TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

A meeting of the Tees Valley Health Scrutiny Joint Committee was held on 23 March 2009.

PRESENT: Representing Darlington Borough Council:
Councillor Mrs Swift

Representing Middlesbrough Council:
Councillors Dryden (Chair) and Cole

Representing Redcar & Cleveland Council:
Councillors Carling and Mrs Wall

Representing Stockton-on-Tees Borough Council:
Councillor Mrs Cains.

OFFICERS: A Anderson (Darlington Borough Council), A J Wilkins (Hartlepool Borough Council), J Bennington and J Ord (Middlesbrough Council), S Ahmed (Redcar & Cleveland Borough Council) and J Trainer (Stockton-on-Tees Borough Council).

**** PRESENT AS AN OBSERVER:** Councillor Brunton (Middlesbrough Council)
Councillor Mrs Skilbeck (Hambleton District Council)

**** PRESENT BY INVITATION:** Tees Primary Care Trusts:
Prof. Peter Kelly, Executive Director of Public Health
Tracy Hickman, Commissioning Manager
Sarah Scott, Patient and Public Involvement Manager
Elaine Jenkinson, Tees PCT Lead for Sexual Health.

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Newall and Mrs Scott (Darlington Borough Council), Councillor Brash (Hartlepool Borough Council), Councillor Mawston (Middlesbrough Council), Councillor Mrs Hensby (Redcar & Cleveland Council) and Councillors Sherris and Mrs Walmsley (Stockton-on-Tees Borough Council).

**** DECLARATIONS OF INTEREST**

Name of Member	Type of Interest	Item / Nature of Interest
Councillor Mrs Wall	Personal/Non Prejudicial	Any matters relating to North East Ambulance Service NHS Trust - related to a number of employees.

**** MINUTES**

The minutes of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 23 February 2009 were taken as read and approved as a correct record.

MATTERS ARISING – NORTH EAST AMBULANCE NHS SERVICE – FOUNDATION TRUST STATUS – CONTACT CENTRE PROPOSALS

Reference was made to the information requested at the previous meeting of the Joint Committee regarding the Teesside population figures as stated in the NEAS Foundation Trust Membership Strategy document. It was confirmed that such information was still awaited but would be pursued with NEAS.

It was also noted that a date had not yet been given for the formal public consultation to commence hence the change to the date identified for a consultation event with appropriate

political and officer representation to be hosted by the Joint Committee to discuss the options available for the configuration of constituencies.

It was confirmed that arrangements had been made for representatives of the North East Strategic Health Authority and the North East Ambulance Service to meet with the Chair and Vice-Chair of the Joint Committee regarding the NEAS Contact Centre proposals.

NOTED

CARDIOVASCULAR DISEASE SCREENING – TEES WIDE APPROACH

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from the Tees-wide Directorate of Public Health to provide a briefing on the recently introduced Cardiovascular Disease (CVD) Screening Programme.

The Chair welcomed Prof. Peter Kelly to the meeting. In his opening remarks Prof. Kelly acknowledged that the CVD Screening Programme was a very important topic in terms of public health for Teesside and Darlington areas. Following the Lord Darzi report, improving access to health care services, particularly in primary care, remained a key priority for the NHS and for Tees PCTs.

CVD involved any disease which affected the heart and blood vessels. The two most common diseases of CVD were identified as coronary heart attack and stroke. Factors which increased the risk of developing CVD included smoking, high blood pressure, diabetes, obesity and excess alcohol. CVD was the single most common cause of premature death in the North East.

It had been acknowledged that additional preventative measures were needed and reference was made to strong evidence which showed that by taking such action there would be a positive impact including reduced mortality rates.

Reference was made to the Department of Health's Putting Prevention First directive to introduce by 2012, a systematic programme of vascular risk assessment for those aged between 40 and 74 years of age. It was noted that the Tees area was ahead of the UK in that an ongoing programme had already commenced and plans were in place to extend the programme on a much larger scale.

Details were given of the CVD prevention programme which had involved so far the screening of over 1,000 local authority employees across Middlesbrough and Redcar & Cleveland PCTs with approximately 13% identified as being at significant risk of developing CVD who had subsequently been referred to a GP. The pilot study had identified that one in four employees were obese, 30% were found to be hypertensive and 27% required further tests in relation to diabetes. Without such a screening programme much of the potential problems would have remained undiagnosed. It was confirmed that other local authorities had agreed to work with the PCT for a similar screening programme for employees.

