HEALTH SCRUTINY FORUM AGENDA

HARTLEPOOL BOROUGH COUNCIL

Friday 15 June 2012

at 9.00 a.m.

in the Council Chamber, Civic Centre, Hartlepool.

MEMBERS: HEALTH SCRUTINY FORUM:

Councillors S Akers-Belcher, Brash, Fisher, Hall, Hargreaves, G Lilley and Wells

And all other Scrutiny Members are invited to attend:-

Councillors C Akers-Belcher, Ainslie, Beck, Cook, Cranney, Dawkins, Fleet, Gibbon, Griffin, James, Jackson, A Lilley, Loynes, Payne, Richardson, Shields, Simmons, Sirs, Tempest, Turner and Wilcox.

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 5th April 2012 (attached)

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

   No items.

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

   No items.

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

   No items.

7. **ITEMS FOR DISCUSSION**

7.1 Introduction from Clinical Commissioning Group – Clear and Credible Plan:-

(a) Covering Report – *Scrutiny Support Officer*
(b) Presentation – *Interim Chair of NHS Hartlepool and Stockton on Tees Clinical Commissioning Group and Hartlepool Locality Chair, and Assistant Director North of Tees*

7.2 Public Health:-

(a) Covering Report – *Scrutiny Support Officer*
(b) Presentation – *Director of Public Health*

7.3 Determining the Health Scrutiny Work Programme for 2012/13 – *Scrutiny Support Officer*

7.4 Appointment to Regional Health Scrutiny Committee – *Scrutiny Support Officer*

7.5 Appointment to Tees Valley Health Scrutiny Joint Committee – *Assistant Chief Executive*

8. **ISSUES IDENTIFIED FROM FORWARD PLAN**

No items.

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

9.1 Minutes of the meeting held on 26 March 2012

9.2 Minutes of the meeting held on 23 April 2012

10. **REGIONAL HEALTH SCRUTINY UPDATE**

No items

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

Date of Next Meeting – 28 June 2012, 10am in the Council Chamber

HEALTH SCRUTINY FORUM

MINUTES

5 April 2012

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

Present:

Councillor Stephen Akers-Belcher (In the Chair);

Councillors: Sheila Griffin, Marjorie James, Arthur Preece, Linda Shields and Ray Wells.

Also Present: Councillor Mary Fleet.
Margaret Wren and Ruby Marshall, Hartlepool Link

Officers: Louise Wallace, Assistant Director, Health Improvement
Deborah Gibbin, Teenage Pregnancy Coordinator
James Walsh, Scrutiny Support Officer
David Cosgrove, Democratic Services Team

93. Apologies for Absence

None.

94. Declarations of Interest by Members

None.

95. Minutes of the meeting held on 9 February and 23 February 2012

9 February 2012 – minutes confirmed.

23 February, 2012 – minutes confirmed.

In relation to the minutes of the meeting held on 23 February, 2012, minute no. 85 "Scrutiny Investigation into Cancer Awareness and Early Diagnosis – Evidence on Smoking Cessation", the Chair reported to the meeting that he had written to the Mayor, Stuart Drummond, stating this forum's support for the campaign for plain packaging for cigarettes and seeking the executive's support for the campaign.

The Chair also reported to the meeting that he had requested that representatives from the North East Ambulance Service attend a future meeting of the forum to discuss their proposed changes to services.

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

No items.

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

No items.

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

No items.

99. Hartlepool LINk Update – Hartlepool's Local HealthWatch (*Scrutiny Support Officer*)

That Chair indicated that at the request of LINk, this issue was being deferred to a future meeting of the forum.

Recommended

That the update report be deferred to a future meeting.

100. Hartlepool LINk Update – Update on Cancer Patient Survey (*Scrutiny Support Officer*)

That Chair indicated that at the request of LINk, this issue was being deferred to a future meeting of the forum.

Recommended

That the update report be deferred to a future meeting.

101. Female Life Expectancy in Hartlepool (*Scrutiny Support Officer*)

The Assistant Director, Health Improvement gave a detailed presentation on life expectancy rates for Hartlepool and the factors that influenced life expectancy for both men and women. The presentation highlighted that female life expectancy had shown a marked improvement over recent years and now matched the North East average but was still behind the national average. The statistics for men showed that life expectancy rates in Hartlepool had increased in line with the rates of improvement both for the North East and nationally over the last two decades, however, rates were still well behind those averages.

In the following debate Members raised concerns in relation to specialist referrals and the perception that seemed to be developing where patients could not be referred from one specialist direct to another but had to go back through their GP thus creating a potential delay in treatment. The LINk representatives indicated that they had been informed that the issue related to costs and clinical payments. The Chair suggested that this should be a matter reviewed early in the new municipal year by the forum. It was also suggested that reference should be made to the Shadow Health and Wellbeing Board and some case study information may also be beneficial.

The health effects of local deprivation levels had been highlighted through the Assistant Directors presentation and Members also expressed concern that socio-cultural issues, such as mothers putting family before themselves could also be having a detrimental effect in some wards of the town. It was suggested that building confidence in young women to challenge these cultural issues was necessary. The Assistant Director indicated that through the work around teenage pregnancy work had been taken to get young mothers back into education and employment.

The Chair commented that there were many other social factors that impacted on life expectancy and life chances for local residents including access to welfare support. The Chair requested that Members be provided with statistics broken down to ward level mapping life expectancy rates together with some information on the major causes of premature death. This could give some direction to the common issues that may need to be tackled.

The Assistant Director indicated that that information could be provided to Members. The statistics quoted in the presentation had been aimed at providing a flavour of the major issues. There were concerns at the rising incidents of the effects of alcohol on sections of the community. There were issues not only around life expectancy but also the quality of life within certain areas.

The Chair thanked the Assistant Director for a very informative presentation.

Recommended

That the Assistant Director, Health Improvement be thanked for a very informative presentation and that Members comments be noted.

102. Scrutiny Investigation into Cancer Awareness and Early Diagnosis – Information on Second Hand Smoke (*Scrutiny Support Officer*)

The Scrutiny Support Officer reported that at the meeting held on 26 January 2012, an issue was raised during the investigation into 'Cancer Awareness and Early Diagnosis' about the effects of passive smoking. Submitted for the forum's information was a factsheet from the organisation ASH (Action on Smoking and Health) detailing various sources of evidence on the effects of second hand smoke.

Members commented that the issue of taxi-drivers smoking in their vehicles, even when of duty was a concern as passengers could be subject to second hand smoke. It was suggested that Assistant Director discuss the issue further with the Public Protection Manager, and potentially the Chief Solicitor, with a view to including the impact of second hand smoke within licensed driver training.

Recommended

That the report and the forum's comments be noted.

103. Scrutiny Investigation into Cancer Awareness and Early Diagnosis – Information from Tees, Esk and Wear Valleys NHS Foundation Trust (*Scrutiny Support Officer*)

The Scrutiny Support Officer reported that at the meeting of the Forum held on 23 February 2012, an issue was raised during the investigation into 'Cancer Awareness and Early Diagnosis' around the policy of the TEWV towards stop smoking services for people under the care of the Mental Health Trust. Following the meeting the Chair wrote to TEWV and a copy of the letter was submitted for Members information. Subsequently the Director of Operations – Tees at TEWV responded and a copy of his letter, along with a copy of TEWV's Smoking Policy was also submitted.

The Chair commented that he did not feel the response tackled the issue that he had raised with TEWV and indicated that he would follow the issue up with the Director of Operations – Tees.

Recommended

That the report be noted.

104. Scrutiny Investigation into Cancer Awareness and Early Diagnosis – Draft Final Report (*Chair of the Health Scrutiny Forum*)

The Chair presented the draft final report of the forum's investigation into Cancer Awareness and Early Diagnosis. The Chair indicated that the draft final report would be presented to the Scrutiny Coordinating Committee on 13 April 2012. The Chair focussed on the recommendations set out within the draft report and sought the forum's approval to them. It was indicated that following the discussion earlier in the meeting, an additional recommendation in relation to smoking within taxis and private hire vehicles would be added to reflect members' concerns.

The Chair thanked Members and all the contributors to the investigation which had been thorough and highly informative.

Recommended

That the draft final report of the forum's investigation into Cancer Awareness

and Early Diagnosis be approved for submission to the Scrutiny Coordinating Committee subject to the additional recommendation referred to above being approved by the Chair of the Forum.

105. The Executive's Forward Plan (*Scrutiny Support Officer*)

The Scrutiny Support Officer submitted a report providing Members the opportunity to consider whether any item within the Executive's Forward Plan (April – July 2012) should be considered by the Forum.

Recommended

That the report be noted.

106. Minutes From Recent Meetings of Tees Valley Health Scrutiny Joint Committee

The Scrutiny Support Officer submitted the minutes of the Tees Valley Health Scrutiny Joint Committee held on 30 January 2012 for the forum's information.

Recommended

That the minutes of the Tees Valley Health Scrutiny Joint Committee be noted.

107. Regional Health Scrutiny Update

No items.

108. Chair's Comments

As this was the final meeting of the Municipal year, the Chair thanked the forum and officers for their support and input into the meetings during the last year. The Chair commented that the year had been challenging but thanked all those who had participated in the various meetings and investigations.

Members recorded a vote of thanks for the Chair and Vice Chair of the forum.

The meeting concluded at 11.00 a.m.

CHAIR

HEALTH SCRUTINY FORUM

15 June 2012

Report of: Scrutiny Support Officer

Subject: NHS HARTLEPOOL AND STOCKTON-ON-TEES CLINICAL COMMISSIONING GROUP – INTRODUCTION TO CLEAR AND CREDIBLE PLAN - COVERING REPORT

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1. PURPOSE OF THE REPORT

1.1 To introduce the Interim Chair of NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group and Hartlepool Locality Chair, and the Assistant Director North of Tees who will be present at today's meeting to provide an introduction to the Clear and Credible Plan.

2. BACKGROUND INFORMATION

2.1 Continuing the development of working / communication links between the Clinical Commissioning Group and the Health Scrutiny Forum, a request has been received from the Clinical Commissioning Group to provide information to the Forum on the following areas, which may help inform the Forum's Work Programme:-

(a) Covering letter and summary of the Clear and Credible Plan **(Appendix A);** and

(b) Overview of work streams **(Appendix B)**

3. RECOMMENDATION

3.1 That Members:-

(a) note the content of this report and the information provided, seeking clarification on any issues from the representatives at today's meeting; and

(b) highlight any potential areas which may inform the Forum's Work Programme.

