



HEALTHY BOROUGH WITH
STRONG COMMUNITIES
OVERVIEW AND SCRUTINY
COMMITTEE

Tuesday,
11 September 2007
10.00 a.m.

Council Chamber,
Council Offices, Spennymoor

AGENDA
and
REPORTS



**This document is also available in other languages,
large print and audio format upon request**

العربية (Arabic)

إذا أردت المعلومات بلغة أخرى أو بطريقة أخرى، نرجو أن تطلب ذلك منا.

বাংলা (Bengali)

যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

(中文 (繁體字)) (Cantonese)

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

हिन्दी (Hindi)

यदि आपको सूचना किसी अन्य भाषा या अन्य रूप में चाहिये तो कृपया हमसे कहे

polski (Polish)

Jeżeli chcieliby Państwo uzyskać informacje w innym języku lub w innym formacie, prosimy dać nam znać.

ਪੰਜਾਬੀ (Punjabi)

ਜੇ ਇਹ ਜਾਣਕਾਰੀ ਤੁਹਾਨੂੰ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਜਾਂ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ ਚਾਹੀਦੀ, ਤਾਂ ਇਹ ਸਾਥੋਂ ਮੰਗ ਲਓ।

Español (Spanish)

Póngase en contacto con nosotros si desea recibir información en otro idioma o formato.

اردو (Urdu)

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

AGENDA

1. APOLOGIES

2. DECLARATIONS OF INTEREST

To notify the Chairman of any items that appear later in the agenda in which you may have an interest.

3. MINUTES

To confirm as a correct record the Minutes of the meeting held on 26th June 2007.

(Pages 1 - 4)

4. FORMAL CONSULTATION ON TEES, ESK AND WEAR VALLEYS NHS TRUST PLANS TO BECOME A NHS FOUNDATION TRUST

David Kerr, Project Manager, Tees, Esk and Wear Valley NHS Trust will attend the meeting to give a presentation on their plans to become a NHS Foundation Trust.

A report of the Chairman of the Committee is also attached for information.

(Pages 5 - 44)

5. CHOICE BASED LETTINGS

I. Brown, Head of Housing Management and Miss. M. Ferguson, Area Housing Manager will give a presentation detailing requirements for the Council's progress in implementing Choice Based Lettings.

(Pages 45 - 62)

6. DURHAM COUNTY COUNCIL HEALTH SCRUTINY SUB COMMITTEE

To consider the Minutes of the meetings held on: -

(a) **2nd April 2007**

(b) **27th April 2007**

7. WORK PROGRAMME

To consider the attached report of the Chairman of the Committee.

(Pages 75 - 78)

8. ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT

Members are respectfully requested to give the Chief Executive notice of items they would wish to raise under the heading not later than 12 noon on the day preceding the meeting, in order that consultation may take place with the Chairman who will determine whether the item will be accepted.

**B. Allen
Chief Executive**

**Council Offices
SPENNYMOOR**

Councillor J.E. Higgin (Chairman)
Councillor Mrs. P. Crathorne (Vice Chairman)

Councillors W.M. Blenkinsopp, Mrs. D. Bowman, J. Burton, Mrs. S. Haigh,
Mrs. H.J. Hutchinson, Mrs. E.M. Paylor, K. Thompson, T. Ward, J. Wayman J.P and
Mrs E. M. Wood.

Tenant Representative

Mrs. M. Thomson

ACCESS TO INFORMATION

Any person wishing to exercise the right of inspection etc. in relation to this agenda and associated papers should contact Miss. S. Billingham, Tel 01388 816166 Ext 4240, sbillingham@sedgefield.gov.uk

Item 3

SEDGEFIELD BOROUGH COUNCIL

HEALTHY BOROUGH WITH STRONG COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE

Council Chamber,
Council Offices,
Spennymoor

Tuesday,
26 June 2007

Time: 10.00 a.m.

