEALTH SCRUTINY FORUM

11 August 2011



Report of: Scrutiny Support Officer

Subject: THE ROLE OF THE HEALTH SCRUTINY FORUM

1. PURPOSE OF REPORT

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

2. BACKGROUND

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

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

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

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

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

4. FUNCTIONS OF OVERVIEW AND SCRUTINY FORUMS

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

(a) Policy Development and Review

Overview and Scrutiny Forums may:

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

(b) Scrutiny

Overview and Scrutiny Forums may:

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

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

(c) Finance

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

5. THE REMIT OF THIS FORUM

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

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

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

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

6. SCHEDULE OF FORUM DATES FOR 2011/12

- 6.1 Detailed below, for Members information, are the scheduled dates for meetings of the Health Scrutiny Forum in 2011/12. Please note that scheduled meetings will commence at 10.00am, in the Civic Centre, with the capacity for additional meetings to be arranged where required to accommodate the needs of individual inquiries.

Thursday 11 August 2011;
Thursday 8 September 2011;
Thursday 6 October 2011;
Thursday 17 November 2011;
Thursday 26 January 2012;
Thursday 23 February 2012; and
Thursday 5 April 2012.

7. CONCLUSIONS

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

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

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HEALTH SCRUTINY FORUM

11 August 2011



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

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7. CONCLUSIONS

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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

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- i) Hartlepool Borough Council Constitution.

HEALTH SCRUTINY FORUM

11 August 2011



Report of: Assistant Directors for Health Improvement and Adult Social Care

Subject: DEVELOPMENT OF A HARTLEPOOL HEALTH AND WELLBEING BOARD

1. INTRODUCTION

- 1.1 There will be a statutory requirement for Hartlepool (and all Local Authorities) to have Health and Wellbeing Boards, with an expectation that meetings are held in public acting as a 'key forum for public accountability of NHS, public health, social care for adults and children and other commissioned services that the Health and Wellbeing Board agrees are directly related to health and wellbeing'.

2. BACKGROUND INFORMATION

- 2.1 The Health White Paper *Equity & Excellence* published in July 2010 consulted on the proposed arrangements for Health & Wellbeing Boards. The Government's response to this document *Liberating the NHS: Legislative framework and next steps* was published in December 2010 and gave a greater assessment of the direction of travel and made some modifications to the proposals. In parallel, the Public Health White Paper *Healthy People Healthy Lives* reaffirms the role of Health and Wellbeing Boards.
- 2.2 David Behan (Director General of Social Care) wrote to Local Authorities in January highlighting the importance of Health & Wellbeing Boards and requesting that they consider being part of an Early Implementer programme. Hartlepool expressed an interest and is now part of the early Implementer programme along with all of the other North East authorities.
- 2.3 Following the 'pause' in the Health and Social Care Bill and recent listening exercise orchestrated by the NHS Future Forum, and the subsequent Government response, there is now further clarity on the role of the Health and Well Being Board.
- 2.4 On 25 July 2011 Scrutiny Co-ordinating Committee met and agreed that the 'Development of a Hartlepool Health and Wellbeing Board' should be

monitored at regular intervals by the Health Scrutiny Forum. The cross-cutting nature of the activities of the Health and Wellbeing Board was, however, recognised by Members and it was agreed the Scrutiny Co-ordinating Committee would receive update reports (at its next diaried meeting) following consideration of the issue by Health Scrutiny Forum Members.

3. NEXT STEPS

- 3.1 A full report on Health and Well Being Boards is to be presented to Cabinet on 15th August 2011. In accordance with the Authority's Access to Information Rules, it has not been possible to include the Cabinet report on the development of the Health and Wellbeing Board in Hartlepool within the statutory requirements for the despatch of the agenda and papers for this meeting. Although, arrangements have been made for the Cabinet report on the development of the Health and Wellbeing Board in Hartlepool to be circulated under separate cover (as **Appendix A**) and in advance of this meeting.
- 3.2 A shadow board will be established by end of September 2011.
- 3.3 A draft terms of reference will be agreed with partner agencies at first shadow board meeting in September in the light of the views of Cabinet on 15th August.

4. RECOMMENDATIONS

- 4.1 That Members:-
 - (i) Note the content of this report and **Appendix A** (to be circulated under separate cover in advance of this meeting) seeking clarification where necessary from the Assistant Director, Health Improvement present at today's meeting; and
 - (ii) Formulate an update report to be presented at the next appropriate meeting of the Scrutiny Co-ordinating Committee

Contact Officers:- Louise Wallace – Assistant Director, Health Improvement
Jill Harrison – Assistant Director, Adult Social Care
Child and Adult Services
Hartlepool Borough Council
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jill.harrison@hartlepool.gov.uk

BACKGROUND PAPERS

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

- (i) Department of Health (2010), *Equity and Excellence: Liberating the NHS*, Available from
- (ii) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353
- (ii) Department of Health (2010), *Liberating the NHS: Legislative Framework and Next Steps*, Available from
http://www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/DH_122624
- (iii) Department of Health (2010), *Healthy Lives, Healthy People: Our Strategy for Public Health in England*, Available from
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121941
- (iv) Minutes of the meeting of Scrutiny Co-ordinating Committee held on 25 July 2011.

CABINET REPORT

15 August 2011



Report of: Director of Child and Adult Services

Subject: Hartlepool Shadow Health and Wellbeing Board

1. SUMMARY

- 1.1 This paper is to inform Cabinet regarding the issues in establishing a shadow Health and Wellbeing Board in Hartlepool.

2. PURPOSE OF REPORT

- 2.1 The report is intended to inform Cabinet of the policy background of the NHS reform that requires each Council to establish a Health and Wellbeing Board. The paper will highlight the issues associated with this and make recommendations as to how to establish a shadow board.

3. SUMMARY OF CONTENTS

- 3.1 The paper will outline the policy background requiring areas to establish Health and Wellbeing Boards; the remit of the board and issues in establishing a board including membership. The paper will also propose a terms of reference for the Board and governance arrangements as well as a timetable for implementation.

4. RELEVANCE TO CABINET

- 4.1 Health and Wellbeing is a key priority for the town and of interest therefore to the Cabinet.

5. TYPE OF DECISION

Non-Key.

6. DECISION-MAKING ROUTE

Cabinet on 15 August 2011.

7. DECISION REQUIRED

7.1 It is recommended that Cabinet agree the following recommendations:

- i. It is recommended Cabinet consider and comment on the issues outlined in section 3.
- ii. It is recommended that Cabinet note that Health and Wellbeing Boards will be able to 'discharge executive functions of the Local Authority and offer a view as to how this should be progressed in Hartlepool.
- iii. It is recommended that Cabinet note that elected members can be members of the Health and Wellbeing Board.
- iv. It is recommended that Cabinet offer a view as to whether the elected members on the shadow Health and Wellbeing Board are the Executive Members of the Local Authority. This is recommended as the Health and Wellbeing Board will be able to 'discharge executive functions of the Local Authority'.
- v. It is recommended that in the light of the above, the elected Mayor is Chair of the Shadow Health and Wellbeing Board for the first year.
- vi. It is recommended that Cabinet note the development of the Shadow Health and Wellbeing Board in the light of the reviewed of the Local Strategic Partnership arrangements.
- vii. It is recommended that Cabinet note the proposed draft terms of reference and agrees that a shadow Health and Wellbeing Board is established by the end of September 2011, supported by Democratic Services.
- viii. It is recommended that Cabinet receive a further report in respect of the establishment of the formal Health and Wellbeing Board when the requirements have been fully established and full guidance is available.
- xi. It is recommended that given the potential constitutional implications of establishing a Health and Wellbeing Board that this issue is referred to Constitutional Working Group.

Report of: Director of Child and Adult Services

Subject: Hartlepool Shadow Health and Wellbeing Board

1. INTRODUCTION

- 1.1 The purpose of this paper is to inform Cabinet of the development of the shadow Hartlepool Health and Wellbeing Board. The paper will outline the policy background requiring areas to establish Health and Wellbeing Boards; the remit of the Board and issues in establishing a board including membership.
- 1.2 The paper will also propose terms of reference and governance arrangements for the Hartlepool shadow Health and Wellbeing Board and a timetable for implementation.

