

HEALTH SCRUTINY FORUM AGENDA



20 September 2012

at 9.00 a.m.

in Committee Room B, Civic Centre, Hartlepool.

MEMBERS: HEALTH SCRUTINY FORUM:

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

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 23 August 2012 (to follow)

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

4.1 Portfolio Holder's response to the investigation into 'Cancer Awareness and Early Diagnosis' – *Joint Report of the Director of Public Health and the Portfolio Holder for Adult and Public Health Services*

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 North Tees and Hartlepool NHS Foundation Trust – Quality Account 2013/14:-

- (a) Covering Report - *Scrutiny Support Officer*; and
- (b) Presentation – *Assistant Director of Nursing, Quality, Patient and Public Involvement, North Tees and Hartlepool NHS Foundation Trust*
- (c) Medication Errors - *Verbal update - Assistant Director of Nursing, Quality, Patient and Public Involvement, North Tees and Hartlepool NHS Foundation Trust*

7.2 Investigation into Sexual Health – Setting the Scene:

- (a) Covering Report – *Scrutiny Support Officer*
- (b) Presentation – *Director of Public Health*
- (c) Verbal evidence from the MP for Hartlepool (*subject to availability*)
- (d) Verbal evidence from the Portfolio Holder for Adult and Public Health Services (*subject to availability*)

7.3 Six Monthly Monitoring of Agreed Health Scrutiny Forum's Recommendations - *Scrutiny Support Officer*

8. ISSUES IDENTIFIED FROM FORWARD PLAN

No items.

9. MINUTES FROM THE RECENT MEETING OF THE SHADOW HEALTH AND WELLBEING BOARD

9.1 Minutes of the meeting held on 30 July 2012

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

No items.

11. REGIONAL HEALTH SCRUTINY UPDATE

No items.

12. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

Date of Next Meeting – 18 October 2012, 9.00 a.m. in Committee Room B at the Civic Centre.

HEALTH SCRUTINY FORUM

MINUTES

23 AUGUST 2012

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

Present:

Councillor: Stephen Akers-Belcher (In the Chair)

Councillors: Jonathan Brash, Keith Fisher, Pamela Hargreaves, Geoff Lilley and Ray Wells.

Also Present: Councillors Jim Ainslie, Keith Dawkins, Sheila Griffin, Alison Lilley, Brenda Loynes, Dr George Morris and Sylvia Tempest

Julie Gillon, Chief Operating Officer / Deputy Chief Executive, North Tees and Hartlepool NHS Trust
Ian Nicholson, North Tees and Hartlepool NHS Trust
Khalid Azam, Assistant Director North of Tees, NHS Tees
Sarah Bowman, Acting Consultant in Public Health, NHS Tees
Dr N Timlin, GP and Hartlepool and Stockton-on-Tees Clinical Commissioning Group
Dr B Posmyk, GP and Chair of Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Officers: Deborah Gibbin, Health Improvement Practitioner
Laura Stones, Scrutiny Support Officer
David Cosgrove, Democratic Services Team

27. Apologies for Absence

None.

28. Declarations of Interest by Members

Councillor Brash declared a personal interest in minute no. 33.

29. Minutes of the meeting held on 28 June 2012

Confirmed.

30. Minutes of the Shadow Health and Wellbeing Board held on 18 June 2012

Received.

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

No items.

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

No items.

33. Consultation Process for Health and Wellbeing Strategy (*Director of Public Health*)

The Acting Consultant in Public Health (NHS Tees) outlined the proposed consultation process for the draft joint Health and Wellbeing Strategy (JHWS). It was anticipated that the consultation process would allow for consultation with stakeholders on the strategic aims and objectives to be set out in the strategy and also, to prioritise the strategic objectives to deliver the strategic aims for health and wellbeing in Hartlepool. Details of the consultation process and timetables were set out in detail within the report.

In relation to the consultation undertaken to date on the development of the strategy, a member queried how many public had actually attended the 'face the public' event on 17 July 2012. It was accepted that nearly all the attendees at that meeting had been people who represented other interest groups but it was by no means the only way the public were being consulted. There would be consultation events taken place in the Middleton Grange Shopping centre and other public venues to engage directly with members of the public. Members expressed their concern at the poor involvement of the public thus far. The Chair commented that these concerns did need to be noted and lessons learned from the consultation undertaken so far, including the dropping of the phrase 'face the public' events as they were anything but that.

It was acknowledged that undertaking public consultation was always a difficult exercise but that focussing on small self interest audiences may not produced the wide ranging responses that may come from the wider public. It was indicated that the consultation was available on the council's website utilising the Survey Monkey web tool which may draw feedback from younger people than were likely to attend the organised events.

Members also suggested that the results of the consultation process, when

published should be easily understood documents aimed at the public, not medical staff or local government officers. Members commented that the discussions on the consultation held in the Scrutiny Coordinating Committee referred to the new ward profiles and their utilisation in the process.

Recommended

That the report and comments be noted.

34. Request to Establish a Joint Health Scrutiny Committee (*Scrutiny Support Officer*)

The Scrutiny Support Officer reported that a request from Durham County Council had been received to establish a Joint Health Scrutiny Committee under Section 245 of the NHS Act 2006 to consider service reconfigurations as part of the Momentum project. A copy of the letter received from Durham was circulated for Members information.

The Chair commented that he had given the request some consideration in advance of the meeting and indicated that he was currently happy with the informal arrangements that were in place whereby each authority would invite members to meetings when there were matters of mutual interest. The Chair believed that ad hoc arrangements for joint meetings were beneficial when there were matters of joint interest but he did not feel that a joint arrangement was appropriate at this time. Members supported the Chair's comments but did indicate that it was welcome that a neighbouring authority did wish to work jointly on matters of shared interest. It was also commented that there was also the regional health scrutiny arrangements that could be utilised for issues that affected more than one authority.

It was suggested by Members that an informal meeting with Durham members maybe appropriate to discuss future working arrangements and a process for joint meetings as and when they were necessary. The Chair indicated that he would follow the suggestion up with the Chair of the Durham Health Scrutiny Forum.

Recommended

That the report and the request from Durham County Council be noted and that the Chair approach the Chair of the Durham Health Scrutiny Forum with the suggestion of an informal meeting to discuss future working arrangements between the two authorities.

35. Outpatient Services (*Scrutiny Support Officer*)

The Scrutiny Support Officer introduced representatives from Hartlepool and Stockton-on-Tees Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust who were present to discuss the proposals on the relocation of outpatient services from University Hospital Hartlepool to One Life Hartlepool.

The Chair of the Clinical Commissioning Group, Dr Posmyk, gave a presentation to the forum outlining the background to Momentum and the

significant progress made so far. The relocation of outpatient services to One Life was a collaborative process that would be undertaken in three phases. The transfer would provide up to 75% of outpatient consultations in the community, closer to home, closer to the community and more responsive to local community needs.

In relation to the One Life Centre, Dr Posmyk reported that following some of the press articles a survey had been undertaken of users of the centre to gain their direct feedback having used the facility. This showed that 70% of visitors rated their visit to One Life as excellent or good. Some of the comments received indicated that peoples views of the centre had been tainted by the press articles even before they had used **the** centre. Having used the centre peoples views tended to change.

Members commented that it was sensible to provide outpatient services at the One Life Centre. The same staff that provided the services in the hospital would be relocated to the centre, so the services would be the same for patients. Questions were raised as to the fact that no news had been forthcoming over recent months on the commencement of the new hospital build at Wynyard. People would consider that with the transfer of outpatient services, the move towards the Hartlepool hospital no longer being viable and all services transferred to North Tees was looming closer.

In relation to the transfer of outpatient services, Dr Posmyk stated clearly for the meeting that all staff involved in the provision of these services were focussed on quality, safety and outcomes for patients. If there was any indication that the transfer of the services would produce the slightest dip in quality then these transfers would not be proposed.

In relation to the hospital, Julie Gillon, Chief Operating Officer at North Tees and Hartlepool NHS Trust indicated that the trust was anticipating a letter from Monitor on the results of their scrutiny of the financial framework surrounding the hospital project proposed by the Trust. The Treasury had considered the business case and offered advice/guidance. A deed of safeguard was not needed. The two hospital sites would be maintained within the envelope of safety.

A Member did indicate that the transfer of the services was not something the public were demanding. The One Life Centre was also not a facility wanted by the public as they wanted their services retained at the hospital. There was concern that the more services removed from the hospital, such as the outpatient services now proposed, the closer the Hartlepool hospital came to closure. People could not afford to travel to services at North Tees hospital; an issue that had been raised several times by members in these meetings.

The Chief Operating Officer at North Tees and Hartlepool NHS Trust indicated that some of the decisions in relation to the centralisation of services were out of the Trust's hands. Government backed the centralisation of services and skills in many key areas as they improved patient outcomes. Services were reviewed constantly to ensure that

provision was keeping up with new technology and techniques and staff with the right skills were there to provide the best services to patients.