Present: Councillor J.E. Higgin (Chairman) and

Councillors W.M. Blenkinsopp, Mrs. D. Bowman, Mrs. P. Crathorne, Mrs. S. Haigh, Mrs. H.J. Hutchinson, Mrs. E.M. Paylor, T. Ward and Mrs E. M. Wood

Tenant Representative

Mrs. M. Thomson

In attendance: Councillors Mrs. L. Cuthbertson, P. Gittins, A. Gray, G.C. Gray, B. Haigh, Mrs. I. Hewitson, T. Hogan and B. Lamb

Apologies: Councillors J. Burton, K. Thompson and J. Wayman J.P

HBSCOSC.1/ DECLARATIONS OF INTEREST

Members had no interests to declare.

HBSCOSC.2/ MINUTES

The Minutes of the meeting held on 10th April, 2007 were confirmed as a correct record and signed by the Chairman.

HBSCOSC.3/ OVERVIEW AND SCRUTINY REVIEW: REGENERATION OF NEIGHBOURHOODS WITH OLDER PRIVATE SECTOR HOUSING PROGRESS ON ACTION PLAN

Consideration was given to a report of the Chief Executive detailing progress to date from Cabinet's Response and Action Plan following consideration of its recommendation arising from the Regeneration of Older Private Sector Housing Review Group. (For copy see file of Minutes).

G. Wood, Regeneration Manager, Mrs. D. Hedley, Housing Strategy Manager also attended the Committee to give a presentation regarding the progress. (For copy see file of Minutes).

Members were reminded of the background and recommendations provided by the Review Group, the number of documents that had been identified and were important in supporting the recommendations and the scheme. The process the Review Group followed highlighting the number of proposals made and to which recommendation they supported. It also highlighted the various proposals and strategies to deliver housing-led Regeneration specifically to Dean Bank and West

Chilton and how the projects would be phased, identifying the funding needed and how the scheme would be delivered both internally and externally.

The Committee was informed that although a light touch approach had been agreed with regard to securing empty properties, it had not been successful. Consideration therefore needed to be given to boarding/ bricking up the properties.

With regard to options for those residents needing to be rehoused and issues regarding equity, it was pointed out that an independent financial adviser had been appointed. Staff were currently being trained and training would be available for Members in the future. With regard to equity issues it was agreed that Members be issued with a document to update them of the situation.

A question was raised regarding Three Rivers and whether they were involved in the scheme. Members were informed that they were involved mainly in Ferryhill Station.

Discussion was held regarding the Neighbourhood Management Scheme that was implemented with the Master Plan at Newton Aycliffe. It was pointed out that it had been an excellent scheme, however, as it was removed and not replaced after its three-year life span, the area had again begun to decline. It was suggested that it be taken into consideration during the Master Plan for Ferryhill.

Finally discussion was held regarding Selective Licensing and the need to consider selective tenants. It was explained that the legislation would be rolled out in the areas with most need, within the Master Plan, however, if it was successful then it could be rolled out to other areas.

- AGREED :**
- 1. That the Committee was satisfied with progress of the Action Plan for the Overview and Scrutiny Review for the Regeneration of Neighbourhoods with Older Private Sector Housing.*
 - 2. That the Committee reviews the progress of the Action Plan in six months.*

HBSCOSC.4/ OVERVIEW AND SCRUTINY REVIEW GROUP REPORT - THE PROVISION OF AFFORDABLE HOUSING

Consideration was given to the progress to date from Cabinet's Response and Action Plan following consideration of its recommendations arising from the Provision of Affordable Housing Review Group. (For copy see file of Minutes).

Members of the Committee noted the progress.

- AGREED :**
- 1. That the Committee note the response of Cabinet to the recommendations of the Review together with the implementation timetable outlined.*

2. *That the Committee reviews the progress on the Action Plan in six months.*

HBSCOSC.5/ OVERVIEW AND SCRUTINY REVIEW GROUP REPORT - LEISURE CENTRE CONCESSIONARY PRICING SCHEME

Consideration was given to the progress to date from Cabinet's Response and Action Plan following consideration of its recommendation arising from the Leisure Centre Concessionary Pricing Scheme Review Group. (For copy see file of Minutes).

Members of the committee noted the progress.