2. POLICY BACKGROUND FOR HEALTH AND WELLBEING BOARDS

- 2.1 In July 2010, the National Health Service white paper 'Equity and Excellence: Liberating the NHS' set out a new direction for the NHS. The NHS white paper is radical and far reaching proposing significant changes to the current arrangements for commissioning, providing and performance managing NHS services. The white paper proposes establishing Clinical Commissioning Consortia and abolishing Primary Care Trusts (PCTs). It also proposes that responsibility for public health should transfer from PCTs to the Local Authority and a newly created national body 'Public Health England'. The white paper places a requirement on Local Authorities to assume new responsibilities in relation to health services, public health and health improvement and proposes a key vehicle for delivering in this is through the creation of statutory Health and Wellbeing Boards.
- 2.2 The Health and Social Care Bill that would enable the proposals to be enacted is currently going through the parliamentary process. However, since the NHS white paper was published and consultation process completed, a further 'listening exercise' and an opportunity to 'pause' and reflect on the plans has been undertaken led by the 'NHS Future Forum' who offered independent recommendations based on a wide consultation with NHS staff and the public to the Government. Following this, further recommendations have been accepted by the Government in relation to Health and Wellbeing Board.
- 2.3 In November 2011, the Government published 'Healthy Lives, Healthy People: Our Strategy for Public Health in England'. This paper set out the vision for the future of public health moving forward under Local Authority leadership with a Director of Public Health jointly with Public Health England. This white paper also proposed that as part of the new public health system based on strong local and national leadership, that each Local Authority unitary or upper tier authority should establish a Health and Wellbeing Board.

- 2.4 In the light of the above, there have been initial discussions with key people and agencies across Hartlepool regarding how to establish a Health and Wellbeing Board. Following these discussions and emerging national guidance, the remit of the Board and the issues associated with establishing the Board will be considered in section 3.

3. REMIT OF THE HEALTH AND WELLBEING BOARD AND KEY ISSUES

- 3.1 The remit of the Health and Wellbeing Board as outlined in the public health white paper and subsequent Government response to the 'NHS Future's Forum' is as follows:-

- Statutory board bringing together the key NHS, public health and social care leaders to work in partnership to improve the health of the population.
- Establish a shared local view about the needs of the community based on the Joint Strategic Needs Assessment (JSNA) and support joint commissioning of NHS, social care and public health services.
- Develop a Health and Wellbeing Strategy and commissioning plans based on the JSNA for the area.
- Promote better use of resources across agencies and to further integrate health with adult social care, children's services and wider services.
- Have a "formal role in authorising clinical commissioning groups" and have input into annual assessments of the groups, which will be carried out by the NHS Commissioning Board.
- Be able to refer any commissioning plans they feel are not in line with local health and wellbeing strategies to the NHS Commissioning Board (but will not have the power of veto).
- Have a new duty to involve users and the public as part of the structure supporting the Health and Wellbeing Board.
- As the Health and Wellbeing Board "discharges executive functions of local authorities", it should operate as equivalent executive bodies do in local government. It will be for local authorities to determine the precise number of elected members on a Health and Wellbeing Board, and they will be free to insist upon having a majority of elected councillors".
- Be 'the vehicle for lead commissioning' for particular services, for example social care for people with long-term conditions – with pooled budgets and joint commissioning arrangements where the relevant functions are delegated to them.

- 3.2 Key issues to be considered as part of the process of establishing the shadow Health and Wellbeing Board include:

- Developing and agreeing terms of reference for the Hartlepool shadow Health and Wellbeing Board with the Local Authority Cabinet, Primary Care Trust Board and Clinical Commissioning Group.
- Agreeing effective mechanisms for ensuring appropriate commissioner and provider engagement.

- Agreeing how the shadow Health and Wellbeing Board should be established in the light of the Local Strategic Partnership Review.
- Agreeing how the shadow Health and Wellbeing Board develops relationships with other partnerships such as the Safer Hartlepool Partnership, Safeguarding Board and Children's Partnership.
- Ensuring the governance arrangements and any constitutional changes required for the Board will be sufficient for assuming committee status within the Council.
- Agreeing decision making processes of the shadow Board e.g. voting and majority representation.
- Agreeing performance management processes and how the shadow Board will be held to account to delivering on targets and outcomes.
- Ensuring robust engagement of all stakeholders and how this will be sustained over time.
- Ensuring a positive relationship with existing Health Overview and Scrutiny arrangements.
- Ensuring shadow Board meetings are held in public and that the public are made aware of the activities of the Board.
- Supporting the role of Health Watch and participation as full members of the shadow Board.
- Ensuring the shadow Board members are provided with development opportunities to gain a greater understanding of each partner agencies agenda and issues.
- Agreeing how each organisation commissioning cycles, plans and priorities are integrated into the work of the shadow Board.
- Ensuring that the joint strategic needs assessment is an integral part of the process for setting joint commissioning priorities.
- Create a robust, reciprocal relationship with the Clinical Commissioning Group (CCG) to ensure there are positive challenges of the CCG plans by the shadow Health and Wellbeing Board; and in reverse the CCG constructively challenges the work of the shadow Health and Wellbeing Board.
- Relationship between the shadow Health and Wellbeing Board and Local Safeguarding Board.

4. MEMBERSHIP

- 4.1 'Health People, Healthy Lives' (2010) proposed the following minimum membership:

Elected representatives
Representatives of Clinical Commissioning Group
Director of Public Health
Director of Child and Adult Social Services
Member of Health Watch Board
Participation of the NHS commissioning Board

- 4.2 The Government response to the NHS Future Forums recommendations is that it will be for local authorities to determine the precise number of elected

members on a health and wellbeing board, and they will be free to insist upon having a majority of elected councillors.

- 4.3 Given that the Health and Wellbeing Board will in the fullness of time be able to 'discharge executive functions of the Local Authority', it could be argued that the elected members on the shadow Health and Wellbeing Board should be the Executive Members of the Council.
- 4.3 In other areas, the emerging view is the Elected Mayor or Chief Executive of the Local Authority should be the chair of the shadow Board in the first instance, given the prominence of the Board in the Local Authority.

Scrutiny

- 4.4 Members of shadow Health and Wellbeing Boards will be subject to oversight and scrutiny by the existing statutory structures for the overview and scrutiny of local authority or health functions. The existing statutory powers of local authority overview and scrutiny functions will continue to apply. In line with the principles of the Localism Bill, local authorities will have greater discretion over how to exercise their health scrutiny powers.
- 4.5 The Government is already taking action to extend local authority health scrutiny powers to facilitate effective scrutiny of any provider of any NHS-funded service, as well as any NHS commissioner. Local authorities will also still be able to challenge any proposals for the substantial reconfiguration of services, and the Government's four tests for assessing service reconfigurations will be retained. Proposals for reconfiguration will need to continue to demonstrate:
- i. support from clinical commissioning groups;
 - ii. strengthened public and patient engagement;
 - iii. clarity on the clinical evidence base; and
 - iv. consistency with current and prospective patient choice.

5. PROPOSAL FOR THE HARTLEPOOL SHADOW HEALTH AND WELLBEING BOARD

- 5.1 The existing Health and Wellbeing Partnership met on 6 April to consider the direction of travel and future arrangements. It was recognised that the existing Health and Wellbeing Partnership has worked well and has engagement from a number of key partners, but also that the arrangements needed to change to meet the new agenda. It was felt to be very positive that there was engagement from the developing GP Commissioning Consortia as well as the two NHS Foundation Trusts and good partnership working with Hartlepool LInK.
- 5.2 Over recent weeks, there has been much debate regarding the review of the Local Strategic Partnership arrangements and how the shadow Health and Wellbeing Board is part of the new partnership arrangements. However,

during this process, the Government published the NHS Future Forums response the recommendations of the Forum. The response includes the shadow Health and Wellbeing Board being able to 'discharge executive functions of the local authorities'. This is a significant addition to the proposals for Health and Wellbeing Boards since the meeting on 6 April. Therefore the implications of this require significant thought as to how this might work in Hartlepool and the constitutional implications for the Local Authority.

