



Tees Valley Joint Health Scrutiny Committee

Date: Thursday 17 July 2014
Time: 10.00 am
Venue: Committee Room B, Hartlepool Civic Centre, Victoria Road,
Hartlepool TS24 8AY

Membership: -

Darlington BC: Councillors W Newall, H Scott and Taylor.
Hartlepool BC: Councillors J Robinson, K Sirs and R Martin-Wells.
Middlesbrough BC: Councillors G Cole, E Dryden and H Pearson.
Redcar and Cleveland BC: Councillors M Carling, T Learoyd and W Wall.
Stockton-on-Tees BC: M Javed, N Wilburn and M Womphrey.

Agenda

1. Appointment of Chair
2. Appointment of Vice-Chair
3. Apologies for Absence
4. Declarations of Interest
5. Draft minutes of the meeting of 3 March 2014
6. Protocol for the Tees Valley Joint Health Scrutiny Committee
7. Programme of meetings for Municipal Year 2014-15
8. Work Programme 2014-15
9. NHS England, Area Team Commissioning Review Urgent and Emergency Dental Care Pathway
10. Tees, Esk and Wear Valleys NHS Foundation Trust Quality Account 2013/14 – Response to the Committee – For Information
11. Any urgent items which in the opinion of the Chair can be considered.

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE
3RD MARCH 2014

PRESENT:-

Representing Hartlepool Borough Council:

Councillor Fisher and Shields

Representing Redcar & Cleveland Borough Council:

Councillor Mrs Wall

Representing Stockton-On-Tees Borough Council:

Councillors Javed(Chair), Mrs Womphrey and Cunningham(Vice Councillor Wilburn)

APOLOGIES – Councillors Newall, Mrs H Scott, J. Taylor (Darlington Borough Council), Carling (Redcar & Cleveland Borough Council), Wilburn (Stockton-On-Tees Borough Council)

OFFICERS – E Pout(Middlesbrough Borough Council), S Anwar (Redcar & Cleveland Borough Council) P Mennear and K Wannop (Stockton Borough Council) Laura Stones (Hartlepool Borough Council)

EXTERNAL REPRESENTATIVES – S. Pickering, A. Kennedy, S Scorer (Tees Esk & Wear Valley NHS Foundation Trust)

DECLARATIONS OF INTEREST –

Cllr Mohammed Javed declared a disclosable pecuniary interest as he was employed by Tees, Esk and Wear Valley NHS Foundation Trust. Cllr Javed had been granted a dispensation in this regard.

MINUTES – 20th January 2014

AGREED – That the Minutes be approved.

Tees Esk & Wear Valley NHS Foundation Trust – Quality Account 2013-14

The Committee considered the outline performance against the Trust's quality priorities for 2013-14. The Quality Account consisted of three domains: patient safety, effectiveness of care and patient experience. It looked back over 2013-14 and forward to 2014-15. It identified the priorities for 2014-15 and how they would be delivered.

The information provided included the following:

- Details around each Quality priority from 2013/14, the aim of the priority and what they had achieved and what they still needed to do in 2014/15.
- Performance figure against quality metric and the projected outturn figures for 2013/14 compared to previous years.
- 'Implementing the recommendations from the Care Programme Approach (CPA) review' would be retained as a priority for 2014-15. This reflected the need for further work on this multi-year improvement plan.

Members discussed improvements in the Crisis Service, and noted that there were now more intensive home treatment options, including preventative and step-down services.

Members sought assurance around the role of the triage of crisis services and were assured that the new night shift co-ordinator had access to clinical support where necessary.

The Trust had undertaken work to streamline communications with GPs and this had been a challenge due to the number of GPs that the Trust works with, and the varying information requirements. Work to introduce a standard process would continue into 2014-15.

Members queried whether the CCGs had improved relationships with GPs, and it was noted that this could be helpful in the longer term but CCGs themselves were still new. Some GPs had a special interest in either learning disability or mental health care, as they may with other conditions such as diabetes, or elderly care. Some GP practice lists may have very few if any people with learning disabilities on them.

The Committee discussed the performance metrics. In terms of the unexpected deaths classed as a serious incident indicator whilst the projection for the year based on Q3 position was over the expected numbers the figures had been low for January and February and therefore the final year end position may be within the expected number. It was noted that these were mainly suicides, which had increased nationally but the North East had seen the fastest increase.

The Trust was forecasting being above target for beds in adult wards used by under 18s. It was reported that none of these cases were under 16 and all had been deemed clinically appropriate, for example a mature 17 years old projected to stay greater than the number of months left until their 18th birthday.

Next year's priorities would include suicide prevention including training. Due to the nature of their work, this would be initially focussed on the Crisis Team.

Embedding the recovery approach would also be a priority for 14-15 including a focus on inclusion in the community. It was noted that some developing countries achieved better results from this approach than was achieved in countries where pharmacological treatments were more common.

The Trust would also focus on managing pressure on acute inpatient beds, including a better management of demand within the Trust.

The Trust would be sending the draft QA to all OSCs around the 19th April 2014. A statement from the Committee would be circulated in April 2014.

AGREED that:

1. A draft statement of assurance from the Committee be circulated in April 2014 with final approval delegated to the Chair and Vice Chair;
2. The information be noted.

Tees, Esk and Wear Valleys NHS Foundation Trust – Update on Services.

