

# **HEALTH SCRUTINY FORUM AGENDA**



**Thursday 26 January 2012**

**at 10.00 a.m.**

**in the Council Chamber,  
Civic Centre, Hartlepool**

**MEMBERS: HEALTH SCRUTINY FORUM:**

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

Resident Representatives: Maureen Braithwaite, Norma Morrish and Ian Stewart.

**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 17 November 2011
- 3.2 To Confirm the Minutes of the Joint Meeting with Children's Services Scrutiny Forum Held on 3 November 2011

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

No items.

**5. CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA SCRUTINY CO-ORDINATING COMMITTEE**

No items.

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

- 6.1 Proposals for Inclusion in Child and Adult Services Departmental Plan 2012/13  
– *Assistant Director for Health Improvement*

7. **ITEMS FOR DISCUSSION**

**Scrutiny Investigation into Cancer Awareness and Early Diagnosis**

- 7.1 Evidence from North Tees and Hartlepool NHS Foundation Trust

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

8. **ISSUES IDENTIFIED FROM FORWARD PLAN**

- 8.1 The Executive's Forward Plan – *Scrutiny Support Officer*

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

- 9.1 Minutes of the meeting held on 10 October 2011; and
- 9.2 Minutes of the meeting held on 21 November 2011.

10. **REGIONAL HEALTH SCRUTINY UPDATE**

11. **ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT**

**ITEM FOR INFORMATION:** Date of Next Meeting – 9 February 2012 at 10.00 a.m.

# HEALTH SCRUTINY FORUM

## MINUTES

17 November 2011

The meeting commenced at 10.00 a.m. in the Civic Centre, Hartlepool

### **Present:**

Councillor Stephen Akers-Belcher (In the Chair);

Councillors: Sheila Griffin, Geoff Lilley, Kaylee Sirs and Ray Wells.

Resident Representative: Ian Stewart.

Also Present: In accordance with Council Procedure Rule 4.2 the following substitutions were in place: -  
Councillor Peter Ingram for Councillor Linda Shields,  
Councillor Edna Wright for Councillor Arthur Preece.

Dr Toks Sangowawa, Clinical Director of Public Health, NHS Tees

Laura McGuinness, Project Manager – NAEDI Cancer Awareness Project, NHS Tees

Rachel Fawcett, Public Health Specialist Nurse, NHS Tees

Paul Garvin, Chair, North Tees and Hartlepool NHS Foundation Trust

Carole Langrick, Deputy Chief Executive / Director of Strategic Service Development, North Tees and Hartlepool NHS Foundation Trust

Officers: Louise Wallace, Assistant Director, Health Improvement  
James Walsh, Scrutiny Support Officer  
David Cosgrove, Democratic Services Team

### **42. Apologies for Absence**

Councillors James, Preece and Shields.

### **43. Declarations of Interest by Members**

None.

### **44. Minutes of the meeting held on 6 October 2011**

Confirmed.

The Chair advised the Forum that in relation to the issues surrounding the future of University Hospital of Hartlepool and the discussions with the NHS Trust, he had held discussions with his counterpart in Durham and it had been agreed that there would be joint meetings with representatives from Durham County Council on this matter in the future to ensure the residents of south Durham were represented in future discussions.

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

No items.

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

No items.

**47. Consideration of progress reports/budget and policy framework documents**

No items.

**48. “Our £40m Challenge” - North Tees and Hartlepool NHS Foundation Trust** (*Scrutiny Support Officer*)

Carole Langrick, Deputy Chief Executive / Director of Strategic Service Development, North Tees and Hartlepool NHS Foundation Trust, gave a presentation to the forum outlining the budgetary constraints the Trust was facing over the next few financial years. The Deputy Chief Executive outlined the impact of the capped budgets the government had implemented on the Trust's budget. Many of the 'easy' budget savings had already been made and the Trust was now having to face reviewing services. A number of services had already been lost to other providers through the competitive tendering process. The majority of the funding for services came directly from the Stockton and Hartlepool areas and with three quarters of expenditure being directly related to staff, savings would inevitably have an affect on jobs.

The Deputy Chief Executive stressed that the new hospital proposal at Wynyard was fundamental to the Trust's strategy for resolving the budget issues; it was the solution, not the cause of them. A new hospital for both Stockton and Hartlepool would allow the Trust to implement economies of scale in services through in many instances, fewer though better qualified staff.

The Trust had made good progress on the savings required for this year and had made a significant proportion of senior management staff

redundant. This element of the restructure was completed and would now cascade down to the structure. The message on savings had been reinforced at all levels of the structure and all suggestions for savings were being considered.

The Chair expressed concern at what appeared to him to be the back door privatisation of health services. The Chair was also concerned at the long-term viability of the Trust and the fact that at present, Hartlepool seemed to be suffering the brunt of the savings. The new hospital solution the Trust promoted seemed to be further away than ever and there was no alternative or 'plan B'.

The Trust responded by indicating that they were committed to providing high quality services to the people of Hartlepool and East Durham. The Trusts, could not, however, provide services that were unviable. Services had been eroded over the years, much by the centralisation and others through tendering. The Trust still considered that the only way forward was to have an open dialogue with people, such as this meeting, to get the right messages across. In relation to the new hospital, there was regular contact with the Department of Health on the application. The Trust did suffer from the fragmentation of services that different providers did sometimes bring; that was evident in the OneLife Centre where the out of hours GP service was provided by a company based in Gosforth.

The Trust representatives also indicated that services were evolving and new hospitals would be smaller with more community based service provision such as the OneLife Centre. With Momentum, the Trust had been ahead of the game in many respects. The changes and cuts in budgets did mean that running two hospitals was unsustainable; it cost an additional £25m each year over what it would cost to run one hospital. Previous reviews, such as the Darzi review, were undertaken when the monetary and political situation were very different; things had moved a long way since then.

Members noted that much of the savings currently being promoted by the Trust did not affect front line services. There was great concern that should the finance for the new hospital at Wynyard not come forward that the worst-case scenario of all services being moved to North Tees Hospital may arise. The Trust stated that was the worst-case scenario, hence their call for local authorities to support the bid for funding. Such a change would require further consultation as at this time, the only mandate the Trust had was to move to a new hospital site at Wynyard.

Further to Members comments on the cuts the Trust was facing, the Trust representatives indicated that they were already looking to further cost savings for the new site with potential partnerships on IT and equipment provision. The new hospital would have around 560 general and acute beds; currently the two sites had around 620. The maternity and special care baby unit would be on top of that number. The land for the new site had been acquired at a cost currently of around £5m.

Members acknowledged that the privatisation of services was not new but the conflict between what was socially acceptable and what was not was now becoming more of an issue, not just for local councillors but also the public. A Member questioned if the regional Trusts had considered mergers and also what level of debt in relation to the new hospital the Trust would be prepared to carry.

The Trust indicated that as a foundation trust, they were not allowed to run a deficit budget through regulation. As for Trust mergers, the representatives indicated that it would be like two local authorities merging, with all the same issues. Trusts did already meet regularly to discuss collaborative arrangements.

In closing the debate, the Chair thanked the representatives of the Trust for their attendance and discussions with Members.

#### **Recommended**

That the presentation and the Trust representatives' comments be welcomed and noted.

### **49. Any Other Items which the Chairman Considers are Urgent**

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

### **50. Apology from Chair of North Tees and Hartlepool NHS Trust**

The Chair of the Trust, Mr Paul Garvin was present at the meeting and at the invitation of the Chair addressed the Forum in relation to recent press reports. Mr Gavin addressed some of the comments made around the time of the Special Council meeting. Mr Garvin apologised to Members for the comments included in the letter and restated his commitment to work with the Forum.

The Chair thanked Mr Garvin for his comments and attendance at the meeting. The Chair indicated that he had written to Mr Garvin expressing his disappointment at the comments made and expressing his concern that a member of the Trust staff had felt that they had been abused during a Health Scrutiny Forum meeting. The Chair did feel that the questions asked at the meeting had been appropriate even though they may have been on a different subject to that the meeting had been called to discuss.

Mr Garvin indicated that he wished to draw a line under the debate and move forward working with the Health Scrutiny Forum. Members welcomed these comments and supported the Chair's view that the meeting had not been particularly 'passionate' in its mood. The Chair

indicated that should the member of staff concerned wish to meet in advance of a future meeting, he would be happy to do so.

## **51. Scrutiny Investigation into Cancer Awareness and Early Diagnosis - Cancer Screening Services** (*Scrutiny Support Officer*)

The Assistant Director, Health Improvement introduced Dr Toks Sangowawa, Clinical Director of Public Health and Rachel Fawcett Public Health Specialist Nurse, who gave a presentation to the Forum on Cancer Screening Services. The presentation highlighted the targeted approach to screening which had to be sensitive and specific – there was no desire to put people through screening if they didn't need it.

Screening standards were set at a very high level and were constantly monitored. There were always, inevitably, false positive results – no screening programme was perfect. When people were referred for further screening, staff understood the anxiety this may raise for many people. There were, however, professional concerns that those that had been screened and declared 'clear' then failed to take proper note of their health and any potential symptoms.

There were three major screening programmes; breast cancer and cervical cancer for women and bowel cancer for both men and women. Detailed take-up statistics for the screening programmes were set out for the Forum which showed lower take-up in Hartlepool than the national statistics.

Members expressed their disappointment at the low take-up rates for screening and questioned if the publicity campaigns needed to be more targeted to bring a better response. The ages applied to some of the screening programmes was also questioned. It was indicated that there was local publicity on screening programmes but there were still some barriers with access and peoples embarrassment.

A Member queried if the take up in certain parts of the town was better than others. It was stated that while information on take-up of screening was GP based, the figures had not been broken down to that level for this investigation. The statistics were used to address whether any surgeries were underperforming in terms of referrals and they were addressed accordingly. The major concern was the low uptake amongst younger people for the screening programmes.

Members acknowledged that raising public awareness of the benefits of the screening campaigns was key to improving their success. Any small improvements that could be made would always be welcomed. Members were concerned that there was anecdotally some concerns with certain GP practices in this regard.

### **Recommended**

The presentation and Members comments were noted and the Public Health Team thanked for their informative comments.

## **52. Scrutiny Investigation into Cancer Awareness and Early Diagnosis - Pancreatic Cancer and Diabetes** (*Scrutiny Support Officer*)

The Scrutiny Support Officer reported that during the Health Scrutiny Forum of 6 October 2011, a question was raised by Members if there was a link between diabetes and pancreatic cancer. Following the meeting detailed literature research was undertaken by the Specialty Registrar in Public Health at NHS Tees, with their findings attached as an appendix to the report. The evidence had been contextualised to Hartlepool, though it is applicable across the Country.

