

HEALTH SCRUTINY FORUM AGENDA



18 April 2013

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.

- 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 7 March 2013
- 4. RESPONSES FROM LOCAL NHS BODIES, THE COUNCIL, EXECUTIVE OR COMMITTEES OF THE COUNCIL TO FINAL REPORTS OF THIS FORUM**

No items.
- 5. CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA SCRUTINY CO-ORDINATING COMMITTEE**

No items.
- 6. CONSIDERATION OF PROGRESS REPORTS / BUDGET AND POLICY FRAMEWORK DOCUMENTS**

No items.



7. ITEMS FOR DISCUSSION

- 7.1 Outpatient Services and National Clinical Advisory Team Visit – Verbal Update
- 7.2 Progress report on Service Enhancements at the University Hospital of Hartlepool
- 7.3 Extending Patient Choice through Any Qualified Provider (AQP)– *Contracting and Business Manager, Commissioning Support Team*
- 7.4 Consultant to Consultant Referrals:-
 - (a) Covering report – *Scrutiny Support Officer*
 - (b) Verbal evidence – *Representatives from Hartlepool and Stockton-on-Tees Clinical Commissioning Group*

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

- 9.1 Minutes of the meeting held on 13 January 2013

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

- 10.1 Minutes of the meeting held on 11 March 2013

11. REGIONAL HEALTH SCRUTINY UPDATE

No items

12. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT



HEALTH SCRUTINY FORUM

MINUTES

7 March 2013

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

Present:

Councillor: Stephen Akers-Belcher (In the Chair)

Councillors: Keith Fisher, Gerard Hall and Geoff Lilley

Also Present: Andy Graham, Specialist Registrar in Hartlepool, NHS Tees

Officers: Deborah Gibbin, Health Improvement Practitioner
Laura Stones, Scrutiny Support Officer
Denise Wimpenny, Principal Democratic Services Officer

142. Apologies for Absence

An apology for absence was submitted on behalf of Councillor Pamela Hargreaves.

143. Declarations of Interest by Members

None

144. Minutes of the meeting held on 7 February 2013

Confirmed

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

None

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

None

147. **Consideration of progress reports/budget and policy framework documents – Final Draft of the Joint Health and Wellbeing Strategy** *(Director of Public Health)*

The final draft of the joint Hartlepool Health and Wellbeing Strategy was presented to the Forum, a copy of which was available in the Members Library or on-line. It was highlighted that following a request at a previous meeting that the Forum be updated only on any changes that had been made to the strategy since the second draft had been presented to the Forum in January the following amendments had been made, as detailed in the report:-

- Foreword added
- Section 3. The Case for Improving Health and Wellbeing in Hartlepool.

The map showing life expectancy within our old wards has been replaced with two new maps. The first (figure 1) shows levels of deprivation within our new wards and the second (figure 2) shows the Standard Mortality Ratio within the new Wards and the correlation between poor health and deprivation.

- Section 7. Strategic Priorities

The Key Outcomes and Objectives of the strategy have been added to this section.

- Section 8. Strategy Ownership and Review.

This section has been added to explain the strategy ownership and how the Annual Action Plan will be managed and reviewed.

- Appendix 3 - The NHS Hartlepool Stockton on Tees CCG Plan on a page has been updated.

The annual action plan for the strategy was still being revised and the final version of this plan would be presented with the strategy to full Council in April 2013.

Details of the next steps in the political process together with timescales were set out in the report.

Recommended

- (i) That the final version of the Hartlepool Health and Wellbeing Strategy be noted.

- (ii) The Forum noted that the strategy and final action plan would be presented to Council in April 2013.

148. Health Inequalities – Female Life Expectancy in Hartlepool – Covering Report/Presentation *(Scrutiny Support Officer/Specialist Registrar in Public Health)*

It was reported that the Specialist Registrar in Public Health, who was in attendance at the meeting on behalf of the Director of Public Health, who had been invited to the meeting to provide an update in terms of Female Life Expectancy in Hartlepool. Background information was provided relating to the Forum's recommendation at a meeting in October 2009 that the Forum would continue to monitor the issue of health inequalities in the town and, in doing so, receive update reports on an annual basis focussing on those specific wards causing concerns in relation to life expectancy of women.