The Committee considered information regarding an update on services at Tees, Esk and Wear Valley (TEWV). The main information included:

- The rehabilitation service was previously bed orientated and was not always truly focused on rehabilitation with slow throughput and slow assessment of referrals from acute wards. The Rehabilitation Strategy that has been implemented within the Trust has made a huge improvement in people accessing rehabilitation services and moving into more independent or non hospital accommodation in the community. It was hoped that more rehabilitation activities would take place in home or residencies in the localities rather than TEWV buildings.
- The Any Qualified Provider (AQP) service for Psychological Therapies provided by TEWV was being scaled down as the income being received does not match the

current cost of the service. National data would suggest that more of the population should be taking up the talking therapies service than actually were and anti-depressant prescribing is also high in the Tees area. The Trusts has also experienced a higher level of more complex referrals than forecast. The Committee queried how the service was promoted and whether this could be improved.

- The Young Onset Dementia Service was moving back into the four localities.
- The intensive home Liaison was very successful along with the liaison into acute hospitals. The Memory Assessment Treatment Service referrals were rising, this followed an increase in the percentage identified cases of dementia by GPs and was welcomed.
- Plans for Winterbourne Patients were progressing but there was no specific discharge arrangement in place yet for all patients. This would result in reduced beds provided by TEWV. CCGs had agreed to enhance community teams to recognise the increasing work that will need to take place in the community as people are moved from beds into community provision. It was still to be seen whether there would be additional demands through the movement of forensic patients and new providers bringing patients in from other areas that were not currently managed by TEWV.
- Second year of investment into Children & Young people services was recently agreed and services were expected to meet NICE guidance by 2015. Further funding had been receiving to deliver Children & Young Peoples Improving Access to Psychological Therapies providing training for staff in advanced skills and parenting.

AGREED the information be noted.

Any urgent items which in the opinion of the Chair can be considered.

There were no further items to be considered.

Protocol for the Tees Valley Health Scrutiny Joint Committee

1. This protocol provides 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.
2. The protocol will be reviewed as soon as is reasonably practicable, at the start of each new Municipal year. Minor amendments to the protocol that do not impact on the constitutions of the constituent Tees Valley Authorities will be determined by the Joint Committee at the first meeting in each Municipal year. An amended protocol, following agreement from the Tees Valley Health Scrutiny Joint Committee will be circulated for information to:-

Tees Valley Local Authorities

3. Darlington; Hartlepool; Middlesbrough; Redcar and Cleveland; Stockton-on-Tees (each referred to as either an “authority” or “Council”).

NHS England Area Teams

4. Durham, Darlington and Tees Area Team

NHS Foundation Trusts

5. County Durham and Darlington Trust; North Tees and Hartlepool Trust; South Tees Hospitals Trust; Tees, Esk & Wear Valleys NHS Trust; North East Ambulance Service.

Clinical Commissioning Groups

6. Darlington; Hartlepool and Stockton-on-Tees; South Tees;

Tees Valley Health Scrutiny Joint Committee

7. A Tees Valley Health Scrutiny Joint Committee (“the Joint Committee”) comprising the five Tees Valley Authorities has been created to act as a forum for the scrutiny of regional and specialist health scrutiny issues which impact upon the residents of the Tees valley and for sharing information and best practice in relation to health scrutiny and health scrutiny issues.

Membership

8. When holding general meetings, the Joint Committee will comprise 3 Councillors from each of the Tees Valley Local Authorities (supported by appropriate Officers as necessary) nominated on the basis of each authority’s political proportionality, unless it is determined by all of the constituent Local Authorities that the political balance requirements should be waived.
9. The terms of office for representatives will be one year from the date of their Authority’s annual council meeting. If a representative ceases to be a Councillor, or wishes to resign from the Joint Committee, the relevant council shall inform the Joint Committee secretariat and a replacement representative will be nominated and shall serve for the remainder of the original representative’s term of office.

10. To ensure that the operation of the Joint Committee is consistent with the Constitutions of all Tees Valley Authorities, those Authorities operating a substitution system shall be entitled to nominate substitutes. Substitutes (when not attending in place of the relevant Joint Committee member, and exercising the voting rights of that member) shall be entitled to attend general or review meetings of the Joint Committee as non-voting observers in order to familiarise themselves with the issues being considered.
11. The Joint Committee may ask individuals to assist it on a review by review basis (in a non-voting capacity) and may ask independent professionals to advise it during a review.
12. The quorum for general meetings of the Joint Committee shall be 6, provided that all authorities are represented at general meetings. The quorum for Tees-wide review meetings, in cases where some Authorities have chosen not to be involved, shall be one third of those entitled to be present, provided that each remaining participating authority is represented.
13. The Joint Committee will conduct health reviews which impact upon residents of the whole of the Tees Valley. If however one or more of the Councils decide that they do not wish to take part in such Tees-wide reviews, the Joint Committee will consist of representatives from the remaining Councils, subject to the quorum requirements in paragraph 12.
14. Where a review of a 'substantial development or variation' will only affect the residents of part of the Tees Valley, Councils where residents will not be affected will not take part in any such review. In such cases, the Joint Committee will liaise with the Councils where residents will be affected, in order to assist in establishing a separate joint body (committee) to undertake the review concerned. The composition of the committee concerned may include representatives from other Local Authorities outside the Tees Valley, where the residents of those Authorities will also be affected by the proposed review. The chairmanship, terms of reference, member composition, procedures and any other arrangements which will facilitate the conducting of the review in question will be matters for the joint body itself to determine.
15. It is accepted, however, that in relation to such reviews, the relevant constituent authorities of the committee concerned may also undertake their own health scrutiny reviews and that the outcome of any such reviews will inform the final report and formal consultation response of the committee.