- AGREED :*
1. *That the Committee notes the response of Cabinet to the recommendations of the Review together with the implementation timetable outlined.*
 2. *That Committee reviews progress on the Action Plan in six months.*

HBSCOSC.6/ WORK PROGRAMME

Consideration was given to a report of the Chairman of the Committee setting out the Committee's Work Programme for consideration and review. (For copy see file of Minutes).

Consideration was given to an item referred from the Strategic Leadership Overview and Scrutiny Committee to consider funding for CCTV camera contributions as a future item on their Work Programme. It was pointed out that the Committee had received a presentation in October, 2006 regarding CCTV which included funding arrangements. The Committee, however, requested that an update report be presented to a future Committee.

- AGREED :*
1. *That CCTV be included as a future item within their Work Programme.*
 2. *That the Work Programme be noted.*

This page is intentionally left blank

Item 4

HEALTHY BOROUGH WITH STRONG COMMUNITIES OVERVIEW & SCRUTINY COMMITTEE

11 SEPTEMBER 2007

REPORT OF CHAIRMAN OF THE COMMITTEE

FORMAL CONSULTATION ON TEES, ESK AND WEAR VALLEYS NHS TRUST PLANS TO BECOME A NHS FOUNDATION TRUST

SUMMARY

Tees, Esk and Wear Valleys NHS Trust are undergoing formal consultation on their plans to apply to become an NHS Foundation Trust by April 2008. The formal consultation period will run from 9 July to 29 September 2007 and the Trust have invited the Council to comment on their plans.

RECOMMENDATION

Members consider the 'Making a Difference Together' consultation document and respond to questions contained within it to assist the formulation of a response.

DETAIL

Tees, Esk and Wear Valleys NHS Trust provide a range of mental health, learning disability and substance misuse services for the 1.4 million people living in County Durham, the Tees Valley and North East Yorkshire. The Trust employ 5,000 staff, who work from over 100 sites as well as directly into local people's homes and hold an annual budget of over £200 million to provide services.

The enclosed consultation document 'Making a Difference Together' outlines the Trust's plans to apply to become an NHS Foundation Trust by April 2008. The Trust are not consulting on becoming a Foundation Trust, as that is Government Policy, but are seeking views on their plans for the future and their proposals for a constitution that will guide how they operate as a Foundation Trust.

Following consideration of the 'Making a Difference Together' consultation document, the Committee are requested to provide a response and comments to consultation questions that are identified on page 16 of the consultation document.

The Committee's views will be forwarded to assist in the formulation of a response.

FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

LIST OF APPENDICES

1. Tees, Esk and Wear Valleys NHS Trust – Making A Difference Together, Consultation Document

Contact Officer Jonathan Slee
Telephone Number 01388 816166 Ext. 4362
E-mail address jslee@sedgefield.gov.uk

Wards Borough-Wide

Background Papers
None



making a difference together
consulting on our plans to be an NHS Foundation Trust

what is this document about?

Tees, Esk and Wear Valleys NHS Trust wants to become an NHS Foundation Trust (FT). This document aims to:

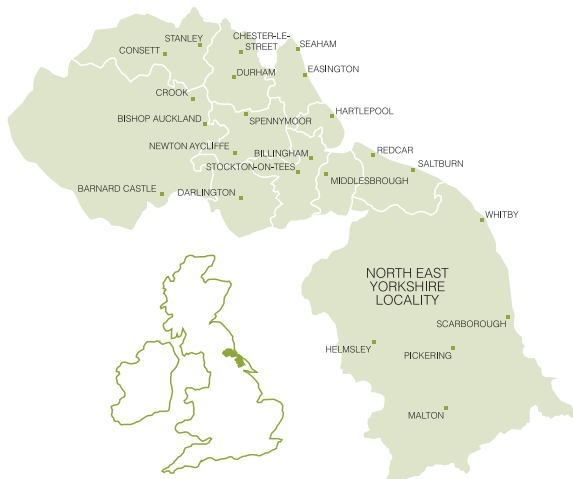
- Give you information about the trust and our plans for the future,
- Explain what an FT is,
- Describe how being an FT will benefit our service users, carers, staff and local people.

