PLEASE NOTE THE VENUE

HEALTH SCRUTINY FORUM

AGENDA

Thursday 9 February 2012

at 10.00 a.m.

in Conference Room 3
Hartlepool College of Further Education,
Stockton Road, 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. **TO CONFIRM THE MINUTES OF THE MEETING HELD ON 26 JANUARY 2012**
   (To Follow)

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

   No items.

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

   No items.

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

   No items.

PLEASE NOTE THE VENUE

7. **ITEMS FOR DISCUSSION**

   7.1 North Tees and Hartlepool NHS Foundation Trust's Service Delivery Proposals

   (a) Covering Report – *Scrutiny Support Officer*

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

   7.2 Draft Hartlepool Public Health Transition Plan – *Assistant Director for Health Improvement*

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 19 December 2011.

10. **REGIONAL HEALTH SCRUTINY UPDATE**

    No items.

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

FOR INFORMATION

Date of Next Meeting 23 February 2012 at 10.00 a.m.

HEALTH SCRUTINY FORUM

09 February 2012

Report of: Scrutiny Support Officer

Subject: NORTH TEES & HARTLEPOOL NHS FOUNDATION TRUST'S SERVICE DELIVERY PROPOSALS – COVERING REPORT

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1. PURPOSE OF THE REPORT

1.1 To introduce representatives from North Tees and Hartlepool NHS Foundation Trust who will be presented at today's meeting to present a briefing around their Service Delivery Proposals.

2. BACKGROUND INFORMATION

2.1 Members will recall that during the summer of 2008 this Health Scrutiny Forum was involved in a joint consultation under Section 244 of the NHS Act 2006 relating to the development of the Momentum: Pathways to Healthcare Programme, which "aimed to deliver services closer to home; local clinics, where much of what is provided in hospital can take place and a new hospital within easy reach of everyone in the area"[1]. The joint consultation was presented to the NHS Joint Committee on the 29 September 2008.

2.2 Subsequently representatives from North Tees and Hartlepool NHS Foundation Trust will be present at today's meeting to outline developments to service delivery in the following areas affecting the University Hospital of Hartlepool:-

(i) cardiology (heart care and treatment);

(ii) diagnostic urology (bladder and urinary tract testing);

(iii) orthopaedics and spinal; and

(iv) endoscopy services

[1] Momentum – Consultation Response (September 2008)

3. RECOMMENDATION

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

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

BACKGROUND PAPERS

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

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

HEALTH SCRUTINY FORUM

9 February 2012

Report of: Acting Chief Executive

Subject: DRAFT HARTLEPOOL PUBLIC HEALTH TRANSITION PLAN

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1. INTRODUCTION

1.1 The purpose of this paper is to seek comments from the Health Scrutiny Forum on the draft Public Health Transition Plan, for transferring the statutory responsibilities for Public Health from NHS Hartlepool to Hartlepool Borough Council by April 2013.

2. BACKGROUND

2.1 The publication of 'Healthy Lives, Healthy People: Our Strategy for Public Health in England 2010' (Department of Health). Proposed radical reform of how Public Health is to be delivered in England. In summary, the proposals for the future delivery of Public Health are three fold:

i. Local Government will assume responsibility for Public Health including, strategic planning, commissioning and investment in Public Health services. This will be led by a statutory Director of Public Health accountable to the Chief Executive responsible for three key domains of Public Health including health protection; health improvement and population healthcare.

ii. Creation of National Executive Agency of the Department of Health – Public Health England who will be responsible for providing expert intelligence and health protection services.

iii. NHS Commissioning Board being responsible for public heath interventions including screening and immunisations.

3. KEY PUBLIC HEALTH POLICY UPDATE

3.1 In December 2011, a series of fact sheets regarding implementing the proposed Public Health delivery model were published covering the areas overleaf:-

- ***Public Health In Local Government***

  The Role of the Director of Public Health
  Local Government leading for Public Health
  Local Government's New Public Health Functions
  Commissioning Responsibilities
  Public Health Advice to NHS Commissioners
  Professional appraisal and support, and capacity building

- **Public Health England's Operating Model**

  Mission and values
  Functions
  Organisational design
  Status and Accountability
  Next Steps – establishing Public Health England

3.2 From the fact sheets identified under section 3.1, detailed below is a summary of their content:-

- It is intended that amendments will be brought forward in the Health and Social Care Bill that subject to Parliament, Directors of Public Health will be added to the list of statutory Chief Officers in the Local Government and Housing Act 1989. This is to ensure Directors of Public Health have appropriate status in the Local Authority.
- Directors of Public Health will be trained specialists.
- The Health and Social Care Bill will make it a statutory requirement for the Director of Public Health to produce an annual report on the health status of the town.
- Directors of Public Health will be statutory members of the Health and Well Being Board.
- Clear local political leadership will be critical to the success of improving health.
- Local Government is well placed to take a population based perspective which is at the heart of Public Health and a natural part of what Councils do.
- Local Authorities can use their new responsibilities and ring fenced resources to include health in all policies and consider the impact on health in all decisions. The Local Authority is well placed to influence the wider determinants of health including housing, economic regeneration, education, children and adult services etc.
- Local Authorities will be key partners in Health and Well Being Board alongside other new bodies including HealthWatch.
- Local Authorities will also wish to work with Clinical Commissioning Groups to provide integration across clinical pathways. The Health and Well Being Board will be critical to driving this forward.