Chair and Vice-Chair

16. The Chair of the Joint Committee will be rotated annually between the Tees Valley Authorities from 2004 as follows:-

Stockton
Redcar & Cleveland
Hartlepool
Darlington
Middlesbrough
17. The Joint Committee shall have a Vice-Chair from the Authority next in rotation for the Chair. At the first meeting of each municipal year, the Joint Committee shall

appoint as Chair and Vice-Chair the Councillors nominated by the relevant Councils. If the Chair and Vice-Chair are absent from a meeting, the Joint Committee shall appoint a member to act as Chair for that meeting. The Chair will not have a second or casting vote.

18. Where the Authority holding the Chair or Vice-Chair has chosen not to be involved in a Tees-wide review, the Chair and Vice-Chair of the Joint Committee for the duration of that review will be appointed at a general meeting of the Joint Committee.

Co-option of other local authorities

19. Where the Joint Committee is to conduct a Tees-wide scrutiny review into services which will also directly impact on the residents of another local authority or authorities outside the Tees Valley, that authority or authorities will be invited to participate in the review as full and equal voting Members.

Terms of Reference

20. The Joint Committee shall have general meetings involving all the Tees Valley authorities:-
 - To facilitate the exchange of information about planned health scrutiny work and to share information and outcomes from local health scrutiny reviews;
 - To consider proposals for scrutiny of regional or specialist health services in order to ensure that the value of proposed health scrutiny exercises is not compromised by lack of input from appropriate sources and that the NHS is not over-burdened by similar reviews taking place in a short space of time.
21. The Joint Committee will consider any proposals to review regional or specialist services that impact on the residents of the whole Tees Valley area. The aim will be for the Joint Committee to reach a consensus on the issues to be subject to joint scrutiny, but this may not always be possible. In these circumstances it is recognised that each council can conduct its own health scrutiny reviews when they consider this to be in the best interests of their residents.
22. In respect of Tees Valley-wide reviews (including consideration of substantial developments or variations), the arrangements for carrying out the review (eg whether by the Joint Committee or a Sub-Committee), terms of reference, timescale, outline of how the review will progress and reporting procedures will be agreed at a general meeting of the Joint Committee at which all Tees Valley Authorities are represented.
23. The Joint Committee may also wish to scrutinise services provided for Tees Valley residents outside the Tees Valley. The Joint Committee will liaise with relevant providers to determine the best way of achieving this.
24. The basis of joint health scrutiny will be co-operation and partnership within mutual understanding of the following aims:-
 - to improve the health of local people and to tackle health inequalities;

- ensuring that people's views and wishes about health and health services are identified and integrated into plans and services that achieve local health improvements;
 - scrutinising whether all parts of the community are able to access health services and whether the outcomes of health services are equally good for all sections of the community.
25. Each Local Authority will plan its own programme of health scrutiny reviews to be carried out locally or in conjunction with neighbouring authorities when issues under consideration are relevant only to their residents. This programme will be presented to the Joint Committee for information.
26. Health scrutiny will focus on improving health services and the health of Tees Valley residents. Individual complaints about health services will not be considered. However, the Joint Committee may scrutinise trends in complaints where these are felt to be a cause for concern.

Administration

27. The Joint Committee will hold regular meetings (at least quarterly). Agendas for meetings shall be determined by the secretariat in consultation with the Chair.
28. Notice of meetings of the Joint Committee will be sent to each member of the Joint Committee five clear working days before the date of the meeting and also to the Chair of the constituent authorities' relevant overview and scrutiny committees (for information). Notices of meetings will include the agenda and papers for meetings. Papers "to follow" will not be permitted except in exceptional circumstances and as agreed with the Chair.
29. Minutes of meetings will be supplied to each member of the Joint Committee and to the Chairs of the constituent authorities' relevant overview and scrutiny committees (for information) and shall be confirmed at the next meeting of the Joint Committee.
30. Meetings shall be held at the times, dates and places determined by the Chair.

Final Reports and Recommendations

31. The Joint Committee is independent of its constituent Councils, Executives and political groups and this independence should not be compromised by any member, officer or NHS body. The Joint Committee will send copies of its final reports to the bodies that are able to implement its recommendations (including the constituent authorities). This will include the NHS and local authority Executives.
32. The primary objective is to reach consensus, but where there are any matters as regards which there is no consensus, the Joint Committee's final report and formal consultation response will include, in full, the views of all constituent councils, with the specific reasons for those views, regarding those matters where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.
33. The Joint Committee will act as a forum for sharing the outcomes and recommendations of reviews with the NHS body being reviewed. NHS bodies will prepare Action Plans that will be used to monitor progress of recommendations.

