

Health Select Committee

A meeting of Health Select Committee was held on Monday, 8th March, 2010.

Present: Cllr Mrs Ann Cains (Chairman), Cllr Paul Baker, Cllr Jim Beall, Cllr Dick Cains (vice Cllr Nesbitt), Cllr Julia Cherrett, Cllr Aidan Cockerill, Cllr Kevin Faulks, Cllr Mrs Sylvia Walmsley.

Officers: Peter Mennear, Fiona Shayler (LD).

Also in attendance: James Newton (LINK); Kathy Thornton, Sue Greaves, Victoria Cooling (NHS Stockton on Tees).

Apologies: were submitted on behalf of Cllr Mrs Nesbitt and Cllr Andrew Sherris.

1 **Declarations of Interest**

Councillor Mrs Cains declared a personal/non prejudicial interest in relation to Agenda Item No. 9 Quarterly Progress Report of Dentistry further to being a Member of the Oral Action Group.

Councillor Kevin Faulks declared a personal/non prejudicial interest in relation to Agenda Item No. 4 Phlebotomy Services in Ingleby Barwick further to being a patient at the Ingleby Barwick practice.

2 **Draft Minutes:** **- 18th January 2010** **- 25th January 2010**

The draft minutes of the meeting held on 18th January and 25th January 2010 were agreed as a correct record.

3 **Phlebotomy Services in Ingleby Barwick and Thornaby**

The Committee were requested to consider the 3 monthly update provided in relation to phlebotomy services in Ingleby Barwick.

At the meeting on 14 September, the Committee received a briefing regarding the proposal to relocate phlebotomy clinics in Stockton Borough. Members were informed that in order to improve patient access and reinstate phlebotomy services at Ingleby Barwick, two phlebotomy sessions would be transferred from Thornaby Health Centre to the Woodbridge Practice in Ingleby Barwick. The proposal was solely in relation to the location of those services, and not the total capacity. The two sessions that were introduced in September operated on Tuesday and Thursday mornings, and this was achieved by transferring two sessions from the Thornaby Health Centre.

A further update was provided at the meeting of 14 December, 2009 where Members welcomed the move, and requested additional access at Ingleby if this was possible. Following discussion at the Committee, the access at the Woodbridge Practice in Ingleby was increased further by opening sessions on Tuesday and Thursday afternoons.

The Chairman had received an email from the Leader of the Ingleby Barwick Independent Society (IBIS) who thanked the Committee for the positive result in increasing the phlebotomy services at Ingleby Barwick.

The ward Councillor suggested advertising the additional services in the local newsletter.

It was requested that the figures for usage of the afternoon service be provided at a future meeting.

CONCLUDED that the report and comments be noted.

4 **Stockton NHS Healthcare (Walk In) Centre** **- update on operation of Centre**

Members were requested to consider the update provided in relation to operation of the NHS Healthcare Centre at Tithebarn, Hardwick.

The walk-in centre at Tithebarn opened in April 2009. The centre was open from 8am to 8pm, seven days a week and was available to both registered and unregistered patients, with or without an appointment.

In addition to access to GP services, the Centre provided a minor injuries service, and could provide services to patients who may have previously attended Accident and Emergency when primary care treatment may be more appropriate.

The Centre incorporates the former GP service at the Tithebarn Medical Centre and was located at Tithebarn House.

Representatives of NHS Stockton-on-Tees were in attendance at the meeting and provided an update on the Centre's performance during its first year of operation.

Members discussed the assessment of the service and were surprised that there had been no impact on the activity of the A&E Department at the University Hospital of North Tees. It was also reported that there had been no change in the figures using the out of hours doctors service. Members felt that it would be useful to gather information from patients on their reasons for using the service.

It was requested that a further update be received in July 2010.

CONCLUDED that the update be noted and that a further report be received around July 2010.

5 Primary Care Strategy - NHS Stockton-on-Tees

The Committee were requested to consider and comment on the update provided in relation to the emerging NHS Tees Primary and Community Care Strategy.

Representatives of NHS Stockton-on-Tees were in attendance at the meeting and provided a presentation.

Members held discussions on the services provided by pharmacies and waiting times if further services were offered.

CONCLUDED that the report be noted.

6 Management of Medicines in Care Homes

The Committee were requested to consider the update provided in relation to the PCT's response to the requirement to co-ordinate the management of medicines in care homes.

Recent research had indicated that nationally there were issues in relation to the dispensation of medicines in care homes. The Department of Health had therefore written to all Directors of Adult Social Services and PCTs in order to ensure appropriate action was being taken. PCTS and providers were referred to best practice on this matter, and were informed that the Care Quality Commission would be undertaking a review of health care in care homes during 2010.

