

# **AUDIT AND GOVERNANCE COMMITTEE AGENDA**



**Thursday 22 August 2013**

**at 9.30 am**

**in Committee Room B,  
Civic Centre, Hartlepool**

**MEMBERS: AUDIT AND GOVERNANCE COMMITTEE**

Councillors Ainslie, S Akers-Belcher, Brash, Fisher, Loynes, Robinson and Shields.

Local Police Representative: Chief Inspector Lynn Beeston.

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. CONFIRMATION OF THE MINUTES OF THE MEETING HELD ON 25 JULY 2013**
- 4. AUDIT ITEMS**  
No Items.
- 5. STANDARDS ITEMS**  
No Items
- 6. STATUTORY SCRUTINY ITEMS**



- 6.1 North Tees and Hartlepool NHS Foundation Trust – Quality Account 2014/15:-
- (a) Covering Report - *Scrutiny Manager*; and
  - (b) Presentation – *Assistant Director of Nursing, Quality, Patient and Public Engagement, North Tees and Hartlepool NHS Foundation Trust*
- 6.2 Tees, Esk and Wear Valley NHS Foundation Trust: Mental Health Services for Older People and Adults Update:-
- (a) Covering Report - *Scrutiny Manager*; and
  - (b) Presentation - *Tees Director of Operations*
- 6.3 Scrutiny Investigation into Chronic Obstructive Pulmonary Disease (COPD) – Scoping Report – *Scrutiny Support Officer*
- 6.4 Care Quality Commission Bulletin – Update for Overview and Scrutiny Committees – *Scrutiny Manager*

**7. MINUTES FROM THE RECENT MEETING OF THE HEALTH AND WELLBEING BOARD**

- 7.1 Minutes of the meeting held on 24 June 2013

**8. MINUTES FROM THE RECENT MEETING OF THE FINANCE AND POLICY COMMITTEE RELATING TO PUBLIC HEALTH**

- 8.1 Extract from the meeting held on 26 July 2013

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

- 9.1 Minutes of the meeting held on 17 June 2013

**10. MINUTES FROM RECENT MEETING OF SAFER HARTLEPOOL PARTNERSHIP**

- 10.1 Minutes of the meeting held on 5 July 2013 (to follow)

**11. REGIONAL HEALTH SCRUTINY UPDATE**

No items.

**12. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**



FOR INFORMATION:-

Date of next meeting – 24 September 2013 at 9.30 am at the Civic Centre, Hartlepool.



## **AUDIT AND GOVERNANCE COMMITTEE DECISION RECORD**

25 JULY 2013

The meeting commenced at 9.30 am in the Civic Centre, Hartlepool

### **Present:**

Councillor Keith Fisher (In the Chair)

Councillors: Jim Ainslie, Jonathan Brash, Brenda Loynes, Jean Robinson and Linda Shields.

Also Present: Councillor Rob Cook as substitute for Councillor Stephen Akers-Belcher in accordance with Council Procedure Rule 5.2.

Independent Members: Norman Rollo and Clare Wilson.

Mark Kirkham and Diane Harold, Mazars.

Officers: Andrew Atkin, Assistant Chief Executive  
Chris Little, Chief Finance Officer  
Sandra Shears, Head of Finance (Corporate Services and Schools)  
Joan Stevens, Scrutiny Manager  
David Cosgrove, Democratic Services Team

### **30. Apologies for Absence**

Councillor Stephen Akers-Belcher.

### **31. Declarations of Interest**

None.

### **32. Minutes of the meeting held on 27 June 2013**

It was noted that at the meeting on 27 June, Councillor Ainslie had declared an interest in Minute No. 19 and not minute number 18 as recorded.

Councillor Brash requested that it be noted that he considered that the recommendations set out under Minute 18 "Manor Residents Association and Who Cares North East Reports" were not as he recalled and had moved at the meeting.

The minutes were subsequently confirmed.

### **33. To receive the minutes of the meeting of the Audit Committee held on 19 April 2013**

Received.

### **34. Mazars Report- Audit Progress Report 2012/13** (*Chief Finance Officer*)

#### **Purpose of report**

To inform Members of the Audit Committee that arrangements have been made for representatives from Mazars to be in attendance at this meeting, to present the content of the Audit Progress Report.

#### **Issue(s) for consideration**

Mark Kirkham and Diane Harold from Mazars, the Council's external auditors, were present at the meeting and presented the Audit Progress report for 2012/13. The auditors outlined the progress on the 2012/13 audit and highlighted a new significant risk relating to Revenue Recognition. The audit report indicated that "Auditing Standards include a rebuttable presumption that there is a significant risk in relation to the timing of income recognition and in relation to judgements made by management as to when income has been earned. In an update to our Audit Manual the firm has made it clear that the scope to apply such a rebuttal is limited. This does not imply that we suspect actual or intended manipulation but that we continue to approach the audit with due professional scepticism". The Chief Finance Officer commented that nothing fundamental had changed in the Council's systems and that he was of the view that when audited, there would be a 'clean bill of health' in relation to the recording of income, although the External Auditors would come to their own conclusion.

The auditors went on to outline the key points from the Audit Commission's Statement of Responsibilities in relation to audit responsibilities, other national publications and updates that were relevant. The key recommendations from the Financial Reporting Council's annual report published in June on the outcome of its audit quality inspections were also set out for Members information.

Members queried the changes to the recognition of income in the accounts. The auditors indicated that the company was generally now a little more risk adverse and the mitigation in relation to income was now built into their procedures for the audit of the 2012/13 accounts as reported later on the agenda. The auditors indicated that following the audit of the 2012/13 accounts, there would be a report submitted to the committee in September.

#### **Decision**

That the report from Mazars be noted.

**35. The 2012/2013 Financial Report (including the 2012/13 Statement of Accounts) (Chief Finance Officer)**

**Purpose of report**

To inform Members of the arrangements for approving the Council's Financial Report for 2012/13 (which includes the Statement of Accounts) and to provide a copy of the 2012/13 unaudited Financial Report.

**Issue(s) for consideration**

The Chief Finance Officer indicated that while there was now no requirement to bring the draft final statement of accounts to Members, he would continue to do so as good practice and so that Members had the maximum opportunity to consider the document which was submitted as an appendix to the report. The Chief Finance officer outlined the main aspects of the statement of accounts to Members and highlighted that Members needed to be aware that there were some slight differences between how financial statements were reported during the year and how they were reflected in the final statement.

Members sought clarification as to the levels of school balances outlined in the statement. The Chief Finance Officer indicated that many schools had adopted a cautious stance to the current economic climate and while their funding had not suffered the same level of cuts as the local authority, they had increased the amount of money set aside for major projects and other purposes. There was a fund indicated as an 'Academy Reserve' of £1.148m which Members questioned. The Chief Finance Officer indicated that the government had top sliced core Revenue Funding allocated to local authorities and used this funding for academies, whether there were any academies in the local authority area or not. The funding cut did not impact on the amount of funding available to Hartlepool schools through the Dedicated Schools Grant, but had reduced the Council's core Revenue Funding. A recent legal challenge had seen the return of that money to local authorities and the amount indicated was that returned to Hartlepool. It had been set aside to manage the changes resultant from Hartlepool Schools moving to academy status. It was, however, indicated that the Government would implement revised arrangements to recalculate the amount allocated to local authorities reducing the funding again. The fund didn't affect schools but the statutory Education and support functions that the local authority funded.

The reduction in long term liabilities set out in the statement was questioned by Members. The Chief Finance Officer indicated that this related to the valuation of the pension liabilities of the authority. The situation had improved slightly and this was reflected in the statement. The change had no 'cash' impact and was simply a matter recorded in the statement.

The Chair commented that the Statement of Accounts was a significant

document that Members would no doubt take some time to fully assess. Should Member have any further questions on the statement, they could be sent directly to the Chief Finance Officer, but the Chair requested that he be copied into any e-mails so he was aware of the issues being raised.