Substantial Developments or Variations to Health Services

34. The Joint Committee will act as a depository for the views of its constituent authorities when consultation by local NHS bodies has under consideration any proposal for a substantial development of, or variation in, the provision of the health service across the Tees Valley, where that proposal will impact upon residents of each of the Tees Valley Local Authorities.
35. In such cases the Joint Committee will seek the views of its constituent authorities as to whether they consider the proposed change to represent a significant variation to health provision, specifically taking into account:-
 - changes in accessibility of services
 - impact of proposal on the wider community
 - patients affected
 - methods of service delivery
36. Provided that the proposal will impact upon residents of the whole of the Tees Valley, the Joint Committee will undertake the statutory review as required under the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013. Neighbouring authorities not normally part of the Joint Committee, may be included where it is considered appropriate to do so by the Joint Committee. In accordance with paragraph 22, the Joint Committee will agree the arrangements for carrying out the Review.
37. Where a review does not affect the residents of the whole of the Tees Valley the provisions of paragraphs 14 and 15 will apply and the statutory review will be conducted accordingly.
38. In all cases due regard will be taken of the NHS Act 2006 as amended by the Health and Social Care Act 2012, and the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013.

Principles for Joint Health Scrutiny

39. The health of Tees Valley residents is dependent on a number of factors including the quality of services provided by the NHS, the local authorities and local partnerships. The success of joint health scrutiny is dependent on the members of the Joint Committee as well as the NHS.
40. The local authorities and NHS bodies will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their codes of conduct. Personal and prejudicial and/or disclosable pecuniary interests will be declared in all cases in accordance with the code of conduct and Localism Act 2011.
41. The scrutiny process will be open and transparent in accordance with the Local Government Act 1972 and the Access to information Act 1985 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be considered in private and only if the Joint Committee so decide. Papers of the Joints Committee can be posted on the websites of the constituent authorities as determined by each authority.

42. Different approaches to scrutiny reviews may be taken in each case. The Joint Committee will seek to act as inclusively as possible and will take evidence from a wide range of opinion including patients, carers, the voluntary sector, NHS regulatory bodies and staff associations. Attempts will be made to ascertain the views of hard to reach groups, young people and the general public.
43. The Joint Committee will work to continually strengthen links with the other public and patient involvement bodies such as local HealthWatch.
44. The regulations covering health scrutiny require any officer of an NHS body to attend meetings of health scrutiny committees. However, the Joint Committee recognises that Chief Executives and Chairs of NHS bodies may wish to attend with other appropriate officers, depending on the matter under review. Reasonable time will be given for the provision of information by those asked to provide evidence.
45. Evidence and final reports will be written in plain English ensuring that acronyms and technical terms are explained.
46. The Joint Committee will work towards developing an annual work programme in consultation with the NHS and will endeavour to develop an indicative programme for a further 2 years. The NHS will inform the secretariat at an early stage on any likely proposals for substantial variations and developments in services that will impact on the Joint Committee's work programme. Each of the Tees Valley authorities will have regular dialogue with their local NHS bodies. NHS bodies that cover a wide geographic area (eg mental health and ambulance services) will be invited to attend meetings of the Joint Committee on a regular basis.
47. Communication with the media in connection with reviews will be handled in conjunction with each of the constituent local authorities' press officers.

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

17 July 2014

Report of: Scrutiny Manager

Subject: PROGRAMME OF MEETINGS FOR MUNICIPAL YEAR
2014 - 15

1. PURPOSE OF REPORT

- 1.1 To inform the Committee of the proposed programme of meetings for the 2014/15 Municipal Year.

2. PROPOSED SCHEDULE OF MEETINGS

- 2.1 In consultation with the chair the following programme of meetings is put forward for 2014/15:

17 July
4 September
9 October
27 November
22 January
26 February
26 March

- 2.2 All the meetings will start at 10am and the venue will be Committee Room B, Hartlepool Civic Centre, Victoria Road, Hartlepool.

3. RECOMMENDATIONS

- 3.1 That the Committee notes and agrees the programme of meetings for the 2014/15 Municipal Year.

BACKGROUND PAPERS

No background papers were used the preparation of this report.

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TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

17 July 2014

Report of: Scrutiny Manager

Subject: WORK PROGRAMME 2014/15

1. PURPOSE OF REPORT

- 1.1 To seek consideration of potential topics for inclusion into the Committee's Work Programme for the 2014/15 Municipal Year and to share the work programmes of the constituent Local Authorities.

2. BACKGROUND INFORMATION

- 2.1 At the first Committee meeting of the year the Joint Committee is required to consider its work programme for the Municipal Year 2014/15. In addition to issues that may arise during the year, the Committee may wish to identify a number of topics to consider during the year on a pro-active basis.
- 2.2 A number of topics have been requested by the Committee on previous occasions:
- (a) NHS Durham, Darlington and Tees Area Team – Annual update from Cameron Ward, Area Director (Durham, Darlington and Tees)
 - (b) Tees, Esk and Wear Valleys NHS Foundation Trust – Annual update from David Brown, Director of Operations
 - (c) Tees, Esk and Wear Valleys NHS Foundation Trust – Quality Account 14/15. The Committee considered the Quality Account in the 13/14 Municipal Year and the process worked effectively, therefore it is suggested that this continues.
 - (d) Winter pressures – update on the winter pressures from 2013/14 and the planning for this coming winter.
 - (e) Securing Quality in Health Services (SeQHIS) - The Committee was provided with information on the SeQHIS project at its meeting of 16 September 2013. It was agreed by the Committee at this meeting that further reports would be submitted to the committee as the project progresses.

