HEALTH SCRUTINY FORUM AGENDA

18 October 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

All Members of the Council invited to attend for item 7.1:-

The Mayor, Stuart Drummond

Councillors Ainslie, C Akers-Belcher, Beck, Cook, Cranney, Dawkins, Fleet, Gibbon, Griffin, Hill, Jackson, James, Lauderdale, A E Lilley, Loynes, Dr. Morris, Payne, Richardson, Robinson, Shields, Simmons, Sirs, Tempest, Thompson 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 20 September 2012

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

   No items

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

   No items.

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

6.1 Draft Health and Welling Strategy – *Director of Public Health*

7. ITEMS FOR DISCUSSION

7.1 Service Developments and Pathway Developments:-

(a) Covering Report – *Scrutiny Support Officer*

(b) Presentation - *Representatives from North Tees and Hartlepool NHS Foundation Trust and NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group*

7.2 One Life Hartlepool / Northern Doctors Report:-

(a) Covering Report – *Scrutiny Support Officer*

(b) Verbal Update– *Representatives from NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group*

7.3 Scrutiny Investigation into the JSNA Topic of 'Sexual Health':

(a) Covering Report – Scrutiny Support Officer

(b) Presentation – *Representatives from the Health Protection Agency*

(c) Presentation – *Representatives from Assura*

7.4 Wynyard Road and Whitby Street Service Review:-

(a) Covering Report – *Scrutiny Support Officer*

(b) Presentation – *Representatives from NHS Tees and the North East Primary Care Services Agency*

7.5 Quality Account 2012/13 – Forum Response – *Scrutiny Support Officer*

8. ISSUES IDENTIFIED FROM FORWARD PLAN

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

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

No items. (Recent minutes are yet to be confirmed.)

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

10.1 Minutes of the meeting held on 10 September 2012

11. **REGIONAL HEALTH SCRUTINY UPDATE**

No items.

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

FOR INFORMATION:

Date of Next Meeting – 29 November 2012, 9.00 a.m. in Committee Room B, Civic Centre, Hartlepool

HEALTH SCRUTINY FORUM

MINUTES

20 September 2012

The meeting commenced at 3.00 pm in the Civic Centre, Hartlepool

Present:

Councillor Stephen Akers-Belcher (In the Chair)

Councillors: Keith Fisher, Gerard Hall, Pamela Hargreaves, Geoff Lilley and Ray Wells.

Also Present: Councillors Marjorie James and Brenda Loynes

Sarah Bowman - Acting Consultant in Public Health
Deborah Gibbin - Health Improvement Practitioner
Barbara Carr – Assistant Director of Nursing and Patient and Public Involvement – North Tees and Hartlepool NHS Foundation Trust

Officers: Laura Stones, Scrutiny Support Officer
David Cosgrove and Rachael White, Democratic Services Team

43. Apologies for Absence

Councillor Brash.
Councillor Lauderdale, Portfolio Holder for Adult and Public Health Services

44. Declarations of Interest by Members

None.

45. Minutes of the meeting held on 23 August 2012

Confirmed.

In relation to Minute No. 42, the Chair commented that all Members of the Forum had been contacted with regards to the commencement time of meetings of the Forum and the majority had responded indicating their preference for the current arrangement. Meetings would therefore remain on the dates in the Council Diary with a commencement time of 9.00 a.m.

46. 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)*

The Chair indicated that as the Portfolio Holder, Councillor Lauderdale had submitted his apologies as he was unable to attend the meeting, the consideration of the report would be deferred to a future meeting.

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

No items.

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

No items.

49. North Tees and Hartlepool NHS Foundation Trust – Quality Accounts 2013/14 (*Scrutiny Support Officer*)

The Assistant Director of Nursing and Patient and Public Involvement – North Tees and Hartlepool NHS Foundation Trust gave a presentation to the Forum outlining the outcomes of the Quality Accounts for 2012/13 and the development of the key priorities for 2013/14. Areas highlighted for possible key priorities for 2012/13 were Patient Safety, Effectiveness of Care and Experience. It was highlighted that any suggestions the Forum had would be fed into the consultation process for the development of the Quality Accounts. The Trust was looking for feedback from all key stakeholders by the end of October so that the final draft could be completed by the April 2013 deadline.

The Forum received an update on the progress made against last year's Quality Accounts and some of the actions that had been put in place to deal with issues. The appointment of two specialist nurses in dementia care was highlighted together with the undertaking of unannounced visits. Improvements to the pathways to end of life care were highlighted as a positive development that had received good feedback particularly from patients' families.

There was comment made by a member of the forum that some patients nearing the end of their life had to 'fight' to be allowed to spend their last days at home. It was indicated that in some instances this wasn't possible due to the care a patient required or the situation at home. Members asked if the figures could be circulated relating to early discharge, and this was agreed.

Improvements in patient meals including the option for some patients to

choose their mealtimes were welcomed by the forum. There were comments that some patients were still finding themselves on trolleys in corridors rather than in a bed. The Assistant Director of Nursing and Patient and Public Involvement refuted that this did not happen at Hartlepool.

The expansion in Telehealth and Telecare were welcomed by Members as a positive development for patients. One significant development highlighted by the Assistant Director was the 'Oasis Suite'; a dedicated facility for family members who were spending lots of time with relatives who were nearing the end of their life could go to 'take a break'. Charitable donations had been utilised to provide much of the cost of the facility and staff had played a major role in the decorating and dressing of the facility to make it less 'hospital' and more homely. It was already receiving very positive feedback and had even been used for a wedding.

The Chair commented that access to hospital sites was an area for consideration and access to finance to assist with transport to hospital sites. The experiences of patients and visitors who travel to the hospital needed to be considered to improve access.

The Chair thanked the Assistant Director for the presentation and indicated that there would be an agenda item on the next meeting of the Forum for Members to agree their priorities to feed into the Quality Accounts process.

Recommended

1. That the Assistant Director of Nursing and Patient and Public Involvement – North Tees and Hartlepool NHS Foundation Trust be thanked for her informative presentation.
2. That further consideration of the key priorities for the 2013/14 Quality Accounts be considered at the next meeting of the Forum.

50. Medication Errors (*Assistant Director of Nursing and Patient and Public Involvement – North Tees and Hartlepool NHS Foundation Trust*)

The Assistant Director of Nursing and Patient and Public Involvement – North Tees and Hartlepool NHS Foundation Trust reported at the meeting on the issue of medication errors as requested by the Forum. The Assistant Director indicated that medicine safety was a big issue for the NHS. Doctors were instructed to prescribe legibly and nurses were empowered to challenge any prescription that was open to misinterpretation. Where there were instances of medication errors (either medication or dosage) staff were encouraged to report the matter at the earliest opportunity so that it could be corrected quickly. The average national rate for medication errors per 1000 patients was 7.25, in Hartlepool it was 3.94 with the rates in the north east being in the range of 3.20 to 6.28.

The Assistant Director indicated that doctors were trained by pharmacy staff on clear prescribing and the hospital had a standardised medication card across all wards to minimise risks. Members suggested that some kind of handheld device/equipment may be an alternative that would ensure there were no errors in medication prescribing due to illegible hand-writing.

Recommended

That the report be noted.

51. Investigation into Sexual Health – Setting the Scene

(Scrutiny Support Officer)

The Acting Consultant in Public Health and the Health Improvement Practitioner gave a presentation to the Forum setting out the key data in relation to sexual health. The presentation set out the data in the context of the JSNA topic. Currently the sexual health services across Teesside were provided under contract by Assura. The presentation set out the key data and rates of teenage pregnancy, sexually transmitted infections (STIs), HIV testing and diagnosis, young peoples sexual health services, provision of long acting reversible methods of contraception, service delivery and termination of pregnancy services.

It was highlighted that sexual health issues often sat in a wider group of risk taking behaviour linked to drug and alcohol abuse in young people. Teenage pregnancies were closely linked to high deprivation levels. While HIV was often linked to certain ethnic groups, the rates in Hartlepool were very low. What was of concern were the growing rates of STIs in the over 35's; often the 'second time singles'.

The past ten year plan to tackle teenage pregnancies had ended last year and it was disappointing to see the higher pregnancy rates this year again. Members commented that more targeted work with schools was needed with external trainers, rather than teachers. The Chair indicated that he would wish to see details of how this area was provided to young people before any accusation of who were the right and wrong people to deliver it was made. It was agreed that details would be submitted to the Forum including statistical information on services provided by community groups. Any information held by pharmacies on their issuing of 'morning after' contraception was also sought.

Locational information at ward level was also sought by members in relation to STIs and the community services available to young people in particular. The Chair also indicated that there was a scheme in place in Tyne and Wear where young people could use 'code' phrases in order to obtain contraception rather than being embarrassed in pharmacies.

A member questioned if young mothers who had children when they were teenagers were utilised to visit schools to give some 'real world' feedback of the impact of teenage pregnancy in a way that young people would understand. It was indicated that this hadn't been undertaken as any direct input to young people had to be evidence based rather than based on personal experience.

Members indicated that the investigation would need to look at education and particularly at the level of information provided to school children and at what age. There was anecdotal evidence that many teachers were

embarrassed by the levels of information given to certain age groups of children.

The Chair also questioned if the information that had been targeted at young adults through the nighttime economy was still reaching as many people as in the past due to the down turn in the economy. Officers indicated that wherever possible they linked in to any national or regional campaigns as frequently there were additional funds or materials available.

The Chair indicated that unfortunately it had not been possible to bring the portfolio holder and the town's Member of Parliament into the debate at this meeting though this would be done at a future meeting if possible.

Recommended

That the presentation and the discussion be noted.

52. Six Monthly Monitoring of Agreed Health Scrutiny Forum's Recommendations *(Scrutiny Support Officer)*

The Scrutiny Support Officer submitted details of the six monthly progress made on the delivery of the agreed scrutiny recommendations of the Forum. The Vice-Chair indicated that the Connected Care Board was still looking to the expansion of services across Hartlepool. Concern was expressed at how the introduction of the new Police Commissioner could affect some of the funding streams for various community based projects. The Chair indicated that this issue should be examined further.

Recommended

That the report be noted.

53. Issues identified from the Forward Plan

No items.

54. Minutes of Recent Meeting of the Shadow Health and Wellbeing Board

The minutes of the meeting of the Shadow Health and Wellbeing Board held on 30 July 2012 were submitted for the Forum's information.

55. Minutes of Recent Meetings of Tees Valley Health Scrutiny Joint Committee

While there were no minutes for the Forum to consider, a Member who had attended the most recent meeting indicated that there had been an excellent presentation by the staff at James Cook Hospital that provided prosthetics to people who had suffered limb loss. The service had been developed into a regional and national centre of excellence that provided state of the art services to the Tees Valley region. Members were invited to visit the

prosthetic unit at James Cook Hospital.

56. Any Other Items which the Chairman Considers are Urgent

The Chairman indicated that he had recently been invited to a presentation by Sir John Hall on a new piece of medical equipment that could significantly move forward radiotherapy services in cancer treatment. Sir John Hall had instigated the raising of funds to bring one of these new machines to the north east and the Chair indicated that if possible he would look to bringing the same presentation to this Forum.

The meeting concluded at 11.00 a.m.

CHAIR

HEALTH SCRUTINY FORUM

18 October 2012

Report of: Director of Public Health

Subject: DRAFT HARTLEPOOL HEALTH AND WELLBEING STRATEGY

1. PURPOSE OF REPORT

1.1 The purpose of this report is to present to the Health Scrutiny Forum the first draft of the Joint Health and Wellbeing Strategy (JHWS) and the results of the recent consultation exercise that are integral to the development of the strategy.

2. BACKGROUND

2.1 The NHS reform requires the Local Authority with partners agencies, including the PCT and Clinical Commissioning Group, to develop a joint Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment (JSNA). The final draft of the strategy must be completed by April 2013. The strategy should focus on not only protecting the health of the population but improving it through a range of evidence based interventions.

3. CONSULTATION FEEDBACK

3.1 This initial phase of consultation commenced on the 20th of August and closed on the 17th September. The consultation comprised of a prioritisation exercise undertaken across a range of venues and an online survey which aimed to establish priorities across each of the proposed strategic objectives.

3.2 The prioritisation exercise was undertaken across a range of venues which included libraries, children's centre, GP surgery waiting rooms and Youth Centres. Participants were given a notional £25 to spend across seven strategic themes, these being:

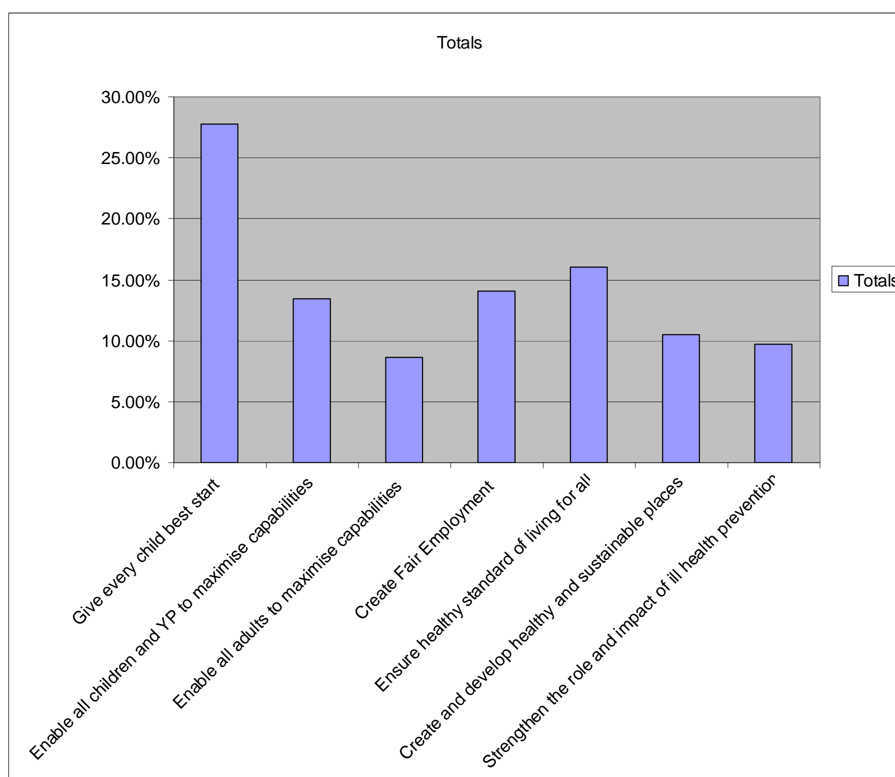
- Give every child best start in life;
- Enable all children and Young People to maximise capabilities;
- Enable all adults to maximise capabilities;

- Create Fair Employment and good work for all;
- Ensure a healthy standard of living for all;
- Create and develop healthy and sustainable places;
- Strengthen the role and impact of ill health prevention.

A total of 465 participants took part in the exercise, a breakdown is provided in the table below.

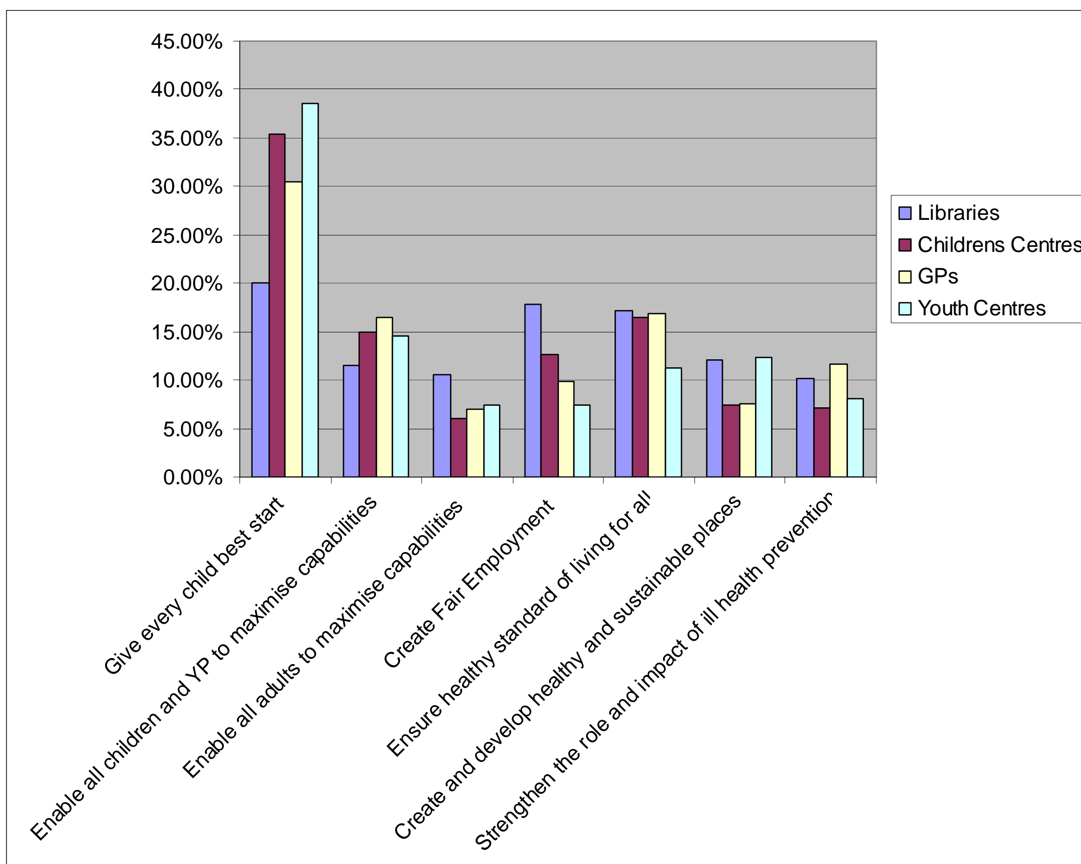
Venue type	No. of participants
Libraries	178
Children's Centres	89
GP's surgeries	42
Youth Centres	56

Overall Totals



'Giving every child the best start in life' is clearly the most popular priority amongst participants with almost 30% of the total budget allocated to this area.

