

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

A meeting of the Tees Valley Health Scrutiny Joint Committee was held on 13 September 2010.

PRESENT: Representing Darlington Borough Council:
Councillors Newall and Mrs Swift

Representing Hartlepool Borough Council:
Councillor G Lilley

Representing Middlesbrough Council:
Councillor Cole

Representing Redcar & Cleveland Council:
Councillors Carling and Mrs Wall (Chair)

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

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

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillor Mrs Scott (Darlington Borough Council), Councillors S Akers-Belcher and Cook (Hartlepool Borough Council), Councillor Dryden (Middlesbrough Council), Councillor Higgins (Redcar and Cleveland Council) and Councillors Sherris and Mrs Walmsley (Stockton-on-Tees Borough Council).

**** PRESENT BY INVITATION:**

Prof. Peter Kelly, Executive Director of Public Health, NHS Tees

Carole Langrick, Deputy Chief Executive of North Tees and Hartlepool NHS Foundation Trust and Head of Momentum Project

Nick Springham, Consultant in Public Health, NHS County Durham and Darlington

Claire Young, Head of Communications, North Tees and Hartlepool NHS Foundation Trust.

**** DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

**** MINUTES**

The minutes of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 23 August 2010 were submitted and approved as a correct record.

MOMENTUM UPDATE

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from the North Tees and Hartlepool NHS Foundation Trust to provide an update on the Momentum Programme.

The Joint Committee was reminded of announcements in the summer of 2010 regarding the withdrawal of funding for the proposed new hospital for the Wynyard site. As part of the Joint

Committee's current scrutiny work programme Members were keen to ascertain how the Programme would progress in the light of such announcements.

The Chair welcomed, Carole Langrick, the Head of the Momentum Project gave an update on the current position in the light of Government decisions concerning the proposed new hospital. The Momentum Programme, collaboration between the North Tees and Hartlepool NHS Foundation Trust and other partners, stakeholders and including PCTs comprised three elements. Such elements included Service Transformation developing services closer to home in community settings; developing community facilities including improvements to GP surgeries and Health Centres; and a new hospital.

From the outset the new hospital was to be funded by means of the Government's Public Dividend Capital (PDC) mechanism. The project for the new hospital was awarded a PDC, which was subsequently withdrawn by the Coalition Government. Since such an announcement in June 2010 much work had been undertaken to ensure a way forward for the new hospital.

Reference was made to initial discussions with the Department of Health when clarification was sought about support for the scheme following which it had been confirmed that the element of public funding was the only part, which had been withdrawn.

Since this time work had progressed on reviewing the business case and identifying different funding sources following the same criteria methods which would subsequently be considered by the Department of Health and Independent Regulator with an anticipated decision being made January/February 2011. The preferred option being pursued was regarded as a type of Private Finance Initiative funding the interest rate on which together with the rate of repayment was less than other methods but 1%-2% higher than a PDC. The Joint Committee was advised that open discussions had taken place with a number of organisations from which a positive response had so far been received.

The Joint Committee was also advised of work, which had been undertaken regarding the scope to revise the specification for the new hospital. The work covered such issues as reducing the percentage of single rooms from 100% to 80% taking into account patients' views; using the national requirement for the size of the rooms given the reducing average length of stay in hospital; determining that office accommodation need not be an integral part of the hospital; and also deciding that laboratories need not necessarily be in the clinical build. An assurance was given that whilst overall costs had been reduced the quality of the finish remained.

Members indicated that whilst there was disappointment that the PDC funding had been withdrawn and consequent delay to the overall scheme they acknowledged the hard work which had subsequently been undertaken and the reasons for the revised specifications for the new hospital.

Members were keen that the community facilities element of the overall programme would progress. In response it was indicated that the community facilities element was interlinked with the overall project and that the planning permission granted for the new hospital had been on the basis of the community facilities being delivered. From the perspective of the PCTs an indication was given of the current position in that every endeavour would be made to continue to support the Momentum Programme until such time as its proposed successor takes over responsibility of such matters as part of the recent White Paper proposals.

AGREED that the local NHS representatives be thanked for the information provided.

CANCER SCREENING – UPDATE ON PROGRESS

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from the local NHS to provide an update on progress around the development of strategy to increase the uptake of Cancer Screening programmes.

The Chair welcomed Nick Springham, Consultant in Public Health, NHS County Durham and Darlington and Prof. Peter Kelly, Executive Director of Public Health, NHS Tees to the meeting.

