HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 5 March 2008.

PRESENT: Councillor Dryden (Chair), Councillors Biswas, Cole, Lancaster, Mrs H Pearson, P Rogers and Rooney.

OFFICIALS: J Bennington, B McGowan and J Ord.

PRESENT BY INVITATION: Middlesbrough Primary Care Trust:

Jonathon Maloney, Assistant Director Assurance
Michelle Martin, Governance Manager
Jackie Robinson, Governance Manager.

**** AN APOLOGY FOR ABSENCE** was submitted on behalf of Councillor Elder.

**** DECLARATIONS OF INTEREST**

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

**** MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 11 February 2008 were taken as read and approved as a correct record.

SUSTAINABLE COMMUNITY STRATEGY – LOCAL AREA AGREEMENT – ADULT HEALTH AND WELLBEING – TACKLING EXCLUSION – PROMOTING EQUALITY SUB SECTION

The views of the Panel were sought on the proposed content of the draft Adult Health and Wellbeing/Tackling Exclusion & Promoting Equality sub-sections of the Sustainable Community Strategy and Local Area Agreement (LAA) as outlined in Appendix A of the report submitted. It was confirmed that the relevant sections of the Sustainable Community Strategy and LAA, including the current list of proposed indicators were being considered by appropriate Scrutiny Panels prior to the submission of a draft of the full documents to the Overview and Scrutiny Board at its meeting to be held on 8 April 2008.

The Partnership Manager confirmed that the aim was for the Sustainable Community Strategy to set out the longer-term vision for the Town including high level priorities and the LAA to set out the shorter term (three year) targets, underpinned by local plans.

The process that was being used for the development of the LAA was also being applied to inform the development of the Sustainable Community Strategy. As both the first LAA and the 2005 Community Strategy were current documents, the process was being viewed as a 'refresh' rather than a wholesale rewrite.

LAAs had now become statutory and a new format was required with an emphasis on identifying up to 35 'designated' improvement targets reflecting local priorities and 16 mandatory attainment targets (from the Department for Children, Schools and Families) selected from a total of 198 national indicators as set out in Appendix B of the report submitted. It was pointed out that although the Authority had to report on all 198 indicators there was an opportunity to develop additional local indicators.

Middlesbrough Health and Social Care Partnership (MHSCP) the health-theme group of the LSP had developed out of several years of joint working and investment planning with predominantly health and social care. It was noted, however, that in recent years the focus of the Partnership had broadened to encompass the wider public-health agenda. Such an agenda was outlined in a Joint Public Health Strategy between Middlesbrough PCT and Middlesbrough Council. Membership of the MHSP was diverse and included key statutory agencies and relevant departments, the voluntary sector and local community representatives. The Partnership was chaired by the Director of Health Improvement and Public Health for Middlesbrough PCT.

The report referred to several key strategic drivers such as Choosing Health (2004); NHS Plan (2000); National Service Frameworks for mental health, diabetes, coronary heart disease, older people and long-term conditions; Cancer Plan; Our Health, Our Care, Our Say (2005); and Public Service Agreement Targets (PSA) and Local PSA. In determining the indicators regard was given to factors such as the level of priority; current performance; if improvement could be attained; if appropriate baseline information was available, avoiding duplication; and taking into account Government priorities.

The Panel's attention was drawn to the following four key strategic health priority areas and national indicators which were the subject of ongoing detailed work prior to inclusion in the overall Sustainable Community Strategy and LAA 2008-2011:-

a) Help promote health, wellbeing, independence, inclusion and choice;

   N1 124: People with a long-term condition supported to be independent and in control of their condition;

b) Ensure that, when people fall ill, they get good-quality care and are made better faster;

c) Ensure that the gap is closed between levels of health of Middlesbrough residents and the national average, as well as the gap between priority neighbourhoods and the Middlesbrough average;

   NI 8: Adult participation in sport;
   NI 123: 16 plus current smoking rate prevalence;
   NI 121: mortality rate from all circulatory diseases at ages under 75;

d) Tackling exclusion and promoting equality;

   NI 144: Offenders under probation supervision in employment at the end of their order or licence;
   NI 146: Adults with learning disabilities in employment;
   NI 150: Adults in contact with secondary mental health services in employment.

In response to clarification sought by Members on the process of determining the above priorities the Partnership Manager explained that they were based on Council priorities previously identified. Reference was also made to Government guidance and in particular the detailed definitions, which would ensure that the methodology for measuring individual indicators was consistent. It was pointed out that some of the indicators were closely linked to NHS measures providing certain alignment.

Members requested that they be given a further opportunity to comment on the detailed information when available. The Partnership Manager confirmed that once the key priorities as outlined above had been agreed further work would be undertaken which included discussion with the respective Action Groups and partners across the themes.

The Panel requested that such information should include details of how and who would be responsible for achieving the targets. It was noted that there was significant negotiation between the Authority and Middlesbrough Primary Care Trust on agreeing a set of indicators on areas of mutual interest.

As previously indicated Members emphasised the importance of including the Council's strategic aims in respect of the specific health and social care issues of children and young persons.

AGREED as follows: -

1. That the information provided be noted and the key strategic health priority areas be approved.

2. That taking into account the Panel's comments as outlined further information be provided on the targets to be achieved on the relevant sub-sections of the Sustainable Community Strategy and Local Area Agreement.