Returning to the transfer of outpatient services Members indicated that they would wish to see detailed assurance from the Trust that the transfer of the outpatient services was a viable move in terms of the service provision at One Life and the remaining services at the hospital. Following a discussion on the proposal it was clarified that the consideration of the transfers should be deferred until information is received on the viability of the hospital, if outpatient services were to be relocated to One Life.

Recommended

That the report and presentation be noted and that the matter be further discussed when information is received on the viability of the hospital at a future meeting of the forum.

36. Health Scrutiny Forum Work Programme: Referral of Items (*Scrutiny Support Officer*)

The Scrutiny Support Officer reported that the Forum confirmed its Work Programme at the meeting on 15 June 2012 and choose to investigate Sexual Health as the main topic of investigation for the 2012 / 13 Municipal Year. Subsequently, at the work programming meeting of the Scrutiny Coordinating Committee on 15 June 2012, authority was delegated to the Scrutiny Chairs to determine the items to be included in each of their respective Forum's work programme. These items were based on the areas of the Joint Strategic Needs Assessment (JSNA) most appropriate to each Forum.

In addition to Sexual Health, which formed part of the JSNA, the Scrutiny Chairs identified the following areas of the JSNA which fell within the remit of the Health Scrutiny Forum:-

- (a) Circulatory Diseases
- (b) Diabetes Mellitus
- (c) Diet and Nutrition
- (d) Illicit Drug Use
- (e) Obesity
- (f) Oral Health
- (g) Physical Inactivity
- (h) Respiratory Diseases

Members had already identified and agreed an area of investigation for this Municipal Year, which is included within the JSNA. Therefore, it was suggested that one area from the list above be added to the Health Scrutiny Forum's rolling programme for consideration as part of next year's work programme.

It was suggested that Diet and Nutrition, and Diabetes could be investigated as one topic, looking at the effects of each on people's lifestyles.

Recommended

That Diet, Nutrition and Diabetes be added to the Health Scrutiny Forum's rolling programme for consideration as part of next year's work programme.

37. Investigation into Sexual Health: Scoping Report

(Scrutiny Support Officer)

The Scrutiny Support Officer reported that the Forum had agreed that the Forum would in 2012/13 focus on the JSNA topic of Sexual Health. This key health protection issue was a priority within the JSNA as nationally over recent years there had been a rise in sexually transmitted infections. Prevention and education were key to supporting people to make healthy and safe choices. Improving access and increasing provision (particularly in areas of disadvantage) to meet the needs of all ages including young people, over 35s and minority groups. A briefing report was submitted as background information.

The report went on to outline the proposed terms of reference for the inquiry, the potential areas of enquiry and sources of evidence and the proposed timetable. Members commented that in relation to some of the statistics included in the briefing report, figures that gave a greater historical reflection of numbers of infections would be of use to the investigation.

Members agreed that it would be useful to receive a clinical evaluation in relation to why Hartlepool does very well in diagnosis of HIV, in comparison to the Tees Valley.

Recommended

That the remit of the Scrutiny investigation as detailed in the report be approved.

38. Local Authority Health Scrutiny – Consultation

(Scrutiny Support Officer)

The Scrutiny Support Officer informed Members that a public consultation on proposed changes to how local authorities exercise health scrutiny functions had been launched by the government on 12 July and will run until 7 September 2012; and Members views were sought on the questions put as part of the consultation in order to formulate a response to the Department of Health. The Scrutiny Co-ordinating Committee considered the consultation at their meeting of 17 August 2012 and the feedback from the Committee was circulated at the meeting for consideration / inclusion within the consultation response from the Forum.

Members expressed concern that the consultation looked to the inclusion of financial considerations in health service provision rather than just patient outcomes and Members were of the view that financial considerations should not form part of local authority referrals. Also, the requirement to make referrals via the NHS Commissioning Board was a delaying tactic designed to dilute Health Scrutiny Forum's ability to refer matters to the

Secretary of State. Members did not agree with the proposal that referrals should have to be made by Full Council. The Forum agreed that the Chair and Vice Chair should agree the finalised comments based on the views expressed in the meeting.

Recommended

That the Chair and Vice Chair should agree the finalised response to the consultation which should include the views expressed by Members at the meeting.

39. Issues identified from the Forward Plan

No items.

40. Minutes From Recent Meeting of Tees Valley Health Scrutiny Joint Committee

The minutes of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 2 July 2012 were submitted for the forum's information.

Recommended

That the minutes be noted.

41. Verbal update from the regional meeting held on 9 August 2012

The Vice-Chair updated the meeting on the discussions held at the regional Health Scrutiny meeting held on 9 August 2012 at Sunderland. One of the major issues that caused concern for all authorities represented was the changes proposed to the formula for health funding. Based on the understanding reported at the meeting, Hartlepool residents could see a cut of £30 per head of population per annum cut from health services.

Recommended

That the report be noted.

42. Any Other Items which the Chairman Considers are Urgent

Date and time of Health Scrutiny Forum Meetings

It was suggested at the meeting that greater public involvement in the meetings of the forum could be assisted by moving the meetings to 5.00 p.m. The Chair commented that such a move would lead to some meeting clashes with full Council / other meetings but undertook to look at the matter further with the Scrutiny Support Officer.

The meeting concluded at 11.30 a.m.

CHAIR

HEALTH SCRUTINY FORUM

20 September 2012



Report of: Joint Report of Director of Public Health and the Portfolio Holder for Adult and Public Health Services

Subject: PORTFOLIO HOLDER'S RESPONSE – CANCER AWARENESS AND EARLY DIAGNOSIS

1. PURPOSE OF THE REPORT

1.1 The purpose of this report is to provide Members of the Health Scrutiny Forum with feedback on the recommendations from the investigation into Cancer Awareness and Early Diagnosis, which was reported to Cabinet on 9 July 2012.

2. BACKGROUND INFORMATION

2.1 The investigation into Cancer Awareness and Early Diagnosis conducted by this Forum falls under the remit of Public Health and is, under the Executive Delegation Scheme, within the service area covered by the Portfolio Holder for Adult and Public Health Services.

2.2 On 9 July 2012, Cabinet considered the Final Report of the Health Scrutiny Forum into Cancer Awareness and Early Diagnosis. This report provides feedback following the Cabinet's consideration of, and decisions in relation to this Forum's recommendations. The Final Report and Action Plan was also shared with the Shadow Health and Wellbeing Board on 30 July 2012.

2.3 Two of the recommendations, (c) and (d) fall under the remit of the Hartlepool and Stockton Clinical Commissioning Group and are due for consideration at a future Board meeting of the Clinical Commissioning Group. Following consideration of the Final Report by the Board, a report will be brought back to the Forum to inform Members of their decision.

- 2.4 Following on from this report, progress towards completion of the actions contained within the Action Plan will be monitored through Covalent; the Council's Performance Management System; with standardised six monthly monitoring reports to be presented to the Forum.

3. SCRUTINY RECOMMENDATIONS AND EXECUTIVE DECISION

- 3.1 Following consideration of the Final Report, Cabinet approved the recommendations in their entirety. Details of each recommendation and proposed actions to be taken following approval by Cabinet are provided in the Action Plan detailed as **Table 1** overleaf:-

Table 1

OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN**NAME OF FORUM:** Health Scrutiny Forum**NAME OF SCRUTINY ENQUIRY:** Cancer Awareness and Early Diagnosis

	RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION⁺	FINANCIAL / OTHER IMPLICATIONS	LEAD OFFICER	COMPLETION DATE*
(a)	<p>That in relation to the Teesside Cancer Awareness Roadshow:-</p> <p>(i) Hartlepool Borough Council hosts a Roadshow ensuring messages are embed in the Council's health and wellbeing promotion to staff; and</p> <p>(ii) Hartlepool Borough Council encourages appropriate Town based community venues and events to host a Teesside Cancer Awareness Roadshow.</p>	<p>Plans are well in hand to deliver cancer roadshows for council staff. The dates of these events are as follows:</p> <p>16th August – Civic Centre 12th September – Civic Centre 13th September – Brian Hanson 24th September – Brain Hanson 18th October – Civic Centre</p> <p>There are also other events open to a wider audience in venues such as Middleton Grange car park planned.</p> <p>Voluntary and community groups in the town are also accessing small pots of money to facilitate delivery of cancer roadshows to reach wider community audiences</p>	None	Health Improvement Specialist – Workplace Health	End of November 2012

