
OVERVIEW AND SCRUTINY BOARD

A meeting of the Overview and Scrutiny Board was held on 5 June 2007.

PRESENT: Councillor Carr (Chair), Councillors Bishop, Biswas, Cox, Dryden, Mawston and Sanderson.

OFFICIALS: J Bennington, G Brown, P Clark, A Crawford, J Ord, N Sayer, P Slocombe and E Williamson.

PRESENT BY INVITATION: Audit Commission:
S Nicklin (Relationship Manager) and R Walker (Audit Manager)

Carole Langrick, Project Director, Joint PCT's.

Councillor N J Walker (Executive Member for Resources).

****APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Cole, Ismail, G Rogers and Rooney.

**** DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

**** MINUTES**

The minutes of the meeting of the Overview and Scrutiny Board held on 1 May 2007 were submitted and approved.

EXECUTIVE FEEDBACK – COMMUNITY ENGAGEMENT

In a report of the Executive Manager it was reported that the Deputy Mayor at a meeting held on 2 May 2007 had considered the Board's comments and service response in relation to a report relating to Community Engagement. The report outlined proposals to take forward a number of decisions taken by the Executive following consideration of the Ad-Hoc Scrutiny Panel's report on Community Engagement.

The decisions taken by the Deputy Mayor were reported as follows: -

- i) That the review of the Community Council Cluster arrangements as detailed be approved.
- ii) That an IT-based guide detailing the support services currently available to Members be produced.
- iii) That an engagement document, based on the Civil Renewal Strategy, be produced to assist Members in identifying engagement opportunities.
- iv) That further work be undertaken in developing the link between community workers and ward councillors.
- v) That the potential implications on the role of the councillor arising out of the Government White Paper 'Strong and Prosperous Communities' be noted and that further reports be submitted to the Executive as appropriate.
- vi) That the progress made on the implementation of the Executive Service response to the Ad-Hoc Panel's recommendations be noted.

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- vii) That, where possible, the proposals contained within the submitted report be implemented in the new Municipal Year, following the local elections in May 2007.

NOTED

AUDIT COMMISSION – AUDIT AND INSPECTION LETTER MARCH 2007

The Council's Relationship Manager and the District Audit Manager presented the Annual Audit and Inspection Letter March 2007, which summarised the conclusions and significant issues which had arisen from recent audit and inspection work at Middlesbrough Council.

The audit and inspection letter included key messages in relation to Middlesbrough Council's performance, accounts and governance. In particular, it provided details relating to the Council's Comprehensive Performance Assessment (CPA) score including the Use of Resources judgements.

Middlesbrough Council had again been assessed as having a four star overall performance and improving well and Use of Resources judgement showed an improvement from last year with all of the five categories scoring 3 as performing well.

The Board welcomed the positive comments and results of the annual audit and inspection letter and noted the areas which had been identified where action was required in order to sustain improvement as follows: -

- a) 'consider what action it can take to improve those services where user satisfaction has declined; and
- b) review the approach to project management and ensure it is applied consistently across all departments.'

Members sought clarification on a number of areas including: -

- i) in terms of the overall statement, that compared with 2004, users in 2006 were less satisfied with the Council's performance although more satisfied about specific services it was suggested that this demonstrated a factor of CPA assessment across the UK in that there was a higher level of public expectation;
- ii) it was acknowledged that it was important to address the comments about communication specifically the statement that users felt less well informed about the Council's services in 2006 than in 2004;
- iii) from a scrutiny perspective it was suggested that the users' concerns as stated regarding 'teenagers hanging around, public transport and waste collection' should be considered as priority areas when determining the future scrutiny work programme;
- iv) in response to clarification on the statement regarding the Council's priority on creating safer and stronger communities which had seen mixed performance, the District Audit Manager pointed out that whilst there had been significant recent progress in some areas of crime performance inevitably there still remained areas which had received less focus and could be further improved;
- v) specific reference was made to the report relating to the Direction of Travel report in particular the stepped changes of improvement such as the collection of Council tax.

ORDERED as follows: -

1. That the Council's Relationship Manager and the District Audit Manager be thanked for the information provided.
2. That the Annual Audit and Inspection Letter March 2007 be noted.

