HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 29 May 2008.

PRESENT: Councillor Dryden (Chair), Councillors Carter, Cole and P Rogers.

OFFICIALS: J Bennington, P Dyson, S Harker and J Ord.

**** PRESENT BY INVITATION:** Councillor Brunton, Chair of Overview and Scrutiny Board.

South Tees Hospitals NHS Trust:
Tricia Hart, Director of Nursing / Infection Prevention & Control
Alison Peevor, Head of Infection Prevention and Control

Dr Peter Heywood, Director of Health, Middlesbrough Primary Care Trust.

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Dunne and Lancaster.

**** DECLARATIONS OF INTEREST**

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

APPOINTMENT – VICE CHAIR – HEALTH SCRUTINY PANEL

The Chair sought nominations for the appointment of Vice-Chair of the Health Scrutiny Panel.

ORDERED that Councillor Carter be appointed Vice-Chair of the Health Scrutiny Panel for the Municipal Year 2008/2009.

**** MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 8 May 2008 were taken as read and approved as a correct record.

HEALTHCARE ASSOCIATED INFECTIONS UPDATE

In a report of the Scrutiny Support Officer the Panel was reminded that during the 2006/2007 Municipal Year, the Panel had conducted a review into Healthcare Associated Infections (HCAIs), the impact they had on local health services and how they were being tackled. A copy of the Executive Summary of the subsequent Final report had been circulated to the Panel.

One of the agreed recommendations was for periodic updates on progress at James Cook University Hospital in tackling HCAIs.

Members were reminded of the previous update on 30 October 2007, which included information on the incidence of HCAIs and the steps being taken to combat the situation.

The Chair welcomed representatives from the South Tees Hospitals NHS Trust (STHT) who provided an update on the key areas of Infection Prevention and Control which included the following key areas:-

Targets 2007/2008:

- MRSA bacteraemia national target was 27 (based on 2003/2004 figures, which required a 60% reduction over three years);
- the above was regarded as a challenging target to achieve, the final number for MRSA 2007/2008 was reported as 60 cases;

- graphical information was given in relation to the period 2001 when clear data was provided to 2008 which demonstrated a high figure of 120 patients in 2001/2002 with MRSA and a dramatic reduction in 2006/2007 to 57 cases;

- although 2007/2008 showed an increase of 3 cases to 60, an assurance was given that the same vigorous procedures had been in place but emergency/elective surgery at both the Friarage and JCUH had increased by 8 – 10%;

- Clostridium difficile (CD) local target was 534 (based on 2006/2007 figures, which required a 10% reduction for the year);

- final numbers for 2007/2008 for CD was reported as 442 (a 26% reduction achieved on previous year);

- a target had not been set for 2008/2009 but there was to be an overall 30% reduction by 2011;

- the Freeman Hospital in Newcastle had been named as in the top 20 for deaths related to MRSA for both periods 2002-2005 and 2002-2006;

- JCUH, the University Hospital of North Tees, University Hospital Hartlepool were listed in the lowest 20 for death rates (MRSA) for the period 2002-2006;

Cleaning:

- Involved a major cleaning and operational programme covering over 97 wards and departments at the Friarage and JCUH;

- reference was made to a Tripartite workshop with STHT, Carillion and Endeavour;

- Patient Environment Action Team assessments had been developed;

- HCAI DoH funded projects included additional cleaning and terminal cleaning;

- Use of best possible cleaning agents, project monitoring daily Actichlor plus use;

- agreed daily use of Actichlor plus on wards closed during outbreaks;

- Deep Cleaning Programme completed by March 2008 using hydrogen peroxide, steam cleaning and Actichlor plus with further work around ongoing annual programme;

Hand Hygiene:

- Year three of the cleanyourhands campaign;

- Trust wide monthly audits and further developments of database for easier access to results and more detailed compliance data for Divisions including staff groupings including partnership organisations;

- development of a patient focused hand hygiene assessment- professionals wearing badges ‘its ok to ask if I’ve washed my hands’;

- correct hand hygiene technique and use of products developments;

- in January 2008 a directive to staff with patient contact ‘Bare below the elbow’ directive and dress code compliance review;

- DoH audit team supported hand hygiene data collection;

- intensive hand hygiene training programme May-July 2008 with plan to continue;

- reference was made to ongoing work with hospital social work teams;

Funded Projects:

- from the £50m provision by each Strategic Health Authority the STHT had secured £600,000 which following consultation with staff on priorities a number of projects had been funded which included the following;

- 3 full-time specialist nursing posts;

- IV Cannula Management Specialist Posts/IV pack development;

- Urinary Catheter Management Specialist Post / Silver Alloy coated urinary catheter implementation;