- 2.3 A referral from Stockton Borough Council's Adult Services and Health Select Committee has been received in relation to Any Qualified Provider for NHS Services (details attached as **Appendix A**). Therefore, it is proposed that this issue be considered by the Committee.
- 2.4 Stockton Borough Council's Adult Services and Health Select Committee carried out a Review into Access to GP, Urgent and Emergency Care and produced their Final Report in April 2014. One of the recommendations made by the Select Committee is for the Tees Valley Joint Health Scrutiny Committee / Regional Committee to undertake more regular monitoring of the North East Ambulance Service (NEAS). Therefore, it is proposed that this issue be considered by the Committee.
- 2.5 A review of Urgent and Emergency Dental Care Pathways is currently underway, and as such a briefing is attached as item 9 on today's agenda for the Committee's information and further discussion.
- 2.6 Members will be aware, that in addition to the topics outlined in this report, issues may arise during the year (for example, proposals for NHS service changes) that the Committee may need to be briefed on and/or respond to. Therefore, the Committee will need to retain the element of flexibility in the work programme as has become standard practice.
- 2.7 Attached at **Appendix B** are the work programmes of constituent Local Authority Health Scrutiny Committees to enable Members to share best practice, identify common themes, and avoid duplication. (Hartlepool, Redcar and Cleveland and Darlington Council's work programmes will be circulated in due course).
- 2.8 Members of the Committee may have additional suggestions to put forward, and it should also be noted that there may be referrals of topics from individual local authorities during the year.
- 2.9 Once the work programme is agreed, suggested items will be allocated to appropriate meetings, a suggested timeframe is attached at **Appendix C** based on the topic suggestions to date.

3. RECOMMENDATIONS

- 3.1 That the Joint Committee considers and agrees its work programme for 2014/15.

BACKGROUND PAPERS

No background papers were used the preparation of this report.

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**SELECT COMMITTEE WORK PROGRAMME
SUGGESTED REVIEW – PRO FORMA**

Summary of issue you wish to be scrutinised, including key concerns and outcome for scrutinising the topic?

Any Qualified Provider for NHS services

The Government is committed to increasing choice and personalisation in NHS-funded services, and some services have been included in the Any Qualified Provider process.

When patients are referred (usually by their GP) for a particular, relevant service, they should be able to choose from a list of qualified providers who meet NHS service quality requirements, prices and normal contractual obligations.

In the Tees area, AQP has been applied to the following services: Adult Hearing Services, primary care psychological therapies, and Lymphoedema services. For example, primary care psychological therapies (or Talking Therapies) are delivered through choice of six providers in the Stockton area.

The review would examine the operation of the scheme and commissioning arrangements, the quality of service provision, and monitoring arrangements.

The current range of service provision via AQP is as follows:

Service	Contracting CCG	Name of Providers	Coverage
Lymphoedema (started April 2013)	ST CCG	Teesside Hospice	Tees
Adult Hearing (started June 2012)	HaST CCG	Specsavers	Tees
		Outside Clinic	
		North Tees & H'pool FT	HaST
		South Tees & H'pool FT	ST
Primary Care Psychological Therapies) (started September 2012)	Both	TEWV FT	Tees
		Alliance Psychological Therapies Ltd	
		Mental Health Matters	
		Insight	
		Starfish Health & Wellbeing	
	HaST CCG	Hartlepool MIND	HaST
	ST CCG	Middlesbrough MIND	ST

NOTE: ENTRIES BELOW RELATE TO ISSUE CATEGORIES OF THE PICK PROCESS.
PLEASE REFER TO THE EXPLANATION NOTES TO THIS FORM FOR FURTHER INFORMATION.

Public interest justification:

<p>Public interest in the quality of local NHS services continues to be high.</p> <p>It is not known how much awareness there is of the range of providers for these services.</p>	
<p>Impact on the social, economic and environmental well-being of the area:</p> <p>The current range of AQP services provide a range of services that are vital to the quality of life of those referred, and for preventing further deterioration.</p> <p>The AQP policy more generally is one element of the ongoing NHS reform programme which could see an increased range of NHS providers in the local area. It is important to ensure that high quality local provision, and monitoring arrangements, are in place.</p>	
<p>Council performance and efficiency in this area (including organisation development) if known:</p> <p>This relates to NHS services.</p> <p>Performance of these services to date is not known.</p>	
<p>Keep in Context (are other reviews taking place in this area?):</p> <p>Not known.</p> <p>The Tees Valley Joint Health Scrutiny Committee has been updated specifically on the operation of the Talking Therapies scheme from the point of view of TEWV NHS Foundation Trust (one of the providers) as part of its updates from the Trust.</p>	
<p>Signed: Adult Services and Health Select Committee Date: 14 January 2014</p>	
<p>Please return to:</p> <p>Judy Trainer Scrutiny Section Democratic Services Municipal Buildings Church Road Stockton on Tees TS18 1LD</p> <p>Email: Judith.trainer@stockton.gov.uk Tel: 01642 528158</p>	
<p>Office Use:</p>	
Pick score:	Considered by SLF:

PICK Priority Setting

P for Public Interest

Members' representative roles are an essential feature of Scrutiny. They are the eyes and ears of the public, ensuring that the policies, practice and services delivered to the people of the District, by both the Council and external organisations, are meeting local needs and to an acceptable standard. The concerns of local people should therefore influence the issues chosen for scrutiny. This could include current issues. For example, dignity is consistently cited as a high priority for service users (e.g. Mid Staffordshire Enquiry, care in Winterbourne hospital) and scrutiny committees are well placed to influence the agenda locally and drive forward better quality services). Members themselves will have a good knowledge of local issues and concerns. Surgeries, Parish Councils, Residents Associations and Community Groups are all sources of resident's views. Consultation and Surveys undertaken by the Council and others can also provide a wealth of information.