Members commented that there were blood test that could identify those at risk and were believed to be relatively accurate. Why was there no screening programme. Dr Toks Sangowawa, Clinical Director of Public Health commented that while pancreatic cancer was a devastating illness that was often fatal due to the lateness at which it was detected, but it did only affect small numbers. There was no agreed testing programme. Much was about assessing the risks and clinicians often questioned whether the diabetes had been triggered by the pancreatic cancer not the other way around. Obesity is a very strong trigger for both illnesses so, again, awareness to life style and family history were very important.

Members commented that they understood there was a screening process in Germany that was highly accurate where at risk groups were screened for pancreatic cancer. This was the type of early intervention they wished to see introduced here. Dr Sangowawa stated that the German example wasn't screening it was diagnostic testing based on people's history.

### **Recommended**

That the report be noted.

## **53. Visit to Minister of State for Health** (*Chair of the Health Scrutiny Forum*)

The Chair referred to the report to the previous meeting of the forum when he had indicated that on 27 October 2011, he, as Deputy Chair of Council, Cllr Chris Simmons as Leader of the Labour Group, Cllr Hilary Thompson as Deputy Leader of the Association of Independent Councillors, and Cllr Brenda Loynes as a representative of the Conservative Group, attended a meeting with the Minister of State for Health (Simon Bums MP). Also present at that meeting was the MP for Hartlepool (Iain Wright) and the MP for Easington (Grahame Morris). Details of the discussions were set out in the report.

### **Recommended**

That the report be noted.



**52. Issues identified from the Forward Plan** (*Scrutiny Support Officer*)

The Scrutiny Support Officer submitted a report for Members to consider whether any item within the Executive's Forward Plan should be considered by this Forum. Details of the key decisions contained within the Executive's Forward Plan (November 2011 – February 2012) relating to the Health Scrutiny Forum were submitted within the report.

**Recommended**

That the report be noted.

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

The Scrutiny Support Officer submitted the minutes of the most recent meeting of the Tees Valley Health Scrutiny Joint Committee held on 12 September 2011 for the Forum's information.

A Member of the Tees Valley Health Scrutiny Joint Committee highlighted in the meeting that should the appointed representatives not be able to attend the meetings, they could appoint substitutes to attend on their behalf.

**Recommended**

That the report be noted.

The meeting concluded at 12.45 p.m.

CHAIR

# **JOINT MEETING OF CHILDREN'S SERVICES SCRUTINY FORUM AND HEALTH SCRUTINY FORUM**

## **MINUTES 3 NOVEMBER 2011**

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

**Present:**

Councillors: Christopher Akers-Belcher, Stephen Akers-Belcher, Mary Fleet, Sheila Griffin, Marjorie James, Geoff Lilley, Arthur Preece, Jean Robinson, Linda Shields, Paul Thompson, Ray Wells and Angie Wilcox

In accordance with Council Procedure Rule 4.2 (ii), Councillor Rob Cook was in attendance as substitute for Councillor Sarah Maness

Resident Representatives: Joan Steel, Noma Morrish and Evelyn Leck

Co-opted Members: David Relton

**Also Present:**

Councillors Ann Marshall and Carl Richardson, Adult and Community Services Scrutiny Forum

Councillors Alison Lilley and Edna Wright

Councillor Chris Simmons, Children's Services Portfolio Holder

Councillor Ged Hall, Adult and Public Health Services Portfolio Holder

Officers: Sally Robinson, Assistant Director, Prevention, Safeguarding and Specialist Services

John Robinson, Parent Commissioner

James Walsh, Scrutiny Support Officer

Denise Wimpenny, Principal Democratic Services Officer

## **1. Appointment of Chair**

Nominations were sought for the appointment of Chair. It was agreed that Councillor Stephen Akers-Belcher be appointed as Chair and Councillor Christopher Akers-Belcher be appointed as Vice-Chair for this joint meeting.

**COUNCILLOR STEPHEN AKERS-BELCHER TOOK THE CHAIR**

## **2. Apologies for Absence**

Apologies for absence were submitted on behalf of Councillors Lawton, Maness, J W Marshall, Sirs and Resident Representative Michael Unwin.

### 3. **Declarations of interest by Members**

Councillor Angie Wilcox declared a personal interest in minute 7.

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

None.

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

None.

### 6. **Consideration of Progress Reports/Budget and Policy Framework Documents**

None

### 7. **Early Intervention Strategy – Covering Report/Presentation** *(Scrutiny Support Officer/Assistant Director of Prevention, Safeguarding and Specialist Services)*

At the meeting of Scrutiny Co-ordinating Committee on 19 August 2011, during consideration of the Forward Plan entry relating to the Early Intervention Grant/Strategy, concerns had been raised regarding the budget implications of this proposal and the timing of this decision in that it would not allow:-

- (a) An adequate consultation period with this Committee, or
- (b) The outcome of the Adult and Community Services Scrutiny Forum's Early Intervention and Reablement Services investigation to be taken into consideration.

Members requested that the Portfolio Holder and lead officer be invited to an early meeting of Scrutiny Co-ordinating Committee in advance of the commencement of the budget process to:-

- (a) Agree a sensible timetable of consultations with Scrutiny in relation to this issue; and
- (b) Receive further information, as part of the consultation process in relation to Information Advice and Guidance (IAG) Services.

The report included details of the background to the request for a joint meeting to consider the draft strategy in detail.

Members were asked to consider the concerns raised by Scrutiny Co-ordinating Committee, as outlined above, look in detail at the draft Early Intervention Grant and formulate a response for consideration by Cabinet as part of the consultation process.

The Assistant Director, who was in attendance at the meeting provided a presentation which focussed on the following issues:-

- Overview of the Strategy
- £6m Grant to bring together a number of previously separate funding streams and grants
- Rationale – localism – removal of ring fences
- Working Group established
- Analysis of local data to establish need
- Outcome of data analysis – wards identified as vulnerable/high level of need
- Types of problems faced by families
- How to meet the needs of children and families
- Current arrangements
  - development of multi-agency systems
  - improved co-ordination
  - not early enough
  - not always family focused
  - practitioners dealing with symptoms as opposed to underlying causes
- Outcome/key messages of Scrutiny Investigation into Think Family – Preventative and Early Intervention Services
- Definition of Early Intervention
- Vision
- Aim
- Principles
- Service Re-design
- Multi-disciplinary team approach
- Common Assessment Framework
- The Role of Information Advice and Guidance (including Careers Guidance)
- How will we know we have been successful?
- Strategic Outcomes
- Next Steps

Following conclusion of the presentation a number of issues/views/queries were raised which included the following:-

- (i) A Member referred to a recent scrutiny investigation into Think Family Preventative and Early Intervention Services and was pleased to note the proposal to develop and promote a simplified self-referral route with one point of contact as recommended in the scrutiny investigation. The importance of ensuring staff undertaking this role received the necessary training and possessed the

necessary skills to ensure individual needs were met was highlighted.

- (ii) The query was raised in relation to reference in the report to receiving information, as part of the consultation process, in relation to Information Advice and Guidance (IAG) Services and the recommendations from the face to face scrutiny investigation that a generic service be delivered on estates. Whilst the need for such provision in schools was acknowledged the importance of outreach delivery on estates was highlighted. This issue would be monitored as part of the scrutiny monitoring arrangements.
- (iii) In relation to the outcomes from the data analysis and the wards identified as vulnerable, a Member pointed out that a number of other areas suffered similar levels of deprivation.
- (iv) With regard to service redesign and the suggested single point of access to family services in the centre of town, it was suggested that further information as to who was accessing the services by age group would assist in determining the most appropriate location for community based services. The benefits of local delivery of services were outlined including the need to consider the costs incurred by vulnerable families in accessing services outside their immediate locality.
- (v) Some concern was expressed in relation to the implications of the proposal to transfer statutory responsibility for Universal Careers Guidance from local authorities to secondary schools from September 2012 and whether as a result of that transfer children not currently accessing such services would be identified.
- (vi) In terms of the next steps, it was pointed out that the political process in terms of consultation and seeking agreement needed to be addressed as a high priority.
- (vii) Further discussion ensued in relation to the outcome of data analysis to establish the highest level of need by ward. A Member was keen to examine further data in this regard to reflect the new ward boundaries as well as historical data. A Member questioned the accuracy of the data provided indicating that children subject to child protection plans in certain wards did not appear to be included in the figures. It was agreed that this be further explored with the officer direct following the meeting.
- (viii) A lengthy discussion ensued in relation to accommodation for young people and the lack of provision for them.
- (ix) Emphasis was placed on the importance of communicating a consistent message and the need to focus on aspirations as opposed to the vision.

- (x) The Chair was pleased to note that the recommendations arising from the Think Family scrutiny investigation had been considered in the strategy. In terms of the proposed multi-disciplinary team approach, reference was made to the importance of the Lead Family Support Worker role and emphasis was placed on the need to undertake a skills analysis to ensure specialist skills were retained for that role as well as other key roles identified in the multi-disciplinary team. The disadvantages of operating a multi-skilled approach in these circumstances were outlined. Members were advised that retaining specialist skills were key issues that had been debated including how best to shape the commissioning framework.
- (xi) It was suggested that a number of measures be included in the strategy including how outcomes would be measured in terms of success of narrowing the gap in health inequality, the removal of ring fenced budgets, establishing links with the public health grant and Well Being Board, as well as the success of the sub group of the Health and Wellbeing Board.
- (xii) The need to examine how post 16 provision and the tracking of young people following the proposed transfer of responsibility to schools was highlighted. **At this point in the meeting Councillor Paul Thompson declared a personal interest in this item of business.** A Member expressed concern that home visits were being undertaken to track post 16s and indicated that more efficient methods of communication should be utilised.
- (xiii) Members went on to discuss the impact of deprivation on children and young people, the type of placements and support provided for 16 to 19 year olds leaving social care, education and achievement outcomes of children and young people generally, as well as the importance of supporting young people in this age range and not in full time education.

### Recommended

That authority be granted to the Chair and Vice-Chair to formulate a response to Cabinet based on the views/comments of Members, as set out above.

## **8. Issues Identified from Forward Plan**

None.