Contact Officer:- Laura Stones – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523087
Email: laura.stones@hartlepool.gov.uk

BACKGROUND PAPERS

No background papers were used in the preparation of this report

Good Health - Everybody's business

NHS

Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

c/o Communication and Engagement
Teesdale House
Westpoint Road
Thornaby
Stockton-on-Tees
TS17 6BL

Tel: 01642 745047
Website www.hartlepool.nhs.uk

Friday 01 June 2012

Dear Colleague,

Re: NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group

As you will be aware, NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group is currently progressing on the journey towards authorisation, through which the NHS Commissioning Board will assess our readiness to take on our new statutory responsibilities under the Health and Social Care Act 2012, from April 2013.

A fundamental part of this process is the development of our Clear and Credible Plan (CCP), which sets our vision, goals and priorities for the coming years. Thank you for your input into this Plan so far. Please find enclosed a summary document outlining key points and our 'Plan on a Page' which includes our current workstreams.

In order to put our plans into action, we must go through a formal process of assessment and authorisation by the NHS Commissioning Board. As part of this, there are a number of stages which need to be completed, in order to demonstrate our capability to take on our duties for commissioning healthcare for the people of Hartlepool and Stockton-on-Tees.

One element of this is ensuring that we have effective engagement mechanisms in place, including developing positive working relationships with our key partners and stakeholders, including local NHS providers, Local Health and Wellbeing Boards, senior local authority representatives, elected members, patient groups and health networks.

In order to assess whether the relationships we have forged during transition with stakeholders such as your organisation are likely to provide sufficient basis for effective commissioning, the NHS Commissioning Board will undertake a survey of key partners and stakeholders.

As part of this, we have been asked to identify key stakeholders to take part in the survey. Our relationship with your organisation is central to our future success and we would therefore like to include you in the survey. Your views will help the future NHS Commissioning Board to determine our readiness for taking on statutory responsibilities and so your participation will be greatly appreciated.

Your response to the survey will have a bearing on whether we are able to achieve authorisation. Authorisation is critically important to us as this is the mechanism by which we are 'licensed' to define our local priorities and make commissioning decisions on behalf of our local population. If authorisation is not achieved our local influence is likely to be greatly diminished.

In order to invite you to take part, your details (name, job title, organisation, email address, and telephone number) will be passed securely to Ipsos MORI, who are undertaking the survey nationally. This will allow them to invite you to take part in an online survey and to follow up by telephone if you are not able to take part online.

If you do not want me to send your contact details to Ipsos MORI for the purposes of the survey, please let me know by Tuesday 19 June 2012. If we do not hear from you by 19 June, we will assume that you are happy to take part in the survey and for your details to be passed to Ipsos Mori. If you decide you do not want to take part once the survey is sent to you, you will be able to opt out at any time by emailing Ipsos MORI.

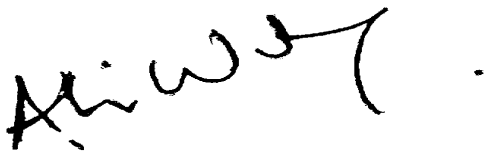
You will be invited to take part in the survey via an email sent to you from CCG360survey@ipsos-mori.com. In advance of this, we would be grateful if you could take any necessary steps to ensure that this email is not mistaken for spam and therefore gets through to you safely.

If you have any queries or concerns regarding this activity, please contact Sarah Marsay, Engagement Manager for NHS Tees by emailing sarah.marsay@tees.nhs.uk or telephone 01642 745047.

Thank you in anticipation of your support.

Yours faithfully,

Dr Boleslaw Posmyk
Interim Chair
NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group and Hartlepool Locality Chair



Ali Wilson
Interim Chief Officer
NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Clear and Credible Plan – Summary
Good Health – Everybody's Business for Hartlepool and Stockton-on-Tees

Our vision is "to build 21st century health services for and with Stockton-on-Tees and Hartlepool communities so that health inequalities reduce and wellbeing continuously improves."

Our Clear and Credible Plan sets out how we will achieve this, through:

- Keeping a focus on quality and outcomes;
- Working with secondary care consultants to deliver better care as near to patients as possible;
- Managing demand for hospital treatment by using effective services in the community and facilitating a more timely discharge from hospital;
- Ensuring that General Practices are more involved in the coordination of patient care, particularly for those with long term conditions;
- Working with providers to move services from hospitals into the community.

For local people this will mean:

- Simpler, quicker processes and care;
- Quality, safe care closer to home;
- Fewer hospital appointments and less time in hospital, due to better care in the home and community, and improved discharge arrangements.

Our key areas of focus are as follows:

- **Health Inequalities:** We will support initiatives to address particular areas of concern and encourage people to make health lifestyle choices.
- **Primary Care:** We will ensure that access to and quality of GP services is maintained and improved.
- **Urgent Care:** We will work with GPs, out of hours, walk-in and minor injury service providers to develop closer working with acute services.
- **Community Services:** We will work with partners to deliver a shift of service provision from hospital to the community.
- **Medicines:** We will seek to ensure the optimal use of medicines.
- **Alcohol:** We will focus on reducing hospital admissions and ill health in the community relating to alcohol.
- **Mental Health:** We will work in partnership to develop a range of high quality, local services.
- **Learning Difficulties:** We will promote equity of health outcomes for people with a learning disability.

To build 21st century health services for and with the Stockton and Hartlepool communities so that heath inequalities reduce and wellbeing continuously improves

Domain	Rationale	Project/Initiatives	Outcome Measures	Cross Cutting Initiatives
Demand Management To reform planned care services to reduce unnecessary variation so that all services achieve the highest level of care in the most appropriate setting.	• Quality of care is generally high but there is variation in utilisation and outcomes of care across the health economy • Evidence suggests more care can be safely delivered out of hospital to help deliver strategic shift across Teesside • Significant benefits could be realised through the avoidance of delay and elimination of waste	• Reduce Face to face follow-ups and commission top decile new to review ratios • Shift of daycase to outpatient procedures • Implementing a process of peer review across General Practice to understand and address unwarranted variation	• % decrease in new patient first out-patient appointments • % decrease in overall out-patient activity for five designated pathways	Ensure commissioned services focus on outcome delivery to tackle health inequalities e.g. military and veterans health. Outcomes will be transformational not transactional Co-ordination of commissioning support to CCG Effective use of business intelligence tools e.g. urgent care dashboard, CAAS Engagement and relationships with key stakeholders e.g. providers, public, primary care, carers
Urgent Care To reform urgent care services to ensure demand for hospital based services is reduced and patients are only admitted to hospital when that form of care is clinically required.	• Unsustainable levels of hospital activity - year on year increase in admissions and attendance at A&E • Patients can be treated closer to home	• Ambulatory care pathways • Virtual Ward for LTC management • Urgent Care Dashboard • Paediatric Pathways • Embed End of Life Pathway • Single Point of Access (111) • Work with General Practice to reduce variation across primary and secondary care	• % increase in the number of patients in a residential/nursing home dying in their preferred place of death. • 90% of patients in residential/nursing care homes with a primary care co-ordinated care plan in place • % reduction in emergency admissions/re-admissions from care/nursing homes • % increased utilisation of alcohol screening tool • % increase of alcohol brief interventions within the community	
Mental Health & LD • To develop care models that prioritise early detection and intervention to maximise recovery • To meet the requirements of the Autism act and the National Autism Strategy • To promote equity of health outcomes for people with a learning disability • To work in partnership with stakeholders to develop a range of high quality, local services to meet identified needs	• Up to half the people on Teesside claiming incapacity benefit do so as a result of anxiety and/or depression • There is a recognised link between high levels of deprivation, characteristic of Teesside, and common MH problems • People with LD often find it hard to access mainstream health services, despite often having greater general needs • People with LD often have to live away from their local area to access services to meet their needs • Adults with Autistic Spectrum conditions have limit access to diagnosis and appropriate support	• Improved Access to Psychological Therapies • Implement national policy for care and treatment of people with dementia • Ensure those with LD have annual health check and a health action plan if they wish • Map and benchmark existing services against best practice • Developing services and effective pathways for access to diagnosis and support for people with autism	• 100% of those with LD to be offered annual health check • 50% reduction in out of area placements • Delivery of AQP for IAPT Services	
Dementia • Ensure that all workers who deal with people with Dementia have appropriate training to support people in their homes and care environments • Reduce hospital admissions and ensure timely access to appropriate services	• People with Dementia experience poorer outcomes in acute hospitals and the general population • People with Dementia on average remain in hospital beds a third longer than the general population • People with Dementia have limited access to re-ablement/intermediate care services • People with Dementia have limited access to specialist behavioural management services	• Awareness training in the care sector • Developing a BPSD pathway • Access to memory clinic services • Access to information and support for people with Dementia and their carers • Implementing a range of dementia related CQUIN schemes across acute and community contracts	• Increase proportion of patients with dementia who have a reablement plan in place • 10% increase in the number of patients with a confirmed diagnosis of dementia	
Medicines Management To ensure effective use of the prescribing resource to maximise the health and well being of the Tees population.	• Quality of prescribing is generally high and many issues have been addressed but there remains a variation in use of drugs across practices • Significant benefits could be realised through the elimination of waste • There is increasing demand for drugs to be used in the treatment and prevention of ill health we need to ensure that this resource is being used as effectively as possible	• Developing and delivering a comprehensive medicines management optimisation strategy • Effective medication review and reconciliation of medicines • Cost and clinically effective safe use of medicines • Effective decision making about medicines	• 20% reduction cost/100 patients • 10% increase in repeat dispensing rates • Reduction in volume of PPIs and antibiotics by 10% or 75th percentile value	
Community Services To ensure community services deliver care closer to home in collaboration with primary and social care	• Community services need to support the transition of hospital based services into a model that provides care closer to home • Services are organised around professional domains rather than pathways leading to duplication for patients • Primary, community and social care is fragmented resulting in avoidable admissions	• Developing a pathway based model for community services that will deliver measurable outcomes • Working with primary, community services and social care to deliver a single point of access	Examples of outcomes include; • Provision of 24hr district nursing • 100% implementation of relevant NICE guidelines within relevant timescales • Access to core physiotherapy within two weeks • Delivery of healthy child programme • Increase in number of Health Visitors	

HEALTH SCRUTINY FORUM

15 June 2012

Report of: Scrutiny Support Officer

Subject: PUBLIC HEALTH - COVERING REPORT

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1. PURPOSE OF THE REPORT

1.1 To inform Members that the Director of Public Health will be in attendance at today's meeting to provide a detailed presentation in relation to:

- Preparation for the transfer of Public Health responsibilities and the development of an effective / responsive Health and Wellbeing Strategy for the future delivery of services;

- Key health issues for Hartlepool; and

- Background information in relation to the Marmot principles, Joint Strategic Needs Assessment and Public Health indicators, to assist in consideration of the proposal that the focus of the overall Scrutiny Work Programme for 2012/13.