- 5.3 Given that Hartlepool is a pathfinder for Health and Wellbeing Boards, there is regional interest in the progress being made to establish the Board. There is a regional assurance framework to assist in tracking progress of all pathfinder authorities. In order to continue to deliver against expected milestones, there will need to be a meeting of a shadow Health and Wellbeing Board by end of September 2011. The shadow Board will then be able to work through all of the issues outlined in section 3 of this report in greater detail. The shadow Board will also need to consider the sub groups and infrastructure to support the delivery of the strategy.
- 5.4 At its meeting on 18 July 2011 Cabinet made a number of decisions that collectively set out the future approach of the Local Authority to community and stakeholder involvement and engagement and the Local Strategic Partnership, including theme partnerships. Two decisions taken were made 'in principle' as they may need to be revised following publication of the statutory guidance on Health and Wellbeing Boards. Those decisions were the proposed structure for community and stakeholder involvement and engagement and the creation of a Strategic Partners Group which will include the Mayor, all Cabinet Members and Chief Executive and other partners from the proposed membership option 2. Once the statutory guidance has been received a further report will be taken to Cabinet which will either confirm that the decisions are unaffected and therefore can be implemented or if the decisions are affected, Cabinet will be asked to consider alternative proposals which reflect the new position.
- 5.5 A proposed draft terms of reference for the shadow Health and Wellbeing Board is **Appendix 1**.

6. RECOMMENDATIONS

- 6.1 It is recommended Cabinet consider and comment on the issues outlined in section 3.
- 6.2 It is recommended that Cabinet note that Health and Wellbeing Boards will be able to 'discharge executive functions of the Local Authority' and offer a view as to how this should be progressed in Hartlepool.
- 6.3 It is recommended that Cabinet note that elected members can be members of the Health and Wellbeing Board.
- 6.4 It is recommended that Cabinet offer a view as to whether the elected members on the shadow Health and Wellbeing Board are the Executive Members of the Local Authority. This is recommended as the Health and

Wellbeing Board will be able to 'discharge executive functions of the Local Authority'.

- 6.5 It is recommended that in the light of the above, the elected Mayor is Chair of the Shadow Health and Wellbeing Board for the first year.
- 6.6 It is recommended that Cabinet note the development of the Shadow Health and Wellbeing Board in the light of the reviewed of the Local Strategic Partnership arrangements.
- 6.7 It is recommended that Cabinet note the proposed draft terms of reference and agrees that a shadow Health and Wellbeing Board is established by the end of September 2011, supported by democratic services.
- 6.8 It is recommended that Cabinet receive a further report in respect of the establishment of the formal Health and Wellbeing Board when the requirements have been fully established and full guidance is available.
- 6.9 It is recommended that given the potential constitutional implications of establishing a Health and Wellbeing Board that this issue is referred to Constitutional Working Group.

7. KEY CONTACT OFFICERS

Louise Wallace, Assistant Director of Health Improvement
Jill Harrison, Assistant Director for Adult Social Care
4th Floor Civic Centre

Draft Terms of Reference

Hartlepool Shadow Health and Wellbeing Board

1. Vision

- 1.1 The people of Hartlepool will live healthy, safe and long lives.

(This is for purely illustrative purposes as vision will need to be agreed at first meeting of shadow board)

2. Principles

- 2.1 The board will adopt the following principles:

All members of the Board shall be committed to applying the principles established in the Community Strategy:

- Accountability
- Community involvement
- Co-ordination
- Equality and social inclusion
- Integrity
- Maximise opportunity
- Maximise resources
- Partnership
- Quality services and continuous improvement
- Sustainability

The partnership will strive to meet the standards set out in the COMPACT's code of practice on communication and consultation.

3. Objectives

- 3.1 The following objectives will form the basis of the annual work programme of the Board:-

1. To ensure the development and use of comprehensive evidence based Joint Strategic Needs Assessment (JSNA) in informing commissioning priorities and investment in health, social care and well being services.
2. To jointly plan, develop and implement a Health and Wellbeing Strategy that will deliver the vision of the Board, based on the JSNA and focused on the wider determinants of health and well being.
3. To ensure consistency between the Health and Wellbeing Strategy and the commissioning plans of the Clinical Commissioning Group.

4. To promote and ensure integration and joint commissioning across health and social care particularly for those services being commissioned and provided to the most vulnerable people.
5. Participate in the formal authorisation of the Clinical Commissioning Group.
6. To actively maximise the opportunities and mechanisms for involving local people in the processes to develop the JSNA; Health and Wellbeing Strategy and subsequent service provision.
7. To frequently monitor performance against the Health and Wellbeing Strategy with an agreed set of health outcome measures to maximise resources and secure new resources into the town such as through the proposed 'health premium'.

4. Governance Arrangements

- 4.1 To be agreed in light of LSP review and Cabinet discussion.

5. Membership

- 5.1 There will be two types of member on the Health and Wellbeing Board; a voting and a non voting member. This is because some members are exclusively providers of services and therefore there is the potential for conflict of interest or vested interest in commissioning decisions. Therefore those organisations that are exclusively providers of services will be non voting members. Those organisations that are both commissioner and providers will be voting members on the Board with a commissioner perspective and not as a provider.

Voting members include:

Mayor

Executive Members of the Local Authority

Chief Executive of Local Authority

Representative of Clinical Commissioning Group

Chief Executive / Director of the PCT (transitional arrangement until 2013)

Director of Public Health

Director of Child and Adult Social Services

Director of Regeneration and Neighbourhoods

HealthWatch Board Member

Participation of the NHS commissioning Board

Patient representative (s)

Non voting members include:

North Tees and Hartlepool NHS Foundation Trust

Tees Esk and Wear Valley NHS Trust

Voluntary Sector Representative (s)

North East Ambulance NHS Trust

Nominated deputies may attend.

5.2 There is the potential for co-opting members onto the Board to undertake specific pieces of work or for specialist knowledge and skills as agreed by the majority of voting board members.

5.3 There will be a Board Development process to maximise the skills, capacity and resources of all members.

6. Chairing Arrangements

6.1 The Chair in the first instance will be the Elected Mayor of the Local Authority. The Chair will hold office for one year. Should the chair fall vacant during the year the Vice Chair will assume the role of Chair for the remainder of the year, until the annual nomination and election of a new chair.

6.2 The Vice-Chair will also be elected at the first meeting of the shadow Board by being proposed by another member and a simple majority vote of all voting members. The Vice-Chair will hold office for one year. The Vice-Chair will be a representative of a different organisation than the Chair.

7. Secretariat

7.1 The Shadow Health and Well Being Board will receive secretarial support through the Local Authority Democratic Services. The Board will also be supported by a virtual multi-agency commissioning team.

8. Frequency of Meetings

8.1 The shadow Board will meet on a six weekly basis initially to establish work programme and ensure momentum until the board is formally in place by 2013.

8.2 The meetings will be held in public.

8.3 There will be an annual review meeting to reflect on the performance of the Board and proactively plan for the forthcoming year.

9. Declaration of Interest

9.1 Each member of the Health and Wellbeing Executive is required to declare any personal or pecuniary interest (direct or indirect) in any agenda items and shall take no part in the discussion or decision making about that item. All such declarations must be included in the minutes of the meeting.

HEALTH SCRUTINY FORUM

11 August 2011



Report of: Scrutiny Support Officer

Subject: DETERMINING THE SCRUTINY FORUM'S WORK PROGRAMME FOR 2011/12

1. PURPOSE OF REPORT

- 1.1 To provide the Members of the Health Scrutiny Forum with a range of information, extracted from various sources to assist in the consideration of suitable topics for inclusion into the Forum's Work Programme for the 2011/12 Municipal Year.

2. BACKGROUND INFORMATION

- 2.1 The Health Scrutiny Forum needs to develop a Work Programme for the 2011/12 Municipal Year, together with a timeframe for each review, for consideration by the Scrutiny Co-ordinating Committee on 2 September 2011. Detailed terms of reference should be developed at the start of each review.
- 2.2 As such the Director of Commissioning and Systems Development (North) for NHS Tees, Assistant Chief Executive for North Tees and Hartlepool NHS Foundation Trust; Cabinet Member for Adult and Public Health Services; Assistant Director for Health Improvement; Corporate Performance Plan (BVPP) and consultation with the Local Involvement Network (LINK) have been the foundation sources for this report to enable the Forum to compile its Work Programme.
- 2.3 However, it should be appreciated that some of the areas detailed below are continually evolving and further details will emerge throughout the year.
- 2.4 In conducting health scrutiny Members may wish to note that the Health Scrutiny Regulations enable scrutiny committees to request the attendance of an officer from a local NHS body to answer questions and NHS bodies are under a duty to comply with these requests.