To become an FT we need your views on how we propose to operate in the future, and this document asks for your responses to a number of questions. Please give us your answers by:

- Filling in the questionnaire at the end of this document, putting it in an envelope and sending it back to us - you don't need a stamp,
- Visiting our website - www.tewv.nhs.uk,
- Writing to us at FREEPOST TEWV,
- Emailing enquiries@tewv.nhs.uk,
- Calling us on 01642 516462.

We hope you will let us know what you think during the consultation process that starts on July 9, 2007 and ends on September 29, 2007 - your views will make a difference to our future.

about us



Tees, Esk and Wear Valleys NHS Trust was formed in April 2006 to provide a range of mental health, learning disability and substance misuse services for the 1.4m people living in County Durham, the Tees Valley and North East Yorkshire. We also provide a range of specialist services to other parts of northern England.

We employ more than 5,000 staff, who work from over 100 sites as well as directly into local people's homes, and we spend over £200m a year on providing our services.

our vision

The wellbeing of people who need our services, and of the wider health and social care community, depends on our trust being excellent in:

- Playing our part in creating a complete system of care based on the needs of individuals
- Providing high quality specialist services in partnership with other agencies
- Developing an engaged, modern and confident workforce
- Attracting, investing and managing resources to make the biggest difference.

In achieving our vision for the future we have four key aims:

- Delivery of high quality specialist care and treatment
- Specialist liaison across the health and social care system
- Working towards a complete system of care
- Listening to and learning from service users and carers.

our values

Our vision is underpinned by our values and in determining those values we asked ourselves an important question:

“What do our service users want from us?”

The answer to these questions can be summarised by six words that describe our core values:

Respect

We listen to and value everyone's views.

We are professional but not precious, working in partnership with people from other disciplines and organisations.

Safety

We do everything we can to make our services as safe as possible.

We make sure we learn lessons from what goes wrong and what goes right. When things go wrong we look for the root causes and not scapegoats.

Equality

We tailor our approach to individuals to meet their culture, background and preferences.

We want the same for our service users and carers as we want ourselves, to be a valued part of society.

Honesty

We work in an open, honest and fair way.

Our decisions are transparent and we communicate clearly.

Efficiency

We provide care that is both clinically and cost effective.

We will reduce waste and increase efficient use of our resources.

Empowerment

We welcome change and devolved responsibility through diversity and leadership.

We empower our service users, carers and staff to take a full and active part in developing our services and the organisation.

our plans for the future

To achieve our vision for the future each of our services are working on development plans for the next five years and there are some common themes. These include:

- Putting our service users and their families at the heart of all we do,
- A strong commitment to working in partnership with a range of organisations to develop services that meet local needs,
- Moving services closer to people by relying less on inpatient services and putting greater emphasis on developing specialist community services,
- Building on the specialist skills and expertise of our staff.

Our services have already begun to develop and change to reflect those themes. The new West Park Hospital at Darlington, new units in Hartlepool and Stockton, and the planned Lanchester Road Hospital in Durham and the Ad>ance development to replace St. Luke's Hospital in Middlesbrough, are making significant improvements to the environments in which we provide many of our services.

These new buildings have also created opportunities to enhance our community based services and to adopt new ways of working to further improve the services we provide.

In developing future plans for our services we want to build on what we have achieved so far and respond to the changing national and local health and social care environment in which we work.

Adult mental health services

The creation of the trust highlighted the different ways services had developed across County Durham, the Tees Valley and North East Yorkshire. We will review all our services to ensure that they are providing the same high standards of care across the whole area, and we will work with commissioners to develop services where there are currently gaps.

In the future we believe commissioners may decide other organisations will be better placed to provide some of the service we currently provide, including social day services and continuing care inpatient services. We will support other organisations in developing these services, and complement this change by focusing on using our skills and expertise to expand the range of specialist assessment and treatment services we provide to people with severe mental health problems. ►

Learning disability services

Our five year plans aim to work with our partners, increase support for people with complex needs and open doors for them to mainstream services. To do this we will review what we currently provide and, in line with national policy, develop more specialist community support for people with complex needs to help them live in their own homes with assistance from independent sector organisations. We will support these organisations to develop their expertise and skills in residential, day and short term care.