(b)	That Hartlepool’s Health and Wellbeing Board ensures that Stop Smoking Services and smoking cessation is embedded in the JSNA.	The 2012/13 JSNA on smoking has been completed and is ‘live’ on the website. www.teesjsna.org.uk	None	Head of Health Improvement	July 2012
(c)	<p>That in relation to the issue surrounding whether there is a link between high risk industrial workers and the contraction of cancers through the ingestion of particulates, such as coal dust:-</p> <p>(i) The Public Health Directorate at NHS Tees carries out a literature research into the topic; and</p> <p>(ii) That in relation to recommendation c(i) this information is shared with the Health Scrutiny Forum.</p>	<p>A literature review will be undertaken on this issue and the result feedback to Health Scrutiny Forum.</p> <p>To be agreed by the Clinical Commissioning Board</p>	None	Director of Public Health	November 2012
(d)	That NHS Hartlepool and the emerging Clinical Commissioning Group:-	The Director of Public Health will ensure that the Hartlepool Clinical Commissioning Group is informed about levels of uptake	None	Director of Public Health	November 2012

	<p>(i) Ensure that cancer screening levels are improved across GP Practices in Hartlepool; and</p> <p>(ii) Devise and share a strategy with the Health Scrutiny Forum for targeting cancer screening and awareness activity in the workplace / venues where residents gather socially; building on the good practice of those workplaces who employ nurses.</p>	<p>across the various screening programmes and ensure actions are taken to promote uptake across all eligible populations.</p> <p>The Director of Public Health will write a strategy for increasing awareness of the importance of screening programmes. This strategy will focus on maximising opportunities within the local community and amongst employers. A key part of the strategy will be to engage occupational health departments.</p> <p>To be agreed by the Clinical Commissioning Board</p>	None	Director of Public Health	November 2012
(e)	That the evidence about the impact of the role of the former Head of Community Midwifery in encouraging access to stop smoking services by pregnant women, be emphasised with North Tees and Hartlepool NHS Foundation Trust to seek assurances for its continued	Continue to implement the smoking in pregnancy action plan as part of the wider smoking cessation programme. Support from North Tees and Hartlepool NHS Foundation Trust has continued despite staffing changes. Improvement in reducing smoking in pregnancy continues in	None	Head of Health Improvement	April 2013

	impact, following recent post restructuring.	Hartlepool.			
(f)	That Hartlepool Borough Council, through its new Public Health responsibility, ensures that young people in schools and youth groups receive appropriate hard hitting messages about the cancer risk of smoking, alcohol and poor diet.	The British Heart Foundation funded Project commenced on 1 st April. This is a 3 year project aimed at children and young people between 7-14 years and will focus on the issues of smoking, healthy eating and increasing physical activity. Although aimed at preventing heart disease there will be an impact on cancer prevention.	British Heart Foundation dedicated project funding	Cardiovascular Disease Nurse Practitioner	April 2013
(g)	That in line with the smoke free workplace, as detailed in the Health Act 2006, Hartlepool Borough Council develops a strategy with partner organisations that:- (i) Educates licensed taxi drivers about the effects of passive smoking, reminding them of the legislation of not smoking in the workplace; and (ii) Determines appropriate enforcement options for licensed taxi drivers who	HBC's Public Protection Team carry out programmed inspections of all premises, including licensed vehicles such as taxis. These inspections include confirmation of compliance with the requirement to display 'No Smoking' signs in the vehicles. Failure to display the appropriate signage or to smoke, or allow smoking, in a licensed vehicle is a criminal offence. Drivers and vehicle owners who breach this requirement face prosecution.	None	Public Protection	April 2013

	<p>are in breach of the smoke free workplace.</p>	<p>Drivers are tested on their knowledge and understanding of tobacco control law as part of their 'knowledge test' prior to obtaining their first licence.</p> <p>To date, no one has been prosecuted in Hartlepool for a continued breach of these requirements but a number of warnings have issued.</p>			
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4. RECOMMENDATIONS

- 4.1 That Members note the proposed actions detailed within the Action Plan and seek clarification on its content where felt appropriate.

Contact Officer:- Louise Wallace – Director of Public Health
Hartlepool Borough Council
Telephone Number: 01429 284144
E-mail –louise.wallace@hartlepool.gov.uk

BACKGROUND PAPERS

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

- (i) Health Scrutiny Final Report into 'Cancer Awareness and Early Diagnosis' considered by Cabinet on 9 July 2012.
- (ii) Decision Record of Cabinet held on 9 July 2012.

HEALTH SCRUTINY FORUM

20 September 2012



Report of: Scrutiny Support Officer

Subject: NORTH TEES AND HARTLEPOOL NHS
FOUNDATION TRUST – QUALITY ACCOUNT
2013/14 – COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To introduce representatives from North Tees and Hartlepool NHS Foundation Trust who will be in attendance at today's meeting to engage with Members in respect of the Trust's Quality Account for 2013/14.

2. BACKGROUND INFORMATION

- 2.1 In November 2009 the Government published the Health Bill which required all providers of NHS healthcare services to provide an annual Quality Account. The Department of Health made a legal requirement on all NHS healthcare providers to send their Quality Account to an Overview and Scrutiny Committee in the local authority area where the provider has a registered office.
- 2.2 Subsequently, the Assistant Director of Nursing, Quality, Patient and Public Involvement at North Tees and Hartlepool NHS Foundation Trust (NTHFT) will be present at today's meeting to provide a presentation to:-
- (i) Reflect on NTHFT's Quality Account for 2012/13; which the Forum provided commentary on at its meeting of 23 February 2012; and
 - (ii) Engage with Members of the Forum in terms of the Trust's Quality Account for 2013/14.
 - (iii) Provide a breakdown and explanation of the medication errors (An extract from NTHFT's Annual Quality Account 2012/13 in relation to medication errors is attached as **Appendix 1** to this report)

3. RECOMMENDATIONS

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

Contact Officer:- 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

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

- (a) Minutes of the meeting of the Health Scrutiny Forum held on 23 February 2012.

**Extract from the North Tees and Hartlepool NHS Foundation Trust
Annual Quality Account 2012 / 13 pgs 48 - 49**

3. Medication errors

During the last year, staff have reported 372 medication related incidents across hospital and community services. Some of these will have been actual incidents and some will have been near misses. A near miss is the name for a situation when the error did not actually happen but the circumstances were such that there was potential for an error.

Medication errors can happen at a number of steps in the process for example, by the Doctor **prescribing** the medication, by the pharmacist **dispensing** it or the nurse **administering** it.

There are many thousands of contacts made by our hospital and community teams every day. We estimate there could be around 12 million staff interactions with medications during a year, which results in a **very low risk of error** when the reported incidents are considered against the proportion of:

- The number of bed days last year (around 400,000);
- The number of drugs a patient might be given, possibly five different drugs three or four times a day;
- The steps in the process (prescribing by the doctor, dispensing by the pharmacist and being administered by the nurse)

We have a culture of encouraging all staff to report actual medication errors as well as opportunities for error. The figures above show that our staff are doing an excellent job and that **patient safety is paramount**.

The reason for encouraging reporting is not to look for blame; it is very much about understanding why these rare things happen, learning from them and putting in systems which will improve things in the future.

Actions taken by the Trust:

We have undertaken a number of actions this year to raise awareness of opportunity for making medication errors.

All trainee doctors who come to work for us undertake a practical prescribing test. If they do not achieve a pass, they are not allowed to prescribe however their clinical educator will work with them to ensure that they are given an opportunity to achieve the required standard. This system of assessment reduces opportunity for prescribing errors.

The pharmacy department has introduced ward pharmacists in a number of wards. These, ward based pharmacists work with medical and nursing staff to ensure that prescription sheets are checked and that drugs and interactions are picked up and managed well. This system of checks reduces opportunity for prescribing and administration errors.

7.1 (a) Appendix 1

Nursing staff have introduced uninterrupted drug rounds. Our nurses are often disturbed when they are in the middle of taking the drugs trolley round for the wards. Nurses identified that there would be fewer administration errors if they could do this very important aspect of their role without being interrupted.

Our positive reporting culture enables staff to understand what contributes to actual or potential error and helps them to come up with solutions to continually review and reduce risk. This is the reason why we have checks and balances in place across the Trust to improve patient safety and help to our staff in any situation, whether they are caring for patients in our hospitals or in the community

The latest benchmarking data published by the **North East Quality Observatory System** (NEQOS acute Trust Quality Dashboard 2.10; winter 2011) demonstrates that the Trust rate of medication errors is **50% lower than the national mean** rate with 3.29 per 1,000 bed days against a national rate 6.59.

HEALTH SCRUTINY FORUM

20 September 2012



Report of: Scrutiny Support Officer

Subject: SCRUTINY INVESTIGATION IN THE JSNA TOPIC OF 'SEXUAL HEALTH' – SETTING THE SCENE PRESENTATION - COVERING REPORT

1. PURPOSE OF REPORT

1.1 To inform Members that officers from the Public Health Team have been invited to attend this meeting to provide information in relation to the investigation into the JSNA topic of Sexual Health.