Broken down by type of Venue



When broken down by the type of venue it is clear that 'giving every child the best start in life' is the most popular priority across all venues, however this percentage is significantly less in the results obtained within libraries where there was a slightly more even spread across each priority area.

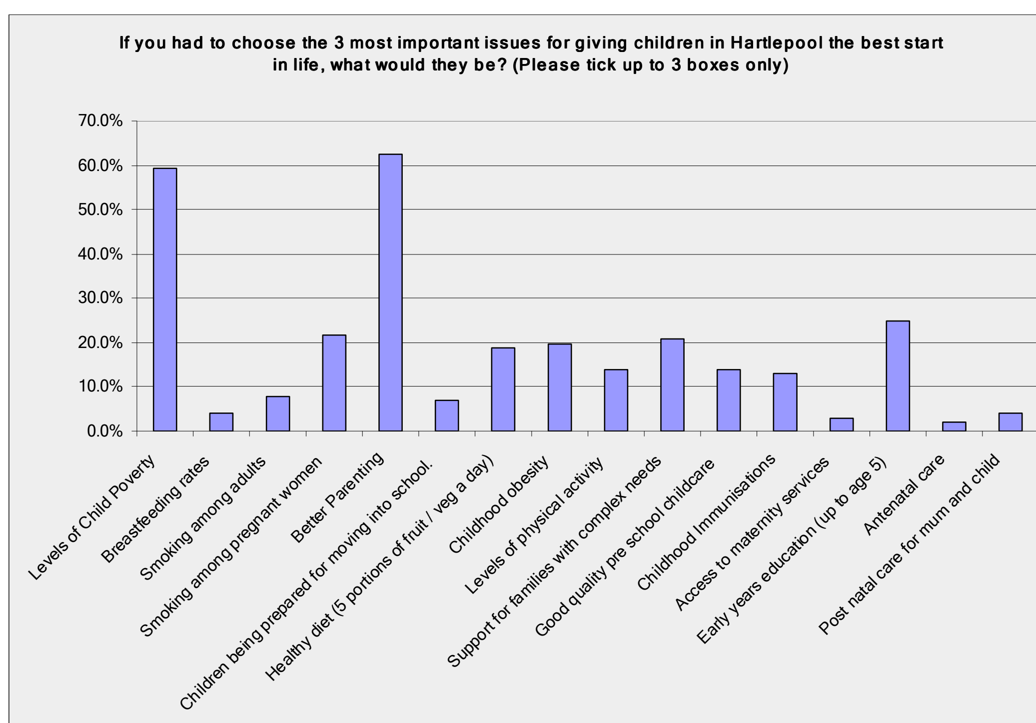
3.3 The online survey was open from the 20th August until the 17th September; a total of 105 people took part in the survey.

The tables below summaries the responses for each priority area and indicates what participants considered the most important issue within each priority area.

GIVE EVERY CHILD THE BEST START IN LIFE Giving every child the best start in life is crucial to reducing the chances of poor health into adult life. What happens during the early years (including the womb) has life long effects on health issues including obesity, heart disease and mental health as well as educational attainment and future job

prospects. Thinking about ensuring that children are given the best possible start in life, please consider each of the issues below and identify whether you think it is a major issue, minor issue or no issue in Hartlepool:

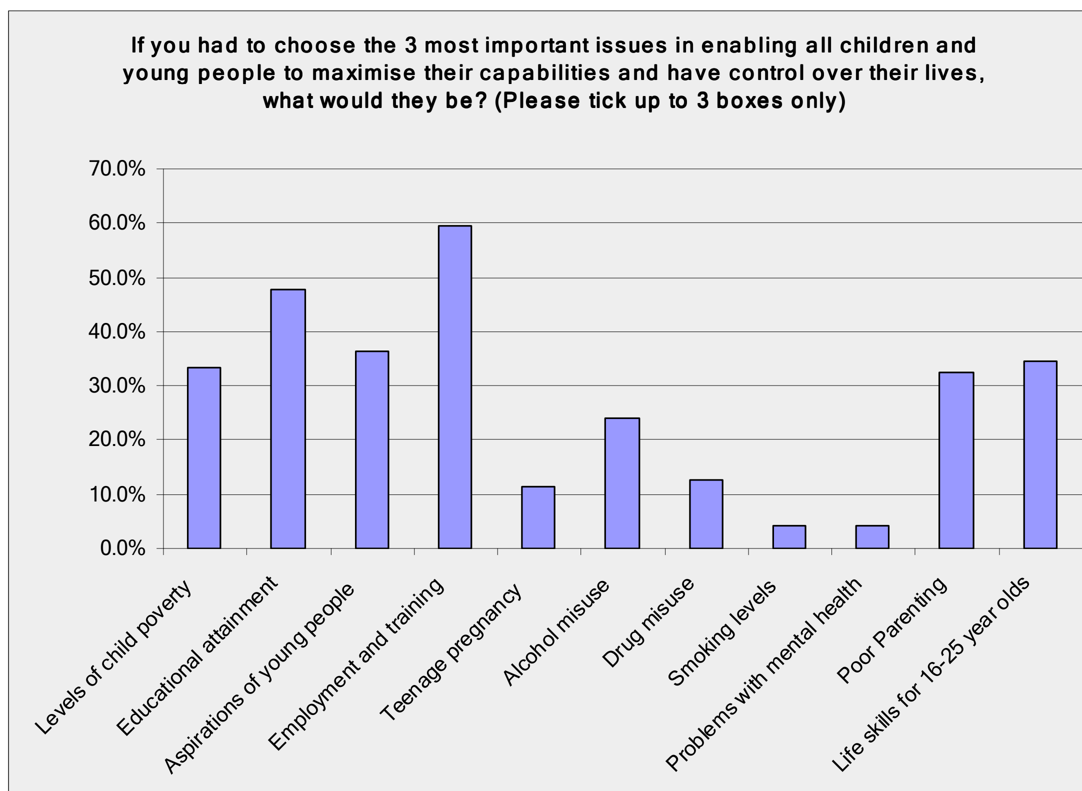
Answer Options	Major Issue	Minor Issue	No Issue	Response Count
Levels of Child Poverty	78	24	2	104
Breastfeeding rates	31	49	23	103
Smoking among adults	81	22	1	104
Smoking among pregnant women	88	17	0	105
Better Parenting	85	17	0	102
Children being prepared for moving into school.	33	58	8	99
Healthy diet (5 portions of fruit / veg a day)	74	29	1	104
Childhood obesity	72	26	2	100
Levels of physical activity	69	33	0	102
Support for families with complex needs	58	42	1	101
Good quality pre school childcare	41	51	7	99
Childhood Immunisations	45	44	11	100
Access to maternity services	46	36	19	101
Early years education (up to age 5)	40	54	6	100
Antenatal care	39	45	17	101
Post natal care for mother and child	43	41	15	99
			answered question	105
			skipped question	0



ENABLE ALL CHILDREN AND YOUNG PEOPLE TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES The health choices we make impact on our education, quality of life and life expectancy. What we achieve in our education can affect our physical and mental health, as well as future income, employment and

quality of life. Where we live can also have a big impact on our education which in turn impacts future employment, income, living standards, behaviours, and mental and physical health. Thinking about ensuring how children and young people maximise their capabilities and have control over their lives, please consider each of the issues below and identify whether you think it is a major issue, minor issue or no issue in Hartlepool:

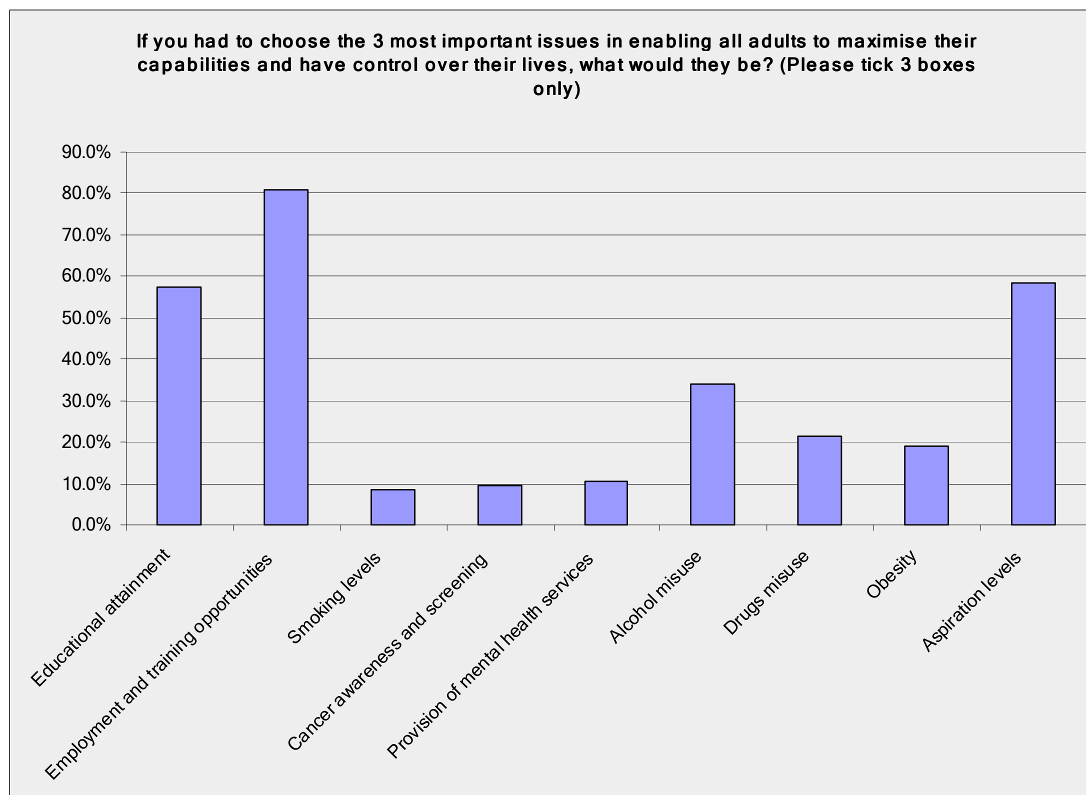
Answer Options	Major Issue	Minor Issue	No Issue	Response Count
Levels of child poverty	73	21	3	97
Educational attainment	57	34	3	94
Aspirations of young people	69	25	2	96
Access to Employment and training	83	12	0	95
Teenage pregnancy	61	35	0	96
Alcohol misuse	77	20	0	97
Drug misuse	71	24	0	95
Smoking levels	63	32	0	95
Problems with mental health	40	50	2	92
Poor Parenting	79	14	0	93
Life skills for 16-25 year olds	70	24	2	96
			answered question	97
			skipped question	8



ENABLE ALL ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES Having a good education can affect our employment opportunities and our level of income. Our physical and mental health affects our ability to work and lead a fulfilling life where we can contribute to society. The health choices we make

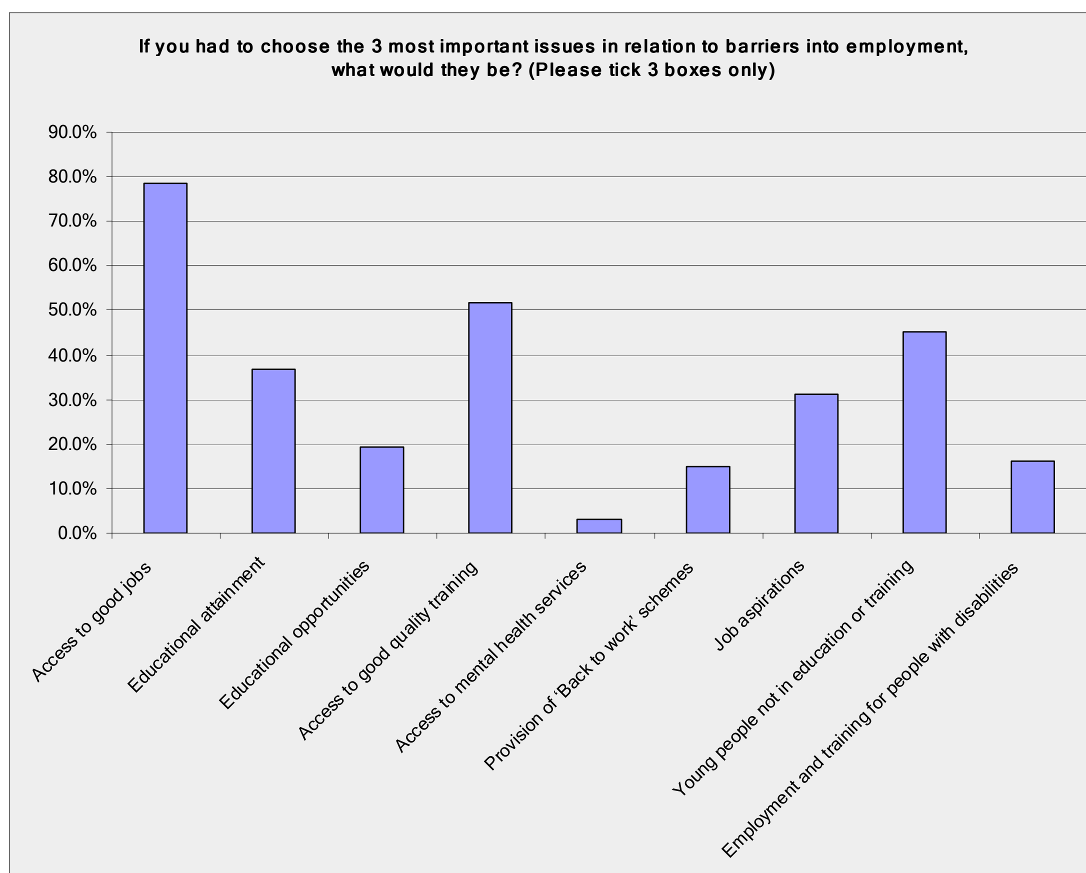
impact on our quality of life and life expectancy. Where we live can also have a big impact on our education and employment opportunities, again impacting on our income, living standards, behaviours, and mental and physical health. Thinking about ensuring how all adults maximise their capabilities and have control over their lives, please consider each of the issues below and identify whether you think it is a major issue, minor issue or no issue in Hartlepool:

Answer Options	Major Issue	Minor Issue	No Issue	Response Count
Educational attainment	58	36	1	94
Access to employment and training opportunities	83	12	0	95
Smoking levels	52	41	1	94
Cancer awareness and screening	33	57	4	93
Provision of mental health services	41	49	2	92
Alcohol misuse	68	26	0	94
Drugs misuse	69	24	1	94
Obesity	60	31	2	93
Aspiration levels	73	22	1	96
			answered question	96
			skipped question	9