## **9. Any Other Items which the Chairman Considers are Urgent**

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

## **10. Any Other Business – Feedback from Health Meeting**

The Chair provided feedback following a recent meeting with the Minister of State for Health in relation to the Council's concerns regarding the closure of the Accident and Emergency Unit at the University Hospital of Hartlepool:-

Following a 45 minute meeting, the Minister of State for Health concluded that the issue was a local matter. The Chair expressed his disappointment in relation to the outcome of the meeting and stated that a number of concerns/queries were raised of the Health Minister which included how to hold the Trust to account, lack of accountability, the Trust's failure to take the views of the public forward as well as how public confidence could be restored. In response, the Minister of State for Health indicated that in future issues of this type could be referred to Health and Wellbeing Boards. It was, however made clear that issues in relation to changes in services was a matter for clinicians and that both clinicians and Councillors should be responsible in taking that message forward. Whilst the Council's representatives together with the Town's MP pressed the Deputy Minister for further information, the meeting was closed without the provision of any clear advice on a way forward.

In response to a request for clarification regarding the timescales for potential availability of funding for a new hospital, the Minister did not commit to a timescale as to when a decision was likely to be taken. Members were disappointed in the Minister's views in response to concerns regarding transport connections to a new hospital.

The Chair thanked his colleagues, Councillors Chris Simmons, Hilary Thompson, Brenda Loynes, Ian Wright MP and Grahame Morris MP for their attendance and support at the meeting.

Councillor Simmons endorsed the comments of the Chair and provided further feedback from the meeting indicating his disappointment regarding the outcome of discussions.

A Member commented on the need to work in collaboration with neighbouring East Durham colleagues in terms of the next steps. Various options with regard to a way forward were outlined including the option to explore the benefits of a judicial review in partnership with East Durham and that legal advice be sought in this regard. In response to a request for further urgent consideration of this issue, the Chair reported that discussion could take place at the next Council meeting under matters arising from the minutes. It was noted that arrangements had been made for the Chair of the Council's Health Scrutiny Forum to meet with Durham County Council's Cabinet Member for Health and Chair of Health Scrutiny the following day to discuss joint working arrangements.

The Chair of the Council made reference to recent correspondence received in relation to this issue and outlined the background to the questions submitted by members of the public at the recent public meeting and apologised for the delay in submission of the questions to the Trust. In response to a request for clarification, the Chairman of the Council provided details as to how representatives of the Council had been chosen to attend the meeting with the Health Minister.

The Adult and Public Health Portfolio Holder commented on the Minister's definition of "local" and highlighted that the issue was much wider than the borough of Hartlepool and East Durham as it affected other constituencies of Sedgefield and Stockton. Reference was made to the previous reasons given for the closure of the accident and emergency unit being that of safety.

The Forum discussed at some length its displeasure in relation to the outcomes of the meeting, the boundaries and population of the town, the implications of the Darzi report and the decision to merge Hartlepool with North Tees, the recent interview on BBC Radio Tees with the Chief Executive of the Trust, the level of usage of the One Life Centre and whether it represented value for money. The value of further debate was questioned and the need for action in response to the Council's motion of "no confidence" was emphasised. The suggestion of working in collaboration with neighbouring authorities to address the concerns outlined were reiterated. A Member clarified that the decision to withdraw services was that of the Board of North Tees and Hartlepool Trust.

Members of the public, who were in attendance at the meeting, expressed their disappointment in relation to current health provision and supported the comments of the Forum in relation to the need for urgent action. Concerns were also raised regarding the comments of the Chief Executive of the NHS Trust in a recent BBC Tees Radio interview in terms of future health provision. Another member of the public shared his experience as a recent patient of the One Life Centre emphasising that this was not a satisfactory service and no substitute for A and E.



**Recommended**

- (i) That the comments/views of the Forum, be noted.
- (ii) That urgent action be taken by Council in response to their motion of no confidence in the decision making of the Chief Executive, Alan Foster and Chairman, Paul Garvin and the Board of North Tees and Hartlepool Trust NHS Foundation Trust to address the concerns in relation to the removal or reduction of services from Hartlepool.
- (iii) That collaborative working with neighbouring authorities, be pursued.

The meeting concluded at 12.45 pm.

CHAIR

## HEALTH SCRUTINY FORUM

Date: 26 January 2012



**Report of:** Child and Adult Services Departmental Management Team

**Subject:** PROPOSALS FOR INCLUSION IN CHILD AND ADULT SERVICES DEPARTMENTAL PLAN 2012/13

---

### 1. PURPOSE OF REPORT

- 1.1 To provide the opportunity for the Health Scrutiny Forum to consider the proposals for inclusion in the 2012/13 Child and Adult Services Departmental Plan.

### 2. BACKGROUND

- 2.1 For 2012/13 a review of the Outcome Framework has been undertaken to ensure that it still accurately reflects the key outcomes that the Council and Partners have identified as being important for the future of town. A revised outcome framework, to be implemented from April 2012, was reported to Scrutiny Coordinating Committee on 11 November 2011 and Cabinet on 19 December 2011.
- 2.2 As in previous years detailed proposals are being considered by each of the Scrutiny Forums in January/February. A report will be prepared for Scrutiny Coordinating Committee on 17 February 2012 detailing the comments/observations of each of the Scrutiny Forums to inform a response to Cabinet.
- 2.3 The Departmental Plan is a working document and as such there are still a small number of areas where further information is still to be provided. This information will be included in the version of the Plan that is to be considered by Scrutiny Coordinating Committee and by Cabinet in March 2012.

### 3. PROPOSALS

- 3.1 The Assistant Director, Health Improvement, will deliver a short presentation at the meeting detailing the key challenges that the department faces over the next year, and beyond, and setting out proposals for how these will be addressed.

- 3.2 The focus of the presentation will be on the actions that have been identified by officers from across the Council, that set out in detail how the outcomes will be delivered in 2012/13. The Scrutiny Forum will be given the opportunity to comment on the proposals throughout the presentation. Only those outcomes and actions that fall under the remit of the Health Scrutiny Forum will be included in the presentation.
- 3.3 In addition to the actions included in the presentation, officers from across the Council have also been identifying the Performance Indicators (PIs) that will be monitored throughout the year to measure progress and these, together with the actions are included in the proposed Child and Adult Services Departmental Plan, attached at **Appendix A**.
- 3.4 As In 2011/12, only Key Performance Indicators will include future targets, and other indicators will be included for monitoring purposes only. For those indicators where targets have been proposed it may be necessary for the targets to be revised based on final year outturns for 2011/12 and/or final budget decisions. Any changes to proposed targets will be included in future proposals to Scrutiny Coordinating Committee and Cabinet.

#### **4. NEXT STEPS**

- 4.1 The remainder of the Child and Adult Services Departmental Plan will be discussed by Children's Services Scrutiny Forum on 31 January and Adult and Community Services Scrutiny Forum on 1 February 2012. Comments and observations from those Scrutiny Forums will be added to those received at today's meeting and included in the overall presentation to the meeting of the Scrutiny Coordinating Committee on 17 February 2012.
- 4.2 The Child and Adult Departmental Plan will then be considered, alongside the Council's Corporate Plan and other Departmental Plans, by Scrutiny Coordinating Committee on 9 March 2012 before being formally agreed by Cabinet at its meeting on 19 March 2012.
- 4.3 Progress towards achieving the actions and targets included in the Child and Adult Services Departmental Plan will be monitored throughout 2012/13 by officers across the Council and progress reported quarterly to Cabinet and Scrutiny Coordinating Committee.

#### **4. RECOMMENDATIONS**

- 4.1 It is recommended that the Health Scrutiny Forum: -
- considers the proposed outcome templates for inclusion in the 2012/13 Child and Adult Services Departmental Plan
  - formulates any comments and observations to be included in the overall presentation to the meeting of the Scrutiny Coordinating Committee on 17 February 2012.

**Contact Officer:** - Louise Wallace  
Assistant Director, Health Improvement  
Tel: 01429 284030  
E-mail: Louise.Wallace@Hartlepool.gov.uk

## Proposals for inclusion in Child and Adult Services Departmental Plan 2012/13 (Health)

| SECTION 1 OUTCOME DETAILS |                      |         |   |                                 |     |
|---------------------------|----------------------|---------|---|---------------------------------|-----|
| Theme                     | Health and Wellbeing | Outcome | 9. Improve health by reducing inequalities and improving access to services | Hartlepool Partnership Outcome? | Yes |

| SECTION 2 ACTIONS   |                |            |                  |
|---|----------------|------------|------------------|
| Action  | Corporate Plan | Due Date   | Assignee         |
| Be an active lead partner in the physical activities workstream for Public Health   |                | March 2013 | Pat Usher        |
| Ensure coordination of mental health activity across the town   |                | March 2013 | Geraldine Martin |
| Ensure implementation of the Cardiovascular Primary Preparation programme across all practices in Hartlepool  | Yes            | March 2013 | Louise Wallace   |
| Implement the early detection & awareness of cancer programme across Hartlepool   |                | March 2013 | Louise Wallace   |
| Ensure that the department has procedures in place to meet the requirements of the Equality Act 2010 by co-ordinating activities across the department to contribute to the items included in the Equality & Diversity Action Plan. |                | March 2013 | Leigh Keeble     |
| Ensure all eligible people particularly in high risk groups take up the opportunity to be vaccinated especially in relation to flu  | Yes            | March 2013 | Louise Wallace   |
| Ensure all eligible groups for respective screening programmes are aware and able to access screening   |                | March 2013 | Louise Wallace   |
| Draft the Health & Wellbeing strategy through shadow Health & Wellbeing board   | Yes            | March 2013 | Louise Wallace   |
| Review Joint Strategic Needs Assessment (JSNA) in the context of the local authority responsibilities as described in the NHS White Paper   | Yes            | July 2012  | Louise Wallace   |
| Influence the commissioning of effective evidence based Stop Smoking Services and work collaboratively through the Smoke Free alliance to reduce illicit tobacco across the town  |                | March 2013 | Louise Wallace   |