Although progress had been made it was recognised that CVD was an industrial sized problem for the North East which required industrial scale solutions. It was recognised that it was not just about disease management but involved lifestyle interventions such as diet, exercise and cessation of smoking.

Increased resources from 2008/2009 had been identified (£3.5m recurring) to build on the CVD risk assessment and prevention programme with local authorities. The aim was for everyone between the ages of 40 and 74 years of age to be part of a CVD screening programme.

It was intended that the screening programme be extended to community venues, pharmacies (40 out of 100 so far had signed up to it) and workplaces similar to those carried out with local authorities and in the first instance would focus on those identified at most risk. Further work was to be undertaken to access hard to reach groups.

Members referred to prescription charges and questioned whether or not this was a barrier for people not taking up cardiovascular screening and any required prescriptions arising from screening tests. It was confirmed that significant social marketing work was being undertaken in an endeavour to help those not accessing the service. A view was expressed that access to free prescriptions would inevitably assist the overall programme but was obviously a decision of the Department of Health. Members suggested that the Joint Committee consider the inclusion of a review on prescription charges in its 2009/2010 scrutiny work programme.

In commenting on possible ways to increase the opportunities for hard to reach groups to access services it was noted that the use of appropriate mobile units was one of the measures under discussion.

Members referred to practice based commissioning and involvement of GP's with particular regard to promoting public health agenda issues. In response it was acknowledged that some GPs had initially found it difficult to fit it into other work but much discussion and careful thought was being given as to how to progress such work. Workshops were being held across the Tees area with GPs, practice managers and nurses

Given the current financial climate Members were keen to seek some assurance that the resources would remain to order to progress the CVD programme and asked when the likely impact of such measures would be known. In response it was indicated that it was a priority for the Tees PCTs to provide a cost-effective programme and they were fairly confident that resources would remain to progress the CVD programme. Although some of the results would take some time to be known certain elements relating to the reduction of hypertension, blood pressure and cholesterol levels were likely to be known earlier than anticipated.

Members questioned the intended age range for the screening programme and expressed a concern in relation to the harder to reach cohort of people at the upper age limit. The Joint Committee was advised that evidence had shown that the risk factors tended to increase for over 40 year olds. It was intended from retirement age for persons to receive a direct invitation for an assessment at a choice of venues and for it to be followed up should the opportunity for an appointment be not taken up.

AGREED as follows: -

1. That Prof. Peter Kelly be thanked for his contribution and information provided.

2. That the CVD Screening Programme be supported.

3. That regular updates be provided to the Joint Committee but that in the first instance progress on implementation of the CVD Screening Programme be reported in late 2009/early 2010.

4. That consideration be given to the inclusion of a review on prescription charges in the 2009/2010 scrutiny work programme of the Joint Committee.

IMPROVING SEXUAL HEALTH SERVICES IN TEESSIDE

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from Tees PCTs to present a briefing on the development of proposals for the improvement of Sexual Health Services across Teesside as part of a Tees- wide investment.

The Chair welcomed the local NHS representatives who focussed on the significant work which had been undertaken in particular over the last two years in developing a service to be introduced in 2010 combining GUM, contraception, sexual health services and chlamydia screening to make it easier for patients to access services as outlined in the briefing papers previously circulated to the Joint Committee.

It was acknowledged that the Tees area had the highest levels of teenage pregnancy and sexually transmitted infections (STI) in the UK. Alongside the need to manage the growing

demand, it was felt that there was a need to better understand and manage the supply side through education, prevention and behavioural change.

Although the PCTs had commissioned a range of sexual health services it was considered that the process needed to be streamlined and a more comprehensive approach adopted. It was noted that although there were some good informal service links it was felt that in terms of commissioning and service developments there could be improved co-ordination across the Tees area. It was noted that such inconsistencies in service delivery had been reflected in the patient survey conducted in October 2008, Shaping of Sexual Health Services across Teesside a copy of which was provided at Appendix 1.

It was reported that in June 2008 the National Support Team (NST) for Sexual Health had reviewed services on Teesside which had reflected examples of good practice locally but had also made a number of key recommendations that included the move towards much more of an integration of services.

It was intended that the future procurement of integrated sexual health services would start to address the issues mentioned above and that such developments would support the transformational change that was required. The development of a service specification was an attempt not only to change service delivery but also to try and look more holistically at people's physical, emotional and social needs and to try and affect change through positive attitudes and behaviours.