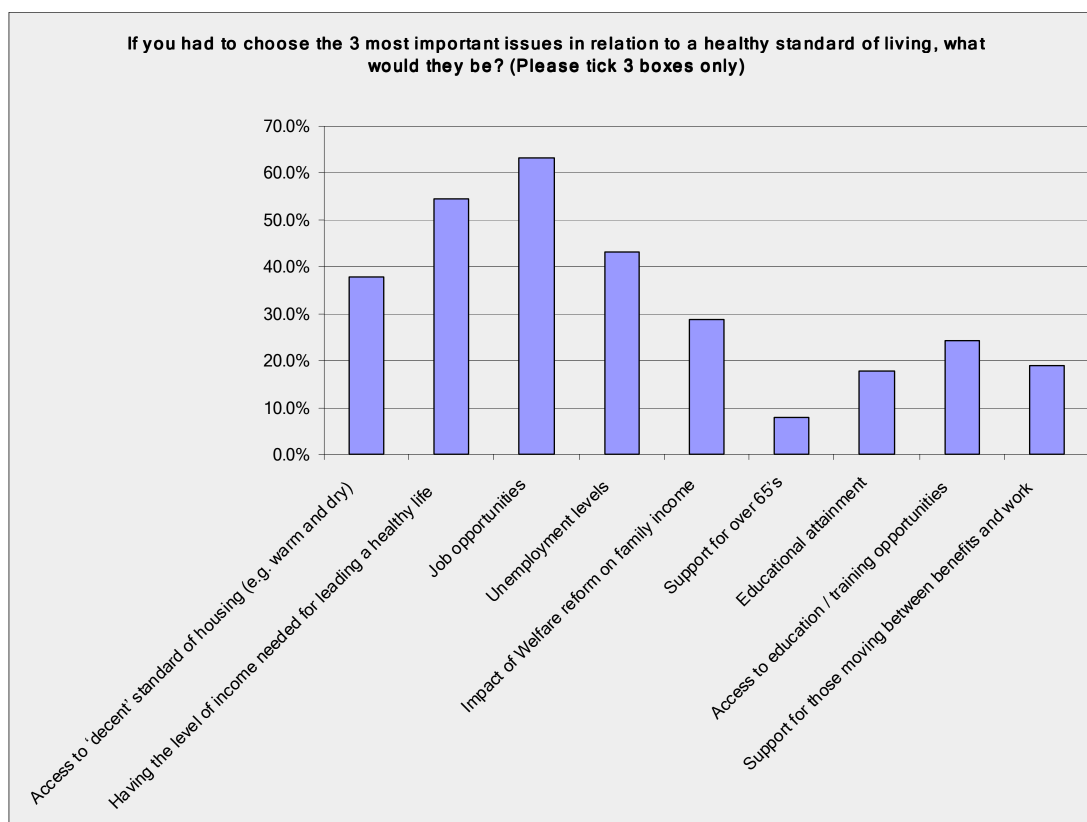
CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL Being in good employment is good for our health. Likewise, unemployment contributes to poor health. Getting people into work is therefore very important for improving the health of people in Hartlepool. A job that offers security and opportunity is better for our health than one that does not. Thinking about the importance of employment to good health please consider each of the issues below and

identify whether you think it is a major issue, minor issue or no issue in Hartlepool:				
Answer Options	**Major issue**	**Minor Issue**	**No Issue**	**Response Count**
Access to good jobs	86	8	0	94
Educational attainment	57	35	1	93
Educational opportunities	42	50	2	94
Access to good quality training	65	28	2	94
Access to mental health services	33	53	4	90
Provision of 'Back to work' schemes	48	41	4	93
Aspiration levels	69	23	0	92
Young people not in education or training	80	14	0	94
Employment and training for people with disabilities	49	40	3	92
			answered question	94
			skipped question	11



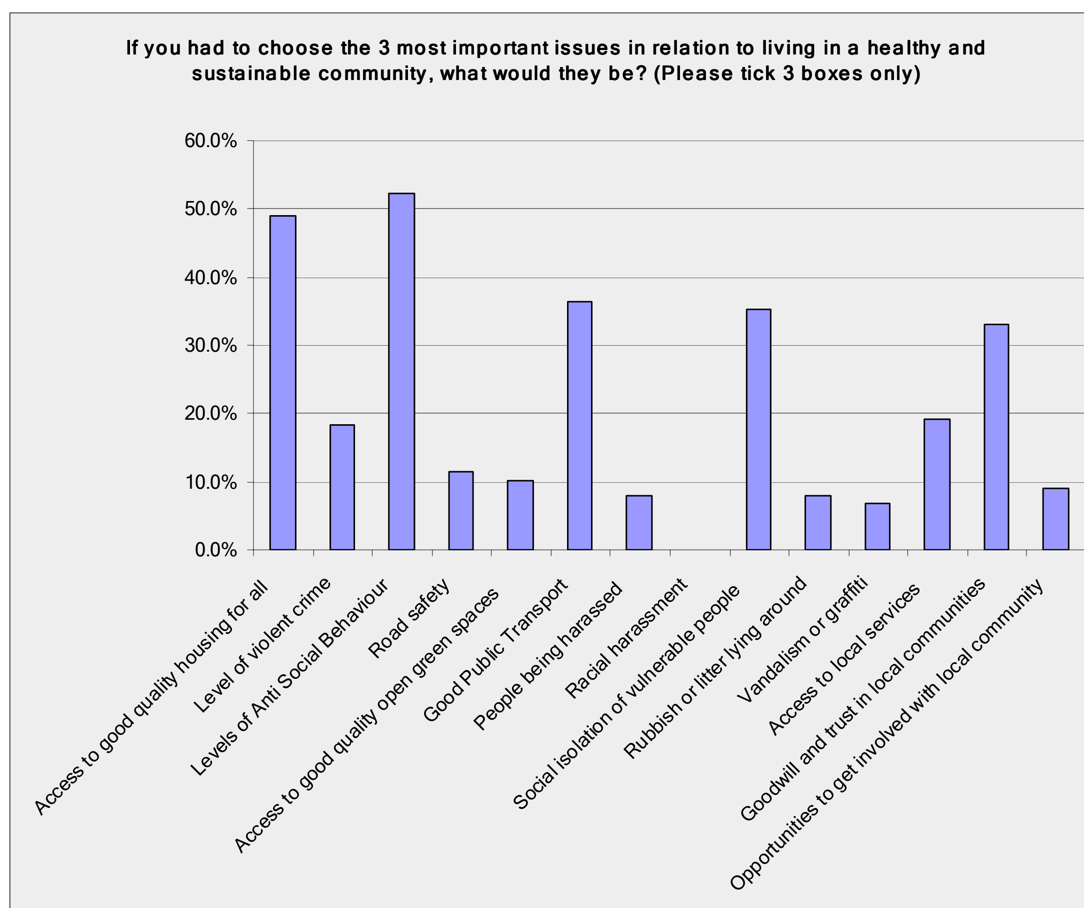
ENSURE A HEALTHY STANDARD OF LIVING FOR ALL Not having enough money to lead a healthy life plays a big part in the differences in health between different parts of the town. It can become more difficult for many groups to decide to spend money on healthy living as the income they need to spend on other important things increases e.g to be able to live in good housing, have a healthy diet, take part in physical activity, move around the Borough, and simply be able to spend time with our family and friends. Thinking about how to ensure a healthy standard of living for all please consider each of the issues below and identify whether you think it is a major issue, minor issue or no issue in Hartlepool:

Answer Options	Major Issue	Minor Issue	No Issue	Response Count
Access to 'decent' standard of housing (e.g. warm and dry)	46	34	10	90
Having the level of income needed for leading a healthy life	63	23	4	90
Job opportunities	85	5	0	90
Unemployment levels	83	8	0	91
Impact of Welfare reform on family income	64	20	6	90
Support for over 65's	31	49	7	87
Educational attainment	53	33	1	87
Access to education / training opportunities	61	29	0	90
Support for those moving between benefits and work	55	32	2	89
			answered question	91
			skipped question	14



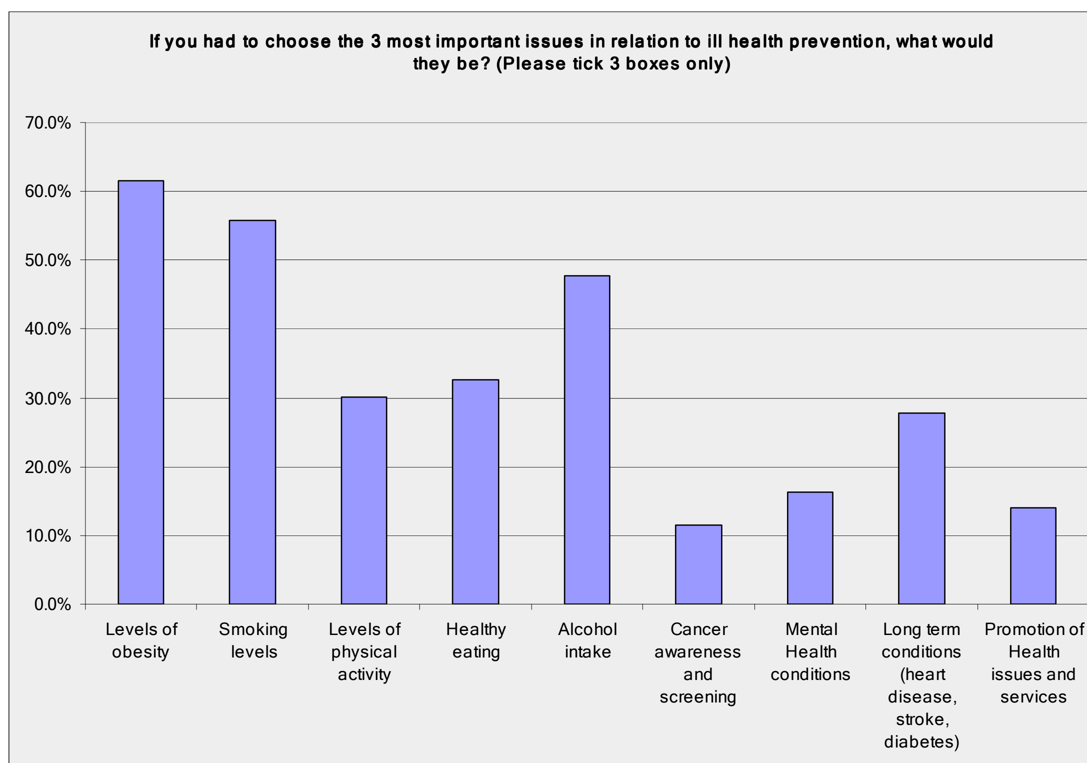
CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES The communities where we live are important for physical and mental health and wellbeing. Our physical environment, the type of community we live in and the general way of life of people where we live all contribute to the differences in the health of people living in different areas. Thinking about how to create healthy and sustainable places please consider each of the issues below and identify whether you think it is a major issue, minor issue or no issue in Hartlepool:

Answer Options	Major Issue	Minor Issue	No Issue	Response Count
Access to good quality housing for all	45	38	6	89
Level of violent crime	31	52	4	87
Levels of Anti Social Behaviour	60	27	1	88
Road safety	15	64	9	88
Access to good quality open green spaces	29	42	18	89
Good Public Transport	55	31	3	89
People being harassed	31	49	8	88
Racial harassment	21	52	13	86
Social isolation of vulnerable people	54	30	4	88
Rubbish or litter lying around	36	48	5	89
Vandalism or graffiti	24	56	7	87
Access to local services	33	48	8	89
Goodwill and trust in local communities	42	42	5	89
Opportunities to get involved with local community	27	46	15	88
			answered question	89
			skipped question	16



STRENGTHEN THE ROLE AND IMPACT OF ILL HEALTH PREVENTION Many of the behaviours that cause poor health, such as smoking, lack of physical activity and unhealthy food and drink are found more in some parts of the Borough than others. Educating people about what causes poor health, supporting them to make healthy choices and ensuring services are accessible to people are very important to preventing ill health later in life. Thinking about ill health prevention please consider each of the issues below and identify whether you think it is a major issue, minor issue or no issue in Hartlepool:

Answer Options	Major Issue	Minor Issue	No Issue	Response Count
Levels of obesity	67	20	0	87
Smoking levels	69	18	0	87
Levels of physical activity	62	25	0	87
Healthy eating	67	20	0	87
Alcohol intake	69	18	0	87
Cancer awareness and screening	33	52	2	87
Mental Health conditions	42	40	2	84
Long term conditions (heart disease, stroke, diabetes)	60	26	1	87
Promotion of Health issues and services	43	37	5	85
			answered question	87
			skipped question	18



3.4 Space was also provided within the survey for participants to include any further additional comments. These are shown below:

Give every child the best start in life

- “Ensure work for their parents to go to.”
- “Families don’t care where children are.”
- “Promoting respect in children for adults and other's belongings.”
- “Reducing crime and anti social behaviour.”
- “Access to local A&E services.”
- “Adult education as this would have a direct impact on every child given the best start.”
- “Parent education/training.”
- “Lack of school spaces, particularly at Seaton Carew.”
- “Support for young parents and better contraception services.”
- “Transition from Child to Adult (specialist health) including equipment.”
- Helping single working parents with troubled teenage children who have no family network support. Drug use in children and alcohol abuse.”
- “Decent homes of an acceptable standard for children to live in.”
- “Some working parents are on the limit with finances and cannot get the level of free school meals and yet due to lack of finance cannot afford to give their children money for their school meals.”
- “Keeping youth facilitys open for children because this may be the only plase they feel wanted or safe.”
- “Drug-taking amongst parents; unemployment and lack of work ethic within families; teenage pregnancies/multiple partners.”
- “Lung and bowel cancer, heart disease, health support for people in and out of work.”
- “Emergency care in the form of a local A&E department.”
- “Contraception.”
- “Poverty is a major issue, as are parenting skills, activity opportunities and support for families generally”

Ensure all children and young people maximise their capabilities and have control over their lives

- “If so many are leaving schools with wonderful GCSE and A-level results then why can't so many young people actually fill in a form eg to open a bank account. Example; "what do I put?" Answer "read the question and put the answer on the line/in the box". Believe me it happens every day. There is not enough common sense among young people to be able to complete a form.”
- “Broadening the horizons of young people.”
- “In work support.”
- “No role models in local government.”
- “Nothing for young people to do, lack of youth provision/clubs etc.”
- “Young people benefit from opportunity; things are improving but still much to do.”

- “Alcohol is a major issue due to cultural influence and remains a problem.”
- “Parenting remains an issue in deprived areas.”

Ensure all adults maximise their capabilities and have control over their lives

- “In work support.”
- “Lack of local health services now Hartlepool hospital is being wound down.”
- “Poor employment opportunities is a major problem.”
- “Alcohol abuse impacts on aspirations and motivation.”
- “Need more support around emerging mantal health issues.”

Create fair employment and good work for all

- “Back to work schemes are very good if the jobs are there!”
- “I think Hartlepool has good educational and training opportunities - the issue is more about people actually wanting to access them.”
- “In work support and workplace health and screening opportunities.”
- “Support for people who fall outside of the employment and back to work schemes would be helpful.”
- “Opportunity is poor - need to consider accessing employment support out of area.”
- “The current back to work schemes don’t work.”
- “Making sure you have a job you want to do so you can put 110% in to it. The worst thing is making someone do a job they don’t like bad judgement bad out come.”
- “Young people need to realise that the average wage isn't the norm, especially in Hartlepool, set their aspirations accordingly and accept that they need to start at the bottom and work their way up.”
- “Help those being released from prison.”

Ensure a healthy standard of living for all

- “Private housing in Hartlepool is somewhat to be desired.”
- “Helping Adult and Young offenders.”
- “Workplace screening and health support.”
- “Need to change 'benefit culture' which reflects the high levels of deprivation.”
- “Leisure activities play a major part in improving healthy lifestyles - need to improve opportunities in this area.”
- “Quality care and provision for elderly people.”
- “The common sense to realise that a healthy standard of living does not come from having even 'average' earnings. My £16.5k annual salary allows me to live well in a housing association property. Home ownership is not necessary - all housing association properties are more than comfortable enough so there should be more of these built.”
- “Aspiration for something better.”

Create and develop health sustainable places and communities

- ”Importance of cultural opportunities and leisure facilities.”
- “I am partially sighted and unable to see on coming traffic. I would appreciate noise signals at ALL traffic lights as lights are usually on main roads.”
- “Public transport is an increasing issue for people living outside the central area. This impacts on access to opportunities for all.”
- “Care of older people living independently and encouraging activity outside the family home needs higher attention, with to much reliance on family transport when this is increasingly not available.”

Strengthen the role and impact of ill health prevention

- “Services not local to our blackspot town.”

4. PROCESS OF COMPLETING THE STRATEGY

4.1 The process for developing the strategy is in three stages as outlined in the Cabinet report on the development of the Joint Health and Wellbeing Strategy in July 2012. Stage one is complete.

Step 2 – Formal Consultation Period. October 2012 – February 2313 (minimum 8 week requirement)		
Where	**Description**	**Date of Meeting**
Cabinet	Present draft for consultation	15 October 2012
Health Scrutiny Forum	Present draft for consultation	18 October 2012
Scrutiny Coordinating Committee	Present draft for consultation	19 October 2012 (6 weeks required)
Shadow Health & Wellbeing Board	Present draft for consultation	22 October 2012

Step 3 – Final consultation and endorsement. January – February 2012		
Where	**Description**	**Date of Meeting**
Forward Plan	Entry for Forward Plan due by 13 November 2012	N/A
Scrutiny Coordinating Committee	Second Draft for comment / endorsement	25 January 2013
Shadow Health & Wellbeing Board	Second Draft for comment/ endorsement	28 January 2013
Cabinet	Second Draft for comment / endorsement	4 February 2013
Health Scrutiny Forum	Second Draft for comment / endorsement	7 February 2013

Step 4 - Political Approval for Strategy. March – April 2013.		
Where	**Description**	**Date of Meeting**
Health Scrutiny Forum	Final Strategy for approval	7 March 2013
Scrutiny Coordinating Committee	Final Strategy for approval	8 March 2013
Shadow Health & Wellbeing Board	Final Strategy for approval	11 March 2013
Cabinet	Final Strategy for approval	2 April 2013
Council	Final Strategy for approval	11 April 2013

An equality impact assessment is also being undertaken for this draft strategy.

The Shadow Health and Wellbeing Board meeting at the end of October will be considering methods to prioritise issues within the strategy. This will take into account the feedback received through consultation.

5. RECOMMENDATIONS

5.1 The Health Scrutiny Forum is asked to comment on the first draft of the Joint Hartlepool Health and Wellbeing Strategy.

6. REASON FOR RECOMMENDATION

6.1 This draft strategy is a key requirement as part of the changes to NHS in the light of the Health and Social Care Act 2012.