Members were referred to the average female life expectancy (in years) in Hartlepool as a comparator with national averages as detailed in the report.

The Chair welcomed the Specialist Registrar to the meeting who went on to provide a detailed and comprehensive presentation which included an update on female life expectancy in Hartlepool, life expectancy by ward, major causes of early deaths by ward and provision of services across wards and focused on the following issues:-

- Public Health Outcomes Framework
 - reduced differences in life expectancy and healthy life expectancy between communities
 - increased healthy life expectancy
- The Causes of Health Inequalities
 - the wider determinants of health
 - the lives people lead
 - the health services people use
- Deprivation and Mortality Rates in Hartlepool by Ward
- Life Expectancy Figures
 - 2009 Kensington and Chelsea – 87.8 years
 - 2009 Hartlepool – 78.1 years
 - It is not clear what caused decrease in life expectancy which began in 2002
 - Hartlepool is now back on track with regional trend
- Current Female Life Expectancy in Hartlepool
 - 2009 78.1 years
 - 2010 79.0 years
 - 2011 79.8 years
 - 2012 81.0 years
- Ward Level Data - Life Expectancy at Birth by Ward 1999-2003

- Life Expectancy – Hartlepool, Lower Super Output Area 2006-10
- Major causes of early death
 - nearly two thirds of the gap between Hartlepool and England is caused by excess levels of circulatory disease, cancers, respiratory disease
 - underlying lifestyle factors – tobacco, alcohol and obesity
- Early Deaths – Cancer
 - 2007 rate was 154.2
 - 2011 rate was 159.1
 - trend over this period shows no major improvement or significant increase
- Mortality Cancer Rates by Ward for the period 2006-2008
- Early Deaths – Respiratory disease
 - estimated prevalence of COPD in Hartlepool is 4.3%
 - however, only 2.7% of population has been diagnosed
 - this suggests that about 1,250 people with COPD remain undiagnosed
- Early Deaths – Cardiovascular Disease
 - 2007 rate was 125.8
 - 2011 rate was 82.1
 - trend over this period shows significant improvement
- Mortality Rates for Circulatory Disease by Ward for the period 2005-2009
- Public Health successes
 - Healthy Heart Checks had contributed to fall in early deaths from heart disease and stroke
 - Comprehensive tobacco control – smoking cessation services in Hartlepool recognised as best performing in England
 - Increased uptake of screening services, secondary care services and publicity campaigns in place for cancer
- Public Health Interventions
 - Tackling the wider determinants of health and wellbeing
 - Opportunity to embed and improve joint working
 - Marmot's proportionate universalism approach

Summary

- Intra-area differences in life expectancy continue to be a concern
- There remains a 7 year difference in female life expectancy between Hartlepool wards
- Despite progress tobacco control remains a considerable challenge

- Future impact on health from current trends in alcohol and obesity and aging population will lead to increases in disease rates
- Hartlepool's focus on Marmot's principles, the desire to tackle the wider determinants of health inequalities and a long term approach to provide the best chance of further success

Following the conclusion of the presentation, a number of issues were raised which included the following:-

- (i) In response to a query raised as to whether any data was available to reflect the new wards in Hartlepool, the Forum was advised that more up to date information was awaited from the recent census which would provide a more up to date picture.
- (ii) In relation to the causes of health inequalities, the Forum discussed the wider determinants of health and, in particular the potential reasons for the conclusions arising from the Marmot Report in 2010.
- (iii) The Forum discussed at length the potential causes of social and health inequalities including the issue of parental attitude, lifestyles and leading risk factors contributing to poor health.
- (iv) A Member referred to a recent radio interview regarding female life expectancy when the long term health effects of pollution had been raised. A Member went on to comment upon an early mortality study in relation to the impact of dust deposits on the Headland that had been conducted by Peter Kelly where the findings had been inconclusive, the potential reasons for which were considered. Whilst the value of studies of this type were acknowledged the difficulties in linking the cause and effect were difficult to quantify and needed to be treated with some caution. Members were pleased to find that life expectancy of females in Hartlepool had improved year on year and were now on track with the regional trend. However, clarification was sought as to how areas of extreme deprivation were being targeted to ensure these trends continued. In response, Members were referred to the recent success of Hartlepool's tobacco control commissioning approach where services were provided in areas based on consultation with local communities. It was envisaged that this type of approach would continue to ensure services were as accessible as possible.
- (v) The representative from NHS Tees referred to the pending transfer of public health responsibilities to the Council and the potential opportunities as a result. It was proposed that existing links with Neighbourhood Managers would be utilised to identify specific areas of health need. This approach was supported by the Forum.
- (vi) Members discussed life expectancy data at birth by ward as well

