

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 23 May 2013.

PRESENT: Councillor Dryden (Chair), Councillors Biswas, Cole, Davison, Junier and P Purvis.

OFFICERS: J Bennington and J Ord.

APOLOGIES FOR ABSENCE were submitted on behalf of Councillors S Khan, J McPartland and Mrs H Pearson.

DECLARATIONS OF INTERESTS

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

APPOINTMENT OF VICE CHAIR OF THE HEALTH SCRUTINY PANEL 2013/2014

The Chair sought nominations for Vice-Chair of the Health Scrutiny Panel for the Municipal Year 2013/2014.

ORDERED that Councillor Junier be appointed as Vice-Chair of the Health Scrutiny Panel for the Municipal Year 2013/2014.

MINUTES - HEALTH SCRUTINY PANEL 2 APRIL 2013

The minutes of the meeting of the Health Scrutiny Panel held on 2 April 2014 were submitted and approved as a correct record.

CHILDREN WITH COMPLEX NEEDS - DRAFT FINAL REPORT

The Panel considered a draft Final Report into Children with Complex Needs a copy of which had previously been circulated to the Panel and representatives who had provided evidence on the review.

The Panel considered possible conclusions and recommendations which had been prepared in draft and circulated at the meeting.

The draft recommendations were as follows:-

1. The Health and Wellbeing Board should develop a new and redesigned stop smoking service, which has sufficient capacity and expertise to take on sizeable and difficult task ahead of it. The service's formulation and structure is a matter for management, after considering the evidence around need and necessary capacity. Nonetheless, from a political point of view, the Panel considers that the service should have the following aspects.

1.1 To be sufficiently assertive to target every pregnant woman in the Town and ascertain their smoking status.

1.2 If smoking status is confirmed, the expectant mother should be provided with a key worker, perhaps this could be their named community midwife, to offer support through the stop smoking services. The Panel considers having a key worker may reduce the numbers of those 'lost to follow up'.

1.3 The new Stop Smoking Service should make a specific, structured effort to work with the partners and families of pregnant women, in an attempt to alter the home environment to help the pregnant woman stop smoking.

1.4 For this to happen, need to have accessible clinics in the communities most affected by tobacco use in pregnancy, at times and locations that match local demand. It should certainly be the case that there should be an accessible service, both in terms and location, for every ward that is judged to need it.

1.5 If judged to be necessary, after considering all available evidence, smoking cessation classes should also provide a crèche facility, to eliminate a lack of childcare as a reason for expectant mothers not being able to attend.

1.6 Detailed consideration should also be given to the feasibility of the service including its remit, all harmful substances which can be consumed in pregnancy and potentially damage the unborn child.

1.7 The Panel would suggest that detailed social marketing is undertaken to understand local need, in terms of times and accessibility, to enable good access to this service.

2. That the local health and social care economy undertakes detailed analysis of all available evidence regarding the likely changes in population, aimed at producing a reliable set of data, regarding the number of children with complex needs in the future. This will be critical in planning educational, health and social care capacity in the future.

3. That the local Health and Social Care Economy, with a specific focus on the Clinical Commissioning Group, prepares a strategy as to how it will take on the timely and equitable funding responsibility for EHSCPs and how they will be marketed to parents.

4. That the Director of Public Health is supported in his efforts to increase the immunisation rates in Middlesbrough, by the full weight of the local authority. This should include the suggestion to schools that they provide assistance in offering facilities for immunisation programmes or associated catch up programmes. Evidence suggests that schools can be a very useful tool in reaching children requiring immunisations.

5. That the Directorate of Public Health takes on an area of work, aimed at understanding why there is such a divergence between rate of immunisations in Middlesbrough. This should have a focus on GP practice, as well as electoral wards.

6. That the Director of Public Health reassess how long term child patients at hospitals receive their immunisations. The Panel; considers it to be completely unacceptable that such a cohort is most at risk of not receiving their immunisations.