7. APPENDICES AVAILABLE ON REQUEST, IN THE MEMBERS LIBRARY AND ON-LINE

7.1 Appendix 1 – Draft Hartlepool Health and Wellbeing Strategy

8. BACKGROUND PAPERS

8.1 Cabinet report 'Consultation on Process for Developing Health and Well Being Strategy' 23rd July 2012.

9. CONTACT OFFICER

Louise Wallace, Director of Public Health, Hartlepool Borough Council, Level 4, Civic Centre.

DRAFT HARTLEPOOL JOINT HEALTH AND WELLBEING STRATEGY, 2013-18

Partnership organisations

To be added: Sign-up page with organisations' logos.

Foreword

To be added: To be written by the Health & Wellbeing Board Chair.

Executive Summary

To be added: Summary of Commissioning Intentions / Priorities.

1. Vision

Improve health and wellbeing and reduce health inequalities among the population of Hartlepool.

This will be achieved through integrated working, focusing on outcomes and improving efficiency.

2. Purpose

The Joint Health and Wellbeing Strategy (JHWS) is a high-level summary outlining how Hartlepool Borough Council, Hartlepool Clinical Commissioning Group and other key organisations will address the health and wellbeing needs of Hartlepool and help reduce health inequalities.

The Health and Social Care Act (2011) establishes Health and Wellbeing Boards ('Boards') as statutory bodies responsible for encouraging integrated working and developing a Joint Strategic Needs Assessment and Health and Wellbeing Strategy for their area[1]. The JHWS is underpinned by the Joint Strategic Needs Assessment (JSNA) and together they will provide a foundation for strategic, evidence-based, outcomes-focused commissioning and planning for Hartlepool[2].

3. The case for improving health and wellbeing in Hartlepool

Health in Hartlepool is generally improving. There has been a fall in early deaths from heart disease and stroke; and the rate of road injuries and deaths is better than the England average[3].

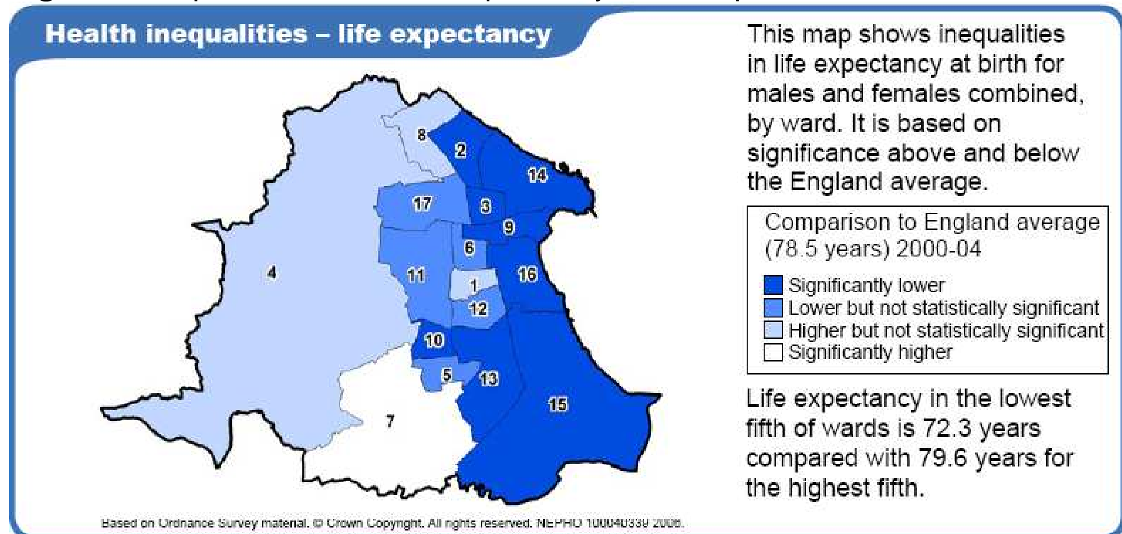
However, there is still much to do (**Box 1**). Health in Hartlepool is still worse than the national average. Levels of deprivation are higher and life expectancy is lower than the national average. **Figure 1** shows the variation in life expectancy

between wards in Hartlepool. This variation reflects the deprivation at ward-level: areas with the highest deprivation have the lowest life expectancy.

Box 1: At a glance: Health initiatives and challenges in Hartlepool[3]

- Levels of deprivation are higher and life expectancy is lower than the England average.
- Inequalities exist: life expectancy is 9 years lower for men living in the most deprived areas, compared to least deprived areas. The difference is 7 years for women.
- Over the last 10 years, the death rate from all causes has fallen for men but has fluctuated for women.
- The early death rate from cancer has changed little over the last 10 years.
- Both the death rate from smoking; and the percentage of mothers smoking in pregnancy are worse than the England average.
- The percentage of physically active children is better than the England average
- Alcohol-related hospital admissions are higher than the national average.
- Childhood immunisations rates are significantly lower than the national average.

Figure 1: Map of ward-level life expectancy in Hartlepool[3]



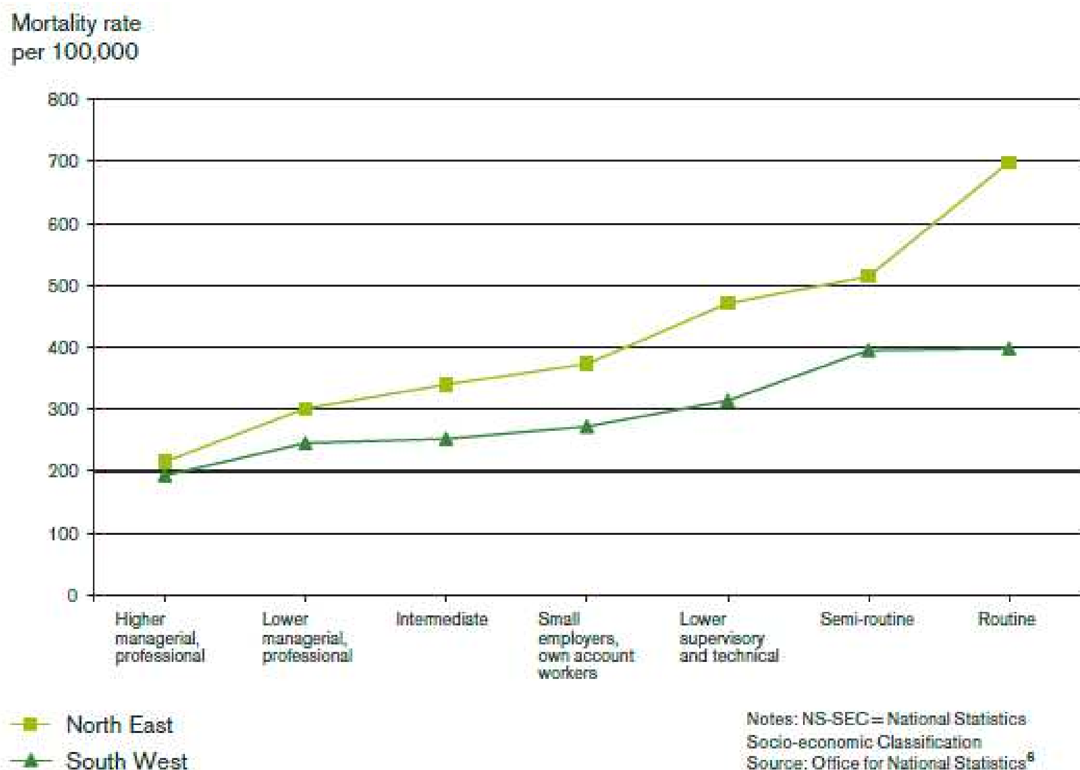
(Based on 2001 census data. Updated data for new ward boundaries should be available in 2013).

Ward legend

1	Brinkburn	7	Greatham	13	Rossmere
2	Brus	8	Hart	14	St. Hilda
3	Dyke House	9	Jackson	15	Seaton
4	Elwick	10	Owton	16	Stranton
5	Fens	11	Park	17	Throston
6	Grange	12	Rift House		

There is a 9 year difference in male life expectancy between the most advantaged and the most disadvantaged wards in Hartlepool[3,14]. We know that socio-economic inequalities lead to inequalities in life expectancy and disability-free life expectancy. Furthermore, the relationship between these is a finely graded – for every decrease in socio-economic conditions, both life expectancy and disability-free life expectancy drop. Social and economic inequalities are important causes of this relationship[4]. In his *Strategic Review of Health Inequalities in England* (2010)[4], Prof. Sir Michael Marmot argues that fair distribution of health, well-being and sustainability will impact positively on the country's economic growth. To improve health and wellbeing, action is needed across all social determinants of health to reduce health inequalities; and to make a difference, action to improve health and wellbeing should be across all socio-economic groups but tailored to a greater scale and intensity as the level of disadvantage increases[4]. As demonstrated in **Figure 2**, the effect of socioeconomic disadvantage on life expectancy is greater in more disadvantaged areas. However, the effect is also more pronounced in the North East compared to the South West, for all socioeconomic groups.

Figure 2: Age-standardised mortality rates by socioeconomic classification (NS-SEC) in the North East and South West regions, men aged 25-64, 2001-2003[4]



We also know that focusing on early years interventions – giving children the best start in life – helps deliver the greatest benefits in health inequalities and

economic terms. Health and wellbeing improvements delivered during childhood can reap benefits both in early life and throughout the individual's life-course[4].

4. What does this Strategy cover?

This Strategy outlines the strategic health and wellbeing priorities for Hartlepool. It builds on the good work already underway, whilst maximising the opportunity for better integration of services and closer partnership working presented by moving much of current NHS Public Health services, into Local Authorities. Working together with other areas in the North East will help achieve better outcomes and value, for the 'big issues' in health and wellbeing[5]. The Strategy supports the ten themes of *Better Health, Fairer Health* (2008)[5,6] – the North East's vision and 25 year plan for improving Health and Wellbeing which is supported by other Local Authorities across the North East (**Box 2**).

Box 2: *Better Health, Fairer Health* (2008)[6]

- Economy, culture and environment
- Mental health, happiness and wellbeing
- Tobacco
- Obesity, diet and physical activity
- Alcohol
- Prevention, fair and early treatment
- Early life
- Mature and working life
- Later life
- A good death

'Health and Wellbeing' has a broad remit and it will be important for a range of partner organisations to work together, to deliver improvement. This Strategy focuses on areas of work impacting directly on health and wellbeing, or acting as clear 'wider determinants' of health and wellbeing. In his review[4], Prof. Sir Michael Marmot proposes the areas organisations should address to improve health and wellbeing and reduce health inequalities. These factors are used as the framework for the Hartlepool Joint Health and Wellbeing Strategy and are:

- 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 healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

To focus activity in these areas, key outcomes have been selected to drive the Strategy (Section 7).

Other elements of health and wellbeing (initially summarised by Dahlgren and Whitehead in their social model of health[7]) (**Appendix 2**) will be outside the direct remit and influence of the Health and Wellbeing Board and its partner organisations. They will be delivered through associated strategies and work programmes within Hartlepool Borough Council, the NHS and associated partners. Communication and governance processes will ensure links between departments and strategies to limit duplication, further build joint working and integration and enable economies of scale. The work programme underpinning the Strategy will define the activities needed to deliver the outcomes in the Strategy, and the partners responsible. The work will take place in the context of local service provision, including the Momentum project, which focusses on redesigning services and providing care closer to home.

5. Our Values

To work together successfully and achieve the vision set out in this Strategy, it is important that all organisations involved sign up to and work within, a set of shared values[8,9]. For Hartlepool, these values fit with the proposed operating principles for Boards[8] and the Board Terms of Reference. The values are:

- Partnership working and increased integration[2,8] across the NHS, social care and Public Health
- Focus on health and wellbeing outcomes
- Focus on prevention
- Focus on robust evidence of need and evidence of 'what works'
- Ensure the work encompasses and is embedded in the three 'domains' of Public Health practice: Health Protection, Health Services and Health Improvement[10]
- Shared decision-making and priority-setting, in consultation with CCGs and other key groups
- Maintain an oversight of and work within the budgets for health and wellbeing
- Support joint commissioning and pooled budget arrangements, where all parties agree this makes sense
- Maximise the process of democratic accountability and develop the Strategy and related plans in consultation with the public and service users

The new Health and Wellbeing Board and Joint Health and Wellbeing Strategy provide the opportunity to maximise partnerships and evidence base, generating new ways of tackling health and wellbeing challenges. This includes recognising and mobilising the talents, skills and assets of local communities to maximise health and wellbeing[11].

6. Identifying our key outcomes

The Strategy's key outcomes and objectives have been developed in consultation with stakeholders and with the following in mind:

- Services Hartlepool Borough Council will be mandated to provide from April 2013[12]

The services are listed in **Appendix 2**.

- Clinical Commissioning Group draft plans

The Strategy has been developed in close liaison with the Clinical Commissioning Group for Hartlepool and Stockton-on-Tees, whose draft Clear and Credible plan[13] has highlighted key challenges: cardiovascular disease; cancer; smoking –related illness e.g. COPD; alcohol-related disease. These areas reflect the results of a 2010 public engagement campaign, which recorded the views of 1883 people regarding priorities for them and their families. See **Appendix 3** for an overview of the draft CCG commissioning plan.

- Current JSNA commissioning intentions

The 2010 Hartlepool JSNA[14] (currently being refreshed through engaging key partners) outlines commissioning intentions for health and social care.

- Hartlepool Public Health Transition Plan

The transition plan outlines the proposed activity to be funded through the Public Health budget (**Appendix 4**).

<u>Stakeholder engagement and consultation</u>

It is very important that this Strategy reflects both the evidence available about population health and wellbeing need; and the views and priorities of stakeholders. Stakeholders have been involved throughout the development of the Strategy, including the public, service users and partner organisations. The Shadow Health and Wellbeing Board membership which owns the Strategy includes LINkS representation, democratically elected members, NHS organisations and Local Authority representation. A full consultation process provided the opportunity to identify the public's priorities for health and wellbeing in Hartlepool; and the outcomes of the consultation have been reflected in the priorities for the Strategy. The consultation process and a summary of its outcomes is outlined in **Appendix 5**. The consultation generated a list of potential priorities, from which a list of strategy priorities was agreed by the Health and Wellbeing Board, according to a set of robust criteria. The criteria included issues such as evidence base, public opinion, effectiveness and cost effectiveness (**Appendix 6**) and ensure the decisions were based on a clear and auditable process which balanced all key considerations.

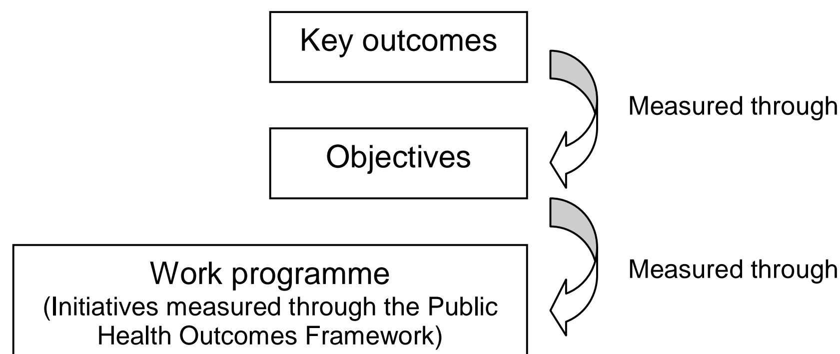
7. Key strategic priorities and objectives

To reflect the consultation outcomes, evidence and subsequent prioritisation process, the key strategic priorities are:

Strategic priorities • Give every child the best start in life • Ensure a healthy standard of living for all • Create fair employment

The evidence base and level of need for each are summarised in **Appendix 7**. To describe how the key priorities will be addressed, a range of objectives have been identified through the consultation process. Delivery on the objectives will be ensured through the work programme which supports this Strategy. The work programme specifies the detailed initiatives to deliver on the objectives and will also ensure coverage of the outcomes expected in the new Public Health Outcomes Framework[15]. **Figure 2** summarises the mechanism for ensuring delivery on the key outcomes.

Figure 2: Delivering on the key outcomes



Due to the broad nature of health and wellbeing, improvements will only be seen if the health and wellbeing agenda is also embedded in wider relevant Local Authority strategies and services. The work programme (**Appendix 8**) outlines how this is being done and **Appendix 9** shows how the Strategy and work programme are linked to theme groups under the Health and Wellbeing Board.

The objectives show how the Health and Wellbeing Board for Hartlepool will deliver on its key strategic priorities, and meet the challenge set out by Marmot's suggested priority area. The objectives are:

Objectives

Give every child the best start in life
- Address levels of child poverty
- Encourage better parenting
- Early years education (up to age 5)

Enable all children and young people to maximise their capabilities and have control over their lives
- Employment and training
- Educational attainment
- Aspirations of young people

Enable all adults to maximise their capabilities and have control over their lives
- Employment and training opportunities
- Aspiration levels
- Educational attainment

Create fair employment and good work for all
- Access to good jobs
- Access to good quality training
- Young people not in education or training

Ensure a healthy standard of living for all
- Job opportunities
- Having the level of income needed for leading a healthy life
- Unemployment levels

Create and develop healthy and sustainable places
- Levels of anti-social behaviour
- Access to good quality housing for all
- Good quality transport

Strengthen the role and impact of ill health prevention
- Levels of obesity
- Smoking levels
- Alcohol intake

8. Strategy ownership and review

This Strategy is owned by the Shadow Health and Wellbeing Board. It will be reviewed by the Board on a 3-yearly basis.

