HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 15 January 2009.

PRESENT: Councillor Dryden (Chair); Councillors Carter, Dunne, Lancaster, Mrs H Pearson, Purvis and P Rogers.

OFFICERS: J Bennington and J Ord.

**** PRESENT BY INVITATION:** Middlesbrough Primary Care Trust:
Dr Peter Heywood, Locality Director of Public Health

South Tees Hospitals NHS Trust:
Anne Sutcliffe, Deputy Director of Nursing and Patient Safety
Alison Peevor, Deputy Director of Infection Prevention and Control

**** PRESENT AS AN OBSERVER:** Councillor Mrs B Thompson (Executive Director for Public Health and Sport).

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

**** DECLARATIONS OF INTEREST**

Name of Member	Type of Interest	Item / Nature of Interest
Councillor B Thompson	Personal/Non Prejudicial	Any matters relating to South Tees Hospitals NHS Trust – Non Executive Director

**** MINUTES**

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

LIFE EXPECTANCY WITH A PARTICULAR FOCUS UPON CARDIOVASCULAR DISEASE UPDATE

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from Middlesbrough Primary Care Trust to provide an update on the progress in implementing the recommendations from the Panel's Cardiovascular Disease Final Report which was published in January 2008.

The Chair welcomed Dr Peter Heywood who outlined progress of Middlesbrough PCT and other Tees PCTs in preventing early deaths from cardio-vascular disease with particular regard to the implementation of the recommendations as outlined in Appendix 4 of the report as follows: -

Recommendation 1: 'That the PCT and the local authority investigate the possibility of granting substantial subsidies on a recurring basis to leisure services in the town. This is with the aim of making them as cost free as possible for people, with specific reference being paid to young people and the financial barriers they face becoming active.'

a) Middlesbrough PCT continues to work closely with Middlesbrough Council's leisure services to offer free swimming for all children during holiday periods. From April 2009, and through additional government funding, this will be extended to offer additional free swimming opportunities throughout the year and also to people over 65 years.

b) The four Primary Care Trusts across Tees are in the process of finalising their commissioning strategy. Within the strategy is a commitment to double the investment in

health improvement over the next 3 years. The strategy states clearly that ' we will take a systematic approach to supporting people to stay healthy for longer, targeting those in greatest need, personalising the support they require, contributing to addressing the socio-economic determinants of health, and implementing the same policy drivers to health improvement as we currently do in commissioning effective treatments.'

c) To achieve this, we will pilot individualised support through the development of health improvement 'personal budgets' as well as commissioning and providing additional enhanced support services to those who have the greatest barriers to lifestyle change. This model of care, similar to the provision of personalised budgets for social care, will provide and empower people with greatest health needs to seek and 'purchase' the most appropriate health improvement options available. This model therefore focuses on providing assistance to those with the greatest health needs in a more targeted approach. If piloted successfully, we will review the scope for developing the model further to other population/target groups.

Recommendation 2: **'**That the free school holiday swimming is extended to encompass the entire year, with specific swimming pool slots being dedicated to young people's free swimming.

d) Since the publication of the Health Scrutiny Report and in preparation for the 2012 Olympics, the government announced funding for local authorities to provide free swimming for under 16s and over 65s. Not all councils in England decided to progress with these plans due to the limited funding available. Middlesbrough Council decided to apply for the funding and is progressing plans to make free swimming available for under 16s and over 65s. Middlesbrough PCT remains committed to supporting the provision of free swimming for young people and will work closely with local authority colleagues as this is extended across the year and also to people over 65 years.

Recommendation 3: **'**That the PCT makes a detailed and public commitment to invest in a package of preventative services benefiting of Middlesbrough's needs, as a town with acute CVD problems.'

e) The four Primary Care Trusts have committed approximately £3.5m recurring annual investment to establish a Teeswide vascular assessment programme as part of the Annual Operational Plan 2007/08. The programme was launched in October 2008 and aims to offer a full vascular assessment to everybody aged between 40 and 74 years.

f) In April 2008, the Department of Health announced plans to introduce a national vascular assessment programme. The detail of the programme is still being developed but is entirely consistent with the Tees programme. The national programme will have a phased implementation with full roll out planned in 2011/12. The Tees programme is therefore substantially ahead of the national programme in terms of scope and implementation.