- Antibiotic pharmacist appointed;

- a major mattress/commode/pillow replacement programme;

- targeted cleaning programme;

- faecal collector programme;

- junior doctors uniform to be piloted;

'Scrub Up Well' Campaign:

- to create and implement an integrated communications campaign to tackle healthcare associated infections;

- to increase public confidence in the North East NHS's efforts to tackle infections;

- to ensure patients/visitors realise fully their own responsibilities;

- to engender support from all healthcare professionals in the North East NHS;

- to create a campaign with a strong, effective theme that is sustainable over a reasonable period going forward;

Satisfaction with Health services in North East:

- in terms of patient satisfaction surveys and out of 140 acute hospitals , STHT came 14;

- very few hospitals of the same size and complexities as JCUH scored better than STHT;-

Concerns regarding attending hospitals for a procedure;

- following a national campaign the percentage of patients with concerns regarding catching infection, cleanliness of hospitals and standard of care had reduced by almost half and patient's perception regarding the spread of infection had changed;

Next Steps:

- Infection Prevention and Control remained a major challenge and priority and a subject considered at each meeting of the Trust Board;

- HCAI reduction to continue to be the highest priority in the Trust;

- with additional funding made available development of additional 20 Clinical/Assistant matron posts;

- profile raised at every opportunity;

- worked closely with the community, SHA, DoH, and partnership organisations.

Members sought clarification on a number of areas including the following: -

a) 'bare below the elbow' directive was to be extended further although it was recognised that this was not an easy option and required a change in culture and improvements were needed in providing sufficient changing and shower facilities;

b) deep cleaning was an annual programme in addition to the sustained daily cleaning programme to ensure national standards were being met;

c) as part of the arrangements to ensure compliance reference was made to PEAT assessments, responsibilities of matrons, audits carried out by the Infection Control Team which included public locations;

d) confirmation was given of recent developments and of the Trust working closely with the PCT including sharing of information especially on root cause analysis;

e) the Trust was currently working on a business case in order to ensure compliance of the national directive at the end of March 2009 for screening patients for elective care which would involve proposals for a pre-assessment clinic and extended laboratory facilities;

f) by 2011, there was a DoH directive for every emergency patient admitted to be screened;

g) the vision of the Trust as an organisation was to be a Foundation Trust and therefore had to strive even harder to reduce MRSA;

h) reference was made to the availability of a revised patient information leaflet which reflected the screening process, information on the website, and free television channel in hospital;

i) reference was made to current liaison with patient groups which would include LINks.

Specific reference was made to consultation with the PCT with particular regard to the reporting of cases of HCAIs of patients from care homes, information on which was forwarded to both the PCT and the SHA.

The Panel's Final Report of HCAIs had included a specific recommendation that the Commission for Social Care Inspection be asked to evaluate the standards it expects in relation to hygiene and infection control in Middlesbrough's residential nursing homes and whether they contributed sufficiently to efforts to combat HCAIs.

The Panel agreed that care homes should be striving to achieve the same standards as hospitals and that improved training should be part of such arrangements.

AGREED as follows: -

1. That the representatives of STHT be thanked for the information provided.

2. That a further update on Infection Control and Prevention be provided in six months time.

JOINT STRATEGIC NEEDS ASSESSMENT BRIEFING

The Scrutiny Support Officer submitted an introductory report on information to be provided on the emerging concept of Joint Strategic Needs Assessments.

The Local Government and Public Involvement in Health Act (2007) placed a duty on (upper tier) local authorities and PCTs to undertake Joint Strategic Needs Assessments (JSNAs). JSNAs was a process to identify the current and future health and wellbeing needs of a local population, informing the priorities and targets set by Local Area Agreements and leading to agree commissioning priorities to improve outcomes and reduce health inequalities.

The Council and Middlesbrough PCT were currently undertaking a quantity of work to deliver a draft JSNA, which was scheduled to be consulted upon during the summer and into early autumn. It was anticipated that Health Scrutiny would be an active contributor to that consultation.

The Chair welcomed Dr Peter Heywood, Director of Health, Middlesbrough Primary Care Trust who provided a briefing on the latest position regarding JSNA.

JSNA had the potential to develop the health and social care response so that it more closely met the wants and needs of local people. It would provide an opportunity to look ahead at least three to five years and support and direct the change that needed to happen in local service systems so that:

- services were shaped by local communities;
- inequalities were reduced and inequity was addressed;
- social inclusion was increased.

Local Area Agreement objectives would be based on the findings of the JSNA amongst other factors.

The Department of Health had issued guidance primarily for Directors of Public Health, Adult Social Services and Children's Services. The guidance reflected the consensus from the national consultation on the purpose and content.

