

## HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 13 April 2010.

**PRESENT:** Councillor Dryden (Chair); Councillors Carter, Cole, Junier, Lancaster and Purvis.

**OFFICERS:** J Bennington, J Duffield, R Hicks, J Ord, N Pocklington and P Stephens.

**\*\* ALSO IN ATTENDANCE:** K Jackson, Health Improvement Partnership Manager, NHS Middlesbrough (Public Health).

**\*\*APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Porley and P Rogers.

### **\*\*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 23 March 2010 were taken as read and approved as a correct record.

### **\*\* SUSPENSION - COUNCIL PROCEDURE RULE NO 10 – ORDER OF BUSINESS**

**ORDERED** that in accordance with Council Procedure Rule No 10, the Committee agreed that, in order to allow representatives to accommodate other meetings the order of business be varied and to deal with Agenda Item No. 6 as the next item of business.

## **INFORMATION UPDATES**

In a report of the Scrutiny Support Officer information updates were provided regarding services for carers and the measuring of performance at James Cook University Hospital. Reference was also made to a letter recently received from Prof. Peter Kelly, Executive Director of Public Health, NHS Middlesbrough, relating to sexual health matters.

Members' attention was drawn to Appendix 1 of the report relating to recent publicity around services for carers and associated respite funding and a response from NHS Middlesbrough regarding local circumstances as outlined in Appendix 2 of the report submitted.

The National Carers Strategy announced that £150 million was to be given to Primary Care Trusts over the next two financial years to provide breaks for carers. Although this was regarded as new money it had been given to PCTs as part of the overall total allocation and therefore there was no ring fencing of the money so PCTs could choose to spend more or less on breaks for carers.

Details were provided of the Tees PCTs baseline budget allocations for carers short breaks for 2009/2010 with an indicative allocation for 2010/2011 and information on carer support by the individual PCTs.

The report concluded that it had been identified that only a proportion of the overall carer population received the support they required and recognition was given that this was an area for more significant investment in the future. Such a need had been highlighted within the Annual Operating Plan for 2010/2011, which identified an additional £329,000 to be invested in Carers Support across the four Tees PCTs with further investment planned in 2011/2012 and 2012/2013.

The Tees Strategy included significant emphasis on support to carers within the Long Term Conditions, Mental Health and End of Life themes, including the engagement of general practice to identify many carers not currently known to health services and an additional allocation of investment had been identified to accommodate this.

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It was confirmed that further clarification had been sought from the PCT's Carers Partnership Board and a suggestion made for the Scrutiny Support Officer to attend a meeting of the Board and subsequently report to the Health Scrutiny Panel.

Reference was made to a recent BBC programme entitled 'Trust us, We're an NHS Hospital' and associated news story as outlined in Appendix 3 of the report submitted. The programme centred on the topic of the performance regime within the NHS and how NHS organisations report their performance.

The Panel's attention was drawn to Appendix 4 of the report submitted, a letter received from the South Tees Hospitals NHS Foundation Trust regarding the programme. The programme had centred on issues raised around the Care Quality Commission submissions and the validity of self-assessment.

Confirmation had been given that the Trust produced Care Quality Commission performance data every month which was shared with clinical teams and discussed and validated at monthly performance meetings to ensure accuracy of the self-assessment. In addition, the Trust's Data Quality Team continuously monitored the data entered into the hospital systems and wherever possible national benchmarking data was used to compare the Trust's performance.

It was suggested that the Chair and Vice-Chair of the Panel meet with the Director of Planning, South Tees Hospitals NHS Foundation Trust in order to gain a better insight and assurances relating to the current processes around performance issues and validity of information.

**AGREED** as follows:-

1. That the information provided be noted.
2. That the Scrutiny Support Officer attend a meeting of the PCT's Carers Partnership Board and representatives of the NHS Middlesbrough be invited to attend a meeting of the Panel to provide further clarification regarding the local arrangements in respect of respite funding for carers.
3. That a letter be sent to the South Tees Hospitals NHS Foundation Trust requesting that the Chair and Vice-Chair of the Health Scrutiny Panel meet with the Director of Planning regarding current procedures relating to performance data and validity of information.

## **STRATEGIC PLAN 2010/2011 – PROMOTING ADULT HEALTH AND WELLBEING CHILDREN AND YOUNG PEOPLE**

The Corporate Performance Team Leader submitted a report an updated copy of which was circulated at the meeting which outlined the content of the Promoting Adult Health and Wellbeing, Tackling Exclusion and Promoting Equality sub-section and the Be Healthy strategic priority of the Supporting Children and Young People sub-section of the 2010/2011 revision of the Council's Strategic Plan. The Plan was revised on an annual basis to ensure that it remained fit for purpose.

The views of the Panel were sought on the general approach to addressing the strategic priorities for the above themes and the plausibility of the proposed actions for 2010/2011. The Overview and Scrutiny Board would consider the draft of the Plan prior to endorsement by the Executive and the Council in June 2010.