as the potential reasons for higher life expectancy rates in certain areas of the town. It was highlighted that areas in which care homes were located would have an impact on the figures.

- (vii) In response to Members' comments the representative from NHS Tees outlined the benefits of the Healthy Heart Checks Programme and the contribution to the fall in early deaths from heart disease and stroke. Members were advised that whilst lifestyle changes played a large part in improving public health the need to provide an accurate picture to the public to allow individuals to make informed opinions was important.
- (viii) The major causes of early death were further debated including the importance of tackling underlying lifestyle factors, particularly in relation to alcohol. Given the need to reduce the consumption of alcohol, a Member sought the Registrar's views on how this issue could be addressed more effectively. In response, the Forum was advised that whilst binge drinking levels in the North East were too high, it was hoped that the recent establishment of Balance North East would replicate the excellent work and results that had been achieved by Fresh in the tobacco industry. Reference was made to the public health successes as a result of an increase in prices on tobacco and the smoking ban. The importance of introducing a similar approach in relation to alcohol was suggested. It was considered that minimum pricing for alcohol was the way forward.
- (ix) Members of the Forum supported the minimum pricing approach and raised concerns regarding the impact of alcohol related issues on life expectancy levels and health generally. The Forum made a number of suggestions to tackle this issue which included reducing opening times of licensed premises, which the Licensing Committee were currently reviewing, utilising advertising campaigns to publicise the adverse effects of alcohol consumption as well as the need to monitor the outcome of such campaigns to establish the effects on behaviour.
- (x) The Chair referred to the importance of identifying pockets of health deprivation and the need to continually seek funding to support these areas.
- (xi) Concerns were raised regarding the impact of parental attitude on lifestyle choices of children and young people and the importance of educating parents on the risks associated with introducing alcohol and tobacco to children and young people was emphasised.
- (xii) The Forum requested that the improvements in life expectancy in Hartlepool be publicised in the local press.

The Chair thanks the representatives for their attendance and informative

presentation.

Recommended

That the contents of the presentation and comments of Members be noted.

149. Draft Final Report – Investigation into the JSNA Topic of Sexual Health *(Health Scrutiny Forum)*

The Chair referred Members to the draft final report following the Forum's investigation into the JSNA Topic of Sexual Health.

The report included terms of reference, methods of investigation, key findings in terms of key issues, level of need, current service provision, projected level of need/service use, what evidence is there for effective intervention, what do people say as well as sources of evidence.

The Forum had taken evidence from a wide range of sources to assist in the formulation of a balanced range of recommendations. The Forum's key recommendations to inform the development and delivery of the Health and Wellbeing and Commissioning Strategies were as outlined below:-

