

MIDDLESBROUGH COUNCIL

AGENDA ITEM: 6

HEALTH SCRUTINY PANEL

25 July 2015

SETTING THE PANEL'S WORK PROGRAMME 2016/2017

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. When considering its work programme, the scrutiny panel is asked to ensure that topics agreed for inclusion:
 - Affect a group of people living within the Middlesbrough area.
 - Are not issues which the Overview and Scrutiny Board or the scrutiny panels have considered during the last 12 months.
 - Do not relate to an individual service complaint; and
 - Do not relate to matters dealt with by another Council committee, unless the issue deals with procedure.
10. It is suggested that the scrutiny panel has a mixture of working styles in its programme. This can include detailed and in-depth reviews, shorter topics, or one-off investigations.
11. Once the scrutiny panel has identified the areas of priority, support staff will draw those topics into a programme for approval by the Overview and Scrutiny Board.

PRIORITISING THE WORK PROGRAMME

12. 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 – 2016/2017

Updates and Issues carried over from Last Year	
1	Health Inequalities Cancer Screening – <i>Final evidence gathering 25 July</i>
2	Healthcare Associated Infections – the panel receives periodic updates on this topic and it is suggested that this continues to order to assess JCUH performance in relation to Healthcare Associated Infections. <i>(Perhaps an update on the recent CQC assessment could be included in this update – where staffing levels and end of care were highlighted)</i>
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
Recommendations/Issues/updates 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	Public Health Team/MVDA – progress with Social Prescribing (from report on Tees Wide Suicide Prevention Plan)
7	Proportion of people with Learning Disabilities receiving an annual health check
8	Director of Public Health – Annual Report – This year’s report focusses on Dementia. The panel could check progress against last year’s annual report which focussed on Mental Health.
9	Dementia Town – review of the progress on this and consider the Mayor’s agenda for a Dementia Town
10	Young People’s Mental Health – as recommended by the Children and Learning Scrutiny Panel – Nuffield Policy briefing identifies cause for concern nationally on the availability of child and adolescent mental health services, inpatient services are becoming harder to access, people are waiting twice as long for a consultation.
11	Integration Agenda – Accident and Emergency and Acute Admissions unit – examination of the integration work streams
12	Response times for ambulance and section 12 doctors for Mental Health Patients - (from Social Care and Adult Services Scrutiny Panel review of Approved Mental Health Professional (AMHP))
13	Ensure that care homes are better supported by primary care and community health services – this issue arose from the South Tees Health Joint Committee’s review of urgent care
14	Winter Pressures – including areas from the Social Care and Adult Services <ul style="list-style-type: none"> • The “discharge to assess” approach. • The “time to think” beds facility. • The review of pharmacy processes. • The 7 Day working project.
Suggestions from LMT	
15	Ensuring South Tees Integration works for Middlesbrough residents (joint work with Social Care and Adult Services Scrutiny Panel)
Topical Issues	
16	Effectiveness of Local Immunisation Strategies – The Centre for Public Scrutiny have produced a document ‘10 questions to ask if you are scrutinising local immunisation services’ due to increasing concerns nationally about the take up of immunisations and reports of measles outbreaks.
17	Childhood Obesity – what are we doing to prevent it? What is the impact of this issue for the future?
18	Health and Wellbeing Board – they are accountable to Overview and Scrutiny Committees – the peer review stated that the Board needed to further develop

	tangible impacts.
19	Dementia – Dementia Challenge, dementia friendly communities, what are we doing in Middlesbrough. (The Director of Public Health’s Annual Report 2015/16 focusses on making Middlesbrough a dementia friendly town)
20	End of Life Care – treating people with dignity and to enable people to be able to die in their place of choice.
Topics Provided by the South Tees Clinical Commissioning Group	
21	Stroke –With regard to prevention agenda (there has been an increase in the numbers of younger men in Middlesbrough having strokes)
22	Obesity – Obesity is one of the biggest threats to the health of the population of Middlesbrough, Members may wish to look at the commissioning priorities in this area? What are the Councils/Public Health priorities, preventative work in this area – CCG to provide an update
23	Primary Care – update
24	Learning Disabilities Transformation – update
From the Public	
25	<p>Foetal Alcohol Spectrum Disorder (FASD)</p> <p>FASD is the leading cause of preventable learning disability yet there is a complete lack of diagnostic and intervention services to support families affected by FASD and there is a widespread lack of knowledge among professionals. It is more prevalent than autism yet attracts no specialist provision.</p> <p>In adulthood over 90% grow up to have mental health issues, around 66% have a disrupted school experience, 60% are involved in justice services and 30% go on to have their own drug and alcohol issues if they haven't had early diagnosis, early intervention and correct support.</p> <p>Families in Middlesbrough are struggling. It would be great if the scrutiny panel would review FASD provision especially in the light of recent changes to national guidance about alcohol in pregnancy and the updated BMA guidance around good practice.</p>
Suggestions from the Public at James Cook Hospital	
26	Transport/Access Issues – Lack of information available to people travelling to James Cook Hospital, especially those coming from further afield than Middlesbrough. Reimbursements are available to certain low income groups but this is rarely stated on appointment letters and signage to the cash office is lacking. Some people may cancel appointments because they think they can’t afford the public transport fares.
27	Workforce Issues – What does the future of recruitment look like – is there a fear of losing staff, are there current staff shortages, what impact does this have in the short and longer term and what are plans to recruit from Europe and wider afield?
28	Overly bureaucratic appointment Systems and Continuity for Patients – appointments being cancelled, complex pathways of care, including the cancer pathway, patients are expected to make multiple appointments in different locations

	on different days. People are referred back to their GPs for them to make referrals when the person treating them at the hospital know they need an appointment.
29	Obesity – What links does the Trust have with the local authority on issues such as obesity, is there a Children’s Strategy, how does the Health and Wellbeing Board fit in?
For Awareness - Discussions with Healthwatch – key issues arising from their stakeholder events	
30	<ul style="list-style-type: none"> • Work with James Cook Hospital around communications processes for patients, especially at the point of discharge or transfer • Initial evidence gathering concerning co-ordination of care in care homes • Initial evidence gathering of access to GP appointments as part of local sample of practices; • Access to social prescribing as part of Healthwatch Tees’ focus on mental health alongside research students from Teesside University. • Health care for people living with learning difficulties.

RECOMMENDATIONS

13. 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 2016/17 Municipal Year and provide an outline indication of the order that the topics should be dealt with, the panel may wish to put the topics to the public to assist with prioritisation.

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