- The Local Authority will commission services to improve health using the ring fenced Public Health resource. This investment should be based on a robust Joint Strategic Needs Assessment.
- The Health and Social Care Bill includes the power for the Secretary of State to prescribe that Local Authorities are mandated to commission the following:-

    1. Appropriate access to sexual health services;
    2. Steps are taken to protect the health of the population, in particular, giving the local authority a duty to ensure there are plans on place to protect the health of the population;
    3. Ensure NHS Commissioners receive the Public Health advice they need;
    4. National Childhood Measurement programme;
    5. NHS Health Check Assessment.

- It is now not intended that the Healthy Child Programme will be mandated before 2013. It is expected that these services will be unified within the Local Authority by 2015.
- Local Authorities will also be responsible for the following:-

    1. Tobacco control and smoking cessation services;
    2. Alcohol and drug misuse services;
    3. Public Health services for children and young people aged 5-19 years;
    4. Interventions to tackle obesity such as community lifestyle and weight management services;
    5. Locally-led nutrition initiatives;
    6. Increasing levels of physical activity in population;
    7. Public mental health services;
    8. Dental Public Health services;
    9. Accidental injury prevention;
    10. Population level interventions to reduce and prevent birth defects;
    11. Behavioural and lifestyle campaigns to prevent cancer and long term conditions;
    12. Local initiatives on workplace health;
    13. Supporting, reviewing and challenging delivery of key Public Health funded and NHS delivered services such as immunisation and screening;
    14. Local initiatives to reduce excess deaths as a result of seasonal mortality;
    15. The local authority role in dealing with health protection incidents, outbreaks and emergencies;
    16. Public Health aspects of promotion of community safety, violence, prevention and response;
    17. Public Health aspects of local initiatives top tackle social exclusion;
    18. Local initiatives that reduce Public Health impacts of environmental risks

- Local Health Resilience Forums will be created as part of the existing Local Resilience Forum infrastructure. A lead Director for this will be appointed from the NHS Commissioning Board and a lead Director of Public Health for an area will act as co-chair.
- Directors of Public Health will advise on whether screening and immunisation programmes being provided in their area met the needs of the population and if there is equitable access.
- Public Health will need to provide advice to NHS Commissioners. This advice might include Public Health intelligence and JSNA; data, epidemiology, design of monitoring and evaluation frameworks; advice of effectiveness of interventions; pathway design; health equity audit etc.
- Abortion services will remain in the NHS commissioned by clinical commissioning groups and not now the Local Authority as previously proposed.
- Commissioning of sexual assault services will rest with the NHS Commissioning Board.
- Public Health England will deliver specialist health protection services in partnership with the Local Authority; deliver an information and intelligence service; support commissioning and delivery of effective health care service and Public Health progranmmes; design and deliver nationwide communications and interventions.
- Public Health England will have a national office and four hubs. The four hubs will be conterminous with the four sectors of the NHS Commissioning Board and Department for Communities and Local Government Resilience hubs covering London, the South of England, Midlands and East of England and the North of England.

3.3 Further policy guidance regarding human resources and workforce, financial resources including the ring fenced Public Health budget and performance and Public Health outcomes are due to be published between January and March 2012. This guidance is critical to the implementation of the draft transition plan.

4. DRAFT TRANSITION PLAN

4.1 In order to ensure the smooth transition of the responsibility from NHS Hartlepool to Hartlepool Borough Council, it has been necessary to complete a draft transition plan (attached as **Appendix A**). This plan attempts to encapsulate at a fairly high level of detail the key actions that must be undertaken to ensure effective transition. This plan is not exhaustive and has sufficient detail to guide the work of those responsible for implementation.

4.2 The plan considers the following key themes:-

1. Policy and Strategy
2. Human Resources
3. Contracting and Procurement

4. Ring fenced Budget
5. Public Health Delivery
6. Risk, Resilience and Emergency Planning Through Transition
7. Health Protection through Transition
8. Governance through Transition
9. Infrastructure
10. NHS Commissioning Board – Public Health Transition
11. Communication and Engagement Plan through Transition

4.3 There are a number of timescales attached to the development of the Public Health Transition Plan which are detailed below:-

(i) A report on the Draft Hartlepool Public Health Transition Plan was presented to Cabinet on 23 January 2012.

(ii) Draft Hartlepool Public Health Transition Plan submitted to the Regional Director of Public Health by 27 January 2012.

(iii) A report on the final version of the Hartlepool Public Health Transition Plan is to be presented to Cabinet on 5 March 2012.

(iv) The final version of the Hartlepool Public Health Transition Plan will need to be submitted to:-

(a) the Regional Director of Public Health by 16 March 2012; and

(b) the Department of Health by 5 April 2012.

4.4 A recent letter from Professor Paul Johnson, Regional Director of Public health for the North of England highlighted the following timescales for implementing the plan.

- By the end October 2012 it is expected the substantial majority of PCTs with local authority agreement will have transferred Public Health duties to local authorities with robust governance in place for the remainder of 2012/13.

- By end December 2012 all remaining duties will be transferred.

- By end March 2013 all PCTs must have completed the formal handover of public health responsibilities to Local Authorities.

4.5 There is a regional Public Health transitions assurance board in place managed by Public Health North East as part of the Strategic Health Authority. From Hartlepool the Chief Customer Services and Workforce Officer and the Assistant Director of Health Improvement are contributing to the work of the Board.

5. RECOMMENDATIONS

5.1 That Members:-

(a) note the content of this report and the presentation, seeking clarification on any issues from the Assistant Director of Health Improvement present at today's meeting; and

(b) formulate views on the Public Health Transition Plan to be presented at the meeting of Cabinet on 5 March 2012.

