



Health Scrutiny Panel

2 June 2004

Developing the Future Work Programme

1.0 PURPOSE OF THE REPORT

1.1 To begin the discussion about the future work programme.

2.0 BACKGROUND

2.1 The Panel needs to develop a work programme, together with a general timeframe for each review, for consideration by the Overview and Scrutiny Board on 15 June. Detailed terms of reference can be developed at the start of each review.

2.2 Guidance on health scrutiny indicates that the Panel should have a detailed programme for year one and an outline plan for a further two years.

2.3 The Strategic Health Authority, Middlesbrough PCT and the South Tees Hospitals and TNEY Trusts have been invited to suggest issues they feel should be considered for the work programme, in the context of the wider public health agenda and consultations on substantial changes to health services. Representatives have been invited to attend the meeting to discuss the development of the programme.

2.4 The Public and Patient Involvement Forums for the PCT and the Trusts, the North East Public Health Observatory and the regional office of the Health Development Agency have also been asked for their views on potential topics.

2.5 The Patient Advice and Liaison Services of the PCT and Trusts have been asked for a breakdown of the issues they have dealt with over the last 12 months in order that the Panel can identify any trends it wishes to look at in more detail.

2.6 A letter has been sent to all Community Councils asking whether they have any suggestions for the Panel to consider.

3.0 REMIT OF THE HEALTH SCRUTINY PANEL

3.1 The Panel can carry out all the functions of other Scrutiny Panel's that relate to scrutinising Council policies. The difference with health scrutiny is that the Panel has an explicit power to scrutinise the NHS as part of its consideration of health issues. The power broadly relates to planning and delivering health services under three themes:

- Reflecting public views
- Equal access to services
- Equal outcomes of services

and there are duties on the NHS to:

- Provide information
- Attend meetings
- Consult on substantial changes

4.0 DEVELOPING THE PROGRAMME

4.1 A schedule of potential topics for years 1 and 2 is attached at Appendix A to this report. The topics in the schedule have been rolled forward from the work programme that was agreed last year.

4.2 Last year's programme was informed by the health scrutiny summit held 18 months ago. Some of the topics suggested have been dealt with either by the Middlesbrough Panel or through the joint health scrutiny arrangements that exist with Redcar and Cleveland Council and other Tees Valley neighbours.

4.3 Other potential topics suggested during the last year are as follows:

- Tackling Asthma (raised by the National Asthma Campaign)
- Prescription of Ritalin (raised by the Executive Director of Education)
- Community Pharmacies (raised by the National Pharmaceutical Association)

4.4 The PALS Team at the South Tees Hospitals Trust has identified three broad themes to their work in the last 12 months:

- Provision of interpretation services, both for language and for the deaf.
- Bereavement - several enquiries from the recently bereaved, especially when insufficient information has been shared, there has been a lack of sensitivity about the breaking of bad news, availability of quiet rooms, arrangements for collecting personal belongings, death certificates etc.

- Poor communication is a feature of many enquiries. This includes for example, staff attitudes, breakdown in communication because notes are muddled or information goes astray, or quite often because there is a failure to ensure that people fully understand what they have been told.

4.5 Health issues explored with the Voiceover Panel during the last year relate to:

- Access to routine operations (patient choice)
- Information sharing between professionals (patient held records)

4.6 The Panel has recently sent a response to the Department of Health's consultation about public health called "Choosing Health". The Panel agreed that the issues raised by the consultation should form part of its consideration of the work programme for this year and beyond:

- Warm, dry homes (already indicated for Year 2)
- Education for young parents about nutrition and the balance between processed and home cooked food
- Roll out of Sure Start and Sure Start Plus to all communities
- Children's access to leisure (already indicated for Year 1)
- Free school meals for all
- Reduce "out of school" time at lunchtimes
- Fitness and exercise in schools
- Information about simple things that people can do to improve their health and lifestyle
- The effects of poverty and deprivation on the choices people make
- Underfunding of the PCT (already dealt with last year)
- Smoking in public places and enclosed spaces
- Young girls and women who smoke
- Harmful effects of alcohol and enforcing retail laws
- Developing shared indicators across agencies
- Mainstreaming funding
- Raising the profile of mental illness

5.0 THE NATIONAL AND LOCAL FRAMEWORK

5.1 It seems sensible that there should be some links between the Panel's work programme, the three year targets in the national Priorities and Planning Framework (PPF) for the NHS and the Local Delivery Plan (LDP) that sets out how the targets in the PPF will be tackled locally.