Next review date: April 2013.

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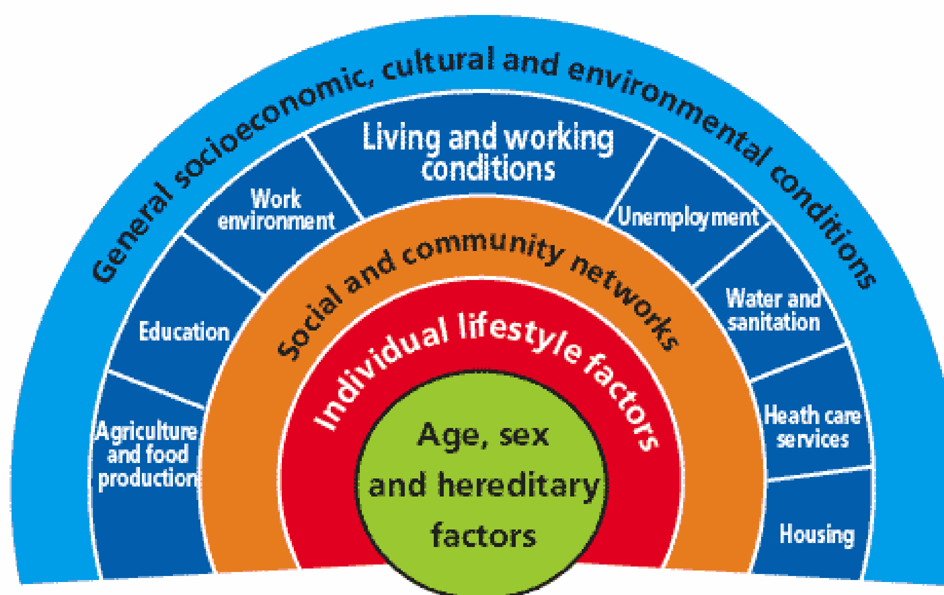
Appendices

Appendix 1: Social model of health (Dahlgren and Whitehead, 1998)[7]



Appendix 2:
Local Authority mandated services[12]
Under the coalition government's proposals for the new Public Health system, Local Authorities will be mandated to provide the following from April 2013:

- Appropriate access to sexual health services
- Steps to be taken to protect the health of the population, in particular, giving the Director of Public Health a duty to ensure there are plans in place to protect the health of the population
- Ensuring NHS commissioners receive the public health advice they need
- The National Child Measurement Programme
- NHS Health Check assessment

Consideration is also being given locally to the various additional services not covered by this list, which would be important to continue to provide e.g. stop smoking services.

Appendix 3: Hartlepool and Stockton-on-Tees draft CCG commissioning plan overview[13]

Appendix B – Commissioning Plan Overview

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

Domain	Rationale	Themes	Projects/Initiatives	Outcome measures
Preventing people from dying prematurely	Significant lifestyle issues of smoking, excessive alcohol use and maintaining a healthy weight are significant contributing factors to the big killers of Cancer, CHD and respiratory disease	• Staying Healthy • Planned Care • Unplanned Care • Social Care & Integrated Working	• Healthy Heart programme • Smoking Cessation • Alcohol Pathway redesign • Weight management • Bowel Cancer Screening Programme	• Rate of hospital admissions • Mortality rates • Smoking quit rates • Smoking in pregnancy rates • Weight management activity • National Childhood Measurement Programme
Enhancing quality of life for people with long-term conditions	• High levels of urgent admissions and re-admissions • Unsustainable levels of hospital activity - year on year increase in admissions and attendance at A&E • Patients can be treated closer to home • Autistic Spectrum conditions do not have access to diagnosis and appropriate support Access to high quality, early diagnosis and appropriate support improves outcomes for people with dementia	• Staying Healthy • Planned Care • Unplanned Care • Mental Health & LD • Social Care & Integrated Working	• Healthy Heart programme • Development of community services • Telehealth/Telecare • IBD Pathway • Self Management projects • Personal Health Budgets • Care Home Management • Medicines Management • IAPT • LD annual health check and action plan • Diabetes Pathway • Primary Care Training Project	• Reduction in unplanned admissions/readmissions • Reduced number of delayed discharges • Number of people with self-care/health installations • 100% of those with LD to be offered an annual health check and health action plan • No. of people with MH problems in settled accommodation • No. of people with common MH problems claiming
Helping people to recover from episodes of ill health or following injury	• High levels of urgent admissions and re-admissions • Better co-ordination of NHS and social care needed to keep people independent and reduce avoidable admissions	• Staying Healthy • Planned Care • Unplanned Care • Social Care & Integrated Working	• Re-ablement • Development of community services • Enhanced discharge support • Ambulatory Care pathways	• Number of patients with a re-ablement plan in place • Reduction in unplanned admissions/readmissions
Ensuring that people have a positive experience of care	• Quality of care is generally high but there is variation in utilisation and outcomes of care across the health economy • Patients can be treated closer to home	• Social Care & Integrated Working • Staying Healthy	• End of Life Pathway • Single point of Access (111) • Dementia Pathways • Autism Pathways • Consultant to consultant • New to review pathways • Carers project • Military & Veterans Health	• C2C referral rates • Outpatient procedure rates • Reduce variation across General Practice • Quality, cost and volume prescribing • Patient satisfaction surveys
Treating and caring for people in a safe environment and protecting them from avoidable harm	• Patients can be treated closer to home • High levels of urgent admissions and re-admissions	• Staying Healthy • Planned Care • Unplanned Care • Social Care & Integrated Working	• Paediatric Pathways • Alcohol Pathways • Dementia Pathways • Ambulatory care project • Health Visitor & Family Nurse Project	• MH – numbers retained in employment • No. of people with MH problems in settled accommodation • No. of people with common MH problems claiming sickness-related benefits

Cross Cutting Initiatives

- Ensure commissioned services focus on outcomes delivery e.g. Transformational not transactional
- Co-ordination of commissioning support to CCG
- Demand management through effective use of business intelligence tools e.g. urgent care dashboard, CAAS
- Engagement and relationships with key stakeholders e.g. Providers, public, primary care

Appendix 4: Hartlepool Public Health Transition Plan: Proposed activity to be funded from the Public Health budget
NB: Subject to confirmation of the budgets available.

Public health topic	Proposed activity to be funded from Public Health budget
Sexual health	Testing and treatment of sexually transmitted infections, fully integrated termination of pregnancy services, all outreach and preventative work
Immunisation against infectious disease	School immunisation programmes, such as HPV.
Seasonal mortality	Local initiatives to reduce hospital admissions and seasonal excess deaths
Accidental injury prevention	Local initiatives such as falls prevention and reducing childhood injuries
Public mental health	Mental health promotion, mental illness prevention and suicide prevention
Nutrition	Locally led initiatives
Physical activity	Local programmes to reduce inactivity; influencing town planning such as the design of built environment and physical activities role in the management / prevention of long tram conditions
Obesity programmes	Local programmes to prevent and treat obesity, e.g. delivering the National Child Measurement programme; commissioning of weight management services
Drug misuse	Drug misuse services, prevention and treatment
Alcohol misuse	Alcohol misuse services, prevention and treatment
Tobacco control	Tobacco control local activity, including stop smoking services, prevention activity, enforcement and awareness campaigns
NHS Health check	Assessment and lifestyle interventions
Health at work	Local initiatives on workplace health and responsibility deal
Prevention and early presentation	Behavioural/ lifestyle campaigns/ services to prevent cancer, long term conditions, campaigns to prompt early diagnosis
Children's public	The Healthy Child Programme for school age children, school nurses, health promotion and

health 5-19	prevention interventions by the multi professional team
Community safety and violence prevention and response	Specialist domestic violence services that provide counselling and support services for victims of violence including sexual violence
Social exclusion	Support for families with multiple problems, such as intensive family based interventions
Dental Public Health	Targeting oral health promotion strategies to those in greatest need.

Appendix 5: Consultation process for identifying objectives

The Strategy consultation ran from June – October 2012, in line with Local Authority consultation processes and statutory responsibilities. It consisted of:

A 'Face the Public' event
Approximately 70 people attended, representing a range of organisations from the community, voluntary and statutory sector and elected members.

A resource-allocation exercise
Set up in a range of venues including the shopping centre, the library, children's centres, GP surgeries and youth centres. The exercise asked members of the public to allocate £25 'virtual pounds' across the Marmot policy areas. 465 members of the public took part. 'Giving every child the best start in life' was the most popular priority amongst participants with almost 30% of the total budget allocated to this area.

When broken down by the type of venue, 'giving every child the best start in life' is the most popular priority across all venues, however this percentage is significantly less in the results obtained within libraries, where there was a more even spread across each priority area.

The next most popular was 'ensure a healthy standard of living for all' (16%).

An online survey
Open to the general public, the survey asked respondents to prioritise a range of suggested interventions listed under each Marmot policy area. Respondents were asked to choose the 3 most important issues under each Marmot area. They were:

- Give every child the best start in life – levels of child poverty (60%) and better parenting (62%). Next most popular: early years education (up to age 5) 25%
- Enable all children and young people to maximise their capabilities and have control over their lives – employment and training (60%), educational attainment (48%), aspirations of young people
- Enable all adults to maximise their capabilities and have control over their lives – employment and training opportunities (81%), aspiration levels (58%), educational attainment (57%)
- Create fair employment and good work for all – access to good jobs (78%), access to good quality training (52%), young people not in education or training (46%)
- Ensure a healthy standard of living for all – job opportunities (63%), having the level of income needed for leading a healthy life (55%), unemployment levels (43%)
- Create and develop healthy and sustainable places – levels of anti-social behaviour (53%), access to good quality housing for all (48%), good quality transport (37%)

- Strengthen the role and impact of ill health prevention – levels of obesity (62%), smoking levels (56%), alcohol intake (48%)

Free-text comments generally fitted with the areas of work that were presented as options for responders in the rest of the survey.

Consultation was also carried out with existing members of the LINkS. The draft Strategy was also shared with the CCG, through discussion at the CCG locality meeting, and through CCG membership on the Health and Wellbeing Board.

Appendix 6: Prioritisation criteria
To be added once agreed.

Appendix 7: Strategic priorities - Summary of evidence and need

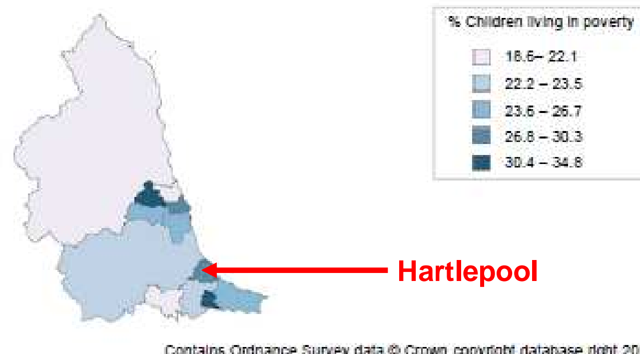
Priority: Giving every child the best start in life

In Hartlepool:
(Sources: JSNA 2010[14], Health profile 2012[16])

- Immunisation: uptake of boosters e.g. 2nd MMR is 79%, compared to 91% uptake of first jab.
- 19% of women smoke in pregnancy compared to an England average of 14%.
- Breastfeeding initiation rate is approximately 42.2% in Hartlepool, compared to the England average of approximately 71.8%
- 13.8% of young people in Hartlepool have recorded substance misuse, compared to 9.8% for England
- Under-18 conception rates continue to fluctuate (59.7 per 1000 females aged 15-17, compared to the England average of 38.1 per 1000)
- The childhood obesity rate for Hartlepool is 22.8% compared to the England average of 18.3%
- 27.3% of Hartlepool children live in poverty
- Parenting and literacy skills: 30% of adults have low numeracy and 28% have literacy problems

Children living in poverty

Map of the North East area showing the relative levels of children living in poverty.



(Source: Child Health Profile 2012[16])

Research shows

- Unimmunised children are at a far greater risk of contracting childhood illnesses such as measles, which can have serious health consequences.
- Smoking or exposure to smoke in pregnancy increases the risk of premature birth and low birth weight. Teenage mothers are much more likely to smoke during pregnancy.
- Babies who are breastfed have a reduced risk of illness in the short- and long-term.
- Educational attainment is directly linked to employment prospects. Better employment prospects are linked to better health and wellbeing outcomes.
- Alcohol misuse among parents can impact on children's health and wellbeing. Misuse among children is linked to other risk-taking behaviour e.g. teenage pregnancy. Alcohol admissions to hospital are increasing,
- Teenage pregnancy rates are higher than the national average. Babies born to teenage parents tend to have worse health and wellbeing outcomes. Some STI rates are also increasing.
- Increased confidence in parenting and family literacy skills impact positively on children's health, wellbeing and educational attainment.

What we plan to do

- Increase childhood immunisation rates
- Reduce smoking in pregnancy
- Increase breastfeeding
- Increase the number of young people who are 'work-ready' and increase appropriate employment opportunities
- Reduce the prevalence of alcohol misuse
- Provide sexual health services which are accessible to young people
- Promote parenting and family literacy skills

Priority: Ensure a healthy standard of living for all	
In Hartlepool: INSERT KEY FACTS	**ENTER PICTURE / GRAPH**

Research shows	**What we plan to do**

Priority: Create fair employment	
In Hartlepool: INSERT KEY FACTS	**ENTER PICTURE / GRAPH**

Research shows	**What we plan to do**

Appendix 8: Work programme
To be added.

A work programme will be defined to agree timescales and organisational accountability for contributing towards outcomes. This should include a risk log for the implementing the Strategy.

Appendix 9: Paper to show how the Strategy and work programme are linked to theme groups under the Health and Wellbeing Board
To be added.

HEALTH SCRUTINY FORUM

18 October 2012

Report of: Scrutiny Support Officer

Subject: SERVICE DEVELOPMENTS AND PATHWAY DEVELOPMENTS – COVERING REPORT

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1. PURPOSE OF REPORT

1.1 To introduce representatives from North Tees and Hartlepool NHS Foundation Trust and NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group who will be in attendance at today's meeting to provide information to Members on service developments and pathway developments, including information requested on the viability of the University Hospital of Hartlepool, if Outpatient Services were relocated, as requested at the Health Scrutiny Forum of 23 August 2012.

2. BACKGROUND INFORMATION

2.1 Members of the Forum at their meeting of 23 August 2012 received a presentation from health professionals in relation to the proposed relocation of Outpatient Services to One Life Hartlepool.

2.2 Subsequently, representatives from North Tees and Hartlepool NHS Foundation Trust and NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group will be in attendance at today's meeting to present information to Members on service developments and pathway developments, including information requested at the Forum meeting of 23 August 2012 in relation to the viability of the University Hospital of Hartlepool, if Outpatient Services were relocated.

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 and Stockton-on-Tees Clinical Commissioning Group 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) Presentation delivered by NHS Hartlepool entitled 'Proposal to Transfer Outpatient Services to One Life Hartlepool' – 23 August 2012

(b) Minutes of the meeting of the Health Scrutiny Forum held on 23 August 2012.

HEALTH SCRUTINY FORUM

18 October 2012

Report of: Scrutiny Support Officer

Subject: ONE LIFE HARTLEPOOL / NORTHERN DOCTORS REPORT – COVERING REPORT

---

1. PURPOSE OF REPORT

1.1 To introduce representatives from NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group who will be in attendance at today's meeting to discuss One Life Hartlepool in relation to a report compiled by Northern Doctors Urgent Care Ltd (NDUC).

2. BACKGROUND INFORMATION

2.1 During the Health Scrutiny Forum meeting on 23 February 2012, Members considered a progress report complied by NDUC into Out of Hours Services across the Tees Valley (attached as **Appendix 1**). This is the same report which was tabled at the Tees Valley Health Scrutiny Joint Committee on 21 November 2011.

2.2 In the report from NDUC, the following concern was noted in relation to One Life Hartlepool (OLH):-

"*It is apparent to us that Hartlepool residents struggle to understand what each of the services does and how they all fit together. NDUC has always been very clear that it does not operate a walk in centre and that all patients must be triaged by telephone before further appropriate care is given. I understand that efforts have been made by the commissioners to disseminate clarifying communications to all local service users.*"

2.3 Members raised concerns about the triage of patients at OLH; the synergy of OLH providers; and the continued communication needs of Hartlepool residents in relation to access to healthcare. Subsequently, representatives from NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group will be in attendance at today's meeting to respond to these concerns.

3. RECOMMENDATIONS

3.1 That Members note the content of this report and seek clarification on any issues from the representatives who are 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) Report of the Scrutiny Support Officer entitled 'Northern Doctors Urgent Care – Out Of Hours Services – Progress Report' presented to the Health Scrutiny Forum on 23 February 2012

(b) Northern Doctors Urgent Care Ltd Report - Out of Hours Services Across the Tees Valley

(c) Minutes of the health Scrutiny Forum held on 23 February 2012

I have been asked by the Tees Valley Health Scrutiny Joint Committee to complete a review of the services provided by NDUC in the Teesside area. This report will be presented to the above committee on Monday 21st November 2011 at the Town Hall, Middlesbrough.

