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.
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.
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 again 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 were 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 teh
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
Item 6

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.


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.
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.

Contact Officer: Laura Stones – Scrutiny Support Officer
Chief Executive’s Department – Legal Services
Hartlepool Borough Council
Tel: 01429 284142
Email: laura.stones@hartlepool.gov.uk
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.

Contact Officer:- Laura Stones – Scrutiny Support Officer
Chief Executive’s Department – Legal Services
Hartlepool Borough Council
Tel: 01429 523087
Email: laura.stones@hartlepool.gov.uk
**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:

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<th>Service</th>
<th>Contracting CCG</th>
<th>Name of Providers</th>
<th>Coverage</th>
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<td>Lymphoedema</td>
<td>ST CCG</td>
<td>Teesside Hospice</td>
<td>Tees</td>
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<td>Adult Hearing</td>
<td>HaST CCG</td>
<td>Specsavers</td>
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<td>Outside Clinic</td>
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<td>North Tees &amp; H’pool FT</td>
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<td>South Tees &amp; H’pool FT</td>
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<tr>
<td>Primary Care Psychological Therapies</td>
<td>Both</td>
<td>TEWV FT</td>
<td>Tees</td>
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<td>(started September 2012)</td>
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<td>Alliance Psychological Therapies Ltd</td>
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<td>Mental Health Matters</td>
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<td>Starfish Health &amp; Wellbeing</td>
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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:**
Public interest in the quality of local NHS services continues to be high. It is not known how much awareness there is of the range of providers for these services.

**Impact on the social, economic and environmental well-being of the area:**

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. 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.

**Council performance and efficiency in this area (including organisation development) if known:**

This relates to NHS services. Performance of these services to date is not known.

**Keep in Context (are other reviews taking place in this area?):**

Not known. 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.

**Signed:** Adult Services and Health Select Committee  **Date:** 14 January 2014

Please return to:

Judy Trainer  
Scrutiny Section  
Democratic Services  
Municipal Buildings  
Church Road  
Stockton on Tees  
TS18 1LD

Email: Judith.trainer@stockton.gov.uk  
Tel: 01642 528158

Office Use:

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 residents' 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

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

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<td>no public interest</td>
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<td>1</td>
<td>low public interest</td>
</tr>
<tr>
<td>2</td>
<td>medium public interest</td>
</tr>
<tr>
<td>3</td>
<td>high public interest</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Score</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>no impact</td>
</tr>
<tr>
<td>1</td>
<td>low impact</td>
</tr>
<tr>
<td>2</td>
<td>medium impact</td>
</tr>
<tr>
<td>3</td>
<td>high impact</td>
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</tbody>
</table>

- **Council 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.

<table>
<thead>
<tr>
<th>Score</th>
<th>Measure</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>‘Green’ on or above target performance</td>
</tr>
<tr>
<td>1</td>
<td>‘Amber’,</td>
</tr>
<tr>
<td>2</td>
<td>low performance ‘Red’</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Score</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Already dealt with/ no priority</td>
</tr>
<tr>
<td>1</td>
<td>Longer term aspiration or plan</td>
</tr>
<tr>
<td>2</td>
<td>Need for review acknowledged and worked planned elsewhere</td>
</tr>
<tr>
<td>3</td>
<td>Need for review acknowledged</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Schedule of meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 July 2014</td>
<td>- Protocol</td>
</tr>
<tr>
<td></td>
<td>- Work Programme (including individual Local Authority Work Programmes)</td>
</tr>
<tr>
<td></td>
<td>- Tees, Esk and Wear Valleys NHS Foundation Trust Quality Account 2013/14 – Response to the Committee – For Information</td>
</tr>
<tr>
<td></td>
<td>- NHS England, Area Team Commissioning Review Urgent and Emergency Dental Care Pathway</td>
</tr>
<tr>
<td>4 September 2014</td>
<td>- Securing Quality in Health Services (SeQHIS) (TBC)</td>
</tr>
<tr>
<td></td>
<td>- Monitoring of the North East Ambulance Service (NEAS)</td>
</tr>
<tr>
<td>9 October 2014</td>
<td>- Winter pressures</td>
</tr>
<tr>
<td>27 November 2014</td>
<td>- Tees, Esk and Wear Valleys NHS Foundation Trust – Annual Update</td>
</tr>
<tr>
<td>22 January 2015</td>
<td>- Any Qualified Provider for NHS Services</td>
</tr>
<tr>
<td>26 February 2015</td>
<td>- NHS Durham, Darlington and Tees Area Team – Annual Update</td>
</tr>
<tr>
<td>26 March 2015</td>
<td>- Tees, Esk and Wear Valleys NHS Foundation Trust – Quality Account 14/15</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Stakeholder group</th>
<th>Relevance / Importance</th>
<th>Method/s of engagement</th>
<th>Lead &amp; other responsibilities</th>
<th>Target date</th>
<th>Decisions, information, action required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PATIENT &amp; PUBLIC ENGAGEMENT</strong></td>
<td></td>
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<tr>
<td>Past/recent users of urgent care dental services</td>
<td>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:</td>
<td>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</td>
<td>Clinical Strategy Leads working in partnership with: External market research provider &amp; CPFT</td>
<td>Planning – Mar 2014 Engagement – Apr-May 2014 Analysis – May 2014 Findings – June 2014 Extended to July 2014</td>
<td>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)</td>
</tr>
<tr>
<td>General public – potential users of urgent care dental service</td>
<td></td>
<td>Desk-top review of existing intelligence drawn from PALS/LHW data/reports Online survey to be distributed through LHW memberships</td>
<td>Clinical Strategy Leads working in partnership with Local HealthWatch and PALS</td>
<td>As above</td>
<td>In Progress: LPN &amp; Healthwatch to engage public via online questionnaire survey promoted through Healthwatch and NME Press Release (VDJS/TM)</td>
</tr>
<tr>
<td>Traditionally seldom heard/vulnerable groups, including patients who don’t routinely access dental treatment</td>
<td></td>
<td>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)</td>
<td>Clinical strategy teams working in partnership with: Local HealthWatch/local authority contacts</td>
<td>As above</td>
<td>In Progress: LPN leads supported by partners undertaking Focus Group work (VDJS/TM) C&amp;YP Focus Group work to be confirmed in terms of nature and scale. DL to support C&amp;YP Focus Group</td>
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<tr>
<td>Providers of primary care dental services including:</td>
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<td>-----------------------------------------------------</td>
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<tr>
<td>• Urgent clinical dental treatment ‘in hours’</td>
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<tr>
<td>• Urgent access – own patients ‘in hours’</td>
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<tr>
<td>• Urgent access – unsolicited patients ‘in hours’</td>
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<tr>
<td>• Patient signposting to ‘out of hours’ services</td>
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</table>