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

TOPIC	Cabinet Member / Health Trust / Director	LINK (To be advised at the meeting)	NHS Consultation	Member(s)	Referral	Member of the Public / Resident Representative / Community Group
<p>North Tees & Hartlepool NHS Foundation Trust's Transition Plan</p> <p>(Issue: To explore transition plans for the North Tees and Hartlepool NHS Foundation Trust)</p> <p>For further details see Appendix A.</p>	X					
<p>Cancer Awareness and Early Diagnosis</p> <p>(Issue: To explore awareness of cancer screening and attitudes towards prevention / detection)</p> <p>For further details see Appendix B.</p>	X					
<p>Urgent / Unplanned Care</p> <p>(Issue: To understand and shape the development of urgent and unplanned care in Hartlepool)</p> <p>For further details see Appendix C.</p>	X					
<p>End of Life Care</p> <p>(Issue: To provide a local view in relation to end of life care)</p> <p>For further details see Appendix D.</p>	X					

<p>Out of Hours Service</p> <p>(Issue: To examine the newly integrated out of hours service in Hartlepool)</p> <p>For further details see Appendix E.</p>				X		
<p>One Life Hartlepool</p> <p>(Issue: To examine customer satisfaction in relation to the development of the One Life Hartlepool facility)</p> <p>For further details see Appendix F.</p>				X		
<p>Teenage Pregnancy</p> <p>(Issue: To explore the rate of teenage pregnancy in Hartlepool in comparison to national and local indicators)</p> <p>For further details see Appendix G.</p>				X		

- 2.6 In considering potential work programme items for 2011/12 Members may also wish to update the 3 year rolling work programme for this Forum. The establishment of the rolling work programme is considered best practice as outlined in the health scrutiny guidance. This is to enable local partners to be aware in advance of forthcoming priorities of the Health Scrutiny Forum.

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

- 2.7 In setting the Work Programme for 2011/12 consideration also needs to be given to the following items which the Forum will need to consider throughout the year:-

ITEM TO BE CONSIDERED	Details	Estimated Timetable for Consideration by the Forum
Health Inequalities	The Forum agreed at their meeting of 6 October 2009 to receive an annual update on health inequalities "focussing on those specific wards causing concerns in relation to life expectancy of women".	April 2012
Quality Account	Annual reflection on the 2011/12 Quality Account and contribution towards the 2012/13 Quality Account for North Tees and Hartlepool NHS Foundation Trust.	September 2011 and February 2012
A&E Steering Group	An A&E Steering Group was set up following the External Review into A&E Services in Hartlepool. Health Scrutiny Forum Members have been invited to take part in the Steering Group and there will be a wider sharing of the outcomes at a future Health Scrutiny Forum meeting.	September 2011
Health and Social Care Bill	The Health and Social Care Bill has been extensively consulted on and has just completed a 'listening' phase. Due to recommitment to Committee Stage the plans for the Bill to receive Royal Assent around December 2011 maybe aspirational.	January 2012 (dependent on progress of Bill through Parliamentary process)
Cancer in Hartlepool: An Overview	The Executive Director for Public Health, NHS Tees is in the process of completing a report into cancer in Hartlepool, with the outcome of the work to be shared with the Forum.	October 2011

- 2.8 Having considered the above information together with topics identified by individual Members' for inclusion into the Work Programme, the Forum may wish to discuss various aspects contained within the Corporate Plan 2011/12 to raise potential areas for consideration. They could range from areas already identified as suitable for development through Commitments or areas

where the specific performance is below the targeted level. For this purpose, **Appendix H** details the relevant Sections of the Corporate Plan and Performance Indicators for the Forum's consideration.

- 2.9 The Forum may also wish to apply a degree of emphasis on a particular source for example, would the Forum consider issues which are clearly raised as a concern by the public to carry more weight than those considered important by the service provider? In practice the Forum will need to apply a considered opinion from all sources against the individual subject area.
- 2.10 Once the Forum has identified Scrutiny topics, anticipated time frames need to be applied. It is suggested to the Forum that a standard template for applying time allocations should be treated with caution as when scoping a subject a number of complexities may arise, therefore the anticipated duration should be allocated to the subjects on an individual basis.
- 2.11 The Forum is also advised to be cautious in setting an overly ambitious Work Programme for which it may be unable to deliver. In order to assist Members, **Appendix I** maps the meetings of the Health Scrutiny Forum alongside the issues already identified for consideration in paragraph 2.7.
- 2.12 In addition to the above, the Forum may also consider establishing some small Sub-Groups, known as Working Groups to look at sharp focused areas of supplementary aspects of the main topic being scrutinised.

3. RECOMMENDATIONS

- 3.1 The Health Scrutiny Forum is requested to consider the wide range of information detailed within this report to assist in the determination of its 2011/12 Work Programme. Members may want to choose a maximum of one/two items for the coming year, which will allow for flexibility in its work programme for emerging issues and referrals.

Contact Officer:- James Walsh – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 283647
Email: james.walsh@hartlepool.gov.uk

BACKGROUND PAPERS

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

- (i) Corporate Performance Plan for 2011/12

<p>Topic:</p> <p>North Tees and Hartlepool NHS Foundation Trust's Transition Plan</p>
<p>Aim</p> <p>To explore transition plans for the North Tees and Hartlepool NHS Foundation Trust.</p>
<p>Background Information</p> <p>Following the recent 'External Review of Hartlepool Accident and Emergency Services' at the University Hospital of Hartlepool there was a recommendation that there should be "further wide and transparent dialogue with the public about the future of all services in Hartlepool".</p>
<p>What would be the desired area(s) of impact / benefit resulting from the investigation?</p> <p>Greater understanding of the development of all health services across North Tees and Hartlepool NHS Foundation Trust.</p> <p>Highlighting emerging national factors which may have an influence on the transition plans of North Tees and Hartlepool NHS Foundation Trust. e.g. Development of new GP Consortia arrangements.</p>
<p>Corporate Plan Actions / Pi's and LAA targets to which the issue relates.</p> <p>None</p>

<p>Topic:</p> <p>Cancer Awareness and Early Diagnosis</p>
<p>Aim</p> <p>To explore awareness of cancer signs and symptoms, cancer screening programmes and attitudes towards prevention / early presentation into Primary Care.</p>
<p>Background Information</p> <p>NHS Hartlepool are currently promoting the regional campaign 'Be Clear on Cancer' which highlights breast, bowel and lung cancer and how earlier detection can save lives.</p> <p>Several factors have been identified, which are associated with longer delay by patients in seeking help. These include failing to recognise that symptoms were serious or could be due to cancer. The public's awareness of early cancer symptoms may be contributing to late presentation and poorer survival.</p> <p>Figures from the Department of Health in 2010 indicated that Hartlepool's early death from cancer rate is 164.3 per 100,000 population under 75 years of age; this is comparable to the worst in England.</p> <p>Young Inspectors have already looked into the Stop Smoking Clinic provided in the Town (see attached)</p>
<p>What would be the desired area(s) of impact / benefit resulting from the investigation?</p> <p>To analyse systematic awareness raising exercises into the signs and symptoms of different forms of cancer and promote the importance of awareness and early diagnosis.</p> <p>To examine attitudes towards early detection of cancer and use the data to enable us to plan further interventions and campaigns to raise awareness of risk factors and to better understand the level of public knowledge of the signs and symptoms of cancer.</p> <p>To assess the effectiveness of programmes aimed to impact on cancer causing activities e.g. smoking cessation.</p>

Corporate Plan Actions / PI's and LAA targets to which the issue relates.

NI 123, LAA HW P001



Youth4U Inspection Report Template – Initial Inspection

Local support worker name: Juliette Ward		Area: Hartlepool
Young inspectors' names: Kim Henry, Bianca Gascoigne, Lauren smith, Leonie Chappell, Katie Bartle, Stephanie Dionysios, Beth Hanley		
Service inspected: Stop Smoking Clinic		Who requested the inspection? Rafeed Rashid
Name and contact details of the person who requested/commissioned the inspection: Rafeed Rashid North Tees and Hartlepool NHS Foundation Trust Specialist Stop Smoking Advisor (Young People, Prisons, MH and BME) Direct: 01642 635655 Mobile: 07956 346181 Rashid Rafeed (5E1) North Tees PCT [rafeed.rashid@northteespct.nhs.uk]		
Inspection start date: 14/12/10	Inspection end date: 14/12/10	Report date: 24/01/11
About how many hours did the inspection activities take? 4hrs		
Below, please briefly describe the inspection activities used. Please attach the young inspectors' reports and any additional documentation.		
Observation(s) conducted? Yes	Interviews conducted? What was the focus of the interviews?	Surveys conducted? N/A

