

DURHAM COUNTY COUNCIL

At a Meeting of the **Health Scrutiny Sub-Committee** held at the County Hall, Durham on **Monday 2 July 2007** at **10.00 a.m.**

COUNCILLOR J CHAPLOW in the Chair.

Durham County Council

Councillors J Armstrong, Davies, Mason, Simmons, Stelling, Stradling and Trippett

Chester le Street District Council

Councillor Harrison

Derwentside District Council

Councillors Agnew and Lavin

Durham City Council

Councillor Smith

Easington District Council

Councillors Campbell and Maitland

Teesdale District Council

Councillor Coates

Wear Valley District Council

Councillors Lee and Todd

Other Members

Councillor Myers

Apologies for absence were received from Councillors G Armstrong, Cooke, Crathorne, E Foster and Gray

A1 Election of Vice Chairman (Districts)

Resolved:

That Councillor D Lavin (Derwentside District Council) be elected as the District Council Vice Chairman.

A2 Minutes

The Minutes of the meetings held on 2 and 27 April 2007 were agreed as a correct record and signed by the Chairman.

A3 Declarations of Interest

There were no declarations of interest.

A4 Work Programme for 2007/08

The Sub Committee considered a report of the Head of Overview and Scrutiny setting out a work programme for the period 2007/08 (for copy see file of minutes)

Resolved:

That the work programme for 2007/08 be agreed.

A5 Tees, Esk and Wear Valleys NHS Trust – Application for Foundation Trust Status

The Sub Committee received a presentation from Harry Cronin, Director of Nursing on the Tees, Esk and Wear Valleys NHS Trust application for Foundation Trust Status.

Foundation Trusts are new public benefit corporations run by their own boards and accountable to their local communities. They are being set up as part of Government reforms to improve services and make them more accountable to local people. As membership organisations local people, service users and carers are able to sign up as members. Foundation Trusts are freed from Government control but they are still assessed, authorised and regulated independently by Monitor and are freer to make local decisions that benefit local people.

As members, service users, carers, staff and the public elect representatives to sit on a Board or Council of Governors. These governors have a number of responsibilities including appointing and dismissing the Chair and Non-Executive Directors. Local organisations such as PCTs and local authorities also appoint representatives, but governors representing service users, carers, staff and the public will be in the majority, giving them real influence over how the Trust operates.

A Foundation Trust has greater accountability to members and the public, and has greater flexibility to address local needs and improve services. Having governors from partner organisations helps to improve partnerships and provide more opportunities to work together. Foundation Trusts can borrow, within agreed limits to invest in new services and facilities. They can also retain any surplus cash at the year end to reinvest in services. However, with this greater financial freedom comes more responsibility. Foundations Trusts need to be well managed organisations with the ability to balance the books at the same time as providing good quality care.

As part of its reforms for the NHS the Government expects all trusts who achieve certain standards for the quality of their services and use of resources to become Foundation Trusts. All trusts have been evaluated to assess their ability to become Foundation Trusts and following that evaluation the Trust

Board has set itself a target of April 2008. Directors believe this is a challenging but achievable aim.

Tees, Esk and Wear Valleys NHS Trust are committed to involving service users, carers and staff in planning and developing our services. Becoming a Foundation Trust will give another new way of involving local people. By joining us as a member people can decide how little or how much they want to be involved. However you are involved you will be making a positive contribution to the development of local services for your local area. Membership will be automatic for all staff that has at least a 12 month contract of employment. Staff will be able to opt out without prejudicing their employment.

It was explained that the Trust were trying to reach the public through the consultation process through a variety of approaches to stimulate interest including press releases, public meetings and road shows.

Resolved:

That the presentation be noted and that any comments be forwarded as part of the consultation process.

A6 County Durham and Darlington Termination of Pregnancy Service (ToP) – Service Evaluation November 2005 – April 2006

The Sub Committee considered a report of the Head of Overview and Scrutiny and also received a presentation from Dr Mary Browne about the service evaluation of the County Durham Termination of Pregnancy Service (ToP) (for copy see file of Minutes)

Dr Browne explained the background to the report. Concerns had been raised about difficulty in accessing local ToP services throughout County Durham and Darlington. A Working Group was formed and an initial investigation indicated that there was:

- Inequity in service provision existed
- Mismatch across the providers in terms of capacity and demand
- 40% of referrals were to 'Out of Area' providers

Following patient and public consultation it was agreed to provide a centralised medical termination service at Bishop Auckland General Hospital with satellite assessment and locally managed surgical procedures.

An evaluation of the re-configured services was undertaken and the key findings were as follows:

- County Durham and Darlington Foundation Trust are meeting 19/20 evidenced based standards as set down by the Royal College of Obstetricians and Gynaecologists
- 76 fewer women are having to travel to out of area service providers
- The service is meeting the national standard for waiting time
- 11% of women required a second appointment with a referring doctor
- Patient experience throughout the ToP care pathway was very positive

- Transport issues and cost were a problem for six out of a total of 107 respondents
- 89% of terminations are being performed medically – favourable comparison with national figures
- 65% of terminations are being performed at less than 10 weeks

Resolved:

That the key findings and recommendations from the evaluation report be noted.

A7 Healthy Communities Collaborative – Building Leadership Capacity to promote Healthier Communities

The Sub Committee considered a report of the Head of Overview and Scrutiny about a proposal to run a local leadership capacity event (for copy see file of Minutes).

Resolved:

That the leadership capacity event be noted and that Members be asked to express an interest in the programme.

A8 Report of the Alcohol and Drug Misuse by Young People Working Group

The Sub Committee received the report of the Alcohol and Drug Misuse by Young People Working Group (for copy see file of Minutes)

Resolved:

That the report be noted.

A9 Patient and Public Involvement Forum Annual Reports and Work Plans for 2007/08 for County Durham Primary Care PPIF, Tees Esk and Wear Valleys PPIF, County Durham and Darlington Acute Hospitals PPIF and North East Ambulance Service PPIF

The Sub Committee considered a report of the Head of Overview and Scrutiny Together with the annual reports for 2006/07 and work plans for 2007/08 of the local Patient and Public Involvement Forums (for copy see file of Minutes).

Resolved:

That the annual reports and work plans for each PPIF be noted.

The Chairman of the meeting was of the opinion that the following item of business was of sufficient urgency to warrant consideration because of the need to keep members informed.

A10 Annual Report of Joint Health Overview and Scrutiny Committee 2006/07

The Sub Committee considered the Annual Report of the Joint Health Overview and Scrutiny Committee for 2006/07 (for copy see file of Minutes).

Resolved:

That the annual report be noted.