

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

A meeting of the Tees Valley Health Scrutiny Joint Committee was held on 14 September 2009.

PRESENT: Representing Darlington Borough Council:
Councillor Newall

Representing Hartlepool Borough Council:
Councillors Brash and G Lilley

Representing Middlesbrough Council:
Councillor Dryden

Representing Redcar & Cleveland Council:
Councillors Carling and Mrs Wall

Representing Stockton-on-Tees Borough Council:
Councillor Cains (Chair).

OFFICERS: A Metcalfe (Darlington Borough Council), L Starrs (Hartlepool Borough Council), J Bennington and J Ord (Middlesbrough Council) and P Mennear (Stockton-on-Tees Borough Council).

**** PRESENT BY INVITATION:** Tees Primary Care Trust's:
Tracy Hickman, Communications Manager
Sarah Scott, Communication and Engagement Manager.

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Mrs Scott and Swift (Darlington Borough Council), Councillor Plant (Hartlepool Borough Council), Councillors Carter and Cole (Middlesbrough Council), Councillor Higgins (Redcar and 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 arising 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, 22 June 2009 and 27 July 2009 were taken as read and approved as a correct record.

**** MATTERS ARISING – TEES PRIMARY CARE TRUSTS**

Members referred to the overall involvement of Primary Care Trusts in the work of the individual and joint health scrutiny arrangements across the Tees Valley.

As it was some time since the reconfiguration of PCTs it was suggested that an update be provided on the operation and current position of the new structures.

NOTED AND APPROVED

IMPROVING SEXUAL HEALTH SERVICES UPDATE

Further to the meeting of the Joint Committee held on 23 March 2009 the Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from Tees PCTs.

The Chair welcomed Tracy Hickman, Communications Manager and Sarah Scott, Communication and Engagement Manager who provided a progress report on developments to Sexual Health Services as outlined in a briefing report previously circulated to Members.

The Joint Committee was advised of the procurement procedure, which was progressing using a Competitive Dialogue process. Following expressions of interest from 20 organisations and submissions of Pre-qualification Questionnaires, four organisations had been short-listed to participate in the first stage of dialogue.

As previously outlined a service user panel had been established in order to ensure that the views of service users were considered when short listing and in selecting the service provider. The panel, comprising representatives from local workplaces, voluntary organisations and young people had met with prospective providers prior to the evaluation panel at each stage of dialogue.

Following a second stage of dialogue an invitation to submit a Final Tender was issued to three bidders the deadline for which was 17 September. The results of the evaluation and any subsequent recommendations would be considered by the Tees Strategy and Procurement Board at a meeting to be held on 14 October 2009. The selected bidder would then go forward to the contract award stage and the new service was scheduled to commence on 1 February 2010. Even after the commencement of the new service it was acknowledged that inevitably there would be a transitional programme.

The Joint Committee's attention was drawn to the importance which had been placed on seeking patient's views and establishing a Service User Panel the comments from which were conveyed to the PCT Procurement Panel. Members were advised that there had been positive feedback from the Service User Panel and they had met with the bidders and identified problem areas.

It was acknowledged that the procurement process had been unique to the Tees PCT and inevitably lessons would be learned although it was reported that the procedure had progressed well so far. Regardless of the final outcome the requirements of the process had raised awareness to changes to the service.

In response to Members comments regarding issues around the preferred location of services it was confirmed that the subject had been one of the main issues raised by the Service Users Panel. It was explained that the tender documentation provided bidders the opportunity to identify appropriate options for location not necessarily in known NHS premises but in areas such as mobile, community centres or outreach facilities. The five-year contract arrangements allowed for ongoing consultation to determine what was best for the service user.

Given the importance of identifying appropriate locations Members sought assurance regarding the areas of responsibility to ensure the best outcome for service users. It was confirmed that the ultimate responsibility remained with the PCT and should it prove necessary further work would be undertaken with the bidder to resolve any problems should they arise.

Although there was no direct link, the Joint Committee was advised that Practice Based Commissioning had been consulted prior to the commencement of the tender process.

Members sought clarification on the composition of the Service Users Panel and were keen to see that such representatives included a wide cross section of the population both young and older persons. In response, the Joint Committee was advised of the initial survey which had been undertaken as part of the process which had been widely distributed including service user groups and LINKs It was confirmed that although the composition of the Service User Panel was predominantly young people any particular issues regarding older persons would be highlighted to the successful bidder.

In terms of any formal consultation with individual health scrutiny forums the Joint Committee was advised that the PCT would be in better position to determine such a position following the submission of outline submissions and the meeting of the Tees Strategy and Procurement Board on 14 October 2009.

AGREED as follows: -

1. That the Tees PCTs representatives be thanked for the information provided and participation in the subsequent deliberations.
2. That the Tees PCTs representatives be invited to attend a subsequent meeting of the Joint Committee to provide a further progress report on developments to Sexual Health Services.

OUT OF HOURS CARE - SERVICE REDESIGN PROGRESS

Further to the meeting of the Joint Committee held on 8 June 2009 the Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from Tees PCTs to provide a progress report on developments of the Out of Hours Service as outlined in the briefing report previously circulated to Members.

The Tees PCTs were working together to develop proposals for new models of Out of Hours provision in Teesside as part of a Tees-wide investment.

The vision of Out of Hours Care was for everyone in Teesside to have access to comprehensive Out of Hours Care that would be safe, accessible and delivered through a fully integrated approach using the range of health and social care services available in the community setting.