<p>What/who was observed?</p> <p>The Premises from the outside, and areas where services are delivered to young people.</p> <p>How were observations recorded?</p> <p>Notes/Photos</p> <p>What were the findings including strengths and areas for further development?</p> <p>Staff friendly and approachable and gave out lots of information.</p> <p>Service was wheelchair accessible and brail was available.</p> <p>Service is in a central location though it is not advertised.</p> <p>There isn't a sign at the front entrance to say that the stop smoking service is there.</p>	<p>5 big questions as well as generally about what the service delivered, what the staff members job roles were, how they dealt with young people, safety issues including CRB checks, how young people were involved in the service and training, how the service was advertised.</p> <p>Who was interviewed?</p> <p>Co-ordinator & Prescriber</p> <p>Individual or group interviews?</p> <p>Group</p> <p>How were the interviews recorded?</p> <p>Notes</p> <p>What were the findings including strengths and areas for further development?</p> <p>During the interviews the young inspectors were told that the service was not advertised due to confidentiality and there were concerns that a young persons relative might find out that the young person smoked. The young inspectors felt that maybe this could be solved if the advertising was done in areas that young people access and only aimed at young people.</p> <p>The staff gave the young inspectors a lot of information on how to stop smoking.</p> <p>The service is open once a week on a Tuesday evening.</p> <p>Staff are unsure how to let young people no that the service is there.</p>	<p>What was the focus of the surveys?</p> <p>Who were they given out to?</p> <p>What type of survey was it – paper, electronic?</p> <p>What were the findings including strengths and areas for further development?</p>
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Overall impressions of the service including strengths and areas for further development (linking back to national inspection questions):

Question 1. Is the service accessible?

Before the inspection the young inspectors did some research on the internet to see if the service had a website, and they found that no information was available for the service. The young inspectors found that the service was easy to get to as it was in a central location and there were lots of bus stops nearby. The service is located inside a new health centre and on entering no signs were about to say that the service was there. The young inspectors had to ask a cleaner from the health service where the service was and were told that it was upstairs. Once upstairs the young inspectors were still unsure where to go so they approached a reception area and asked again. They were then told that this area was actually the stop smoking clinic and the two members of staff introduced themselves. The service was accessible by a lift and brail was available, there were also disabled toilets located close to the service. From the interviews the young people found out that there was a confidential room available where young people could be assessed. The room was large enough for a wheelchair user to access. The service is only open one night a week after school hours and young people can access it without a parent/carer. During the interviews the young inspectors asked how the service was advertised and they were told that this was done through leaflets, signs and word of mouth though the young inspectors found that the leaflets did not have any information on it for this particular service but there was information for other areas. The leaflet did not say that a young person's clinic was available. The young inspectors were also told that young people were directed to them from the sexual health clinic next door.

Question 2. Is the service welcoming?

As mentioned above the service was quite hard to locate once inside the building and the young inspectors only knew the service was in the health centre because we had been told before hand. All of the young inspectors are smokers and none of them knew that the service was there. Once inside the building it wasn't clear where the service was and the young inspectors felt that this would put young people off by having to ask other people around the building. The area of the service was not very welcoming as it was on a main corridor where other services could be accessed

and it looked just like a reception area.

The staff were very welcoming and greeted and spoke to the young inspectors in a way that they could understand. The staff also answered all of the questions the young inspectors put to them during the interviews and gave out lots of information and advice, which all of the young inspectors found really good and useful.

The young inspectors had the chance to observe two young people accessing the clinic (from the sexual health clinic) unfortunately the young people wanted the information confidential so they were taken to the interview room.

Question 3. Is it clear what the service does?

Again as mentioned above it was not clear what the service did as it was not advertised, but once the young inspectors spoke to the staff it was very clear. The staff explained what the process was once a young person came to the service and the different steps involved with first time service users. The young inspectors felt that the service that was offered was really good and that it was a shame that it was not advertised more. They also felt that if more young people knew about the service they would definitely use it. On leaving the service the young inspectors felt that they knew what the service offered.

Question 4: How satisfied are you/do other young people seem to be with the service?

Young inspectors were very satisfied with the service that was offered and the staff and felt that they would use the service. No young people were available so the young inspectors were unable to find out if other young people were satisfied with the service.

Question 5: How are young people involved in the development, delivery and evaluation of the service?

At the moment there are no young people involved in the running of the service, however the service is keen to get more young people involved and have showed this by inviting the young inspectors along and asking about ways to improve the service.

Strengths:

- Staff friendly and approachable.
- Lots of information available.
- Space for confidential advice and support.
- Wheelchair accessible.

Areas for further development:

- Involvement of young people in the service.
- Advertising (website, leaflets, and posters).
- A sign
- Young people's involvement in the evaluation of the service.

General impressions and comments:

The service really needs to promote itself more through advertising as once it is accessed the service that is offered is very good.

Recommendations for the future including clear action points:

- Set up a suggestion box so that young people can make anonymous suggestions.
- Design a questionnaire to find out what young people think of the service and ask all service users to fill it in confidentially.
- Put a sign up inside and outside of the building when the group is running.
- Set up a user group of young people to develop leaflets, posters, etc
- Improve website involving young people.
- Advertise in local schools, colleges and youth projects.
- Explore the possibility of the service opening on a Saturday afternoon.
- Consider making the reception area a little bit more private.
- Consider putting a stand up in the local colleges where young people can access the information without having to access the clinic (similar to the sexual health services available)

<p>Topic:</p> <p>Urgent / Unplanned Care</p>
<p>Aim</p> <p>To understand and shape the development of urgent and unplanned care in Hartlepool.</p>
<p>Background Information</p> <p>Following the recent 'External Review of Hartlepool Accident and Emergency Services', NHS Hartlepool have introduced an Urgent Care Dashboard which will plot the movement of patients between different health providers e.g. GP, Minor Injuries Units, A&E etc.</p> <p>This piece of research will give a better picture about how urgent and unplanned care is provided for.</p>
<p>What would be the desired area(s) of impact / benefit resulting from the investigation?</p> <p>Greater understanding of patient flows between different primary and acute care providers.</p> <p>This progresses naturally from the 'External Review of Hartlepool Accident and Emergency Services' and can pick up elements of Reablement, which could link into a work programme item that has been suggested for the Adult & Community Services Scrutiny Forum.</p>
<p>Corporate Plan Actions / Pi's and LAA targets to which the issue relates.</p> <p>None</p>

<p>Topic:</p> <p>End of Life Care</p>
<p>Aim</p> <p>To provide a local view in relation to end of life care.</p>
<p>Background Information</p> <p>The Public Health Intelligence North East is currently involved in a multi-agency advisory group which has developed 'A Good Death Charter', with the aim of ensuring that everyone in the North East has a right at the end of their life to experience a good death.</p>
<p>What would be the desired area(s) of impact / benefit resulting from the investigation?</p> <p>An understanding of what measures are in place to deal with end of life pathways for all health providers including Acute Trusts, Primary Care and where appropriate third sector providers e.g. Hospices.</p> <p>To question if health providers are getting it right, in terms of their provision of end of life care.</p> <p>Members may wish to receive details of the 'Public Health Charter on A Good Death' as a 'one-off' item at a future meeting of the Forum.</p>
<p>Corporate Plan Actions / Pi's and LAA targets to which the issue relates.</p> <p>None</p>

<p>Topic:</p> <p>Out of Hours Service</p>
<p>Aim</p> <p>To examine the newly integrated out of hours service in Hartlepool</p>
<p>Background Information</p> <p>In November 2010 the newly integrated out of hours service for the Tees Valley commenced delivery in Hartlepool, prior to mobilisation across the rest of the Tees Valley in February 2011.</p> <p>Northern Doctors Urgent Care was awarded the contract by NHS Tees; as commissioners of the service; and a review of the launch of the delivery of the Out of Hours Service in Hartlepool was completed in March 2011.</p>
<p>What would be the desired area(s) of impact / benefit resulting from the investigation?</p> <p>To examine the review undertaken into the launch of the delivery of the Out of Hours Service in Hartlepool</p> <p>To understand any changes implemented or to be implemented in the Out of Hours Service delivery in Hartlepool as a result lessons learnt through the review</p>
<p>Corporate Plan Actions / Pi's and LAA targets to which the issue relates.</p> <p>None</p>

