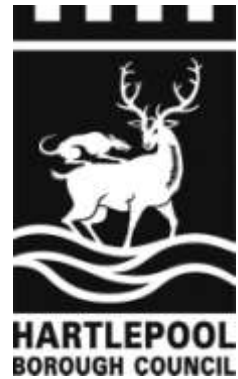


AUDIT AND GOVERNANCE COMMITTEE AGENDA



Thursday 27 October 2016

1.00 pm

**Council Chamber
Civic Centre, Hartlepool**

MEMBERS: AUDIT AND GOVERNANCE COMMITTEE

Councillors S Akers-Belcher, Belcher, Cook, Hamilton, Harrison, Martin-Wells and Tennant.

Standards Co-opted Members; Mr Norman Rollo and Ms Clare Wilson.

1. **APOLOGIES FOR ABSENCE**
2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
3. **MINUTES**
 - 3.1 Minutes of the meeting held on 20 October 2016 (*to follow*)
4. **AUDIT ITEMS**

No items
5. **STANDARDS ITEMS**

No items
6. **STATUTORY SCRUTINY ITEMS**
 - 6.1 Fens, Hartfields and Wynyard Road Medical Practices – Outcome of Consultation/Decision – *Scrutiny Manager*



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

No items

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

No items

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

No items

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

No items

11. **REGIONAL HEALTH SCRUTINY UPDATE**

No Items

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

ITEMS FOR INFORMATION

Date of next meeting – Thursday 17 November 2016 at 10.00 am in the Civic Centre, Hartlepool.



AUDIT AND GOVERNANCE COMMITTEE

MINUTES AND DECISION RECORD

20 October 2016

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

Present:

Councillor: Ray Martin-Wells (In the Chair).

Councillors: Stephen Akers-Belcher, Sandra Belcher, Rob Cook, Lesley Hamilton, Brenda Harrison and John Tennant.

Also Present:

Inspector Nick Edgar, Cleveland Police

Officers: Steven Carter, Health Improvement Practitioner
Joan Stevens, Scrutiny Manager
Angela Armstrong, Principal Democratic Services Officer

58. Apologies for Absence

Apologies for absence were received from Independent Person Clare Wilson.

59. Declarations of Interest

None.

60. Minutes of the meeting held on 22 September 2016

Confirmed.

61. Referral from the Health and Wellbeing Board – Review of NHS England Guidance – Monitoring Delayed Transfers of Care *(Scrutiny Manager)*

The Committee were provided with details of a referral received from the Health and Wellbeing Board. The Board had received notification that North Tees and Hartlepool Foundation Trust intended to review the way which monthly delayed transfers of care were recorded in light of reviewed guidance and direct discussions with NHS England. The Board had subsequently requested the Audit and Governance Committee investigate this proposal as it required further exploration.

The Chair of the Board had subsequently written to the Trust outlining its concerns and the referral to scrutiny. In addition to this, the Director of Child and Adult Services had requested a meeting with the Trust to discuss this proposal. As such the Committee were asked to accept the referral and defer consideration pending a response to the Chair of the Board's letter and the outcome of the meeting requested by the Director of Child and Adult Services.

Recommended

The referral was accepted with consideration of the issue deferred pending receipt of a response to the Chair of the Health and Wellbeing Board's letter and the outcome of the meeting with the Trust as requested by the Director of Child and Adult Services.

62. Scoping Report - Mortality (*Scrutiny Manager*)

The Scrutiny Manager referred to the investigation into High Mortality Rates at North Tees and Hartlepool Foundation Trust alongside Shared Diagnostics – Use of Theatres which was agreed at the meeting of the Committee on 14 July 2016. The Scrutiny Manager was concerned that the initial statistics provided to inform the scoping report for this investigation were insufficient to enable Members to fully consider the issues. It was therefore suggested that consideration of the scoping report for this investigation be deferred to November where the scoping and first evidence gathering session would take place simultaneously.

Recommended

That the scoping report for the investigation into High Mortality Rates at North Tees and Hartlepool Foundation Trust alongside Shared Diagnostics – Use of Theatres be deferred to the meeting of the Committee in November.

63. Obesity in Hartlepool (*Director of Public Health*)

The Health Improvement Practitioner presented a comprehensive report which provided the Committee with an update on the approaches being taken to tackle the serious issue of obesity in Hartlepool. The report also demonstrated that the 10-year Healthy Weight Strategy for Hartlepool (2015-2025) was aligned with the key objectives of the Government's national strategy (Childhood Obesity: A Plan for Action, published in August 2016).