NDUC Teesside service details

The service in the Hartlepool area went live at 18.00hrs on 1st November 2010 and at 18.00hrs on 1st February 2011 for the remainder of the Teesside area, i.e. Redcar & Cleveland, Middlesbrough and Stockton. I have been asked to review the service so far.

Until 1st February, the call centre was run from our base at Northumberland House in Newcastle. From the inception of the whole Teesside service, the call centre has been based locally in Crutes House, Teesdale Business Park, Thornaby. From here basic demographics are taken by our specially trained call handlers. Calls are allocated using our clinically validated urgency criteria. Triaging clinicians are GPs, as well as nurses who have been trained to use a computer support tool underpinned by critical thinking. Depending on the urgency of the patient's condition, calls may be allocated as an immediate 999 referral; as an urgent case for clinical triage, in which case they will expect to receive a call back from the clinician within 20 minutes, or as a routine call in which they will expect a call back within an

hour. Following this triage, the call may be concluded with telephone advice only, i.e. self care, etc; as a home visit, or as a face to face consultation with a GP at one of our urgent care centres. All our face to face consultations are undertaken by a general practitioner. After every contact with NDUC, full safety netting advice is always given, either by the call handler or by the clinician, advising the patient [or carer] to ring the service immediately if they notice a change in the patient's condition, or if they are worried in any way.

You may remember that when I last met with you I spoke about the National Quality Requirements or NQRs. These are the nationally defined targets that we are obliged to attain, and mean that we should see urgent categories of patients face to face within 2 hours and the more routine patients within 6 hours. However, the commissioners for your contract have requested that NDUC undertakes what they define as Local Quality Requirements. This requires patients with urgent problems to be seen face to face within 90 minutes and patients with more routine problems within 4 hours.

Currently NDUC operates urgent care centres from several bases spread right across the area. These are in Redcar, Guisborough, Eston Health Centre in the Low Grange Health Village, Resolution at North Ormesby Health Village, Tithebarn in Stockton and the One Life Centre in Hartlepool. We also operate out of the consulting rooms in Crutes House.

I have included a basic table taken from the template that we send monthly to our commissioners. This shows our call volumes over the past nine months. We have dealt with between 5,500-7,000 cases per month for the Teesside area which will probably equate to just over 70,000 cases per year. On average around 33 % calls resulted in telephone advice, i.e. self-care advice etc, whilst around 25 % patients were seen in centres and about 15% patients were visited at home. The remaining cases were passed over to

the district nurses, resulted in a 999 response or were referred to A&E or directly to hospital for admission where clinically appropriate.

I have reviewed our activity over the past month across the whole area, which is entirely representative of our achievements, and can confirm that we are 100% compliant with regard to telephone advice for both urgent and routine calls. Similarly, if we look at the urgent face to face consultations, whether they are home visits or centre visits, we are proud to say that we saw 99% of the patients within the national targets. However, we admit that we are finding it a challenge to see all urgent patients within the 90 minute time window set by commissioners as part of the local quality requirements. In October we saw 92% of urgent patients within the 90 minute period. Often the reason for not achieving this target is because of extraneous factors such as traffic levels or even a football match. Again we saw 94% of routine patients within the four hour time frame. We are currently working on strategies to improve this compliance against the local quality requirements of the tighter time frame, without having to reduce the home visiting rate.

October 2011

	Breach	Compliant	Total	%
TRU	**5**	3165	3170	**100**
TRR	**7**	608	615	**99**
F2F R	**9**	1488	1497	**99**
F2F U	**6**	440	446	**99**
LQR 1	**17**	206	223	**92**
LQR 3	**86**	1411	1497	**94**

I have reviewed the complaints from the whole Teesside area since February. The governance team sits independently of the clinical and operational teams and investigates all concerns in a totally unbiased manner. We investigated 37 complaints out of the 52,333 cases we dealt

with in your area. These mostly related to attitudes of staff or perceived waits for visits. However, a proportion of these investigated complaints were not upheld. All responses are sent to Tees Client Services for independent review, and all are reported monthly to our commissioners for further detailed evaluation if necessary. Each quarter we present and discuss all complaints with our commissioners.

What is NDUC's view on how the Tees Out of Hours service has gone so far?

We have reviewed our service both internally and with reference to external sources.

Challenges

Staff

As you are aware NDUC took over the out of hours contract from Primecare. The people issues associated with the transfer of North Tees & Hartlepool NHS Trust and Primecare from 1 November 2010 and 1 February 2011 respectively has proved to be very challenging, requiring significant amounts of management time to be spent to identify, develop and implement solutions. All of these concerns have been successfully addressed.

NDUC incurred significant costs and management time associated with the recruitment of GPs for the Teesside GP OOH Contract. NDUC initially took over the majority of GPs who had previously provided support to Primecare. However, following a recruitment campaign over the past few months we have successfully introduced new GPs to the service.

Alongside the requirement to familiarise the GPs with NDUC's procedures and new telephone and IT systems, it was immediately necessary to address and resolve performance issues with some of the practices and quality of service being delivered by these individuals.

GP recruitment is ongoing for Teesside with regular induction and shadowing sessions scheduled to all recruits. Similarly, refresher training sessions and workshops have been successfully implemented so that clinicians are kept fully informed of all changes. All GPs are reviewed as part of our rolling call review programme. This means once GPs had commenced working with NDUC, we immediately reviewed at least 4 of their telephone triage calls entirely randomly. From this we were able to analyse the qualities and competencies of those doctors who are new to us. We were then able to identify any learning needs, as well as individually highlight quality doctors. Any clinicians who did not attain our standards were either invited in to meet with our clinical executive, or were not employed. NDUC made an executive decision around 3 years ago not to employ agency doctors, and all doctors working for NDUC are 'local' doctors.

On a very positive note, we have been approached by several local quality GPs who have heard of the philosophy of our organisation and are interested in working for us.

Logistics

The first week or so was spent in understanding the geographical area. Unfortunately, some the ex Primecare staff though local, had covered other regions for their company and we had to familiarise them with their locality. However, all new staff that we have appointed are local. We are proud that our in-depth training programmes have created a wealth of local knowledge now available to us.

Patient demand

Similarly, we have made considerable efforts to understand local patient demand and address patients' needs. We have noticed that Teesside patients have very high expectations and can be slightly more demanding and impatient than those in the North area. Therefore, we have risen to the challenge, and as you have seen from the statistics previously presented, we generally satisfy these expectations.

Dental cases

However, we note that out of hours dental calls remain very high. NDUC provides the call handling and dental nurse triage for these patients. The callers to this service have often long standing and very complex dental problems and many are not registered with their own in hour dentists. They therefore contact the service in time of dental crisis.

Hartlepool One Life Centre

We are currently experiencing challenges regarding the One Life Centre and the integrated model of care that has been introduced in Hartlepool. Some issues have been exacerbated by the closure of the A&E department at Hartlepool Hospital, some of which have been reported to the Hartlepool Mail. It is apparent to us that Hartlepool residents struggle to understand what each of the services does and how they all fit together. NDUC has always been very clear that it does not operate a walk in centre and that all patients must be triaged by telephone before further appropriate care is given. I understand that efforts have been made by the commissioners to disseminate clarifying communications to all local service users. However, just to reiterate, the service that NDUC delivers at the One Life Centre complies with our contract, with most patients being seen within the required time frames. Once they have arrived, very few patients have to wait for their appointment.

Urgent care centres

As you are aware we currently can utilise urgent care centres in Redcar, Guisborough, the Eston Grange Health Centre in the Low Grange Health Village, Resolution at North Ormesby Health Village, Tithebarn in Stockton and the One Life Centre in Hartlepool. We also operate out of the consulting rooms in Crutes House. However, in practice, we have rarely used the urgent care centre based in Guisborough and Tithebarn. We will of course provide transport to and from the centres where necessary.

External challenges

The key challenge which faces NDUC in line with other providers in the health economy concerns improving efficiency within a very tight budget. NDUC therefore needs to meet its challenging targets without impacting adversely on quality or performance. Clinical safety is obviously paramount.

Another challenge is that of integrating with our co-providers. We have worked hard and are continuing to develop strong and productive links with the palliative care teams, the various district nurse groups and the safeguarding agencies. We have worked very productively with our in hours GP colleagues and have developed good working relationships with them.

A large challenge which to some extent is outside our control is that of public engagement with our potential patients. I understand that the commissioners have a winter health campaign which should clarify which service is the most appropriate.

One of the most significant challenges for NDUC is the changing commissioning landscape. We have significantly felt the loss of key commissioning staff, with many of whom we have developed close and

productive working relationships. The contract is now managed by the North East Primary Care Services Agency based in Sunderland.

A challenge for all NHS organisations is compliance with the government's new requirements. The Department of Health has issued its expectations regarding information governance requirements. Each NHS organisation has been required to complete a very comprehensive 'toolkit' regarding their compliance. Part of this involves each staff member annually undergoing an extensive, though absolutely necessary, internal training programme which has proved to be very time consuming.

Currently NDUC is also completing its application process as part of registration with the Care Quality Commission. This will mean that it must evidence the elements required by the Commission by its registration date in April 2012. We are well on our way towards full compliance with these requirements

Reponses to challenges

Generally

Generally, the perception from internal and external sources is that the service has gone well. We have had positive feedback from the GPs who currently work for us. They appreciate the fact that we are more structured, they like the way we operate and the criteria we use to allocate visits. They positively acknowledge the fact that we are locally run from a local operating centre, and we employ local responses to issues rather than the more centralist approach that had been often previously used. Many GPs have commented on the friendly nature of the organisation and that they appreciate that many of the administrative and management staff from Newcastle often work at Crutes House, thus facilitating an integrated approach to the service.

Local integration

Additionally, we have worked hard over the past nine months to develop close links with our in hours GP colleagues. Both services fully recognise the importance and benefits of close integration in patient care so that care quality is seamless. We have taken on board some proposals that the in hours GPs have made and thence improved the passage of information between services. One of these suggestions involve our governance team ringing each GP practice first thing the next working day and informing them personally of their patients who have died during our period of operation.

NDUC has benefited by being incorporated into the active local urgent care network. Monthly meetings take place to discuss common interests and concerns.

As you are possibly aware NDUC currently does not have access to the national Summary Care Records system. Therefore, we have worked extremely hard in raising the profile of our internal special patients register with all our in hours colleagues. Relevant additional information may be passed on to us regarding those patients which any GP practice, nursing service or safeguarding service such as those run by child protection, judges would benefit from us holding and making available to our clinicians. We have now introduced an electronic system where each practice inputs and manages their own special patients, initially very supported by our administrative staff who provide a helpdesk. This has been well received. We are currently rolling this method out with the various district nurse and palliative care teams so that we have a greater understanding of individual patient care needs throughout the whole area covered by NDUC.

We have worked hard to forge links with the local palliative care and district nurse communities, both in hours and in the out of hours period. Our clinical services manager and operations manager regularly meet with

these groups. Our integration has allowed us to jointly explore learning from cases and this has meant that we have jointly been able to improve some elements of patient care in the area, for example the death verification process. We now provide the on call clinical service for the Butterwick Hospice.

We are working hard to develop a strong working relationship with the Safeguarding leads, with regard to Child protection and also safeguarding adults [POVA].

All consultations are passed to GP practices next working day. Any urgent cases are flagged up and passed independently by the governance team to the patient's own GP the next working day for closer scrutiny and attention.

All patients who are unregistered or visitors are automatically passed through to a clinician the next working day for review and follow up according to clinical need. This means we check the patient's demographics on the NHS spine and pass on to the correct recipient accordingly. This ensures that patients do not fall through the cracks and are followed up by their own GP. As we discussed last time, we have a surprising number of such patients to review on a daily basis.

Similarly, where a patient has contacted the service several times over a short period, we contact the patient's own GP to highlight our concerns and perhaps set up a joint meeting to identify ways of best managing the patient. We have contacted local GPs since we took over the service on many occasions for this.

A&E

We have initiated an email conduit so that A&E staff may request an investigation into the reasons for a patient's referral. We will then feedback our findings to the referring staff concerned.

Internal service improvements

Having monitored and assessed the implementation of the service over the past few months, NDUC believes that patients will benefit from 'call blending'. This means that although we operate a local call centre in Stockton and another based in Newcastle, that all calls from patients will go into a central queue and for each call the clinician will operate a cab-rank rule, i.e. they will take the next call from the queue. The benefits of this are that there is a build up of greater local knowledge and familiarity of processes for all clinicians; it gives a balanced method of operating as each area can support the other, and thus it will improve patient care and patient satisfaction with the service. However, of necessity this must be supported by excellent governance arrangements and up to date local information. We have spent a great deal of time producing our well regarded Clinicians' Desk Top Guidelines which comprehensively, yet succinctly provide contemporaneous information and checked contact details for all our clinical and nursing staff. These Guidelines are updated quarterly, or on an ad hoc basis if changes within the local health care sector occur, such as the closure of Hartlepool A&E.

NDUC recognises that it is ideally placed to arrange training workshops and teaching sessions on current topics, often by external experts, to all our GPs. These are exceptionally popular and the information gained in these fora is usually disseminated back to the GPs own practices, thus potentially benefiting an even larger cohort of patients.

As with all ongoing services, NDUC continues to monitor its activities. We have a robust incident reporting system which flags up issues that our eyes and ears on the ground, i.e. our call handlers, our drivers and our GPs identify. All of these incidents are investigated, a response produced, feedback given where appropriate and changes implemented where necessary. Over the past year we have investigated around 500 such

incidents throughout the organisation. We are proud that we have such an open blame-free culture with staff questioning and wanting improve the service.

Access to the service

NDUC is aware that it must make reasonable adjustments to accessing the service for people who may not be able to communicate clearly though the telephone triage system. This may be because of hearing impairment, because of language problems, learning disabilities or who are very distressed. We have therefore met several times with members of the deaf and hard of hearing community to mutually attempt to design a service that is fit for purpose. On the back of these discussions, NDUC now provides a text phone [0300 123 1932], but is also looking at providing a platform for a video translation service. We have also made contacts with persons representing recognised local BSL interpreters, which may be used in face to face situations. NDUC is additionally investigating the safe, both electronically and operationally safe use of email and other on-line access.

NDUC provides access to language line and interpreting services, whilst we have staff development strategies to achieve a culturally sensitive and aware staff group.

We provide taxi transportation to and from the various centres for those patients who have no other means of transport. We have arranged SLAs (service level agreements) with three local taxi companies and we regularly meet with them to confirm that they are still compliant with the agreed level of service. This also includes the provision of wheelchair access vehicles. We closely monitor taxi usage on a monthly basis. As an organisation, we have had no issues with the running of this service.

Communications with patients

Our marketing strategy appears to have been targeted appropriately and thereby fairly successful and well received – with most patients calling the right number, at the right time for the right reasons. As indicated, further work needs to be undertaken by the local commissioners to clarify the services available at the One Life Centre to reduce the confusion patients are obviously feeling.

We have been very active in public engagement. We have attended various patient forums and LINKs groups to offer information and receive feedback so that we can further develop the service. Once again the offer is here to visit our operations hub in Crutes House Stockton at your convenience.

Service user feedback

This can be broken down into the quarterly surveys, complaints, compliments, some incidents and the feedback we receive from visiting groups such as LINks or a charity. The responses we have received from the surveys have been disappointing to date. We undertook a formal quarterly survey in April and again in July and both times we had a poor response rate. Therefore, in October we decided to hit each area with a very large number of questionnaires in the hope that we would get a reasonable response rate. These results are due back to us at the end of November. We have reviewed other means of contacting patients and have discounted telephone questionnaires because of the issues surrounding patient confidentiality. We would like a greater input so that we can tailor our service in conjunction with local patient requirements and have thus developed an on-line questionnaire.

However, reviewing the complaints already mentioned, it would appear from the volume and the subject of the complaints, that we need, and have

indeed addressed, attitudinal problems and perceived waits for a face to face consultation. Nonetheless, it is important to note that we have dealt with over 52,000 cases in your area and have had 37 complaints, some of which have not been upheld. Even so we are not complacent, and we have learned from some of the issues that patients have been concerned about. For example, we are currently reviewing the joint community provision for mental health. We are also working hard with all GPs as well as specific GPs to improve their knowledge of palliative care issues. We host regular workshops for all our GPs which are facilitated by local palliative care consultants and palliative care nurses and are proving to be amazingly popular.

Winter pressures

NDUC starts preparing for winter in July. We have a dynamic forecasting model which applies to the clinical as well the operational aspects of our service. Therefore, each shift will be staffed up according to our forecasts. With reference to the Christmas and New Year Holiday period, we have based our forecasts on scientific factors as well as empiricism, but we know that we will be extremely busy. We also have to factor in other external issues such as a possible flu or widespread diarrhoea and vomiting outbreak. We have reviewed our activity for the holiday period when Christmas last fell on a Sunday which was in 2005 and have factored this in when planning our staffing levels.