- 1) The need to raise awareness of good sexual health and the services available is highlighted within the JSNA 'Sexual Health' entry and Hartlepool Borough Council undertakes the following:-
 - (a) Increases awareness and understanding of the types of sexually transmitted infections, prevention and the services available through:-
 - (i) social media / internet sites / blue tooth;
 - (ii) schools / colleges / literature on school buses; and
 - (iii) counselling / advisory services available to those individuals participating in the night time economy
 - (b) Works with partner organisations to produce marketing material in order to raise awareness and publicise the sexual health services available
- 2) Accessibility to services is identified as a key issue within the JSNA 'Sexual Health' entry and Hartlepool Borough Council improves accessibility to services by:
 - (a) Commissioning services that are accessible to all and have good transport links;
 - (b) Integrating easy access to sexual health services into the 'Youth Offer' to ensure that all young people can easily access sexual health services; and
 - (c) Making condoms freely available at the Sexual Health Clinic in the One Life Centre, for people to access without having to

attend a Clinic appointment

- 3) That partnership working is integrated into the JSNA 'Sexual Health' entry and that Hartlepool Borough Council:
 - (a) Improves communication links between all services that delivery sexual health services, advice and support in order to increase partnership working and improve working relationships; and
 - (b) Makes the C-Card scheme and other sexual health training and resources widely available to all voluntary and community sector youth groups who want to provide sexual health services, advice and support
- 4) That Hartlepool Borough Council commissions the APAUSE programme through the allocated budget for sexual health

Recommended

That the draft final report, be agreed.

150. Issues identified from the Forward Plan

No items

151. Minutes from Recent Meeting of the Shadow Health and Wellbeing Board

No items.

152. Minutes from Recent Meeting of Tees Valley Health Scrutiny Joint Committee held on 4 February 2013

The minutes of the Tees Valley Health Scrutiny Joint Committee held on 4 February 2013 were submitted for information purposes. The Vice –Chair indicated that concerns had been raised at the meeting with regard to future transport provision and the potential implications of transfer of provision to private operators as well as the impact of the eligibility criteria, further details of which were outlined in the minutes.

153. Regional Health Scrutiny Update

No items

154. Any Other Items which the Chairman Considers are Urgent

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

155. Any Other Business – Visit to Prosthetics Unit / National Clinical Advisory Team Visit (NCAT)

The Chair reported that there would be a further opportunity to attend the Prosthetics Unit for those Members who had not been able to participate in the earlier visit. Members were asked to contact the Scrutiny Support Officer regarding arrangements.

It was reported that if the NCAT report was available it would be considered at the next meeting as the Chair was keen to receive feedback. LINKs representatives would also be invited when the report was considered. Reference was made to the NCAT visit and given the Chair's apologies for that meeting it had been agreed that the Chair of the Review Board would contact the Chair of the Health Scrutiny Forum to seek his views. It was highlighted that to date no contact had been made. In light of this, the Forum requested that such concerns be conveyed in a letter to the Trust / CCG.

156. Date and Time of Next Meeting

It was reported that the next meeting would be held on 18 April 2013 at 9.00 am in the Council Chamber, Civic Centre, Hartlepool

The meeting concluded at 10.05 am.

CHAIR

**North Tees and Hartlepool Foundation Trust
Progress Report to Hartlepool Health Scrutiny Forum
April 2013**

Introduction

In February 2012 representatives from North Tees and Hartlepool Foundation Trust attended the Hartlepool Health Scrutiny Forum where they presented a range of planned service enhancements to be undertaken in University Hospital Hartlepool. This paper outlines the progress to date made to date against these plans.

Additional flexible cystoscopy

A flexible cystoscopy is a procedure used to look inside the bladder with a special telescope called a cystoscope. In September 2012 an additional flexible cystoscopy list commenced in University Hospital of Hartlepool as planned. This additional list has given more patients from Hartlepool and East Durham the choice to have their procedure closer to home.

Day case upper limb surgery at University Hospital of Hartlepool

The Orthopaedic upper limb surgeons treat conditions such as hand injuries, carpal tunnel syndrome, Dupuytren's contracture and finger release. Since January 2012 two additional hand surgery lists have been provided at University Hospital of Hartlepool with the result that approximately 300 patients per year from Hartlepool and East Durham can now choose to have their hand procedure in Hartlepool.

Additional endoscopy room provision at University Hospital of Hartlepool

Following the Department of Health initiative on bowel cancer awareness and screening, there has been a year on year increase in workload for the endoscopy Unit of approximately 10-13%. As planned additional endoscopy rooms were opened in 2012 in the Rutherford Morrison Unit at University Hospital of Hartlepool, once again offering more choice to service users.