2. BACKGROUND

2.1 The Director of Public Health will be in attendance at today's meeting to provide a presentation as detailed above, the aim of which will be to assist the Forum in:

- The selection of its work programme (later in the agenda); and

- Consideration of the proposal that the focus of the overall Scrutiny Work Programme for 2012/13 (later in the agenda).

2.2 The proposal being that the overall Scrutiny Work Programme for 2012/13 be focused on

'The Provision of Services and Activities to meet the Health and Welfare / Social Needs of Hartlepool's residents (now and in the future)'

2.3 In order to achieve this, it is proposed that the 'Marmot' principles (in conjunction with the Joint Strategic Needs Assessment and Public Health

indicators) be utilised as the overarching framework against which the provision of Council services and potential options for service changes can be measured / assessed. In particular, it is proposed that this process be applied to 'in year' consideration of budget and collaboration items, enabling the implications / impact of proposals to be measured and well informed decisions and views expressed.

2.4 To support the presentation, details of the principles (summarised below) are outlined in **Appendix A**.

- Give every child the best start in life.
- Enable all children, young people and adults to maximise their capabilities and have control over their lives.
- Create fair employment and good work for all.
- Ensure healthy standard of living for all.
- Create and develop health and sustainable places and communities.
- Strengthen the role and impact of ill health prevention.

3. RECOMMENDATION

3.1 That Members note the content of this report and the information provided, seeking clarification on any issues from the Director of Public Health at today's meeting.

Contact Officer:- Laura Stones – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523087
Email: laura.stones@hartlepool.gov.uk

BACKGROUND PAPERS

No background papers were used in the preparation of this report

BACKGROUND TO THE MARMOT REVIEW

The Marmot Review into health inequalities in England (published on 11 February 2010):

- Proposes an evidence based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities;

- Draws further attention to the evidence that most people in England aren't living as long as the best off in society and spend longer in ill-health. Premature illness and death affects everyone below the top;

- Proposes a new way to reduce health inequalities in England post-2010; and

- Argues that, traditionally, government policies have focused resources only on some segments of society. To improve health for all of us and to reduce unfair and unjust inequalities in health, action is needed across the social gradient.

Summary of Findings and Recommendations

People living in the poorest neighbourhoods in England will on average die seven years earlier than people living in the richest neighbourhoods.

i) People living in poorer areas not only die sooner, but spend more of their lives with disability - an average total difference of 17 years.

ii) The Review highlights the social gradient of health inequalities - put simply, the lower one's social and economic status, the poorer one's health is likely to be.

iii) Health inequalities arise from a complex interaction of many factors - housing, income, education, social isolation, disability - all of which are strongly affected by one's economic and social status.

iv) Health inequalities are largely preventable. Not only is there a strong social justice case for addressing health inequalities, there is also a pressing economic case. It is estimated that the annual cost of health inequalities is between £36 billion to £40 billion through lost taxes, welfare payments and costs to the NHS.

v) Action on health inequalities requires action across all the social determinants of health, including education, occupation, income, home and community.

A framework for action

The review sets out a framework for action under two policy goals:
- to create an enabling society that maximizes individual and community potential;
- and to ensure social justice, health and sustainability are at the heart of all policies.

Central to the Review is the recognition that disadvantage starts before birth and accumulates throughout life. This is reflected in the 6 policy objectives and to the highest priority being given to the first objective:-

DETAILS OF THE MARMOT PRINCIPLES

1) GIVE EVERY CHILD THE BEST START IN LIFE

Priority objectives

1 Reduce inequalities 1 in the early development of physical and emotional health, and cognitive, linguistic, and social skills.

2 Ensure high quality maternity services, parenting programmes, childcare and early year's education to meet need across the social gradient.

3 Build the resilience and well-being of young children across the social gradient.

Policy recommendations

1 Increase the proportion of overall expenditure allocated to the early years and ensure expenditure on early years development is focused progressively across the social gradient.

2 Support families to achieve progressive improvements in early child development, including:
- Giving priority to pre- and post-natal interventions that reduce adverse outcomes of pregnancy and infancy.
- Providing paid parental leave in the first year of life with a minimum income for healthy living.
- Providing routine support to families through parenting programmes, children's centres and key workers, delivered to meet social need via outreach to families.
- Developing programmes for the transition to school.

3 Provide good quality early years education and childcare proportionately across the gradient. This provision should be:
- Combined with outreach to increase the take-up by children from disadvantaged families

- Provided on the basis of evaluated models and to meet quality standards.

2) ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES

Priority objectives

1 Reduce the social gradient in skills and qualifications.

2 Ensure that schools, families and communities work in partnership to reduce the gradient in health, well being and resilience of children and young people.

3 Improve the access and use of quality lifelong learning across the social gradient.

Policy recommendations

1 Ensure that reducing social inequalities in pupils' educational outcomes is a sustained priority.

2 Prioritise reducing social inequalities in life skills, by:
- Extending the role of schools in supporting families and communities and taking a 'whole child' approach to education.
- Consistently implementing 'full service' extended school approaches
- Developing the school-based workforce to build their skills in working across school-home boundaries and addressing social and emotional development, physical and mental health and well-being.

3 Increase access and use of quality lifelong learning opportunities across the social gradient, by:
- Providing easily accessible support and advice for 16–25 year olds on life skills, training and employment opportunities
- Providing work-based learning, including apprenticeships, for young people and those changing jobs/careers
- Increasing availability of non-vocational lifelong learning across the life course.

3) CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL

Priority objectives

1 Improve access to good jobs and reduce long-term unemployment across the social gradient.

2 Make it easier for people who are disadvantaged in the labour market to obtain and keep work.

3 Improve quality of jobs across the social gradient.

Policy recommendations

1 Prioritise active labour market programmes to achieve timely interventions to reduce long-term unemployment.

2 Encourage, incentivise and, where appropriate, enforce the implementation of measures to improve the quality of jobs across the social gradient, by:
- Ensuring public and private sector employers adhere to equality guidance and legislation
- Implementing guidance on stress management and the effective promotion of wellbeing and physical and mental health at work.

3 Develop greater security and flexibility in employment, by:
- Prioritising greater flexibility of retirement age
- Encouraging and incentivising employers to create or adapt jobs that are suitable for lone parents, carers and people with mental and physical health problems.

4) ENSURE HEALTHY STANDARD OF LIVING FOR ALL

Priority objectives

1 Establish a minimum 1 income for healthy living for people of all ages.

2 Reduce the social gradient in the standard of living through progressive taxation and other fiscal policies.

3 Reduce the cliff edges faced by people moving between benefits and work.

Policy recommendations

1 Develop and implement standards for minimum income for healthy living.

2 Remove 'cliff edges' for those moving in and out of work and improve flexibility of employment.

3 Review and implement systems of taxation, benefits, pensions and tax credits to provide a minimum income for healthy living standards and pathways for moving upwards.

5) CREATE AND DEVELOP HEALTH AND SUSTAINABLE PLACES AND COMMUNITIES

Priority objectives

1 Develop common policies 1 to reduce the scale and impact of climate change and health inequalities.

2 Improve community capital and reduce social isolation across the social gradient.

Policy recommendations

1 Prioritise policies and interventions that reduce both health inequalities and mitigate climate change, by:
- Improving active travel across the social gradient
- Improving the availability of good quality open and green spaces across the social gradient
- Improving the food environment in local areas across the social gradient
- Improving energy efficiency of housing across the social gradient.

2 Fully integrate the planning, transport, housing, environmental and health systems to address the social determinants of health in each locality.

3 Support locally developed and evidence based community regeneration programmes that:
- Remove barriers to community participation and action
- Reduce social isolation.

6) STRENGTHEN THE ROLE AND IMPACT OF ILL HEALTH PREVENTION.

Priority objectives

1 Prioritise prevention 1 and early detection of those conditions most strongly related to health inequalities.

2 Increase availability of long-term and sustainable funding in ill health prevention across the social gradient.

Policy recommendations

1 Prioritise investment in ill health prevention and health promotion across government departments to reduce the social gradient.

2 Implement an evidence-based programme of ill health preventive interventions that are effective across the social gradient by:
- Increasing and improving the scale and quality of medical drug treatment programmes
- Focusing public health interventions such as smoking cessation programmes and alcohol reduction on reducing the social gradient
- Improving programmes to address the causes of obesity across the social gradient.

3 Focus core efforts of public health departments on interventions related to the social determinants of health proportionately across the gradient.

HEALTH SCRUTINY FORUM

15 June 2012

Report of: Scrutiny Support Officer

Subject: DETERMINING THE HEALTH SCRUTINY FORUM'S WORK PROGRAMME FOR 2012/13

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1. PURPOSE OF REPORT

1.1 To:-

(a) Provide Members of the Health Scrutiny Forum with a range of information, extracted from various sources to assist in the consideration of suitable topics for inclusion into the Forum's Work Programme for the 2012/13 Municipal; and

(b) Seek the Health Scrutiny Forums views, comments and suggestions in relation to, the proposal that:

- The focus of the overall Scrutiny Work Programme for 2012/13 should be on the provision of services and activities to meet the health and welfare / social needs of Hartlepool's residents (now and in the future); and

- The Marmot principles (in conjunction with the Joint Strategic Needs Assessment and Public Health indicators) be utilised as the overarching framework against which the provision of Council services and potential options for service changes, as part of the budget and collaborative working process, can be measured / assessed.

