

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

A formal notice had been issued to all concerned of a meeting of the Tees Valley Health Scrutiny Joint Committee to be held on 27 July 2009. At the appointed time of 10.00 a.m. the following were present.

- PRESENT:**
- Representing Middlesbrough Council:
Councillors Carter and Purvis (as substitute for Councillor Cole)
- Representing Hartlepool Borough Council:
Councillor G Lilley
- Representing Redcar & Cleveland Council:
Councillors Carling, Higgins and Mrs Wall
- Representing Stockton-on-Tees Borough Council:
Councillor Cains (Chair).
- OFFICERS:** J Bennington and J Ord (Middlesbrough Council) and G Birtle (Stockton-on-Tees Borough Council).

- ** ALSO IN ATTENDANCE:** Councillor Mrs Skilbeck, Hambleton District Council
- Prof. Steven Singleton, Regional Director of Public Health and Medical Director of North East Strategic Health Authority
- Prof. Peter Kelly, Executive Director of Public Health, Tees Primary Care Trusts.

The required quorum in accordance with the agreed protocol states that the quorum of the Joint Committee should be six for general meetings and one third for review meetings and that each authority should be represented. In the absence of a quorum and given the business to be transacted it was agreed by those present to proceed with the items on the agenda on an informal basis and any decisions to be formally considered at the next meeting of the Joint Committee.

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillor Mrs Scott (Darlington Borough Council), Councillor Plant (Hartlepool Borough Council), Councillors Cole and Dryden (Middlesbrough 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 | Agenda Item 5: Any matters relating to North East Ambulance Service NHS Trust - related to a number of employees. |

** MINUTES

The minutes of the meetings of the Tees Valley Health Scrutiny Joint Committee held on 20 April and 22 June 2009 were submitted.

AGREED that it be recommended that the minutes of the meetings of the Tees Valley Health Scrutiny Joint Committee held on 20 April and 22 June 2009 be approved as a correct record.

**** MATTERS ARISING – CARDIOVASCULAR DISEASE SCREENING – CARE QUALITY COMMISSION**

The Joint Committee was advised that a formal response was awaited from Prof. Peter Kelly, Executive Director of Public Health, Tees Primary Care Trusts regarding a leaflet from a commercial organisation offering cardiovascular screening at various costs.

The Chair referred to the Care Quality Commission, the new health and social care regulator for England and of the likelihood of changes to the current Annual Health Check process an overview of which had been included in the Joint Committee's scrutiny work programme for 2009/2010.

NOTED

**** REGIONAL DIRECTOR OF PUBLIC HEALTH**

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from the NHS North East Strategic Health Authority in order to provide a briefing on the wider issues associated with the Joint Committee's work programme. The Joint Committee had previously expressed an interest in strengthening its links with the North East Strategic Health Authority (SHA) and ensuring that the views of the SHA were sought on a regular basis.

Taking into account previous debates a number of areas had been highlighted for further debate as outlined in the report.

The Chair welcomed both Prof. Steven Singleton, Regional Director of Public Health and Medical Director of North East Strategic Health Authority and Prof. Peter Kelly, Executive Director of Public Health, Tees Primary Care Trusts to the meeting especially in view of their very demanding work schedules at the present time.

In his introduction Prof. Singleton gave a brief indication of his two roles as Regional Director of Public Health and Medical Director of North East Strategic Health Authority.

Specific reference was made to public health responsibilities, which included the following:-

- ensure effective policy delivery which was largely delegated to four Executive Directors of Public Health;
- important part of the work was to influence Government and to support policies appropriate to the local needs of the region.

Medical Directors provided the leadership required to ensure that quality care was achieved and an important element as recommended by Lord Darzi with an emphasis on quality and focus on local requirements.

An indication was given of the performance management responsibilities of the SHA in terms of primary care trusts and non-foundation trusts and of foundation trusts should there be any problems of a strategic nature.

Specific reference was made to three important regional strategies as follows:-

- i) Better Health, Fairer Health, a 25 year public health strategy;
- ii) Our Vision, Our Future, a ten year strategy for transforming health and healthcare;
- iii) Safer Care North East a three year patient safety strategy which supported and pursued further reductions in HCAIs.

Details were given of the ten key themes of the Better Health, Fairer Health strategy with particular regard to the significant work being undertaken to priority areas in the North East in relation to:-

- a) tackling obesity, diet and physical activity;
- b) tobacco control co-ordinated by FRESH: Smoke-Free North East;
- c) BALANCE based on the model of FRESH to provide a co-ordinated approach to alcohol related problems including social marketing and lobbying the Government for increased regulation; joint approach to identifying problems at an early stage and providing short interventions to reduce alcohol abuse; and to continue to identify ways of changing the overall culture and promote safe drinking.

Prof. Singleton referred to two critical features of current policy namely: to pursue preventative measures and manage a patient's condition in a holistic and preventative sense in an endeavour to avoid hospital when a condition (s) had reached a crisis stage; and ensuring productivity and become more efficient in order for the workforce to be able to respond to the increasing pressures over the next few years. In order to support the NHS in delivering a high quality service and ensuring progress on its commitments there needed to be a greater focus on quality, innovation, productivity and prevention.