Contact Officer:- Louise Wallace
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Tel: 01429 284030
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BACKGROUND PAPERS

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

(i) Department of Health (2010), *Healthy Lives, Healthy People: Our Strategy for Public Health in England*, Available from http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121941

(ii) Department of Health (20 December 2011) *New public health system takes shape as more details published*, Available from: http://healthandcare.dh.gov.uk/public-health-system/ (Accessed 24 January 2012)

7.2
APPENDIX A

DRAFT
Public Health Transition Plan
For Hartlepool

2011-2013

7.2
APPENDIX A

1. Introduction

1.1 The publication of ‘Healthy People, Healthy Lives: Our Vision for Public Health in England 2010’ (Department of Health) proposed radical reform of the future delivery of public health in England. This white paper proposed new responsibilities for Local Government for improving health and resources to enable this to happen. It also proposed responsibilities for the NHS Commissioning Board for public health interventions including screening and immunisations. The paper signalled the creation of a new Executive Agency ‘Public Health England’ with public health responsibilities in including health protection and public health intelligence and knowledge.

1.2 This new system for public health is aimed at being integrated across all of the various parts but with a strong focus on localism, with Local Government playing a leading role, with public health teams led by a Director of Public Health.

1.3 Implementing the new system is a complex process and one that must be completed by April 2013. Therefore, it is essential to have a local transition plan that describes the key issues and actions that must be undertaken to ensure a smooth transition from the old system to the new system.

1.4 This transition plan is jointly owned between NHS Hartlepool as the statutory body currently responsible for public health and Hartlepool Borough Council who by 2013 will be responsible for public health. Joint ownership of this plan is essential, as it is imperative that there is robust governance, due diligence and accountability arrangements in place throughout the transition year 2012/13. This plan identifies what needs to be done; by when and who is responsible for ensuring progress is made and actions delivered.

1.5 This transition plan must be agreed with NHS Hartlepool and Hartlepool Borough Council Executive in draft form by the end of January 2012. This agreement must be in place as by this date a draft plan must be submitted to the Regional Director of Public Health (RDPH). The RDPH has responsibility for assuring the transition across the Strategic Health Authority clusters and approving each areas public health transition plans.

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APPENDIX A

1.6 The creation of the Health and Well Being Board by 2013 was also a key feature of the public health white paper. This Board will also want to ensure the public health transition plan reflects the work of the Board and the Joint Strategic Needs assessment for Hartlepool.

Hartlepool
Public Health Transition Plan

Key Theme – Policy and Strategy

Key Issue	Actions	Timescale	Lead Officer	Progress
Publication of Healthy People Healthy Lives White Public Health Paper - Consultation 30th November – 31st March Publication of public health outcomes framework for consultation Publication of funding and commissioning of public health	Brief Corporate Management Team	December 2010	Assistant Director of Health Improvement	Complete
	Brief Cabinet	January 2011	Assistant Director of Health Improvement	Complete
	Establish cross departmental Assistant Director Transition Steering Group	January 2011	Assistant Director of Health Improvement	Complete
	Respond to White paper	31st March 2011	Assistant Director of	Complete

	before 31st March		Health Improvement And Portfolio Holder for Public Health	
Key Issue	**Actions**	**Timescale**	**Lead Officer**	**Progress**
Cross reference proposed public health outcomes framework	Consider framework alongside corporate outcomes framework (s)	End of February 2011	Policy Officer and Assistant Director of Health Improvement	Complete
Contribute to Regional Public Health Transition Group and Regional Health and Well Being Board Workstream	Ensure Hartlepool is represented regionally on transitions steering group	Ongoing	Assistant Director of Health Improvement	Underway and Hartlepool regularly feeds issues into group via Peter Kelly
Health and Well Being Partnership functioning in shadow form	Expression of interest submitted to be a pathfinder.	April 2011	Assistant Director of Health Improvement and assistant Director of Adult Social Care	Pathfinder status confirmed
Establish shadow Health and Well Being Board		March 2012	Assistant Director of Health Improvement	Agreement secured through Cabinet to establish Board and 1st

				meeting took place n 10th October 2011 with elected Mayor to Chair
Key Issue	**Actions**	**Timescale**	**Lead Officer**	**Progress**
Ensure Public Health representation in GP Consortia for Hartlepool	Secure a place on the emerging GP Consortia Board	April 2011 / 12	Assistant Director of Health Improvement	Assistant Director of Health for Health Improvement is a voting member of Hartlepool Clinical Commissioning Group (CCG) for Hartlepool. Key public health issues such as immunisations, cancer and alcohol issues have already been debated by the CCG. There is representation from the CCG on shadow Health and Well Being Board.
Joint Strategic Needs Assessment and Public	Refresh JSNA for 2011 and then for 2012 and	October 2011	Assistant Director of Health Improvement	Underway and is a key task of shadow Health

Health Intelligence	2013 when it becomes the responsibility of the Local Authority	October 2012 October 2013		and Well Being Board.
Key Issue	**Actions**	**Timescale**	**Lead Officer**	**Progress**
Develop a draft Health and Well Being Strategy through Health and Well Being Board	Identify a team and process for writing strategy on behalf of board	April 2012	Assistant Director of Health Improvement	Underway