2. BACKGROUND INFORMATION

2.1 At the Scrutiny Co-ordinating Committee meeting of 13 April 2012, it was agreed that rather than each Forum independently identifying their own work programmes, for approval by the Scrutiny Co-ordinating Committee, work programmes across all Forums would be discussed and identified by the Scrutiny Co-ordinating Committee at one meeting (to which all Scrutiny Members would be invited). It was felt that this process would be the most effective use of Scrutiny Members time and enable full co-ordination of the work programme, with a clear focus throughout the year on Scrutiny involvement in the exploration of the Councils challenging budgetary issues for 2012/13.

2.2 The exception to this arrangement being the Health Scrutiny Forum, which is empowered to set its own work programme as a result of its statutory health powers / responsibilities. The Health Scrutiny Forum needs to develop a Work Programme for the 2012/13 Municipal Year, together with a timeframe for each review, for consideration by the Scrutiny Co-ordinating Committee at their meeting on 15 June 2012 (1.00pm). Detailed terms of reference should be developed at the start of each review.

2.3 In addition to this, at the Scrutiny Co-ordinating Committee of 13 April 2012, Members agreed that items / areas relating to Public Health should be identified by the Health Scrutiny Forum and referred to the Scrutiny Co-ordinating Committee for consideration and dissemination to individual Scrutiny Forums as part of the overall work programme setting process, which will take place on 15 June 2012 (1.00pm).

3. IDENTIFICATION OF TOPICS FOR INCLUSION IN THE HEALTH SCRUTINY FORUM'S WORK PROGRAMME

3.1 The Health Scrutiny Forum needs to develop a Work Programme for the 2012/13 Municipal Year, together with a timeframe for each review, for consideration by the Scrutiny Co-ordinating Committee at their meeting on 15 June 2012 (1.00pm).

3.2 As such NHS Tees and North Tees and Hartlepool Foundation Trust have been foundation sources for this report to enable the Forum to compile its Work Programme. However, it should be appreciated that some of the areas detailed below are continually evolving and further details will emerge throughout the year.

3.3 In conducting health scrutiny, Members may wish to note that the Health Scrutiny Regulations enable scrutiny committees to request the attendance of an officer from a local NHS body to answer questions and NHS bodies are under a duty to comply with these requests.

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

3.5 Suggested areas for inclusion within the 2012/13 Work Programme (see over the page):-

ITEM TO BE CONSIDERED	Details	Estimated Timetable for Consideration by the Forum	Discretionary / Mandatory
North Tees & Hartlepool NHS Foundation Trust Quality Account for 2013/14	Annual reflection on the 2012/13 Quality Account and contribution towards the 2013/14 Quality Account for North Tees and Hartlepool NHS Foundation Trust. At the request of the Chair, North Tees and Hartlepool Foundation Trust (NTHFT) have agreed to attend a future meeting to provide more detail on medication errors.	September 2012 and February 2013 Suggested that this is discussed when the Quality Account is considered – September 2012	Mandatory
Clinical Commissioning Group (CCG) – Clear and Credible Plan	To discuss Clear and Credible Plans, outline the CCGs' vision for local healthcare, and listen / respond to members' suggestions, comments and questions. Request from CCG. Potential to look in detail at particular areas throughout the year.	Introduction to Clear and Credible Plans at June 2012 meeting	Discretionary
Seminar / briefing on 'How Health Works' –	Seminar / briefing to provide information on:- a) Clinical Commissioning groups (CCG) / commissioning arrangements b) Health and Social Care Act and its impact on Health Scrutiny c) Public Health / Joint Strategic Needs Assessment and Health and Wellbeing Strategy d) Joint Strategic Needs Assessment / Health and Wellbeing Strategy	August 2012	Discretionary

	The Forum may wish to invite all Scrutiny Members along for information.		
Care Quality Commission (CQC)	Presentation on new roles / responsibilities of the CQC in relation to health services. Potential of joint meeting with ACSSF.	July / August 2012	Discretionary
Health Inequalities	The Forum agreed at their meeting of 6 October 2009 to receive an annual update on health inequalities "focussing on those specific wards causing concerns in relation to life expectancy of women". Members may wish to broaden the scope of this and look at all areas of Health Inequalities in the Town. Members have requested a detailed breakdown of:- a) Life expectancy in every Ward in the Town; b) Major causes of early deaths in each Ward c) Provision of services across Wards	January 2013	Discretionary
North East Ambulance Service (NEAS)	At the request of the Forum, NEAS have agreed to come and talk to the Forum about their proposals for changes to ambulance provision across the North East, but particularly in Hartlepool.	June 2012	Discretionary – has been considered at a North East regional level but NEAS has asked to come along to discuss
Hartlepool LINk	Update from Hartlepool LINk on:- a) Hartlepool's Local HealthWatch	August 2012	Discretionary – although would be considered good practice

	b) Cancer Patient Survey		
111 Number	Number will be introduced by April 2013 and is being provided by NEAS. It is a medical advice line.	TBC – October 2012?	Discretionary
One Life Hartlepool	At the request of the Chair, representatives from NHS Tees / CCG have been asked to attend a future meeting of the Forum to discuss the operational issues connected to One Life Hartlepool in relation to the progress report compiled by Northern Doctors Urgent Care Limited into Out of Hours Services across the Tees Valley.	September / October 2012	Discretionary
Health Reform Working Group	Report back from the Health Reform Working group.	TBC	Mandatory
North Tees and Hartlepool Foundation Trust (NTHFT) – Service Changes	Following a meeting of the Forum on 9 February 2012, where representatives from NTHFT attended in relation to service changes at the University of Hartlepool hospital, Members may wish to be provided with an update on the changes.	TBC	Discretionary
Tertiary Referrals	Referrals from Consultant to Consultant. LINk Members raised this as a concern and are currently undertaken some work in relation to this area. May be a potential area to be considered by Forum	TBC	Discretionary
Any Qualified Provider (AQP)	NHS Tees have offered to attend a future meeting of the Forum to provide Members with an update on the AQP agenda.	June 2012	Discretionary
Recruitment of good quality GP's	May be a potential area to be considered by the Forum.	TBC	Discretionary
Public Health (Marmot)	Members may choose to focus on a specific Marmot Objective in relation to	TBC	Discretionary

	'Strengthen the role and impact of ill health prevention'		

3.6 In considering potential work programme items for 2012/13 Members may also wish to update the 3 year rolling work programme for this Forum. The establishment of the rolling work programme is considered best practice as outlined in the health scrutiny guidance. This is to enable local partners to be aware in advance of forthcoming priorities of the Health Scrutiny Forum.

ROLLING HEALTH SCRUTINY WORK PROGRAMME – YEAR 2/3	**Estimated timetable for consideration by the Forum**
Healthy Eating / Obesity	Y2/3
Drug Rehabilitation	Y2/3

3.7 Once the Forum has identified Scrutiny topics, anticipated time frames need to be applied. It is suggested to the Forum that a standard template for applying time allocations should be treated with caution as when scoping a subject a number of complexities may arise, therefore the anticipated duration should be allocated to the subjects on an individual basis.

3.8 The Forum is also advised to be cautious in setting an overly ambitious Work Programme for which it may be unable to deliver. In order to assist Members, **Appendix A** maps the meetings of the Health Scrutiny Forum alongside the issues already identified for consideration in paragraph 3.5.

3.9 In addition to the above, the Forum may also consider establishing some small Sub-Groups, known as Working Groups to look at sharp focused areas of supplementary aspects of the main topic being scrutinised.

3.10 In setting the Work Programme for 2012/13 consideration also needs to be given to the following Budget and Policy Framework documents, which will be presented to the Forum during the course of the year.

BUDGET AND POLICY FRAMEWORK ITEMS	**ESTIMATED TIMETABLE FOR CONSIDERATION BY THE FORUM**
Departmental Plan 2013/14	January 2013
Health and Wellbeing Strategy	October 2012

4. FOCUS OF OVERALL SCRUTINY 2012/13 WORK PROGRAMME - PROPOSAL

4.1 In addition to identifying its work programme, the Health Scrutiny Forum has also been asked to consider, and express a view in relation to a proposal that the overall Scrutiny Work Programme for 2012/13 focus on

'The Provision of Services and Activities to meet the Health and Welfare / Social Needs of Hartlepool's residents (now and in the future)'

4.2 In order to achieve this, it is proposed that the 'Marmot' principles (in conjunction with the Joint Strategic Needs Assessment and Public Health indicators) be utilised as the overarching framework against which the provision of Council services and potential options for service changes can be measured / assessed.

4.3 There are 6 Marmot Principles, against each of which priority objectives and policy recommendations are identified to reduce health inequalities. It is suggested that each of the principles could be allocated to respective Forums, and in conjunction with the Joint Strategic Needs Assessment and Public Health indicators, could be used as an overarching framework under which 'in year' budget and collaboration items could be considered. This would assist in the identification / understanding of the impact / implications of proposals / service changes.

4.4 Full information and details of the principles will have been discussed as part to the presentation earlier in the agenda. A summary of the principles is, however, repeated below together with details of options for a potential split of the principles across specific Forums.

Marmot Principle	**Potential Forum Allocation**
Give every child the best start in life	Children's Services Scrutiny Forum
Enable all children, young people and adults to maximise their capabilities and have control over their lives	Children's Services Scrutiny Forum / Adult and Community Services Scrutiny Forum
Create fair employment and good work for all	Regeneration and Planning Services Scrutiny Forum
Ensure healthy standard of living for all	Regeneration and Planning Services Scrutiny Forum
Create and develop health and sustainable places and communities	Neighbourhood Services Scrutiny Forum
Strengthen the role and impact of ill health prevention	Health Scrutiny Forum

5. RECOMMENDATIONS

5.1 The Health Scrutiny Forum is requested to:

a) Consider the wide range of information detailed within this report to assist in the determination of its 2012/13 Work Programme. Members may want to choose a maximum of one/two items for the coming year, which will allow for flexibility in its work programme for emerging issues and referrals.

b) Consider and express views / suggestions, for consideration by the Scrutiny Co-ordinating Committee, in relation to the proposal that:

- The overall scrutiny work programme focus on the provision of services and activities to meet the health and welfare / social needs of Hartlepool's residents (now and in the future); and

- The Marmot principles (in conjunction with the Joint Strategic Needs Assessment and Public Health indicators) be utilised as the overarching framework against which the provision of Council services and potential options for service changes, as part of the budget and collaborative working process can be measured / assessed.