### **Decision**

1. That the report be noted.
2. That the Committee notes that the pre-audit accounts would be subject to independent audit by Mazars and details of any material amendments would be reported to the Committee in September.
3. That the Committee notes that there is the opportunity to raise questions and/or seek clarification of information included in the pre-audit Statement of Accounts in the period up to 23rd September 2013, when the audited Statement of Accounts would be presented to Audit and Governance Committee for final approval.

## **36. Internal Audit Plan 2013/14 Update** (*Head of Audit and Governance*)

### **Purpose of report**

To inform Members of the progress made to date completing the internal audit plan for 2013/14.

### **Issue(s) for consideration**

The Chief Finance Officer highlighted that in order to continually improve the Internal Audit Service a review of the current process of reporting had been carried out. In order to address areas for improvement the following changes to current reporting arrangements had been undertaken:

- Instead of Internal Audit providing recommendations to be agreed, the draft report will include a list of risks currently faced by the client in the area audited. It will be the responsibility of the client to complete an action plan with details of the actions proposed to mitigate those risks identified.
- Once the action plan has been provided to Internal Audit, it will be the responsibility of the client to provide Internal Audit with evidence that any action has been implemented by an agreed date. The level of outstanding risk in each area audited will be reported to the Audit Committee.

The benefits of the new arrangements were that:

- Ownership of both the internal audit report and any resulting actions lie with the client. This reflects the fact that it is the responsibility of management to ensure adequate procedures are in place to manage risk within their areas of operation. The new approach is much more focussed on risk and will make managers more risk aware in the

- performance of their duties.
- Greater assurance is gained that actions necessary to mitigate risk are implemented. Less time is spent by both Internal Audit and management in ensuring audit reports are agreed. Greater breadth of assurance is given to management with the same Internal Audit resource. The approach to risk assessment mirrors the corporate approach to risk classification as recorded in covalent.

All audits for 2013/14, other than schools, will be undertaken using the new process with management embracing the changes and compiling their own action plans to mitigate risks identified.

A Member indicated that a recent court judgement had stated that local authorities could not use car parking penalties as a form of income generation but that such budgets should be considered neutral; had this any implications for Hartlepool. The Chief Finance Officer indicated that he believed there was no impact for the Council but the matter would be reviewed.

In relation to the ongoing work for the quarter highlighted in the report, the follow up audit at Manor Residents Association and Who Cares North East should be listed.

### **Decision**

That the report be noted.

## **37. Review of Risk Framework** *(Corporate Management Team)*

### **Purpose of report**

To inform Members of the review of the Risk Management Framework and provide them with the updated version of the Framework for information and comment.

### **Issue(s) for consideration**

The Assistant Chief Executive reported that the Council had a responsibility to put in place proper arrangements to secure economy, efficiency and effectiveness in their use of resources; ensure proper stewardship and governance; and review regularly the adequacy and effectiveness of these arrangements. In order to do this the Council must manage risks and maintain a sound system of internal control. The Risk Framework sets out how this would be done along with the roles and responsibilities of officers and elected members across the authority to help ensure the process is embedded into the services the Council provided.

The Risk Management Framework had been reviewed and updated and was submitted as an appendix to the report. The main content of the Framework had not changed significantly but elements had been updated to reflect the new governance arrangements particularly the role of the Finance and Policy Committee in relation to risk management. The



updated policy had been considered and agreed by the Corporate Management Team and following consideration by Audit and Governance Committee would be taken to Finance and Policy Committee for approval in August.

**Decision**

That the updated Risk Management Framework that aims to further embed risk management across the Council be noted.

**38. Data Quality Policy Review** (*Assistant Chief Executive*)**Purpose of report**

To inform Members of the review of the Data Quality Policy and provide them with the updated version of the policy for information and comment.

**Issue(s) for consideration**

The Assistant Chief Executive reported that the Data Quality Policy had been reviewed and updated and was submitted as an appendix to the report. The main content of the policy had not changed significantly but the roles and responsibilities had been updated to reflect current arrangements including the role of the Finance and Policy Committee and its Chair in relation to data quality. The updated policy had been considered and agreed by the Corporate Management Team Support Group and following consideration by Audit and Governance Committee would be taken to Finance and Policy Committee for approval in August.

**Decision**

That the updated Data Quality Policy, as reported, be noted.

**39. Local Audit and Accountability Bill** (*Chief Finance Officer*)**Purpose of report**

To update Members on proposals for new local audit arrangements as published in the Local Audit and Accountability Bill published by the Department for Communities and Local Government.

**Issue(s) for consideration**

The Chief Finance Officer reported that Audit Committee responded to the Draft Local Audit Bill at its meeting on 21 September 2012. The reported indicated that the previous Audit Committee questioned the need for an independent auditor appointment panel to advise the Council on the future appointment of external auditors with a majority of independent members of the public to both chair and sit on this panel, as they believed the Audit Committee could have fulfilled this role.

The effect of the Local Audit and Accountability Bill would be to abolish the Audit Commission and to establish new arrangements for the audit and accountability of local public bodies in England. A requirement would be

placed on relevant authorities to appoint an external and independent auditor on the advice of an independent auditor panel and to publish information about the appointment within 28 days of appointment.

The Bill also amended the council tax referendums provisions in Chapter 4ZA of Part 1 of the Local Government Finance Act 1992 so that levies were included in a local authority's calculation of whether its council tax was excessive for the purpose of determining whether it is required to hold a council tax referendum.

The Chief Finance Officer indicated that the governments thinking in how the independent bodies would be appointed was still awaited.

A Member indicated that he disagreed with the previous Audit Committee's view and considered that bringing independent oversight of the commissioning of the council's external auditors was nothing to be feared and could be seen to reinforce the independence of the auditors. The Chair commented that the Committee would be able to formulate its own view once the potential costs that would be placed on the authority were known. How other authorities approached the new requirement would also usefully inform the Committee when a decision on implementing the requirements of the government Bill was known.

### **Decision**

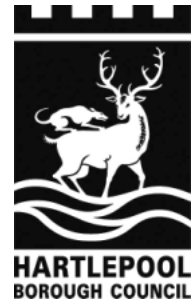
That the contents of the Local Audit and Accountability Bill be noted and that members are kept fully apprised of actions the Council needs to take to comply with the Bill through future reports to the Committee.

The meeting concluded at 10.25 am

CHAIR

## **AUDIT AND GOVERNANCE COMMITTEE**

22 August 2013



**Report of:** Scrutiny Manager

**Subject:** NORTH TEES AND HARTLEPOOL NHS  
FOUNDATION TRUST – QUALITY ACCOUNT  
2014/15 – COVERING REPORT

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### **1. PURPOSE OF REPORT**

- 1.1 To introduce representatives from North Tees and Hartlepool NHS Foundation Trust who will be in attendance at today's meeting to engage with Members in respect of North Tees and Hartlepool NHS Foundation Trust's (NTHFT) Quality Account for 2014/15.

### **2. BACKGROUND INFORMATION**

- 2.1 In November 2009 the Government published the Health Bill which required all providers of NHS healthcare services to provide an annual Quality Account. The Department of Health made a legal requirement on all NHS healthcare providers to send their Quality Account to an Overview and Scrutiny Committee in the local authority area where the provider has a registered office.
- 2.2 Subsequently, representatives from NTHFT will be present at today's meeting to provide a presentation to:-
- (i) Reflect on NTHFT's Quality Account for 2012/13 leading into 2013/14; which the Health Scrutiny Forum provided commentary on at its meeting of 7 February 2013; and
  - (ii) Engage with Members of the Committee in terms of the Trust's Quality Account for 2014/15.

### **3. RECOMMENDATIONS**

- 3.1 That Members note the content of this report and the presentation, seeking clarification on any issues from the NTHFT representatives present at today's meeting.