In addition a Department of Health Alert was issued to request PCTs to co-ordinate actions with primary care providers, pharmaceutical services and social care. As previously discussed at the Committee, the chair had therefore requested an update on what action was being taken locally to address this issue.

A representative of NHS Stockton-on-Tees was in attendance to brief the Committee. Members were provided with a copy of the Action Plan that had been produced by the PCT. It was stated that it was likely to take around 12-18 months for the plan to be implemented.

It was stated that care homes needed to encourage their staff to report medication errors. Members were reassured that the majority of medication errors did not cause any harm and were

in most cases an error in administration.

CONCLUDED that the action plan be noted.

**7 Efficiency, Improvement and Transformation Review of Fair Access to Care Services
- to consider the draft consultation plan**

The Committee were requested to consider and comment on the proposed approach to the consultation that would be taking place as part of the review of Fair Access to Care.

Members were aware that as part of the review of FACS, there would need to be a comprehensive consultation process. The consultation process would need to be of a minimum 3-month period and it was envisaged that this would begin following the completion of the general election.

In order to prepare for the consultation the officer project team had been meeting to develop a range of approaches to the process. Attached to the report were a range of draft consultation documents for Members to consider.

For the purposes of the planning stage, the documents assume a consultation period of June to August. Members were asked to consider, comment and if appropriate make further suggestions to the consultation planning process.

Members discussed the consultation procedure and felt that the document must be easy to understand and read for the client group that it would be aimed at. Members requested that all Councillors be updated prior to the form being distributed incase they receive queries from residents completing the form.

It was stated that Officers would also be targeting specific groups to support people when completing forms.

CONCLUDED that the report and comments be noted.

**8 Monitoring the implementation of previously agreed recommendations
- Quarterly Progress Reports - Reviews of Alcohol Services and Dentistry**

Members were asked to consider the assessments of progress contained within the Progress Updates on the implementation of previously agreed recommendations. There were outstanding recommendations from the reviews of Alcohol and Dentistry.

Member were pleased with the progress made for both reviews.

CONCLUDED that the monitoring reports be noted.

9 Tees Valley Joint Health Scrutiny Committee Update

The Committee are requested to consider an update on the work of the Tees Valley Joint Committee.

The Joint Committee considers health scrutiny issues that were of relevance and importance to residents across the Tees Valley as a whole.

The following substantive items were discussed on 11 January:-

- Cancer Screening across Tees Valley – Approval of final report
- Work Programme 2010

A further meeting had been held today and considered the approach of South Tees NHS Foundation Trust in producing its Quality Account and the Joint Committee's involvement with the process. It was suggested that the Committee and the LINK meet to produce a joint response.

CONCLUDED that the update be noted.

10 Regional Health Scrutiny Update

Members were asked to note progress in relation to the ongoing regional health scrutiny projects.

The Select Committee had in the past taken advantage of the free support days provided by the Centre for Public Scrutiny to deliver Member training on Health Scrutiny. The current programme of support from the Centre comprised of 10 free days to Overview and Scrutiny Committees (OSCs) in each Strategic Health Authority area. An application to use this support was made on behalf of the region and was successful; advisor placements were intended to support OSCs working together on common issues across whole regions or sub regions.

The Committee may recall that it was envisaged that this support would be used to develop health scrutiny structures on a regional basis. On 28 February a joint meeting of health scrutiny chairs from across the region was held to discuss a draft protocol and possible working arrangements.

As part of the process it was also agreed to hold a light touch review of an issue that affected the region as a whole, in order to assist with the process of developing scrutiny on a regional basis. It was identified that alcohol issues were of concern across the region, and that it would be beneficial to investigate the role of the Strategic Health Authority in this regard. The SHA had a particular duty to share good practice and promote innovation across the region in relation to alcohol misuse services.

A joint Member meeting had been arranged for this purpose on 31 March and representation will be sought from the North East Public Health Observatory, NHS North East, and Balance.

The Committee had previously been informed of the proposed bid for support from the CfPS under their Health Inequality Scrutiny Programme. A regional bid was prepared based on undertaking a piece of regional scrutiny work on the Health Needs of Veterans. This bid was successful and the project planning for the review had begun. A baseline day would be held in May/June.

CONCLUDED that the update be noted.

11 Work Programme

Members were informed that the action plan for audiology would be considered at their next meeting.

There would also be a site visit to the new hospital development at Roseberry Park, Middlesbrough on 19th April 2010.

CONCLUDED that the report be noted.

12 Chair's Update

The Chair had been invited to attend a Personal Health Budget Seminar at the Wynyard Rooms, but was unable to attend due to other commitments. Councillor Cockerill offered to substitute and report back to Members.

CONCLUDED that the Chairs update be noted.