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BACKGROUND PAPERS

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

(i) Joint Strategic Needs Assessment

Health Scrutiny Forum Work Programme 2012/13	28 June 2012	23 August 2012	20 September 2012	18 October 2012	29 November 2012	10 January 2013	07 February 2013	07 March 2013	18 April 2013
Items required to be considered in 2012/13 work programme									
Corporate & Department Plans 2013/14									
Health and Wellbeing Strategy									
Forward Plan									
Six Monthly Monitoring Report									
NTHFT Quality Account /including issue raised re. medication errors									
Feedback from Health Reform Working Group									
Items which may be considered as part of the work programme									
Health Workshop / Seminar - JSNA / Public Health /Health and Social Care Act									
NEAS - Changes to Ambulance Locations									
LINk Update / Healthwatch									
One Life Hartlepool - Northern Doctors Report									
111 Number									
Health Inequalities									
Care Quality Commission	Suggested to be considered at the Adult and Community Services Scrutiny Forum meeting on either the 9 July or 13 August - with all Health Scrutiny Forum Members to be invited to attend)								
Tertiary Referrals (Timescale to be advised at the meeting)									
Any Qualified Provider									
Recruitment of Good Quality GP's (Timescale to be advised at the meeting)									
NTHFT Service Changes - Update on changes discussed at 9th Feb meeting (Timescale to be advised at the meeting)									
Public Health (Marmot) 'Strengthen the role and impact of ill health prevention'									

Rolling Programme items i) Healthy Eating / Obesity and ii) Drug Rehabilitation

HEALTH SCRUTINY FORUM

15 June 2012

Report of: Scrutiny Support Officer

Subject: APPOINTMENT TO REGIONAL HEALTH SCRUTINY COMMITTEE - COVERING REPORT

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1. PURPOSE OF THE REPORT

1.1 To seek one nomination from the Forum to be a member of the Regional Health Scrutiny Committee.

2. BACKGROUND INFORMATION

2.1 The Regional Committee comprises the following Local Authorities, Darlington Borough Council, Durham County Council, Gateshead Council, Hartlepool Borough Council, Middlesbrough Council, Newcastle upon Tyne City Council, North Tyneside Council, Northumberland County Council, Redcar and Cleveland Borough Council, South Tyneside Council, Stockton-on-Tees Borough Council and Sunderland City Council to scrutinise issues around the planning, provision and operation of health services in and across the North-East region.

2.2 The membership of the Joint Committee is made up of 1 member from each Local Authority, as outlined under section 5 and 6 of the Regional Health Scrutiny Protocol, attached as **Appendix A**. Therefore, a nomination is sought from the Forum to be a member of the Regional Health Scrutiny Committee.

3. RECOMMENDATION

3.1 That:-

(a) Members agree one nomination from the Health Scrutiny Forum to be appointed to the Regional Health Scrutiny Committee; and

(b) The nominated Member appoints a substitute at today's meeting, in case they are unavailable to attend any of the future Regional Health meetings.

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BACKGROUND PAPERS

No background papers were used in the preparation of this report

Joint Health Overview and Scrutiny Committee of:

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

TERMS OF REFERENCE AND PROTOCOLS

Establishment of the Joint Committee

1. The Committee is established in accordance with section 244 and 245 of the National Health Service Act 2006 ("NHS Act 2006") and regulations and guidance with the health overview and scrutiny committees of Darlington Borough Council, Durham County Council, Gateshead Council, Hartlepool Borough Council, Middlesbrough Council, Newcastle upon Tyne City Council, North Tyneside Council, Northumberland County Council, Redcar and Cleveland Borough Council, South Tyneside Council, Stockton-on-Tees Borough Council and Sunderland City Council ("the constituent authorities") to scrutinise issues around the planning, provision and operation of health services in and across the North-East region, comprising for these purposes the areas covered by all the constituent authorities.

2. The Committee will hold two full committee meetings per year. The Committee's work may include activity in support of carrying out:
   (a) Discretionary health scrutiny reviews, on occasions where health issues may have a regional or cross boundary focus, or
   (b) Statutory health scrutiny reviews to consider and respond to proposals for developments or variations in health services that affect more than one health authority area, and that are considered "substantial" by the health overview and scrutiny committees for the areas affected by the proposals.
   (c) Monitoring of recommendations previously agreed by the Joint Committee.

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

Aims and Objectives

3. The North East Region Joint Health Overview and Scrutiny Committee aims to scrutinise:

   (a) NHS organisations that cover, commission or provide services across the North East region, including and not limited to, for example, NHS North East, local primary care trusts, foundation trusts, acute trusts, mental health trusts and specialised commissioning groups.
   (b) Services commissioned and / or provided to patients living and working across the North East region.
   (c) Specific health issues that span across the North East region.

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

4. The North East Region Joint Health Overview and Scrutiny Committee will:

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

Membership

5. The Joint Committee shall be made up of 12 Health Overview and Scrutiny Committee members comprising 1 member from each of the constituent authorities. In accordance with section 21(9) of the Local Government Act 2000, Executive members may not be members of an overview and scrutiny committee. Members of the constituent local authorities who are Non-Executive Directors of the NHS cannot be members of the Joint Committee.

6. The appointment of such representatives shall be solely at the discretion of each of the constituent authorities.

7. The quorum for meetings of the Joint Committee is one-third of the total membership, in this case four members, irrespective of which local authority has nominated them.

Substitutes

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

Co-optees

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

Formation of Task and Finish / Working Groups

10. The Joint Committee may form such Task and Finish / Working Groups of its membership as it may think fit to consider any aspect or aspects within the scope of its work. The role of any such Group will be to consider the matters referred to it in detail with a view to formulating recommendations on them for consideration by the Joint Committee. The precise terms of reference and procedural rules of operation of any such Group (including number of members, chairmanship, frequency of meetings, quorum etc.) will be considered by the Joint Committee at the time of the establishment of each such Group. The Chair of a specific Task and Finish Group will act in the manner of a Host Authority for the purposes of the work of that Task and Finish Group, and arrange and provide officer support for that Task and Finish Group. These arrangements may differ if the Joint Committee considers it appropriate. The meetings of such Groups should be held in public except to the extent that the Group is considering any item of business that involves the likely disclosure of exempt information from which the press and public could legitimately be excluded as defined in Part 1 of Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006.

11. The Chair of the Joint Health Overview and Scrutiny Committee may not be the Chair of a Task and Finish Group.

Chair and Vice-Chairs

12. The Chair of the Joint Committee will be drawn from the membership of the Joint Committee, and serve for a period of 12 months, from a starting date to be agreed. A Chair may not serve for two consecutive twelve-month periods. The Chair will be agreed through a consensual process, and a nominated Chair may decline the invitation. Where no consensus can be reached then the Chair will be nominated through a ballot system of one Member vote per Authority only for those Members present at the meeting where the Chair of the Joint Health Overview and Scrutiny Committee is chosen.

13. The Joint Committee may choose up to two Vice-Chairs from among any of its members, as far as possible providing a geographic spread across the region. A Vice-Chair may or may not be appointed to the position of Chair or Vice-Chair in the following year.

14. If the Chair and Vice-Chairs are not present, the remaining members of the Joint Committee shall elect a Chair for that meeting.

15. Other than any pre-existing arrangements within their own local authority, no Special Responsibility Allowances, or other similar payments, will be drawn by the Chair, Vice Chairs, or Tasking and Finish Group Chairs in connection with the business of the Joint Committee.

Host Authority

16. The local authority from which the Chair of the Joint Committee is drawn shall be the Host Authority for the purposes of this protocol.

17. Except as provided for in paragraph 10 above in relation to Task and Finish Groups, the Host Authority will service and administer the scrutiny support role and liaise proactively with the other North East local authorities and the regional health scrutiny officer network. The Host Authority will be responsible for the production of reports for the Joint Committee as set out below, unless otherwise agreed by the Joint Committee. An authority acting in the manner of a Host Authority in support of the work of a Task and Finish Group will be responsible for collecting the work of that Group and preparing a report for consideration by the Joint Committee.

18. Meetings of the Joint Committee may take place in different authorities, depending on the nature of the enquiry and the potential involvement of local communities. The decision to rotate meetings will be made by members of the Joint Committee.

19. Documentation for the Joint Committee, including any final reports, will be attributed to all the participating member authorities jointly, and not solely to the Host Authority. Arrangements will be made to include the Council logos of all participating authorities.

Work planning and agenda items

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

21. Individual meeting agendas will be determined by the Chair, in consultation with the Vice-Chairs where practicable. The Chair and Vice-Chairs may meet or conduct their discussions by email or letter.

22. Any member of the Joint Committee shall be entitled to give notice, with the agreement of the Chair, in consultation with the Vice-Chairs, where

practicable, of the Joint Committee, to the relevant officer of the Host Authority that he/she wishes an item relevant to the functions of the Joint Committee to be included on the agenda for the next available meeting. The member will also provide detailed background information concerning the agenda item. On receipt of such a request (which shall be made not less than five clear working days before the date for despatch of the agenda) the relevant officer will ensure that it is included on the next available agenda.

Notice and Summons to Meetings

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

Attendance by others

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

Procedure at Joint Committee meetings

25. The Joint Committee shall consider the following business:
    (a) Minutes of the last meeting (including matters arising).
    (b) Declarations of interest.
    (c) Any urgent item of business which is not included on an agenda but the Chair agrees should be raised.
    (d) The business otherwise set out on the agenda for the meeting.

26. Where the Joint Committee wishes to conduct any investigation or review to facilitate its consideration of the health issues under review, the Joint Committee may also ask people to attend to give evidence at Joint Committee meetings which are to be conducted in accordance with the following principles:
    (a) That the investigation is conducted fairly and all members of the Joint Committee be given the opportunity to ask questions of attendees, and to contribute and speak.
    (b) That those assisting the Joint Committee by giving evidence be treated with respect and courtesy.
    (c) That the investigation be conducted so as to maximise the efficiency of the investigation or analysis.