It was highlighted that 25.4% of reception (aged 4-5) children were overweight or obese, rising to 39.4% in year 6 (aged 10-11). However, children with excess weight in reception had shown a slight downward trend

over recent years whereas year 6 rates had increased slightly compared to the England average. The report included figures that showed there were also clear inequalities between child and adult obesity statistics at ward level. On a positive note, Hartlepool had shown good improvements in physical activity levels in recent years with 26.7% of the Hartlepool population participating in at least 3 bouts of 30 minute moderate physical activity which was the highest in the region. In addition to this, 39.6% of the Hartlepool population participated in at least one bout of 30 minutes physical activity.

The Government published 'Childhood Obesity: A Plan for Action' with the aim of reducing England's rate of childhood obesity within the next 10 years through a range of national measures which were outlined in the report. It was highlighted that the Hartlepool Healthy Weight Strategy contained actions and objectives that were closely aligned with these national measures.

Further detail was provided in the report on the following key actions and next steps linked to the measures within the national plan over the next 12-36 months:

- Strategic Theme 1: Universal – To Transform the environment so that it supports healthy lifestyles (Primary Prevention)
- Strategic Theme 2: Preventative – Making healthier choices easier by providing information and practical support (Secondary Prevention)
- Strategic Theme 3: Services – To secure the services needed to tackle excess weight (Tertiary Prevention)

The proposals to address the national measures and initiatives within the national Childhood Obesity Plan at a local level were detailed in the report along with a range of additional actions and measures to assist over the coming years. It was noted that progress reports on the implementation of these proposals would be considered by the Health and Wellbeing Board on a six monthly basis.

It was noted that the early indications from the evaluation of the Holiday Hunger initiative had shown positive outcomes and as a result of this, a further application was being made for funding from the North East Child Poverty Commission with a view to extending this Programme in 2017.

Clarification was sought by a Member on how the obesity statistics for Hartlepool were calculated for both adults and children. The Health Improvement Practitioner confirmed that an annual survey is undertaken by Sport England as part of a national programme, which consults a relatively small sample of the adult population. The statistics relating to children were provided as part of the National Child Measurement Programme (NCMP) that is undertaken annually throughout schools by school nurses and covers 97-98% of eligible children in Hartlepool.

It was noted that there were a number of local authority leisure facilities

across the town and it was suggested that earlier opening times should be explored to enable people increased access to these facilities.

A lengthy discussion took place on the number of take-aways across the town, the areas where they were more prevalent and the fact that a lot of people thought of these as the cheaper and more convenient option as opposed to providing fresh home cooked food.

In response to a request for clarification from a Member, the Health Improvement Practitioner commented that a lot of initiatives in public health needed a long time to take effect as they often require a change in culture which can be so engrained and it was encouraging to note that the Council had approved this long term strategy. However, it was hoped that some improvements would be evident within the next 5 years and any other key changes and improvements will be reported through the six monthly Health and Wellbeing Board updates.

A discussion ensued on a number of suggestions to assist the implementation of the aims of this Strategy including working alongside slimming groups across the town and the potential for funding to be provided for people to access these groups from the NHS. A Member sought clarification on the Active Cards that were utilised to access Council leisure facilities. The Health Improvement Practitioner confirmed that people in receipt of benefits were entitled to subsidised access to the Council's leisure facilities and it was suggested that this be further publicised through the local media.

It was suggested by a Member that a lot of families regularly have take-aways due to a lack of skills in what and how to cook wholesome meals. It was proposed that supporting people to learn the basics and encourage eating as a family could be undertaken along with the publication of healthy recipes and ideas within the Council's website. The Health Improvement Practitioner confirmed that the Sports and Recreation Team do work with schools closely encouraging campaigns of physical activity and the Fiit Hart service (Families in it Together) provided family weight management including nutrition advice and physical activity sessions at various leisure facilities as a one-to-one bespoke support and was managed and delivered by Council Officers. In addition to this, it was proposed to extend the Holiday Hunger scheme to include advice on cooking and nutrition through workshops across the Town.

It was recognised that living a healthier lifestyle required a combination of healthier nutrition, including increased knowledge of the nutrition content of foods through the examination of labels on foods, alongside exercise and this was a cultural issue. In response to a question from a Member, the Health Improvement Practitioner confirmed that further details were awaited on the process to implement the soft drinks levy and how much additional funding that was likely to generate.

Recommended

The progress in implementing the Obesity Strategy was noted.

64. **Presentation – Welfare Check Requests and Restraint within Health Settings** *(Cleveland Police)*

A representative from Cleveland Police provided the Committee with briefing papers on the following:

- Welfare Check Requests; and
- Restraint within Health settings.