Human Resources

Key Issue	Actions	Timescale	Lead Officer	Progress
Publication of the Public Health Human Resources Concordat	Consider the Human resources Concordat in NHS Hartlepool and Hartlepool Borough Council (HBC) and identify issues for staff.	January 2012	Chief Customer and workforce Officer (HBC) and Director of Corporate Affairs (NHS Hartlepool)	HR Concordat published and work ongoing
Cabinet to consider options for appointing a Director of Public Health	Cabinet paper with options to be discussed and agreed by Cabinet.	5th December 2011	Acting Chief Executive	Complete
Recruitment of Director of Public Health	Job description to be developed and submitted to Faculty of Public Health for	December 2011	Acting Chief Executive	Job description completed and submitted to faculty of Public Health

	approval. Job advertised through NHS Hartlepool.			
Key Issue	**Actions**	**Timescale**	**Lead Officer**	**Progress**
	Panel to be appointed. Interview candidates.	March 2012	Acting Chief Executive	Job to be advertised and panel appointed
Existing Public Health Staff	Transfer public health staff working base to Civic Centre	February 2011	Assistant Director of Health Improvement	Complete
	Undertake 1-1 interviews with all staff and assign them into groups as required by NHS HR	February 2011	Assistant Director of Health Improvement	Complete
	Consider implications of HR guidance for staff in relation to TUPE, terms and conditions, consultation and	April 2012	Assistant Director of Health Improvement with Chief Customer and workforce Officer (HBC) and Director of	This is dependent on national HR framework for public health / NHS staff and affordability.

	discussions with staff side and unions.		Corporate Affairs (NHS Hartlepool)	

Ring Fenced Budget

Key Issue	Actions	Timescale	Lead Officer	Progress
Publication of shadow public health ring fenced allocations to local authorities	Ensure investment programme for this resource is consistent with overall financial strategy of the Local Authority.	January 2012	Acting Chief Executive, Chief Finance Officer	HBC has contributed to the mapping exercise of actual 2010 / 11 spend as part of a national exercise to assist the DOH in identifying formulae and budget for each area. Shadow budget expected 2012/13
	Develop plans to invest this resource through the Health and Well Being Board to deliver the Health and Well Being Strategy	April 2012	Assistant Director of Health Improvement	Key task of shadow health and well being board is to develop Health and Well Being Strategy including plans for investment in services.

Contracting and Procurement

Key Issue	Actions	Timescale	Lead Officer	Progress
Identify contracting and procurement issues associated with services transferring to Local Authority responsibility in appendix 1.	Undertake a stocktake of all contracts, service level agreements and memorandum of understanding in place for all public health services as outlined in appendix 1 for 2011/12.	December 2011	PCT Public Health Contracts Manager Deputy Director of Procurement PCT	Underway and being led by PCT.
	Identify key leads for each of the contracts, service level agreements and memorandum of understanding from HBC and PCT during 2012 transitional year and beyond.	March 2012	Assistant Director of Health improvement / Assistant Director of Procurement	

Key Issue	**Actions**	**Timescale**	**Lead Officer**	**Progress**
	Prepare a legacy document of all programmes, schemes, services and activities commissioned with public health resources for 2011/12. This document will outline the services or activity, levels of investment and outcomes delivered to inform Local Authority of the legacy relating to this investment.	October 2012	Assistant Director of Health improvement	

Public Health Delivery

Key Issue	Actions	Timescale	Lead Officer	Progress
Identify services that can be shared with neighbouring authorities to maximise economies of scale for public health.	Participate in the prepare of a paper for the Tees Valley Chief Executives regarding in principle sharing arrangements of public health functions across Tees.	November 2011	Acting Chief Executive / Assistant Director of Adult Social Care	Complete
	Present to cabinet wider public health functions that could be shared across Tees of Tees Valley. List is appendix 2.	5th December 2011	Acting Chief Executive	Complete
	Present to cabinet wider public health functions that could be shared across Tees of Tees Valley. List is appendix	5th December 2011	Acting Chief Executive	Complete

	2.			
Key Issue	**Actions**	**Timescale**	**Lead Officer**	**Progress**
	Identify a lead Local Authority to host these functions.	February 2012	Acting chief Executive supported by assistant Director of Health Improvement	
	Agree a service specification and costings model and service level agreement for these functions.	October 2012	Acting Chief Executive supported by assistant Director of Health Improvement	
	If Hartlepool is not the lead authority hosting these functions, ensure the lead Authority considers and acts on all human resource issues relating to staff.	October 2012	Acting Chief Executive supported by assistant Director of Health Improvement / Director of Corporate Affairs (PCT)	
Integrate Public Health into the management structure of the Local	Identify the span of control and management functions	March 2012		

Authority.	and arrangements of			
Key Issue	**Actions**	**Timescale**	**Lead Officer**	**Progress**
	public heath as a Corporate function within the Local Authority.	March 2013	Acting Chief Executive	
Core Public Health Offer to Clinical Commissioning groups	Identify and agree the core public health offer to clinical commissioning groups including the local public health team in Hartlepool and shared functions across Tees / Tees Valley	October 2012	Tees Executive Director of Public Health / Assistant Director of Health Improvement / Chair of Clinical Commissioning Group	

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APPENDIX A

Risk, Resilience and Emergency Planning Through Transition

Key Issue	Actions	Timescale	Lead Officer	Progress
Public Health representation on Local Resilience Forum (LRF)	Assistant Director of Health improvement (Hartlepool) to represent NHS Tees on LRF during 2012/13 for all emergency planning health issues.	Until April 2013	Assistant Director of Health Improvement (Hartlepool)	Ongoing
	Participate in the creation of Local Health Resilience Forum sub group of the LRF.	April 2013	Assistant Director of Health Improvement (Hartlepool)	Ongoing
Maintain NHS Emergency planning arrangements and business continuity	NHS Hartlepool will continue to host the emergency planning manager and prepare	April 2013	Assistant Director of Health Improvement (Hartlepool)	Ongoing