Members were advised that in relation to County Durham and Darlington the take up of breast cancer screening remained the same being at a higher level than elsewhere and that of colorectal screening which was at a reasonable rate but slightly higher than the hub average. It was recognised that to increase the take up of such screening was an ongoing process and there was still much work to be undertaken. It was noted however that as a result of an increase in general awareness and the screening programmes the survival rates had increased in relation to breast cancer.

The Joint Committee's attention was drawn to cervical screening and improvements being made to the service element of the screening programme at GP practices to achieve better take up rates at an earlier stage of the process and better engagement with those invited to attend such screening.

In overall terms an indication was given of a range of social marketing initiatives which were being pursued in an endeavour to increase the take up of cancer screening. The current role of local authorities was seen as assisting in understanding the make up of the local population and helping PCTs to overcome barriers and also to have a key role in identifying suitable community venues for certain screening programmes.

Whilst it was noted that the letters of invitation to screening programmes were standard to the Department of Health it was acknowledged that there was scope in enclosing suitable poster material with such communications to encourage further take up of screening programmes.

In relation to NHS Tees specific reference was made to bowel screening and an extension of such a programme which was now offered to 60-75 year olds.

Reference was made to a £1million investment, which had previously been agreed, for Digital Mammography equipment to be in place by December 2010.

The Joint Committee was advised of a number of specific projects involving social marketing initiatives in an endeavour to increase take up to cancer screening programmes taking into account the often complex social needs of various communities.

NOTED

WHITE PAPER – EQUITY AND EXCELLENCE – LIBERATING THE NHS – RESPONSE

Further to the meeting of the Joint Committee held on 23 August 2010 the Scrutiny Support Officer submitted a report, which outlined potential areas to form the basis of a formal response to the consultation to the Government's White Paper. Equity & Excellence: Liberating the NHS.

Members reiterated their concerns over General Practice having ultimate control over local commissioning budgets and the current level of expertise within the General Practice community to effectively identify need and commission services. Accepting, however, that General Practice would take a central role in commissioning in the near future, the Joint Scrutiny Committee emphasised the need for GP Consortia to have full access to all relevant management support to assist in those decisions. It was considered that General Practice would be required to enhance its skills and knowledge of wider parts of the NHS, especially in the case given that GP Consortia would soon be making commissioning decisions on such matters.

The Joint Scrutiny Committee supported the increased role for local government in the promotion of public health and the delivery of public health services. Members also welcomed the increased involvement of local government in the co-ordination of health and social care services and the stronger involvement in setting of strategy. The Joint Committee reiterated strong concerns over the scrutiny role envisaged for the Local Health & Wellbeing Boards. The view was expressed that it was not acceptable that the Health & Wellbeing Board would be involved in setting local health strategy and then becoming involved in the scrutiny of proposals when reconfiguration plans occurred, which were a direct result of that health strategy. In this sense, Members considered that it would be better that a degree of separation remained and, a previously uninvolved party, such as a Scrutiny Panel considered reconfiguration plans.

On the topic of Healthwatch, concern was expressed that Local Involvement Networks (LINKs) did not currently have the capacity to deliver the services and functions envisaged of Healthwatch. As such, a great deal of capacity building would be required to deliver on the Healthwatch ambition. The Joint Committee expressed an interest in hearing more detail as to how the Department of Health envisaged delivering that capacity and expertise.

Accepting that GP Commissioning would become a fundamental aspect, the Joint Scrutiny Committee expressed a strong interest in hearing much more detail around how GP Commissioning Consortia would be put together and the intended size and structure of Consortia. The Joint Committee also expressed a keen interest in engaging with local General Practice, to start the debate about how the changes would be implemented and how the transitional period would be approached.

As previously agreed reference was made to the intention to incorporate the responses from the constituent authorities. A copy of the response from Hartlepool Borough Council was circulated at the meeting. An indication was given of the timetable for the receipt of the responses from the remaining authorities.

In commenting on the response from Hartlepool Borough Council support was expressed for boundaries of any GP Consortia to be coterminous with local authority boundaries in order to be more responsive to the needs of the local population.

AGREED that the comments outlined together with the responses from the constituent authorities form the basis of a draft formal response on the White Paper proposals and circulated to Members for comment prior to submission.

DATE OF NEXT MEETING

It was confirmed that the next meeting of the Tees Valley Health Scrutiny Joint Committee was scheduled for Monday 11 October 2010 at 10.00 a.m. in the Mandela Room, Town Hall, Middlesbrough.

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