2. BACKGROUND INFORMATION

2.1 Members will recall that at the meeting of this Forum on 23 August 2012, Members agreed the Scope and Terms of Reference for their forthcoming investigation into the JSNA topic of Sexual Health.

2.2 Subsequently, officers from the Public Health Team have agreed to attend this meeting to outline the following in relation to the JSNA topic of Sexual Health:-

- (i) What the key issues are;
- (ii) What the level of need is; and
- (iii) Who is at risk and why.

2.3 During this evidence gathering session, Members should be mindful of the Marmot principle 'Strengthen the role and impact of ill health prevention'.

2.4 The Member of Parliament for Hartlepool and the Portfolio Holder for Adult and Public Health Services have been invited to attend this meeting (subject to availability) to share their views on the questions outlined in section 2.2 of this report.

3. RECOMMENDATION

- 3.1 It is recommended that the Members of the Health Scrutiny Forum consider the evidence presented at this meeting and seek clarification on any relevant issues where required.

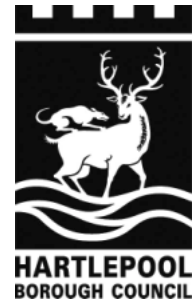
Contact Officer:- Laura Stones – Scrutiny Support Officer
Chief Executive’s Department – Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523087
e-mail: laura.stones@hartlepool.gov.uk

BACKGROUND PAPERS

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

- (i) Report of the Scrutiny Support Officer entitled ‘Scrutiny Investigation into Sexual Health – Scoping Report’ Presented to the Health Scrutiny Forum on 23 August 2012.
- (ii) Minutes of the Health Scrutiny Forum held on 23 August 2012.

HEALTH SERVICES SCRUTINY FORUM
20 September 2012



Report of: Scrutiny Support Officer

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

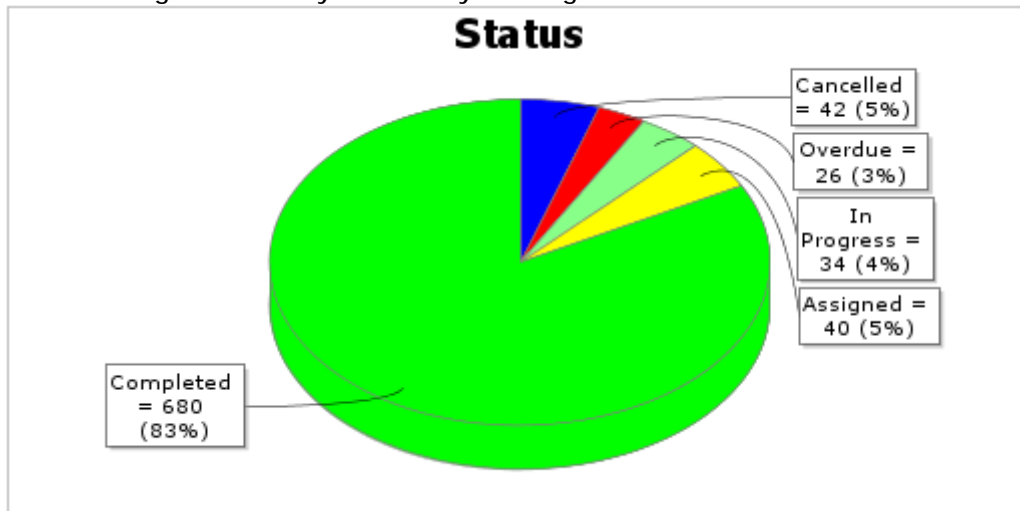
1. PURPOSE OF REPORT

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

2. BACKGROUND INFORMATION

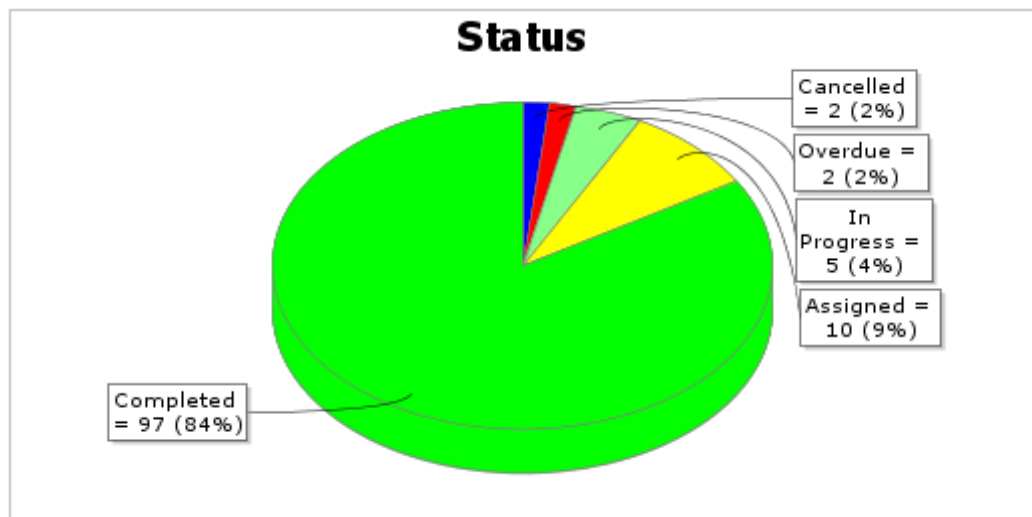
2.1 In accordance with the agreed procedure, this report provides for Members details of progress made against each of the investigations undertaken by the Forum. **Chart1** below is the overall progress made by all scrutiny forums since 2005 and **Chart2** (overleaf) provides a detailed explanation of progress made against each scrutiny recommendation agreed by this Forum since the last six monthly monitoring report presented in January 2012.

Chart1: Progress made by all Scrutiny Investigations Undertaken since 2005




Health Scrutiny Forum - All

Generated on: 06 September 2012



Year 2008/09
Investigation Reaching Families in Need

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
SCR-HSF/1a That the local authority take the lead in providing a co-ordinated leadership approach across the different providers in order to facilitate a systematic approach to tackling health inequalities in the town.	SCR-HSF/1a/i The government has provided guidance regarding a "Think Family" initiative that we are developing in Hartlepool. This initiative will support this recommendation and will endeavour to lead a culture change in the way that our services are designed.	Ann Breward; John Robinson	01-Mar-2011	01-Mar-2013	13-Jul-2012 The Early intervention strategy is in implementation stage and a monitoring system is in place to capture data and interpret to measure progress. Commissioning to the service is complete and new services are beginning to link in with the service. These commissioned projects are, Parenting, Mentoring, Young	<div style="width: 80%; background-color: #4F81BD; height: 10px;"></div> 80% In Progress	

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
					People's Substance Misuse and Activities. 03-Apr-2012 The Early Intervention Strategy has totally reorganised services to encompass the Think Family Philosophy and as such is tackling culture change directly through its implementation. We will monitor this change between now and March 2013.		
SCR-HSF/1b That subject to the implementation of recommendation 1a, the local authority, acting as strategic leader, enter into formal arrangements with partner organisations (i.e. Police, PCT, FT, Housing Hartlepool and the Voluntary Sector).	SCR-HSF/1b The Think Family Reforms will be reported through the Children's Trust that includes all major stakeholders in this process.	Ann Breward; John Robinson	01-Mar-2011	01-Mar-2013	13-Jul-2012 On June 11th the Information Hub and the Locality Teams became active. It has been agreed that the service will report to the safeguarding board, Children Portfolio and the Wellbeing board at regular intervals. 03-Apr-2012 The Early Intervention Strategy has now entered its implementation stage and is working with all partners in the Children's Strategic Partnership.	 80% In Progress	

Year 2009/10

Investigation Alcohol Abuse - Prevention and Treatment


Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
SCR-HSF/3h In promoting safe, sensible drinking, that the Council be encouraged to evaluate any opportunities to work towards recognising the Town Centre as a Purple Flag zone.	SCR-HSF/3h Securing Purple Flag status would be challenging and is an aspiration at this time considering the current level and baseline. Improvements would include not only the participation of licensees but also consideration of the wider night time economy environment which does need	Ian Harrison	30-Sep-2011	30-Sep-2012	18-Apr-2012 A new Chairman of the Licensees Assn was appointed in April and it is hoped that this will help revitalise the pub trade and add impetus to a number of initiatives that have shown slow or no progress. Street pastors continue to work well, funding was found to keep the taxi marshalling scheme operating for a further 6 months	 70% In Progress	