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Key Issue	**Actions**	**Timescale**	**Lead Officer**	**Progress**
	plans to comply with the Civil Contingency Act 2004 until national guidance is produced indicating how this duty is to be discharged post PCT.	April 2013	Assistant Director of Health Improvement (Hartlepool)	Ongoing

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Health Protection Through Transition

Key Issue	Actions	Timescale	Lead Officer	Progress
Maintain strong relationships with the Health protection Agency as their functions migrate to Public Health England	Ensure regular dialogue with the Unit Director of the HPA with HBC.	Ongoing	Assistant director of Heath Improvement and Unit Director of HPA	
	Ensure the Local Authority Cabinet and Health and Well Being Board are briefed on the importance of health protection and identify it as a key strategic	December 2011	Assistant Director of Health Improvement	HPA presentation to Health and well Being Board regarding transition and importance of health protection. Agreement has been secured to make immunisation uptake a key public health priority to

				address in 2012.
Key Issue	**Actions**	**Timescale**	**Lead Officer**	**Progress**
	priority for public health and the Health and well Being Strategy.	April 2013	Assistant Director of Health Improvement	

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Governance Through Transition

Key Issue	Actions	Timescale	Lead Officer	Progress
Agree a governance process to ensure due diligence for all aspects of public health transferring to the local authority (contracts, staff indemnity, incident reporting, risk sharing agreements scheme of delegation, clinical governance etc.)	Scope issues with the Chief solicitor and the Director of Corporate Affairs for the PCT and agree a process and plan to mitigate risks.	March 2012	Chief Solicitor / PCT Director of Corporate Affairs	
	Identify any information governance issues as public health transfers to the Local Authority. This might be paper based or electronic information	July 2012	Chief Solicitor / PCT Director of Corporate Affairs	

	(Caldicott Guardian and information controller issues).			

Infrastructure

Key Issue	Actions	Timescale	Lead Officer	Progress
Access to HBC IT for Public Health staff	Ensure all public health staff have access to HBC IT and email accounts	February 2011	Assistant Director of Health Improvement	Complete
Asset register and transfer of assets	Identify all PCT assets currently used by public health staff and identify how these assets will be returned or utilised in future.	March 2012	Head of IT PCT	

Communication and Engagement Plan through Transition

Key Issue	Actions	Timescale	Lead Officer	Progress
Develop a joint communication plan regarding public health transition with HBC and NHS Hartlepool	Ensure the plan meets needs of staff through transition	Ongoing until April 2013	Head of communications HBC and Head of Communications PCT	
	Ensure the plan communicates a range of partners on a frequent basis e.g.: with Health and Well Being Board, community and voluntary sector providers, LINX or emerging health Watch, Clinical Commissioning Group	Ongoing until April 2013	Head of communications HBC and Head of Communications PCT	

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NHS Commissioning Board – Public Health Transition (Local Level)

Key Issue	Actions	Timescale	Lead Officer	Progress
Clarity regarding critical public health functions including immunisation screening and infection control through transition.	Work with the Regional Public Health team to identify and agree a transition plan for those public health services transferring to the responsibility of the NHS commissioning board.	October 2012	Assistant Director of Health Improvement	Regional work on screening is underway.

Appendix 1

Public Health Functions Transferring from Primary Care Trusts to Local Authorities

1. Introduction

1.1 The publication of 'Healthy People, Healthy Lives: Our Vision for Public Health in England 2010' (Department of Health) described mandated functions that will transfer to the responsibility of the Local Authority.

'The Health and Social Care Bill allows the Secretary of State to prescribe that certain services should be commissioned or provided by local authorities, and certain steps taken. *Healthy Lives, Healthy People: update and way forward* set out why and how the Government intends to use these powers. We said:

"Wherever possible, we wish to transfer responsibility and power to the local level, allowing local services to be shaped to meet local needs. But there are some circumstances where a greater degree of uniformity is required. With this in mind, the Health and Social Care Bill allows the Secretary of State to prescribe that certain services should be commissioned or provided by local authorities, and certain steps taken. We consulted on which services should be prescribed in this way. Our decisions have been guided by the following principles. We will require local authorities to deliver or commission particular services where:

- *services need to be provided in a universal fashion if they are to be provided at all (this is particularly relevant to health protection, because if certain health protection services are not provided in a universal fashion, or not provided at all, there may be risks to population health and wellbeing);*
- *the Secretary of State is already under a legal duty to provide a certain service, but in practice intends to delegate this function to local authorities. Mandation will ensure that these obligations are met;*

- *certain steps that are critical to the effective running of the new public health system.*

"Reflecting on the consultation responses and following the above principles, we plan to prescribe that local authorities deliver the following services or steps:

- *appropriate access to sexual health services;*
- *steps to be taken to protect the health of the population, in particular, giving the Director of Public Health a duty to ensure there are plans in place to protect the health of the population;*
- *ensuring NHS commissioners receive the public health advice they need;*
- *the National Child Measurement Programme;*
- *NHS Health Check assessment;*
- *elements of the Healthy Child Programme."* [paragraphs 2.19-2.20]

It can be seen from the extract above that mandation is not intended to identify some services as more important than others. We expect all local authorities to tackle the key local health improvement issues, but their strategies will be determined by local needs rather than central diktat. Rather the issue is that in some areas greater uniformity is required. Below we provide more detail on each of the above areas. We plan to lay draft regulations in [mid 2012] before making final regulations later that year.