MIDDLESBROUGH PRIMARY CARE TRUST – HEALTHCARE COMMISSION DECLARATION

The Scrutiny Support Officer submitted an introductory report on the evidence to be sought from Middlesbrough Primary Care Trust regarding its Healthcare Commission Declaration.

Under a new checking regime of the Healthcare Commission, health scrutiny had the opportunity to comment on Trust performance and for such comments to be inserted into the Trust's declaration of performance against the core standards as unedited contributions.

The Chair welcomed representatives of Middlesbrough PCT who gave a presentation on the Standards of Better Health (S4BH) focussing on the Assessment Framework and work undertaken to achieve full compliance in respect of 44/44 standards.

An indication was given of the approach adopted, which included;

- a clear strategy maintained and timetable to achieve compliance;
- robust IT system 'MIDAS' which provided a single electronic evidence repository and assisted with action planning and identifying gaps;
- corporate engagement and measures in place for shared responsibility to objectively review the evidence including 7 S4BH Challenge Panels to review all elements and Key Lines of Enquiry;
- raised awareness at all levels including PPI Forum and staff training and education;
- demonstrable continuous improvement.

The Panel's attention was drawn to specific achievements in relation to ongoing engagement with staff across the organisation and MIDAS, which was continuously being refined to assist staff.

The process had been approved by the PCTs Internal Audit, which had taken into consideration the following: -

- impact if any, on compliance with Core Standards as a result of serious incidents, adverse external reports and PCT re-organisation;
- provide assurances regarding what action had been taken to address the gaps identified in the previous year's declaration;
- benchmarking against the common 'problem areas' in other PCTs in the CDTV area.

The Panel was advised of the action taken to ensure compliance with core standards with particular regard to the following: -

<u>Core Standard 4a:</u>
Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA):

action taken included:
- having a dedicated Infection Control Team and Director of Infection Prevention and Control;
- compliance with legislation;
- audit and monitoring arrangements;
- robust Infection Control Training;
- awareness raising and publicity drive;
- close links with secondary care, Independent Contractors and the Strategic Health Authority;

<u>Core Standard 6:</u>
Healthcare organisations co-operate with each other and social care organisations to ensure that patients' individual needs are properly managed and met:

action taken included:
- integrated Health & Social Care Teams co-terminus with Local Authority boundaries;
- Single Assessment Process implemented;
- common assessment framework for children and young people;

Core Standard 13a:
Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect;

action taken included:
- recognised at regional level as an area with good practice with regard to Dignity in Care;
- Dignity Champions;
- training and development of specific policies;

Core Standard 16:
Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care;

action taken included:
- developments associated with PCT Website, telephone directories and leaflets;
- availability of information in other languages and formats;
- liaison with Patient Experience team including PALs;

Core Standard 17:
The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services;

action taken included:
- briefings to Overview and Scrutiny Committees;
- briefings to Patient and Public Involvement Forums;
- PALS reports;

Core Standard 18:
Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably;

action taken included:
- DDA survey of PCT premises;
- choice of provider where applicable (NHS & Independent Sector);
- provision of services in primary care facilities (One Life, North Ormesby Health Village);
- out of hours provision;
- emergency eye care scheme;
- contraception and sexual health services;

Core Standard 22 a & c:
Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by a) co-operating with each other and with local authorities and other organisations b) making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships:

action taken included:
- PCT representation on the Local Strategic Partnership and South Tees Youth Justice Board;
- Children's Trust Board;
- Health and Social Care Partnership Member;
- reducing Teenage Pregnancy Programme;
- reducing smoking programme;
- Maternal Smoking Plan – South Tees;

Core Standard 22b:
Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices;

action taken included:
- Director of Public Health Annual Report informs Business Plan Objectives;
- Chlamydia Screening Programme;
- Community Pharmacy Smoking SLA;

Core Standard 23:
Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks and national plans with particular regard to reducing obesity, through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections;

action taken included:
- Health Promotion Programmes of Smoking, Chlamydia, Maternal Smoking, Reducing Teenage Pregnancy, Obesity;
- Health Promotion Resource Library providing information on above.

Members referred to the Panel's scrutiny investigation into Healthcare Associated Infections and its decision to receive regular updates. In response to Members clarification on how full compliance had been achieved it was explained that the PCT had its own standards to demonstrate that reasonable steps had been taken to ensure that the South Tees Hospitals Trust complied with same standards.

In commenting on the strength of compliance of the above core standards it was noted that there was less confidence regarding mandatory training but only because a higher target had been set.

AGREED as follows: -

1. That the Middlesbrough Primary Care Trust representatives be thanked for the information provided.

2. That references be included in the Middlesbrough PCT Healthcare Commission Declaration based on the following:-

   a) that the Middlesbrough Health Scrutiny Panel notes the improvements achieved since the previous year's declaration;

   b) that the Middlesbrough Health Scrutiny Panel would welcome the opportunity to exploring a different approach in an endeavour to have a more meaningful involvement and contribution to the annual verification process.

3. That a further update be provided on Healthcare Associated Infections to a meeting of the Scrutiny Panel at the end of April 2008.

OVERVIEW AND SCRUTINY UPDATE

In a report of the Chair of the Health Scrutiny Panel, Members were advised of the key matters considered and action taken arising from the meetings of the Overview and Scrutiny Board held on 21 January, 29 January, 7 February and 12 February 2008.

NOTED