Officers reported upon and the Panel considered progress towards the strategic priorities against the key performance indicators and each of the planned actions for 2010/2011 to address strategic priorities. Specific reference was made to the key indicators in the lower median and bottom quartile nationally as follows:-

NI 124: People with long-term condition who consider themselves to have enough support from local services

It was acknowledged that whilst the level of health inequalities remained a significant challenge there was much work being undertaken with regard to preventative services and increasing the opportunities for healthier lifestyles. Although improvements had been achieved it was recognised that the overall impact would be long-term.

It was noted that information was awaited on the outcome of the PCT patient survey 2009/2010 which was due to be published on 25 April 2010.

NI 125: People aged 65 plus discharged from hospital for intermediate care/rehabilitation still living at home after three months.

It was noted that the number of deaths at home within the three months following discharge had impacted on performance against such an indicator the relevant figures on which were being examined. It was recognised that people concerned in this regard often had very complex health needs.

Members were advised that the Intermediate Care Services was currently being reviewed the outcome from which could be reported to the Panel.

The Panel suggested that further detailed information be provided following the review to gain assurances that the most appropriate support was available and provided in such circumstances.

NI 134: Emergency bed days per head of weighted population (all ages).

Given the greater levels of deprivation, high levels of poor health and people with several health conditions Members commented that Middlesbrough's position of being in the bottom quartile nationally was not unexpected. Reference was also made to the link with NI 139 relating to the number of alcohol related hospital admissions.

It was reported that improvements had been shown in this regard but that the 2009/2010 data was awaited from the PCT.

NI 139: Alcohol related hospital admissions per 100,000 population.

The Panel was advised of the significant work being undertaken in this regard given the high rate of alcohol misuse. Reference was made to the Cardiff model a national pilot to address such issues in order to gain improved data analysis and target resources appropriately to meet the need. It was seen as a way of analysing hospital admissions more carefully and targeting services appropriately with a view to seeking improvements.

NI 8: Adults participating in sport and active recreation 30 minutes/3 days per week.

The Panel commented on possible factors for Middlesbrough's performance being in the lower median quartile nationally such as the overall economic climate but also discussed pricing mechanisms, access to services and information on current service users.

Specific reference was made to joint programmes with NHS Middlesbrough in particular free swimming sessions and dance related activities to increase opportunities and encourage individuals and families to participate and lead healthier lifestyles.

In commenting on the possibility of the Community Safety and Leisure Scrutiny Panel undertaking a scrutiny review on access to Council's leisure facilities an indication was given of a intended review of the Municipal Golf Club and thereafter the leisure centres.

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NI 121 Deaths from all circulatory diseases at ages under 75 per 100,000 population.

It was noted that Middlesbrough remained well above the national average in line with the extent of health deprivation in the area but was shown to be in the lower median quartile nationally.

The significant work being undertaken was reiterated including the Healthy Town Programme and the launch of one of the first Vascular Risk Assessment Programmes in the UK.

NI 141: Vulnerable people moving from supported accommodation in a planned way to independent living.

Given the significant improvements which had been achieved and that the target of 59% had been exceeded to 63.53% in the third quarter it was noted that Middlesbrough was likely to move into the green quartile.

NI 142: Vulnerable people supported to maintain independent living.

It was noted that further commentary would be submitted into the Plan once the year-end figures were available.

The Panel's attention was drawn to the Action Plan 2010/2011 with particular regard to the links with the Performance Indicators upon which the Panel had focussed including:-

SC07: the introduction of personal budgets for carers as part of the Personal Budget Implementation Plan;

SC09: implement arrangements to create access to Universal Information, Advice and Advocacy;

SC12: implement the agreed priorities in the Carers Strategy Action Plan 2009;

SC14: implement the multi-agency action plan to deliver the National Dementia Strategy objectives;

SC20: develop a public awareness strategy for safeguarding vulnerable adults.

NI 51: Effectiveness of child and adolescent mental health (CAMHS) services.

It was noted that further commentary would be included in the Plan once the 2009/2010 figures were available.

NI 53a: Infants breastfeeding 6-8 weeks from birth.

It was noted that further commentary would be included in the Plan once the 2009/2010 figures were available.

NI 56: Obesity in primary schools: Year 6.

It was noted that year on year improvement had been achieved but that a further focus would be given on advice relating to healthy eating.

Specific reference was made to the Action Plan 2009/2010 as outlined in relation to tackling childhood obesity.

**AGREED** as follows:-

1. That the Officers be thanked for the information provided which was noted.
2. That further information be provided in respect of NI's 124, 125 and 134.

3. That the Community Safety and Leisure Scrutiny Panel consider undertaking a scrutiny investigation in relation to access and pricing regimes in respect of the Council's leisure facilities.

### **SCRUTINY REVIEW – IMPLEMENTATION OF RECOMMENDATIONS**

In a report of the Scrutiny Support Officer the Panel was informed that of the 88 scrutiny recommendations which should have been implemented by February 2010, 83 had been implemented and 5 partially completed as outlined in Appendix A of the report submitted.

NOTED

### **ANY OTHER BUSINESS – SCRUTINY REVIEW - END OF LIFE CARE**

The Scrutiny Support Officer confirmed that Prof. Edwin Pugh, SHA North East Clinical Lead for End of Life Care had confirmed his attendance to a meeting of the Health Scrutiny Panel to which other Members of the Council were to be invited to attend on 3 June 2010.

NOTED