5.2 The Panel does not need to restrict itself to either the Framework or the LDP and Members can suggest other potential topics for consideration.

5.3 The focus of the PPF is around:

Improving access

- reducing A+E waiting times and developing NHS Direct
- reducing waiting for primary and acute care
- increased booking for appointments and admission
- more choice for patients

Improving services and outcomes

- cancer
- heart disease
- mental health
- older people
- life chances for children

Improving patients' experience

- access and waiting
- more information and choice
- building relationships
- safe, high quality care
- clean, comfortable and friendly environment

Reducing health inequalities

- reducing the numbers of women smoking in pregnancy
- increasing breastfeeding rates in disadvantaged groups
- reducing unplanned teenage pregnancy rates
- reducing deaths from heart disease and cancer
- increasing the uptake of flu jabs for the over 65s

Reducing drugs mis-use

- increasing participation in drug treatment programmes
- reducing drug related deaths

6.0 LINKS

6.1 All the identified topics are drawn together below. There are already some links that can be drawn with the PPF and LDP. Where there are also links with the Middlesbrough's draft Corporate Performance Plan (CPP), the draft Community Strategy Delivery Plan (CSDP) or the second generation Local Public Service Agreement (PSA2), these are indicated:

Improving access to services

- Access to and development of Primary Care (CSDP – Promoting Healthier Communities)
- Recruitment and workforce development (CSDP – Promoting Healthier Communities)
- Access to leisure/exercise referral (CSDP – Promoting Healthier Communities)
- Transportation issues for particular communities (CPP – Securing Better Access to Jobs and Services and Meeting Local Transport Needs More effectively)
- Community Pharmacies
- Access to routine operations

Improving services and outcomes

Mental Health

- Tackling the causes of suicide
- Substance misuse and effects on mental health (CSDP – Promoting Healthier Communities)

Life chances for children

- Physical activity and access to leisure/health education/obesity (CSDP – Promoting Healthier Communities) (CPP – Transforming Our Environment and Encouraging Healthier Lifestyles)
- Tackling Asthma
- Prescription of Ritalin

Improving the Patient Experience

- Provision of interpretation services
- Bereavement

- Communication
- Information sharing between professionals

Reducing health inequalities

- Dampness in housing (CSDP – Promoting Healthier Communities)

Reducing Drug Misuse

- TNEY Addictive Behaviours Service and the Personal Medical Services pilot (CSDP – Promoting Healthier Communities)
- Substance misuse and effects on mental health (CSDP – Promoting Healthier Communities)

7.0 OTHER TOPICS

7.1 A topic that does not fall naturally in to the above:

- Accountability of key agencies

8.0 CONCLUSION

8.1 The Panel needs to put forward a detailed programme for this year and an outline programme for the next two years. The Panel is not restricted in the topics it can agree, but there should be some evidence that topics reflect local needs and are meaningful.

**COUNCILLOR EDDIE DRYDEN
CHAIR OF HEALTH SCRUTINY PANEL**

BACKGROUND PAPERS

Draft Corporate Performance Plan for 2004/05

Draft Community Strategy Delivery Plan for 2004/05

Improvement, Expansion and Reform: The Next Three Years (Priorities and

Planning Framework 2003 – 2006) – Department of Health September 2002

Local Delivery Plan 2003 – 2006 – Middlesbrough PCT

Draft Local Public Service Agreement 2nd Generation

Voiceover Panel report – July 2003

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