I for Impact

Scrutiny is about making a difference to the social, economic and environmental well-being of the area. Not all issues of concern will have equal impact on the well-being of the community. This should be considered when deciding the programme of work, giving priority to the big issues that have most impact. To maximise impact, particularly when scrutinising external activity, attention should also be given to how the committee could influence policy and practice. Sharing the proposed programme of reviews with Members, officer and key partners will assist this process.

C for Council Performance

Scrutiny is about improving performance and ensuring the Council's customers are served well. With the abolition of external inspection regimes, scrutiny has an even more important role to play in self regulation. Members will need good quality information to identify areas where the Council, and other external organisations, are performing poorly. Areas where performance has dropped should be our priority. As well as driving up Council performance, scrutiny also has an important role in scrutinising the efficiency and value for money of Council services and organizational development.

K for Keep in Context

To avoid duplication or wasted effort priorities should take account of what else is happening in the areas being considered. Is there another review happening or planned? Is the service about to be inspected by an external body? Are there major legislative or policy initiatives already resulting in change? If these circumstances exist Members may decide to link up with other approaches or defer a decision until the outcomes are known or conclude that the other approaches will address the issues. Reference should also be made to proposed programmes of work in the Council's plans and strategies

PICK Scoring System

- **P**ublic Interest: the concerns of local people should influence the issues chosen

Score	Measure
0	no public interest
1	low public interest
2	medium public interest
3	high public interest

- **I**mpact: priority should be given to the issues which make the biggest difference to the social, economic and environmental well-being of the area

Score	Measure
0	no impact
1	low impact
2	medium impact
3	high impact

- **C**ouncil Performance and efficiency: priority should be given to the areas in which the Council, and other agencies, are not performing well or proposals which will support the current Efficiency, Improvement and Transformation Programme.

Score	Measure
0	'Green' on or above target performance
1	'Amber',
2	low performance 'Red'

- **K**eep in Context: work programmes must take account of what else is happening in the areas being considered to avoid duplication or wasted effort.

Score	Measure
0	Already dealt with/ no priority
1	Longer term aspiration or plan
2	Need for review acknowledged and worked planned elsewhere
3	Need for review acknowledged

Each topic will be scored under each category as indicated above. Where a category is not applicable, no score will be given.

Tees Valley Joint Health Scrutiny Committee – Work Programme 2014/15 – Potential Timetable

17 July 2014	<ul style="list-style-type: none"> - Schedule of meetings - Protocol - Work Programme (including individual Local Authority Work Programmes) - Tees, Esk and Wear Valleys NHS Foundation Trust Quality Account 2013/14 – Response to the Committee – For Information - NHS England, Area Team Commissioning Review Urgent and Emergency Dental Care Pathway
4 September 2014	<ul style="list-style-type: none"> - Securing Quality in Health Services (SeQHIS) (TBC) - Monitoring of the North East Ambulance Service (NEAS)
9 October 2014	<ul style="list-style-type: none"> - Winter pressures
27 November 2014	<ul style="list-style-type: none"> - Tees, Esk and Wear Valleys NHS Foundation Trust – Annual Update
22 January 2015	<ul style="list-style-type: none"> - Any Qualified Provider for NHS Services
26 February 2015	<ul style="list-style-type: none"> - NHS Durham, Darlington and Tees Area Team – Annual Update
26 March 2015	<ul style="list-style-type: none"> - Tees, Esk and Wear Valleys NHS Foundation Trust – Quality Account 14/15

Middlesbrough Council

Health Scrutiny Panel Topics 2014/15 and indicative timescale

Healthcare Associated Infections - July – Annual Update

Examination of Local NHS Finances – August – One off meeting to gain an understanding of the current financial situation.

Neurological Services – September/October

- Reconsider the previous recommendations from the recent scrutiny investigation, receive an update on progress.
- Analyse what happens to people who 'fall out' of the system.
- Identify gaps and influence GP commissioning of services.
- Meet with the Gateway project.

Winter Pressures – November – general update and information about the improvements that were put in place for winter 2013/14 and the position going in to 2014/15.

Pharmacy Arrangements in Hospitals – December/January

- Consider current arrangements and impact on discharge of the loss of the discharge suite.
- Consider how many people have to stay in hospital unnecessarily due to delays in receiving their prescriptions.

Surgery Opening Hours – February/March

- Receive a position statement on the topic of longer opening times from the Local Medical Committee with a view to undertaking further investigation if appropriate

Supply and Demand for GPs – coverage of GPs in the area and planning for future demand

Internal – The Change Programme

Public Health Commissioning
Mental Health Services

Stockton Borough Council's Adult Services and Health Select Committee Work Programme

In depth Review of Home Care Services

Monitoring the results of the previous review of access to GP, urgent and emergency care

Final Evaluation Report – Transformation of Critical Care and Emergency Medicine

Healthwatch Annual Report and Independent Evaluation Report

Quality and Performance Monitoring Framework including:

- North Tees and Hartlepool NHS Foundation Trust Quality Account
- Overview of Adult and Public Health Services
- 6-monthly Adult Care Performance Reports
- SBC Quality Standards Framework (QSF)
- SBC Adults Safeguarding Report
- SBC Draft Local Account
- Care Quality Commission Annual Update
- North Tees and Hartlepool NHS Foundation Trust Quality Account
- Regional and Tees Valley Health Scrutiny Updates

Emergency & Urgent Dental Pathway Commissioning Review

Stakeholder engagement plan

The following engagement plan has been developed for consistent application across the DDT, NTW and Cumbria Local Dental Network (LDN) areas.

