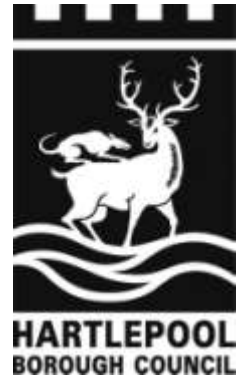


# **AUDIT AND GOVERNANCE COMMITTEE**

## **AGENDA**



**Thursday 28 March 2019**

**at 10.00 am**

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

**MEMBERS: AUDIT AND GOVERNANCE COMMITTEE**

Councillors Belcher, Cook, Hall, Hamilton, Lindridge, Loynes and Tennant.

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

Parish Council Representatives: Parish Councillor John Littlefair (Hart) and Parish Councillor Don Cameron (Greatham).

Local Police Representative: Superintendent Alison Jackson.

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. MINUTES**
  - 3.1 To confirm the minutes of the meeting held on 14 March 2019 (to follow).
- 4. AUDIT ITEMS**

No items.
- 5. STANDARDS ITEMS**

No items.



**6. STATUTORY SCRUTINY ITEMS**

6.1 Quality Accounts 2018/19 – Covering Report – *Statutory Scrutiny Manager*

- (a) North Tees and Hartlepool NHS Foundation Trust
- (b) North East Ambulance Service NHS Foundation Trust
- (c) Tees, Esk and Wear Valleys NHS Foundation Trust

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

7.1 To receive the minutes of the meeting held on 10 December 2018.

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

No items.

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

9.1 To receive the minutes of the meeting held on 11 December 2018.

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

No items.

**11. REGIONAL HEALTH SCRUTINY UPDATE**

11.1 To receive the minutes of the meeting held on 27 November 2018.

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

For information: -

Date and time of forthcoming meeting –

Thursday 18 April 2019 at 10.00 am.



## AUDIT AND GOVERNANCE COMMITTEE

28 March 2018



**Report of:** Statutory Scrutiny Manager

**Subject:** QUALITY ACCOUNTS – COVERING REPORT

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### 1. PURPOSE OF REPORT

1.1 To introduce representatives from the following organisations to who will be in attendance at today's meeting to engage with Members in respect of their Quality Account 2018/19:

- North Tees and Hartlepool NHS Foundation Trust;
- North East Ambulance Service NHS Foundation Trust; and
- Tees, Esk and Wear Valleys NHS Foundation Trust.

### 2. BACKGROUND INFORMATION

2.1 In November 2009 the Government published the Health Bill which required all providers of NHS healthcare services to provide an annual Quality Account. The Department of Health made a legal requirement on all NHS healthcare providers to send their Quality Account to an Overview and Scrutiny Committee in the local authority area where the provider has a registered office.

2.2 Subsequently, representatives from each of the Trusts identified in Section 1.1 of this report will be present at today's meeting to give the Committee an opportunity to:

- Consider and comment on their performance in 2018/19 and the priorities identified for quality improvement in 2019/20; and
- Formulate views / comments to inform the Committee's Third Party Declaration, to be included in the published version of the Quality Accounts.

### **3. RECOMMENDATIONS**

3.1 That for each of the Trusts, the Audit and Governance Committee:-

- i) Consider, and comment, on performance in 2018/19 and the priorities identified for quality improvement in 2019/20; and
- ii) Formulate views / comments to inform the Committee's Third Party Declaration, to be included in the published versions of the Quality Accounts.

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

### **BACKGROUND PAPERS**

No background papers were used in preparation of this report.