PATHWAYS TO HEALTH CARE –NEW HOSPITAL

The Chair of the Health Scrutiny Panel introduced the background to the report entitled Pathways to Health Care, The Road Map to New Hospital, Primary and Community Services and facilities for Teesside. Specific reference was made to the involvement of the Middlesbrough Health Scrutiny function in a Joint Scrutiny Committee to consider a set of proposals known as the Acute Services proposals. Such proposals concerned a number of areas of clinical activity across the Tees Valley including the notion of a single site hospital. Although the Joint Scrutiny Committee had been supportive of elements of the proposals, it did not agree with the proposal pertaining to maternity and paediatric services which, following discussions with the local NHS were referred to the Secretary of State for Health for determination under its statutory powers.

The Secretary of State for Health referred the matter to the Independent Reconfiguration Panel which following investigation, published a report which contained a number of recommendations, the most high profile of which was the proposal to build a new hospital for the north of the Tees area, housing a number of specialisms for the whole of the Tees.

The Chair welcomed Carole Langrick, Project Director, Joint PCT's for the development of a new hospital in the area north of the Tees, who gave an indication of the direction of the project and proposed timeframes as set out in the Road Map to New Hospital document. It was acknowledged that the project would require substantial involvement from Health Scrutiny over its various phases: -

Phase One: Project Launch (June 2007)

Phase Two: Service Development and Design (July 2007-December 2008)

Phase Three: Public Consultation (January 2009 – April 2009)

Phase Four: Capital Planning, Development and Procurement (spring 2008 – summer 2011)

Phase Five: Building and commissioning the new hospital and associated facilities (spring 2011-2014).

The project was seen as the catalyst for radical change and improvement on the way that health care services were delivered in Teesside and as such would probably necessitate a complex and involved process. The approach centred on identifying what was considered to be best practice in the UK and how it should be implemented and relevant to the population north of the Tees.

The overall process would entail a re-examination of the current primary and community services which embodied the principles, policy and direction of the White Paper, Our Health, Our Care, Our Say.

Following the launch of the project, the first stage of the process entailed the detailed examination of Service Development and Design (July 2007-2008) involving the functional content of acute, primary and community services which would also assist in determining the location of the hospital.

The lack of significant capital investment for some year's and the inappropriateness of the physical facilities of the two hospitals north of the Tees to cope with current health care were acknowledged. The report of the Independent Reconfiguration Panel highlighted the need to provide the north of Tees' residents with sustainable clinical facilities of high quality comparable to those that existed south of the Tees.

The areas of specific interest in terms of the scrutiny process to Middlesbrough included specialised services; eventual location of the new hospital; and implications on James Cook University Hospital in terms of the flow of patients.

Members sought clarification as to whether or not the IRP's recommendations was the definitive position and if they were likely to be the subject of further reviews in the event of any major changes in Government direction. It was pointed out that the majority of the work involved in

service design and development would be completed within two years. Whilst it was difficult to give any guarantees an indication was given of similar situations which had been the subject of numerous reviews over a period of 6 to 12 years including a change of Government but nevertheless the outcomes were still achieved.

It was confirmed that the precise Road Map was dependent on whether the funding required was secured under the Private Finance Initiative route or public funding which was the preferred method should it be available. Whilst no guarantees could be given at this stage, the process was being geared to ensure that it would satisfy PFI funding criteria.

In response to Members' clarification regarding Phase Three: Public Consultation (January 2009 to April 2009) an indication was given that this may be re-examined with a view to extending such a period in order to allow the opportunity for the NHS to consider any recommendations arising out of the consultation process.

Throughout the process section 11 informal consultation and involvement would be a key feature. It was intended that by the time formal consultation took place all of the care pathways and the conclusions of the modelling work would have been in the public domain. The main consultation issue was reported as location and any implications for other providers of implementing the Secretary of State's decision with respect to the site for neonatal services.

It was pointed out that it was expected that primary and community based facilities would be developed as part of the earlier stage of planning during phase two. It was envisaged that consultation on such facilities and services would take place as appropriate at that stage rather than delay implementing better service and care pathways until the whole package around the acute hospital part of the pathway was planned.

In addition to the section 11 consultation there would be a comprehensive formal consultation and involvement process with public, staff, stakeholders, overview and scrutiny committees, LINKs groups in accordance with the requirements of the statutory section 7 consultation.

ORDERED as follows: -

1. That Carole Langrick be thanked for the information provided.
2. That the Overview and Scrutiny Board be advised on any project developments and report to the Executive as appropriate.

ANY OTHER BUSINESS – SCRUTINY WORK PROGRAMME

The Chair referred to a meeting to be held on 21 June to which all non-Executive Members had been invited to attend to discuss the 2007/2008 Scrutiny Work programme a report on which would be considered at the meeting of the Board to be held on 3 July 2007.