Cardiology enhancements at University Hospital Hartlepool

An increase in demand for Cardiology services in recent years has meant that the Trust has been improving cardiology provision at University Hospital Hartlepool in response to increasing demand. The new Cardiology Unit has relocated all cardiology services to a single purpose built area within University Hospital Hartlepool, bringing together the cardiac diagnostics unit, cardiology outpatient clinics and elective cardioversion procedures to improve quality and efficiency for patients from Hartlepool and East Durham.

Elderly care rehabilitation day unit at University Hospital Hartlepool

A purpose built unit has been developed within the main hospital site in Hartlepool in order to co-locate all elements of services for the elderly patients in Hartlepool and East Durham. The unit provides a one stop assessment service aimed at reducing admissions / readmissions to hospital.

Community Renaissance

This project aimed at redesigning the model for community services has now been implemented with multi professional teams working in a more integrated way with General Practitioners and the introduction of a single point of access for patients. Further work is in progress to improved services for Children and Families

Therapies

A number of therapy services have been aligned around the needs of the local population, for example podiatry, orthotics and audiology have implemented a one stop model of care.

In conclusion

It is hoped that this progress report has demonstrated the Trusts commitment to enhancing services in University Hospital of Hartlepool to benefit to the local population.

Extending Patient Choice through Any Qualified Provider (AQP)

Update: April 2013

Background

In 2011, the Government committed to increasing choice and personalisation in NHS-funded services by extending patient choice of Any Qualified Provider for appropriate services. Extending patient choice of provider was intended to empower patients and carers, improve outcomes and experience, enable service innovation and free up clinicians to drive change and improve practice.

Informed by national engagement activity, the Department of Health identified a list of potential services for priority implementation and asked the then Primary Care Trusts to identify three community or mental health services in which to implement patient choice of Any Qualified Provider in 2012/13.

The three areas chosen by NHS Tees (now NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group and NHS South Tees Clinical Commissioning Group) for implementation of AQP were:

- Adult Hearing Services
- Primary Care Psychological Therapies (adults);
- Lymphoedema Services

Update

All three services lines intended to be procured under the AQP framework were successfully completed within the designated timescale. The following providers are now qualified to deliver the relevant services:

Adult Hearing:

- North Tees and Hartlepool NHS Foundation Trust*
- South Tees Hospitals NHS Foundation Trust**
- Specsavers Hearcare Group Ltd
- Complete Price Eyewear t/a The Outside Clinic

Primary Care Psychological Therapies:

- Tees, Esk and Wear Valleys NHS Foundation Trust
- Alliance Psychological Services
- Mental Health Matters
- Hartlepool MIND*
- Middlesbrough MIND**
- MHCO

Lymphoedema Services:

- Teesside Hospice Care Foundation

**These providers are only qualified to provide the services in the NHS Hartlepool and Stockton-on-Tees CCG area*

***These providers are only qualified to provide the services in the NHS South of Tees CCG area*

Next Steps

A Choice & Competition website is being developed by Monitor and NHS England which will bring together all of the key material that has a bearing on choice and competition. This will be available Spring 2013 and is expected to offer guidance to commissioners to help decide if and when choice and competition are appropriate for the services they would like to commission for their local communities.

NHS Hartlepool and Stockton-on-Tees CCG and NHS South Tees CCG will decide if and when to introduce further choice and competition to services in the future where it is deemed to be in the best interests of patients.

HEALTH SCRUTINY FORUM

18 April 2013



Report of: Scrutiny Support Officer

Subject: CONSULTANT TO CONSULTANT REFERRALS –
COVERING REPORT

1. PURPOSE OF THE REPORT

- 1.1 To introduce representatives from Hartlepool and Stockton-on-Tees Clinical Commissioning Group who will be present at today's meeting to provide Members with information in relation to Consultant to Consultant Referrals.