Voting

27. Any matter will be decided by a simple majority of those Joint Committee members voting and present in the room at the time the motion is put. This will

be by a show of hands or if no dissent, by the affirmation of the meeting. If there are equal votes for and against, the Chair or other person chairing the meeting will have a second or casting vote. There will be no restriction on how the Chair chooses to exercise a casting vote.

Urgent Action

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

Final Reports and recommendations

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

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

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

31. For the purposes of votes, a "report" shall include discursive text and a list of conclusions and recommendations. In the context of paragraph 29 above, the Host Authority will incorporate these into a "final report" which may also include any other text necessary to make the report easily understandable. All members of the Joint Committee will be given the opportunity to comment on the draft of the final report. The Chair in consultation with the Vice-Chairs, where practicable, will be asked to agree to definitive wording of the final

report in the light of comments received. However, if the Chair and Vice-Chairs cannot agree, the Chair shall determine the final text.

32. The report will be sent to *[name of the NHS organisations involved]* and to any other organisation to which comments or recommendations are directed, and will be copied to NHS North East, and to any other recipients Joint Committee members may choose.

33. The *[name of the NHS organisations involved]* will be asked to respond within 28 days from their formal consideration of the Final Report, in writing, to the Joint Committee, via the nominated officer of the Host Authority. The Host Authority will circulate the response to members of the Joint Committee. The Joint Committee may (but need not) choose to reconvene to consider this response.

34. The report should include:
    (a) The aim of the review – with a detailed explanation of the matter under scrutiny.
    (b) The scope of the review – with a detailed description of the extent of the review and it planned to include.
    (c) A summary of the evidence received.
    (d) An evaluation of the evidence and how the evidence informs conclusions.
    (e) A set of conclusions and how the conclusions inform the recommendations.
    (f) A list of recommendations – applying SMART thinking (Specific, Measurable, Achievable, Realistic, Timely), and how these recommendation, if implemented in accordance with the review outcomes, may benefit local people.
    (g) A list of sources of information and evidence and all participants involved.

Timescale

35. The Joint Committee will hold two full committee meetings per year, and at other times when the Chair and Vice-Chairs wish to convene a meeting. Any three members of the joint committee may require a special meeting to be held by making a request in writing to the Chair.

36. Subject to conditions in foregoing paragraphs 29 and 31, if the Joint Committee agrees a report, then:
    (a) The Host Authority will circulate a draft final report to all members of the Joint Committee.
    (b) Members will be asked to comment on the draft within a period of two weeks, or any other longer period of time as determined by the Chair, and silence will be taken as assent.
    (c) The Chair and Vice-Chairs will agree the definitive wording of the final report in time for it to be sent to *[name of the NHS organisations involved].*

37. If it believed that further consideration is necessary, the Joint Committee may vary this timetable and hold further meetings as necessary. The *[name of the*

NHS organisations involved] will be informed of such variations in writing by the Host Authority.

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

38. The health of the people of North East England is dependent on a number of factors including the quality of services provided by the NHS, the local authorities and local partnerships. The success of joint health scrutiny is dependent on the members of the Joint Committee as well as the NHS and others.

39. Local authorities and NHS organisations will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their codes of conduct. Personal and prejudicial interests will be declared in all cases in accordance with the Members' Code of Conduct of each constituent authority.

40. The scrutiny process will be open and transparent in accordance with the Local Government Act 1972 and the Freedom of Information Act 2000 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be considered in private. The Host Authority will manage requests and co-ordinate responses for information considered to be confidential or exempt from publication in accordance with the Host Authority's legal advice and guidance. Joint Committee papers and information not being of a confidential nature or exempt from publication may be posted on the websites of the constituent authorities as determined by each of those authorities.

41. Different approaches to scrutiny reviews may be taken in each case. The Joint Committee will seek to act as inclusively as possible and will take evidence from a wide range of opinion including patients, carers, the voluntary sector, NHS regulatory bodies and staff associations, as necessary and relevant to the terms of reference of a scrutiny review. Attempts will be made to ascertain the views of hard to reach groups, young people and the general public.

42. The Joint Committee will work to continually strengthen links with the other public and patient involvement bodies such as PCT patient groups and Local Involvement Networks, where appropriate.

43. The regulations covering health scrutiny allow an overview and scrutiny committee to require an officer of a local NHS body to attend before the committee. This power may be exercised by the Joint Committee. The Joint Committee recognises that Chief Executives and Chairs of NHS bodies may wish to attend with other appropriate officers, depending on the matter under review. Reasonable time will be given for the provision of information by those asked to provide evidence.

44. Evidence and final reports will be written in plain English ensuring that acronyms and technical terms are explained.

45. Communication with the media in connection with reviews will be handled in conjunction with the constituent local authorities' press officers.

Conduct of Meetings

46. The conduct of Joint Committee meetings shall be regulated by the Chair (or other person chairing the meeting) in accordance with the general principles and conventions which apply to the conduct of local authority committee meetings.

47. In particular, however, where any person other than a full or co-opted member of the Joint Committee has been allowed or invited to address the meeting the Chair (or other person chairing the meeting) may specify a time limit for their contribution, in advance of its commencement which shall not be less than five minutes. If someone making such a contribution exceeds the time limit given the Chair (or other person chairing the meeting) may stop him or her.

48. The Chair (or other person chairing the meeting) may also structure a discussion and limit the time allowed for each agenda item and questioning by members of the Joint Committee.

HEALTH SCRUTINY FORUM

15 June 2012

Report of: Assistant Chief Executive

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

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1. PURPOSE OF REPORT

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

2. BACKGROUND

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

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

3. ISSUES FOR CONSIDERATION

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

3.2 In order to facilitate representation on the Committee, Members are requested to appoint a substitute at today's meeting, in case they are unavailable to attend any of the future TVJHSC meetings.

3. RECOMMENDATIONS

(i) That the nomination agreed at Annual Council on 23 May 2012 to the Tees Valley Joint Health Scrutiny Committee of Councillor Stephen Akers-Belcher be confirmed.

(ii) That an additional Labour nomination and one further independent Councillor nomination be made to the Tees Valley Health Scrutiny Joint Committee, subject to approval by the Executive.

(iii) That nominated Members appoint a substitute at today's meeting, in case they are unavailable to attend any of the future TVJHSC meetings.

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

A meeting of the Tees Valley Health Scrutiny Joint Committee was held on 26 March 2012.

PRESENT: Representing Darlington Borough Council:
Councillors Newall, Mrs H Scott and J Taylor

Representing Hartlepool Borough Council:
Councillor G Lilley

Representing Middlesbrough Council:
Councillors Dryden (Chair) and Cole

Representing Redcar & Cleveland Council:
Councillor Carling

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

OFFICERS: A Metcalfe (Darlington Borough Council), J Stevens (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:** Darlington Borough Council:
A Burns, Chief Executive Officer

Hartlepool Borough Council:
L Wallace, Assistant Director of Health Improvement

Middlesbrough Council:
I Parker, Chief Executive
M Robinson, Executive Director of Adult Social Care and Environment
K Warnock, Principal Development Officer

Redcar & Cleveland Council:
B Shaw, Director of Adults and Children's Services
M Adams, Assistant Director for Health Improvement

Stockton-on-Tees Borough Council:
J Humphreys, Corporate Director Children, Education and Social Care
R Hill, Assistant Director of Health Improvement.

** **ALSO IN ATTENDANCE:** Councillor Brunton (Chair of Overview and Scrutiny Board, Middlesbrough Council)
Councillor Beall (Deputy Leader, Stockton-on-Tees Borough Council).

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors S Akers-Belcher and Griffin (Hartlepool Borough Council), Councillor Mrs H Pearson (Middlesbrough Council), Councillors Kay and Mrs Wall (Redcar & Cleveland Council) and Councillor Javed (Stockton-on-Tees Borough Council).

**** DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

**** MINUTES**

The minutes of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 27 February 2012 were submitted and approved as a correct record.

LOCAL HEALTH AND WELLBEING BOARDS DEVELOPMENT – TEES VALLEY AUTHORITIES

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representatives from five Tees Valley local authorities to outline the progress being made in establishing a Local Health and Wellbeing Board (HWBB), one of the central elements of the Government's Health Reforms. The Chair welcomed all representatives to the meeting.

In his initial comments Mr I Parker, Chief Executive, Middlesbrough Council gave an indication of his role as lead of the health and wellbeing workstream of the SHA's Transition Programme Board confirming that good progress had been made across the North East in establishing HWBBs. Such work had demonstrated the striking different approaches being pursued across the North East examining locality and partnership issues with matters of best practice being a key aspect for future consideration in the new Municipal Year. It was considered that there was much to be gained from the experience of recent partnership working especially the local strategic partnerships.

In Middlesbrough an interim shadow Health and Wellbeing Board had been meeting on a monthly basis since August 2011 with statutory membership and key providers. The Interim Board had undertaken significant work in order to establish the structures needed and to develop new relationships.

The Board was seen as being central to the wider health transformation programme in Middlesbrough and a range of sub-groups had been established to develop and deliver specific workstreams relating to the NHS reforms, including Public Health Transition and HealthWatch. The vision for the Board was regarded as achieving a different way of working in partnership focussing on shared business involving the Joint Strategic Needs Assessment (JSNA), Health and Wellbeing Strategy (HWBS); shared priorities focussing on a small number of key priorities to address health inequalities in Middlesbrough; and shared approach ensuring system alignment such as commissioning.

Following initial identification of key priorities, matters in relation to Emergency Admissions had been adopted by the Board as a key workstream and the revised JSNA providing further options upon which to focus. In terms of gaining the necessary clinical expertise it was indicated that although the focus of the HWBB would be at a strategic level it would have the flexibility to co-opt members or invite people with the relevant specialist knowledge as in the case when considering Emergency Admissions when the Chief of Service for Acute Medicine at James Cook University Hospital, a national expert on preventing emergency admissions had been invited to provide an insight on the issue.

Following the outcome of development sessions a governance structure outlining the role, responsibilities and membership had been formulated as outlined in the Appendix of the report for the transition year 2012/2013 whereupon a review would be undertaken in order to ensure a fit-for-purpose model for the statutory board in April 2013.