Relevant activity which had taken place within the past twelve months had been audited to provide a baseline for future activity in developing Out of Hours Care.

In order to obtain the views of the wider population specifically on Out of Hours care, a survey had been undertaken between 5 June and 3 July 2009. The survey had been distributed throughout various networks including PCT stakeholder database members, local workplaces, and LINKs to cascade throughout networks and contacts and respondents to the Momentum: pathways to healthcare consultation and Equitable Access to Primary Medical Services formal consultations.

It was confirmed that the outcome of the activity audit, along with PALS data and the outcome of the patient survey had contributed to the development of the service model for Out of Hours Care.

A full engagement report on activity to date was provided at Appendix 2: Communication and Engagement Activity Report, August 2009.

The Joint Committee was advised that the PCT Boards had given approval for Out of Hours Services to go out to tender using a competitive dialogue process. Such a process provided the option for bidders to propose solutions and give PCTs and service users the opportunity to shape such proposals in line with the key requirements extracted from the service specification.

It was intended for the dialogue with bidders to take place between September to 31 March 2010 with the contract award being in mid April 2010 and the commencement of the contract in September 2010.

It was noted that the four PCTs were working with LINKs across Teesside to gain their input into the development of an evaluation strategy. Each LINK had been provided with the patient survey results and with support from the Communication and Engagement Team would feedback on what they considered to be the most important issues and aspects of Out of Hours Care that should be included in the evaluation strategy to ensure that any potential bid met with the needs of the local population.

In commenting on the processes involved in relation to patient engagement and feedback Members sought clarification on the methods of communication used and the need to raise awareness with particular regard to the BME community which had been shown to be in a high risk category group in a recent scrutiny review relating to stroke services. The PCT representatives gave an assurance that such comments would be taken forward and considered together with other groups of people where there was shown to be similar difficulties.

In response to some concerns expressed regarding the current Out Of Hours service the PCT representatives confirmed that the aims of the new specification was to meet current requirements but at the same time allow sufficient flexibility to ensure ongoing engagement to meet any changing needs. Undertaking patient surveys and subsequent monitoring arrangements would form part of the new contract and the PCT would have responsibility that this would be carried out.

Members referred to one of the main areas of concern, which had been raised relating to the confusion caused in respect of which telephone number to use when accessing the service. It was considered that the lack of a single easily recognisable telephone number hindered such a process. It was acknowledged that this together with the need for effective publicity to raise awareness was an area to be addressed.

AGREED as follows:-

1. That the PCT representatives be thanked for the information provided.
2. That a progress report on developments be submitted to a subsequent meeting.

CANCER SCREENING ACROSS THE TEES VALLEY

The Scrutiny Support Officer submitted a report which gave an account of the evidence received so far in relation to Cancer Screening Services in terms of breast, cervical and bowel cancer across the Tees Valley.

As part of the investigation Members had expressed an interest in gaining the expertise of an external agency in encouraging people to access such services. Of particular interest to the Joint Committee was seeking the views of such organisations on methods of increasing young women's attendance at cervical screening, which according to the evidence gathered, had been identified as a cause of concern.

Details were given of a response, which had been received from Women's Well -Being, a specialist charity confirming that they had the same concerns regarding similar patterns as identified by the Joint Committee's findings.

AGREED as follows: -

1. That the report setting out the evidence received so far in relation to Cancer Screening Services across the Tees Valley be noted.
2. That the information received from Women's Well-Being be noted and incorporated into the final report.
3. That Prof. Peter Kelly, Executive Director of Public Health, Tees PCTs and Miriam Davidson, Director of Public Health, Darlington PCT be invited to a subsequent meeting of the Joint Committee with a view to discussing the Joint Committee's findings prior to the submission of the final report for approval.

HEALTH SCRUTINY FINAL REPORTS – TEES VALLEY LOCAL AUTHORITIES

In a report of the Scrutiny Support Officer the Joint Committee's attention was drawn to three final reports in respect of the following: -

- Reaching Families in Need – Health Scrutiny Forum, Hartlepool Borough Council,

- Dementia in Middlesbrough – Dementia Ad Hoc Scrutiny Panel, Middlesbrough Council
 - Practice Based Commissioning – Health Scrutiny Panel, Middlesbrough Council.
- The report also outlined the 2009/2010 health scrutiny work programme of Hartlepool Borough Council.

NOTED

ANY OTHER BUSINESS – REGIONAL SCRUTINY MEETING – MOMENTUM – HEALTH OUTCOMES

Reference was made to a recent Regional Scrutiny meeting relating to the formal responses to the North East Ambulance Service's application for Foundation Trust status. It was noted that 11 out of 12 invited local authorities had attended all of which had concurred with the findings of the Tees Valley Health Scrutiny Joint Committee in this regard.

In response to recent references in the local press regarding the future of a new build hospital north of the Tees it was confirmed that Carole Langrick, Director of Strategic Service Development, North Tees and Hartlepool NHS Foundation Trust had been invited to give a progress report to the meeting of the Joint Committee to be held on 12 October 2009.

In terms of future items for consideration reference was made to the following: -

- a) capacity of Ambulance Services across the Tees Valley and a suggestion for the setting up of a Working Party to investigate the matter to be considered at the next meeting of the Joint Committee to be held on 12 October 2009;
- b) Patient Outcomes Work to be considered at the meeting of the Joint Committee to be held on 16 November 2009.

NOTED