**Contact Officer:-** Joan Stevens – Scrutiny Manager  
Chief Executive's Department - Corporate Strategy  
Hartlepool Borough Council  
Tel: 01429 284142  
Email: joan.stevens@hartlepool.gov.uk

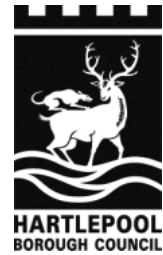
## **BACKGROUND PAPERS**

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

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

## AUDIT AND GOVERNANCE COMMITTEE

22 August 2013



**Report of:** Scrutiny Manager

**Subject:** TEES, ESK AND WEAR VALLEY NHS  
FOUNDATION TRUST: MENTAL HEALTH  
SERVICES FOR OLDER PEOPLE AND ADULTS:  
UPDATE – COVERING REPORT

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### 1. PURPOSE OF THE REPORT

- 1.1 To introduce representatives from Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust who will be in attendance at today's meeting to provide an update to the Committee on the mental health services for older people and adults including rehabilitation beds provided by TEWV NHS Trust.

### 2. BACKGROUND INFORMATION

- 2.1 TEWV representatives attended the Health Scrutiny Forum in November 2012 to discuss with Members the changes, developments and improvements to mental health services in recent years and discussed proposals to change mental health services at Sandwell Park in Hartlepool.
- 2.2 The changes proposed were to use the Wingfield Unit at Sandwell Park to admit patients with functional illnesses only rather than continue to admit patients with functional illnesses (such as depression and schizophrenia) and organic illnesses (such as dementia). This is because patients with organic illnesses have very different needs and environmental requirements to those with functional illnesses and staff supporting those patients need a very different knowledge and skill set.
- 2.3 The provision of separate inpatient services for those with functional and organic illness was identified as a priority. This was based on national best practice standards and patient and carer feedback. The Wingfield Unit was the only ward within Teesside which had not achieved a functional / organic split.
- 2.4 It was proposed that the Westerdale South facility in Stockton would be the dementia unit that all referrals North of the Tees would be referred to in future. This unit was a custom design unit with many special features specifically for dementia patients.

- 2.5 Members of the Health Scrutiny Forum expressed concern around transport arrangements and indicated that they would welcome a future update on the progress of the service.

### **3. RECOMMENDATION**

- 3.1 That Members note the content of this report and the presentation, seeking clarification on any issues from the representatives in attendance.

Contact Officer:- Joan Stevens – Scrutiny Manager  
Chief Executive's Department - Corporate Strategy  
Hartlepool Borough Council  
Tel: 01429 284142  
Email: joan.stevens@hartlepool.gov.uk

### **BACKGROUND PAPERS**

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

- (a) Minutes of the Health Scrutiny Forum held on 29 November 2012
- (b) Report of the Scrutiny Support Officer entitled Tees, Esk and Wear Valley NHS Foundation Trust: Mental Health Services for Older People and Adults – Covering Report presented to the Health Scrutiny Forum on 29 November 2012
- (c) Presentation by representatives from TEWV entitled 'Mental Health Services for Older People' presented to the Health Scrutiny Forum on 29 November 2012

# AUDIT AND GOVERNANCE COMMITTEE

22 August 2013



**Report of:** Scrutiny Support Officer

**Subject:** SCRUTINY INVESTIGATION INTO CHRONIC  
OBSTRUCTIVE PULMONARY DISEASE (COPD)  
– SCOPING REPORT

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## 1. PURPOSE OF REPORT

- 1.1 To make proposals to Members of the Audit and Governance Committee for their forthcoming investigation into Chronic Obstructive Pulmonary Disease (COPD).

## 2. BACKGROUND INFORMATION

- 2.1 COPD is a chronic disabling disease which causes a gradual decline in lung function, with increasing episodes of chest infections and exacerbations as the condition progresses. It is a general term which includes chronic bronchitis and emphysema. It mainly affects people over the age of 40 and risk increases with age. Smoking is the main cause in the vast majority of cases.
- 2.2 COPD is incurable but treatments help to slow down the decline in the lung function, so early diagnosis and support for effective self-management and self-care can help patients live an active life. About 835,000 people in the UK are currently diagnosed with COPD and an estimated 2.2 million people have the condition but do not know it. COPD is the fourth biggest killer in the UK, the second most common cause of emergency admissions to hospital and one of the most costly in-patient conditions treated by the NHS. In Hartlepool, there is a decreasing trend in the number of deaths from COPD but the number of people with COPD is increasing, placing additional demand on services<sup>1</sup>.
- 2.3 The key issues, as identified in Hartlepool's Joint Strategic Needs Assessment (JSNA), relating to COPD are as follows:-

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<sup>1</sup> Hartlepool Joint Strategic Needs Assessment – [www.teesjsna.org.uk](http://www.teesjsna.org.uk)

- (a) The estimated prevalence of COPD in Hartlepool is 4.3% but only 2.7% of the population has been diagnosed. This suggests that about 1,250 people with COPD remain undiagnosed.
- (b) There is a lack of community awareness of COPD and its risk factors.
- (c) There are high numbers with undiagnosed COPD that may lead to increased complications, ill health and health inequalities and inefficiency.
- (d) The number of people with COPD is increasing, placing additional demand on services.
- (e) There are variations in the quality of diagnosis and management of COPD among general practices.
- (f) The COPD emergency admission rate in Hartlepool is higher than the England average.
- (g) The capacity and capability of current services to cope with the projected increase in the number of people with COPD, from a recorded prevalence of 2.7% in 2010 to 4.4% in 2020.
- (h) There is low awareness of lung health and COPD in communities that are at high risk, for example, current and ex-smokers and women.
- (i) There is inequitable access to high quality spirometry in primary care and Community settings.

### **3. OVERALL AIM OF THE SCRUTINY INVESTIGATION/ENQUIRY**

- 3.1 To examine the effectiveness of the services and pathways available to people diagnosed with COPD and explore how awareness of COPD can be increased to aid early diagnosis and prevention.

### **4. PROPOSED TERMS OF REFERENCE FOR THE SCRUTINY INVESTIGATION/ENQUIRY**

- 4.1 The following Terms of Reference for the investigation are proposed:-

- (a) To gain an understanding of COPD and the pathways available to people diagnosed with COPD (including the causes; signs and symptoms; prevention; and treatment);
- (b) To consider the numbers of people with COPD in Hartlepool and examine the impact of unplanned emergency admissions on service provision;
- (c) To identify the services available in Hartlepool for those diagnosed with COPD and ensure effective partnership working to encourage / increase early diagnosis and positive treatment outcomes;



- (d) To examine the quality of diagnosis and management / treatment of COPD across GP practices and NHS services in Hartlepool;
- (e) To explore how community awareness of COPD can be increased, in particular to those people / communities who are 'seldom heard, seldom seen' and to people / communities that are at high risk, for example, current and ex smokers and women;
- (f) To seek the views of COPD patients and their families and carers; and groups / bodies who provide services for people diagnosed with COPD

## **5. POTENTIAL AREAS OF ENQUIRY / SOURCES OF EVIDENCE**

- 5.1 Members of the Forum can request a range of evidential and comparative information throughout the Scrutiny review.
- 5.2 The Forum can invite a variety of people to attend to assist in the forming of a balanced and focused range of recommendations as follows:-
  - (a) Member of Parliament for Hartlepool;
  - (b) Chair of Hartlepool's Health and Wellbeing Board;
  - (c) Ward Councillors;
  - (d) Director of Public Health and the Public Health Team;
  - (e) Hartlepool and Stockton-on-Tees Clinical Commissioning Group;
  - (f) GP's / Specialist GP's;
  - (g) North Tees and Hartlepool NHS Foundation Trust;
  - (h) Tees, Esk and Wear Valleys NHS Foundation Trust;
  - (i) Age UK;
  - (j) Hartlepool Healthwatch;
  - (k) Breathe Easy;
  - (l) Respiratory Team;
  - (m) British Lung Foundation;
  - (n) Fresh;
  - (o) Local residents;
  - (p) Hartlepool Carers and Hartlepool Young Carers;

- (q) Voluntary and Community Sector groups;
- (r) Macmillan;
- (s) Representatives of minority communities of interest or heritage; and
- (t) Good Practice Services e.g. Smoking Cessation Service

5.3 The Forum may also wish to refer to a variety of documentary / internet sources, key suggestions are as highlighted below:-

- (a) Hartlepool's Joint Strategic Needs Assessment – [www.teesjsna.org.uk](http://www.teesjsna.org.uk)
- (b) National General Practice Profiles – [www.apho.org.uk/pragprof](http://www.apho.org.uk/pragprof)
- (c) British Lung Foundation – [www.blf.org.uk](http://www.blf.org.uk)

## 6. COMMUNITY ENGAGEMENT / DIVERSITY AND EQUALITY

6.1 Community engagement plays a crucial role in the Scrutiny process and diversity issues have been considered in the background research for this enquiry under the Equality Standards for Local Government. Based upon the research undertaken, paragraph 5.2 includes suggestions as to potential groups which the Forum may wish involve throughout the inquiry (where it is felt appropriate and time allows).