# HEALTH AND WELLBEING BOARD

## MINUTES AND DECISION RECORD

10 December 2018

The meeting commenced at 10 am in the Centre for Independent Living,  
Hartlepool

**Present:**

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

**Prescribed Members:**

Elected Members, Hartlepool Borough Council – Councillors Buchan and Thomas

Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Dr Nick Timlin and Karen Hawkins (as substitute for Nicola Bailey)

Interim Director of Public Health, Hartlepool Borough Council – Dr Peter Brambleby

Director of Children's and Joint Commissioning Services, Hartlepool Borough Council – Sally Robinson

Director of Adult and Community Based Services, Hartlepool Borough Council, Jill Harrison

Representatives of Healthwatch - Margaret Wrenn and Ruby Marshall

**Other Members:**

Assistant Director of Joint Commissioning, Hartlepool Borough Council – Danielle Swainston

Representative of the NHS England – Dr Tim Butler

Representative of GP Federation – Fiona Adamson

Representative of Headteachers - Julie Thomas

Observer – Statutory Scrutiny Representative, Hartlepool Borough Council - Councillor Loynes

Also in attendance:-

Steve Pett, North Tees and Hartlepool NHS Trust

Rebecca Jobson, Alice House Hospice

Hartlepool Borough Council Officers:

Dean Langstaff, Public Health Intelligence Specialist

Dr Pat Riordan, Director of Public Health (designate)

Joan Stevens, Statutory Scrutiny Manager

Amanda Whitaker, Democratic Services Team

## 25. Apologies for Absence

Elected Member, Councillor Harrison

Julie Gillon and Deepak Dwarakanath, North Tees and Hartlepool NHS Trust

Representative of Hartlepool Voluntary and Community Sector – Tracy Woodhall

Representative of Hartlepool and Stockton-on-Tees Clinical Commissioning

Group – Nicola Bailey

Representative of Cleveland Police - Jason Harwin

## 26. Declarations of interest by Members

Councillor Akers-Belcher and Councillor Thomas reaffirmed interests as employees of Healthwatch Hartlepool.

## 27. The Motor Neurone Disease Charter *(Director of Adults and Community Based Services)*

The Board considered a report which had been considered by the Adult Services Committee on 12 July 2018 and which had been referred by the Committee to the Board with a recommendation that partners adopt the Motor Neurone Disease Charter. The report sought commitment from Board Members to adopt the Charter. The Chair welcomed members of the public who were in attendance at the Board meeting to support the adoption of the Charter by Partner organisations.

The Chair of Adult Services Committee referred to the adoption of the Charter by the Adults Services Committee and was pleased to report that as a consequence of the adoption of the Charter, there had been improvements to the service including the appointment of a dedicated social worker in Hartlepool for MND. It was highlighted that the Charter focused on 5 key statements and that the Local Authority was in a position to deal with a small element of those statements. A similar commitment was, therefore, necessary from other partners.

The Chair proposed that a letter be drafted to be sent to all partners requesting organisations to adopt the Charter and highlighting the support of the Board. It was agreed that a copy of the letter be sent to Mrs Hamilton who was in attendance at the meeting.

### Decision

It was agreed that a letter be sent by the Chair of the Board to all partners encouraging those organisations to adopt the Motor Neurone Disease Charter.

## 28. Minutes

(i) The minutes of the meeting held on 14<sup>th</sup> September 2018 were

confirmed.

There were no matters arising from the minutes.

(ii) The minutes of the meetings of the Children's Strategic Partnership held on 10<sup>th</sup> July 2018, 4<sup>th</sup> September 2018 and 2<sup>nd</sup> October 2018 were received.

## 29. Update on Progress with Drugs and Alcohol Harm Reduction *(Interim Director of Public Health)*

The report updated the Board on progress following the needs assessment for drugs and alcohol in Hartlepool which had been considered at the September meeting of the Board. Board Members were advised that the focus had moved from assessing need to addressing need. Key elements of addressing the needs had identified the following:-