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
	<p>significant investment. There is however a tiered development plan in place to work towards this award. This includes more positive engagement with the trade to develop higher standards of customer care; more consideration of safe routes home and closer working with town centre management. One of the first stages is the voluntary adoption of voluntary codes by operators and moving to the introduction of the Best Bar None scheme. There will also be a review of the impact of the Transport Interchange.</p>				<p>and efforts are being made to secure private sector funding to allow it to continue beyond that. Changes to national legislation will be implemented in October 2012 which will allow licensing authorities to set a standard terminal hour (for Hartlepool - probably 0200 hours) and to charge an additional levy on premises open after midnight. These 2 opportunities, if adopted locally, will likely take effect in April 2013 and may go some way to addressing some of the problems that Purple Flag is aiming to address.</p> <p>10-Feb-2012 New due date (08/09/12) - The Purple Flag Award is dependent upon the commitment of a range of private businesses - licensees. The trading environment is extremely difficult at present and this is making licensees more reluctant to commit to initiatives. Work is ongoing to improve and develop relationships within the trade but progress will continue to be slow until some of the internal relationships within the trade improve to a degree where they can work together.</p>	

Year 2010/11 Investigation Connected Care

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress
SCR-HSF/5b/i That once recommendation	SCR-HSF/5b/i In each area a robust governance structure will be	Geraldine Martin	30-Sep-2011	31-Mar-2013	04-Jul-2012 The SAILs and Navigation services continue to be	0% Assigned

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
(a) is completed, Connected Care is rolled-out to other communities in Hartlepool: - (i) Ensuring that the necessary governance structure is in place.					developed across the Central and Northern areas of the town: meals on wheels, luncheon clubs, handyperson ervices etc. Who Cares (NE) works closely with providers in these areas amd the Board reflects representation from across the borough. 02-Apr-2012		
SCR-HSF/5b/ii That once recommendation (a) is completed, Connected Care is rolled-out to other communities in Hartlepool: - (ii) Identifying the needs of the individual community from residents and ensuring the delivery of a bespoke service.	SCR-HSF/5b/i	Geraldine Martin	30-Sep-2012	30-Sep-2012	04-Jul-2012 Surveys completed across the town and Who Cares NE works closely with local providers and residents in each of the 3 areas to ensure a local focus for service developments. 05-Apr-2012 WDho Cares(NE) in partnership with West View Advice Centre are conducting a survey into the services that residents feel are needed in their area.	100%	Assigned
SCR-HSF/5b/iii That once recommendation (a) is completed, Connected Care is rolled-out to other communities in Hartlepool: - (iii) Ensuring that partnership arrangements are in place for current service providers.	SCR-HSF/5b/ii	Geraldine Martin	31-Mar-2013	31-Mar-2013	04-Jul-2012 -- enter new status update -- 04-Jul-2012 The Who Cares NE Board brings together representation from across the town and members are working closely together to ensure that servcies are developed to reflect a local focus and that bids are placed for additional funding wherever possible as a joint venture.	100%	Assigned

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
	<p>would be a requirement within any contract linked to connected care that this approach to partnership is followed.</p>						
<p>SCR-HSF/5b/iv That once recommendation (a) is completed, Connected Care is rolled-out to other communities in Hartlepool: - (iv) That a feasibility study is carried out into support for the Connected Care roll-out through the transfer of staff.</p>	<p>SCR-HSF/5b/iv Monitoring the development of the model across Hartlepool will determine whether the outcomes justify the transfer of resources in the future.</p>	<p>Jill Harrison; Geraldine Martin</p>	<p>31-Mar-2013</p>	<p>31-Mar-2013</p>	<p>04-Jul-2012 The 6 monthly review of this contract has been completed and the outcomes appear to evidence success in low level support maintaining people's independence, preventing their needs from escalating and deflecting them from the more costly secondary services' provision. More time is needed to gather robust data. The performance of this service will continue to be monitored and consideration will then be given as to whether this type of service continues to be funded in the future.</p> <p>26-Mar-2012 The connected care model is currently funded from a range of sources until March 2013 at a total cost of £340k p.a - this includes care navigation, the Supported Access to Independent Living (SAIL) service and the Handyperson Service. Funding sources include PCT Funding for Social Care (£120k), PCT Reablement Funding (£120k), PCT base budget (£50k) and HBC base budget (£50k). The longer term viability of commissioning the model across Hartlepool will be determined by the outcomes achieved between November 2011 and March 2013 and the continuation of funding beyond that date, which is unconfirmed at this time.</p>	<p> 30% In Progress</p>	

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress		
SCR-HSF/5c/i That following the completion of the work being undertaken by the LSE: - (i) That the findings are shared with the Health Scrutiny Forum.	SCR-HSF/5c/i	Research findings from LSE will be presented to Health Scrutiny Forum.	Geraldine Martin	31-Aug-2012	31-Aug-2012	04-Jul-2012 -- enter new status update --	0%	Overdue
						04-Jul-2012 Work with the LSE continues.		
SCR-HSF/5c/ii That following the completion of the work being undertaken by the LSE: - (ii) That where evidence demonstrates the financial benefits of Connected Care, those organisations benefitting from early intervention by Connected Care.	SCR-HSF/5c/i	Positive outcomes highlighted in the LSC research will be used to encourage all agencies that benefit from the preventative / early intervention approach to contribute to the ongoing delivery of services via a connected care model.	Geraldine Martin	30-Sep-2012	30-Sep-2012	04-Jul-2012 Work with the LSE continues and findings from this piece of work will be used to inform decisions around the future funding of preventative services.	0%	Assigned
						05-Apr-2012 Work is underway with LSE to quantitatively evaluate the benefits of low level interventions in terms of cost savings to funding organisations further down stream. Outcomes from this piece of work should be available by Winter 2012.		
SCR-HSF/5d That in order to ensure the safety of Connected Care Navigators and as part of a multi-disciplinary approach to meeting the needs of individuals, that a feasibility study be undertaken into Navigators accessing Care First, Rio, EPR.	SCR-HSF/5d	Work has already commenced to explore how staff delivery prevention and early intervention services can have access to the Care First system and the Employee Protection Register (EPR).	Trevor Smith	31-Dec-2012	31-Dec-2012		0%	Assigned

Year 2011/12
Investigation Cancer Awareness and Early Diagnosis

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
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Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
SCR-HSF/6a/i That in relation to the Teesside Cancer Awareness Roadshow.	SCR-HSF/6a/i Plans are well in hand to deliver cancer roadshows for council staff. The dates of these events are as follows: 16th August - Civic Centre, 12th September - Civic Centre, 13th September - Brian Hanson, 24th September - Brian Hanson, 18th October - Civic Centre. There are also other events open to a wider audience in venues such as Middleton Grange car park planned. Voluntary and community groups in the town are also accessing small pots of money to facilitate delivery of cancer roadshows to reach wider community audiences.	Steven Carter	30-Nov-2012	30-Nov-2012		0%	Assigned
SCR-HSF/6a/ii That in relation to the Teesside Cancer Awareness Roadshow.	SCR-HSF/6a/i Plans are well in hand to deliver cancer roadshows for council staff. The dates of these events are as follows: 16th August - Civic Centre, 12th September - Civic Centre, 13th September - Brian Hanson, 24th September - Brian Hanson, 18 October - Civic Centre. There are also other events open to a wider audience in venues such as Middleton Grange car park planned. Voluntary and community groups in the town are also accessing small pots of money to facilitate delivery of cancer roadshows to reach wider community audiences.	Steven Carter	30-Nov-2012	30-Nov-2012		0%	Assigned
SCR-HSF/6b That	SCR- The 2012/13 JSNA on	Carole	31-Jul-2012	31-Jul-		0%	Overdue

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
Hartlepool's Health and Wellbeing Board ensures that Stop Smoking Services and smoking cessation is embedded in the JSNA.	HSF/6b	smoking has been completed and is 'live' on the website. www.teesjsna.org.uk	Johnson		2012		
SCR-HSF/6e That the evidence about the impact of the role of the former Head of Community Midwifery in encouraging access to stop smoking services by pregnant women, be emphasised with North Tees and Hartlepool NHS Foundation Trust.	SCR-HSF/6e	Continue to implement the smoking in pregnancy action plan as part of the wider smoking cessation programme. Support from North Tees and Hartlepool NHS Foundation Trust has continued despite staffing changes. Improvement in reducing smoking in pregnancy continues in Hartlepool.	Carole Johnson	30-Apr-2013	30-Apr-2013	20-Jul-2012 The Trust remains committed to the reduction in smoking incentive with pregnant women. The work/ethos has not changed, all midwives continue to remain committed to this cause and the Trust remains well within target for smoking cessation as the systems are already in place i.e. maternity assistants providing brief interventions , motivational training for maternity staff to support smoking cessation and breastfeeding . We continue to work closely with the community smoking cessation team. (update provided by North Tees and Hartlepool Foundation Trust).	Assigned
SCR-HSF/6f That Hartlepool Borough Council, through its new Public Health responsibility, ensures that young people in schools and youth groups receive appropriate hard hitting messages about the cancer risk of smoking, alcohol and poor diet.	SCR-HSF/6f	The British Heart Foundation funded project commenced on 1st April. This is a 3 year project aimed at children and young people between 7-14 years and will focus on the issues of smoking, healthy eating and increasing physical activity. Although aimed at preventing heart disease there will be an impact on cancer prevention.	Chris Briddon	30-Apr-2013	30-Apr-2013	23-Aug-2012 Preliminary work has been ongoing with the schools to engage them into the project. Workshops are being developed . Launch 4th October 2012 Workshops with children 7-14 yrs across all schools in Hartlepool will have workshops on heart health/ healthy eating/ anti -smoking / importance of physical activity , it is hoped this will have an impact on the reduction of childhood obesity across Hartlepool with a decline in the incidence of CVD in adulthood. The CVD Primary prevention messages given to the children will	In Progress