Forensic mental health and learning disability services

The Advance modernisation programme, that will see the replacement of St. Luke's Hospital in Middlesbrough, will result in the development of a broader base of specialist inpatient services. We also want to work with commissioners to further develop our community services across the trust area.

Older people's mental health services

With the ageing population set to double by 2020 it's important that we respond positively to this demographic change and ensure we are able to

provide the specialist care more people will need in the future. We will work with commissioners to develop our community services to give people intensive support seven days a week and focus on developing specialist services for people with complex needs or challenging behaviour.

Children and young people

In line with national guidelines we aim to develop more early intervention services and support for parents, as well as comprehensive child and adolescent mental health services working across the whole trust area. We will work with commissioners to expand our specialist services, particularly autistic spectrum and eating disorder services, to ensure the same high standards of care are available to people across County Durham, the Tees Valley and North East Yorkshire.

Substance misuse service

We will work with our commissioners and partners to develop services to meet local needs, and particularly to address the growing demand for alcohol misuse treatment. We aim to develop more specialist support and interventions around harm minimisation and improve services to prisons in our area.



why do we want to be an foundation trust?

It's Government policy that all NHS trusts which achieve certain standards for the quality of their services and use of resources should become FTs - and we have achieved those standards.

But we also believe that becoming an FT will help us to achieve our vision and aims for the future in two main ways:

- Building on and improving positive relationships with our service users, carers, staff, partners and local people through the development of a membership base that is representative of the area we serve,
- Strengthening internal processes and systems - our governance and assurance systems - to meet the challenges of providing modern health services.

what is a foundation trust?

NHS Foundation Trusts are public benefit corporations operating like mutual organisations, such as the Co-operative supermarket or some building societies. They are still part of the NHS, subject to NHS inspections, standards and performance ratings and operating in line with the NHS principles of free care, based on need and not the ability to pay.

However, as an FT we would be free from direct Department of Health control. The organisation would be run locally with local people as members, and so having a greater say in how local services are developed, and with greater freedom to generate income and borrow money to invest in local services.

FTs invite local people to become members who elect governors to represent them on a Council of Governors. They sit alongside people who represent partner organisations such as local councils, universities, other NHS trusts and voluntary agencies.

The Council of Governors works with the Board of Directors to influence how services are developed and provided in the future. The diagram on page 14 shows how the membership, Council of Governors and Board of Directors will work.

the benefits of being a foundation trust

We want to become an FT because we believe it will help us to achieve our vision for the future of our services.

Some of the main benefits of FT status are:

- Greater accountability to local people who can become members and governors,
- More flexibility to address local needs and improve services,
- The ability to improve partnerships and provide more opportunities to work together to improve local services,
- Freedom to generate and retain financial surpluses, and to decide how that money should be invested in local services,
- The ability to borrow - within agreed limits - to invest in new services and facilities.



how foundation trusts operate

Monitor, the independent regulator of FTs, decides which trusts can become FTs and monitors their performance once they achieve FT status.

As an FT we would no longer be accountable to the Department of Health, but instead to our local communities. This will mean that in the future we will have new ways of operating or governance arrangements. Each FT is required to have three main components:

- A membership - all FTs must establish, maintain and develop an active membership base drawn from service users, carers, staff and the population the trust serves. Members elect representatives to act as Governors on their behalf.
- Council of Governors - made up of elected governors chosen by the membership and appointed governors representing partner

organisations, such as local authorities, and other NHS trusts. They represent the interests of the members and partner organisations, and hold the Board of Directors to account for the running of the organisation.

- Board of Directors - made up of executive and non-executive directors responsible for the strategic leadership and day-to-day running of the trust.

Each FT has some freedom to decide how it structures these three components, and in this consultation document we are seeking your views on our proposed arrangements.

Your views will help us to shape our future governance arrangements that will be set out in a legal constitution as part of our application to become an FT.



membership

We are committed to involving service users, carers and staff in planning and developing our services. Becoming an FT will give us another new way of involving local people in what we do.

By joining us as a member you can decide how little or how much you want to be involved, from just signing up to our anti-stigma campaign to standing for election as a governor.

However you are involved you will be making a positive contribution to the development of local services for your local area.