g) The Tees CVD programme is adopting a number of approaches to identifying those at risk of CVD and includes:

- Primary care based risk assessments within general practices (including primary prevention registers), requiring people to attend their GP for a risk assessment.
- Community-based risk assessments in locations appropriate and accessible to the population with an initial focus on delivery through pharmacies.
- CVD risk assessments within workplace settings.
- CVD risk assessments with targeted groups and services e.g. vulnerable adults, mental health services, BME community etc.

h) People who are assessed will be provided with a full assessment and information regarding the actual risk of developing CVD over the next 10 years and provided with

advice as to what can be done to reduce the risk or prevent it from happening such as lifestyle advice, treatment of raised blood pressure, treatment with cholesterol lowering drugs ('statins').

i) The programme is also being informed by social marketing research to try and ensure the programme engages with people in greatest need and who may traditionally not engage with NHS services on a regular basis.

Recommendation 4: **'**That the PCT, as the principal local Commissioner, takes steps to shape the local market by encouraging providers to develop and offer truly preventative services.'

j) Middlesbrough PCT and Redcar & Cleveland PCT have recently commissioned a stop smoking service from James Cook University Hospital. Discussions are currently taking place with Tees Esk and Wear Valley Mental Health Trust to develop a similar programme.

k) During 2009, the PCTs will be looking to develop the local provider market to encourage a greater range of provider services offering vascular assessment as well as health improvement interventions such as weight management and stop smoking. Pending final decisions from the Primary Care Trusts, it is anticipated that local community pharmacists will also be offering vascular risk assessments within the community pharmacy setting as well as providing comprehensive lifestyle advice and referrals where appropriate.

Recommendation 5: 'The PCT investigates the possibility of providing 'drop in' screening opportunities in such locations as pubs, sports clubs, shopping centres and even Middlesbrough Football Club on a matchday. Should capacity be a concern, it is suggested that the PCT look into commissioning external organisations to assist in handling the workload.'

l) Vascular risk assessments will be offered at the Life Store in The Mall as well as community pharmacists from early 2009. Furthermore, plans are being developed to commission and offer a mobile service through the use of a fully equipped bus.

m) As the programme develops and is informed by a comprehensive evaluation, it is anticipated that we will look to develop more innovative approaches to delivering vascular assessments where appropriate and considered to be effective.

Recommendation 6: **'**That the Executive, PCT, South Tees Trust and Health Scrutiny Panel send a joint letter to the Secretary of State for Health calling on all appropriate foodstuffs to be labelled with the nutritional traffic light system, as a matter of legislation.'

n) This recommendation has been superseded by the publication of the cross-governmental strategy to support people to maintain a health weight: *Healthy Weight, Healthy Lives* (January 2008). The strategy states that Government will work with industry leaders and other relevant stakeholders to agree a Healthy Food Code of Good Practice. Ministers and industry leaders would then establish the Code as a challenge to the industry as a whole. One standard within the Code of Good Practice is the adoption by the industry of 'a single, simple and effective approach to food labelling used by the whole food industry, based on the principles that will be recommended by the FSA in light of the research currently being undertaken.' The strategy raises the possibility of using mandatory approaches to achieve this if consistency is not reached across the whole industry.

The Panel was advised that in September 2008, Middlesbrough was one of nine successful towns in England to be awarded Healthy Town status along with £4.1m funding to be matched alongside approximately £4.78m to develop town-wide approaches to increasing physical activity and healthy eating choices. It was pointed out that this had been a highly competitive bidding process and a programme board had been established to co-ordinate the delivery of such an ambitious programme. If successful, people of all ages and particularly from the most disadvantaged parts of the community would benefit from the investment.

In conclusion, reference was made to significant progress which had been made by Primary Care Trusts in the Tees area since the publication of the Panel's Final report. A systematic and comprehensive vascular assessment programme had been established to identify and support people at risk of developing cardio-vascular disease. It was pointed out that the programme had also been implemented much earlier than the national programme, which would be phased in during 2009. The Panel was advised that the Primary Care Trusts were also committed to greater investment in health improvement over the next three years to develop and commission services and interventions to support people to make healthy lifestyle choices.

The Panel welcomed the innovative and proactive way in which the PCTs had progressed preventative measures in relation to cardio- vascular disease following the publication of the Panel's Final report.