A good JSNA was heavily data and information reliant. The *Commissioning Framework for Health and Wellbeing* contained a suggested "minimal dataset" for JSNA, which had been generally welcomed. Such work was being developed further via the Association of Public Health Observatories. The local North East Public Health Observatory (NEPHO) had almost completed the first version for local use. The dataset would be based on:

- Usefulness to commissioning
- What data are likely to be available
- What data are of sufficiently high quality to be reliable
- Views from stakeholders, including the consultation responses.

The minimal dataset would refer to the Health and Social Care Outcomes and Accountability Framework and the National Indicator Set.

The work locally was being driven by a Steering Group and supported by a Working Group. Both groups included representatives from the Local Authority, the Primary Care Trust and the voluntary organisations.

The timetable for completion in the current financial year was reported as follows:

End July 2008	Draft JSNA available for consultation
Early September 2008	Final JSNA published
End October 2008	JSNA approved by appropriate Boards
End January 2009	Joint Commissioning Strategies produced.

It was acknowledged that the process for the JSNA would assist the Council and the PCT in examining priorities on a joint basis and help to re-focus and raise awareness to the need to re-address certain investment to the prevention agenda.

NOTED

HEALTH SCRUTINY PANEL – WORK PROGRAMME 2008/2009

The Scrutiny Support Officer submitted a report, which incorporated information extracted from various sources to assist in the consideration of suitable topics for inclusion in the Panel's Work Programme 2008/2009. Such information included the Council's Strategic Plan, the Forward Work Programme, liaison with the Director of Social Care, senior Officers of local NHS Trusts, Councillors and current local/national policy documents.

The Panel discussed the suggested scrutiny topics as outlined in the report.

It was noted that some of the areas identified were continually evolving and further details would emerge throughout the year.

In addition to the Work Programme it was noted that the Panel might consider it appropriate to receive illustrations from representatives of the local health economy in relation to impending legislation and to respond on an ad hoc basis to emerging issues during the year.

The Panel was also reminded that under the terms of the Local Government Act 2000, local authorities had a responsibility of community leadership and a power to promote community well being. In addition to the Scrutiny Panel's specific health scrutiny powers they had the power to consider any matter which was not the responsibility of the Council but which affected the local authority or the inhabitants of its area.

It was noted that the Work Programme, together with a provisional timetable for each scrutiny review, would be submitted to the Overview and Scrutiny Board for consideration. The Panel would formulate the detailed terms of reference at the start of each scrutiny review.

In considering how best to formulate the priorities for the Panel's scrutiny work programme for 2008/2009 Members suggested that a public consultation exercise be undertaken one morning at a major supermarket, such as Morrisons at Berwick Hills.

AGREED as follows: -

1. That in order of priority the following topics be included in the scrutiny work programme of the Health Scrutiny Panel in respect of 2008/2009:-

    i) How is the proactive mental health and emotional wellbeing agenda being delivered in Middlesbrough?

    ii) Practice based commissioning (PBC): How the relationship between PBC and Social Care can be developed to ensure a whole system approach to commissioning to improve health and social care well being of the population.

    iii) Stroke Services.

2. That consideration be given to the Ad Hoc Scrutiny Panel undertaking a scrutiny investigation of 'How will the new Dementia Strategy be delivered in Middlesbrough.

3. That Suicide prevention (information sharing and co-ordinated work) be the subject of a Health Seminar with appropriate representatives.

4. That it be noted that Cancer Screening Services, in particular the issues of take up rate amongst eligible population, is likely to be the subject of scrutiny investigation by the Tees Valley Health Scrutiny Joint Committee.

MIDDLESBROUGH PRIMARY CARE TRUST – STATUTORY CONSULTATION – GENERAL PRACTICE DEVELOPMENT

The Scrutiny Support Officer submitted a report regarding a briefing paper from Middlesbrough Primary Care Trust, which covered developments around General Practice services.

Middlesbrough PCT had recently launched a statutory consultation around proposals to develop General Practice services in Middlesbrough details of which had been provided in leaflets, copies of which had been circulated to the Panel.

Specific reference was made to a number of public meetings, which were to be held in Middlesbrough.

It was confirmed that the Panel at its meeting to be held on 18 June 2008 would discuss the matter further.

AGREED that the information provided be noted.

PATIENT TRANSPORT REVIEW

Further to the meeting of the Panel held on 8 May 2008 additional information was provided as follows: -

- Information leaflet produced by the Primary Care Trust around booking arrangements for Patient Transport;

- A briefing paper from the North East Ambulance Service's review of Patient Transport Services.

AGREED that the information provided be noted and incorporated into the overall review.

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 meeting of the Overview and Scrutiny Board held on 6 May 2008.

NOTED