Following consultation with key stakeholders including service user input the four PCTs had developed an alternative service model, which was intended to focus on improving the patient experience whilst delivering a responsive and sustainable service that met national and local targets.

The service specification described what core services were required for the development of an integrated service that included Genitourinary Medicine, Contraception and Sexual Health and Chlamydia screening. The specification highlighted that the accountable provider of the integrated service would need to interface with other sexual health services namely Teenage Pregnancy, Termination of Pregnancy, HIV specialist services and voluntary agencies. The service would manage the interface with the full range of ancillary sexual health services.

Given the evidence around the integration of sexual health services, the PCT Boards had given approval for services to go out to tender using a Competitive dialogue process with the intention of starting the contract in January 2010.

The report outlined the engagement activity that had been undertaken so far as part of the procurement process which had included workshops for young people and work undertaken through local genito-urinary medicine (GUM) clinics and GP services to canvass the views of the public around current and future service provision and preferred options for service venues. A further public survey had been carried out in September 2008 in an endeavour to seek the views of groups which traditionally had a low uptake of sexual health services such as the Black Ethnic Minority, people with learning disabilities, travellers and prisoners.

The public survey had demonstrated that there was a very high awareness of 85% in all cases of the sexual health services provision but not where to access such services. The preferred location for a check up was identified as the GP practice with nearly 40% expressing a wish for such appointments to be on weekdays after 5.00 p.m.

The main reason cited for not accessing sexual health services was personal embarrassment. The location of services was considered important but not in a dedicated centre for sexual health and in an area where someone was likely to be known.

It was noted that specific locations for service delivery had not yet been confirmed. The service model indicated that there was likely to be a substantial variation in service in that services would be provided in community venues rather than in the acute hospitals across the Tees area. It was confirmed that the PCTs would plan for formal consultation as under

Section 244 of the NHS Act 2006 to take place after the procurement process, once a Lead provider and subsequent specific locations had been identified.

It was noted that as service user involvement had been undertaken to shape the future of sexual health provision any further consultation would be to determine how the service model and subsequent changes could be implemented and to identify any additional areas for consideration, especially around the location of services. Reference was made to Improving Sexual Health Services at Appendix 2 and PPI Activity Plan at Appendix 3 in this regard.

Members asked for further clarification regarding the likely differences in service delivery. In response it was indicated that the aim was to increase the number of people accessing services and to focus more on prevention with a greater choice for sexual health screening, treatment and contraception advice. It was intended to provide a more integrated approach and comprehensive service delivered by a range of clinicians, nurses and pharmacists.

In discussing current services in particular family planning clinics Members referred to circumstances which may act as a barrier for people attending such clinics because of feelings of embarrassment in a setting used by young people and more mature people. The local NHS representatives indicated that it had been recognised that personal embarrassment could be a barrier to accessing services and the need to breakdown such obstacles was seen as paramount in developing and improving the service.

Details were provided of the engagement activity undertaken which had taken into account the outcome of the public survey. As part of the engagement activities a Service User Panel had been established and arrangements made to ensure that there was a wide cross section of voluntary and community organisations. Further detailed consideration would be given to the proposals once the final model of service had been formulated.

The Joint Committee agreed that whether or not such changes to the service would constitute a substantial variation they would welcome an opportunity of submitting any views on the proposals.

AGREED that the local NHS representatives be thanked for their contribution and information provided and they be requested to attend an appropriate future meeting to report on progress of the proposed model to improve Sexual Health Services.

CANCER SCREENING ACROSS THE TEES VALLEY

The Scrutiny Support Officer submitted a detailed report which outlined the evidence received so far in relation to Cancer Screening Services in relation to breast, cervical and bowel cancer across the Tees PCTs and Darlington PCT areas.

Members had previously expressed an interest in gaining the expertise of an external agency in making screening services as attractive and accessible to people as possible.

Members supported the suggestion to contact some of the charitable organisations that specialised in Women's Health issues with a view to seeking their views on methods of increasing young women's attendance at cervical screening.

In discussing the report in general Prof. Peter Kelly welcomed the topic of investigation by the Joint Committee. From the PCT's perspective in terms of service delivery reference was made to the recent establishment of a new senior post of dedicated nurse with effect from 1 April 2009 and 3 other new posts to examine cancer screening with a view to working closely with GPs and looking at ways of increasing uptake.