<table>
<thead>
<tr>
<th>Providers of related specialist primary care dental services that:</th>
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</thead>
<tbody>
<tr>
<td>• Receive urgent dental referrals ‘in hours’</td>
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</tbody>
</table>

| 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 |

<table>
<thead>
<tr>
<th>LDN Letter</th>
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<tbody>
<tr>
<td>&amp; Online survey</td>
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</table>

| 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) |

<table>
<thead>
<tr>
<th>Planning – Mar 2014</th>
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<tbody>
<tr>
<td>Engagement – Apr-May 2014</td>
</tr>
<tr>
<td>Analysis – May 2014</td>
</tr>
<tr>
<td>Findings – June 2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In Progress:</th>
</tr>
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<tbody>
<tr>
<td>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 &amp; Review Group Members)</td>
</tr>
</tbody>
</table>

| Due to slippages experienced with patient engagement exercise. |
| 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 | 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)
Face to face visits with provider lead organisations almost complete – Dencall outstanding (SY).
To Start:
Workshop to arrange post engagement to discuss baseline findings and opportunities for improvement (SY/TM/VD/JS) |

Extended:
June 2014 – Engagement July 2014 – Analysis/Findings
<table>
<thead>
<tr>
<th><strong>Dental urgent access providers</strong></th>
<th>Commissioned providers of ‘dedicated’ urgent dental access slots ‘in hours’.</th>
<th>LDN letter &amp; Survey questionnaires to practice managers Or link to Survey Monkey</th>
<th>LDN chair &amp; commissioning lead</th>
<th>Planning – Mar 2014 Engagement – Apr-May 2014 Analysis – May 2014 Findings – June 2014</th>
<th>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 &amp; Review Group Members)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dental public health</strong></td>
<td>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.</td>
<td>LDN letter &amp; Survey questionnaires to practice managers Or link to Survey Monkey</td>
<td>LDN Chair/ Lead &amp; Commissioning Lead</td>
<td>Planning – Mar 2014 Engagement – Apr 2014 Analysis – May 2014 Findings – June 2014</td>
<td>Completed</td>
</tr>
<tr>
<td><strong>NHS 111 Services Inc. NECS (Lancs/NEAS)</strong></td>
<td>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.</td>
<td>See above</td>
<td>LDN chair/ lead &amp; commissioning lead</td>
<td>Planning – Mar 2014 Engagement – Apr-May 2014 Analysis – May 2014 Findings – June 2014</td>
<td>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 &amp; Review Group Members)</td>
</tr>
<tr>
<td>Other/corporate stakeholders</td>
<td>Introductory information briefing to review, share engagement plan and process</td>
<td>LDN chairs, clinical strategy leads and commissioning lead input</td>
<td>Ongoing</td>
<td>In Progress: OSC Briefing completed and being circulated to key stakeholders (JS/VD/TM/SY)</td>
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<tr>
<td>H&amp;WBs</td>
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<tr>
<td>OSCs</td>
<td>Introductory information briefing to review, share engagement plan and process</td>
<td>LDN chairs, clinical strategy leads and commissioning lead input</td>
<td>Ongoing</td>
<td>In Progress: OSC Briefing completed and being circulated to key stakeholders (JS/VD/TM/SY)</td>
<td></td>
</tr>
<tr>
<td>Local authorities/directors of public health</td>
<td>As above</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>CCGs</td>
<td>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.</td>
<td>LDN chair/ lead &amp; commissioning lead</td>
<td>Planning – Mar 2014 Engagement – Apr 2014 Analysis – May 2014 Findings – June 2014</td>
<td>In Progress: Meeting dates/times being sought to arrange clinical engagement workshop between LDN, CCG and Pharmacy clinical leads (SY).</td>
<td></td>
</tr>
<tr>
<td>Pharmacy LPNs</td>
<td>Professional Pharmacy Clinical Network whose services pro-actively support the provision of urgent/emergency primary care dental provision and pathways.</td>
<td>Joint workshop meeting</td>
<td>LDN chair &amp; clinical strategy lead</td>
<td></td>
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</tbody>
</table>

**Joint workshop meeting**

**LDN chair/ lead & commissioning lead**


**In Progress: Meeting dates/times being sought to arrange clinical engagement workshop between LDN, CCG and Pharmacy clinical leads (SY).**
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 you 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

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