Confirmation was given of the information received and included in the Final Report following the Panel's request for clarification regarding the information available on a child's immunisation records by the South Tees Hospitals NHS Foundation Trust and from the Ministry of Defence in respect of children of Armed Forces families.

AGREED that the draft Final Report together with the conclusions and recommendations as outlined be approved subject to the following:-

(a) That recommendation 3 above includes a reference for the Panel's request to receive an update in the Autumn 2013.

(b) That recommendation 6 above includes a reference of the need for measures to be in place to ensure that long term child patients at JCUH receive immunisations if required.

(c) That an additional recommendation be included for further clarification to be sought from the Secretary of State for Defence regarding the support provided in respect of the immunisation of children of Armed Forces families.

**ANY OTHER BUSINESS - SOUTH TEES HOSPITALS NHS FOUNDATION TRUST
QUALITY ACCOUNT - CO OPTED MEMBERS**

The Chair agreed that the following items may be considered as matters of urgency under the provisions of the Local Government Act 1972 in view of the timescales involved.

Following consultation with the Chair and Vice-Chair a copy of the draft response to the South Tees Hospitals NHS Foundation Trust's Quality Account was circulated at the meeting as follows:-

'The Health Scrutiny Panel has enjoyed another productive year working with and challenging where necessary, the South Tees Foundation Trust.

In terms of the year that has just past, the Panel is impressed with the focus on the patient experience and clinical safety that the Trust has. It is pleasing to see that this seems to have become even more central to the Trust. In terms of patient safety, the Panel believes that the Trust's performance on Healthcare Associated Infections has continued to improve. In addition, the performance against the 95% target for the 4 hour A&E target, with only one recorded month of sub 95% performance, albeit quite close to 95%, bearing in mind the pressures experienced last winter, was reassuring.

As you know, the Panel has already started to explore with the Trust about how it responds to the issues raised in the Francis Report and the Panel was impressed with the leadership from the organisation on this topic.

For the coming year, the Panel is aware that the Foundation Trust faces a number of significant challenges. Maintaining and improving quality of care in such a tight financial climate will present a very large challenge for the Trust, particularly in the context of an ageing population with greater and greater need.

The Panel will be particularly keen to engage with the Trust to monitor how well A & E copes with the massive expectations of it, as well as how the Trust will manage the coming winter period. The Panel is well aware that the measure of success, or not, with which services effectively cope with winter is not entirely dependent on the Trust. As such, the Panel will be seeking to speak to all relevant partners in pursuing this piece of work. The Panel has been supportive of the developments at JCUH, such as the development of Trauma services, which the Panel considers important to the long term sustainability of JCUH. Still, the Panel would be particularly interested in understanding what work is being done to mitigate pressures at JCUH, such as Ambulance handovers and ensuring that public confidence in the service remains strong.

As part of this, the Panel is keen to work with the Foundation Trust to track how Community Services develop, which the Foundation Trust controls. Effective management and provision of Community Services should also have a positive impact on the demand on A & E services. How the Foundation Trust deals with these, in collaboration with Social Care will be particularly interesting.

The Panel will also be keen to look at the implementation of Francis and continue to monitor the impact of the Government's health reforms.

The Panel undertakes to work with the Trust in the next year, carrying out its role as a critical friend.'

The Panel discussed the involvement of co-opted/added members with regard to specific scrutiny investigations. It was confirmed that for each Scrutiny Panel up to a maximum of two non-voting, non-elected Added Members could be appointed whose term of office would be for the duration of any particular scrutiny investigation.

AGREED as follows:-

1. That response to the South Tees Hospitals NHS Foundation Trust's Quality Accounts as outlined above be approved subject to the reference made to 'Francis' being more explicit with 'Francis Report'.
2. That expressions of interest be sought for Added Members in respect of the Health Scrutiny Panel and the Panel be advised accordingly.