## 7. REQUEST FOR FUNDING FROM THE DEDICATED OVERVIEW AND SCRUTINY BUDGET

### Option 1

7.1 Consideration has been given, through the background research for this scoping report, to the need to request funding from the dedicated Overview and Scrutiny budget to aid Members in their enquiry. At this stage no additional funding has been identified as being necessary to support Members in their investigation. Members, however, may wish to seek additional funding over the course of the investigation and the pro forma attached at **Appendix A** outlines the criteria on which a request will be judged.

## 8. PROPOSED TIMETABLE OF THE SCRUTINY INVESTIGATION

8.1 Detailed below is the proposed timetable for the review to be undertaken, which may be changed at any stage:-

**3 October 2013** – 'Setting the Scene' Presentation:-  
(to cover terms of reference (a) and (b))

- What is COPD;
- Causes;
- Signs and symptoms;
- Prevention;
- Treatment;
- The numbers of people diagnosed with COPD in Hartlepool;
- The predicted numbers of people undiagnosed with COPD in Hartlepool and barriers to diagnosis;
- National comparison;
- Advertising campaigns / methods of advertising; and
- JSNA 'COPD' entry

**November / December 2013** – Focus group activity with COPD patients (to cover term of reference (f))

- To organise a focus group with COPD patients and their families and carers to explore different patient pathways and experiences and / or
- Visit a support group for COPD patients / visit a COPD clinic

## **20 February 2014 – Service Provision**

To receive evidence in relation to:-  
(to cover terms of reference (b), (c) and (d))

- The service provision / pathways available to people with COPD
- The quality of diagnosis and management / treatment of COPD amongst GP practices and NHS services in Hartlepool
- The impact of unplanned emergency admissions on service Provision
- Effective partnership working to encourage / increase early diagnosis of COPD
- Resources / funding arrangements for treatment

## **17 April 2014 - Awareness of COPD and Early Detection**

To receive evidence in relation to:-  
(to cover term of reference (e))

- Examples of the information that is available to the public to raise awareness of COPD
- Good practice examples from the Smoking Cessation Service in relation to how to reach out to those people / communities who are 'seldom heard, seldom seen'
- Detailed consideration of advertising campaigns / methods of advertising
- Difficulties faced when trying to raise awareness
- Benefits of early detection of COPD

## **15 May 2014 – Draft Final Report**

### **9. RECOMMENDATION**

- 9.1 Members are recommended to agree the Audit and Governance Committee's remit of the investigation outlined in paragraphs 3 and 4 and the proposed timescale outlined in paragraph 8

**Contact Officer:-** Laura Stones  
Chief Executives Department – Corporate Strategy  
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### **BACKGROUND PAPERS**

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

- (i) Hartlepool's Joint Strategic Needs Assessment – [www.teesjsna.org.uk](http://www.teesjsna.org.uk)

APPENDIX A

**PRO-FORMA TO REQUEST FUNDING TO SUPPORT  
CURRENT SCRUTINY INVESTIGATION**

<b>Title of the Overview and Scrutiny Committee:</b>
<b>Title of the current scrutiny investigation for which funding is requested:</b>
<b>To clearly identify the purpose for which additional support is required:</b>
<b>To outline indicative costs to be incurred as a result of the additional support:</b>
<b>To outline any associated timescale implications:</b>
<b>To outline the 'added value' that may be achieved by utilising the additional support as part of the undertaking of the Scrutiny Investigation:</b>

**To outline any requirements / processes to be adhered to in accordance with the Council's Financial Procedure Rules / Standing Orders:**

**To outline the possible disadvantages of not utilising the additional support during the undertaking of the Scrutiny Investigation:**

**To outline any possible alternative means of additional support outside of this proposal:**



## Welcome to Overview and Scrutiny committees

This is the first edition of the Care Quality Commission's bi monthly e-bulletin to all scrutiny officers and members working on health and social care in England.

CQC is the independent regulator for health and social care in England. This bulletin will include updates and findings from our work, including details of our new strategy, national reports and information about the ways you can work with us. We hope you find the bulletin helpful. Please send us any comments to [involvement.edhr@cqc.org.uk](mailto:involvement.edhr@cqc.org.uk).

### This month:

#### Welcome

#### CQC news

CQC's strategy, new roles in CQC, themed inspections, experiences of inpatient services in NHS hospitals

#### Public information

Finding your GP practice online, Public leaflets about the standards people can expect

#### CQC and OSCs

Help us develop the fundamentals of care, OSC contact details, you local CQC contact, sharing people's experiences of care, getting our press releases

### CQC news

#### A new start

Consultation on changes to the way CQC regulates, inspects and monitors care  
June 2013



#### Give us feedback on the way we should inspect services

We are carrying out a consultation to get your feedback on our plans to make sure people receive high-quality care. This consultation is the next step towards making the changes needed to deliver our purpose.

For further information you can [read more here](#), please also see the article below on how you can help us develop the new fundamentals of care.

#### CQC's new strategy for 2013 to 2016

We are making radical changes to the way we inspect and regulate health and social care services to make sure they provide people with safe, effective, compassionate and high-quality care, and to encourage them to make improvements. Our new strategy has been informed by views from many people who use services, as well as a wide range of stakeholders. The strategy states our commitment to work more closely with overview and scrutiny committees to better share our information and to use more evidence from scrutiny – across all the services we regulate. [Read more...](#)

#### New roles in CQC

We have appointed a new Chief Inspector of hospitals - Professor Sir Mike Richards. The Chief Inspector will be responsible for assessing and judging how well hospitals put the quality of care and the interests of patients at the heart of everything they do. He will provide the public with assurance that services are safe, effective, caring, well led and responsive to people's needs. He will oversee a national team of expert hospital inspectors that will carry out targeted inspections in response to quality concerns and regional teams of inspectors who will undertake routine inspections on a

regular basis of all hospitals. He will also lead the development of a ratings system for NHS acute hospitals and mental health trusts.

We have also appointed 5 new members of the CQC board. [Read more...](#)

### **Themed inspections - dementia and children in transition**

One of our key priorities for 2013/14 is to improve our understanding of how well different care services work together. To support this we are planning two themed inspection programmes. The first of these will look at the transition of children with complex health needs from children's to adult health services. The second programme will look at dementia care. We are currently identifying which aspects of dementia care would be most appropriate for us to look at and where we can best add value. We are considering five possible options/groups of options. These are:

- Timely diagnosis
- Admission to hospital from care homes
- Equipping staff to work with people with dementia
- Reviewing compliance with NICE standards on dementia
- Palliative care for people with dementia

If you have a particular interest or comment to make on the focus of either programme please contact us using the following email addresses.

[CTASThemedInspection@cqc.org.uk](mailto:CTASThemedInspection@cqc.org.uk) (this is for the children in transition review)

[DementiaThemedInspection@cqc.org.uk](mailto:DementiaThemedInspection@cqc.org.uk).

### **Experiences of inpatient services in NHS hospitals**

We have published the results of a survey that looked at the experiences of over 64,500 patients who were admitted to an NHS hospital in 2012. Between September 2012 and January 2013, 850 inpatients at participating NHS trusts were sent a survey asking about the care they received. We have published the results showing how each trust performed in the survey. [Search for your NHS trust in the A-Z list.](#)

## **Public information**

### **Find your GP service online**

From 1 April, all GP services came into our system of regulation. You can now find details of all your local GP services on our [website](#).