- A clear separation of commissioning and providing roles, with overall responsibility for governance located in the commissioning element
- A fresh identity as single service under single leadership, with scope to sub-contract specialist elements such as clinical input and needle exchange
- A fresh specification for the unified service
- The core element social and psychological support to be provided from the in-house service, which would be the first point of referral.
- Engagement with potential providers to secure the new clinical input, with facilities fit for in-reach "one-stop-shop" approach
- Therapy to begin from the first contact assessment
- A single key worker (or small team) to be identified to each client to promote continuity of care and facilitate a supportive and therapeutic relationship
- Clinical services to include not just prescribing but all clinical needs – eg blood-borne virus control, wound care, sexual health, primary health care, mental health
- Flexibility to explore and evaluate new models of provision and respond to local or national changes in policy or practice, eg prescribing of opioids and/or safe injecting facilities
- A stronger emphasis on prevention
- A reformulation of service standards, performance indicators and targets
- Greater integration with other in-house services such as 0-19 nursing services, adult social care and housing, leisure and activity
- Greater integration with related agencies such as police, probation, NHS, education
- A re-launched Drugs and Alcohol Harm Reduction Group under refreshed terms of reference and membership (appended to the report), reporting to the Safer Hartlepool Partnership
- 

Following clarification sought from the Head teacher's representative, the Interim

Director of Public Health provided assurance that the protection of children from the adverse effects of drugs and alcohol had been considered. The specification reflected the outcome of those considerations and also the function of the 0-19 service was highlighted. The Director of Children's and Joint Commissioning Services drew attention to the benefits arising from the public health function being part of the Children's Department.

### **Decision**

That the Health and Wellbeing Board note the steps taken to address needs in drugs and alcohol services

## **30. Annual Report of the Director of Public Health** (*Interim Director of Public Health*)

Board Members were advised that one of the statutory duties of a Director of Public Health, reiterated in the Health and Social Care Act 2012, was to produce "an independent annual report on the health of local communities". The Director of Public Health's Annual Report 2017/18 had been circulated. It was highlighted that last year's report focused on "ageing well". This year's report focused on "Starting well", and also picked up on some generic report items. The Director reported that the report which had been circulated was a draft report and acknowledged that there were some typographical errors included in the report. An updated version of the report would, therefore, be circulated to Board Members.

There were no questions arising from the report. The Chair thanked the Interim Director and commended him on his annual report which was appreciated, particularly given the short period of time which he had been the Interim Director. Positive feedback was received also from the representative of the NHS England who commented also in terms of communications and use of social media.

### **Decision**

The Board noted the report and its conclusions.

## **31. JSNA Update** (*Director of Children's and Joint Commissioning Services*)

The report updated Board Members on progress with regard to the refresh of the Hartlepool JSNA. The NHS Act 2007(updated in 2012) required Local Authorities and their partner CCGs to prepare a JSNA. The Hartlepool JSNA had not been formally refreshed since 2015. Work had commenced on the refresh in August 2018. It was agreed to restructure the previous Teeswide template in order to make it much more Hartlepool focussed and thus enable it to capture Hartlepool specific priorities. The vision for the refreshed JSNA was



to provide an intelligence resource that was available at community level. It was the intention that the JSNA should be used as a resource by all partners across Hartlepool. It was highlighted that the JSNA is a “live” process and as such would be systematically updated and added to through time. A demonstration was given at the meeting.

Board Members were advised that the JSNA was structured in order to support the priorities of the Health and Wellbeing Strategy and used the same headings to describe the different sections. In each of the sections the main issues were identified as set out in the document appended to the report. Based on the appendix, the Chair sought clarification regarding the content of the website with particular reference to the importance of the link with scrutiny outcomes ie. mental health and maternity investigations. The Statutory Scrutiny Manager provided assurance that data could be fed into the site.

### **Decision**

Members noted the content of the report and approved the structure and content of the refreshed JSNA.

### **32. CQC Local System Review – Action Plan Update** (*Director of Adult and Community Based Services*)

The report provided the Board with an update on progress against the action plan that had been developed following the Care Quality Commission’s Local System Review in Hartlepool. The Care Quality Commission had undertaken a Local System Review in Hartlepool in September / October 2017. The final report had been published on the CQC website on 8 December 2017 following a Local Summit on 7 December 2017 where the CQC had presented the report and work had begun to develop an action plan in response to the areas for improvement that had been identified. Following the review, the local system had been required to develop an action plan for submission to the Department of Health in January 2018. This had been reported to the Board in February 2018.