2. BACKGROUND INFORMATION

- 2.1 This item was considered by the Health Scrutiny Forum in 2010 and Members agreed that the system was appropriately designed, but may in practice not be operating in that manner. Therefore, information was requested from Members on individual cases where the Referral procedure was not followed but no information was received.
- 2.2 However, concerns were raised at the Health Scrutiny Forum held on 5 April 2012 in relation to the perception that was developing where patients could not be referred from one Consultant direct to another and the referral had to take place via the patient's GP. Members were concerned that this process could create a potential delay in treatment.
- 2.3 Therefore, as part of the Health Scrutiny Forum's Work Programme for 2012/13, Members agreed to look at Consultant to Consultant referrals.
- 2.4 Subsequently, representatives from Hartlepool and Stockton-on-Tees Clinical Commissioning Group will be in attendance at today's meeting to discuss the process for referrals and their role in relation to Consultant Referrals.

3. RECOMMENDATION

- 3.1 That Members note the content of this report and the evidence presented at today's meeting from the representatives in attendance, seeking clarification on any relevant issues where felt appropriate.

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:-

- (i) Minutes of the Health Scrutiny Forum of 5 January 2010
- (ii) Minutes of the Health Scrutiny Forum of 5 April 2012

HEALTH SCRUTINY FORUM

18 April 2013



Report of: Scrutiny Support Officer

Subject: THE EXECUTIVE'S FORWARD PLAN

1. PURPOSE OF REPORT

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

2. BACKGROUND INFORMATION

- 2.1 One of the main duties of Scrutiny is to hold the Executive to account by considering the forthcoming decisions of the Executive (as outlined in the Executive's Forward Plan) and to decide whether value can be added to the decision by the Scrutiny process in advance of the decision being made.
- 2.2 This would not negate Non-Executive Members ability to call-in a decision after it has been made.
- 2.3 As Members will be aware, the Scrutiny Co-ordinating Committee has delegated powers to manage the work of Scrutiny, as it thinks fit, and if appropriate can exercise or delegate to individual Scrutiny Forums. Consequently, Scrutiny Co-ordinating Committee monitors the Executive's Forward Plan and delegates decisions to individual Forums where it feels appropriate.
- 2.4 In addition to this, the key decisions contained within the Executive's Forward Plan (April 2013 – July 2013) 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 needs 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 and Wellbeing Boards closed on 29th June 2012. The publication of Statutory Guidance on Health and Wellbeing Boards was therefore expected to follow shortly. Following the introduction of secondary legislation the Local Government Association and the Association of Democratic Service Officers have produced ‘Health and Wellbeing boards. A practical guide to governance and constitutional issues.’ This guidance along with the secondary legislation is being considered in the new arrangements for the Health and Wellbeing Board.

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 structure and role of the statutory Health and Wellbeing Board. The decisions will also need to be considered in relation to the new governance structure of the Local Authority.

Who will make the decision?

The decision will be made by Finance & Policy Committee however some elements may require Council agreement for changes to the Constitution.

Ward(s) affected

The proposals will affect all wards within the Borough.

Timing of the decision

It is expected that a report for decision will be taken in May.

Who will be consulted and how?

Finance & Policy Committee will be asked to consider the implications of the statutory Health and Wellbeing Board and the new governance arrangements 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

Finance & Policy Committee will be presented with detail on the development of the statutory Health and Wellbeing Board and how this will impact, if at all, on the 'in principle' decisions that were made by Cabinet 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 Grimwood, Performance & Partnerships Manager, Civic Centre, Hartlepool TS24 8AY.

Telephone: (01429) 284322.

Email: catherine.grimwood@hartlepool.gov.uk

DECISION REFERENCE: CAS006/13 – Health and Wellbeing Strategy (Final)

Key Test Decision (i) and (ii) applies

Nature of the decision

The Health and Social Care Act 2012 requires a Health and Wellbeing Strategy to be produced jointly between the Local Authority and key partners of the Shadow Health and Wellbeing Board.

Who will make the decision?

Agreed at Cabinet on 18 March 2013 and Council.

Ward(s) affected

All Wards

Timing of the decision

The decision will be made at Council in April 2013.

Who will be consulted and how?

There is a comprehensive consultation process with local people and partners as part of developing the Strategy.