You will now start to see our first inspection reports of GP practices.



### **Public leaflets**

We've recently updated our public leaflets that explain our role, and the standards people can expect. The five separate leaflets are:

- **What standards you have a right to expect from the regulation of your hospital**
- **What standards you have a right to expect from the regulation of your care home**
- **What standards you have a right to expect from the regulation of agencies that provide care in your own home**
- **What standards you have a right to expect from the regulation of your dentist**
- **What standards you have a right to expect from the regulation of your GP practice**

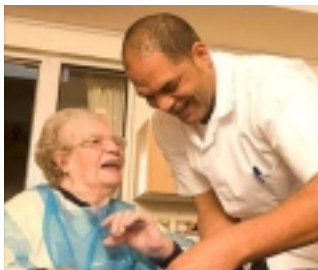
We also produce leaflets about CQC – who we are and what we do these are available to download in [standard](#) and [easy read](#).

## **CQC and Overview and scrutiny committees**

### **Help us develop the new fundamentals of care**

Over the next few months we are developing fundamentals of care which we will use first in our new NHS inspections later this year. We want to answer five questions:





- Is a service safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

If your OSC is interested in helping us develop these standards please email [involvement.edhr@cqc.org.uk](mailto:involvement.edhr@cqc.org.uk). You can also take part in our national consultation which was launched this week. [Read more...](#)

### OSC contact details

If you have any further names and contact details (email and phone numbers where possible) for anyone in your committee who you would like to receive information directly from CQC please let us know. Please email [involvement.edhr@cqc.org.uk](mailto:involvement.edhr@cqc.org.uk).

### Your local CQC contact

You should have contact with your local CQC manager. If you don't know who they are please email [involvement.edhr@cqc.org.uk](mailto:involvement.edhr@cqc.org.uk) or ring 03000 616161 and ask for the involvement team. We will send you the name and email of your local manager and send them your details. They will be in touch to meet with you, and to develop a local agreement about how you both share information and communicate with each other.

Over the coming months our local CQC manager will be able to share a package of information with you. This will include the services registered with us to provide care; the inspections we have been doing in your area and the findings from these inspections. We will let you know more about this in the next ebulletin and you can discuss it with your local CQC manager.

### Share information about people's experiences of care

If you have evidence from scrutiny reports, or other work from your committee (including the views and experiences of local people about the quality or safety of health/social care), please discuss it with your local CQC manager and email it to [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk). These may be positive or negative about a service or groups of services or about an issue across local services. It is all useful to help us make a judgement about the quality and safety of care.

If you have immediate concerns about someone's safety please contact your local authority safeguarding team, as they have the primary responsibility to act on individual safeguarding concerns.

### Getting our press releases

Scrutiny committees should be receiving press releases about national reports and about our findings for services in your area – where we issue a special press release. If you do not receive this information please email [involvement.edhr@cqc.org.uk](mailto:involvement.edhr@cqc.org.uk).

## Feedback from local groups

You can send us views and experiences of any of the services we regulate, or tell us about how they work together in your area. We want to hear from Local Involvement Networks, Overview and Scrutiny Committees, Foundation Trust governing bodies and groups representing people who use health and adult social care services. [Read more...](#)



# HEALTH AND WELLBEING BOARD

## MINUTES AND DECISION RECORD

24 June 2013

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

### **Present:**

Councillor Richardson (substitute for Councillor C Akers-Belcher, Leader of Council) (In the Chair)

### **Prescribed Members:**

Elected Members, Hartlepool Borough Council, Councillors Hall, G Lilley and Simmons  
Representing Hartlepool and Stockton-on-Tees Clinical Commissioning Group;  
Alison Wilson  
Director of Public Health, Hartlepool Borough Council, Louise Wallace  
Representatives of Healthwatch, Margaret Wrenn and Steve Thomas

### **Other Members:**

Chief Executive, Hartlepool Borough Council; Dave Stubbs  
Director of Regeneration and Neighbourhoods, Hartlepool Borough Council, Denise Ogden  
Representative of the NHS England Area Team; Caroline Thurlbeck  
Representative of Hartlepool Voluntary & Community Sector, Tracy Woodhall  
Representative of North Tees and Hartlepool NHS Foundation Trust; Alan Foster

### **Also Present:**

Michael Slimings, Director, Incontrol-able CIC  
Dr Emerton, North Tees and Hartlepool NHS Foundation Trust

Officers: Catherine Grimwood, Hartlepool Borough Council, Performance and Partnerships Manager  
Neil Harrison, Hartlepool Borough Council, Head of Service  
Donna Owens, NHS North of England Commissioning Support Unit  
Alastair Rae, Hartlepool Borough Council, Public Relations Manager  
Joan Stevens, Hartlepool Borough Council, Scrutiny Manager  
Amanda Whitaker, Democratic Services Team

### **Also in attendance:**

Councillor Loynes and Healthwatch members

The Deputy Leader of the Council, Councillor Richardson, advised the Board that he would be acting as a permanent substitute for the Leader of the Council due to a potential conflict of interest by Councillor Christopher Akers-Belcher.

## **1. Apologies for Absence**

Councillor C Akers-Belcher, Leader, Hartlepool Borough Council  
Martin Barkley, Tees Esk and Wear Valley NHS Trust  
Councillor Fisher, Chair, Audit and Governance Committee (Observer)  
Jill Harrison, Hartlepool Borough Council, Assistant Director (Adult Services)  
Dr Pagni, Hartlepool and Stockton-on-Tees Clinical Commissioning Group  
Sally Robinson, Hartlepool Borough Council, Assistant Director (Children's Services)

## **2. Declarations of interest by Members**

None

## **3. Minutes**

The minutes of the meeting of the Shadow Health and Wellbeing Board held on 11 March 2013 were received.

## **4. Health and Wellbeing Board Terms of Reference** *(Director of Public Health)*

The Board was reminded that the Health and Social Care Act 2012 set out the statutory requirement for unitary authorities to establish Health and Wellbeing Boards from April 2013. As a Committee of Hartlepool Borough Council the responsibilities and functions of the Board were set out within the Council's Constitution. The Board's specific responsibilities were set out in the report.

The Health and Wellbeing Board had been meeting in shadow form since October 2011. From 1<sup>st</sup> April 2013 the Board had taken on its formal role as set out in the Constitution. However, in order to provide further detail about the role and responsibilities of the Board and its members a new Terms of Reference had been prepared. The draft Terms of Reference for the Health and Wellbeing Board were appended to the report. It was highlighted that the codes and protocols of the Voluntary and Community Sector (VCS) Strategy were referred to in the Terms of Reference and were therefore also appended to the report.

At the development day the Board had considered the Local Government Association and Association of Democratic Services Officer joint publication 'Health and wellbeing boards - A practical guide to governance and constitution issues'. It was agreed that the structure of the Health and

Wellbeing Board for Hartlepool should follow a similar structure to the Luton model with three delivery groups covering children, adults and health inequalities. All other health related groups would feed into the work of one of the three delivery groups. The sub structure of the Health and Wellbeing Board was set out in the Terms of Reference and was illustrated in the report.

### **Decision**

- (i) The Board agreed the Terms of Reference as appended to the report.
- (ii) In accordance with the terms of reference, it was agreed that the Vice Chair of the Board would be a representative of the Clinical Commissioning Group.

## **5. Communication and Engagement Strategy** (*Director of Public Health*)

The report set out the draft Communication and Engagement Strategy and sought agreement to the establishment of a Communications and Engagement group that would lead on the delivery of the strategy. The Board was also asked to note the proposed draft action plan, appended to the report, together with the draft campaign calendar for 2013 / 14.

Partners had been asked to provide information to the Council's Performance and Partnerships Team identifying their existing channels for communications and public engagement. The exercise had identified a broad range of mechanisms that partners currently utilised including; magazines, publications, bulletins, websites, social media, local press and resident forums / focus groups.