On 10 October 2018 CQC had contacted areas that had received a review to advise that the Secretaries of State for Health and Social Care and for Housing, Communities and Local Government had asked CQC to monitor the improvements made in local areas since the local system reviews last year. The monitoring process involved CQC reviewing current performance against key indicators (including emergency admissions and readmissions and delayed transfers of care); a review of progress against the action plan and telephone interviews with key people responsible for overseeing progress. The updated action plan that had been submitted to CQC was appended to the report and interviews with key individuals from the Council, CCG and Foundation Trust were being scheduled in December. It was highlighted that the action plan

illustrated that only one action was 'amber' with all other actions completed.

### Decision

- (i) The Board noted the update regarding the monitoring process.
- (ii) The positive progress made against the action plan was noted and all those involved in the process were commended by the Chair..

## 33. **Better Care Fund 2018/19: Quarter 2 Performance Update** (*Director of Adult and Community Based Services*)

The report provided the background to the Better Care Fund reporting arrangements and summarised the National Conditions and performance measures. Performance reports were submitted to NHS England on a quarterly basis. The Q2 return covering the period April – June 2018 had been submitted in July 2018 and had confirmed that all national conditions continued to be achieved. An analysis of performance data had also been provided which was summarised in the report.

### Decision

The Board retrospectively approved the Hartlepool Better Care Fund Quarter 2 return and noted the current position in relation to performance.

## 34. **Face the Public Event 2019** (*Statutory Scrutiny Manager*)

The Board was presented with proposals for the Health and Wellbeing Board's Face the Public event in 2019. Board Members were advised that Part 2 (Article 10) of Hartlepool Borough Council's Constitution required that the Safer Hartlepool Partnership and the Health and Wellbeing Board hold a Face the Public Event each year.

It was proposed that the Safer Hartlepool Partnership and Health and Wellbeing Board Face the Public Events both be held on the 11<sup>th</sup> March 2019, as detailed in the report. The holding of these two events consecutively on the same day, would allow the resources required for their organisation to be shared and duplication removed. It would also allow a potential crossover of attendees, giving those who attend the Health and Wellbeing Board event an opportunity to easily stay and participate in the Partnership event, and vice versa. The Board was asked to consider if it would support 'starting well' as a focus topic for the Health and Wellbeing Board event, this already being the focus of the Director of Public Health's Annual report and a priority outcome within the Joint Health and Wellbeing Strategy (2018 – 2025).

### Decision

- (i) The Board agreed that the Health and Wellbeing Board's Face the Public Event be held on the 11 March 2019, commencing at 3pm (duration 2 hours)
- (ii) It was agreed that 'starting well' should be a focus topic for the Health and Wellbeing Board Face the Public Event in 2019 and that consideration should be given as to how to get information into schools in terms of that theme.

### **35. CQC Feedback - Presentation**

Tees, Esk and Wear Valley's NHS Foundation Trust was not in attendance at the meeting. It was agreed, therefore, to defer the item for consideration at the next scheduled meeting of the Board.

#### **Decision**

That the presentation be deferred for consideration at the next scheduled Board meeting on 4<sup>th</sup> March 2019.

Prior to concluding the meeting, the Chair expressed his personal thanks to Dr Peter Brambleby at this last meeting he would attend as Interim Director of Public Health.

Meeting concluded at 10.55 a.m.

CHAIR

## Tees Valley Joint Health Scrutiny Committee

A meeting of Tees Valley Joint Health Scrutiny Committee was held on Tuesday, 11th December, 2018.

**Present:** Cllr John Tennant (Chair) (HBC);

Cllr Wendy Newall (DBC), Cllr Eddie Heslop (DBC), Cllr Rachel Osbaldeston (DBC), Cllr. Evaline Cunningham (SBC), Ian Jeffrey (RCBC)

**Officers:** Peter Mennear, Michael Henderson (SBC), Joan Stevens (HBC), Katie Bannister (MBC), Caroline Breheny (MBC) Alison Pearson (RCBC), Rachel Osbaldeston (DBC)

**Also in attendance:** Jo Heaney, Louise Staener (CCG), Paul Liversidge (NEAS), Mark Cotton (NEAS), Julie Daneshyar (PHE)

**Apologies:** Cllr Lisa Grainge (SBC), Cllr Lynn Hall (SBC), Cllr Shamal Biswas, Cllr Lorraine Tostevin, Cllr Jan Taylor, Cllr Norah Cooney, Cllr Julie McGee

### 1        **Declarations of Interest**

There were no declarations of interest.