| SECTION 3 PERFORMANCE INDICATORS & TARGETS |   |                |                     |                |                   |                           |                |       |
|--|---|----------------|---------------------|----------------|-------------------|---------------------------|----------------|-------|
| Code                                       | Indicator   | Assignee       | Targeted or Monitor | Corporate Plan | Collection Period | Previous Target (2011/12) | Future Targets |       |
|  |   |                |                     |                |                   |                           | 12/13          | 13/14 |
| NI 39                                      | Alcohol related hospital admissions   | Louise Wallace | Targeted            | Yes            | Financial Year    | Tbc*                      | Tbc*           |       |
| NI 123                                     | Stopping smoking  | Carole Johnson | Targeted            | Yes            | Financial Year    | Tbc*                      | Tbc*           |       |
| NI 123 (NRA)                               | Stopping smoking (Neighbourhood Renewal Area narrowing the gap indicator)   | Carole Johnson | Targeted            | Yes            | Financial Year    | Tbc*                      | Tbc*           |       |
| NI 131                                     | Delayed transfers of care   | John Lovatt    | Targeted            |                | Financial Year    | 0                         | 0              |       |
| P081                                       | GP Referrals - The number of participants completing a 10 week programme of referred activity                         | Pat Usher      | Targeted            |                | Financial Year    | 325                       | 325            |       |
| P035                                       | GP Referrals – of those participants completing a 10-week programme for the percentage going onto mainstream activity | Pat Usher      | Targeted            |                | Financial Year    | 50%                       | 50%            |       |
| P080                                       | Vascular Risk Register (Vital Signs)  | Louise Wallace | Monitor             |                | Financial Year    | Not Required              |                |       |
| NI 120a                                    | All-age all cause mortality rate - Females  | Louise Wallace | Monitor             |                | Calendar Year     | Not Required              |                |       |
| NI 120b                                    | All-age all cause mortality rate - Males  | Louise Wallace | Monitor             |                | Calendar Year     | Not Required              |                |       |
| NI 121                                     | Mortality rate from all circulatory diseases at ages under 75   | Louise Wallace | Monitor             |                | Calendar Year     | Not Required              |                |       |
| NI 122                                     | Mortality for all cancers aged under 75   | Louise Wallace | Monitor             |                | Calendar Year     | Not Required              |                |       |

| SECTION 4 RISKS |      |          |
|-----------------|------|----------|
| Code            | Risk | Assignee |
|                 |      |          |
|                 |      |          |

| SECTION 1 OUTCOME DETAILS |                      |                 |   |  |
|---------------------------|----------------------|-----------------|---|--|
| <b>Theme</b>              | Health and Wellbeing | <b>Outcome:</b> | 10. Be healthy – children enjoy good physical and emotional health and live a healthy lifestyle | <b>Hartlepool Partnership Outcome?</b> Yes |

| SECTION 2 ACTIONS   |                |            |                |
|---|----------------|------------|----------------|
| Action  | Corporate Plan | Due Date   | Assignee       |
| Reviewing and evaluating the effectiveness of services delivered, including Child and Adolescent Mental Health Services (including targeted school provision), Children with complex needs, Health Visiting, Speech and Language Therapy, Paediatric Occupational Therapy, Physiotherapy and School Nursing |                | March 2013 | Louise Wallace |
| Implement Breast Feeding Strategy   |                | March 2013 | Louise Wallace |
| Implement Child Measurement Programme   | Yes            | March 2013 | Louise Wallace |
| Ensure range of Physical Activity available for children & young people   |                | March 2013 | Pat Usher      |
| Implement Smoking in Pregnancy Action Plan  | Yes            | March 2013 | Carole Johnson |
| Work with partner agencies, young people, schools and families to tackle substance misuse (including alcohol)   |                | March 2013 | John Robinson  |
| Implement Teenage Pregnancy Strategy and action plan  | Yes            | March 2013 | Deborah Gibbin |
| Commission effective substance misuse services for young people   |                | March 2013 | John Robinson  |
| Implement the British Heart Foundation Younger Wiser funding and roll out across schools  |                | March 2013 | Louise Wallace |
| Develop a robust action plan  | Yes            | March 2013 | Louise Wallace |
| Increase the uptake of child vaccinations   |                | March 2013 | Louise Wallace |

| SECTION 3 PERFORMANCE INDICATORS & TARGETS |  |                |                     |                |                           |                           |                |       |
|--|--|----------------|---------------------|----------------|---------------------------|---------------------------|----------------|-------|
| Code                                       | Indicator  | Assignee       | Targeted or Monitor | Corporate Plan | Collection Period         | Previous Target (2011/12) | Future Targets |       |
|  |  |                |                     |                |                           |                           | 12/13          | 13/14 |
| LAA HW P001                                | Percentage of women smoking at time of delivery  | Carole Johnson | Targeted            | Yes            | Financial Year            | 22                        | 22             | TBC   |
| NI 57                                      | Percentage of children aged 5-16 participating in at least 2 hours a week of high quality curriculum time PE and sport | Andrew Jordan  | Monitor             |                | Financial Year – biennial | Not Required              |                |       |
| VSB12_MO2                                  | Access to Mental Health Services for 16-17 year olds   | Louise Wallace | Monitor             |                | Financial Year            | Not Required              |                |       |
| NI 53a                                     | Prevalence of breast-feeding at 6-8 wks from birth - Percentage of infants being breastfed at 6-8 weeks                | Louise Wallace | Monitor             |                | Financial Year            | Not Required              |                |       |
| New  | Measles, Mumps and Rubella (MMR) immunisation rate – children aged 2 (1 <sup>st</sup> dose)                            | Louise Wallace | Monitor             |                | Financial Year            | Not Required              |                |       |
| New  | Measles, Mumps and Rubella (MMR) immunisation rate – children aged 5 (2 <sup>nd</sup> dose)                            | Louise Wallace | Monitor             |                | Financial Year            | Not Required              |                |       |
| NI 55(iv)                                  | The percentage of children in Reception who are obese  | Louise Wallace | Monitor             |                | Academic Year             | Not Required              |                |       |
| NI 56(ix)                                  | The percentage of children in Year 6 who are obese   | Louise Wallace | Monitor             |                | Academic Year             | Not Required              |                |       |
| NI 112                                     | The change in the rate of under 18 conceptions per 1,000 girls aged 15-17, as compared with the 1998 rate              | Deborah Gibbin | Monitor             |                | Financial Year            | Not Required              |                |       |

| SECTION 4 RISKS |   |                |
|-----------------|---|----------------|
| Code            | Risk  | Assignee       |
| CAD R006        | Alcohol investment does not enable the provision of sufficient services to meet the increased level of need. (Current investment consists of (i) PCT funding for clinical and treatment interventions; (ii) Community Safety grant aid which contributes to specific crime reduction initiatives and offender programmes such as Alcohol Treatment Requirement Orders which are actively managed, and (iii) contributions from the Pooled Treatment Budget a Government substance misuse grant which is expected to be cut for 2012/13) | Chris Hart     |
| CAD R007        | Adverse publicity and community tension (e.g. in regard to reintegration of drug users/offenders back into community, drug related deaths, establishing community services/Pharmacist) (Actively Managed)   | Chris Hart     |
| CAD R014        | Failure to make significant inroads in Health Impact  | Louise Wallace |
| CAD R018        | Government reduces grant allocations i.e. Pooled Treatment and DIP  | Chris Hart     |
| New             | Failure to adequately manage the transition of Public Health from the Primary Care Trust to the Local Authority by 2013   | Louise Wallace |



| SECTION 1 OUTCOME DETAILS |                      |                |  |  |     |
|---------------------------|----------------------|----------------|--|--|-----|
| <b>Theme</b>              | Health and Wellbeing | <b>Outcome</b> | 14. There is reduced harm caused by drugs and alcohol misuse | <b>Hartlepool Partnership Outcome?</b> | Yes |

| SECTION 2 ACTIONS   |                |                |               |
|---|----------------|----------------|---------------|
| Action  | Corporate Plan | Due Date       | Assignee      |
| Integrate drug and alcohol treatment and recovery programmes in line with new Drug Strategy | Yes            | December 2012  | Chris Hart    |
| Establish criminal justice alcohol programmes for offenders                                 |                | September 2012 | Gemma Sparrow |
| Deliver comprehensive education and prevention campaigns re substance misuse                |                | June 2012      | Sharon Robson |
| Establish 'Whole Family' support network for substance misusers                             |                | September 2012 | Chris Hart    |
| Strengthen safeguarding and address Hidden Harm issues within substance misuse services     | Yes            | March 2012     | Karen Clark   |

| SECTION 3 PERFORMANCE INDICATORS & TARGETS |  |               |                     |                |                       |                           |                |       |
|--|--|---------------|---------------------|----------------|-----------------------|---------------------------|----------------|-------|
| Code                                       | Indicator  | Assignee      | Targeted or Monitor | Corporate Plan | Collection Period     | Previous Target (2011/12) | Future Targets |       |
|  |  |               |                     |                |                       |                           | 12/13          | 13/14 |
| NI 30                                      | Reoffending rate of prolific and other priority offenders  | Gemma Sparrow | Targeted            | Yes            | Quarterly             | Tbc*                      | Tbc*           |       |
| NI 40                                      | Change in number of drug users recorded as being in effective treatment compared to 2007/08 baseline | Karen Clark   | Monitor             |                | Annual Financial Year | Not Required              |                |       |
| P082                                       | Number of alcohol users successfully completing treatment and recovering from their dependence       | Sharon Robson | Monitor             |                | Annual Financial Year | Not Required              |                |       |
| P083                                       | Reduce alcohol-related violent crimes  | Sally Forth   | Monitor             |                | Annual Financial Year | Not Required              |                |       |

| SECTION 4 RISKS |      |          |
|-----------------|------|----------|
| Code            | Risk | Assignee |
|                 |      |          |
|                 |      |          |

## HEALTH SCRUTINY FORUM

17 November 2011



**Report of:** Scrutiny Support Officer

**Subject:** EVIDENCE FROM NORTH TEES AND  
HARTLEPOOL NHS FOUNDATION TRUST –  
COVERING REPORT

---

### 1. PURPOSE OF REPORT

- 1.1 To inform Members that representatives from North Tees and Hartlepool NHS Foundation Trust have been invited to attend this meeting to provide detailed evidence, from a secondary healthcare perspective, in relation to this Forum's investigation into Cancer Awareness and Early Diagnosis.

### 2. BACKGROUND INFORMATION

- 2.1 Members will recall that at the meeting of this Forum on 8 September 2011, Members agreed the Scope and Terms of Reference for their forthcoming investigation into the topic of Cancer Awareness and Early Diagnosis.
- 2.2 Subsequently representatives from North Tees and Hartlepool NHS Foundation Trust have agreed to attend this meeting to provide a detailed presentation in relation to the role of a secondary healthcare professional concerned with cancer diagnosis and treatment.
- 2.3 During this evidence gathering session with representatives from North Tees and Hartlepool NHS Foundation Trust, it is suggested that responses should be sought to the following key questions:-
- (a) According to the DoH, 95.7%<sup>1</sup> of people were seen by a specialist within two weeks of an urgent GP referral for suspected cancer, how does North Tees and Hartlepool NHS Foundation Trust compare to that figure?

