

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 7 February 2013.

PRESENT: Councillor Dryden (Chair), Councillors Harvey, Junier and S Khan.

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

OFFICERS: J Bennington and J Ord.

APOLOGIES FOR ABSENCE were submitted on behalf of Councillors Cole, Mawston, Mrs H Pearson and P Purvis.

DECLARATIONS OF INTERESTS

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

MINUTES - HEALTH SCRUTINY PANEL 17 DECEMBER 2012 AND 15 JANUARY 2013

The minutes of the Health Scrutiny Panel held on 17 December 2012 and 15 January 2013 were submitted.

AGREED as follows:-

1. That the minutes of the Health Scrutiny Panel held on 17 December 2012 and 15 January 2013 be approved as a correct record.
2. That a representative of Parent 4 Change be co-opted onto the Health Scrutiny Panel for the duration of the current scrutiny investigation in respect of Children with Complex Needs.

HEALTHCARE ASSOCIATED INFECTIONS - SOUTH TEES HOSPITALS NHS FOUNDATION TRUST

An introductory report of the Scrutiny Support Officer had previously been circulated the purpose of which was to introduce representation from South Tees Hospitals NHS Foundation Trust (STHFT) to provide a briefing on current performance relating to Healthcare Associated Infections.

The Panel was advised that the representative from STHFT was unable to attend owing to illness.

AGREED that consideration of the matter be deferred to a future meeting of the Health Scrutiny Panel.

CHILDREN WITH COMPLEX NEEDS - EVIDENCE FROM DEPARTMENT OF WELLBEING, CARE AND LEARNING

A report of the Scrutiny Support Officer had previously been circulated the purpose of which was to introduce representation from the Department of Care, Wellbeing and Learning to provide evidence on the educational needs and existing educational provision for Children with Complex Needs.

AGREED that consideration of the matter be deferred to a future meeting to enable the attendance of a representative of Parent 4 Change.

DEPARTMENT OF HEALTH - LOCAL AUTHORITY HEALTH SCRUTINY CONSULTATION RESPONSE AND NEXT STEPS

In a report of the Scrutiny Support Officer the Panel was advised of the recent Department of Health publication regarding Health Scrutiny.

The Panel was reminded of the response to the Department of Health consultation document relating to Health Scrutiny powers and their development as outlined in Appendix 1 of the report submitted. A full copy of the responses to the Department of Health which had been published on 14 December 2012 was provided at Appendix 2 of the report submitted.

The Department of Health's document reinforced its support for Health Scrutiny as 'an important part of the Government's commitment to place patients and the public at the centre of health services.' It also stated that 'it is a fundamental way by which democratically elected community leaders may voice the views of their constituents and hold local NHS bodies and providers of NHS and public health services to account.'

In accordance with broadened powers of Health Scrutiny the attendance of any organisation that was in receipt of NHS funds to deliver NHS services could be required.

Under previous Health Scrutiny regulations a top tier local authority was obliged to identify an Overview and Scrutiny Committee that was responsible for undertaking Health Scrutiny in its various forms. In Middlesbrough's case the Health Scrutiny Panel performed such a function. From April 2013, the Health Scrutiny power would now be given to the local authority per se and it would be for the local authority to decide how it exercised such powers as stipulated in the Health and Social Care Act 2012. Consistent with this, the power to refer matters to the Secretary of State for Health following statutory consultations now rested with the full Council as outlined in the report submitted.

It was noted that the Department of Health made it clear that it expected that local Health and Wellbeing Boards would be subject to scrutiny and would be expected to contribute to and participate in Health Scrutiny's activities. It was considered that careful consideration needed to be given by a local authority when allocating health scrutiny powers as there could potentially be issues around conflict of interests if there was close involvement with health scrutiny and the health and wellbeing boards.

Of particular note was the recognition by the Department of Health of the more proactive, enquiry-based work that Health Scrutiny undertook and had given an indication that it was keen to see it continue to develop. The Department of Health had stated that 'While recognising that the proposals under consultation related primarily to service reconfiguration and the process of referrals, respondents felt it important to not lose sight of the overview role of health scrutiny in holding the NHS to account for the quality of services they provide. The North East Regional Joint Health Scrutiny Committee, for example, wished to emphasise 'the more proactive nature of health scrutiny activity including in depth reviews of issues of local concern'. We agree, and fully support the continued scrutiny of broader system issues such as thematic reviews, pathways of care and wider access issues. This is an essential role of health scrutiny and will be fully presented within the new system.'

In considering the documentation and developing a response Members from the outset reaffirmed their belief that given such factors as the Panel's track record and level of expertise gained that there was a strong case for the continuation of a dedicated Health Scrutiny Panel.

As previously outlined in the Panel's response to the Department of Health Local Authority Health Scrutiny consultation the role of Health Scrutiny was not only responding to service reconfigurations but had an important role in proactively pursuing a wide range of topics of investigation to ensure that the needs of individuals were being met.

The Panel reaffirmed its view of not supporting the proposal for referrals to the Secretary of State being made by full Council and reiterated that this should be the Health Scrutiny Panel by virtue of its detailed knowledge following in depth examination of evidence on often complex matters. Given its recognition and level of trust gained from local NHS

representatives over recent years the Health Scrutiny Panel rather than a full Council was considered to be an appropriate forum for debate on often challenging issues of concern.

It was pointed out that current procedures did not preclude the opportunity for consideration and comment from the Overview and Scrutiny Board, Executive and the Council.

AGREED as follows:-

1. That the information provided be noted.
2. That the views of the Health Scrutiny Panel as outlined above and in relevant comments in its formal response to the Department of Health, Local Authority Health Scrutiny form the basis of a report to the Overview and Scrutiny Board.

ANY OTHER BUSINESS - FRANCIS REPORT

The Chair referred to the meeting of the Overview and Scrutiny Board held on 5 February 2013 when it had been agreed for the Health Scrutiny Panel to consider the inclusion of the local implications of the Francis report published on 6 February 2013 on the Mid Staffordshire NHS Foundation Trust Public Inquiry into its scrutiny work programme.

Reference was made to the 290 recommendations contained within the report including the duty of candour from healthcare organisations and the appointment of Professor Tricia Hart, Chief Executive of South Tees Hospitals NHS Foundation Trust (STHFT) to review NHS complaints procedures across the UK.

The Panel agreed that it was important to gain further information on the issues raised within the Francis Report with particular regard to complaints procedures, whistle blowing and measures of accountability.

Members referred to previous and ongoing examination of relevant issues such as Healthcare Associated Infections and subsequent action which had been taken by the STHFT.

In terms of future consideration of the topic Members referred to challenges facing the Trust such as the demographic changes and increasing demands of an ageing population with greater complex needs and multiple conditions.

The Panel considered the options and most appropriate way forward for reviewing the topic of investigation.

AGREED that in consultation with Professor Tricia Hart arrangements be made for a Seminar to which other appropriate local authority elected Members would be invited to attend to discuss the local implications of the issues raised within the Francis Report with particular regard to such matters around complaints procedures, whistle blowing and accountability in dealing with the increased pressures arising from an ageing population with multiple and complex needs.