### 2        **Minutes of the meeting held on 13 September 2018**

The minutes of the meeting held on 13 September 2018 were confirmed as a correct record with the addition of Cllr Cunningham to the Apologies.

### 3        **Recommissioning of Increasing Access to Psychological Therapies (IAPT)**

Members considered a report that provided an update on the current IAPT programme delivery and the commissioning process.

Members were reminded that the Committee had received a report on the re-commissioning of IAPT in September 2018 and, at that meeting, the CCG had agreed to take advice on what information it could pass to the Committee in terms of details of the bidders, involved in the procurement process.

The Committee was informed that, advice around the contract, indicated that information about the identity of bidders was commercially sensitive and could not be provided.

It was suggested that, if companies were bidding for public services, the process should be open and transparent. Members agreed that consideration should be given to submitting a Freedom of Information request for the information. Prior to this, it was agreed further information would be sought from the CCG's procurement team.

RESOLVED that:

1. the report be noted.
2. further clarification be sought from the CCG Procurement Team, and if

necessary consideration be given to submitting a Freedom of Information request, to acquire details of the bidders in the IAPT commissioning process.

#### 4 **Tees and Darlington Suicide Prevention Plans**

Consideration was given to presentations, relating to suicide prevention, in the Tees Valley.

Members were provided with:

- the Tees Suicide Prevention Strategic Plan and Action Plan 2016 - 2021.
- Darlington Suicide Prevention Plan 2017 - 2022.
- Suicide Prevention Scrutiny Guidance, issued by the Centre for Public Scrutiny.

Members noted that the Strategic Plan's Vision was to reduce suicides, within Teesside by 10% by 2021. The Plan covered arrangements across Middlesbrough, Hartlepool, Stockton and Redcar and Cleveland (Darlington had its own stand-alone Action Plan) and was based on the six key areas for action, set nationally:

- Reduce the risk of suicide in key high-risk groups
- Tailor approaches to improve mental health in specific groups.
- reduce access to the means of suicide.
- provide better information and support to those bereaved, or affected by Suicide.
- support the media in delivering sensitive approaches to suicide and suicidal behaviour.
- support research data collection and monitoring.

The Action Plan included an additional priority, relating to sustaining current funding.

Issue raised and discussion:-

- the local STP had the highest rate of suicide in the country.
- Suicide prevention was a high priority in the Mental Health Five Year Forward View.
- A bid had been made for funding £400k across the STP footprint. This would provide funding for two years and enhance current work. Possible uses of the funding included audit and analysis, Early Warning Systems in Primary Care, self harm pathways, and support for men under 'Team Talk'.

- reference was made to austerity and Universal credit and it was suggested that this had had an impact on suicide rates. It was noted that nationally the Mental Health First Aid course had been provided to all Job Centre Plus staff, with 2000 staff trained to a higher level.
- members queried the suicide rate in the prison system. It was noted that work was on going in this area and information could be provided to the Committee.
- the Tees Suicide Prevention Taskforce was developing a Communication Strategy.
- There was improved data collection in place with the Coroner. Members noted the 8 week wait for toxicology reports to be concluded and the impact this could have on families. It was explained that this timescale could not be reduced, given the processes involved. Members were informed that families could receive support through the Cruse bereavement service and the Coroner's bereavement support service.
- it was noted that self-harm was a high risk factor in suicides and there would be a greater focus on this, in the refreshed plan.
- it was noted that GPs had access to suicide prevention training and audit data, around high risk groups.
- frontline staff, in organizations, could access training via the training hub. Some organizations had their own Mental Health e.g. DWP, where staff were trained to recognize signs and symptoms of distress.
- the Time to change campaign worked to reduce the stigma around Mental Health and was promoted locally and nationally.