<p>Topic:</p> <p>One Life Hartlepool</p>
<p>Aim</p> <p>To examine customer satisfaction in relation to the development of the One Life Hartlepool facility.</p>
<p>Background Information</p> <p>In May 2010 One Life Hartlepool was opened in Park Road, Hartlepool. Initially One Life Hartlepool housed a pharmacy, respiratory unit for chronic chest problems, three GP practices, an assessment area for back and leg problems, a podiatric unit, dedicated dental suites, CASH services and an audiology clinic.</p> <p>Over time One Life Hartlepool has developed with the provision of the Out of Hours Service in November 2010, GUM services in February 2011, the Walk-in Service in May 2011 and Minor Injuries in August 2011.</p>
<p>What would be the desired area(s) of impact / benefit resulting from the investigation?</p> <p>To examine customer satisfaction in terms of the services currently being provided at One Life Hartlepool.</p> <p>To examine how NHS Hartlepool validates the customer service satisfaction information it currently receives.</p>
<p>Corporate Plan Actions / Pi's and LAA targets to which the issue relates.</p> <p>None</p>

<p>Topic:</p> <p>Teenage Pregnancy</p>
<p>Aim</p> <p>To explore the rate of teenage pregnancy in Hartlepool in comparison to national and local indicators.</p>
<p>Background Information</p> <p>At the 1 March 2011 meeting, Members of the Health Scrutiny Forum received details from the Teenage Pregnancy Co-ordinator in relation to levels of teenage pregnancies in Hartlepool.</p>
<p>What would be the desired area(s) of impact / benefit resulting from the investigation?</p> <p>To review the teenage pregnancy strategy in Hartlepool;</p> <p>To compare Hartlepool's teenage pregnancy rate with local and national indicators; and</p> <p>To seek good practice examples that could be adopted in Hartlepool for the continued reduction in teenage pregnancies.</p>
<p>Corporate Plan Actions / Pi's and LAA targets to which the issue relates.</p> <p>Corporate Plan Outcome: Be healthy – children enjoy good physical and emotional health and live a healthy lifestyle Action: CAD11/12-HW16 - Implement Teenage Pregnancy Strategy and action plan</p> <p>Performance Indicator: NI 112 - The change in the rate of under 18 conceptions per 1,000 girls aged 15-17, as compared with the 1998 rate Outturn 2010/11: -24.2% Target 2011/12: -55%</p>

Health Scrutiny Forum

Health and Wellbeing

Outcome: Improve health by reducing inequalities and improving access to services

Code	Action	Date to be Completed	Responsible Officer
CAD11/12-HW03	Ensure implementation of the Cardiovascular Primary Prevention programme across all practices in Hartlepool	31 Mar 2012	Louise Wallace
CAD11/12-HW05	Ensure all eligible people particularly in high risk groups take up the opportunity to be vaccinated especially in relation to flu	31 Mar 2012	Louise Wallace
CAD11/12-HW07	Refresh the Public Health Strategy in the light of the Health White Paper	31 Mar 2012	Louise Wallace

Associated Performance Indicators

Code	Indicator	2010/11	Target 2011/12
		Outturn	
NI 39	Rate of Hospital Admissions per 100,000 for Alcohol Related Harm	2,759 (to Jan 2011)	tbc
NI 123	Stopping smoking - rate of self-reported 4-week smoking quitters per 100,000 population aged 16 or over	1,688 (to Feb 2011)	tbc
NI 123 (NRA)	Stopping smoking (Neighbourhood Renewal Area narrowing the gap indicator) - number of 4 week quitters	669 (to Dec 2010)	tbc

Outcome: Be healthy – children enjoy good physical and emotional health and live a healthy lifestyle

Code	Action	Date to be Completed	Responsible Officer
CAD11/12-HW14	Implement Smoking in Pregnancy Action Plan	31 Mar 2012	Carole Johnson
CAD11/12-HW16	Implement Teenage Pregnancy Strategy and action plan	31 Mar 2012	Lynne Pawley

Associated Performance Indicators

Code	Indicator	2010/11	Target
		Outturn	2011/12
LAA HW P001	Percentage of women smoking during pregnancy	25.3% (to Dec 2010)	22%
NI 112	The change in the rate of under 18 conceptions per 1,000 girls aged 15-17, as compared with the 1998 rate	-24.2%	-55%

Health Scrutiny Forum Work Programme 2011/12	Forum Dates	08 September 2011	06 October 2011	17 November 2011	26 January 2012	23 February 2012	05 April 2012
Health Inequalities							
North Tees & Hartlepool NHS Foundation Trust Quality Account 2012/13							
A&E Steering Group							
Health and Social Care Bill					Provisional		
Cancer in Hartlepool Report							
Suggested Work Programme Items							
North Tees & Hartlepool NHS Foundation Trust's Transition Plan							
Cancer Awareness and Early Diagnosis							
Urgent / Unplanned Care							
End of Life Care							

HEALTH SCRUTINY FORUM

11 August 2011



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 during May 2011 all call-in's and referrals since the 2005/06 Municipal Year were added to Covalent, therefore, although actions may have been completed as far back as 2005/06 they will appear in Appendix A.
- 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. **Chart1** 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 since the last six monthly monitoring report presented in March 2011.

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 agreed recommendations, since the 2005/06 Municipal Year, and explore further where appropriate; and
- (b) Retain **Appendix A** for future reference.

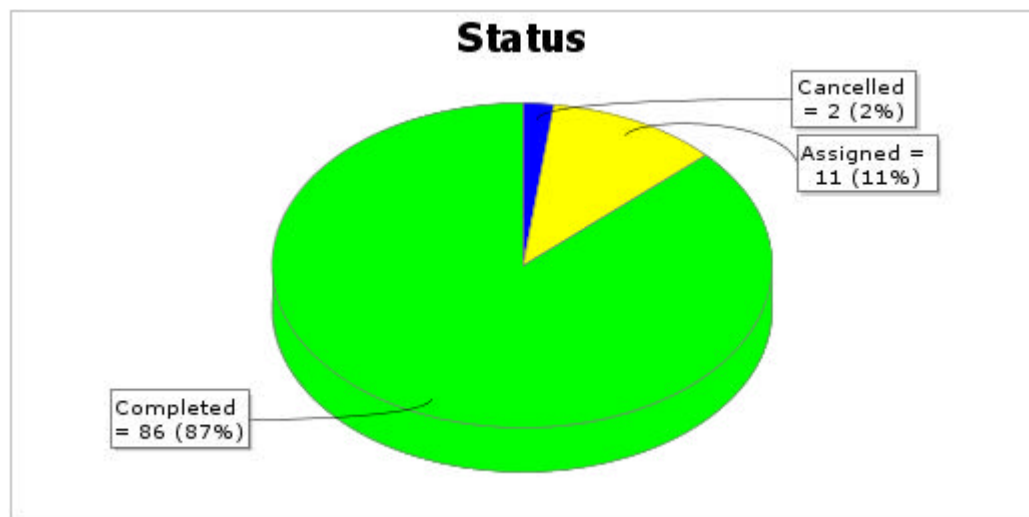
Contact Officer:- James Walsh – Scrutiny Support Officer
 Chief Executive's Department - Corporate Strategy
 Hartlepool Borough Council
 Tel: 01429 523647
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BACKGROUND PAPERS

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

Health Scrutiny Forum - All

Generated on: 25 July 2011



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 different providers in	SCR-HSF/1a/i	The government has provided guidance regarding a "Think Family" initiative that we are developing in Hartlepool. This initiative will support this recommendation and	Ann Breward; John Robinson	01-Mar-2011	01-Dec-2011	08-Jul-2011 This work is currently being led by the Early Intervention Grant development group made up of senior children's services officers.	<div> <div>81%</div> </div>	Assigned

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress	
order to facilitate a systematic approach to tackling health inequalities in the town.		will endeavour to lead a culture change in the way that our services are designed.				30-Mar-2011 Hartlepool is about to enter a period of service redesign that will be underpinned by Think Family. This process will enable the continued focus on whole family prevention and early intervention through the Early Intervention Grant.		
						08-Mar-2011 We continue to develop the Think Family approach when working with families that have multiple needs. We are using this approach with a number of families who require intensive interagency support.		
						12-Jan-2011 We continue to develop our services based on the Think Family philosophy and there still appears to be real enthusiasm for this approach. We are learning from the young carers pathfinder that has focussed on removing youngsters from caring situations by providing for their parents. This project has had a major impact on these families involved and has resulted in children being less vulnerable. A great deal of work is still		

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress	
						<p>required across partners to further develop an integrated process and this work will need to continue next year.</p> <p>27-Sep-2010 Think Family has not yet been adopted by the coalition government and consequently there is no central coordination of this process. The Think Family Grant has not been impacted upon in this financial year but it is unclear as to what will happen in 2011/12. The Think Family Services continue to make progress operationally and strategically although at the current time there is not a requirement for a high level steering group. Partners from all sectors are involved in services that are operating in a way that puts the family at the centre of their work. Services for children and adults are being explored through the Young Carers Pathfinder and the Team Around processes. A Prevention/think family strategy is currently being prepared.</p> <p>23-Feb-2010 Think Family Co-ordinator is now in post. Directors of</p>		

