HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 20 August 2012.

PRESENT: Councillor Junier (Vice-Chair) (In the Chair), Councillors Biswas, Mrs H Pearson and P Purvis.

PRESENT BY INVITATION: Councillor Brunton (Chair of Overview and Scrutiny Board)

ALSO IN ATTENDANCE: S Cooper, Emergency Planning Manager, NHS Tees
L Wallace, Director of Public Health, Hartlepool Borough Council.

OFFICERS: J Bennington, E Kunonga and J Ord.

APOLOGIES FOR ABSENCE were submitted on behalf of the Chair, Councillor Dryden and Councillors Cole, S Khan and Mawston.

DECLARATIONS OF INTERESTS

There were no declarations of interest made at this point of the meeting.

MINUTES - HEALTH SCRUTINY PANEL

The minutes of the meeting of the Health Scrutiny Panel held on 1 August 2012 were submitted and approved as a correct record.

EMERGENCY PLANNING AND RESILIENCE IN THE NEW HEALTH STRUCTURE

The Chair welcomed Sally Cooper, Emergency Planning Manager, NHS Tees and Louise Wallace, Director of Public Health, Hartlepool Borough Council who addressed the Panel on the arrangements for Emergency Preparedness, Resilience and Response (EPRR) in the context of the Health and Social Care Act 2012 as outlined in a briefing note previously circulated and in a PowerPoint presentation given at the meeting.

In her initial comments Louise Wallace indicated that whilst significant work was being undertaken to implement major changes for 2013 an assurance was given that the existing emergency plans were being adhered to in accordance with prevailing regulations which included 24/7 on call rota.

In terms of future arrangements a local authority and the Director of Public Health acting on its behalf had a pivotal place in protecting the health of its population and would be required to ensure that plans were in place to protect the health of their geographical population from threats ranging from relatively minor outbreaks to full-scale emergencies.

The Panel was advised of the intention for Local Health Resilience Partnerships (LHRPs) to be established to deliver national EPRR strategy in the context of local risks bringing together health sector organisations involved in emergency preparedness and planning with the Local Resilience Forum (LRF). The membership of the LHRPs would include EPRR leads from health organisations in the area, Public Health England and others as agreed locally, and would ensure effective planning, testing and response for emergencies. It was intended that the NHS Commissioning Board would identify an individual to lead NHS emergency preparedness and response at the LRF level and provide necessary support to enable planning and response to emergencies that required NHS resources. In response to a Members' question regarding the importance of funding being utilised for health services it was agreed that further information would be provided as to whether or not local representatives on the LHRPs would be remunerated.

A lead Director of Public Health from a local authority within the LRF area would be agreed to co-ordinate the public health input to planning, testing and responding to emergencies across the local authorities in the LRF area. Public Health England would provide the health

protection services, expertise and advice currently provided at an LRF level by the Health Protection Agency. It was confirmed that it had been agreed that the North East would have two LHRPs one co-terminus with Northumbria LRF and the other to be integrated as a County Durham and Tees Valley which would co-ordinate EPRR for both Cleveland and County Durham LRF.

An assurance was given that agencies already worked well together across the North East and had a LRF under existing procedures. The proposals were seen as strengthening current arrangements.

Details were provided on the roles and responsibilities of the NHS Commissioning Board which included setting a risk based EPRR for the NHS and ensuring that there were comprehensive NHS EPRR systems in place and were fit for purpose.

Reference was made to the establishment of Local Area Teams which would be responsible for providing a co-Chair for the LHRP; ensuring the local roll-out of LHRPs and co-ordinating with PHE; ensuring the NHS had integrated plans for emergencies in place across the local area; and where appropriate develop joint emergency plans with PHE and local authorities through the LHRP. It was also intended for them to determine with the Director of Public Health at what point the lead role in response to an incident or emergency would transfer; have the capability to lead the NHS response to an emergency at local level and ensure a 24/7 on call rota. They would be responsible for seeking assurance of the ability for NHS funded organisations to respond to and be resilient against emergencies.

It was noted that Ian Dalton had been appointed as Chief Operator/Deputy Chief Executive of the NHS Commissioning Board Authority and Cameron Ward had been appointed as Director of the NHS Commissioning Board's Durham, Darlington and Tees Local Area Team.