Members sought further details on the scope under the new arrangements for pooled budgets and joint commissioning. In response it was acknowledged that the very different rules and often complex financial processes of each organisation had previously created barriers for many pilot schemes but given the key players on the HWBB it was considered that there was greater potential for officers to work directly together in this regard. The outcome of any model adopted for aligned or pooled budgets would be an important area for future monitoring and consideration.

In overall terms, Members referred to the important role of scrutiny and sought views as to what stage such a process could become involved and to what extent. Whilst it was considered that there was an opportunity for scrutiny to examine issues on the emerging priorities the pace of the

ever changing revisions of the Health Reforms was seen as one of the difficulties. It was envisaged that there would be an opportunity for the HWBB to request Scrutiny to examine particular issues and to engage further with the community.

Whilst currently there were no specific arrangements for HWBBs to work together across the Tees Valley reference was made to a Task and Finish Group of the Association of North East Councils with the aim of the Chairs of each HWBB working together on a regional basis and sharing best practice over the next Municipal Year.

The Joint Committee was advised that following consultation the model adopted by Stockton-on-Tees Borough Council provided for a Health and Wellbeing Board and an aligned structure of the Health and Wellbeing Partnership which involved and engaged a wider stakeholder group. A Forward Plan had been developed which outlined the key decisions and actions that each structure would undertake in accordance with the Terms of Reference.

Details were provided of the links with the Clinical Commissioning Group which enabled connectivity of local health plans and of the intention to disband the Children's Trust Board following which the Health and Wellbeing Arrangements would be tasked to ensure due regard and focus on children and young people. Significant work had been undertaken with the voluntary community section and briefing sessions with organisations in order to gain a better understanding of their roles and how joint working could be pursued in the future.

The Health and Wellbeing Arrangements had each undertaken some visioning to try and explore how the structures would operate and the value that could be achieved from the new model. The emerging priorities from the visioning and engagement work had focussed around emergency admissions/prevention, child focus/early intervention and understanding the impact of Welfare Reform. As in the case of all of the local authorities the JSNA would assist in forming more fully the emerging priorities and the JHWS would help inform local commissioning plans across health and local authority structures and beyond.

In relation to joint working arrangements across the Tees Valley reference was made to existing established structures which provided the opportunity for joint discussion amongst local authority directors on a regional and regular basis which included consideration of future commissioning intentions which may cross more than one boundary but not necessarily always concerning health needs. Once again reference was made to the opportunity for the sharing of information and consideration of future direction at meetings of the Association of North East Councils.

Members referred to the different approaches being adopted with regard to the extent to which provider representatives were on HWBBs. In the case of Stockton Borough Council it was noted that whilst the membership of the Health and Wellbeing Partnership involved a wider stakeholder group the HWBB was a narrower group in accordance with the minimum requirements of the guiding principles to which membership could be added to seen as an easier task than having to subsequently reduce. It was considered that careful attention needed to be given to such representation having regard to the potential conflicts of interest with certain strategic direction. Following Members' questions it was indicated that the HWBB would be informed by the wider Health and Wellbeing Partnership which would provide the necessary expertise and direction emanating from such partnership working. It was emphasised that it was important for HWBBs not to become just 'talking shops' but have the focus of attention on providing strategic direction to meet current challenges. Although there was acknowledgement of the significant organisational change to the NHS it was considered that the opportunity of bringing together new organisations the HWBB and aligned partnership arrangements would be in a position to refocus on the key local tasks and priorities for Stockton. A planned review would ensure that the HWBB was addressing the key aims and objectives at a strategic level.

In terms of Hartlepool Borough Council a number of key issues as outlined in Appendix A had been considered before the establishment of the Shadow Health and Wellbeing Board in accordance with the terms of reference as shown in Appendix B of the report submitted. Reference was made to the governance and reporting arrangements as summarised in the report. The development of the Shadow HWBB had been undertaken in the light of the review of the Local Strategic Partnership arrangements and alongside the Community Safety Partnership.

An indication was given of initial discussions with the Local Authority, Clinical Commissioning Group, Public Health, NHS Providers and Health Watch in terms of the identification of priorities together with consideration of the JSNA and JHWBS.

Reference was also made to the proposed future approach by the Authority to community and stakeholder involvement and engagement and the Local Strategic Partnership including theme partnerships. An indication was given of work being undertaken around three public health issues relating to the increase in take-up of immunisation; health improvement aspects around lifestyle; and behaviour change.

In addition to the statutory membership on the Shadow HWBB reference was made to the non-voting (non-statutory) members on the HWBB and the potential for co-opting members to undertake specific pieces of work or for specialist knowledge and skills as required as in the case when considering immunisation. In view of the potential for conflicts of interest or vested interest in commissioning decisions members who were exclusively providers of services would be non-voting members.

Members noted with interest that Hartlepool Borough Council was currently the only Council in the Tees Valley with a representative of the North East Ambulance NHS Foundation Trust on the HWBB and that the meetings of the Board were held in public. It was noted that although various locations had been used for such meetings there had been low public attendance so far.

Following Members' questions an indication was given of the opportunity for the community to have an input into the HWBB which included the intention to have at least one main public event each year on a specialist subject.

Over the last twelve months a Formative Health and Wellbeing Board of Darlington Borough Council had focussed on developing mutual understanding of the challenges and corporate strategies of the main provider organisations with a view to establishing a Shadow Health and Wellbeing Board on 1 April 2012.

The report submitted outlined a programme of activity undertaken by the Formative Health and Wellbeing Board and demonstrated the way in which it had developed key relationships between the Authority including the Scrutiny function, Clinical Commissioning Group, a specific focus group jointly run by CCG/LA engaging with service users with COPD and Type 2 Diabetes in order to compile information to inform the commissioning for such conditions.

The next steps for the Board involved the determination of the appropriate model for the Board, functions, objectives, membership, consider opportunities and challenges and identify the key work programme. A broad approach had been adopted in developing the HWBS providing an opportunity to develop an Area Wide Strategy which would encompass the functions of the CYPP, Community Safety Plan and the HWB Strategy.

The Joint Committee was advised that Darlington Borough Council had implemented the steps to develop a Shadow Health and Wellbeing Board for April 2012 which was seen as an opportunity for transformational change and provided long term opportunities to develop an Integrated Commissioning Organisation with the Clinical Commissioning Group. It was noted that the CCG was co-terminous with the local authority.

Whilst there always had been close working with GP's it was considered that the Health Reforms provided a different way of working and although keen to further develop relationships it was acknowledged that it would take some time to get used to different political, local authority and direct commissioning settings. The measure of success in such arrangements would manifest in the outcome of the commissioning process.

In view of the potential conflicts of interests providers were not currently on the HWBB but given their expertise it was considered very important to develop relationships and engage with them on a regular basis. In this regard specific reference was made to recent health scrutiny investigations involving stroke services and in terms of the future it was considered that the private sector had a significant role to play in improving health outcomes. The overall process of engagement also included the feasibility of developing an Integrated Commissioning

Organisation between the Clinical Commissioning Group and the Local Authority. In terms of collaborative working discussions had commenced with Hartlepool, and Redcar & Cleveland Councils around people based services noting the importance of how HWBBs and CCGs plans were placed in this regard. Specific reference was made to some of the events organised as part of the community engagement and the opportunity for GP's and HWBBs to engage would be explored.

Members' commented on the need for collaborative working across the Tees Valley in order to tackle the needs of the Tees-wide health economy. In response it was stated that HWBBs were in their initial stages of development and reference was made to overall current and future arrangements to continue engagement with health partners and organisations to ensure health services best met the population needs.

In relation to Redcar & Cleveland Council the HWBB during March and September 2011 had further developed relationships between partners in particular between the Council and Clinical Commissioning Groups.

Details were provided of the governance arrangements as outlined in the report. The HWBB was supported by a functioning Executive Group which included provider representation which would meet more frequently and would ensure delivery of the overall agenda. The engagement and involvement of providers in particular, South Tees Hospitals NHS Foundation Trust was regarded as critical to the process. The Board would also be supported by a 'Provider Forum' including all providers of relevant services and an 'Engagement Forum' building on existing partnerships across carers, older people and disabled people, operating across the whole partnership agenda.

Specific reference was also made to arrangements to ensure that the HWBB and the Children's Trust complimented each other on the outcome related to children and avoid duplication of work. Although there were currently no provider organisations on the HWBB it was indicated that this may change in the future.

Since September 2011 discussions had centred on determining priority areas, work programme, JSNA, commissioning intentions across partners including the Clear and Credible Plan and the diagnostic work by the NHS Institute for Innovation and Improvement Health and Social Care System Support Programme.

An indication was given of three priority areas and the rationale of such issues in respect of the following:

- The development of a sustainable system of care that promotes independence.
- Delivery of 'Healthier and longer lives for all' outcomes.
- Development of integrated services for children that promote aspiration and resilience.

The Joint Committee agreed that it had been useful in gaining an insight into the development of the various governance structures and intended operation of HWBBs across the Tees Valley.

Whilst the progress of each authority was acknowledged in relation to strengthening existing relationships with partners and providers on identifying local priorities it was considered that further information was required on the scope to which HWBBs could work together on the Tees-wide health economy.

AGREED as follows:-

1. That all representatives be thanked for the information provided and that further updates be provided as appropriate on the progress of development of Health and Wellbeing Boards across the Tees Valley.

2. That a briefing paper be compiled and circulated to Members on the key areas identified by the Joint Committee as outlined including the main concern on the need for HWBBs to work together across the Tees Valley on shared concerns, interests and priorities across the Tees-wide health economy.

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

A meeting of the Tees Valley Health Scrutiny Joint Committee was held on 23 April 2012.

PRESENT: Representing Darlington Borough Council:
Councillors Newall (Vice-Chair) (In the Chair), J Taylor and Mrs H Scott

Representing Middlesbrough Council:
Councillor Cole, Dryden (Chair) and Mrs H Pearson

Representing Redcar & Cleveland Council:
Councillors Kay and Mrs Wall

Representing Stockton-on-Tees Borough Council:
Councillor Mrs M Womphrey.

OFFICERS: A Metcalfe (Darlington Borough Council), E Hind (Hartlepool Borough Council), J Bennington and J Ord (Middlesbrough Council) and P Mennear (Stockton-on-Tees Borough Council).