Public health topic	Proposed activity to be funded from Public Health budget
Sexual health	Testing and treatment of sexually transmitted infections, fully integrated termination of pregnancy services, all outreach and preventative work
Immunisation against infectious disease	School immunisation programmes, such as HPV.
Seasonal mortality	Local initiatives to reduce hospital admissions and seasonal excess deaths
Accidental injury prevention	Local initiatives such as falls prevention and reducing childhood injuries

Public mental health	Mental health promotion, mental illness prevention and suicide prevention
Nutrition	Locally led initiatives
Physical activity	Local programmes to reduce inactivity; influencing town planning such as the design of built environment and physical activities role in the management / prevention of long tram conditions
Obesity programmes	Local programmes to prevent and treat obesity, e.g. delivering the National Child Measurement programme; commissioning of weight management services
Drug misuse	Drug misuse services, prevention and treatment
Alcohol misuse	Alcohol misuse services, prevention and treatment
Tobacco control	Tobacco control local activity, including stop smoking services, prevention activity, enforcement and awareness campaigns
NHS Health check	Assessment and lifestyle interventions
Health at work	Local initiatives on workplace health and responsibility deal
Prevention and early presentation	Behavioural/ lifestyle campaigns/ services to prevent cancer, long term conditions, campaigns to prompt early diagnosis
Community safety and violence prevention and response	Specialist domestic violence services that provide counselling and support services for victims of violence including sexual violence
Social exclusion	Support for families with multiple problems, such as intensive family based interventions
Dental Public Health	Targeting oral health promotion strategies to those in greatest need.

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APPENDIX A

Appendix 2 – Extract from Cabinet Paper 5th December 2011 Public Health – Future Options.

1. What is already shared across Tees for Public Health and what could be shared across Local Authorities in future?

Public Health is currently hosted within the NHS through the Primary Care Trust (PCTs). The 4 PCTs across Tees work on a shared management arrangement. The following public health functions are provided to support the 4 locality public health teams:

- Public health intelligence
- Infection control
- Emergency planning (including flu pandemic)
- Screening
- Immunisations
- Seasonal flu
- Dental public health
- Research
- Health equity audit
- Health needs assessments
- Oral health needs assessment
- Health impact assessment
- Cancer –early detection and awareness
- Cardiovascular disease
- Sexual health
- Commissioning obesity services
- Respiratory disease
- Long term conditions
- Public health input into funding

2 What Can be Done on a Supra Local Authority Basis (Beyond Tees Valley?)

2.1 There are also public health services that are currently commissioned or resources to participate in are committed to on a much wider scale than just the Tees Local Authorities. This includes the following:

FRESH – regional Tobacco Office
BALANCE – regional alcohol office
Regional Maternity Service Office
Public Health North East Intelligence North East (PHINE)
Better Health Fairer Health Strategy – Regional Action Groups
School of Public Health
Academic Public Health – FUSE

HEALTH SCRUTINY FORUM

09 February 2012

Report of: Scrutiny Support Officer

Subject: THE EXECUTIVE'S FORWARD PLAN

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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 (February – May 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 18th 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 15th 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 7th September 2011. The Bill has now been passed to the House of Lords for consideration. The first reading took place on 8th September and the second reading took place on 11th and 12th 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 21st 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 18th 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 18th 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

Catherine Frank, Local Strategic Partnership Manager, Civic Centre, Hartlepool TS24 8AY.
Telephone: (01429) 284322.
Email: catherine.frank@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 Governments national drug and alcohol strategies and best practice.

The substance misuse needs assessment is due for completion by the end of January 2012. Questionnaires, focus groups and workshops have been held with service users, families and

stakeholders and confirm that although there have been marked improvements within the treatment services there is still need for increased responses for non opiate addiction, increased capacity within the alcohol services and more engagement and participation for families and partners within the formal and recovery treatment process. Analysis of performance data confirms a reduction in numbers of opiate users entering treatment (which is in line with the national trend) and a slight increase of those achieving abstinence. As this outcome is likely to become a performance indicator from 2012 there is need to increase the numbers leaving treatment successfully and ensure effective reintegration into the community to halt any representations back to treatment within 12 months. There continues to be concern about substance misusers securing employment and sustainable housing.

The financial allocation and performance framework for drugs and alcohol were expected before Christmas but are still outstanding so planning continues on the basis of current arrangements.

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.

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 – February – May 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 FEBRUARY 2012

CAS 105/11 (page 11)	Hartlepool School admission Arrangements for 2013/14	Portfolio Holder
CAS 106/11 (page 12)	Priority Schools Building Programme	Cabinet
CAS 118/11 (page 20)	Development of Supported Accommodation for Care Leavers and Homeless Young People	Portfolio Holder
RN 13/09 (page 26)	Disposal of Surplus Assets	Cabinet / Portfolio Holder
RN 58/11 (page 29)	Allotments	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 89/11 (page 44)	Former Brierton School Site	Cabinet
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 98/11 (page 52)	Acquisition of Assets	Cabinet / Portfolio Holder
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

2. DECISIONS EXPECTED TO BE MADE IN MARCH 2012

CE 44/11 (page 7)	Workforce Arrangements	Cabinet
CAS 112/11 (page 14)	Adult Substance Misuse Plans 2012/13	Cabinet
CAS 116/11 (page 16)	Development of Children's Residential Care Provision in Hartlepool	Cabinet
CAS 117/11 (page 18)	Housing, Care and Support Strategy 2012	Cabinet
RN 29/10 (page 28)	Hartlepool Domestic Violence Strategy	Cabinet
RN 68/11 (page 34)	Community Cohesion Framework	Portfolio Holder
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
RN 4/12 (page 68)	Housing Market Renewal Transition Funding Plan	Cabinet