---

<sup>1</sup> NHS, 2011

- (b) What difference can greater awareness of cancer symptoms and, therefore, earlier presentation, make in terms of cancer treatment?
- (c) What more in your opinion could be done in relation to:-
  - (i) encouraging greater participation in cancer screening activities?;
  - (ii) raising awareness of the symptoms of cancer?; and
  - (iii) earlier diagnosis of cancer?
- (d) What other advice / information are you able to provide this Forum, that would assist this scrutiny investigation?

### 3. RECOMMENDATION

- 3.1 It is recommended that the Members of the Health Scrutiny Forum consider the evidence of the representatives from North Tees and Hartlepool NHS Foundation Trust in attendance at this meeting and seek clarification on any relevant issues where required.

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

### BACKGROUND PAPERS

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

- (i) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Cancer Awareness and Early Diagnosis – Scoping Report' Presented to the Health Scrutiny Forum on 8 September 2011.
- (ii) NHS (25 November 2011) *Waiting times for suspected and diagnosed cancer patients: quarter ending September 2011*, Available from:  
<http://www.dh.gov.uk/health/2011/11/cancer-waiting-times/> (Accessed 10 January 2012)

## HEALTH SCRUTINY FORUM

26 January 2012



**Report of:** Scrutiny Support Officer

**Subject:** THE EXECUTIVE'S FORWARD PLAN

---

### 1. PURPOSE OF REPORT

- 1.1 To provide the opportunity for the Health Scrutiny Forum to consider whether any item within the Executive's Forward Plan should be considered by this Forum.

### 2. BACKGROUND INFORMATION

- 2.1 One of the main duties of Scrutiny is to hold the Executive to account by considering the forthcoming decisions of the Executive (as outlined in the Executive's Forward Plan) and to decide whether value can be added to the decision by the Scrutiny process in advance of the decision being made.
- 2.2 This would not negate Non-Executive Members ability to call-in a decision after it has been made.
- 2.3 As Members will be aware, the Scrutiny Co-ordinating Committee has delegated powers to manage the work of Scrutiny, as it thinks fit, and if appropriate can exercise or delegate to individual Scrutiny Forums. Consequently, Scrutiny Co-ordinating Committee monitors the Executive's Forward Plan and delegates decisions to individual Forums where it feels appropriate.
- 2.4 In addition to this, the key decisions contained within the Executive's Forward Plan (January – April 2012) relating to the Health Scrutiny Forum are shown below for Members consideration:-

**DECISION REFERENCE: CE46/11 – Review of Community Involvement & Engagement (Including LSP Review): Update on decisions taken 'in principle'**

#### **Nature of the decision**

Key Decision - Test (ii) applies

## Background

Following a review Cabinet has agreed the future approach of the Local Authority to community and stakeholder involvement and engagement and the Local Strategic Partnership, including theme partnerships at their meeting on 18<sup>th</sup> July 2011. This was previously in the Forward Plan as decision reference CE43/11.

At the end of June the Government responded to the NHS Future Forum report. In their response they outlined that as the statutory Health and Wellbeing Board “discharges executive functions of local authorities” it should operate as equivalent executive bodies do in local government. At the time of Cabinet agreeing the future approach it was unclear exactly what this meant and the implications that this would have on the structure proposed. In response some decisions were requested to be made ‘in principle’ and that these would be confirmed once guidance was issued on the implementation of the statutory Health and Wellbeing Board.

At their meeting on 15<sup>th</sup> August 2011 Cabinet agreed for a shadow Health and Wellbeing Board to be established by the end of September 2011. This shadow Board will develop into the statutory Health and Wellbeing Board which is expected to be established by April 2013.

The Health and Social Care Bill, which sets out the statutory requirement to introduce a Health and Wellbeing Board, had its third reading in the House of Commons on 7<sup>th</sup> September 2011. The Bill has now been passed to the House of Lords for consideration. The first reading took place on 8<sup>th</sup> September and the second reading took place on 11<sup>th</sup> and 12<sup>th</sup> October. The next stage for the Bill is the Committee stage during which the Bill will be subject to detailed examination, this stage is expected to run until 21<sup>st</sup> December 2011. Once the House of Commons and the House of Lords agree the final Bill it can then receive Royal Assent and become an Act of Parliament i.e. the proposals of the Bill will become law. The Statutory Guidance on Health and Wellbeing Boards will not be published until after the Bill becomes law and this is not expected until Spring 2012.

The ‘in principle’ decisions related to the structure of community involvement and engagement and the development of a Strategic Partners Group and its membership. It is these decisions that are the subject of this Forward Plan entry. They will be confirmed or reviewed dependent upon the guidance issued for the statutory Health and Wellbeing Board.

## Who will make the decision?

The decision will be made by Cabinet however some elements may require Council agreement for changes to the Constitution.

## Ward(s) affected

The proposals will affect all wards within the Borough.

## Timing of the decision

At the Cabinet meeting on 18<sup>th</sup> July 2011 it was agreed that a further report would be brought to Cabinet once the statutory Health & Wellbeing Board guidance had been issued. If the ‘in principle’ decisions that Cabinet have taken are unaffected then they will be agreed for implementation. If those ‘in principle’ decisions are affected then Cabinet will be asked to consider alternative proposals which reflect the new position. It is anticipated that the guidance will be published in early 2012 and a report will be taken to Cabinet following the publication date may be by April 2012. The detailed timescales for this are currently unclear and may be subject to change.

### **Who will be consulted and how ?**

Cabinet will be asked to consider the implications of guidance on the development of the statutory Health and Wellbeing Board on the 'in principle' decisions relating to the structure of community involvement and engagement and the development of a Strategic Partners Group and its membership.

### **Information to be considered by the decision makers**

Cabinet will be presented with detail from the guidance on the development of the statutory Health and Wellbeing Board and how this will impact, if at all, on the 'in principle' decisions that they made on 18<sup>th</sup> July 2011.

### **How to make representation**

Representation should be made to:

Andrew Atkin, Assistant Chief Executive, Civic Centre, Hartlepool TS24 8AY.  
Telephone: (01429) 523003.  
Email: [Andrew.atkin@hartlepool.gov.uk](mailto:Andrew.atkin@hartlepool.gov.uk)

Catherine Frank, Local Strategic Partnership Manager, Civic Centre, Hartlepool TS24 8AY.  
Telephone: (01429) 284322.  
Email: [catherine.frank@hartlepool.gov.uk](mailto:catherine.frank@hartlepool.gov.uk)

### **DECISION REFERENCE: CAS113/11 Options for Commissioning the new HealthWatch Service**

#### **Nature of the decision**

Key: The contract will be over £150,000 per annum (precise amounts have not yet been released by the Department of Health) and potentially affects all wards. There is a requirement to develop a HealthWatch organisation in every local authority locality to replace the current LINK. HealthWatch will continue the work of the LINK as a voice and conduit for local people and a check on the quality of services but will have wider powers, signpost to advice and information and from 2013 replace the current NHS Patient Advice Liaison Service (PALS) as the medium for complaints and concerns. HealthWatch will have a statutory place on the Health and Wellbeing Board. There are several models that could be commissioned in terms of this new service and Cabinet will be asked to consider the options and decide on their preference prior to the tendering process in February.

#### **Who will make the decision?**

Cabinet

#### **Timing of the decision**

9<sup>th</sup> January 2012

**Ward(s) affected**

All

**Who will be consulted and how ?**

Service User forums, Planning Groups such as the Older Person Local Implementation Team, Carers' Strategy Group, Over 50s Forum, Learning Disability Partnership Board, HVDA networks, Hartlepool Now website, team meetings and the Hartlepool Borough Council intranet.

A Moving Forward Together event took place on 25 October 2012 to bring stakeholders together.

Information to be considered by the decision-makers

Consideration as to the preferred model to be commissioned by Hartlepool Borough Council in respect of the new Health Watch service to replace the Link from October 2012.

**How to make representations**

Representations should be made to Geraldine Martin, Head of Service, Level 4, Civic Centre, Victoria Road, Hartlepool, TS24 0AY. Telephone 01429 523880, E-mail - geraldine.martin@hartlepool.gov.uk.

**DECISION REFERENCE: CAS112/11 ADULT SUBSTANCE MISUSE PLANS 2012/13**

**Nature of the decision**

To support the activity and performance management framework for adult drug and alcohol treatment and support in Hartlepool

**Who will make the decision?**

The decision will be made by the Cabinet

**Timing of the decision**

The decision will be considered by Cabinet in March 2012

**Ward(s) affected**

All wards will be affected

**Who will be consulted and how ?**

Safer Hartlepool Partnership Substance Misuse Group and Alcohol Strategy Group will lead on the development of the Plans utilizing associated sub groups that have a membership of front line practitioners, service providers and the voluntary sector. Local stakeholders such as NHS Hartlepool, Police, the Probation service and service users will be key consultees. In acknowledgement of the proposed NHS changes the local GP Consortia will also participate. Views will be encouraged through questionnaires, workshops, briefings and focus groups who will inform the annual needs assessment as prescribed by the national Treatment Agency and the planning of activity will be guided by the Government's national drug and alcohol strategies and best practice.

**Information to be considered by the decision-makers**

The plans will illustrate the findings and priorities from the needs assessment and detail the activity for the coming year across a number of treatment domains for both drug and alcohol treatment and support. In addition targets or performance indicators will be confirmed, and financial information on allocations and grants will be presented.

**How to make representations**

Representations should be made to Louise Wallace, Assistant Director Health Improvement, NHS Hartlepool and Hartlepool Borough Council, Civic Centre, Victoria Road, TS24 8AY. Telephone 01429 284030, e-mail [Louise.Wallace@hartlepool.gov.uk](mailto:Louise.Wallace@hartlepool.gov.uk).

**DECISION REFERENCE: CAS114/11 PUBLIC HEALTH TRANSITION PLAN****Nature of the decision**

Cabinet to approve the Public Health Transition Plan. The Plan will outline the financial, service and human resource implications of the transfer of Public Health from NHS Hartlepool to Hartlepool Borough Council. This is part of implementing the Health and Social Care Act 2011.

**Who will make the decision?**

Cabinet.

**Timing of the decision**

January 2012 as plan is required by the Regional Director of Public Health for approval by March 2012.

**Ward(s) affected**

All

**Who will be consulted and how?**

Cabinet and the staff that this transfer affects from NHS Hartlepool.

**Information to be considered by the decision-makers**

This plan will propose the actions required to be undertaken to fulfill the statutory requirement for the Local Authority to be responsible for improving the health and wellbeing of the population and protecting health from NHS Hartlepool.