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress	
						Child and Adult Services is chair of the 'Think Family Steering Group'. Cross organisation social inclusion group is also in place to steer operational aspects.		
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).	SCR-HSF/1b	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-Dec-2011	08-Jul-2011 The work on the team around the household project is still in development and being led by the senior officers.	<div> <div></div> 75% </div>	Assigned
						08-Mar-2011 A strategic group is actively engaged in identifying elements of multi-agency practice, including the FIP, that can form the basis of future work with the most complex families.		
						12-Jan-2011 The second draft of the prevention strategy has been circulated to Managers for discussion. In the light of a new budget framework it is expected that this may form the base of service redesign. Despite the change of government Hartlepool has maintained commitment to think family as a way to describe our approach to interventions.		
						27-Sep-2010 The Think Family Coordinator has		

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress	
						<p>left the authority and has not been replaced. The work under the Think Family Banner has continued and has been reported through the Portfolio Holder for Children's Services. Partners continue to be engaged and real progress is being made across parenting support, team around process and the Common Assessment Framework. The Prevention strategy is due for its second draft with a final draft in place for March 2011.</p> <p>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.</p> <p>23-Feb-2010 Expected to achieve target.</p>		
SCR-HSF/1c That the FIP Project be expanded in light of its effectiveness thus far in targeting hard	SCR-HSF/1c	The Family Intervention Project (FIP) is currently being developed as an integrated part of the Team around the School	Ann Breward; John Robinson	01-Dec-2011	01-Dec-2011	08-Jul-2011 The FIP continues to get national focus and in Hartlepool we continue to develop the FIP to	<div> <div></div> <div>87%</div> </div>	Assigned

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress	
to reach families.		initiative. This service has been designed to enable new services to be bolted onto it and to adopt the FIP approach to assertive support.				<p>complement other work programmes.</p> <p>08-Mar-2011 Like most services the FIP has taken a cut in funding for 2011/12. This has given the impetus to partners to engage in a process of redesign that will focus even more on those families at the more complex end of the spectrum.</p> <p>12-Jan-2011 The FIP service continues to be effective and is leading on our integrated services for families. The coalition government has put the intensive interventions agenda at the forefront of its strategy for families with multiple needs. The resources available to provide services in the future are currently under discussion.</p> <p>27-Sep-2010 The Family Intervention Project continues to provide a range of services through the team around the primary school process. The service is currently involved in developing intensive packages of support for children on the cusp of care or those that may require</p>		

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress	
						external placements. Service development will be impacted upon by the government spending review.		
						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 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.		
						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		

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress	
						Team Around the School Initiative that concentrates on housing in the Belle Vue area.		
						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.		
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.	SCR-HSF/1g	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-Dec-2011	<p>08-Jul-2011 The Common Assessment Team will start a pilot in August and will model new practice linked to the early intervention service and the Duty Team.</p> <p>30-Mar-2011 As part of the initial redesign that takes into account this action the CAF Coordinator will lead a small team as part of the Prevention Service to provide a single pathway for all families requiring an intervention. This will be a pilot in 2011/12.</p> <p>08-Mar-2011 The new funding context has resulted in the need to redesign prevention services and this will take place during 2011. The need for a single entry system still has to</p>	<div>86%</div>	Assigned

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress	
						be realised.		
						12-Jan-2011 Thinking continues to change around the opportunities to get this process right and in place. As a consequence of budget constraints services are being refocussed. The second draft of the prevention strategy has been circulated for comment and if accepted will get us closer to this aim but this is unlikely to be realised within this financial year.		
						27-Sep-2010 The prevention strategy is in its second draft and is on track for full implementation by March 2011. The issue of a single point of contact is not yet realised although a single point of referral is getting closer as a consequence of the team around process.		
						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		

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress	
						adults was seen as sufficient. We will return to this if needed.		
						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 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		

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress	
						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.	SCR-HSF/1h	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-Dec-2011	08-Jul-2011 The Common Assessment Team will start a pilot in August and will model new practice linked to the early intervention service and the Duty Team.	<div> <div></div> <div>80%</div> </div>	Assigned
						30-Mar-2011 The new service being led by the CAF Coordinator (May 2011) will enable Hartlepool to further explore the issue of multi agency information sharing.		
						08-Mar-2011 It is now highly unlikely that we have the structures that will enable Hartlepool to replicate the Westminster model. In the redesign of services there is an intention to develop a new assessment process that may enable us to move towards a similar process.		
						12-Jan-2011 A recent audit of CAF has shown that assessments are of variable quality and that as a system more progress needs to be made before it can be		

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress	
						<p>seen as fully integrated. There has been some delay with ECAF and it is still not certain that the system will be adopted in Hartlepool. A decision will be made on this soon. Currently due to budget constraints and service redesign across partners we are not in a position to develop a Westminster model in Hartlepool although it remains a model that practitioners are keen on.</p> <p>27-Sep-2010 The CAF Coordinator has recently reported to the Children's Trust and the Safeguarding board regarding progress in development. The ECAF system is soon to go live and it is expected that this system will support better quality assessments and easier access. Hartlepool partners have not yet agreed a process based on the Westminster family recovery model although there are now several individual cases where the process of one information coordinator is in operation. This process will be monitored to ensure any learning is not lost.</p>		

Recommendation	Action		Assigned To	Original Due Date	Due Date	Note	Progress	
						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 completd by October 2010.		
						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.		
						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 Services.		

Year 2009/10

Investigation Alcohol Abuse - Prevention and Treatment

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
SCR-HSF/3c/ii Looks to pool resources in the treatment and prevention of alcohol related problems	<p>SCR-HSF/3c/ii</p> <p>The terms of reference for the Strategy Group and the self 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.</p>	Chris Hart	30-Apr-2011	30-Apr-2012	<p>12-Jul-2011 Funding from PCT has been confirmed as recurrent and within the NHS changes should continue to be available in future years. QUIPP initiative is expected to illustrate business case for future resources and models of treatment. Hartlepool Alcohol Strategy Group mapping and scoping services and investment with plans to negotiate with PCT and evolving GP Consortia for future years investment. Discussion also intended with other key responsible authorities re investment. National Treatment Agency and Balance North East taking lead to map and scope alcohol services r.egionally to build case for Public Health England debate</p> <p>18-Apr-2011 PCT funding for alcohol community treatment confirmed 29th March 2011. No increase in previous years level of funding which will lead to capacity issues and waiting lists. PCT have confirmed QUIPP monies for 12 months to improve pathways and process with the</p>	<div> <div>75%</div> <div>Assigned</div> </div>

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
					<p>intention of reducing hospital admissions. Safer Hartlepool Partnership grant aid will allow offender alcohol project to run and a proportion of drug pooled treatment monies has been used to enhance community treatment and offender programmes. SHP Alcohol Strategy Group have considered the level of resources and will be discussing investment with PCT Chief Executive and other partners. The governments proposals to NHS changes including GP Consortia role and budgets for commissioning services are to pause pending further consultation. Guidance and frameworks may not be available until 2012 at the earliest.</p> <p>03-Mar-2011 On 1/3/11 no decision had been made by the PCT on budget allocations for 2011/12. The decision is expected towards the end of March 2011. Changes to the guidance relating to the allocation of funding for drugs treatment from Dept of Health, indicate</p>	

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
					that a small proportion of funding can now be utilised for individuals who have significant problem associated with alcohol misuse.	
					24-Jan-2011 There is commitment from PCT to provide 'invest to save' budget re hospital admissions, but still awaiting confirmation of local treatment budgets, although it is anticipated this will be forthcoming.	
SCR-HSF/3e/i The funding of alcohol treatment and prevention services is ring-fenced and mirrors illegal drug treatment and prevention	SCR-HSF/3e/i 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 pressure on hospital services from alcohol related harm.	Louise Wallace	31-Mar-2011	31-Mar-2012	06-Jul-2011 A meeting between the Chair of NHS Hartlepool, Chief Executive of NHS Hartlepool and Lead Member for the Alcohol Strategy Group with the intention of gaining high level support for this issue has been arranged. The PCT has invested in an alcohol scheme with an aim of reducing emergency admissions to hospital as part of the QIPP Programme. 08-Mar-2011 NHS Hartlepool Board agreed in January 2011 that alcohol treatment and prevention services should be a priority. Currently in the process of identifying a supporting budget to	<div> <div></div> <div>25%</div> </div> Assigned