3. DECISIONS EXPECTED TO BE MADE IN APRIL 2012

RN 61/11 (page 32)	Selection of Preferred Developer for Sites in Seaton Carew	Cabinet
RN 77/11 (page 42)	Wynyard Master Plan	Cabinet
RN 100/11 (page 55)	Raby Road Corridor Developer Agreement	Cabinet
RN 3/12 (page 67)	Hartlepool CCTV Strategy 2012 - 2015	Cabinet
RN 5/12 (page 70)	Seaton Carew Development Sites – Results of Joint Working Arrangement with Preferred Developer	Cabinet

4. DECISIONS EXPECTED TO BE MADE IN MAY 2012

CE 46/11 (page 8)	Review of Community Involvement & Engagement (Including LSP Review): Update on decisions taken 'in principle'	Cabinet

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

A meeting of the Tees Valley Health Scrutiny Joint Committee was held on 19 December 2011.

PRESENT: Representing Darlington Borough Council:
Councillors Newall and Mrs Scott

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), 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:** Prof. P Kelly, Executive Director of Public Health, NHS Tees
Dr V Nanda, Middlesbrough Clinical Commissioning Group
Dr A Tahmassebi, Chair of Langbaurgh Clinical Commissioning Group
C Weldon, Director of Corporate Development, NHS Tees
A Wilson, Director Commissioning and System Development NHS Tees.

** **APOLOGIES FOR ABSENCE** were submitted on behalf of Councillor J Taylor (Darlington Borough Council), Councillors S Akers-Belcher, Griffin and G Lilley (Hartlepool Borough Council), Councillor Cole (Middlesbrough Council) and Councillor Carling (Redcar and Cleveland Council).

** **MINUTES**

The minutes of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 21 November 2011 were submitted and approved as a correct record.

SEASONAL FLU AND 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 update on how the local healthcare system is coping with the winter period so far and the progress made in administering seasonal flu vaccines. In order to assist deliberations a series of questions had been forwarded to the respective representatives prior to the meeting as outlined in the report the responses to which were shown as part of a presentation to the Joint Committee.

Appendix 2 of the report submitted outlined the responses received from the Tees Valley local authorities regarding the respective availability of a flu vaccination programme for their employees..

The Chair welcomed all representatives to the meeting.

Mrs C Weldon, Director of Corporate Development, NHS Tees gave a presentation on the ongoing arrangements and how winter pressures had been managed to date.

In terms of flu vaccinations steps had been taken in relation to Region and Local Communication Plans of television advertisement campaigns; continuation of flu fighter roadshows and local GP champions; measures to target information to those classified in the 'at risk' groups; clinical

bulletins with regular information on updates on the level of flu or norovirus; flu letters to relevant 'at risk' practitioners/professionals to encourage take-up of flu vaccination.
An indication was given of the level of take-up of flu vaccinations of frontline health care workers across a number of local NHS organisations. It was noted that the North Tees and Hartlepool Foundation Trust was ninth out of 74 organisations in the North East with over 60% of the target achieved and South Tees Hospitals NHS Foundation Trust thirty sixth out of 74 which was below target but confirmation was given that the Trust was working very hard to increase such numbers. It was also pointed out that a third of the organisations out of the 74 were below 30% compared to the national average of 35% which represented a significant improvement on the previous year's figures.

A further breakdown was given of the latest data on the take-up of flu vaccinations for the 'at risk' groups which demonstrated 71% for over 65's (target 75%), 47% for under 65s with underlying condition (target 60%) and 29% for pregnant women (target 60%).The latter group showed the lowest take up of the flu vaccination for the at risk groups and therefore appropriate information and guidance had been circulated to midwives in this regard.

It was confirmed that since 2 November 2011 daily situation reports which identified any pressures being faced by services had been provided by acute and community providers, out of hours service, local authorities, North East Ambulance Service, NHS Direct, mental health trusts (on the basis of as and when necessary basis) to commissioners and the Strategic Health Authority(SHA). Daily situation reports included details of such items as NEEP level, any serious operational issues and remedial actions taken, A & E issues, cancelled operations, ambulance queuing, availability of beds, closure or unavailability of beds, availability of critical care beds, media interest and staffing levels.

The Joint Committee was advised of key issues to date which included North Tees and Hartlepool Foundation Trust at NEEP level 1 every day so far with 10 delayed discharges; South Tees Hospitals Foundation Trust between NEEP 1 and 2 levels and 26 delayed discharges; and County Durham and Darlington Foundation Trust at between NEEP 2 and 3 levels and 20 delayed discharges.

An explanation was given of the various levels of the North East Escalation Plan (NEEP) of level 1 (normal); level 2 (concern) and level 3 where there is significantly increased activity across the Tees resulting in pressure on organisations. 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. In response to further clarification from Members it was noted that although there wasn't a further breakdown of the figures between County Durham and Darlington it was pointed out that the higher NEEP levels had arisen as a result of weather related conditions.

It was noted that in addition to weekly commissioner/SHA conference calls only two additional conference calls had been required as at 14 December 2011. Key issues which had been highlighted so far included justification/challenge of NEEP levels reported, mutual aid requests and procedures, bed availability, delayed discharges and delayed handovers.

Specific reference was made to the ongoing communication plan and preparations for the Christmas and New Year which included use of local media, certain social networking, local authority publications, general press releases, radio campaigns and television advertisements. In response to further clarification sought from Members following a specific incident which had occurred in Darlington an indication was given of the current arrangements for the handover and mutual aid policy between acute and ambulance trusts across the North East when there were pressures on bed capacity and A & E departments experienced significant pressures.

