### MIDDLESBROUGH COUNCIL

AGENDA ITEM:	6	

#### **HEALTH SCRUTINY PANEL**

#### 30 JUNE 2015

#### SETTING THE PANEL'S WORK PROGRAMME 2015/2016

#### **PURPOSE OF THE REPORT**

1. To provide the Members of the Health Scrutiny Panel with a range of information, extracted from various sources to assist in the consideration of suitable topics for inclusion into the panel's Work Programme.

### **BACKGROUND**

- 2. Each of the Council's scrutiny panels agrees an annual work programme of topics for investigation. The work programme is then considered and approved by the Overview and Scrutiny Board. Following approval of the work programme topics, terms of reference and key lines of enquiry are then agreed by the scrutiny panel at the start of each investigation. These outline the areas that will be examined by the panel during the course of its work.
- 3. The Health Scrutiny Panel attempts to have a dual focus upon local health services and wider public health issues. The suggestions have been put together following background research and in consultation with a variety of people/organisations including the local NHS, Healthwatch, Public Health and all Council Members.
- 4. The aim is to develop a realistic and achievable programme with a small number of high quality reviews, whilst realising that issues might arise which the panel may wish to consider. Scrutiny panels have also previously responded on an ad-hoc basis to emerging issues such as considering relevant new legislation, guidance or Government consultation documents.
- 5. The work programme should include a balance of
  - Policy and service review
  - Policy development and service improvement
  - Performance management
- 6. Once the panel has identified the topics for review, anticipated time frames need to be applied, to outline when each issue will be dealt with, this can then be shared with local health officials to assist with forward planning.
- 7. In addition to the work programme, updates on other scrutiny topics previously considered may also be requested throughout the year.

#### CONSIDERATION OF TOPICS BY ALL NON-EXECUTIVE MEMBERS

- 8. All Members have been asked to submit their ideas for topics. The topics listed are not exhaustive and are a prompt for the panel's discussions on the work programme, if panel members would like to add further suggestions then this would be the ideal opportunity to put those suggestions forward.
- 9. The scrutiny panel's agreed work programme should be flexible enough to allow work to be undertaken in the required detail and also to permit the panel to investigate any additional relevant areas of work which arise during the course of its work. Topics may be investigated as detailed scrutiny reviews over the course of several meetings, or as shorter topics over one or two meetings.

### PRIORITISING THE WORK PROGRAMME

10. The chart which can be used to assist the panel in selecting and prioritising topics for the work programme is attached at Appendix 1.

# Potential topics for Review - 2015/16

Updat	Updates and Issues carried over from Last Year		
1	Neurological Services – meeting with CCG and South Tees Foundation Hospitals		
	NHS Trust to discuss Neurological Services and in particular services for children		
	Pencilled in for 14 July Scrutiny Panel meeting		
	Fencilled III for 14 July Scruttify Farier meeting		
2	Healthcare Associated Infections – the panel receives periodic updates on this		
	topic and it is suggested that this continues, to assess JCUH performance in relation		
	to Healthcare Associated Infections. (Perhaps an update on the recent CQC		
	assessment could be included in this update – where staffing levels and end of care		
	were highlighted)		
3	NHS Finances – the panel have received an update about the financial pressures		
	facing the NHS and the South Tees Foundation Hospitals NHS Trust and members		
	were interested in inviting representatives back for an update.		
4	Review of the pharmacy at James Cook University Hospital - its impact on		
	hospital discharge arrangements		
Recom	nmendations/Issues arising from Previous Reviews		
5	Physical condition of patients on discharge and quality of information		
	contained in the discharge package – (from Social Care and Adult Services		
	Scrutiny Panel review – Safeguarding Adults in residential Care)		
6	South Tees CCG Property Portfolio – impact on the town of building closures and		
	service relocation (from OSB meeting with key stakeholders)		
_	D. I.		
7	Public Health Team/MVDA – progress with Social Prescribing (from report on		
	Tees Wide Suicide Prevention Plan)		