It was noted that 88 GPs had signed up to the vascular assessment programme and that it was the first area to implement and develop community-based risk assessments initially by means of community pharmacies (16 potential). Future consideration would be given to other settings such as social clubs and shopping centres. The national vascular assessment programme had commenced in April 2009.

Members commented on the intention of introducing vascular assessment programmes in pharmacies, which may not necessarily be in the areas of most need. In response it was indicated that in terms of CVD it was not necessarily the most disadvantaged areas that were in need for such a programme and that it was not feasible or cost effective to provide such facilities in all of the pharmacies, currently 120. It was reaffirmed that there were 16 pharmacies initially involved the number of which was likely to increase to 40 maximum. Members noted that more detailed work was to be undertaken in this regard.

Confirmation was given that the additional work undertaken by GPs in selecting persons for a total vascular assessment programme was over and above the arrangements for the General Medical Services contract. An indication was given of some of the factors taken into consideration as part of the assessment programmes such as family history, weight, cholesterol levels and blood pressure. The programme involved vascular risk assessment for persons aged between 40 and 74 years and involved a five year call and recall system.

Significant investment had been identified over the next ten years which represented a shift of resources to focus on preventative measures but of overriding importance was to make the most efficient use of the resources available.

AGREED as follows: -

1. That Dr Peter Heywood be thanked for the information provided.

2. That a further update from Middlesbrough Primary Care Trust be provided in six to twelve months time.

HEALTHCARE ASSOCIATED INFECTIONS UPDATE

Further to the meeting of the Panel held on 29 May 2008 the Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from South Tees Hospitals NHS Trust to provide a further update on Healthcare Associated Infections (HCAIs).

The Chair welcomed representatives from the South Tees Hospitals NHS Trust who provided an update on the main areas of Infection Prevention and Control in accordance with legislative requirements and national guidance the key areas of which were identified as follows.

Reference was made to significant improvement, which the Trust had achieved since 2001 in terms of reducing the number of MRSA bacteraemia as shown in the graphical information provided. The current national target for MRSA was reported as 32. In relation to 2008/2009 the Trust had achieved a 50% reduction and currently had 22 cases. Although a significant reduction had been achieved an assurance was given that the Trust was not complacent and continued to

pursue various measures to seek further improvement. It was acknowledged that lessons continued to be learnt and as part of such arrangements MRSA bacteraemia review meetings were held and different root causes (not necessarily in hospital) investigated.

Although not the subject of a required national target regime, cases of MSSA continued to be investigated in the same way as MRSA.

The Clostridium difficile target was reported as no more than 354 cases in terms of in-patients for more than 48 hours and over two years old. Current figures in relation to April to December showed that the Trust was on target at 204 cases. In terms of the wider health economy the combined numbers with the PCT was reported as 388 cases.

Ongoing work included the CD outbreak management group which focussed on such aspects as cleaning, prompt isolation, antibiotic prescribing and root cause analysis. Reference was made to graphical information, which demonstrated expected seasonal fluctuations but also showed an unusual rise during the summer months which was being examined.

As part of the national requirements in relation to the Healthcare Commission Inspection reference was made to an unannounced visit had taken place on 15 and 16 October 2008. The final report had been received on 23 December 2008, which expressed very positive findings with one sub-duty having not been met in respect of environmental policies which had subsequently been rectified.

Information was provided in relation to the following programmes which were regularly communicated to staff:-

- Cleanyourhands campaign in its fourth year and web-based audit tool which had been developed which enabled staff to have easier access to results ;

- Saving Lives Delivery programme in its third year and with a developed web-based audit tool and refined high impact intervention tools;

Reference was made to other extensive work which was being undertaken as part of the IPC audit which included: -

- isolation facilities and practice;
- MRSA and CD pathway of care compliance on ward areas;
- VIP score compliance;
- Utility Room audit;
- Antibiotic prescribing audits by Antibiotic Pharmacist;
- CD death certificate audit- if primary or secondary cause of death.

Details were provided of the development of National Cleaning Standards compliance business case; HCAI DoH funded projects; ongoing cleaning programme development; and regular monthly meetings with the cleaning providers.