In discussing the responses from the Tees Valley local authorities regarding their respective seasonal flu and winter preparedness the Joint Committee reiterated the importance of a flu vaccination programme for frontline social care staff in terms of supporting the vulnerable and in coping with potential staff sickness levels. Reference was made to ways of encouraging the take-up of the vaccination such as the use of Councillors' newsletters. It was suggested that it would be helpful if information regarding the level of take-up of the flu vaccination by front line staff should be made available to PCTs and other relevant NHS organisations. Members also

considered that the feasibility of including a requirement regarding the take-up of flu vaccinations as part of the contractual arrangements between local authorities and commissioned social care providers should be examined.

AGREED as follows:-

1. That the representatives from the local NHS be thanked for the information provided which was noted.

2. That a further update be provided on how the local healthcare system coped with the 2011/2012 winter pressures.

3. That on behalf of the Joint Committee a letter from the Chair and Vice-Chair be circulated to the Tees Valley local authorities outlining the significance of increasing the take-up of the flu vaccination for frontline social care staff and appropriate commissioned social care providers.

CLINICAL COMMISSIONING GROUPS – DEVELOPMENT OF CLEAR AND CREDIBLE PLANS

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representatives from NHS Tees to provide further information regarding the development of Clinical Commissioning Groups (CCG) across Tees and their Clear and Credible Plans.

As part of the NHS reforms set out by the Government in Liberating the NHS: Equity and Excellence, CCGs would assume formal and legislative responsibility for planning and commissioning of local services from April 2013. In order to become fully formed CCGs and take on their full statutory commissioning role, each pathfinder CCG such as Hartlepool, Middlesbrough, North Tees and, Langbaurgh and Greater Eston must apply for authorisation from the NHS Commissioning Board. The authorisation process required the production and submission of a Clear and Credible Plan.

Specific reference was made to Appendix 1, a copy of a report recently published by NHS Tees outlining the outcome of engagement work around CCGs.

The Chair welcomed Mrs A Wilson, Director of Commissioning and System Development, NHS Tees who gave a presentation which provided further information including the roles of CCGs and steps to be taken prior to CCGs becoming statutory commissioning bodies.

CCGs would be statutory NHS bodies with membership based on GP practices but involving others including at least one registered nurse and a doctor (secondary care specialist). In general terms the CCGs would be responsible for commissioning services to meet the needs and aspirations of local people and would be overseen by the NHS Commissioning Board to ensure that they had the capacity and capability to commission such services.

CCG pathfinder status had been awarded in early 2011. An indication was given of the critical path scenario leading to Pathways to Authorisation in October 2012 to ensure that CCGs were fit for purpose and in a position to take on their full statutory commissioning role.

CCGs had been established as sub-committees of the PCT Board with decision making responsibility with regard to delegated PCT budgets in respect of prescribing, community services, acute planned/unplanned, mental health and others.

The authorisation process required evidence of:-

- A strong clinical and multi-professional focus.
- Meaningful engagement with patients, carers and communities.
- Clear and credible plans.
- Proper constitutional and governance arrangements.
- Collaborative arrangements for commissioning support.

- Great leaders who individually and collectively can make a real difference.

In order to ensure the strongest financial position to commission appropriate services and reduce running and management costs an indication was given of the possibility of the future configuration of two CCGs on Teesside. The CCGs would have devolved accountability and budgets and strong links with local authorities, health and wellbeing boards, Joint Strategic Needs Assessment and natural communities. In response to Members' questions it was indicated that there would be some joint management arrangements and locality meetings would continue to highlight specific local needs.

The Joint Committee's attention was drawn to the main components of the Clear and Credible Plan Structure which included:-

(a) local vision in addressing local needs;
(b) the case for change involving much ongoing work in relation to baseline assessment, patient outcomes, variation, inequalities, financial management;
(c) through strategic analysis identify priorities, strategic objectives, how risks managed, areas for improvement, development of financial framework, and how to address outcomes and assurance framework.

Arising from the ongoing engagement some of the key priorities which had been put forward included:-

(a) how addressing Commissioning Reform;
(b) how would QIPP be delivered;
(c) response to needs;
(d) integrated working;
(e) Urgent Care Management in relation to Care homes, Out of Hours care, long term conditions, GP access, development of community services, alcohol services;
(f) Planned Care in relation to eliminating waste (out patient appointments), redesigning pathways, support for military and veterans, carers, reablement, health visitor and family nurse practitioner and dementia management.

Members commented on their own experiences and of constituents regarding the role of GPs and nurse practitioners. In response it was acknowledged that there was more of a shared workload where appropriate and expertise of nurse practitioners used in a more effective way for the benefit of patients. The need to examine different ways of engaging with patients and gain their perspective of current and future arrangements was an important consideration. In commenting on the overall consultation plan and responses it was acknowledged that it could have been widened and that careful consideration should be given in the future to identifying the most effective mechanisms of engagement.

The Joint Committee referred to the implementation of recommendations arising from individual local authority's health scrutiny investigations such as those relating to support for veterans and military personnel, dementia services and out of hours service. In response it was confirmed that such recommendations had been reviewed.

Members reiterated the importance of Joint Strategic Needs Assessments to ensure that the health needs of local populations were assessed and identified and underpinned the commissioning of appropriate health and well-being and social care strategies within local authority areas.

AGREED as follows:-

1. That the local NHS representatives be thanked for the information provided which was noted.

2. That a copy of the presentation regarding the development of Clinical Commissioning Groups across Tees and their Clear and Credible Plans be made available to all Members of the Joint Committee.

3. That further update reports be submitted on the development of Clinical Commissioning Groups.