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
					secure funding for 2011/12 resource.	
SCR-HSF/3e/ii The current delivery model is made sustainable and the ability to increase the capacity of providers, whilst maintaining the current high standard, is prioritised.	SCR-HSF/3e/ii 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 pressure on hospital services from alcohol related harm.	Louise Wallace	31-Mar-2011	31-Mar-2012	08-Mar-2011 NHS Hartlepool Board agreed in January 2011 that alcohol treatment and prevention services should be a priority. Currently in the process of identifying a supporting budget to secure funding for 2011/12 resource.	<div><div></div></div> 0% Assigned
SCR-HSF/3f/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	SCR-HSF/3f/i 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.	Louise Wallace	31-Mar-2011	31-Mar-2012	06-Jul-2011 This work is ongoing due to financial constraints. 08-Mar-2011 LES is currently being consulted upon as part of the gradual 'hand-over' from NHS Hartlepool to the GP Consortia.	<div><div></div></div> 25% Assigned
SCR-HSF/3f/ii Ensure that all GP practices are trained in terms of brief interventions	SCR-HSF/3f/ii 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.	Louise Wallace	31-Mar-2011	31-Mar-2012	06-Jul-2011 This issue is ongoing due to financial constraints. 08-Mar-2011 LES is currently being consulted upon as part of the gradual 'hand-over' from NHS Hartlepool to the GP Consortia.	<div><div></div></div> 25% Assigned

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
SCR-HSF/3h 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.	SCR-HSF/3h 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 working with town centre management. 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. There will also be a review of the impact of the Transport Interchange.	Ian Harrison	30-Sep-2011	30-Sep-2011	07-Mar-2011 Marshalled taxi rank continues to operate on Saturday nights. A second Best Bar None meeting was held on 1st March but attendance was, once again, poor. One licensee has agreed to help promote the scheme but after discussions with Durham City council (whose BBN scheme won a national award in 2009) it would appear that significant Council resources will be required to promote and establish the scheme (DCC quoted 20 hours per week for first 3 months). Efforts will be made to secure private sector sponsorship but the success of this will be dependant upon obtaining more interest from the licensees themselves. Work is ongoing. Work has also begun on establishing a Street Pastor scheme with a meeting taking place involving SHP, Police, Council and Hartlepool Churches Together. A Steering Group has been formed and it is hoped Street Pastors will be operating later this year. Other steps taken include	<div> <div></div> <div>70%</div> </div> Assigned

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
					<p>improving the street lighting in Lucan Street, erecting alley gates to the alleyways between Victoria Road and Lucan Street and Middleton Lane (These alleys were used as late night short cuts but often resulted in assault, urinating etc), Taxi marshalling continues and a Taxi Shelter will be erected in Church Street to assist with this.</p> <p>18-Jan-2011 Best Bar None Scheme has been discussed on two occasions at Hartlepool Licensees Assn meetings and one specific BBN meeting has taken place. Interest in the scheme is slowly developing. Marshalled taxi rank has been operating in Church Street since October and is set to continue for 2011.</p>	

Year 2009/10

Investigation Alcohol Abuse - Prevention and Treatment

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
SCR-HSF/3c/iv Develops a	SCR-HSF/3c/iv A Communication Strategy has been developed and	Chris Hart	31-Jan-2011	30-Sep-2011	18-Apr-2011 The Alcohol Strategy	<div>100%</div> Completed

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
communication strategy that not only keeps the Health Scrutiny Forum update on progress, around alcohol misuse conjoining with all local community groups so that it effectively targets all of parts of Hartlepool.	includes information made available through SHP website; a regular programme of events and campaigns and enhanced reporting arrangements with an annual report and quarterly performance management and progress reports. These reports will be provided to all major stakeholders, Hartlepool Partnership and the Council (including the Health Scrutiny Forum) as appropriate				<p>2011/16 and action plan 2011/12 are approved and the SHP Alcohol Strategy Group will performance manage the activity identified in the documents. Mid year reports are agreed for SHP Executive and Health Scrutiny.</p> <p>08-Mar-2011 Alcohol Strategy consultation completed and final document presented for approval and ratification by end of March. The Strategy and associated action plans will form work programme of Alcohol Strategy Group and from April will be monitored quarterly. Mid year and end of year report to be produced and made available to key partners.</p> <p>21-Jan-2011 SHP website reviewed and improved. Consultation and final approvals nearing completion for going live in February. Regular articles and press releases issued. Website also contains minutes of meetings, strategic documents action plans and latest detail of activity, events and developments. Local substance misuse</p>	

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
					webite www.hiwecanhelp to have a link.	
SCR-HSF/3d/i Reducing opening hours of on-licensed premises as and when they come forward	SCR-HSF/3d/i 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.	Ian Harrison	31-Jan-2011	31-Jan-2012	<p>07-Mar-2011 There appears to be no realistic prospect of ALL licensed premises agreeing to an earlier closing time but premises are, one by one, either having their hours reduced by the Council's Licensing Sub-Committees or by voluntary agreement. The Shades has applied for a new licence with a closing time of 2:00 a.m., The Office has done the same. Rockies licence is being reviewed and its neighbouring premises, Busbys, has now voluntarily applied to reduce its hours to 2:00. Sorrentos had its licence revoked by sub-committee on 7th March. The Council has adopted a new licensing policy that states new licences will not be granted after 2:00 a.m. and new legislation is still progressing through parliament that is likely to give local authorities the opportunity to close all premises at a specified terminal hour.</p> <p>18-Jan-2011 Licence</p>	<div>100%</div> Completed

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
					review has taken place for The Office and its hours were reduced. Also Sorrentos has had its hours reduced through variation and Shades has had its licence revoked by licensing committee. Negotiations are ongoing with other nightclubs to achieve a voluntary early closing time. More licence reviews are expected from Cleveland Police and legislation is currently passing through Parliament that would allow licensing authorities to close all premises earlier. Once law, this matter would be taken to Licensing Committee for consideration.	
SCR-HSF/3g That licensees are encouraged to participate in a trial period of early closing and that the impact on alcohol related incidents is recorded	SCR-HSF/3g Joint work between the Police, the Principal Licensing Officer and Hartlepool Licensees Association 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.	Ian Harrison	31-Jan-2011	31-Jan-2012	07-Mar-2011 Efforts have been made through the Council, Police and Hartlepool Licensees Assn but it has not been possible to achieve a 100% agreement to an earlier closing time and no one has been prepared to do it unilaterally for fear of losing business to those who stayed open. However, through a robust approach adopted by the Police a	<div> <div>100%</div> <div>Completed</div> </div>

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
					<p>number of licences have been called in for review and the Council has used this opportunity to revoke 2 licences (Shades and Sorrentos). Other licence reviews are pending. This approach has resulted in some premises now applying to have their licensed hours reduced to 2:00 a.m. To summarise, all licensees have been encouraged on a number of occasions but it may be necessary to await new legislation that is currently progressing through parliament before 100% early closing can be achieved.</p> <p>18-Jan-2011 Work between all agencies is continuing with licensed hours being reduced through a use of formal licence review powers and voluntary arrangement. Early closing may become easier in late 2011 as legislation is likely to be passed that will allow licensing authorities to close all premises early.</p>	

Year 2009/10

Investigation Dust Deposits on the Headland

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
SCR-HSF/4a That the Health Scrutiny Forum receives results of further investigations into dust deposits on the Headland by the Executive Director of Public Health into cancer rates.	SCR-HSF/4a Awaiting response from Executive Director of Public Health for NHS Tees, about timescales for further investigation into cancer rates and the potential link to dust deposits.		31-Mar-2011	31-Mar-2011	20-Apr-2011 Further investigation into health of residents of the Headland presented to the Health Scrutiny Forum meeting of 1 February 2011.	<div><div>100%</div></div> Completed
SCR-HSF/4b That the Chair of the Health Scrutiny Forum contacts the Executive Director of Public Health.	SCR-HSF/4b Letter sent to Executive Director of Public Health for NHS Tees from Chair of Health Scrutiny Forum on 18 January 2010, requesting that in addition to recommendation 4a, that evidence into a link between stress related illness and dust deposits be explored.	James Walsh	31-Mar-2011	31-Mar-2011		<div><div>100%</div></div> Completed