It was noted that the role of PHE included the setting up of a risk based national EPRR implementation strategy for PHE and ensuring that there were comprehensive EPRR systems in place which were fit for purpose. They would be responsible for leading the mobilisation of PHE in the event of an emergency or incident and for working with the NHS at all levels and where appropriate develop joint plans.

It had been agreed that the Director of Public Health with Public Health England would lead the initial response to public health incidents at a local level in close collaboration with the appropriate NHS CB lead who would determine in the light of the impact on NHS resources and with advice from the DsPH at what point the lead role would transfer, if necessary to the NHS. The Director of Public Health would provide assurance to Health and Well Being Boards and co-ordinate the public health input to planning, testing and responding to public health emergencies across the local authorities in the LRF area. They would be responsible for ensuring plans were in place to protect the population from outbreaks to full scale emergencies and lead the initial response to public health incidents at local level. Involvement of Clinical Commissioning Groups as Category 2 within the overall process was also confirmed. Members referred to the involvement of local groups and the lack of understanding by many members of the public of the significant changes in the NHS. Reference was made to the involvement of a Local HealthWatch who would be central to gathering information from patients and carers in order to effectively inform local decision making. A representative of the Local HealthWatch would be on the Health and Well Being Board.

Local Authorities were responsible for agreeing a lead DPH to undertake the DPH co-chair role. A Memorandum of Understanding would be required and signed by the four Local Authorities to give authority to the lead DPH to undertake the emergency planning role and responding on behalf of all DPHs in the cluster on public health emergencies.

It was noted that until 31 March 2013 all existing arrangements for EPRR, winter planning would still be the responsibility of the PCT. Reference was made to ongoing work including training and exercising with LHRP partners which would assist in the smooth transition from PCT/SHA lead to LHRP control into March 2013.

The Panel was advised of current arrangements with regard to assurances to the SHA on

winter/surge preparedness, updating of NEEP plans, health and social care winter planning exercise on 10 September 2012 and winter and summer preparedness document to go to LRF for signing off.

In terms of the next steps reference was made to the proposed LHRP workshop to be held on 11 September 2012 and the LRF workshop on 4 October. An indication was also given of the testing of the new health command structure in a multi-agency exercise on 7 November and of ongoing training and exercising.

The Panel thanked the representatives for the detailed information provided and reaffirmed the importance of receiving such information and gaining assurances for the smooth transition from PCT/SHA lead to LHRP control into March 2013. It was suggested that it would be useful for the Panel to receive an update report on progress of implementation including the outcome of the multi-agency exercise to be held on 7 November.

In terms of the overall reporting arrangements the Panel was advised of information which would be made available by means of the Health and Well Being Board and the Annual Report of the Director of Public Health.

AGREED as follows:-

1. That the local NHS representatives be thanked for the detailed information provided which was noted.

2. That a progress report be submitted to the meeting of the Panel to be held on 5 December 2012.

LOCAL AUTHORITY HEALTH SCRUTINY - PROPOSALS FOR CONSULTATION

Further to the meeting of the Panel held on 12 July 2012 and following consultation with the Chair and Vice-Chair of the Panel the Scrutiny Support Officer submitted an introductory report regarding a draft response on the Department of Health consultation document on regulations governing local authority health scrutiny.

Whilst Members expressed support for some of the proposals the Panel referred to a number of concerns and in particular emphasised the importance of the current operation of the Health Scrutiny Panel as outlined in the draft response. In relation to the proposal to assign the Health Scrutiny power to the local authority as opposed to Overview and Scrutiny, Members felt strongly that the Panel having the role as the named forum responsible for Health Scrutiny it had developed a certain level of experience, expertise and respect in the local health and social care economy. Given the level of investigation on often complex matters undertaken by the Panel, Members reaffirmed that they did not agree with the Department of Health's proposal for formal referrals to be made by the full council as outlined in the draft response.

AGREED that the draft response be circulated to all Members of the Health Scrutiny Panel for any additional comments to be received by the end of August 2012 prior to submission to the Department of Health.