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
					also emphasise the effect these behaviour changes/ lifestyle will have on the reduction in cancer. A number of Jibber workshops (plays with a anti-smoking message) have been delivered across all the secondary schools.		
SCR-HSF/6g/i That in line with the smoke free workplace, as detailed in the Health Act 2006, Hartlepool Borough Council develops a strategy with partner organisations that.	<p>HBC's Public Protection Team carry out programmed inspections of all premises, including licensed vehicles such as taxis. These inspections include confirmation of compliance with the requirement to display 'No Smoking' signs in the vehicles.</p> <p>Failure to display the appropriate signage or to smoke, or allow smoking, in a licensed vehicle is a criminal offence. Drivers and vehicle owners who breach this requirement face prosecution. Drivers are tested on their knowledge and understanding of tobacco control law as part of their 'knowledge test' prior to obtaining their first licence.</p> <p>To date, no one has been prosecuted in Hartlepool for a continued breach of these requirements but a number of warnings have been issued.</p>	Ian Harrison	30-Apr-2013	30-Apr-2013		0% Assigned	
SCR-HSF/6g/ii That in line with the smoke free workplace, as detailed in the Health Act 2006,	HBC's Public Protection Team carry out programmed inspections of all premises, including licensed vehicles	Ian Harrison	30-Apr-2013	30-Apr-2013		0% Assigned	




Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
Hartlepool Borough Council develops a strategy with partner organisations that.	<p>such as taxis. These inspections include confirmation of compliance with the requirement to display 'No Smoking' signs in the vehicles.</p> <p>Failure to display the appropriate signage or to smoke, or allow smoking, in a licensed vehicle is a criminal offence. Drivers and vehicle owners who breach this requirement face prosecution. Drivers are tested on their knowledge and understanding of tobacco control law as part of their 'knowledge test' prior to obtaining their first licence.</p> <p>To date, no one has been prosecuted in Hartlepool for a continued breach of these requirements but a number of warnings have been issued.</p>						



Year 2008/09
Investigation Reaching Families in Need

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
SCR-HSF/1c That the FIP Project be expanded in light of its effectiveness thus far in targeting hard to reach families.	SCR-HSF/1c	Ann Breward; John Robinson	01-Dec-2011	01-Dec-2011	<p>10-Jan-2012 FIP is now an integral part of services.</p> <p>08-Jul-2011 The FIP continues to get national focus and in Hartlepool we continue to develop the FIP to complement other work programmes.</p>	<p>100% Completed</p>	


Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
	and to adopt the FIP approach to assertive support.						
SCR-HSF/1g That in order to strengthen links and communication routes between agencies, the establishment of a co-ordinated, single point of contact for the referral of information and referrals from any source be explored.	SCR-HSF/1g	Ann Breward; John Robinson	01-Mar-2011	01-Dec-2011	10-Jan-2012 Ecaf will be implemented after testing in January and all key partners have agreed to participate. The Early Intervention Strategy includes plans to develop an information Hub that will include the learning from the successful implementation of the CAF service.	100% Completed	
					08-Jul-2011 The Common Assessment Team will start a pilot in August and will model new practice linked to the early intervention service and the Duty Team.		
SCR-HSF/1h That the feasibility of introducing a similar way of gathering and sharing data in Hartlepool, as has been implemented by Westminster Council (i.e. a Multi-Agency Information Desk) be explored.	SCR-HSF/1h	Ann Breward; John Robinson	01-Mar-2011	01-Dec-2011	10-Jan-2012 Ecaf will be implemented after testing in January and all key partners have agreed to participate. The Early Intervention Strategy includes plans to develop an information Hub that will include the learning from the successful implementation of the CAF service.	100% Completed	
					08-Jul-2011 The Common Assessment Team will start a pilot in August and will model new practice linked to the early intervention service and the Duty Team.		


Year 2009/10
Investigation Alcohol Abuse - Prevention and Treatment


Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
SCR-HSF/3c/ii Looks to pool resources in the treatment and prevention of alcohol related problems	SCR-HSF/3c/ii The terms of reference for the Strategy Group and the self assessment/improvement plan confirm a commitment to pool and maximise resources for more effective responses. This will be influenced however by the Government's announcement on funding allocations and governance structures e.g. GP Commissioning and the abolition of Primary Care Trusts, the detail of which is not likely to be known until January 2011.	Michelle Chester; Chris Hart	30-Apr-2011	30-Apr-2012	01-Feb-2012 Alcohol, drug and offending budgets integrated and managed through joint substance misuse Commissioning Group 13-Oct-2011 Review of Safer Hartlepool Partnership structures confirmed terms of reference and activity of Substance Misuse Commissioning Group and Alcohol Strategy Group. Investment for drug services increased for 2011/12 with general advice that allocation will continue at similar levels for 2012/13. Resources for alcohol limited and Total Place exercise planned for Q3/4. In addition discussion initiated with GP Consortia in advance of proposed NHS changes to structures, finance and commissioning responsibilities.	 Completed	
SCR-HSF/3e/i The funding of alcohol treatment and prevention services is ring-fenced and mirrors illegal drug treatment and prevention	SCR-HSF/3e/i NHS Hartlepool Board considered the recommendations of the investigation at the board meeting in July. It was acknowledged by the PCT Board that alcohol and the funding of treatment services is a key priority. Officers will continue to work to identify resources on a recurring basis through the QIPP programme, particularly as it is recognised that there is a significant pressure on hospital services from alcohol related harm.	Louise Wallace	31-Mar-2011	31-Mar-2012	09-Jan-2012 Action complete 12-Oct-2011 The NHS Hartlepool funded QIPP scheme is now being delivered to reduce emergency admissions. This is in keeping with the Alcohol Strategy overseen by the Alcohol Strategy Group.	 Completed	
SCR-HSF/3e/ii The current delivery model is made sustainable and the ability to increase	SCR-HSF/3e/ii NHS Hartlepool Board considered the recommendations of the investigation at the board	Louise Wallace	31-Mar-2011	31-Mar-2012	24-Apr-2012 The tendering of drug and alcohol services jointly funded between the Pooled Treatment Budget and mainstream NHS	 Completed	

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
the capacity of providers, whilst maintaining the current high standard, is prioritised.					resources is now complete.		
					08-Mar-2011 NHS Hartlepool Board agreed in January 2011 that alcohol treatment and prevention services should be a priority. Currently in the process of identifying a supporting budget to secure funding for 2011/12 resource.		
SCR-HSF/3f/i Address the problem of why people exhibiting risky behaviour in terms of alcohol don't utilise their GP as their first point of contact	SCR-HSF/3f/i	Louise Wallace	31-Mar-2011	31-Mar-2012	24-Apr-2012 This work will be taken forward through Clinical Commissioning Group (NHS) in the light of the new alcohol strategy.	 Completed	
					09-Jan-2012 Discussions are ongoing with the Clinical Commissioning Group regarding alcohol treatment pathways and investment in services.		
SCR-HSF/3f/ii Ensure that all GP practices are trained in terms of brief interventions	SCR-HSF/3f/ii	Louise Wallace	31-Mar-2011	31-Mar-2012	09-Jan-2012 Action complete	 Completed	
					12-Oct-2011 Brief interventions training is ongoing as part of the QIPP programme across primary and social care.		