Prof. Peter Kelly confirmed the critical importance of having regional strategies and referred to the role of Executive Directors. Whilst issues such as those relating to tobacco, obesity and alcohol were generally the same across the North East region there were nevertheless differences in local areas which required to be tackled in a various ways within the regional strategy framework.

Members raised a number of points and sought clarification on a number of areas including the following.

In terms of Healthcare Associated Infections (HCAI) Prof. Kelly outlined the significant progress which had been achieved in tackling HCAs across the region as a result of increased training, management across all sections of a hospital, quality control and much work on root cause analysis of cases. In order to demonstrate such progress an indication was given of the figures in respect of MRSA at South Tees Hospitals Trust of 120 cases in 2002 which was subsequently reduced to approximately 60 per year during 2004-2007 with 28 cases last year and no cases since February 2009. Figures in relation to North Tees and Hartlepool Trust were reported as approximately 40 cases per year in 2006 and 2007 and 14 cases last year. Prof. Singleton confirmed that similar progress was being achieved across the region. It was acknowledged that all had a responsibility in tackling HCAs and promoting a positive message of the improvements made. An assurance was given that significant improvements had been made in hospitals in recent years and certainly over a period of 30 years. Reference was made to his role in terms of the North East Transformation System to improve the quality and effectiveness of local health services and maximise the opportunities for NHS staff to enhance and transfer skills.

Whilst there was recognition of the continuing improvements which had been made it was acknowledged that it was necessary to pursue changes in the delivery of service to achieve greater efficiency and to cope with a number of areas of significant high social deprivation across the Tees Valley. A holistic approach needed to be adopted involving all agencies, Government, NHS, local authorities sharing information and working in partnership in local communities on often very complex situations. By way of example reference was made to very focussed work carried out involving just one or two families in South Tyneside. It was considered important that the lessons learnt from such a venture was disseminated amongst the relevant organisations.

The need to continue to reinforce the reasons for legislation relating to tobacco and lobbying for action in relation to alcohol was emphasised having regard to the particular problems in the North East.

It was acknowledged that developing and encouraging staff to attend appropriate training and skills programme for a more customer-orientated service was a key issue to achieving a more efficient and quality service.

In response to questions relating to swine flu an assurance was given of the steps being taken to cope with the current situation and possible future demands. The Joint Committee was advised that it appeared to be a relatively mild flu virus for which children were more susceptible to having less resilience to combat such viruses. In the overall context it was felt that the population would be better prepared for the winter months during which there was an increase in the number of deaths as a result of a combinations of colds, flu and respiratory illnesses. It was intended that the usual programme of flu jabs would be undertaken in the autumn together with a similar jab for swine flu.

The number of current cases on Teesside was reported as around 450 per day and 3,000 antivirals had been given and about 20 people had been admitted to hospital. The introduction of the national pandemic flu service had eased the pressure on GPs and the antiviral collection points. It was stressed that it was important for all to take responsibility and assist by following advice and if symptoms are mild then people should stay at home, rest, drink plenty of fluids and use over the counter flu remedies.

Confirmation was given of the involvement of the regional and local resilience forums together with other agencies in co-ordinating the current outbreak of swine flu. In response to clarification sought from Members an indication was given that should the epidemic become much more intense then there may be a need in certain circumstances for buildings such as schools and sports halls to be closed for a period of time.

In commenting on the possibility of a regional health scrutiny function it was agreed that in appropriate circumstances it would be beneficial for a representative group to meet as and when necessary to consider relevant regional issues.

AGREED that the all representatives be thanked for the information provided and contribution in subsequent deliberations.

NORTH EAST AMBULANCE SERVICE – FOUNDATION TRUST APPLICATION PROCESS

Further to the meeting of the Joint Committee held on 22 June 2009 the Scrutiny Support Officer submitted an introductory report to consider the basis of a formal response on the current statutory consultation into NEAS's application to become a Foundation Trust.

The Chair referred to the event held on 20 July 2009 to which all Elected members across the Tees Valley had been invited to attend to hear about NEAS's proposals. Although there had been a low turnout to this event a number of important points had been raised during the presentation.

Following a number of presentations to the Joint Committee; open meeting held on 20 July; Central Area Partnership Board of Stockton-on-Tees the Chair circulated a briefing paper for consideration as a basis of compiling a formal response.

The main comments outlined, not in order of priority included the following:-

- i) the consultation documents didn't make it clear that there could be an option for the public and organisations not to support NEAS's application to become a Foundation Trust;
- ii) the consultation document did not make it clear the role of the question sheet on pages 25 and 26 and the methods by which consultees should respond to NEAS;
- iii) as questions 5 & 6 were a mistake it was considered that the respective pages should have been rewritten or an erratum slip inserted;
- iv) the use of pale colours for printing on shiny paper did not make for easy reading;
- v) the cost of the consultation exercise was questioned and the extent to which resources would have to be top sliced from the budget to support the Council of Governors and the Trust's membership;

- vi) concern had been expressed about the Pay and Conditions of Services for staff in a Foundation Trust;
- vii) on becoming a Foundation Trust it was asked if the remuneration of the Executive and Non-Executive Directors would be increased substantially as in the case of other trusts;
- viii) clarification was sought on how Ambulance services would be affected and would there be a noticeable difference;
- ix) it was felt that there were insufficient Elected Members from local authorities, current proposals provided for one to represent 12 Councils and therefore the possibility of increasing the number of governors to 12 should be considered;
- x) it was considered that there were insufficient representatives from key stakeholders current proposals provided for 7;
- xi) given the extent of the large area to cover it was felt that arrangements should be made to hold meetings of the Trust around the area to maximise the opportunity for members to attend.