Suggestions f	from Members		
8	Agency Nurses - Hiring nurses from agencies at James Cook Hospital –		
	what is the cost and what is being done to bring the cost of this down?		
9	PFI - The effects on PFI contracts on James Cook Hospital.		
Suggestions	from MPs		
10	Consider looking into the recent CQC report into James Cook Hospital and		
	what the council's response will be – Andy McDonald MP		
Topical Issues			
11	<b>Public Health</b> – update on progress since the transfer to Local Authorities. How well are the Local Authority and its partners addressing health inequalities?		
12	End of Life Care – BBC article April 2015 says end of life care for terminally ill needs a major overhaul – what is the situation like in Middlesbrough, perhaps look at the position since the panel's last review in 2010.		
13	Childhood Obesity - what are we doing to prevent it		
14	Maternity Services – national review of Maternity services following investigations at Furness General Hospital, what is the position in Middlesbrough		
15	Care Act – briefing on the implications (possible joint briefing with Social Care and Adult Services Panel)		
Topics Provid	led by the South Tees Clinical Commissioning Group		
16	Health inequalities – autumn – following on enhanced joint working with CCG/ public health		
17	Primary care strategy update – summer/ Following on from the discussions about the recruitment / retention workforce issues this would be to consider a much wider angle with regard to future working to get a sustainable primary and community care front line		
18	<b>Stroke</b> – later in year - With regard to prevention agenda (there has been an increase in the numbers of younger men in Middlesbrough having strokes)		
19	7 day working –awaiting further clarity will be needed from the 'centre' – so a discussion later in the year would be appropriate.		
Discussions with Healthwatch – key issues arising from their stakeholder events			
20	<b>Review of Pharmacy Arrangements –</b> especially delays in patient discharge due to delays arising from the receipt of prescriptions.		
21	Children's Mental Health - Access and provision in Middlesbrough		
<b>Current Depa</b>	Current Department of Health Policies – with a view to assessing the		

implications/progress with these policies in Middlesbrough		
22	Cancer research and treatment – improving the diagnosis and treatment	
	of cancer and helping survivors to live more comfortably.	
22	Consequent to a little Consequent the district consequent to a little consequent to the little c	
23	Carers' health - Carers get the information, advice and support they need	
	to stay healthy while they are caring for someone else.	
24	Children's Health – helping families to have the best healthy start in life	
25	Choice in health and social care – 7 day a week NHS	
23	Choice in health and Social care – 7 day a week W10	
26	Compassionate care in the NHS – making changes to the health and	
	social care system to put respect for patients and service users first.	
27	<b>Dementia –</b> Dementia Challenge, dementia friendly communities, what are	
	we doing in Middlesbrough	
28	<b>Drug misuse and dependency –</b> helping people make a full recovery from	
	drug addiction and discouraging drug use in the first place	
20	End of Life Core trooting poonly with dimpity and to proble poorly to be	
29	<b>End of Life Care</b> – treating people with dignity and to enable people to be able to die in their place of choice.	
	able to die in their place of choice.	
30	Harmful drinking – Improving local alcohol services	
31	Health and Social Care Integration – ensuring health and social care	
	services work together more efficiently so that people get the right	
	combination of care	
32	Health emergency planning – to be ready in emergency situations	
22	Long town booth conditions could dispuss is for popular with disputes	
33	Long term health conditions – early diagnosis for people with diabetes,	
	asthma and heart disease and ensure high quality treatment, care and support	
	Support	
34	Mental health service reform – making mental wellbeing a priority and	
	making services as efficient as possible	
35	NHS Efficiency – free up funds for treating patients	
36	Obesity and health eating – helping people to eat healthily and make sure	
	people get the right support to lose weight.	
27	Detient cofety, making aure health and assist are services are set; for	
37	Patient safety – making sure health and social care services are safe for	
	patients and adults in vulnerable situations	
38	Research and innovation in health and social care	
	1000alon and innovation in neath and social care	
39	Smoking – reducing the harm tobacco causes by stopping people taking up	
	smoking or helping them to stop.	

## **RECOMMENDATIONS**

11. It is recommended that the Health Scrutiny Panel receives the report and considers which issues it would like to see included in the panel's Work Programme for the 2015/16 Municipal Year and provide an outline indication of the order that the topics should be dealt with.

# **Contact Officer:**

Elise Pout, Scrutiny Support Officer Telephone: 01642 728302(direct line) Email: elise\_pout@middlesbrough.gov.uk