Information to be considered by the decision makers

The second Draft Health and Wellbeing Strategy which was approved by Cabinet in February 2013.

How to make representation

Representations should be made to Louise Wallace, Director of Public Health, Civic Centre, Victoria Road, Hartlepool, TS24 8AY. Telephone 01429 284030, e-mail: louise.wallace@hartlepool.gov.uk

Further information

Further information can be sought by contacting Louise Wallace as above

2.5 A summary of all key decisions is detailed below:-

TIMETABLE OF KEY DECISIONS

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

1. DECISIONS EXPECTED TO BE MADE IN APRIL 2013

CAS 129/12 (page 11)	Collaboration in Child and Adult Services	Cabinet / Council
CAS 004/13 (page 17)	Schools' Capital Works Programme 2013/14	Portfolio Holder
CAS 005/13 (page 18)	Adult Education Fees	Portfolio Holder
CAS 006/13 (page 19)	Health and Wellbeing Strategy (Final)	Council
CAS 007/13 (page 20)	Low Level Support Services	Cabinet
RN 13/09 (page 26)	Disposal of Surplus Assets	Cabinet / Portfolio Holder
RN 74/11 (page 28)	Former Leathers Chemical Site	Cabinet
RN 89/11 (page 29)	Former Brierton School Site	Portfolio Holder / Cabinet / Council
RN 90/11 (page 31)	Mill House Site Development and Victoria Park	Cabinet / Council
RN 98/11 (page 33)	Acquisition of Assets	Cabinet / Portfolio Holder / Council
RN 5/12 (page 37)	Seaton Carew Development Sites – Results of Joint Working Arrangement with Preferred Developer	Cabinet
RN 18/12 (page 41)	Leasing of Land to a Wind Turbine Developer for the Erection of Wind Turbines on Land at Brenda Road	Cabinet
RN 31/12/ (page 48)	City Deal	Cabinet / Council

RN 34/12 (page 50)	Adoption of the Review of the Long Term Coastal Management Strategy covering the Frontage from Crimdon to Newburn Bridge	Cabinet / Council
RN 35/12 (page 52)	European Commission 'Youth Guarantee Scheme'	Cabinet
RN 39/12 (page 54)	Town Wall Coastal Works: Construction of Set-Back Flood Defence Wall and Associated Works	Cabinet
RN 40/12 (page 56)	Review of Concessionary Fare Payments to Bus Operators for 2013-2014	Cabinet
RN 02/13 (page 58)	Hartlepool Housing Strategy End of Year (2012-2013) Report and Action Plan Refresh	Cabinet
RN 05/13 (page 60)	Supported Living – Land at Burbank Street and Centre for Independent Living	Cabinet
RN 08/13 (page 63)	5 Year Highway Maintenance Programme 2012-2018	Portfolio Holder
RN 09/13 (page 65)	Community Pool Category 4 Grant Allocations 2013/14	Cabinet

2. DECISIONS EXPECTED TO BE MADE IN MAY 2013

CE 46/11 (page 8)	Review of Community Involvement & Engagement (including LSP Review): Update on Decisions taken 'in principle'	Policy Committee / Council
CAS 139/12 (page 15)	Provision for Pupils with Moderate Learning Difficulties	Policy Committee
RN 11/12 (page 39)	Public Lighting Strategy	Policy Committee
RN 20/12 (page 44)	Selective Licensing	Policy Committee
RN 27/12 (page 46)	Coastal Communities Fund Round 2 Application	Policy Committee
RN 06/13 (page 62)	Local Transport Plan 2012/13 Out-turn and 2013/14 Programme	Policy Committee

3. DECISIONS EXPECTED TO BE MADE IN JUNE 2013

CAS 136/12 (page 13)	Updated Child Poverty Strategy and Action Plan	Policy Committee
RN 99/11 (page 35)	Community Infrastructure Levy	Policy Committee

4. DECISIONS EXPECTED TO BE MADE IN JULY 2013

No items

- 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.

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BACKGROUND PAPERS

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

- (a) The Forward Plan – (April 2013 – July 2013)