Year 2010/11 Investigation Connected Care

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
SCR-HSF/5a That a	SCR-	Jill Harrison;	31-Mar-	31-Mar-	03-Jan-2012 Who Cares (NE) has	 Completed	

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
<p>strategy is devised to identify those communities within Hartlepool who may benefit from the delivery of the Connected Care model.</p>	<p>HSF/5a/i the delivery and impact of connected care has been very positive. Ongoing funding is in place via both the Council and the PCT for the development of care navigation services (which were originally planned for the Owton Ward). It is proposed to use this funding for a further two years to enable services to be developed in other communities using the connected care model of community audits and bringing together existing community groups to deliver seamless services.</p>	<p>Geraldine Martin</p>	<p>2013</p>	<p>2013</p>	<p>now received the additional 2 years funding to enable the SAILS and handyperson services to be developed across the town. Who Cares is working closely with local partners from the North and Central areas of town to ensure a localised response in the way the services are shaped in each area.</p>		
<p>SCR-HSF/5a That a strategy is devised to identify those communities within Hartlepool who may benefit from the delivery of the Connected Care model.</p>	<p>SCR-HSF/5a/i As part of the reablement plan delivery the PCT and LA have agreed that a range of low level health and social care services can be provided as part of the connected care model of service delivery. It was therefore agreed to commission services across the town that provide low level support and prevention to maintain people within their own communities (including welfare notices, luncheon clubs, handy person service, fuel poverty advice and a home visiting service) for two years from April 2011. It is envisaged that this in the first instance this may involve all local organisations in coordinating these type of services in the medium term.</p>	<p>Jill Harrison; Phil Hornsby</p>	<p>31-Jul-2013</p>	<p>31-Jul-2013</p>	<p>04-Jan-2012 The Supported Access to Independent Living (SAIL) service has been commissioned from 1 November 2011 to provide a range of low level services across Hartlepool in line with the connected care / care navigation model. Services include the handyperson service, home visiting, welfare notices, luncheon clubs and social activities. Who Cares (NE) is the overarching organisation holding the contract and is working with other local organisations to co-ordinate services and avoid duplication. The Board of Who Cares (NE) now includes representatives from the North and Central areas of the town (elected members, voluntary sector group representatives and residents) to ensure that a local focus is maintained.</p>	<p> Completed</p>	

Recommendation	Action	Assigned To	Original Due Date	Due Date	Note	Progress	
SCR-HSF/5b That once recommendation (a) is completed, Connected Care is rolled-out to other communities in Hartlepool	SCR-HSF/5b Discussions to be undertaken with local areas to ascertain if developing the connected care model in their areas would be a positive development. If this is the case then agreement on how this will be facilitated in each area and who will be involved is required. This may be different in different areas of the town as per the model of connected care development. It is hoped that the CIC Who Cares (NE) may facilitate this dialogue with residents and community groups in the different areas.	Jill Harrison; Geraldine Martin	31-Mar-2013	31-Mar-2013	<p>26-Mar-2012 The contract awarded to Who Cares (NE) from 1 November 2011 has facilitated the development of the connected care approach in other areas. A range of services are provided across the town including Handyperson Service, luncheon clubs and Supported Access to Independent Living Services (SAILS). Who Cares (NE) are involved in discussions and dialogue with a wide range of organisations across the town to determine how services will be delivered to meet local needs.</p> <p>04-Jan-2012 The development of the Who Cares (NE) Board to include representatives from the North and Central areas (elected members, residents and voluntary sector representatives) will ensure that there is an ongoing dialogue with local communities.</p>	 Completed	

3. RECOMMENDATIONS

- 3.1 That Members note progress against the Health Scrutiny Forum's agreed recommendations, since the 2005/06 Municipal Year, and explore further where appropriate

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BACKGROUND PAPERS

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

SHADOW HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

30 July 2012

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

Present:

Dr Paul Pagni, Clinical Commissioning Group – In the Chair

Statutory Members

Councillors: Cath Hill (Deputy Mayor) (Children's and Community Services Portfolio Holder)
Paul Thompson (Finance and Corporate Services Portfolio Holder)
Nicola Bailey, Acting Chief Executive
Jill Harrison, Assistant Director, Adult Social Care
Louise Wallace, Director of Public Health
Christopher Akers-Belcher, Hartlepool LINK Co-ordinator

Non Statutory Members: -

Alan Foster, Chief Executive, North Tees and Hartlepool NHS Foundation Trust
Chris Willis, Chief Executive, NHS Hartlepool
Simon Featherstone, Chief Executive, North East Ambulance Service
Keith Bayley, HVDA
Dave Stubbs, Director of Regeneration and Neighbourhoods.

In attendance as substitute:-

David Brown as substitute for Martin Barkley, Tees, Esk and Wear Valley NHS Foundation Trust

Also Present:

Councillor Gerard Hall, Vice Chair, Health Scrutiny Forum
Sharon Robson, Alcohol Lead (Adults), Health Improvement Team
Simon Howard, Public Health Registrar

Officers: Catherine Frank, Performance and Partnerships Manager
Joan Stevens, Scrutiny Manager
Amanda Whitaker and David Cosgrove, Democratic Services Team.

72 Apologies for Absence

The Mayor, Stuart Drummond, Councillor John Lauderdale (Adult and Public Health Services Portfolio Holder), David Turton, Cleveland Fire Authority, Margaret Wrenn, Hartlepool LINK, Martin Barkley, Tees and Esk Valley NHS Trust, Sarah Bowman, Acting Consultant in Public Health (NHS Tees), Ali Wilson, Chief Officer designate, Hartlepool and Stockton Clinical Commissioning Group/Director of Health Systems Development, NHS Tees

73 Declarations of interest by Members

None

73 Minutes of the meeting held on 18 June 2012

Confirmed

74 Matters arising from Minutes

Minute 68 – Consultation Process – Health and Wellbeing Strategy – The Performance and Partnerships Manager updated the Shadow Board on the Health and Wellbeing Face the Public Event which had been held on 17th July 2012. The event had been well attended and positive feedback had been received. Comments had, however, been received in relation to engagement with members of public. Shadow Board Members agreed that lessons could be learnt from the event and engagement with residents would be considered as part of the Health and Wellbeing Strategy. Public questions which had been submitted were being collated and would be circulated to Board Members in due course.

The Director of Public Health highlighted that the event had been arranged in accordance with partnership arrangements and there would be another event later in the year.

75 Presentation on NHS Changes

The Shadow Board received a verbal update, by Chief Executive NHS Tees, on a number of senior appointments which had recently been made in relation to the key posts within the new organisational structures for the NHS. Ali Wilson had been appointed to the position of Chief Officer Designate for the Stockton and Hartlepool CCG. Amanda Hume had been appointed to the similar post for South Tees CCG and Martin Phillips had been appointed to the Darlington post. Nationally, 65 of the 68 CCG Chief Officer posts had been appointed. Appointments to the Chief Financial

Officers for the CCGs was now underway.

In relation to the NHS Commissioning Board Local Area Teams, only 16 Operational Directors of the 27 posts had been appointed. Cameron Ward had been appointed to the Durham and Tees post. Richard Baker had been appointed to a Director post covering the whole of the North Region for the NHS Commissioning Board. Steven Childs had been appointed to the Managing Director post of the Northeast Commissioning Support Organisation. In relation to the other general positions, appointments would commence soon as the HR Framework had recently been published.

Duncan Selbie had been appointed to the Chief Executive's post of Public Health England. David Flory had been appointed to the post at the head of the Trust Development Organisation.

It was highlighted that by October this year, the NHS would be a very different organisation. Consideration needed to be applied to the transitional arrangements to allow statutory duties to be undertaken to the end of March while allowing staff to undertake the transition to their new posts.

The Council's Acting Chief Executive indicated that in relation to the transition arrangements, it may be helpful to the Board if those were reported so that all groups/agencies were aware of them. In relation to the Commissioning Support Units, it was indicated that they would quickly move to being independent and competing for CCG work. The development of the North East Commissioning Support Service was understood to be well ahead of other areas.

Decision

The update was noted.

76 Feedback from Teleconference with the Local Government Association Health and Wellbeing Board's Programme

The Shadow Board was updated on the teleconference that the Mayor and Director of Public Health had held with the Local Government Association (LGA) in relation to the support that would be provided to Local Authorities as part of the transition of powers for public health from the NHS to Local Authorities. There would be resources available through the LGA but much still depended on the guidance being produced by government. The Director indicated that there was not expected to be any financial implications from the LGA support.

Decision

The update was noted.

77 Final Report into ‘Cancer Awareness and Early Diagnosis’ (Health Scrutiny Forum)

The Vice Chair of the Health Scrutiny Forum presented the final report into ‘Cancer Awareness and Early Diagnosis’ which had been circulated to all Members of the Shadow Board. The report outlined the overall aim of the scrutiny investigation, terms of reference, method of investigation, findings, conclusions, and subsequent recommendations. The salient findings were highlighted by Councillor Hall.

The Shadow Board welcomed the report and thanked the Scrutiny Forum for the work which had been undertaken which provided valuable information. It was agreed that the information should be shared with clinicians to promote further the benefits of early diagnosis. The Chief Executive of North Tees and Hartlepool NHS Foundation Trust commented that the Trust still struggled to meet the two week referral target, due to patients not taking up the referral immediately. The Chief Executive considered that the Trust should not be penalised for this failure to meet the target when it was out of their control. He also highlighted the need to raise awareness of lung cancer and respiratory diseases and this was an area where improved community services may assist in reducing readmissions to hospital.