Over the past months we have steadily developed our links with our co-providers in health, social and the local councils. Our commissioners have arranged several desk top exercises across all our patches with scenarios set for each agency to work though both independently and collectively. These are a superb way of working through likely situations as well as allowing excellent day-day working relationships to develop.

Since November 1st all primary and secondary care providers have reported their clinical statistics to the commissioners and the Strategic Health Authority. This allows the commissioners to have an early notification of areas experiencing a potentially increased level of activity. If the case load increases, we utilise our commissioner approved multi-agency escalation process which allows us to balance our resources. We are therefore also able to target specific areas that require additional support. However, any decision that affects the overall running of the service is immediately shared with the designated commissioner on call.

If the weather is bad we apply our Severe Weather Contingency Plan. This involves optimising our activity so that the best level of care can be delivered. This may mean perhaps temporarily switching the activity of one centre to one that is more readily accessible to everyone. We have purchased a number of Land Rover 4 X 4s to allow us to undertake some of the more inaccessible visits. Additionally, we still will be using the services of 4X4 Response North East. We are assured that our taxi companies are equipped to deal with poor weather. We have developed links with the local councils' roads and highways maintenance services to arrange for areas around centres to be gritted when possible.

Over times of severe weather and over the holiday period, each agency participates in a daily prearranged conference call facilitated by the commissioners. This gives each provider the opportunity to highlight current issues, discuss any themes that are developing and if one area is experiencing a spike in activity, there may be opportunities for a co-provider to be able to assist to help them. For example, between last Christmas and the New Year, one of the hospitals in the North area experienced a considerable increase in A&E activity. It was identified that some of the activity was more primary care than true A&E work. NDUC was able to support this A&E for several days by providing a GP to work alongside the A&E staff and deal with the GP appropriate cases.

In conclusion, I hope that I have been able to reassure you that the efforts that we have initiated, together with our organisational work ethic will allow NDUC to respond to both anticipated and unheralded challenges in a timely, safe and appropriate manner.

Karen Taylor
Head of Governance
NDUC
17th November 2011

HEALTH SCRUTINY FORUM

18 October 2012

Report of: Scrutiny Support Officer

Subject: SCRUTINY INVESTIGATION INTO THE JSNA TOPIC OF 'SEXUAL HEALTH' – EVIDENCE FROM THE HEALTH PROTECTION AGENCY AND ASSURA - COVERING REPORT

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1. PURPOSE OF REPORT

1.1 To inform Members that representatives from the Health Protection Agency and Assura 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 investigation into the JSNA topic of Sexual Health.

2.2 Subsequently, representatives from Assura, the service provider, have agreed to attend this meeting to present information on:-

(a) The services that are currently provided;

(b) The projected level of need / service use; and

(c) How effective is the current intervention.

2.3 The Health Protection Agency have agreed to attend this meeting to present information in relation to sexual health / infections and surveillance.

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

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
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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) Health Protection Agency Website - http://www.hpa.org.uk

(iii) Assura Stockton LLP website - www.virgincare.co.uk/our-reach/assura-stockton-llp

(iv) Minutes of the Health Scrutiny Forum held on 23 August 2012.

HEALTH SCRUTINY FORUM

18 October 2012

Report of: Scrutiny Support Officer

Subject: WYNYARD ROAD AND WHITBY STREET SERVICE REVIEW – COVERING REPORT

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1. PURPOSE OF REPORT

1.1 To introduce representatives from NHS Tees and the North East Primary Care Services Agency who will be in attendance at today's meeting to discuss the review of services currently provided at Wynyard Road and Whitby Street.

2. BACKGROUND INFORMATION

2.1 At present, primary care services are provided by Intrahealth Ltd. to a registered patient list and to patients requiring Alcohol and Substance Misuse Service, as well as those placed with the Violent Patient Service at two sites in Hartlepool – Wynyard Road and Whitby Street. As the current contract is coming to a natural end, a full service review is being undertaken. A briefing is attached at **Appendix 1** for Members information.

2.2 Subsequently, representatives from NHS Tees and the North East Primary Care Services Agency have agreed to attend this meeting to discuss the review and answer questions. There is also an electronic survey, which is available online at:-
https://www.oc-meridian.com/nhstees/survey/Wynyard%20Road%20and%20Whitby%20Street
The deadline for receipt of comments is 4 November 2012.

3. RECOMMENDATIONS

3.1 That Members note the content of this report and seek clarification on any issues from the representatives who are 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) Briefing for Overview and Scrutiny Committee Wynyard Road and Whitby Street Service Review – September 2012 – NHS Hartlepool

NHS
Hartlepool

Briefing for Overview and Scrutiny Committee
Wynyard Road and Whitby Street Service Review

September 2012

Introduction

At present, primary care services are provided by IntraHealth Ltd. to a registered patient list and to patients requiring a specialist Alcohol and Substance Misuse Service, as well as those placed with the Violent Patient Service at two sites in Hartlepool – Wynyard Road and Whitby Street. As the current contract is coming to a natural end, a full service review is being undertaken on behalf of NHS Hartlepool by the North East Primary Care Services Agency (NEPCSA).

Background / Context

In 2007, NHS Hartlepool completed a 'Fairness in Primary Care' procurement exercise. As a result of this exercise, IntraHealth Ltd. was awarded an Alternative Provider of Medical Services (APMS) contract and the service commenced on 01.07.08 for a period of five years. Services were to be provided from two sites in Hartlepool: Wynyard Road and Whitby Street. The APMS contract provides core essential, additional and enhanced services to a registered list of 1,828 patients and specialist alcohol and substance misuse services to approximately 800 patients. The contract is due to end on 30.06.13 and NHS Hartlepool has taken the decision to undertake a full service review.

Process

The review is being undertaken by the North East Primary Care Services Agency (NEPCSA) on behalf of NHS Hartlepool. A Service Review Needs Assessment has been completed and a Service Review Team has been established. The scope of the review includes services provided by IntraHealth Ltd. via the Wynyard Road and Whitby Street Practice, including:

- The registered patients;
- The unregistered patients receiving drug and alcohol specialist services at either Wynyard Road or Whitby Street site under the contract;
- The violent patient service.

Communication and Engagement

NHS Hartlepool is committed to effectively involving patients, staff, partners, stakeholders and the public and using their views to inform the service review.

A Communication and Engagement Action Plan has been developed and is appended to this briefing. Activity will include:

- A review of existing evidence of patients' views;
- Survey activity by NHS Hartlepool to seek the views of identified stakeholders;
- Survey activity by IntraHealth Ltd. to record the views of registered patients and unregistered patients using the Wynyard Road and Whitby Street sites;
- Briefing Hartlepool Health Scrutiny Committee and Local Involvement Network (LINk) and inviting their involvement.

Depending on the outcome of the service review, further engagement activity and / or formal consultation may be undertaken in early 2013.

Correspondence will be sent to all current patients of the services under review, asking the following questions:

1. How easy is it for you to use the service?
2. What do you think about the location of the service you use?
3. Have you had any problems using the service?
4. How can we improve the service to make it better for you or other patients?
5. How do you travel to the surgery currently?

A separate survey will also be developed and distributed to professionals, partners and stakeholders and will include questions as follows:

1. Do you currently refer or signpost patients to the services provided by IntraHealth Ltd. at Wynyard Road and / or Whitby Street?
2. If not, what is your relationship with the service?
3. Would there be anything that would encourage you to refer / signpost into this service?
4. How would you rate the service?
5. Do you think that the service is currently provided in the correct location?
6. Is it easy to refer / signpost patients to the service?
7. In your opinion, do patients have a good experience of the service?
8. In your experience, does the service deliver good outcomes for patients?
9. Do you have any suggestions for how we can improve the service?
10. Is there anything else which you feel we should take into account when reviewing this service? For example changes in commissioning arrangements.
11. Would you recommend any redesign or remodelling of the service in the future?
12. If there was a redesign of remodelling of the service what impact could this decision potentially have on you?

In reviewing the service, we need to consider all of the potential options for the future, in order to identify those which are feasible and ultimately to make

a decision as to the best way forward. Options currently under initial consideration are:

- o Decommission the GP Practice and the Alcohol Misuse Service at Wynyard Road and the Violent Patient Scheme and Substance Misuse Service at Whitby Street.

- o Extend the current contract for one year until 30 June 2014.

- o Decommission the GP Practice from Wynyard Road and the Violent Patient Service from Whitby Street, and commission a Specialist Substance Misuse and Alcohol Misuse Service only (location to be determined).

- o Decommission the Specialist Substance Misuse and Alcohol Misuse Service and commission a General Practice with a Violent Patient Service.

- o Disperse the patients who do not require Alcohol or Substance Misuse treatment from the Practice at Wynyard Road amongst other practices in Hartlepool and commission one practice only for patients who require Alcohol or Substance Misuse Services or who are required to be placed with a Violent Patient Service – these patients will also receive their general medical care from this practice.

- o Commission one practice to deliver Substance and Alcohol Misuse Services and a Violent Patient Service; as well as delivering general medical care to patients without any Alcohol or Substance Misuse issues (across one or two locations to be determined).

- o Commission two separate practices;

    - o one practice for patients who require Alcohol or Substance Misuse Services or who are required to be placed with a Violent Patient Service – these patients will also receive their general medical care from this practice
    - o one practice for patients who do not require Alcohol or Substance Misuse treatment.

13. What do you think are the advantages and the disadvantages of each of the seven models? If you are a service provider, how would each option impact upon the service that you provide.

Communication and engagement activity will commence in September 2012, with a five week opportunity for the submission of views. A report of the activity will be available by November 2012.

The report of the service review is due to be completed by November 2012. Following this, there may be a requirement to undertake additional engagement activity, or formal consultation in 2013, depending on the outcome of the review and agreed next steps.

Action for Overview and Scrutiny

Overview and Scrutiny are asked to note the content of this briefing and highlight any additional issues that they feel may need addressing in informing and involving the local community and how they wish to be involved.

NHS Hartlepool

Wynyard Road and Whitby Street Service Review
Communication and Engagement Action Plan

Date	Audience	Action	Location	Lead	Progress / Completion
W/C 24.09.12	NHS Hartlepool and Stockton-on-Tees CCG	Briefing and copy of survey questions sent to Chair of NHS Hartlepool and Stockton-on-Tees CCG with request for formal response from CCG	N/A	RH	
W/C 24.09.12	Client Relations	Briefing sent to Client Relations / PALS in case of patient queries	N/A	SM	
W/C 24.09.12	Overview and Scrutiny Committee (OSC)	Briefing sent to Hartlepool Health Scrutiny Committee with cover letter and C&E Action Plan	N/A	SM	
W/C 24.09.12	Local Involvement Network (LINk)	Briefing sent to Hartlepool LINk with cover letter and C&E Action Plan	N/A	SM	
W/C 24.09.12	Staff / Professionals: • GP Practice Staff (Wynyard Rd & Whitby Street) • GP Partners & Staff (other Hartlepool GP Practices) • Professionals who interact with the service including those collocated at Whitby Street • CLMC	Letter / email sent outlining review and inviting views via survey	N/A	NEPCSA	

W/C 24.09.12	Partners: • Safer Hartlepool Partnership • Hartlepool Borough Council • Local Health and Wellbeing Board	Letter / email sent outlining review & inviting views via survey	N/A	NEPCSA	
W/C 24.09.12	Key local stakeholders: • Local MP • Ward Councillors	Letter / email sent outlining review & inviting comments	N/A	SM	
W/C 24.09.12	Patients	Letters and comment cards sent to: • Registered patients at Wynyard Road Practice • Unregistered patients receiving drug and alcohol specialist services at Wynyard Road and Whitby Street • Patients registered with the violent patients service	N/A	Practice	
W/C 24.09.12	NHS Tees staff	Information in staff newsletter *Up2Speed*	N/A	NE	
W/C 24.09.12	Independent Contractors and Staff - Tees	Information in independent contractor's newsletter *Contractors Chronicle*	N/A	NE	
W/C 24.09.12	Patients, Carers and Public	Information and invitation to comment sent to MY NHS members	N/A	CD	
W/C 24.09.12 onwards	Patients, Carers and Public	Information & survey available at www.hartlepool.nhs.uk/mynhs	N/A	CD	
W/C 24.09.12	Patients, Carers and Public	Press Release to local media contacts	N/A	NE	

W/C 24.09.12 onwards	Patients, Carers and Public	Display of information & comment cards at Wynyard Road & Whitby Street	Wynyard Road and Whitby Street	Practice	
24.09.12 – 04.11.12	Patients, Carers and Public	Comments submitted to NHS Hartlepool	Various	SM	
November 2012	NHS Tees	Report of involvement activity produced to inform decision-making process	N/A	SM	

Key

CCG	Clinical Commissioning Group
CD	Chris Daley, Communication and Engagement Support Officer, NHS Tees
CLMC	Cleveland Local Medical Committee
NE	Nicky Easby, Communication Officer, NHS Tees
NEPCSA	North East Primary Care Services Agency
RH	Richard Harrety, Commissioning Manager, NHS Tees
SM	Sarah Marsay, Engagement Manager, NHS Tees

HEALTH SCRUTINY FORUM

18 October 2012

Report of: Scrutiny Support Officer

Subject: NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST'S QUALITY ACCOUNT 2013/14 – FORUM RESPONSE

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1. PURPOSE OF REPORT

1.1 To promote discussion amongst Members in agreeing the three key priorities for consideration by North Tees and Hartlepool NHS Foundation Trust for inclusion as part of its Quality Account 2013/14.

2. BACKGROUND INFORMATION

2.1 Members will recall that at the meeting of this Forum on 20 September 2012, Members received a presentation from the Assistant Director of Nursing, Quality and Public and Patient Involvement at North Tees and Hartlepool NHS Foundation Trust (NTHFT) in relation to their Quality Account for 2013/14.

2.2 During the presentation, a number of suggested priorities were put forward by NTHFT and these are detailed below:-

(i) Mortality;
Covers: infection, falls, medicine safety, cardiac arrests and dementia.

(ii) Effectiveness;
Covers: discharge times / processes, full EAU assessment and treatment within 2 hours, communication / documentation.

(iii) Patient Experience;
Covers: is care good (compassion / respect / dignity), recommendation, compliments and complaints, environment, patient surveys, external reviews (enter and view, PEAT, peer, CQC, commissioner), staff surveys.

2.3 Members debated the suggested items to be included in NTHFT's Quality Account 2013/14 and items identified by Members are collated below:-

(i) End of Life Care:
Support patients approaching end of life and their families. Make it possible for patients to die at home, if that is their wish. Ensure that the Oasis Suite is continued, as it is a facility that will make such a difference to families in difficult times.

(ii) Nutrition:
Offer nutritional meals to patients, and provide patients with a variety of choice and their meals at the time that best suits them.

(iii) Access to Hospital Sites:
Access finance to assist with transport to hospital sites. Consider the experiences of patients and visitors who travel to the hospital to improve access.

2.4 Members agreed at their meeting of 20 September 2012 to identify **three** priorities which they would forward to the Director of Nursing and Patient Safety for consideration as part of NTHFT's Quality Account for 2013/14. Members are advised that any suggestion should be measurable.

3. RECOMMENDATION

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

(i) Consider the suggested key priorities under paragraphs 2.2 and 2.3; and

(ii) Identify **three** key priorities for consideration in North Tees and Hartlepool NHS Foundation Trust's Quality Account 2013/14.

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 paper was used in the preparation of this report:-

(i) Presentation by the Assistant Director of Nursing, Quality and Public and Patient Involvement, North Tees and Hartlepool NHS Foundation Trust entitled 'Quality Accounts 2012 - 2013; Moving Forward Together' presented to the Health Scrutiny Forum on 20 September 2012.

HEALTH SCRUTINY FORUM

18 October 2012

Report of: Scrutiny Support Officer

Subject: THE EXECUTIVE'S FORWARD PLAN

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1. PURPOSE OF REPORT

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

2. BACKGROUND INFORMATION

2.1 One of the main duties of Scrutiny is to hold the Executive to account by considering the forthcoming decisions of the Executive (as outlined in the Executive's Forward Plan) and to decide whether value can be added to the decision by the Scrutiny process in advance of the decision being made.

2.2 This would not negate Non-Executive Members ability to call-in a decision after it has been made.

2.3 As Members will be aware, the Scrutiny Co-ordinating Committee has delegated powers to manage the work of Scrutiny, as it thinks fit, and if appropriate can exercise or delegate to individual Scrutiny Forums. Consequently, Scrutiny Co-ordinating Committee monitors the Executive's Forward Plan and delegates decisions to individual Forums where it feels appropriate.

2.4 In addition to this, the key decisions contained within the Executive's Forward Plan (October – January) relating to the Health Scrutiny Forum are shown below for Members consideration:-

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

Nature of the decision

Key Decision - Test (ii) applies

Background

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

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

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

The Health and Social Care Bill, which sets out the statutory requirement to introduce a Health and Wellbeing Board, has now completed its passage through Parliament. It received Royal Assent on 27th March 2012 and has now become an Act of Parliament i.e. the proposals of the Bill have become law. Consultation on the Secondary Legislation which will set out the technical regulations for Health & Wellbeing Boards closed on 29th June 2012. The publication of the Statutory Guidance on Health and Wellbeing Boards is therefore expected in the near future.