The draft Communication and Engagement Strategy had been circulated. The Board was requested to agree the draft Strategy and provide feedback. In order to drive forward the delivery of the strategy it was proposed that the Board establish a Communications and Engagement Group which would be led by the Council's Public Relations Team. The group would consist of representatives from communication teams from partner organisations. The proposed group would be responsible for the development and delivery of the communication Strategy Action Plan (Appendix B) together with the planning and delivery of the annual campaign calendar (Appendix C). The group would also undertake evaluations of campaigns to monitor their effectiveness and feedback to the Board on a regular basis.

Board Members recognised the opportunities which were available in terms of public health communication together with important social care and commissioning messages. It was highlighted that communication should be transparent, for lessons to be learnt from previous experiences and that appropriate resources be allocated to deliver the Strategy. Board Members

received an assurance from the Council's Director of Regeneration and Neighbourhoods regarding the operation of those work streams applicable to this Board and those of the Safer Hartlepool Partnership.

### **Decision**

(i) The draft Communications and Engagement Strategy was approved and it was agreed that appropriate level of resources should support the Strategy.

(ii) That the establishment of a Communication and Engagement group was approved.

(iii) The draft action plan and campaign calendar was approved and it was agreed that the proposed Communication and Engagement group develop these further.

## **6. Work Programme** (*Director of Public Health*)

The report set out a proposed work programme for 2013/14 which provided an opportunity for the Board to consider a work programme for 2013/14. The need for a work programme had been identified at the Board development session held on 22<sup>nd</sup> April 2013. Members of the Board had considered a work programme would allow the Board to be focused on key health and well being issues and plan dedicated time into the Board agenda to address these issues. It was noted that the work plan did not replace the Council's Forward Plan.

Members of the Board noted that development of the work programme was an iterative process and members were urged to bring forward items for inclusion in the work programme as they became aware of them.

### **Decision**

The Board work programme was endorsed subject to consideration of the Children's Strategic Partnership Terms of Reference being brought forward to the August meeting of the Board.

## **7. Potential Topics for Inclusion in the Audit and Governance Statutory Scrutiny Health Work Programme** (*Scrutiny Manager*)

The Board was invited to suggest topics for consideration / inclusion in the work programme for the Audit and Governance Committee in relation to the statutory scrutiny area of health. The Audit and Governance Committee was

due to set its work programme at its meeting of 27 June 2013. The role of the Audit and Governance Committee was highlighted together with the success of previous health scrutiny investigations. The Scrutiny Manager assured Board Members that the monitoring of recommendations of previous scrutiny investigations would continue under the Council's new governance arrangements.

Suggested topics had been sought from the Council's Director of Public Health, Hartlepool and Stockton-on-Tees Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust. The topic that had been suggested was Chronic Obstructive Pulmonary Disease (COPD). The Hartlepool Joint Strategic Needs Assessment (JSNA) had identified COPD as a key issue. The topic has been suggested because it would help improve services and raise awareness of COPD. The key issues relating to COPD were highlighted in the report.

Dr Emerton explained the reasons that COPD was a particularly important issue. During the discussion which followed, reference was made to the importance of early detection of the disease, the appointment of a new Consultant to ensure the best possible management of patients, the primary care role together with the role of Healthwatch. The identification of COPD as an effective topic suggestion was welcomed by Board Members and it was highlighted that the topic incorporated the whole spectrum covered by Members of the Board.

### **Decision**

The Board agreed that COPD is an effective topic suggestion to put forward to the Audit and Governance Committee for consideration as part of the Committee's 2013/14 work programme.

## **8. Centralisation of Emergency Medical and Critical Care Services at University Hospital North Tees – Public Consultation** *(Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group)*

The report provided the Board with an update on the public consultation, the rationale for the proposed changes and provided an opportunity for discussion by the Board in respect of the implications of the proposals.

The Board was advised that following proposals put forward by North Tees and Hartlepool NHS Foundation Trust in relation to the reconfiguration of services to ensure sustainability of Critical Care and Acute Medical services

at the University Hospital Hartlepool, Hartlepool and Stockton-on-Tees Clinical Commissioning Group (HaST) had commissioned an independent review by the National Clinical Advisory Team (NCAT). The NCAT review had confirmed that the proposals were necessary to maintain safety and quality of services for the local community and that there was no other option but to centralize services on the North Tees hospital site. The team provided assurance that the changes would result in safer services for local people that would be sustainable and affordable. The change was expected to be an interim arrangement until the new single site hospital was in place. The commissioners and the Trust had therefore commenced a 12 week public consultation on the proposals.

It was proposed that Critical Care, Acute Medical Services and some complex surgery be centralised on the North Tees Hospital site. This would also mean that in addition some support staff from pharmacy, radiology and estates would also need to be transferred to North Tees. The change would affect about 30 Hartlepool and Easington patients per day. 97% of health care contacts would remain in Hartlepool. The Public Consultation had commenced on the 20<sup>th</sup> May and would run until 11<sup>th</sup> August 2013. The consultation aimed to gather views on the proposals and to understand concerns about the proposed changes. A copy of the consultation document was appended to the report and details of consultation questions were included in the report.

Members of the Board highlighted the importance of addressing transport issues. Board Members expressed their contentment that the options available in terms of transport were being considered by the Foundation Trust and that the Trust was committed to addressing those issues. It was highlighted, however, that it was essential to ensure effective public communication of transport services available to patients/visitors. It was confirmed that the provision of transport services was commissioned by the Clinical Commissioning Group from North East Ambulance Service (NEAS). The Voluntary & Community Sector representative referred to transport services provided by the voluntary sector. It was agreed that it would be interesting to obtain an indication of the number of mini buses available in the voluntary sector and for discussions to be held with NEAS.

### **Decision**

The Board received the update on the consultation and discussed the implications of the proposed changes with particular reference to transport issues.

## **9. Equality and Diversity in Service Provision DVD** *(Incontrol-able CIC))*

The Board viewed a dvd entitled “*Freddie’s Story*”; a new 20-minute training film about people with learning disabilities for everyone working in

healthcare including medical students, nurses, doctors, and receptionists.

The film was inspired by Mencap's Death by Indifference report and aimed to help provide the mandatory training in learning disability recommended by Sir Jonathan Michael's Inquiry into Healthcare For All. The DVD addressed many different aspects of the hospital environment through a narrative based on real experiences. The film gave simple steps to good practice in improving care and diagnosis with a focus on improving communication and inspiring everyone to respect and value people with a learning disability.

At the conclusion of the DVD Michael Slimings responded to clarification sought from Members of the Board. Reference was made to the powerful nature of the film. It was recognised that it was essential to continue to share the message conveyed in the film to ensure quality in health care provision.

### **Decision**

The issues highlighted by the DVD were noted

## **10. Winterbourne View** (*Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group and Assistant Director, Adult Social Care*)

The report provided an update on actions identified following publication of the Winterbourne View Hospital report and Concordat (Dec 2012) to provide assurance of collaboration between Health and the Local Authority. The Department of Health review had responded to criminal abuse at Winterbourne View hospital revealed by the BBC Panorama programme in May 2011. The main actions identified for commissioners through the review and concordat were identified in the report.

A letter received from Chris Bull, Chair of the Winterbourne View Joint Improvement Board, had asked Clinical Commissioning Groups (CCG's) and Health and Wellbeing Boards to assess their progress against commitments in the Concordat and to allow for good practice and progress from local areas to be shared nationally. A copy of the letter had been appended to the report. A joint plan would be developed to deliver this work once the individual patient requirements were known; this would also include the review of existing inpatient assessment and treatment bed requirements for the future. It was highlighted that this work would be on-going. Transitions' planning was in place between Health and Local Authority partners with the aim of mapping future demand, informing investment requirements and preventing out of area placements.

The Board was provided with a progress update. It was highlighted that the timescales which had been identified nationally for Winterbourne were a particular pressure given the complexity of the people who had been



identified and the risk of re-admission throughout this programme remained high.