Specific reference was made to hand hygiene and in particular:-

- re-issue of NPSA Alert – Clean hands save lives;
- focus on the ‘point of care’;
- Hand Hygiene Steering Group established;
- Intensive Co-ordinator and Ward Manager training;
- ‘Bare below the elbow’ directive and dress code compliance.

Information was provided on the various intensive programmed and ad hoc training programmes (updates or new) and of the current IPC nursing team development.

An indication was given of the reporting mechanisms including the Trust Board to support performance and other legislative requirements. The main thrust of the ongoing work involved:-

i) HCAI reduction to continue to be the highest priority in the Trust;

ii) continuation of the skills and knowledge development of new Clinical/Assistant Matron posts;

iii) continue to raise the profile at every opportunity and share information;

iv) work closely with the community, Strategic Health Authority, Department of Health, and partnership organisations.

At the request of Members further information was provided on the daily cleaning of wards and related monitoring arrangements. Confirmation was given that only a few complaints had been made received last year in this regard. In terms of visitors an assurance was given that whilst the main focus in recent years had been on ensuring that staff carried out the correct procedures steps had now been taken to improve appropriate signage in James Cook University Hospital and very clear instructions displayed at ward entrances, in particular, wards 1 to 12.

In commenting on training and in respect of other local NHS facilities it was confirmed that the local PCTs had extended appropriate training programmes.

Specific reference was made to the 'bare below the elbow' directive and dress code compliance which if not adhered to could be the subject of disciplinary action. Although to date no such action had been taken a number of staff had been reminded of their responsibilities and there was a greater focus on a culture of challenge. Members emphasised the importance of such a changed culture extending to patients and encouragement to not feel vulnerable in challenging staff including consultants in seek assurances about hand hygiene and standards of cleanliness.

Councillor Mrs B Thompson, Non Executive Director of the Trust Board gave an assurance of the high priority given to HCAIs and investment to develop and implement various initiatives in an endeavour to further reduce the incidence of HCAIs.

In response to a question regarding the number of deaths related to HCAIs the Panel was advised that although such information was not available at the meeting the position would be clarified but it was thought unlikely that there had been many cases where it had been the primary cause of death.

Confirmation was given of the availability of a patient's leaflet on HCAIs and the recent launch of a new MRSA screening leaflet. Members were advised that such information continued to be reviewed. An indication was given of the DoH directive to extend the screening programme to include all elective patients by the end of March 2009 and to include non elective patients by 2011.

AGREED as follows:-

1. That the South Tees Hospitals NHS Trust representatives be thanked for the information provided.

2. That a further update on Infection Control and Prevention be provided.

PRACTICE BASED COMMISSIONING

The Scrutiny Support Officer submitted a report the purpose of which was to introduce the topic of the Panel's next review, which was scheduled to be Practice Based Commissioning.

Members were reminded that the Panel had previously decided that following the Mental Health review, it would explore the extent to which Practice Based Commissioning (PBC) had been implemented in Middlesbrough and the different impact it was having upon health services.

The report outlined a definition of Practice Based Commissioning from the Department of Health.

PBC continued to play a vital role in health reform. It placed clinicians at the heart of PCT commissioning and allowed groups of family doctors and community clinicians to develop better services for their local communities.

PCTs were the budget holders and had overall accountability for healthcare commissioning, however it was pointed out that practice-based commissioning was crucial at all stages of the commissioning process.

In particular, practice based commissioners, working closely with PCTs and secondary care clinicians would lead the work on deciding clinical outcomes. They also played a key supporting role to PCTs by providing valuable feedback on provider performance.

PBC was about engaging practices and other primary care professionals in the commissioning of services. Through PBC, front line clinicians were being provided with the resources and support to become more involved in commissioning decisions.

PBC would lead to high quality services for patients in local and convenient settings. GPs, nurses and other primary care professionals were in the prime position to translate patient needs into redesigned services that best delivered what local people wanted.

The Panel discussed the options for progressing the review. Following consideration of more detailed information about the current situation of PBC in Middlesbrough at the next meeting of the Panel it was considered that arrangements should be made for a roundtable discussion with appropriate representatives to discuss the current status of PBC within Middlesbrough.

AGREED that the format of the review of Practice Based Commissioning within Middlesbrough be undertaken as outlined.

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 meetings of the Overview and Scrutiny Board held on 3 and 16 December 2008.

NOTED