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

Who will make the decision?

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

Ward(s) affected

The proposals will affect all wards within the Borough.

Timing of the decision

At the Cabinet meeting on 18th July 2011 it was agreed that a further report would be brought to Cabinet once the statutory Health & Wellbeing Board guidance had been issued. If the 'in principle' decisions that Cabinet have taken are unaffected then they will be agreed for implementation. If those 'in principle'

decisions are affected then Cabinet will be asked to consider alternative proposals which reflect the new position. It is expected that the guidance will be published in the near future and a report will be taken to Cabinet following the publication date. This is not expected to be until October 2012. The detailed timescales for this are currently unclear and may be subject to change.

Who will be consulted and how?

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

Information to be considered by the decision makers

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

How to make representation

Representation should be made to:

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

Catherine Frank, Performance & Partnerships Manager, Civic Centre, Hartlepool TS24 8AY.
Telephone: (01429) 284322.
Email: catherine.frank@hartlepool.gov.uk

Further Information

Further information can be obtained from Catherine Frank, as above.

DECISION REFERENCE: CAS134/12 – PUBLIC HEALTH TRANSITION

Key Decision – Test I and ii apply

Nature of the decision

To provide an update and assurance that the Public Health Transition Plan is meeting the milestones as agreed in March 2012.

The Plan was developed to ensure the smooth transition of Public Health as a responsibility of the NHS to Local Government in the light of the Health and Social Care Act 2012. A key part of the Transition Plan is that services will be commissioned by the Local Authority to improve health and wellbeing. This commissioning and subsequent delivery may take place at a Hartlepool level

but for economies of scale, it is proposed that some activity takes place across more than one local authority boundary.

Who will make the decision?

Cabinet.

Ward(s) affected

All wards.

Timing of the decision

October 2012.

Who will be consulted and how?

HBC Corporate Management Team
PCT Corporate Management Team and Board

Information to be considered by the decision makers

Public Health Transition Plan (March 2012)
Health and Social Care Act 2012

How to make representation

Representations should be made to Louise Wallace, Assistant Director (Health Improvement), Level 4, Civic Centre, Hartlepool. Tel (01429) 284030. E-mail louise.wallace@northteespct.nhs.net.

Further information

Further information can be sought by contacting Louise Wallace as above

2.5 A summary of all key decisions is attached overleaf:-

TIMETABLE OF KEY DECISIONS

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

DECISIONS EXPECTED TO BE MADE IN OCTOBER 2012

CE 44/11 (page 7)	Workforce Arrangements	Cabinet
CE 46/11 (page 9)	Review of Community Involvement & Engagement (Including LSP Review): Update on decisions taken 'in principle'	Cabinet / Council
CAS 129/12 (page 17)	Collaboration in Child and Adult Services	Cabinet / Council
CAS 132/12 (page 20)	Denominational Transport – Savings Options	Cabinet
CAS 134/12 (page 22)	Public Health Transition	Cabinet
RN 13/09 (page 27)	Disposal of Surplus Assets	Cabinet
RN 68/11 (page 29)	Community Cohesion Framework	Portfolio Holder / Cabinet
RN 70/11 (page 31)	Innovation Fund	Cabinet
RN 74/11 (page 32)	Former Leathers Chemical Site	Cabinet
RN 89/11 (page 34)	Former Brierton School Site	Portfolio Holder / Cabinet / Council
RN 90/11 (page 36)	Mill House Site Development and Victoria Park	Cabinet / Council
RN 98/11 (page 38)	Acquisition of Assets	Cabinet / Portfolio Holder / Council
RN 3/12 (page 42)	Review of Community Safety CCTV Provision	Cabinet
RN 5/12 (page 44)	Seaton Carew Development Sites – Results of Joint Working Arrangement with Preferred Developer	Cabinet
RN 10/12 (page 46)	Acquisition of the Longscar Building, Seaton Carew	Portfolio Holder
RN 11/12 (page 48)	Public Lighting Strategy	Portfolio Holder
RN 16/12 (page 50)	Sub Regional Tenancy Strategy	Cabinet
RN 18/12 (page 52)	Leasing of Land to a Wind Turbine Developer for the Erection of Wind Turbines on Land at Brenda Road	Cabinet
RN 20/12 (page 54)	Selective Licensing	Cabinet
RN 21/12 (page 56)	Longhill and Sandgate Business Improvement District	Council / Cabinet
RN 22/12 (page 58)	Choice Based Lettings Policy Review 2012	Cabinet
RN 24/12 (page 62)	Additional Highway Maintenance Works 2012-13	Portfolio Holder
RN 28/12 (page 69)	Hartlepool Youth Investment Project	Cabinet
RN 29/12 (page 71)	Ward Profiles	Portfolio Holder

DECISIONS EXPECTED TO BE MADE IN NOVEMBER 2012

CE 53/12 (page 12)	Localisation of Council Tax Support – Consultation Proposals	Cabinet / Council
CAS 133/12 (page 21)	Hartlepool Playing Pitch Strategy	Portfolio Holder
RN 25/12 (page 64)	Gambling Act – Statement of Licensing Principles	Council
RN 26/12 (page 65)	Review of Waste Management Services	Cabinet
RN 30/12 (page 73)	Community Pool 2013/14	Cabinet

DECISIONS EXPECTED TO BE MADE IN DECEMBER 2012

CAS 106/11 (page 15)	Priority Schools Building Programme	Cabinet
CAS 131/12 (page 19)	Schools' Capital Works Programme 2012/13 (Phase 3)	Portfolio Holder
RN 23/12 (page 60)	HCA Cluster of Empty Homes Funding Outcome	Cabinet
RN 27/12 (page 67)	Coastal Communities Fund Round 2 Application	Portfolio Holder

DECISIONS EXPECTED TO BE MADE IN JANUARY 2013

RN 99/11 (page 40)	Community Infrastructure Levy	Cabinet

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

3. RECOMMENDATIONS

3.1 It is recommended that the Health Scrutiny Forum:-

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

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

CONTACT OFFICER – 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 preparation of this report:

(a) The Forward Plan – (October – January)

ITEM 4

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE
10th September, 2012

PRESENT -

Representing Darlington Borough Council:
Councillors Newall (in the Chair), H Scott and J. Taylor.

Representing Hartlepool Borough Council:
Councillors Fisher and Hall.

Representing Redcar and Cleveland Council:
Councillors Carling and Mrs Wall.

Representing Stockton-On-Tees Borough Council:
Councillors Javed, Cunningham (as Substitute for Councillor Wilburn) and Mrs M. Womphrey.

ALSO IN ATTENDANCE – Councillor Todd, Durham County Council.

APOLOGIES – Councillor S. Akers - Belcher (Hartlepool Borough Council), Councillor Dryden (Middlesbrough Council), Councillor Hunt (Redcar and Cleveland Borough Council) and Councillor Wilburn.

OFFICERS IN ATTENDANCE – A. Metcalfe (Darlington Borough Council), S. Gwillym (Durham County Council), J. Stevens (Hartlepool Borough Council), J. Ord (Middlesbrough Council), M. Ameen (Redcar and Cleveland Council) and P. Mennear (Stockton-On-Tees Borough Council).

EXTERNAL REPRESENTATIVES –
Dr. Mike Lavender, Consultant in Public Health and Usmar Bat, NHS County Durham and Darlington;
Jane Humphreys, Corporate Director – Children, Education and Social Care, Stockton on Tees Borough Council;
Chris McEwan, Assistant Director, Matt Graham, Deputy Director of Planning, and Jonathan Maloney, Deputy Director Contracting, Intelligence and Performance, NHS Tees; and
Susan Sheldon, Prosthetics Services Manager and Lucy Tulloch, Deputy Divisional Manager, Neurosciences, South Tees Hospitals NHS Foundation Trust.

Due to there not being a representative present from each of the Tees Valley Local Authorities, the meeting was inquorate and an informal meeting was held.

10. DECLARATIONS OF INTEREST – Councillor Mrs Wall (Redcar and Cleveland Council) declared a Personal and Non-Prejudicial Interest in respect of any matters arising in relation to the North East Ambulance Service NHS Trust as she is related to a number of employees.

Councillor Javed declared a Personal and Non-Prejudicial Interest as he is employed by Tees, Esk and Wear Valleys NHS Foundation Trust.

11. NOTES – Submitted – The Notes (previously circulated) of the informal meeting of the Tees Valley Health Scrutiny Joint Committee held on 2nd July 2012.

AGREED – (a) That the Notes be approved as a correct record.

(b) That a letter be sent from the Chair, to all Chairs of the Local Authority Health Scrutiny Committees/Panels reminding them of their responsibility of sending a Substitute to meetings of the Joint Committee (if protocol allows) or ensure that a colleague is able to attend, to avoid the meeting being inquorate.

12. COUNTY DURHAM AND TEES VALLEY ACUTE SERVICES QUALITY LEGACY PROJECT – PROJECT UPDATE – The Project Director, NHS County Durham and Darlington submitted a report (previously circulated) providing a project update on the County Durham and Tees Valley Acute Services Quality Legacy Project. Members were informed that the overall objective of the project is to reach a consensus on the quality standards in acute services achievable, using levels of national best practice. The project is being jointly led by the Chief Executives of NHS County Durham and Darlington NHS Tees and involves County Durham and Darlington NHS Foundation Trust, North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust.

Opportunities are to be identified for meeting these standards, while assessing the financial environment and workforce constraints in which such improvements may take place. The project is structured around three workstreams with aligned timelines, all contributing to a final report and underpinned by technical support and data and effective communication and engagement throughout. The three workstreams are: Clinical Assessment, Workforce Assessment and Economic Assessment. The Clinical areas covered in the project are Acute Paediatrics and Maternity Care, Acute Care, Long Term Conditions, Planned Care and End of Life Care.

Dr Lavender explained that the project was being undertaken at this time to support the transition of commissioning responsibility to Clinical Commissioning Groups, to inform the commissioning and contracting intentions process for the 2013/14 financial year and in preparation for the publication of the Francis 2 report in October 2012. This project is unique as it has the involvement from both commissioners and providers which means the outcomes will be built directly into strategic planning, contracting and service redesign plans for the future and the quality standards will be discussed and agreed in the context of the resources (both financial and workforce) that are likely to be available to support implementation.

The project is governed by a Project Board chaired jointly by the Chief Executive of NHS Tees and the Chief Executive of NHS County Durham and Darlington. The Project Board membership includes the Chief Executives of the three NHS Foundation Trusts Clinical Commissioning Group (CCG) representatives, and two Local Authority Chief Executives. The outcome of the Acute Services Quality Legacy Project will be, by the end of November 2012, a synthesised set of analysis and clinical recommendations, supported by wider workforce and economic modelling that will help inform CCGs as they develop their commissioning plans and contracting intentions for the 2013/14 financial year and onwards. This will help ensure that the focus on sustainable, high-quality care remains the key driver for all organisations commissioning or providing secondary care for the patients of County Durham, Darlington and

Tees as the next phase of NHS reform begins. The report will also describe the next steps and the process for taking forward the recommendations.

Discussion ensued as to whether the project is a duplication of other events/summits the Foundations Trusts are arranging to consider service reconfiguration; whether the CCGs are obliged to take forward the outcomes of the project; how all the workstreams interlink with on-going work; how workforce issues such as recruitment and retention is considered and the growing expectation that consultants should be available 24 hours, seven days a week and Members sought reassurance that the public would be fully engaged when the outcomes are reported.

AGREED – (a) That the update be noted and Officers be thanked for their attendance; and

(b) That the final report be shared with the Joint Committee.

13. PROSTHETICS SERVICES – A joint report of the Prosthetics Services Manager and Deputy Divisional Manager, Neurosciences was submitted (previously circulated) providing Members of the Joint Committee with a briefing paper on Prosthetics Services at the Disablement Services Centre, at James Cooke University Hospital, Middlesbrough. The Chair reminded the Joint Committee that this item was brought before Members for consideration following the Joint Committee's January 2012 meeting and a request to explore Prosthetics Services in more details following an informal complaint being reported to a Councillor from Stockton on Tees Borough Council.

The Deputy Director of Planning guided Members through the report and highlighted the salient points. Members were informed that the South Tees Prosthetic Services is based within the Disablement Services Centre, at James Cook University Hospital in Middlesbrough. It has facilities for the manufacture of artificial limbs, consulting and fitting rooms and patient waiting facilities. It also houses Regional and Sub-Regional wheelchair services and an administration section that supports both services. The Prosthetics Service has a caseload of approximately 1,100 patients from across County Durham, Darlington, the Tees Valley, York and North Yorkshire.

It was noted that there is a detailed service specification which describes in detail the need for the service, its aims, referral routes, care pathways, total activity and performance measures. It also included key national guidance relevant to the Prosthetic Service. The service scope and model are up-to-date and in line with National Guidance, although opportunities for improvements are continually sought. The Centre is an accredited Prosthetic Rehabilitation Service as a training facility for the rehabilitation trainees in the Northern Deanery.

The Centre aims to have clinics up to four to six weeks in advance, however, appointments for fitting and delivery of prosthetics are made as close to the advice date as possible. Members were pleased to note that due to a number of staff sicknesses, retirement and concerns raised by patients a review of the appointment system and an audit was carried out. As a result of the audit the appointment system and process is being redesigned to improve performance.

It was reported that given the enormity of the service very few complaints have been received over the years and any complaints received tended to be very specific about individual complex cases. The service has also received a number of compliments and some monetary donations from service users, together with many 'thank you' cards.

Members were particularly interested in the service provided to veterans given the North East Health Scrutiny Committee review and pleased that the service is a member of the Tees valley Veterans Forum. The Deputy Director advised that the most of the patients who are veterans are NHS. At the present moment in time there has been no new military veteran referrals received who may be eligible for additional funding. The Department is aware of the process via the Veterans Prosthetic Panel in order to access this additional funding if required.

The Prosthetics Services Manager provided examples of the types of prosthetic limbs available and advised that the service has seen an increase in trauma patients over the years and children. Most patients seen are vascular which are often aggravated by other symptoms or conditions such as diabetes. The number of vascular patient referrals slowed in the initial years following the opening of the Vascular Unit operating at James Cook University Hospital with better intervention and bypass surgery. The number of vascular patients referred after surgery has failed, often presented with co-morbidity issues or extensive scarring thus increasing the complexity of the case. The Prosthetics Service Manager regaled some success stories of service users who have been made good recoveries, achieved their ambitions and even been part of Team GB in the recent Paralympics.

It was explained that specialised sports limbs aren't provided but in many cases the limbs provided to meet the patients' mobility and activity requirements can be used for sporting activity. If individuals have specialist requirements the service tries to ensure that they provide the most appropriate limbs. There is an Exceptional Treatment Policy which enables exceptional cases to be considered and an agreement reached, and in such cases the Department will submit an Exceptional Funding Request to the commissioners. Sometimes individuals have to fund the specialised limbs themselves but the service will offer advice.

Discussion ensued about the fluctuation of referrals each month, the variety of complex cases, the timeliness of fitting limbs, the responsibility of patients to manage their own appointments, waiting times for ambulance transport and the variation of healing times after amputation.

Members expressed their delight at the positive report and were satisfied that since receipt of the complaints steps have been taken to address the issue with the appointment system. Members are pleased that the centre is based within Tees Valley and the number of patients is continuing to rise. They welcomed the high performance against other users of Otto Bock; specifically that James Cook is the best performing Trust and the high achievement of people being fitted with the right sockets the first time. Members bestowed their thanks to the Officers in attendance for a very informative discussion and Officers extended an invitation for Members to visit the facility.

AGREED – (a) That the Officers be thanked for their presentation and attendance at the meeting;

(b) That the briefing be noted and that Members are satisfied that no further scrutiny investigation is required; and

(c) That individual Scrutiny Officers liaise with Members about arranging a visit to the Prosthetics Services, Disabled Services Centre, at James Cook University Hospital.

15. CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) LEARNING DISABILITIES (LD) SHORT BREAK SERVICES FOR TEESSIDE – The Corporate Director of Children, Education and Social Care, Stockton on Tees Borough Council submitted a report (previously circulated) reminding Members of the report

received by the Joint Committee in April 2012, in respect of proposals for the temporary relocation of short break accommodation on Teesside provided for children and young people in the Stockton and Redcar and Cleveland Local Authority area. The Corporate Director explained that since April, Stockton and Redcar Local Authorities consulted with parents affected by the proposal to cease providing transport to the Baysdale Health Respite Unit from September 2012. Letters were sent to 20 families in Stockton and 10 families in Redcar and eight responses were received in total from both Local Authorities.

The Local Authority has also explored whether transport could be provided for parents if they wished to fund this themselves, however, this required different licences for any vehicles and the drivers would be cost prohibitive. It was noted that the Local Authority and Primary Care Trust intend to cease providing the transport to the Baysdale Unit, but have agreed to fund until Easter, (March 2013), to allow parents sufficient time to make alternative arrangements if needed. Members were aware that is it not a statutory duty to provide transport to the short break services but transport would still be provided to schools.

AGREED – That the report be noted and Officers be thanked for their attendance at the meeting.