It will however be the responsibility of each LDN to ensure that the engagement plan is successfully completed within its own area and within the timescales outlined below:

Stakeholder group	Relevance / Importance	Method/s of engagement	Lead & other responsibilities	Target date	Decisions, information, action required
PATIENT & PUBLIC ENGAGEMENT					
Past/recent users of urgent care dental services	Local emergency/urgent dental care pathways are commissioned with the primary purpose of providing access to responsive, high quality urgent and emergency primary dental care services to: <ul style="list-style-type: none"> Dental patients within an open CoT Dental patients not in treatment The local resident population Transient or visiting populations 	Online survey of services users within last 12 months with recruitment via 111/Dental Direct option of telephone service for those unable to access online survey The following timeframe to be used to select service users: Sun 12 Midnight – Mon 12 noon Fri 12noon- Sat 12 noon Tues 3pm-12 midnight Timeframe to be applied w/c 7 April, 2014 and every month for the previous 12 months	Clinical Strategy Leads working in partnership with: External market research provider & CPFT	Planning – Mar 2014 Engagement – Apr-May 2014 Analysis – May 2014 Findings – June 2014 Extended to July 2014	In Progress, Slipped Timescale: Timescale agreed by group to extend to end of July due to IG slippage issues. External organisation to conduct engagement in NTW/DDT and provide results back (VD/JS) CPFT are to conduct the patient engagement exercise for Cumbria (TM)
General public – potential users of urgent care dental service		Desk-top review of existing intelligence drawn from PALS/LHW data/reports Online survey to be distributed through LHW memberships	Clinical Strategy Leads working in partnership with Local HealthWatch and PALS	As above	In Progress: LPN & Healthwatch to engage public via online questionnaire survey promoted through Healthwatch and NME Press Release (VD/JS/TM)
Traditionally seldom heard/vulnerable groups, including patients who don't routinely access dental treatment <ul style="list-style-type: none"> Children & young people (and/or their parents) People with sensory, physical, 		Nine x focus groups (3 in each geographical area with breadth of vulnerable groups covered across full patch and prioritisation of groups to be informed by LHW/LA guidance to ensure local relevancy)	Clinical strategy teams working in partnership with: Local HealthWatch/local authority contacts	As above	In Progress: LPN leads supported by partners undertaking Focus Group work (VD/JS/TM) C&YP Focus Group work to be confirmed in terms of nature and scale. DL to support C&YP Focus Group

<ul style="list-style-type: none"> learning disabilities - BME communities - Non-English speaking communities - Mental health service users and carers - Rural communities - Gypsy Roma travellers - Homeless people - Substance & alcohol misusers - LGBT communities 					work (VD/JS/TM)
DENTAL CLINICAL/PROFESSIONAL ENGAGEMENT					
Dental teams: Dentists – contractors Dentists – associates Dental therapist team Practice manager/team	Providers of primary care dental services including: <ul style="list-style-type: none"> Urgent clinical dental treatment 'in hours' Urgent access – own patients 'in hours' Urgent access – unsolicited patients 'in hours' Patient signposting to 'out of hours' services 	LDN Letter & Online survey	LDN chair & clinical strategy leads with support from core LDN members to cascade, promote and facilitate completion through key provider organisations (including LDCs, FTs, MoD/sedation specialist dental contractors)	Planning – Mar 2014 Engagement – Apr-May 2014 Analysis – May 2014 Findings – June 2014 Extended to: June 2014 – Engagement July 2014 – Analysis/Findings Due to slippages experienced with patient engagement exercise.	In Progress: Online survey and flyer circulation and promotion with extended date to end of June to be re-issued via all potential professional access opportunities (SY & Review Group Members)
Salaried Services	Providers of primary care dental services including: <ul style="list-style-type: none"> Urgent clinical dental treatment 'in hours' Urgent access – vulnerable groups 'in hours' Urgent access – unsolicited patients 'in hours' Patient signposting to 'out of hours' services 				
Specialist Referral Services Inc. Sedation, MoS	Providers of related specialist primary care dental services that: <ul style="list-style-type: none"> Receive urgent dental referrals 'in hours' 				
Secondary dental services Inc. A&E, Max Fax, dental hosp	Providers of medical urgent care pathway and secondary dental care services that are impacted by the efficiency and effectiveness of commissioned urgent/emergency primary care dental pathways				