It was noted that NEAS representatives were attending a committee of Redcar & Cleveland Council on 28 July 2009.

The Joint Committee agreed that a formal response should be formulated on the information available and evidence received so far and for it to be circulated to Members for comment prior to submission to NEAS.

Specific reference was made to the event held on 20 July 2009 and the following comments:-

- a) in terms of the greater financial flexibility to be gained clarification was required as to the process to be adopted in determining the re-investment of any surplus resources;
- b) the extent to which a Foundation Trust would operate and if in an open and transparent manner and accessible to all parts of the region.

In considering the questions on pages 25 and 26 of the consultation document the consensus view in respect of question 3 was that they did not agree to the proposal for the Trust to have the youngest members aged 12 years and suggested that consideration be given to the youngest age for a member being 16 years.

AGREED that it be recommended that a draft formal response be formulated on the basis of the comments outlined and a copy circulated to all Members of the Joint Committee prior to submission to NEAS.

NEUROLOGICAL SERVICES – UPDATE

The Scrutiny Support Officer submitted a report, which provided an update on developments in Neurological Conditions since the Joint Committee looked into this area in late November 2007 and early 2008.

Following a presentation to the Joint Committee by the then newly appointed Commissioner for Neuro Services, a SHA-wide Commissioning Neuroscience Network had been initiated, tasked with work for the implementation of the NSF.

The Neurological Alliance had been offered a place to represent service-user perspectives on the multi-agency Network and were now firmly embedded in a number of workstreams to ensure voluntary sector and patient perspectives were voiced.

In October 2008, three years funding had been secured for the Alliance under the terms of a Service Level Agreement commissioned to provide an information service on behalf of the Tees

Valley and Durham PCT's to satisfy a key component of the NGSF – accessible right time and place information.

The Northern Areas Neurological Website hosted a page for the Neuroscience Network to disseminate information. After a year's existence the Network had been named 'leading edge' at the Department of Health and was one of the only functioning Neuro Networks in the UK driving forward the NSF agenda.

In February 2009 the Network had secured £680,000 over the next two years from the Strategic Health Authority to operate a Workforce Innovations Project designed to draw out skill from Acute centres and out into communities through a mentoring scheme, relying on the voluntary sector 'pump-primed' posts in several neurological conditions. A Project Co-ordinator had just been appointed which was the only post of its kind in the UK.

An indication had been given that there were some areas where funding was vital, such as community based rehabilitation. Although it was funded only to March 2010, the Network had a five year plan and it was highly likely that the region would be the only one in the UK to see elements of the NSF delivered well within that timescale.

NOTED

NORTH EAST AMBULANCE SERVICE – PRESS RELEASE

Further to the meeting of the Joint Committee held on 22 June 2009 and in a report of the Scrutiny Support Officer a copy of a press release was attached which provided an update on the serious incident previously reported.

The press release confirmed that an investigation had been completed by NEAS and both staff concerned had been dealt with under the Trust's disciplinary process.

It was noted that the respective paramedic had subsequently resigned from the service before his disciplinary hearing. The respective advanced technician had been disciplined and was currently going through a retraining programme prior to returning to his role.

The press release included a statement from Paul Liversidge, Director of Ambulance Operations stating that ' We are sorry that this incident occurred and would like to reassure people that the behaviour of the crew involved fell far short of the high standards we expect of our staff in treating patients. It showed a high lack of concern for patient care and was a shocking breach of our protocols and procedures regarding the care of patients and their transport to hospital.'

NOTED

HEALTH SCRUTINY WORK PROGRAMMES – TEES VALLEY LOCAL AUTHORITIES

In a report of the Scrutiny Support Officer the Joint Committee's attention was drawn to the work programmes for the Health Scrutiny function at Darlington Borough Council and Stockton-on-Tees Borough Council.

NOTED

ANY OTHER BUSINESS – SOUTH TEES HOSPITALS NHS FOUNDATION TRUST – BLOOD DONOR SESSIONS

The Chair referred to recent publicity regarding changes to the remuneration for Executive and Non-Executive Directors of the South Tees Hospitals NHS Foundation Trust. It was noted that Middlesbrough Health Scrutiny Panel had agreed to an additional topic to their scrutiny work programme 2009/2010 in relation to the governance arrangements of the Trust.

Members were advised that following a presentation to the Joint Committee concerning the Blood Donor Service it was noted that additional outlets for the service had been arranged for staff of Stockton Borough Council located near to the Municipal Buildings.

NOTED