The briefing papers outlined the changes to the way welfare check requests and restraint within health setting were to be dealt with in line with reducing budgets which had resulted in more effective and smarter working. It was highlighted that Cleveland Police can deal with up to 1100 calls every day.

In relation to welfare check requests, new Government guidance was introduced from 1 April 2016 although it was too early to report on the impact of this new guidance. It was noted that on occasions, the requests for welfare checks were not evidence based and with the help of local mental health facilities in the area, the number of welfare checks that require police attendance could be reduced. Whilst it was noted that Cleveland Police were not abdicating responsibility for welfare checks, Police resources would only be deployed when there was significant risk to the individual and it was clearly and emergency situation during which something was about to occur.

A Member suggested that a lot of partner organisations may have relied too heavily on the Police to short circuit the process. The representative from Cleveland Police acknowledged this adding that on occasion, a Police presence could sometimes aggravate a mental health situation. It was highlighted that before entering any situation, the Police undertake a risk assessment using a national decision-making model which identified the criteria and subtleties of that incident at that time with every situation being different and a tailored response would be based on the individual merits of the situation and the information available at that time.

The restraint within health settings policy had been amended in a similar way to the above as in situations such as care home settings, a Police presence can often aggravate the situation even further. Partner agencies were asked to follow a pragmatic staged approach to these situations and contact the Police at the point when they were unable to deal with the situation and that person was at imminent risk of harming themselves or others. Similarly, Cleveland Police were working with North East Ambulance Service (NEAS) to ensure ambulances were deployed appropriately with Police Officers undertaking triage and contacting NEAS

for most appropriate action.

In addition to the above, it was noted that a pilot had been undertaken in the police control room with a Mental Health Co-ordinator from the Forensic Services of Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) present to assist with the understanding of mental health issues and enable better assessment of calls where appropriate.

The Scrutiny Manager suggested that in view of the interest expressed during the discussions, that the need for Council Officers to have a measured, pragmatic and sensible approach to the use of Council services being implemented in line with the briefings provided by Cleveland Police and that this be communicated to the Chairs of the Health and Wellbeing Board, Children's Services and Adult Services Committees.

Recommended

- (1) That the briefings in relation to Welfare Check Requests and the Restraint within Health Settings provided by Cleveland Police be noted.
- (2) That the need for Council Officers to have a measured, pragmatic and sensible approach to the use of Council services being implemented in line with the briefings provided by Cleveland Police and that this be communicated to the Chairs of the Health and Wellbeing Board, Children's Services and Adult Services Committees.

65. Minutes of the meeting of the Health and Wellbeing Board held on 13 June 2016

Noted..

66. Minutes of the meetings of the Finance and Policy Committee Relating to Public Health which were held on 25 July and 5 September 2016

Noted.

67. Minutes of the meeting of the Safer Hartlepool Partnership held on 17 June 2016

Noted.

68. Regional Health Scrutiny Update – Minutes of the meeting of the North East Joint Health Scrutiny Committee held on 6 January 2016

The Scrutiny Manager confirmed that the North East Better Health Programme had recently met and received a presentation on the Sustainability Transformation Plan (STP) and a copy of this along with the associated report will be circulated to Members of the Committee.

70. Consideration of Investigation Report – SC03/2016

(Chief Solicitor and Monitoring Officer) This item contains exempt information under Schedule 12A Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006 namely information relating to any individual (para 1).

It was requested that consideration of this report be deferred to a future meeting.

Recommended

That the report be deferred to a future meeting.

71. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 11.30 am

CHAIR

AUDIT AND GOVERNANCE COMMITTEE

27 October 2016



Report of: Scrutiny Manager

Subject: FENS, HARTFIELDS AND WYNYARD ROAD MEDICAL PRACTICES – OUTCOME OF CONSULTATION / DECISION

1. PURPOSE OF REPORT

1.1 Representatives from NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) have been invited to attend today's meeting to present the outcome / decision of the consultation in relation to the future of the following GP Practices:

- Fens Medical Centre;
- Hartfields Medical Practice; and
- Wynyard Road Primary Care Centre.

2. BACKGROUND

2.1 The CCG Primary Care Committee will consider the outcome of the Fens, Hartfields and Wynyard Road Medical Practices consultation and make a decision at its meeting on 25 October 2016, therefore, representatives from the CCG have been invited to attend today's meeting to present details of the outcome of the consultation / decision.

2.2 Today's meeting has been convened at short notice in light of an indication that subject to the decision, the advert will go out on 7 November 2016 for any procurement.

3. RECOMMENDATIONS

3.1 The Audit and Governance Committee is requested to:-

- (a) note the decision of the CCG Primary Care Committee; and
- (b) consider whether any additional action is required.

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