Item 9

Dental OOH providers including NHS 111, Dental Direct, NDUC	Commissioned providers of primary care dental out of hours services.	Workshop meeting & Survey questionnaire	LDN chair & commissioning lead	<p>Planning – Mar 2014 Engagement – Apr-May 2014 Analysis – May 2014 Findings – June 2014</p> <p>Extended to:</p> <p>June 2014 – Engagement July 2014 – Analysis/Findings</p> <p>Due to slippages experienced with patient engagement exercise.</p>	<p>In Progress:</p> <p>Online survey and flyer circulation and promotion with extended date to end of June to be re-issued via all potential professional access opportunities (SY & Review Group Members)</p> <p>Face to face visits with provider lead organisations almost complete – Dencall outstanding (SY).</p> <p>To Start:</p> <p>Workshop to arrange post engagement to discuss baseline findings and opportunities for improvement (SY/TM/VD/JS)</p>
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Dental urgent access providers	Commissioned providers of 'dedicated' urgent dental access slots 'in hours'.	LDN letter & Survey questionnaires to practice managers Or link to Survey Monkey	LDN chair & commissioning ;ead	Planning – Mar 2014 Engagement – Apr-May 2014 Analysis – May 2014 Findings – June 2014 Extended to: June 2014 – Engagement July 2014 – Analysis/Findings Due to slippages experienced with patient engagement exercise.	In Progress: Online survey and flyer circulation and promotion with extended date to end of June to be re-issued via all potential professional access opportunities (SY & Review Group Members)
Dental clinical advisors	NHS England dental clinical advisors with experience and knowledge of performance issues and concerns across the primary dental care system.	LDN letter & Survey questionnaires to practice managers Or link to Survey Monkey	LDN chair/ lead & commissioning lead	Planning – Mar 2014 Engagement – Apr 2014 Analysis – May 2014 Findings – June 2014	Completed
Dental public health	Public Health England, dental public health consultants/specialists working in partnership with LA Public Health Teams who have experience and knowledge of the oral health needs of local populations.	LDN letter & Survey questionnaires to practice managers Or link to Survey Monkey	LDN Chair/ Lead & Commissioning Lead	Planning – Mar 2014 Engagement – Apr 2014 Analysis – May 2014 Findings – June 2014	Completed
NHS 111 Services Inc. NECS (Lancs/NEAS)	Provider of the NHS 111 telephone access service that provides signposting and access to patients including those with routine and urgent dental health needs in and out of hours.	See above	LDN chair/ lead & commissioning lead	Planning – Mar 2014 Engagement – Apr-May 2014 Analysis – May 2014 Findings – June 2014 Extended to: June 2014 – Engagement July 2014 – Analysis/Findings Due to slippages experienced with patient engagement exercise.	In Progress: Online survey and flyer circulation and promotion with extended date to end of June to be re-issued via all potential professional access opportunities (SY & Review Group Members)

Other/corporate stakeholders					
H&WBs		Introductory information briefing to review, share engagement plan and process	LDN chairs, clinical strategy leads and commissioning lead input	Ongoing	In Progress: OSC Briefing completed and being circulated to key stakeholders (JS/VD/TM/SY)
OSCs					
Local authorities/directors of public health		As above			
CCGs	Commissioner of urgent care pathways and NHS 111/999 services that are impacted by the efficiency and effectiveness of commissioned urgent/emergency primary care dental pathways.	Joint workshop meeting	LDN chair/ lead & commissioning lead	Planning – Mar 2014 Engagement – Apr 2014 Analysis – May 2014 Findings – June 2014	In Progress: Meeting dates/times being sought to arrange clinical engagement workshop between LDN, CCG and Pharmacy clinical leads (SY).
Pharmacy LPNs	Professional Pharmacy Clinical Network whose services pro-actively support the provision of urgent/emergency primary care dental provision and pathways.		LDN chair & clinical strategy lead		

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Our Ref: MB/SP/AK

30th June 2014

Councillor Mohammed Javed
Chair, Tees Valley Joint Health Scrutiny Committee

Dear Councillor Javed

Tees, Esk and Wear Valleys NHS Foundation Trust Quality Account 2013/14

Thank you for your letter in May reviewing and commenting on our Quality Account for 2013/14. We welcome your positive comments regarding our progress in 2013/14, in particular the improvements we have made to crisis services. We also welcome your support for all our quality priorities for 2014/15.

In your feedback you noted for the need to monitor the impact of the closure of beds at Victoria Road in Hartlepool and the centralisation of the Section 136 suite at Roseberry Park, Middlesbrough. I would like to assure you that we monitor the use of our acute inpatient beds very closely and indeed one of our priorities for 2014/15 is to ensure these beds are used effectively. In terms of Section 136, we continue to monitor the impact of the centralisation and discuss this with our colleagues from the Police and Social Services.

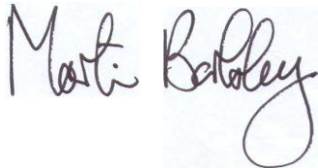
Each year we work hard to involve all our stakeholders in the process of developing our Quality Account and it is pleasing that you welcome our engagement with you on this matter. We do hope you continue to feel involved as we embark on the Quality Account process for 2014/15. You should have received, by now, an invite to our next Quality Account Stakeholder Event on the 17th July '14 where you will be able to influence our quality priorities for 2015/16. We do hope you, or a representative of your organisation, can attend.

Finally we will provide you with a six month update on our progress in 2014/15 against our quality priorities. We hope you will find this useful but if you would like any further information please contact Sharon Pickering (sharon.pickering1@nhs.net)

To read the final version of our Quality Account 2013/14, please visit our page on the NHS Choices website:
(<http://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=2382>).

Kind regards

Yours sincerely

A handwritten signature in dark ink, reading "Martin Barkley". The signature is written in a cursive style with a large, looping "B" at the end.

Martin Barkley
Chief Executive

cc: Peter Mennear, Lead Officer, Tees Valley Joint Health Scrutiny Committee
Sharon Pickering, Director of Planning & Performance, TEWV
Chris Stanbury, Director of Nursing & Governance, TEWV