**How to make representations**

Louise Wallace, Assistant Director Health Improvement, NHS Hartlepool and Hartlepool Borough Council, Civic Centre, Victoria Road, TS24 8AY. Telephone 01429 284030, e-mail [Louise.Wallace@hartlepool.gov.uk](mailto:Louise.Wallace@hartlepool.gov.uk).

## 2.5 A summary of all key decisions is attached as **APPENDIX A** to this report.



- 2.6 Copies of the Executive's Forward Plan will be available at the meeting and are also available on request from the Scrutiny Team (01429 5236437) prior to the meeting.

### **3. RECOMMENDATIONS**

- 3.1 It is recommended that the Health Scrutiny Forum:-

(a) considers the Executive's Forward Plan; and

(b) decides whether there are any items where value can be added to the decision by the Health Scrutiny Forum in advance of the decision being made.

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

### **BACKGROUND PAPERS**

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

- (a) The Forward Plan – January – April 2012

**TIMETABLE OF KEY DECISIONS**

Decisions are shown on the timetable at the earliest date at which they may be expected to be made.

**1. DECISIONS EXPECTED TO BE MADE IN JANUARY 2012**

|                      |   |                                  |
|----------------------|---|----------------------------------|
| CAS 104/11 (page 11) | Moving Forward Together: The vision for adult social care in Hartlepool | Cabinet                          |
| CAS 106/11 (page 13) | Priority schools building programme                                     | Cabinet                          |
| CAS 113/11 (page 15) | Options for commissioning the new Health Watch Service                  | Cabinet                          |
| CAS 114/11 (page 19) | Public health transition plan   | Cabinet                          |
| CAS 115/11 (page 20) | Caretaker's bungalow at Barnard Grove Primary School                    | Portfolio Holder                 |
| RN 13/09 (page 26)   | Disposal of surplus assets  | Cabinet/Portfolio Holder         |
| RN 58/11 (page 29)   | Allotments  | Portfolio Holder                 |
| RN 68/11 (page 34)   | Community cohesion framework  | Portfolio Holder                 |
| RN 69/11 (page 36)   | Flexible support fund   | Cabinet                          |
| RN 70/11 (page 37)   | Innovation fund   | Cabinet                          |
| RN 71/11 (page 38)   | Families with multiple problems   | Cabinet                          |
| RN 74/11 (page 40)   | Former Leathers chemical site   | Cabinet                          |
| RN 77/11 (page 42)   | Wynyard master plan   | Cabinet                          |
| RN 89/11 (page 44)   | Former Brierton school site   | Cabinet/Council                  |
| RN 98/11 (page 52)   | Acquisition of assets   | Cabinet/Portfolio Holder/Council |

**2. DECISIONS EXPECTED TO BE MADE IN FEBRUARY 2012**

|                      |  |                  |
|----------------------|--|------------------|
| CAS 105/11 (page 12) | Hartlepool school admission arrangements for 2013/14                 | Portfolio Holder |
| RN 94/11 (page 48)   | Review of concessionary fare payments to bus operators for 2012-2013 | Cabinet          |
| RN 96/11 (page 50)   | Hartlepool voluntary & community sector strategy and compact         | Cabinet          |
| RN 99/11 (page 54)   | Community infrastructure levy  | Cabinet          |
| RN 101/11 (page 57)  | Sub regional strategic tenancy policy                                | Cabinet          |
| RN 103/11 (page 61)  | Hartlepool economic regeneration strategy                            | Portfolio Holder |
| RN 1/12 (page 63)    | Allocations outside of choice based lettings                         | Portfolio Holder |

**3. DECISIONS EXPECTED TO BE MADE IN MARCH 2012**

|                      |   |         |
|----------------------|---|---------|
| CE 44/11 (page 7)    | Workforce Arrangements  | Cabinet |
| CAS 112/11 (page 17) | Adult Substance misuse plans 2012/13                                  | Cabinet |
| RN 29/10 (page 28)   | Hartlepool domestic violence strategy                                 | Cabinet |
| RN 90/11 (page 46)   | Mill House site development and Victoria Park                         | Cabinet |
| RN 102/11 (page 59)  | Partnering arrangement for cctv                                       | Cabinet |
| RN 2/12 (page 65)    | Laying the foundations A housing strategy for England (HM Government) | Cabinet |

**4. DECISIONS EXPECTED TO BE MADE IN APRIL 2012**

|                     |   |                 |
|---------------------|---|-----------------|
| CE 46/11 (page 8)   | Review of Community Involvement & Engagement (Including LSP Review): Update on decisions taken in principle | Cabinet/Council |
| RN 61/11 (page 32)  | Selection of preferred developer for sites in Seaton Carew  | Cabinet         |
| RN 100/11 (page 55) | Raby Road corridor developer agreement  | Cabinet         |
| RN 3/12 (page 67)   | Hartlepool cctv strategy 2012 - 2015  | Cabinet         |

**TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**

A meeting of the Tees Valley Health Scrutiny Joint Committee was held on 10 October 2011.

**PRESENT:**

Representing Darlington Borough Council:  
Councillors Newall and Mrs H Scott

Representing Hartlepool Borough Council:  
Councillor G Lilley

Representing Middlesbrough Council:  
Councillor Dryden (Chair)

Representing Redcar & Cleveland Council:  
Councillor Mrs Wall

Representing Stockton-on-Tees Borough Council:  
Councillors N Wilburn and Mrs M Womphrey.

**OFFICERS:** A Metcalfe (Darlington Borough Council), (S Gwillyan (Durham County Council), J Walsh (Hartlepool Borough Council), J Bennington and J Ord (Middlesbrough Council), M Ahmeen (Redcar & Cleveland Borough Council) and P Mennear (Stockton-on-Tees Borough Council).

**\*\*PRESENT BY INVITATION:**

Representing Durham County Council:  
Councillor R Todd

K. Ross, Public Health Specialist NHS County Durham and Darlington

NHS Tees:  
Prof. P. Kelly, Executive Director of Public Health  
T. Sangowawa, Clinical Director of Public Health  
C. Weldon, Director of Corporate Development  
South Tees Hospitals NHS Foundation Trust:  
J Moulton, Director of Planning  
S Donoghue, Senior Planning Manager  
E May, Consultant/Lead Clinician in Orthodontics  
P Tunnicliffe, Orthodontics Division.

**\*\* APOLOGIES FOR ABSENCE** were submitted on behalf of Councillor J Taylor (Darlington Borough Council), Councillors S Akers-Belcher and Griffin (Hartlepool Borough Council), Councillor Carling (Redcar and Cleveland Council) and Councillor Javed (Stockton-on-Tees Borough Council).

**\*\*DECLARATIONS OF INTEREST**

| Name of Member      | Type of Interest         | Item / Nature of Interest  |
|---------------------|--------------------------|--|
| Councillor Mrs Wall | Personal/Non-Prejudicial | Any matters arising relating to North East Ambulance Service NHS Trust - related to a number of employees. |

**\*\* MINUTES**

The minutes of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 12 September 2011 were submitted and approved as a correct record.

**APPOINTMENT – VICE CHAIR - TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**

The Chair referred to current arrangements for the appointment of Chair and Vice-Chair of the Tees Valley Health Scrutiny Joint Committee.

Nominations were sought for the appointment of Vice-Chair for the Tees Valley Health Scrutiny Joint Committee for the Municipal Year 2011/2012.

**AGREED** that Councillor Newall (Darlington Borough Council) be appointed as Vice-Chair of the Tees Valley Health Scrutiny Joint Committee for the Municipal Year 2011/2012.

**PROTOCOL – TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**

The Scrutiny Support Officer submitted a report regarding the protocol governing the operation of the Tees Valley Health Scrutiny Joint Committee, which had been updated to take account of changes within the local NHS and other developments.

Subsequent to the circulation of the agenda a copy of the latest draft version of the protocol had been circulated to Members.

**AGREED** that the latest version of the draft protocol for the operation of the Tees Valley Health Scrutiny Joint Committee as submitted be approved.

**ORTHODONTIC SERVICES – CHANGES PROPOSED**

The Scrutiny Support Officer submitted a report the purpose of which was to introduce senior representatives of South Tees Hospitals NHS Foundation Trust to address the Joint Committee about proposed changes to Orthodontic Services following an extensive review. As the proposals had a material impact upon County Durham residents, accessing the service at Bishop Auckland, Elected Members from Durham County Council had been invited to the meeting.

In order to assist deliberations the Trust had provided a briefing paper a copy of which had been circulated at Appendix 1 of the report submitted.

The Chair welcomed Trust representatives who confirmed that following discussion with commissioners it was proposed that hospital delivered orthodontic services for the population of Stockton, Hartlepool, Middlesbrough, Redcar and Cleveland, Hambleton and Richmondshire, Darlington and the South Durham areas of County Durham areas should from January 2012 be centralised within the Trust but with two treatment localities, one at James Cook University Hospital and the other at the Friarage Hospital, Northallerton (FHN).

The Joint Committee was advised that although orthodontic services had worked well for many years it was noted that in recent years the service had undergone significant change. In view of a very high level of demand for orthodontic services resulting in long waiting times for treatment a change to commissioning had been introduced in 2009. It was confirmed that the majority of non-complex orthodontic provision for the Tees Valley was now provided from primary care orthodontists in Darlington, Durham, Billingham and Middlesbrough.

Details were provided of current arrangements for orthodontic services across the Tees Valley with James Cook University Hospital being one of two new dental hospitals. Orthodontic services provided a valuable service but was also part of the overall service provision of JCUH supporting specialist services such as trauma, plastic surgery and links to certain cancer patients.

The main drivers for the proposals centred on:-

(a) reduction in the number of referrals into hospital based services as a result of changes in the way the service was commissioned;

(b) difficulties in recruiting Consultant Orthodontists (at a local and national level) and reductions in trainee consultant numbers;

(c) the need to find a sustainable way of meeting the needs of patients who required complex treatments that could only be delivered in hospitals.

Although an assurance was given that efforts would continue to recruit orthodontic consultants it was noted that given the likelihood of difficulties in this regard together with a reduction in the number of referrals running an orthodontic service over the current multiple sites would impact on the Trust's ability to sustain a safe service for patients with complex needs in the Tees Valley and cause inevitable delays in patient care.

Given the increased interdisciplinary nature of the work and the reduction in numbers the Trust had recommended that the best way forward to provide a high quality, sustainable specialist orthodontic care was by transferring the existing activity from University Hospital North Tees and Hartlepool University Hospital to JCUH and for Darlington and Bishop Auckland patients to be given the choice of appointments at JCUH or FHN.