The Acting Chief Executive stated that the Association of Northeast Councils (ANEC) had committed its support to the plain packaging campaign. The Shadow Board discussed the poster campaigns and the reach of these, particularly into workplaces. It was noted that this issue had been highlighted for consideration when developing a Community and Engagement Strategy for the Shadow Board.

In relation to the work with pregnant women, the Chief Executive of North Tees and Hartlepool NHS Foundation Trust commented that while staffing changes had seen changes to the senior midwifery post, midwifery services were still a high priority for the Trust. The Trust’s smoking cessation services were still seen as one of the best in the country and the Trust did not wish to see any diminution of those services.

Decision

The Shadow Board noted the Scrutiny Forum’s key recommendations to the Cabinet and partner health organisations as outlined below:-

- (a) That in relation to the Teesside Cancer Awareness Roadshow:-
 - (i) Hartlepool Borough Council hosts a Roadshow ensuring messages are embed in the Council’s health and wellbeing promotion to staff; and
 - (ii) Hartlepool Borough Council encourages appropriate Town based community venues and events to host a Teesside Cancer Awareness Roadshow.

- (b) That Hartlepool's Health and Wellbeing Board ensures that Stop Smoking Services and smoking cessation is embedded in the JSNA;
- (c) That in relation to the issue surrounding whether there is a link between high risk industrial workers and the contraction of cancers through the ingestion of particulates, such as coal dust:-
 - (i) The Public Health Directorate at NHS Tees carries out a literature research into the topic; and
 - (ii) That in relation to recommendation c(i) this information is shared with the Health Scrutiny Forum;
- (d) That NHS Hartlepool and the emerging Clinical Commissioning Group:-
 - (i) Ensure that cancer screening levels are improved across GP Practices in Hartlepool; and
 - (ii) Devise and share a strategy with the Health Scrutiny Forum for targeting cancer screening and awareness activity in the workplace / venues where residents gather socially; building on the good practice of those workplaces who employ nurses.
- (e) That the evidence about the impact of the role of the former Head of Community Midwifery in encouraging access to stop smoking services by pregnant women, be emphasised with North Tees and Hartlepool NHS Foundation Trust to seek assurances for its continued impact, following recent post restructuring;
- (f) That Hartlepool Borough Council, through its new Public Health responsibility, ensures that young people in schools and youth groups receive appropriate hard hitting messages about the cancer risk of smoking, alcohol and poor diet;
- (g) That in line with the smoke free workplace, as detailed in the Health Act 2006, Hartlepool Borough Council develops a strategy with partner organisations that:-
 - (i) Educates licensed taxi drivers about the effects of passive smoking, reminding them of the legislation of not smoking in the workplace; and
 - (ii) Determines appropriate enforcement options for licensed taxi drivers who are in breach of the smoke free workplace.

78 Scrutiny Investigation into ‘Cancer Awareness and Early Diagnosis’ – Action Plan *(Director of Public Health)*

The Director of Public Health reported that as a result of the Health Scrutiny Forum’s investigation into ‘Cancer Awareness and Early Diagnosis’, a series of recommendations had been made. The recommendations included in the Final Report and the associated Action Plan had been accepted at a meeting of Cabinet on 9th July. The Action Plan was appended to the report to the Shadow Board and had been prepared in response to the Scrutiny Forum’s recommendations

The Director of Public Health commented that the action plan would be submitted to the CCG as many of the indicators related to NHS services.

Decision

The Action Plan in response to the recommendations of the Health Scrutiny Forum’s investigation into ‘Cancer Awareness and Early Diagnosis’ was noted.

79 Healthy Lives, Health People: Update on Public Health Funding *(Director of Public Health)*

The Director of Public Health informed the Shadow Board of proposals regarding future public health funding. Proposals for funding were set out in ‘Healthy Lives, Healthy People: Update on Public Health Funding. Comments on the proposals were being invited by the Department of Health until mid August 2012.

The Director of Public Health highlighted that the base line mapping of actual spend by the Primary Care Trust in 2010/11 had been undertaken amounting to £7.6million. The consultation document raised concerns that there was a potential for a reduction in funding across the northeast. While spending on drug and alcohol services were not mandated spending, there was an expectation that the services would be continued. The key issues were set out in the report.

It was indicated that concerns had been raised through Cabinet and Scrutiny Coordinating Committee and that the Health Scrutiny Forum intended to meet prior to the date for the submission of comments to government to add its support to the retention of funding.

The Chief Executive, NHS Hartlepool commented that Middlesbrough BC had referred the issue through to the Tees Valley Joint Health Scrutiny Forum after meeting with Claire Bamburgh from Durham University. It was understood that there were no changes anticipated before 2016, though there was concern that the longer-term situation could be damaging for the region if the potential funding calculations were changed.

The Acting Chief Executive commented that the proposed letter in response to the government proposals would be circulated to partners who were encouraged to respond to the Department of Health.

Decision

The Board noted the proposals within the report and partners were requested to consider offering comments back to the Department of Health before the end of the engagement period of 14th August 2012.

80. Consultation Process for Health and Wellbeing Board Strategy *(Director of Public Health)*

The Shadow Board considered a report which outlined the proposed consultation process for the draft joint Health and Wellbeing Strategy. It was noted that the consultation process would allow for consultation with stakeholders on the strategic aims and objectives to be set out in the strategy and also to prioritise the strategic objectives to deliver the strategic aims for health and wellbeing in Hartlepool.

The Director of Public Health highlighted that the report reflected Local Authority processes and that it would be useful if partners could share their decision making processes. It was noted that the issue would be discussed at the next meeting of the Clinical Commissioning Group. There was discussion as to the difficulty of ensuring full and wide public consultation without simply revisiting the same small group of consultees. The Director of Public Health agreed to circulate a list of places where consultation would take place to all Shadow Board Members. Board Members were encouraged to add to list.

Decision

The Shadow Board noted the process of consultation for the Joint Hartlepool Health and Wellbeing Strategy.

81. Presentation by Public Health Team on Alcohol Strategy

The Shadow Board received a presentation by Sharon Robson, Alcohol Lead (Adults), Health Improvement Team, which addressed alcohol issues nationally and with a particular focus on the Hartlepool situation. It was highlighted that:-

- Hartlepool has one of the worst rates of alcohol attributable deaths amongst females in the country
- Hartlepool has one of the highest rates of alcohol attributable hospital admissions amongst females in the country

- Hartlepool has one of the worst rates of female deaths as a result of chronic liver disease in the country
- Hartlepool has one of the highest rates of alcohol attributable hospital admissions amongst males in the country
- Hartlepool has one of the highest rates of alcohol attributable hospital admissions amongst under 18s in the country
- Hartlepool has one of the highest rates of binge drinking in the country

Alcohol remained the main problematic substance in Hartlepool and a diagram presented at the meeting highlighted a total of 5,133 alcohol users in the town were dependent drinkers. The issues which had been highlighted had been identified through Local Area Profile for England. The presentation included details of strategic lead for alcohol in terms of the role of the Safer Hartlepool Partnership Executive Group, the Substance Misuse Strategy Group and the strategic links with the Children's Strategic Partnership and the Health and Wellbeing Board. The presentation also detailed the services which were available in terms of medical and psychosocial interventions, service user and family support and the work on criminal justice programmes.

It was highlighted that there was insufficient capacity across all alcohol services to meet the demand for those services. It was considered that joint working with partners needed to continue to develop stronger pathways for the future. Alcohol QIPP was set up in August 2011 as a pilot to look at reducing alcohol related hospital admissions. The pilot had been extended to 31st March 2013. As a result of a gaps identified through a gap analysis, a number of recommendations had been made which were presented to the Shadow Board. In terms of future actions, work with GP's and Clinical Commissioning Groups was being developed for future development in alcohol screening and Brief Interventions to enhance referrals into treatment for GP's and to reduce alcohol related hospital admissions.

The Board discussed some of the various approaches utilised in tackling binge drinking and hospital admissions, such as the 'booze bus' where those that had drunk to excess were taken to recover rather than being referred to A&E. Intervention and education programmes were discussed and the Board questioned whether the government's 'Troubled Families Initiative' would have an impact in this area.

It was also commented that while there were persistent problems with readmissions for alcohol abuse, sight could not be lost of those that were not admitted to hospital on a weekend for example but persistently drank excessively and then were admitted for serious illness. It was acknowledged that much still needed to be done to convey the messages to the public, particularly on 'units'. The link with the Clear and Credible Plan

was also highlighted together with the role for the Clinical Commissioning Group and the interface between the Safer Hartlepool Partnership and this Board.

Decision

The issues highlighted by the presentation were noted and the Director of Public Health agreed to circulate statistics to Board Members.

The meeting concluded at 11.40 p.m.

CHAIR