The inclusion of Darlington PCT's perspective within the covering report was welcomed and it was hoped that future reports where appropriate followed a similar format.

AGREED as follows: -

1. That the information and evidence received so far in relation to Cancer Screening Services across the Tees Valley be noted.

2. That further information be sought from charitable organisations specialising in Women's Health issues as outlined.

SOUTH TEES HOSPITALS NHS TRUST – ANNUAL HEALTHCHECK

The Scrutiny Support Officer submitted an introductory report to a paper provided by the South Tees Hospitals regarding the Trust's performance in the last year against core standards in accordance with the current quality checking regime of the Healthcare Commission. The Joint Committee was reminded of the opportunity to submit comments for inclusion in the STHT's declaration to the Healthcare Commission.

The Joint Committee was advised that in the 2007/2008 declaration the Trust had identified one area of non-compliance relating to healthcare associated infections, as they were unable to demonstrate a year-on-year reduction in the level of MRSA bacteria. The Joint Committee was advised that during 2008/2009 the Trust's performance had been very strong against such a standard.

It was confirmed that as at the end of February 2009 the Trust was within its target for the year in terms of the level of MRSA bacteria and had seen a reduction on previous years. It had been acknowledged however that the target remained very challenging and the Trust continued to explore best practices nationally and internationally to ensure that the incidence of infection continued to decline.

Prof. Peter Kelly referred to the significant improvements which had been made in reducing the level of MRSA by 60% in comparison with the previous year which Members had acknowledged. Reference was also made to the scrutiny investigation undertaken by the Middlesbrough Health Scrutiny Panel and the six monthly updates given by the South Tees Hospitals NHS Trust on Healthcare Associated Infections. Following a recent meeting the Health Scrutiny Panel had been pleased with the progress made and the approach adopted by the local NHS representatives in meeting with the Panel on a regular basis in this regard.

During October 2008, the Trust had been inspected by the Health Care Commission to test compliance against the Hygiene Code of Practice. The Joint Committee was advised that the report was very favourable with only one lapse relating to the content of environmental policies, which had subsequently been corrected.

The Trust had completed its self-assessment against the Health Care Commission Standard for 2008/2009 and had recommended declaring full compliance.

Members referred to the methods of consultation in particular with service users and potential difficulties given their vulnerability and in many cases likely reluctance to participate and engage fully. Prof. Kelly agreed the importance of meaningful consultation with patients and referred to the national directives in particular World Class commissioning which required increased clinical and patient input to ensure that services were more closely designed to meet patients' needs.

AGREED as follows: -

1. That the report of the South Tees Hospitals NHS Trust in respect of the Annual Healthcheck 2008/2009 be noted and the progress achieved in maintaining and improving performance against the required standards acknowledged.

2. That a letter be sent to the South Tees Hospitals NHS Trust from the Chair and Vice Chair on behalf of the Joint Committee outlining Members' comments.

TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST – ANNUAL HEALTHCHECK

The Scrutiny Support Officer submitted an introductory report to a paper provided by the Tees, Esk & Wear Valleys NHS Foundation Trust regarding the Trust's performance in the last year against core standards in accordance with the current quality checking regime of the Healthcare Commission.

Based on evidence submitted to the Trust's Clinical Governance and Clinical Risk Committee throughout 2008/2009 and the assurances provided by the Executive Directors, the Committee had been advised of full compliance with all standards with the exception of C9 which would be declared as 'not met' for the period 8 September 2008 to 17 September 2008. As the C9 significant lapse had been acknowledged and resolved (prior to 31 March 2009) such a standard would be categorised as adequate/compliant end of year within the online declaration.

It was confirmed that the Declaration and third party commentaries received would be presented to the Trust Board in April 2009 for ratification prior to submission of the annual health check to the Healthcare Commission by 1 May 2009.

AGREED as follows: -

1. That the report of the Tees, Esk and Wear Valleys NHS Foundation Trust in respect of the Annual Healthcheck 2008/2009 and declaration of compliance with core standards for better health be noted and the progress achieved in maintaining and improving performance against the required standards acknowledged.

2. That a letter be sent to the Tees, Esk and Wear Valleys NHS Foundation Trust from the Chair and Vice Chair on behalf of the Joint Committee outlining Members' comments.