Special mention was made of the complexities around orthodontic services and the modern and well-equipped facilities available at JCUH. It was pointed out that JCUH was a well established and highly regarded training location. In order to deliver the next generation of Orthodontic Consultants it was considered crucial that such training was maintained.

Although the clinical reasons for the proposed changes were acknowledged by Members concerns were raised regarding a lack of investment and inevitable increased travelling for certain patients. It was pointed out, however, that many patients were reviewed by other specialist doctors such as oral or plastic surgeons resulting in the need for an appointment at JCUH in any case.

An assurance was given that should the Trust be successful in recruiting consultant orthodontists the overall situation would be reviewed.

In terms of the consultation exercise Members emphasised the need for careful attention to be given to appropriate methods being adopted for informing members of the public of the changes and including the need for any publicity material to be in plain English. In response, the Trust representatives gave an assurance that the consultation process would be undertaken in an open and transparent manner providing sufficient information to appropriate organisations which included dental practitioners and local authorities.

Whilst Members acknowledged the reasons put forward for the proposed changes to Orthodontic Services they were keen to consider the intended overall consultation exercise and outcome 'before formulating any view for submission to the South Tees Hospitals NHS Foundation Trust.

**RECOMMENDED** that the representatives be thanked for the information presented and that further details of the consultation process be provided to Members.

## SEASONAL FLU – WINTER PREPAREDNESS

The Scrutiny Support Officer submitted a report the purpose of which was to introduce senior representation from the local NHS to provide a detailed briefing on preparing for the winter period.

In order to assist deliberations a series of questions had been prepared prior to the meeting as outlined in the report and responses to which were shown as part of the presentation to the Joint Committee.

As part of the background papers a copy of a letter had been included from the Chief Executive of the NHS in England requesting the local NHS's co-operation regarding the Seasonal Flu Immunisation Programme 2011/2012. The letter in particular had focussed on the need for improvements to be sought in the proportion of frontline health workers and people in the 'at risk' groups receiving the seasonal flu vaccine.

Appendix 1 of the report submitted referred to the vaccination rate for people in the 'at risk' groups, with a national vaccination uptake rate of 50.4%. According to the Department of Health

figures, uptake for the seasonal flu vaccine during winter 2010/2011 in the over 65s group, in the North East was 74.5% versus a national average of 72.8%. Data relating to the uptake of the seasonal flu vaccine amongst over 65s in the Tees Valley PCT's was outlined in the report which demonstrated that the North East was performing slightly above the national average for vaccinations of over 65s. It was noted, however, that there was between 22% and 28% of over 65s in the North East that did not get vaccinated for seasonal flu.

Reference was made to the category of people who were eligible for seasonal flu vaccinations aged between 6 months and 65 years in an 'at risk' group. For winter 2010/2011, the North East region vaccinated scored slightly more people than the national average with the regional figure of 52% versus a national average of 50.4%.

A paper submitted by the North East Strategic Health Authority's Board on 29 September 2011 referred to several expectations of PCTs in relation to winter preparedness including the PCT's responsibility for ensuring that providers had 'ambitious' plans to vaccinate staff in frontline healthcare delivery roles.

Confirmation was given that all provider organisations had a Winter Assurance Framework, a North East Escalation Plan (NEEP) and a Flu Plan which had been presented to their respective Boards for approval in September 2011.

In terms of maximising any spare bed capacity should it be needed owing to winter pressures the Joint Committee was advised that there was a mutual aid process between NHS organisations which had been in place since 2010 and was currently being refreshed for use when there were pressures on bed capacity and when an A & E department was experiencing significant pressure.

Having worked through NEEP levels 1 and 2 details were given of the actions which would be taken should there be evidence of significantly increased activity across Tees should 2 or more organisations report NEEP level 3. The Joint Committee was advised that the Strategic Health Authority performance managed PCT's on their winter planning arrangements. In their winter assurance letter in respect of 2011/2012 the key risks were highlighted of mitigating actions that should be considered, and NHS and Social Services. Reference was also made to clinical care management and delivery and Business Continuity arrangements. The SHA established a winter cell with all providers and supported a flu vaccination campaign and was provided with weekly vaccination uptake reports for NHS staff.

In terms of any potential concerns reference was made to a usual concern of inadequate vaccine supply and although plans were in place there was a concern should a pandemic situation arise. Confirmation was given that stringent targets had been set in terms of increasing the take-up of seasonal flu vaccinations. Examples of publicity material being used as part of the campaign to raise awareness were circulated at the meeting. An indication was given of other steps being taken to highlight the availability of the flu vaccine and to target 'at risk' groups. Such measures included region and local communication plans, flu fighter road shows/local GP champions, targeted information to 'at risk' groups, clinical bulletins and flu letters to relevant 'at risk' practitioners/professionals.

In response to a question about whether directors of Public Health felt confident that they could command the necessary resources to ensure sufficient resilience in the North East reference was made to the NEEP arrangements, regional co-ordinated Flu vaccination programme on a monthly basis and then weekly teleconferences with flexibility to escalate as required. It was also noted that there were exercised Emergency Planning/Business Continuity Plans.

As part of the background information provided in respect of take-up rates for seasonal flu vaccinations it was noted that it would be regarded as a good take-up should 75% be reached in respect of over 65's, 60% for over 65's and 'at risk' groups and 60% for frontline health and social care staff.

An assurance was given that lessons had been learnt from the previous years and whilst there was no national campaign measures were being pursued at a regional level to inform the public and raise awareness to the seasonal flu vaccination campaign.

In discussing such arrangements with particular regard to frontline workers in social care Members suggested that Officers write to the respective Chief Executives in order to encourage the take up of the flu vaccine.

**AGREED** as follows:-

1. That the local NHS representatives be thanked for the information provided.
2. That Officers write to the Tees Valley Chief Executives with a view to ascertaining the arrangements made for discharge of their duty as employers with regard to making the seasonal flu vaccine available to frontline social care staff and details of the level of take-up of the vaccination and also of any contractual provision the Authorities required to ensure providers of social care support arrange vaccination for their staff.
3. That a further report be submitted in March/April 2012.

## **EXTENDING PATIENT CHOICE**

In a report of the Scrutiny Support Officer the Joint Committee was advised of a briefing received from NHS Tees in relation to the Extending Patient Choice initiative.

By October 2011 it was proposed that PCT clusters were expected to identify three or more community or mental health services in which to implement patient choice of Any Qualified Provider in 2012/13 based on the priorities of pathfinder clinical commissioning groups and having engaged with local patients and professionals. Any Qualified Provider related to patients being referred (usually by their GP) for a particular service, they should be able to choose from a list of qualified providers who met NHS service quality requirements, prices and normal contractual obligations.

A list had been identified by the Department of Health of potential services for priority implementation as outlined in the report submitted.

Details were provided of a Communication and Engagement Plan to support the implementation of extending patient choice and to ensure that the views of patients, patient representatives and stakeholders were included in the decision making process.

It was confirmed that a request would be made for a copy of the report of findings from the consultation and engagement process.

**AGREED** that the information provided be noted.

## **ANY OTHER BUSINESS – DARLINGTON BOROUGH COUNCIL – HYPER ACUTE STROKE SERVICES CONSULTATION**

With the approval of the Chair and the Joint Committee Councillor Newall reported upon the findings of a Review Group of Darlington Borough Council in respect of a consultation exercise by NHS County Durham and Darlington on 'Improving stroke care for the people of County Durham and Darlington: A public consultation on proposed changes to hyper acute stroke services. It was noted that the outcome of the consultation would be submitted to the Board on 1 November.

Specific reference was made to the overall consultation process in particular the lack of clarity with regard to several areas in the consultation document of NHS County Durham and Darlington.

The Review Group had concluded that because the difference between the two sites was so marginal and having taken into account all evidence presented including the Royal College of Physicians Sentinel Audit they could find no reason or documentary evidence to suggest that Darlington Memorial Hospital could not be the preferred option and equally accommodate a centralised stroke unit in Darlington.

**AGREED** that the Joint Committee support the position of Darlington Borough Council in relation to the consultation exercise in respect of the Hyper Acute Stroke Services.



## TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

A meeting of the Tees Valley Health Scrutiny Joint Committee was held on 21 November 2011.

**PRESENT:** Representing Darlington Borough Council:  
Councillor Newall

Representing Hartlepool Borough Council:  
Councillor G Lilley

Representing Middlesbrough Council:  
Councillor Dryden

Representing Redcar & Cleveland Council:  
Councillors Carling and Kay

Representing Stockton-on-Tees Borough Council:  
Councillors Javed, N Wilburn and Mrs M Womphrey.

**OFFICERS:** A Metcalfe (Darlington Borough Council), S Gwilym (Durham County Council), J Walsh (Hartlepool Borough Council), J Bennington and J Ord (Middlesbrough Council), M Ahmeen (Redcar & Cleveland Council) and P Mennear (Stockton-on-Tees Borough Council).

**\*\*PRESENT BY INVITATION:** Durham County Council: Councillor R Todd

Northern Doctors Urgent Care Limited:  
J Harrison, Chief Executive  
K Taylor, Head of Governance

South Tees Hospitals NHS Foundation Trust:  
S Donoghue, Senior Planning Manager  
J Moulton, Director of Planning  
Prof. D Stirrup, Consultant, Orthodontics.

**\*\* APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors J Taylor and Mrs H Scott (Darlington Borough Council), Councillors S Akers-Belcher and Griffin (Hartlepool Borough Council), Councillor Cole (Middlesbrough Council) and Councillor Mrs Wall (Redcar & Cleveland Council).

### **\*\*DECLARATIONS OF INTEREST**

There were no declarations of interest made at this point of the meeting.

### **\*\* MINUTES**

The minutes of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 10 October 2011 were submitted and approved as a correct record.

## **ORTHODONTIC SERVICES – CHANGES PROPOSED**

Further to the meeting of the Joint Committee held on 10 October 2011 the Scrutiny Support Officer submitted a report the purpose of which was to introduce senior representatives of South Tees Hospitals NHS Foundation Trust (STHFT) to address the Joint Committee about proposed changes to Orthodontic Services following an extensive review. As the proposals had a material impact upon County Durham residents, accessing the service at Bishop Auckland, Elected Members from Durham County Council had been invited to the meeting.