It was noted that impact assessment work was underway with Tees Esk and Wear Valley NHS Trust which could potentially suggest that the current investment in assessment and treatment provision be re-provided into community services to support delivery of this work and prevent re-admission through placement breakdown. Any additional resource requirements were unknown at this point.

Officers responded to questions raised by Board Members and gave assurances regarding monitoring and accountability with particular reference to community settings.

### **Decision**

(i) The update was received by the Board and the assurance that plans are in place to work collaboratively between the Clinical Commissioning Group and the Local Authority to develop the long term solutions for these patients was noted.

(ii) The update of progress against key winterbourne view concordat commitment was agreed.

**Prior to consideration of the following item of business, representatives of North Tees and Hartlepool NHS Foundation Trust left the meeting.**

## **11. Any Other Items which the Chairman Considers are Urgent**

The Chairman ruled that the following item 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.

## **12. Development of a New Hospital**

The Council's Chief Executive advised the Board that Alan Foster was due to attend a meeting later in the week with the Secretary of State for Health regarding funding arrangements for a new hospital. The support of the Board was sought to letters being sent from the Board and the Council's Chief Executive, to the Minister, in support of plans to build a new hospital in Hartlepool.

Councillor G Lilley advised the Board that he would not object to letters of support being sent to the Minister. However, he highlighted

that the letters would not reflect his personal views. Councillor Lilley requested that his grave misgivings be recorded.

During a debate which followed, Members of the Board referred to long term considerations in terms of 'what was best' for the residents of Hartlepool. Board Members were reminded of the consultation which had been undertaken when thousands of people had agreed that a new hospital should be built. In the context of Momentum Pathways to Healthcare, the delivery of services locally had been recognised.

**Decision**

It was agreed, on a consensus basis, that letters supporting the building of a new hospital in Hartlepool be sent to the Secretary of State for Health.

CHAIR

**Extract from the minutes of the Finance and Policy Committee on 26 July 2013 relating to Public Health**

**50. Measles Outbreak** *(Director of Public Health)*

**Type of decision**

For information.

**Purpose of report**

To provide the Committee with an update and assurance, regarding the ongoing management of the measles outbreak across the Tees Valley including Hartlepool.

**Issue(s) for consideration**

The Director of Public Health introduced Dr Peter Acheson from Public Health England to Members who was in attendance to provide an update on the school based vaccination programme for measles.

Dr Acheson informed Members that since September 2012 there had been 411 confirmed cases of measles. A large school based campaign had been introduced which implemented 3153 vaccinations across the Tees area. It was noted that NHS England were continuing the campaign through GP surgeries which would be rolled out September/October 2013. Dr Acheson highlighted that the majority of reported cases were in the teenage group and it was suggested that this may be due to the poor uptake of the vaccination in the late 1990's and early 2000's. Members were informed that the number of cases reported per week had reduced dramatically and was now down to single figures. As a result of this, a number of health professionals including the Director of Public Health were working together to ensure the current momentum of the vaccination programme was not lost and maintained the high rates of vaccinations for years to come.

A Member questioned what the current take up from young mothers/new mothers was for their children to be vaccinated. Dr Acheson confirmed that the uptake was increasing with approximately 90% of children being vaccinated. However, it was acknowledged that there was still room for improvement as ideally the take up rate would be 95% to avoid the virus taking a hold on the population.

In response to clarification sought by a Member, Dr Acheson confirmed that the Doctor who had linked the measles vaccination to autism and bowel disease back in the 1990's, had been completely discredited and was unable to practice medicine in this country. It was noted that although there

were a lot of parents worried about the vaccination at the time due to the MMR scare, they were not active refusers and have since taken their children for the vaccination. It was highlighted that some older teenagers had presented themselves requesting the vaccination.

A Member sought clarification on whether there was a way of tracking those children who were not vaccinated as a result of the MMR scare but were adults now and potential parents. Dr Acheson confirmed that GP surgeries were able to confirm who had been vaccinated from their patient records. A media campaign outlined the problem and suggested that people should be vaccinated as there was no upper age limit, however generally the older people were the more likely they were to be protected from natural exposure.

The Director of Public Health reminded Members that as from 1 April 2013, the Council had a duty for health protection to ensure management of all health protection risks and clinical diseases was in place including full scale incidents and outbreaks of diseases.

Dr Acheson was thanked for attending the meeting and providing Members with an update on the vaccination programme. In addition, Members passed on their thanks to the Outbreak Contract Committee and the work done with the media to promote the immunisation programme and preventing the spread of measles.

### **Decision**

The report and update provided was noted.

## **61. Longer Lives** (*Director of Public Health*)

### **Type of decision**

For information.

### **Purpose of report**

To introduce to the Committee a presentation based on the Longer Lives data, released on a national basis through Public Health England, on health inequalities.

### **Issue(s) for consideration**

The Director of Public Health introduced Dr Mark Reilly from Tees Valley Shared Public Health Service who was in attendance to present to

Members the Longer Lives data. Dr Reilly provided a detailed and comprehensive presentation which outlined the causes of premature mortality across the Tees Valley area. The presentation displayed the stark realities of the differences in life expectancy across Hartlepool and the 10 steps that should be embedded to tackle these inequalities as identified by Dr Chris Bentley from the Department of Health. It was highlighted that death rates from heart disease had reduced at a faster rate in Tees Valley in England.

Councillor Paul Thompson declared a personal interest at this point in the meeting.

A Member requested a copy of the presentation slides be forwarded to all Members of the Committee.

A lengthy discussion and debate took place on the dramatic differences in mortality rates across Hartlepool on a ward by ward basis which highlighted the affect deprivation could have. The importance of linking this information to the Joint Strategic Needs Assessment was discussed. Dr Reilly confirmed that mortality rates were summarised geographically based on the persons usual place of residence. The performance of GP practices was publicly available on the internet through practice profiles. Members discussed the need to engage and target the local community to look at ways of reducing inequalities across the town. The Director of Public Health indicated that this was a challenge that needed to be dealt with through partnership working across all appropriate agencies across the whole town but with a targeted approach to where resources were most needed.

The Director of Public Health confirmed that since 1 April the Council had responsibility around public health and providing assurance that appropriate immunisation programmes were in place. In response to a query from a Member, the Director of Public Health confirmed that NHS England would be leading on the programme of flu vaccinations and an update on the implementation of this programme would be reported to the Committee later in the year. It was suggested that this could be publicised in the Council's Hartbeat magazine. Dr Reilly commented that Hartlepool had really good health protection services including the smoking cessation service which had been highlighted as the best in England.

The importance of building into Council services measures to address health and equality was discussed and it was highlighted that the improvements to housing through the clearance of street houses and redevelopment of new houses with gardens was a contributory factor to addressing health inequalities.

A Member reiterated the comments made as part of the presentation on the additional support provided by the Fire Brigade through safety checks, winter warmth issues and engaging with young people which highlighted the need for a partnership approach to tackling health inequalities in a time

of ever decreasing resources. Dr Reilly confirmed that Public Health England statistics around health inequalities were identical to maps of where Government cuts backs had been implemented.

The importance of ensuring the people had aspirations to live longer was discussed and the need to build this into the Health and Well Being Strategy was highlighted.

The Director of Public Health confirmed that a mandatory function of the local authority was crime prevention and further information on this would be submitted to the Committee at a later date.

Dr Reilly was thanks for a very informative presentation and for answering Members' questions.

### **Decision**

The presentation and actions being taken to reduce health inequalities across the town were noted.

**TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**  
**17<sup>th</sup> June 2013**

**PRESENT :-**

**Representing Darlington Borough Council:**

Councillor Newall

**Representing Hartlepool Borough Council:**

Councillor Fisher

**Representing Middlesbrough Council:**

None

**Representing Redcar and Cleveland Borough Council:**

None

**Representing Stockton-On-Tees Borough Council:**

Councillors Javed, Mrs Wilburn, Mrs Womphrey.