At this point the Committee was provided with a presentation on the Darlington Suicide Prevention Plan 2017 - 2022. Like the Tees Plan, it was based on the 6 national key areas.

At this point the Committee was provided with a presentation on the Darlington Suicide Prevention Plan 2017 - 2022. Like the Tees Plan, it was based on the 6 national key areas.

#### Discussion

- Darlington had real time surveillance already in place. Data collection included the details of 'near misses' and this inform what prevention measures worked best.
- Darlington had seen 36 suicides over the past 3 years. In a third of these cases the individuals had accessed their GP less than 3 months before the suicide. The total numbers were higher than national averages but there was no concern regarding increasing numbers.

- strengthening communities attitude and understanding of mental health issues was an important way of preventing suicide.
- Cruse support services were decommissioned as part of the IAPT review. Local voluntary support was available in Darlington.
- Suicide data by ward was not currently available.
- it was suggested that the Committee could continue consideration of suicide prevention at a future meeting and this could include input from the Police and the Criminal Justice System e.g. prisons
- Poster work with young people in Darlington had taken place and this had been a positive piece of work. It was agreed to share the images with the Committee.
- mental Health support was provided within drugs and alcohol services and data on this could be provided to the Committee.
- suicide amongst veterans was difficult to accurately record, so there was little reliable data available but national data suggested a higher level amongst this group.

RESOLVED that:

1. the updates and discussion be noted.
2. Suicide and the criminal justice system be considered, as a future work programme item for the Committee.
3. Details of the work with young people be shared with the Committee.

## 5 North East Ambulance Service Update

Consideration was given to a presentation provided by North East Ambulance Service relating to resources and service performance. Performance data for Tees Valley CCGs was also circulated.

Discussion;-

- it was queried if there was an issue around retaining paramedics, once trained , as there seemed to be a shortfall. It was noted that paramedics were still coming through, however, there was an issue for the NHS in general, with regard to health professionals, so paramedics were going to other settings, like primary care and urgent care centers. This was being countered by trying to implement a rotation system for paramedics. This was beneficial to staff and patients, as skills were broadened. It was suggested that it would also help with stress levels.
- it was noted that third party ambulance providers were still used as a consequence of gaps in the workforce. However, they were only used for low

priority situations. It was envisaged that, from April 2019, the service would rely solely on its own staff for all work.

- The potential impact on the Tees valley of the results of the ambulance service's resources review had been modelled and was outlined to the Committee. There was a focus on increasing the number of dual crewed ambulances available to meet the new national response times.

RESOLVED that the update be noted.

## **6 Roseberry Park Task and Finish Group**

Members were provided with an update, on a review, relating to Roseberry Park that had been undertaken by a Task and Finish Group, established by the Joint Committee.

The Chair of the Group explained that the Task and Finish Group had considered a comprehensive final report that was now the subject of accuracy and legal checks. The report would come back to this Committee, in the New Year.

It was explained that the report was very positive and the Task and Finish Group members had been particularly impressed by the dedication of the staff involved. Generally, patients, families and staff had been satisfied with the level of care that they had received, given the circumstances.

RESOLVED that the update be noted.

## **7 Committee Work Programme**

Members considered its work programme and agreed it subject to the meeting, scheduled for 21st March being brought forward, as it was likely to fall into the purdah period.



## North East Joint Health Scrutiny Committee

# item 3



South Tyneside Council



North Tyneside Council



Stockton-on-Tees  
BOROUGH COUNCIL

**NORTHUMBERLAND**  
Northumberland County Council



Sunderland  
City Council

## North East Joint Health Scrutiny Committee

Minutes of meeting held on 27 November 2018 at South Shields Town Hall

### Present:

Councillors: McCabe (Chair) (South Tyneside), Chaplow (Durham), Green (Gateshead), Loynes (Hartlepool), Snowden (Sunderland), Taylor (Newcastle), Watson (Northumberland) and Watts (Redcar)