As part of the publicity material relating to the consultation exercise specific reference was made to a Summary leaflet entitled 'Plans for a Specialist Orthodontic Centre'. Confirmation was given in such a leaflet that alternative options had been considered including the combination of clinics

at Darlington with Bishop Auckland or North Tees with Hartlepool. Given the existing staffing pressures it was considered that such action would result in an overall reduction in the quality of service for patients who needed complex treatment. It was also pointed out that junior doctors could not undertake their training at these sites. With reduced numbers it was considered that the only way the service could continue to train staff would be to bring patients together into the specialist centre which would be vital for the future of the service.

Copies of a position statement from North Tees and Hartlepool Trust, a press release and letter from Alex Cunningham MP Stockton North, and a further briefing from STHFT concerning the consultation exercise and responses received so far were circulated at the meeting.

Mrs J Moulton, Director of Planning, STHFT briefly summarised the principle issues facing the Orthodontics service of a decreasing number of referrals into hospital based services and a reduction in the number of Consultant Orthodontists. Specific reference was made to recruitment difficulties experienced across the UK and to a greater extent in the North East over the last four years. In response to this the Joint Committee was advised of a number of measures which had been pursued including the return of Prof. D Stirrup from retirement at STHFT. The Joint Committee was reminded however of other impending retirements and a consultant who was due to go on maternity leave.

In terms of the responses to the consultation exercise Mrs J Moulton gave an assurance that the driving force for the proposed changes to the Orthodontic service was not about achieving financial savings but to recruit Consultant Orthodontists and to provide a safe and sustainable service. An assurance was given that efforts would continue to recruit Consultant Orthodontists.

In response to clarification sought from Members, Prof. D Stirrup outlined the difficulties with regard to recruitment since his retirement as Head of Service in 2007. It was noted that as at 31 October 2011 there were 213 Consultant Orthodontists across the UK and currently 26 vacant posts 17 of which had been vacant for more than two years. Reference was also made to potential recruitment which had been unsuccessful from the current local training programme.

In response to Members' questions it was confirmed that the difficulties associated with recruitment was a national problem and although there were currently approximately 480 Specialist Practitioners they were limited in the range of services which they could provide. It was acknowledged that the level of salary in terms of NHS Consultant Orthodontics may be an influencing factor in recruitment and that it was not likely to change in the foreseeable future. Over recent years it was pointed out that there had been an increasing trend for persons training in orthodontics but working both in private practice and consultancy work because of the local availability of jobs which allowed flexibility for those with family commitments.

As previously indicated and as a result of a high demand for orthodontic services a change to commissioning had been implemented in 2009 which had attracted additional Specialist Practitioners in the Tees Valley to undertake non-complex orthodontic services.

In response to clarification sought from Members an indication was given of the current commitments and pressures of Consultant Orthodontists under existing arrangements and impact on patients in terms of likely poorer outcomes or extended periods for treatment given the impending reduced number of consultants and potentially fewer trainees. In commenting on options which not been pursued as identified by Members an indication was given of the lack of appropriate facilities and no Dental/Facial Surgeon since August 2011 at Darlington Memorial Hospital. Confirmation was also given that to significantly change the provision at the Friarage Hospital would not assist in overall terms in providing a sustainable and safe service for patients with complex needs. Recent statistical information was provided which showed the percentage reduction in the number of referrals which demonstrated that Darlington and Bishop Auckland had the highest and Hartlepool had no referrals.

Specific reference was made to engagement with patients with particular regard to Bishop Auckland. It was noted that 131 patients had been spoken to so far two of whom had indicated that the proposed arrangements at JCUH were considered unsuitable and had opted to go to Newcastle and another patient had decided to go to the Friarage Hospital for family reasons. An assurance was given of the attempts which were being made to address patient's concerns on

an individual basis. Although the concerns around the inevitable increased travelling for certain patients was acknowledged it was reiterated that because of the complexities and need for patients to be reviewed by other specialist consultants a number of them had to go to JCUH in any case. Members also referred to current problems associated with travel in respect of patients from areas such as East Cleveland. It was noted however that there were ongoing negotiations with the respective PCTs about local provision.

In terms of the commissioning of primary care services since 2008 the Joint Committee was advised of significant increases in the availability of local services for patients and that there was scope for this to increase further.

The Joint Committee considered the information/evidence which had been presented in formulating a response to the STHFT on the proposed changes to Orthodontic Services taking into account:-

- (a) acknowledgement of the rationale of the proposals given the decrease in the number of referrals to hospital based services; difficulties in recruiting Consultant Orthodontists at a local and national level; reductions in the number of trainee consultants; and the impact of such circumstances in providing a sustainable and clinically safe way of meeting the needs of patients who required complex treatments which could only be delivered in hospitals;
- (b) recognition of STHFT continuing to work with respective PCT/service commissioners to ensure that primary care facilities including Specialist Orthodontic Practitioners is maintained and developed further to undertake the majority of non-complex orthodontic provision;
- (c) that consideration is given to the local Joint Strategic Needs Assessments in this regard;
- (d) that the efforts of the STHFT in terms of undertaking an effective engagement plan and response in addressing initial concerns regarding such a process be acknowledged;
- (e) recognition of STHFT's willingness to include any other appropriate organisations to the list of those already contacted as part of the consultation exercise be noted.

**AGREED** as follows:-

1. That the representatives of the South Tees NHS Hospitals Foundations Trust be thanked for the information provided and contribution to subsequent deliberations.
2. That a formal response be compiled based on the evidence presented and conclusions outlined and circulated to the constituent authorities prior to submission to the South Tees Hospitals NHS Foundation Trust.
3. That a further update be provided following the completion of the consultation exercise.

#### **OUT OF HOURS SERVICES – NORTHERN DOCTORS URGENT CARE LIMITED**

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representatives from Northern Doctors Urgent Care (NDUC) to provide an update on the Out of Hours service and how the service was progressing.

In order to assist deliberations a series of questions had been forwarded to NDUC prior to the meeting.

Mrs K Taylor, Head of Governance, NDUC presented a detailed report a copy of which would be made available to Members on a review of the service so far since it went live in Hartlepool on 1 November 2010 and on 1 February 2011 for the remainder of the Teesside area.

From the inception of the whole Teesside service the call centre had been based locally in Crutes House, Teesdale Business Park at Thornaby where calls were allocated using the service's clinically validated urgency criteria by specially trained call handlers.

Statistical information was provided on call volumes over the past nine months which showed that between 5,500-7,000 cases per month had been dealt with in the Teesside area which probably equated to 70,000 cases per year. On average approximately 33% calls resulted in telephone advice, 25% patients had been seen in centres, about 15% patients had been visited in homes, with the remaining cases the majority of had involved admission to hospital where clinically appropriate. A review of activities over the last month had demonstrated that NDUC had been 100% compliant with regard to telephone advice for both urgent and routine calls and 99% compliant with national targets. It was reported however that to see all urgent patients within the 90 minute time window set by commissioners as part of the local quality requirements was proving to be a challenge and was currently being examined to improve such compliance.

Reference was made to the complaints system and in particular 37 complaints which had been dealt with the majority of which related to attitudes of staff or perceived waits for visits.

In terms of staff NDUC had initially taken over the majority of GPs who had previously provided support to Primecare. It was confirmed that GP recruitment was ongoing for local doctors with regular induction and shadowing sessions scheduled to all recruits.

Specific reference was made to current challenges being experienced with regard to the One Life Centre at Hartlepool and the integrated model of care which had been introduced. Some issues had been exacerbated by the closure of the A&E department at Hartlepool Hospital. The Joint Committee was advised that many patients were confused about the remit and links of each of the services at the Centre although it was pointed out that the commissioners were disseminating communications to all local service users in an endeavour to clarify the matter. NDUC confirmed that in accordance with their contract it did not operate a walk in centre and that all patients must be triaged by telephone before further appropriate care was given. Members commented on current difficulties and suggested that there was scope to consider the matter as a subject of scrutiny investigation by the respective local Health Scrutiny Committee.

In terms of external challenges an indication was given of the endeavours being made with particular regard to improving efficiency at a time of severe financial constraints, integrating with co-providers and coping with changing commissioning arrangements. NDUC was also completing its application process as part of registration with the Care Quality Commission.

Although NDUC did not currently have access to the national Summary Care records system reference was made to steps taken to raise the profile of its internal special patients register. Details were also given of ongoing work to develop strong working relationships with appropriate local NHS organisations and local authorities. An assurance was given that robust arrangements were in place with regard to child protection and safeguarding vulnerable adults. The report also outlined internal service improvements and monitoring procedures in place.

In terms of the winter period an indication was given of the arrangements which were in place and/or being pursued in readiness for anticipated pressures arising from a severe winter.

**AGREED** that the representatives of Northern Doctors Urgent Care be thanked for the information provided and that they be invited to present a further update in approximately six months' time.

## **CLINICAL COMMISSIONING GROUPS**

The Scrutiny Support Officer introduced a written briefing which had been provided by NHS Tees entitled 'development of Clear and Credible Plans by Clinical Commissioning Groups'.

The report stated that as part of the NHS reforms set out by the Government in 'Liberating the NHS: Equity and Excellence' from April 2013 Clinical Commissioning Groups (CCGs) would take on statutory responsibilities for commissioning health services following the abolition of Primary Care Trusts.

In preparation for their new role groups of GP Practices had got together to shadow PCTs as 'pathfinder' CCGs (Hartlepool, Middlesbrough, North Tees (Stockton-on-Tees), Redcar and Cleveland (Langbaugh and Greater Eston) to work together to manage local budgets and commission services for patients directly with other NHS colleagues and local authorities.

In order to become fully formed and autonomous CCGs and in a position to take on their statutory responsibilities for commissioning it was explained that each pathfinder CCG must apply for authorisation from the NHS Commissioning Board. Such a process included the submission of a Clear and Credible Plan, including initial Commissioning Intentions for the next three years to be submitted by January 2012.

As part of the Communication and Engagement process it was confirmed that during October and November 2011 local pathfinder CCGs supported by NHS Tees would:

- (a) communicate key messages and raise awareness of local progress in establishing pathfinder CCGs;
- (b) seek the views of patients, patient representatives and stakeholders on the vision for CCGs, priority areas and future mechanisms for communication and engagement.

Details were given of the questions asked in the online survey and confirmation given that a report on the findings would be available by 25 November.

**AGREED** that the information provided be noted.

#### **ANY OTHER BUSINESS – HEALTHCARE ASSOCIATED INFECTIONS**

With the approval of the Joint Committee a Member referred to recent reports in the Hartlepool media relating to apparent outbreaks in local hospitals in the number of *c. difficile* cases and was seeking an assurance of steps being taken to mitigate such circumstances.

**AGREED** that the further information be sought and Members be advised accordingly.