**APOLOGIES** – Councillor J. Taylor and Mrs Scott (Darlington Borough Council); Councillor Robinson, Shields (Hartlepool Borough Council), Councillors Cole, Dryden and Mrs Pearson (Middlesbrough Council), Councillors Carling, Lanigan, Mrs Wall (Redcar and Cleveland Borough Council), Cllr Mrs Skilbeck (Hambleton District Council).

**OFFICERS IN ATTENDANCE** – A. Metcalfe (Darlington Borough Council), P. Mennear, F. McKie (Stockton-On-Tees Borough Council), L. Stones (Hartlepool Borough Council).

**EXTERNAL REPRESENTATIVES –**

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

Dr Paul Williams, Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Chris Greaves, North Tees and Hartlepool NHS Foundation Trust

Peter Tindall, North Tees and Hartlepool NHS Foundation Trust

Dr F Brothi, North Tees and Hartlepool NHS Foundation Trust

Dr J Macleod, North Tees and Hartlepool NHS Foundation Trust

Julie Gillon, North Tees and Hartlepool NHS Foundation Trust

Sue Piggott, North Tees and Hartlepool 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.**

**APPOINTMENT OF CHAIRMAN**

Nominations were requested for appointment of Chairman for the Municipal Year 2013/14.

**RESOLVED** that Councillor Javed be appointed as Chairman for the Municipal Year 2013/14.

**APPOINTMENT OF VICE CHAIRMAN**

Nominations were requested for appointment of Vice-Chairman for the Municipal Year 2013/14.

**RESOLVED** that Councillor Fisher be appointed as Vice-Chairman for the Municipal Year 2013/14.

#### **DECLARATIONS OF INTEREST –**

Councillor Javed (Stockton-on-Tees Borough Council) declared a Pecuniary Interest in respect of any matters arising in relation to Tees, Esk and Wear Valleys NHS Foundation Trust as his employer.

**MINUTES** – Submitted – The Minutes of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 15<sup>th</sup> April 2013.

**RESOLVED** – That the Minutes be approved as a correct record.

#### **PROTOCOL FOR THE TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE**

Members were provided with the protocol that provided a framework for carrying out scrutiny of regional and specialist health services that impact upon residents of the Tees Valley under powers for local authorities to scrutinise the NHS outlined in the NHS Act 2006, as amended by the Health and Social Care Act 2012, and related regulations.

The protocol would be reviewed as soon as was reasonably practicable, at the start of each new Municipal year. Minor amendments to the protocol that did not impact on the constitutions of the constituent Tees Valley Authorities would be determined by the Joint Committee at the first meeting in each Municipal year. A number of minor amendments had been made to reflect the changes following the NHS reform process.

**RESOLVED** that the protocol be agreed.

#### **PROGRAMME OF MEETINGS FOR MUNICIPAL YEAR 2013-14**

The following programme of meetings was suggested for 2013-14:-

Monday 29th July 2013  
Monday 16th September 2013  
Monday 28th October 2013  
Monday 9th December 2013  
Monday 20th January 2014  
Monday 3rd March 2014

**RESOLVED** that the programme of meetings be agreed.

#### **WORK PROGRAMME 2013-14**

A number of topics had been requested by the Committee previously, these were as follows:

- Seasonal Pressures on the sub-regional NHS
- Update on the Talking Therapies Service following the introduction of Any Qualified Provider - Tees, Esk and Wear Valleys NHS Foundation Trust and appropriate organisations
- NHS Durham Darlington and Tees Area Team – Update on progress following one year of operation
- Impact of changes proposed to the Friarage Hospital's Children and Maternity Services on Tees Valley hospitals / Update on the public consultation (dependent on timing of consultation) - South Tees Hospitals NHS Foundation Trust and other appropriate organisation.

It was further proposed that the Tees, Esk and Wear Valleys NHS Foundation Trust Quality Account be formally considered at the Committee during the year. This would ensure that a relevant scrutiny committee that involved Local Authority representation from a large



proportion of the Trust's area of operations was able to consider the performance of the Trust in relation to Quality matters, with a view to providing a comment in the published version of the Quality Account.

Members were aware that in addition to the topics outlined in this report, issues may arise during the year that the Committee may need to be briefed on and/or respond to. Therefore the Committee would need to retain the element of flexibility in the work programme as has become standard practice.

Members were provided with the work programmes of constituent Local Authority Health Scrutiny Committees to enable Members to share best practice, identify common themes, and avoid duplication.

RESOLVED that the Work Programme be agreed

### **RECONFIGURATION OF CRITICAL CARE AND EMERGENCY MEDICINE SERVICES – NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST**

Following the presentation at the meeting of 15<sup>th</sup> April, Members were provided with a further update on the proposals relating to Critical Care and Emergency Medicine at North Tees and Hartlepool NHS Foundation Trust. In line with the statutory regulations, arrangements were being made to establish a separate Joint Committee in order to respond to the related consultation.

The NCAT review advised on the configuration of services in the lead up to the completion of the planned single-site hospital at Wynyard. The NCAT Final Report was published on 15<sup>th</sup> May and a copy was provided. In line with the NCAT recommendations, the CCG had entered into a period of public consultation between 20<sup>th</sup> May and 11<sup>th</sup> August on proposals to reconfigure the services under review.

The public consultation document stated that, 'after much discussion with health professionals, a review of alternative options and receiving the report from the independent National Clinical Advisory Team, which agreed that there were no viable safe alternatives, it was now being proposed to centralise emergency medical and critical care services at the University Hospital of North Tees from October 2013.'

Public consultation was being undertaken by Hartlepool and Stockton-on-Tees CCG, in partnership with Durham Dales, Easington and Sedgefield (DDES) CCG, and North Tees and Hartlepool NHS Foundation Trust.

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the formation of a joint scrutiny arrangement when an NHS body or relevant health service provider consulted more than one local authority on proposals to make substantial variations or developments to services. All the local authorities whose residents were affected and that consider the matter to be a substantial variation to local health services, must participate in the joint scrutiny arrangement for the purpose of responding to the consultation.

In such situations it was only that Joint Committee that may require the organisation proposing the change to provide information to them, or attend before them to answer questions. If a local authority opted out of the joint arrangement, they may not request information or attendance from the NHS body or relevant health service provider proposing the change.

In scrutinising the proposals, the Joint Committee should aim to consider the proposal from the perspectives of all those affected or potentially affected by that proposal.

On this basis, Stockton-on-Tees, Hartlepool and Durham Councils had entered into discussions with a view to establishing a Joint Committee for the purposes of responding to the Critical Care and Emergency Medicine consultation.

Members were provided with the NCAT Final Report, and a copy of the Public Consultation Document.

Representatives of the CCG and North Tees and Hartlepool Foundation Trust were in attendance at the meeting to provide Members with an overview of the proposed changes and to answer any questions.

A number of Members accepted the clinical case underpinning the proposals. Discussion was held in relation to how it was decided as to where elective patients should be admitted and what support they would need, the impact on the remaining services at Hartlepool should critical and emergency medicine be moved, the impact on patients and families from Hartlepool, and the options appraisal process. Transport was recognised as a key factor.

It was stated that many people in Hartlepool and East Durham were against further changes to Hartlepool hospital. It was queried as to whether the process was a true consultation. It was stated by the NHS representatives at the meeting that the exercise was a consultation on the implications of one preferred option, rather than a referendum on several options, and that the views of the public would be listened when finalising services, alongside consideration of the clinical requirements.

The need for more specialised critical care was described including the impact of new guidance on the standards that were necessary to achieve, for example the requirement for higher level clinicians to be involved in the care pathway at an earlier stage than previously. The proposal was to centralise services at North Tees due to the co-location of a range of other services already present on the site, including stroke and trauma services.

The Member from Darlington commented that they had had similar experiences of change, including in relation to the centralisation of stroke care in County Durham, and that public concern had been high at first, however since the changes had been implemented outcomes had improved for Darlington residents.

It was noted that it would be important to consider the needs of East and South Durham residents regarding this particular proposal.

**RESOLVED** that the proposals and consultation process be noted and the arrangements to establish the separate Joint Committee to respond to the consultation, as required by the statutory regulations be noted.