****PRESENT BY INVITATION:** NHS Tees:
Prof. P Kelly, Director of Public Health
C McEwan, Assistant Director
C Weldon, Director of Corporate Affairs

Redcar & Cleveland Council;
C Bowley, Transport Manager
K Redfern, Inclusion Manager

Stockton-on-Tees Borough Council:
J Humphreys, Corporate Director Children, Education and Social Care

**** APOLOGIES FOR ABSENCE** were submitted on behalf of the Chair, Councillor Dryden for his unavoidable delay at the commencement of the meeting (Middlesbrough Council), Councillors S Akers-Belcher, Griffin and G Lilley (Hartlepool Borough Council), Councillor Carling (Redcar & 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 in respect of the North East Ambulance Service NHS Foundation Trust - related to a number of employees.

**** MINUTES**

The minutes of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 26 March 2012 were submitted and approved as a correct record.

MATTERS ARISING –LOCAL HEALTH AND WELLBEING BOARDS

Following the meeting of the Joint Committee held on 26 March 2012 confirmation was given that a letter from the Chair and Vice-Chair on behalf of the Joint Committee had been forwarded to each Chief Executive of the Tees Valley Authorities outlining key points raised by Members. Such issues included the importance of establishing the extent to which Health and Wellbeing

Boards were working with each other and also the suggestion for the creation of an appropriate forum at which items of shared interest and unified positions could be discussed.

AGREED that the information provided be noted.

WINTER PRESSURES – NHS TEES

The Scrutiny Support Officer submitted a report the purpose of which was to introduce senior representatives from the local NHS to provide an update on the impact of Winter Pressures on local health services during the 2011/2012 winter period.

In order to assist deliberations a series of questions had previously been forwarded to the local NHS representatives which focussed on how the local NHS coped with winter pressures, resilience of processes, lessons learned, involvement of emerging Clinical Commissioning groups and uptake of vaccinations amongst 'at risk' groups and staff.

The Chair welcomed senior representatives from NHS Tees who highlighted the key points as demonstrated in a PowerPoint presentation provided to the Joint Committee.

In general and in the national and local context for the winter period 2011/2012 there had been very low influenza incidence after a relatively mild winter and good weather conditions. The Joint Committee was advised however of very high incidence of diarrhoea and vomiting and Norovirus across the North East and UK. As a result there had been staff pressures in Community Hospitals (South Tees). Additional funding had been provided to North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust to open 'winter beds'. It was also confirmed that County Durham and Darlington Foundation Trust had received extra funding and that a winter debrief session on the outcome of the winter period would be held on 23 April 2012.

The Joint Committee was advised that in overall terms the local NHS had coped well with winter pressures during the 2011/2012 winter. Daily sitreps and reporting had ceased on 10 April 2012. Members were advised however of hotspots which included such areas as:-

(a) Vaccination uptake – at risk groups and staff;
(b) Delayed transfers of care identified early on and examined on a case by case basis and recognition that one of the main reasons for this had been capital repair work being undertaken at Carter Bequest Hospital which had impacted on the availability of beds;
(c) Norovirus/diarrhoea and vomiting;
(d) A & E capacity in busy periods;
(e) Bed capacity/ward closures;
(f) Trusts mutual aid/ambulance policies across the North East had been implemented when necessary and had worked well.

In terms of lessons learnt it was acknowledged that there had been a high uptake in the level of staff vaccination. It was recognised that there was a need to ensure that provider NEEP plans were consistent across the system which would aid mutual support. The need to get Clinical Commissioning Groups (CCG) aware and on board with such issues was acknowledged.

The involvement of the emerging CCGs with inter planning/winter resilience included invitation/attendance at Tees Urgent Care System Group since summer 2011; attendance at 'winter' update weekly to Executive Team/CCG Leads meeting; invitation to SHA 2011/2012 Winter Debrief; and Local Medical Committee involvement.

Statistical information was provided on the uptake figures for vaccinations amongst 65 year olds, 'at risk' groups, pregnant women; and amongst staff.

The NHS target for many years had been a threshold of 70% which the Tees Valley areas had all exceeded. Of particular note was Redcar & Cleveland achieving 78.5% and Middlesbrough at 76.3%. Members were advised that the figures in relation to the 'at risk' groups were generally higher than in previous years most of which were around 50%. In relation to the uptake amongst pregnant women Members referred to concerns which had been raised regarding the safety

aspects of taking such vaccines. In response, the Joint Committee was given an assurance that work would continue with GPs and midwives regarding the safety in taking such vaccines.

In overall terms the uptake rates amongst staff was reported to be higher than in previous years. It was reported that for the North Tees and Hartlepool NHS FT it had been 75.4% the sixth highest across the Northern Region. It was reported that for the Tees, Esk and Wear Valleys NHS FT it had been 51.2%, for South Tees Hospitals NHS FT 50.8% and for County Durham and Darlington NHS FT 49.9%. The Joint Committee noted that the highest uptake of 88.6% had been Royal Liverpool and Broadgreen NHS FT and the lowest at 29.4% had been the North East Ambulance Service FT.

An indication was given that arrangements would be put in place to cope with 'pressure' in relation to the Olympic Games including the local torch processions.

In response to Members' comments regarding the high level of uptake amongst staff at North Tees and Hartlepool NHS FT and the benefits of sharing information on lessons learnt it was confirmed that the level achieved had been acknowledged and a presentation was to be given to other North East providers. Members suggested that it would be helpful if such information was made available to the individual health scrutiny committees. As part of the measures to increase awareness, reference was made to the importance of focussing on the benefits of the vaccine to the staff themselves and to the patients/services users around them.

Given the nature of the work undertaken Members expressed concerns at the comparatively low take-up by the North East Ambulance Service NHS FT. It was pointed out that the spread of staff across the region and shift patterns were factors which impacted on the take-up of vaccinations.

Members referred to the professional network which existed which provided a systematic approach as to when particular issues arose. Clarification was sought as to what the future arrangements would be in such circumstances. Although it was noted that steps were being taken to ensure every contingency plan was in place it was too early to determine if such action would be effective. Specific reference was made to the important role of scrutiny through the transition period and in the future such as requesting information of future and outcome of winter plans. An indication was also given of the functions of various bodies such as Public Health England, Health Protection Agency, Health and Wellbeing Boards and NHS Commissioning Board. It was acknowledged that Clinical Commissioning Groups needed to be clear as to the development of their structure and commissioning support arrangements. An indication was given of various meetings to which CCGs had been invited to attend such as those with the PCTs and an event with the Strategic Health Authority to be held on 11 May.

AGREED as follows:-

1. That the senior representatives of NHS Tees be thanked for the information provided which was noted.

2. That a letter from the Chair and Vice-Chair on behalf of the Joint Committee be forwarded to the North East Ambulance Service NHS Foundation Trust regarding the low take-up of the flu vaccine and any action they propose to take to address the matter.

3. That a further update on seasonal flu and winter preparedness be provided in due course.

OPERATING FRAMEWORK 2012/2013

A report of the Scrutiny Support Officer was submitted which outlined the outcome of the Joint Committee's consideration of the NHS Operating Framework in respect of 2012/2013. The Joint Committee had received evidence from Tees, Esk & Wear Valleys NHS Foundation Trust, North East Ambulance Services NHS Foundation Trust, South Tees Hospitals NHS Foundation Trust and the County Durham & Darlington NHS Foundation Trust at its meetings held on 30 January and 27 February 2012.

The Scrutiny Support Officer reported upon a letter recently received from the Cluster Chief Executive, NHS North of England in response to a letter forwarded on behalf of the Joint Committee regarding the future arrangements for commissioning ambulance services.

It was confirmed that the North East Ambulance Service contract in future would be commissioned by a lead Clinical Commissioning Group working on behalf of the other CCGs in the North East. It was pointed out that this would be a similar arrangement to that which had existed in the North East since 2006 whereby all PCTs contributing to the contract design but one leading on behalf of the others.

AGREED as follows:-

1. That the report be noted and approved.

2. That the Tees Valley Health Scrutiny Joint Committee considers the issues raised relating to the NHS Operating Framework when considering its future work programme/areas of interest.

CHILD AND ADOLESCENT MENTAL HEALTH SERVICE LEARNING DISABILITIES- SHORT BREAK SERVICES FOR TEESSIDE

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representatives from Stockton-on-Tees Borough Council, Redcar & Cleveland Borough Council, and NHS Tees to update the Joint Committee on the current situation relating to access to short break services as outlined at Appendix 1 of the report submitted and in an update previously circulated.

Members were reminded of proposals for the temporary relocation of short break accommodation owing to the unsuitability of accommodation for children and young people in Stockton (Piper Knowle House) and Redcar & Cleveland (179 Normanby Road) to the Baysdale Unit on the Roseberry Park site, Middlesbrough as an interim solution.

Since the interim service had been established in March 2011, ongoing discussion had taken place with the PCT and legal advice sought from both Stockton Borough Council and the PCT regarding the funding of the travel arrangements as outlined in the report.

During such ongoing discussions the PCT, Stockton Borough Council and Redcar & Cleveland Council had continued to ensure transport was provided to the young people the costs of which had been covered on a joint funded basis. Historically, where the children had accessed the respite services in their home local authority, the School Transport Service would collect the young people from school and transport them to the respite service and the following morning collect them from the Unit and take them to school. This had been 'custom and practice' for many years and did not incur any additional costs as such children were eligible for school transport and were being transported within the Borough on agreed school transport routes. During school holiday periods parents made their own arrangements for transporting children to the Unit. Since the children now accessed service outside the Borough there were inevitable costs details of which were outlined in the report.

In the light of legal advice from the respective organisations agreement was being sought to consult with parents on proposals to cease providing transport to the health respite unit with effect from September 2012. It was confirmed that NHS Tees and the local authorities would also continue to explore other funding arrangements to resolve the transport issues.

In terms of the letter to be forwarded to parents an assurance was given that such documentation gave details of a named individual to contact should they require clarification or any further information.

AGREED as follows:-

1. That the representatives be thanked of the information provided.

2. That a further update be provided to the Joint Committee including details on the feedback from parents on the proposal and possible options for the long term solution in providing short-break accommodation on Teesside for children with complex needs.