### Also in attendance:

Paul Baldasera (South Tyneside), Mike Bird (Northumberland), Nigel Cummings (Sunderland), Angela Frisby (Gateshead), Stephen Gwilym (Durham), Peter Mennear (Stockton), Alison Pearson (Redcar), Joan Stevens (Hartlepool) and Brian Springthorpe (South Tyneside),

Colin Hope (NHS England), Urwi Patel (Language Empire), Andrew Turner (Language Empire), Dawn Marshall (Becoming Visible), Sue Lee, Charles Murphy

### 1. Apologies

Cllr Craven (North Tyneside), Dryden (Middlesbrough), Grainge (Stockton), Caroline Breheny (Middlesbrough) and Joanne Holmes (North Tyneside)

### 2. Minutes of the last meeting

The Committee approved the minutes of the last meeting held on 7 September 2018 as a true record.

### 3. Translation and Interpretation Service

Colin Hope advised the Committee that the original contract had been awarded in 2013 and had 4 providers, which included Becoming Visible for BSL and Language Empire for spoken and sign. The contract was scheduled to end on 31 March 2018 and following market testing a new contract was tendered through the Crown

Procurement Service. The contract was designed to rationalise the number of providers and provide competitive rates. Language Empire was awarded the new contract.

It was accepted that there had been teething troubles, however, improvements had been made.

Andrew Turner advised that the contract had initially been awarded at short notice. Language Empire had tried to agree work with previous incumbents but no deal had been agreed with Becoming Visible. Since April 2018 14,000 requests had been received and every effort was made to ensure that specific requests for individual or male/female interpreters were met.

Dawn Marshall wished to provide a perspective from Becoming Visible and the wider deaf community. The deaf community faced particular challenges and Becoming Visible had been working with the NHS since 2003. The Crown Procurement Service contract had used a 'one size fits all' approach which did not meet the needs of our region or service users. It still had not been explained why this process had been used to establish a new contract and services users and GPs should have been consulted. Going to a GPO was a difficult challenge for a deaf resident as they needed to have trust in the interpreter to deal with personal and sensitive information. Examples were given where interpreters did not turn up, or had to leave before the consultation had finished and more deaf residents advised that they would not go to the GP or would use a family member. Questions needed to be asked about the effectiveness of the service and the balance of value for money versus safeguarding of residents. A recent court case which involved Language Empire was also highlighted.

Sue Lee advised that she was a freelance BSL interpreter of 20 years' experience and acknowledged that the issue was very emotive for all involved. The Committee was advised that 31 interpreters had indicated that they were unwilling to work with Language Empire and believed that the contract was still being delivered using unqualified interpreters. There was widespread, national concern over how Language Empire reputation and how it operated, which included interpreters not being paid and a report from the Devon area which indicated concerns over false bookings. It was stressed that deaf residents needed qualified, efficient and moral interpreters.

The Chairman stressed that the Committee needed to establish the current position of the service in the North East as part of its role to scrutinise NHS services.

A Member raised the issue of a patient satisfaction survey. Colin Hope advised that the issue had been discussed with Dawn Marshall and it had been agreed to carry out a survey although this had not yet taken place. The majority of the service was language translation not BSL. It was pointed out that deaf residents often struggled with English and written patient surveys might not be the best method of obtaining views. Colin Hope accepted the points made and gave assurances that ways would

be found to address this concern and that when completed the survey findings would be provided back to the Committee. Colin Hope advised that for the most recent period, April to October 2018, 71% of requests were met when a named interpreter was requested and 94% when a specific gender of interpreter was requested. Furthermore, it was pointed out that the court case referred to involved intellectual rights and not service provision and that Language Empire had appealed the case.

It was suggested that interpreters should be at the National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD) level which was the 'gold standards' of qualification. The Committee was advised that there were 40 registered interpreters in the region and that this comprised of 34 fully qualified and 6 trainee interpreters. The gender balance was 34 females and 6 males. 99% of BSL requests were filled. Processes were in place to deal with interpreters' concerns and three had indicated that they would remove their threat to boycott the service and a meeting had been arranged for January 2019 to discuss the situation.

The lack of available interpreters was acknowledged and Language Empire accepted that unqualified interpreters had been used in the past. It was not always possible to supply named interpreters as they may have previous commitments. Cases where an interpreter had left appointments were not acceptable and would be investigated.

It was confirmed that a Complaints Process was in place although again, it was suggested that the poor English language skills of many deaf residents made the process difficult to access. This created an untrue picture which did not recognise the widespread concerns over the performance of the service.

Sue Lee advised that she had met with Colin Hope, representatives of the deaf community and Healthwatch in June 2018 and although a Contract Monitoring Group had been agreed nothing had yet happened.

Andrew Turner advised that Language Empire were committed to the contract and would do whatever they could to support residents.

Discussion took place on the contract procurement and whether or not an equality impact assessment was carried out. It was confirmed that the Crown Procurement Service framework had been followed to award the contract but it was not thought that a separate quality impact had been carried out as it would have formed part of the framework arrangements.

A Member asked when the NHS had been made aware of concerns and what had been done to address them. The Committee was advised that discussions with Becoming Visible had taken place late 2017/early 2018 prior to the contract going live. No meetings had been held with Becoming Visible in the first few months of the new contract. Complaints started to be received broadly covering; unfilled cases, the booking system and quality of interpreters. The Committee was advised how Language Empire attempted to fill appointments even up to the last minute which

sometimes resulted in appointments being missed if no interpreter could be found. The booking system was used to validate payments and complaints had been received from GPs that it was too long and complicated to use. Work continued to try and address this concern. A notice had been issued to Language Empire to ensure that interpreters met the NRCPD standard. It was planned that the initial improvement actions would be completed by January 2019 and the patient survey by February 2019.

Charles Murphy advised that he worked as a community worker with the deaf community. He confirmed that he had received lots of complaints about the booking system and felt that deaf people were suffering over uncertainties that an interpreter would turn up for appointments, their identity and abilities. It was suggested that local deaf communities should be approached for their views.

Members questioned the role of local Healthwatch.

Agreed: (a) That the report be noted and (b) that each council make efforts to find out information from local deaf communities, (c) that information on performance, locality and complaints be circulated and (d) that the issue be reviewed at a future meeting.

#### **4. Joint Scrutiny Updates**

##### Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby STP JHSC

Stephen Gwilym advised that the Committee had invited the Chief Executive Officer of the trust to attend the next meeting to discuss collaborative work following concerns expressed over the lack of progress of the three centred hospital proposal. The Committee had also received a presentation from Mary Bewley, STP Engagement Lead, on Communications Strategy. The Committee would also consider the collaborative approach of the CCGs following the appointment of an overall Chief Executive Officer and the impact on management structures.

##### Northumberland, Tyne and Wear and North Durham STP JHSC

Councillor Taylor advised that the Committee had received presentations from Professor Alison Pollack on the Integrated Care Strategy and Keeping the NHS Public on privatisation. Other issues considered included the Engagement and Consultation Strategy, workforce issues and preventative work on mental health concerns.

### Tees Valley JHSC

Peter Mennear advised that the Committee had received a report from NEAS on ambulance performance standards, suicide prevention and performance of mental health services. A Task and Finish group had been established to consider Rosemary Park hospital.

### South Tyneside and Sunderland JHSC

Paul Baldasera advised that the Committee continued to meet regarding the Path to Excellence programme. Phase 1 of the programme had been completed and the Secretary of State for Health and Social Care had endorsed the service changes. Phase 2 of the programme was in the pre-consultation stage. Formal consultation would take place in 2019.

It was noted that most scrutiny took place at local joint Health Scrutiny Committees and that the regional North East Committee covered more regionally based and specialist services.

The Chairman highlighted the ongoing reviews across the region and the impact that these would have on local residents and communities.

## **5. Work Programme**

Paul Baldasera advised that the Work Programme continued to be flexible to meet the needs of partners and address issues as necessary.

The Chairman advised that he should be contacted should anyone wish additional items to be included.

## **6. Any Other Business**

There was no any other business.

## **7. Date and time next meeting.**

It was agreed that the next meeting would be arranged at a mutually convenient date.