Being a member will not give you preferential treatment - that will continue to be provided to people free, based on their individual needs.

We will establish a membership that properly represents the communities we serve and we will make sure that everyone has an equal opportunity to contribute. We will monitor how well we do this and look for ways to recruit members from any under represented groups or areas of the trust.

We propose that membership will be open to anyone over the age of 14, but as an organisation that provides child and adolescent mental health services we will continue to look for ways to engage children of all ages.

We provide services for many people who feel excluded from society because of their health problems or the stigma attached to them, so we want our membership to be as inclusive as

possible. We will ask all members to sign up to an agreed code of conduct.

Members are grouped into constituencies and we propose having two elected categories of membership - public and staff. People can only be members of one constituency at a time.

Public

We want to reduce the stigma attached to the services we provide, and the people we support, so we propose not to isolate our service users and carers into separate membership categories.

We want to integrate them into our public membership. Mental health problems can affect anyone and we don't want to differentiate between people who already use our services and those who may need our support in the future.

So we propose that our public constituency is open to anyone aged 14 or over who lives in the area we serve. An alternative would be to have separate constituencies for service users and carers.

Members will be grouped depending on where they live eg Durham, North East Yorkshire, or Middlesbrough. Our proposal is for seven public constituencies. Each constituency would be represented by governors on the Council of Governors, with one governor per 50,000 of population. See the diagram on page 14 for more detail.

Staff

We want our staff to be fully involved in our FT and to influence how our services develop in the future.

Our staff are committed to providing the best possible mental health, learning disability and substance misuse services, and have a vested interest in the future development of those services. So we propose that all staff automatically become members.

They will have the right to opt out if they do not want to be members, and that choice would in no way affect their ongoing employment with the trust. If they choose to opt out of the staff constituency they could still be members of the public constituency if they live in the area the trust serves.

We also propose that this constituency includes staff who although not directly employed by the trust work closely with us and make a significant contribution to our services. This includes social care staff working in integrated teams and external contractors such as some catering and cleaning staff.

Our proposal is to sub-divide the staff constituency into eight groups or classes, and each class would elect representatives to sit on the Council of Governors.

Questions

Do you agree with the age limit for membership?

Do you agree with the proposed membership categories?

Do you agree with the integration of service users and carers into the public constituency to promote inclusion and tackle stigma?

Do you agree that staff should opt out rather than opt in?

Do you agree with the proposed categories for staff membership?

There is space for you to give us your views on these questions and others on the Freepost form on page 16

council of governors

To ensure a wide representation we propose a total of 54 governors. Due to this number we are suggesting that we have a Council of Governors rather than a Board of Governors as we believe that the title Council of Governors better reflects the wide representation of organisations and groups that will make up the body.

The role of the Council of Governors is:

- Guardianship - making sure the trust complies with the terms of its authorisation by Monitor, the independent FT regulator, and that corporate objectives are met,
- Advisory - acting as a channel for the flow of information to and from the membership,
- Strategic - advising on the future strategic direction of the trust.

Our Council of Governors will be made up of elected representatives of the members, and people appointed by our local partner organisations.

Governors are not responsible for the day to day running of the trust, but they will, in the first year approve the trust's chairman and non-executive directors, and in subsequent years appoint people to these important posts.

We suggest that our Council of Governors includes:

Elected governors

28 Public governors:

- 10 County Durham
- 2 Darlington
- 2 Hartlepool
- 4 Stockton
- 3 Middlesbrough
- 3 Redcar & Cleveland
- 4 North East Yorkshire

We propose that the number of public places available for election is in line with the population size of each area, with one governor for every 50,000 people.

Nine staff governors, one for each class of the following classes:

- Older people's mental health services
- Children and young people's services
- Learning disability services
- Forensic services
- Corporate support services
- Medical staff
- Nursing staff

And two governors for adult mental health and substance misuse services as people employed in adult mental health services make up the largest proportion of our workforce.

Public and staff places on the Council of Governors will be filled by an election process where all members will vote for their preferred representative. Elections will be by secret ballot and will be run by an independent organisation. Elected governors will usually be appointed for a term of up to three years.

Non-elected governors

We propose 17 governors are appointed by the following key partners:

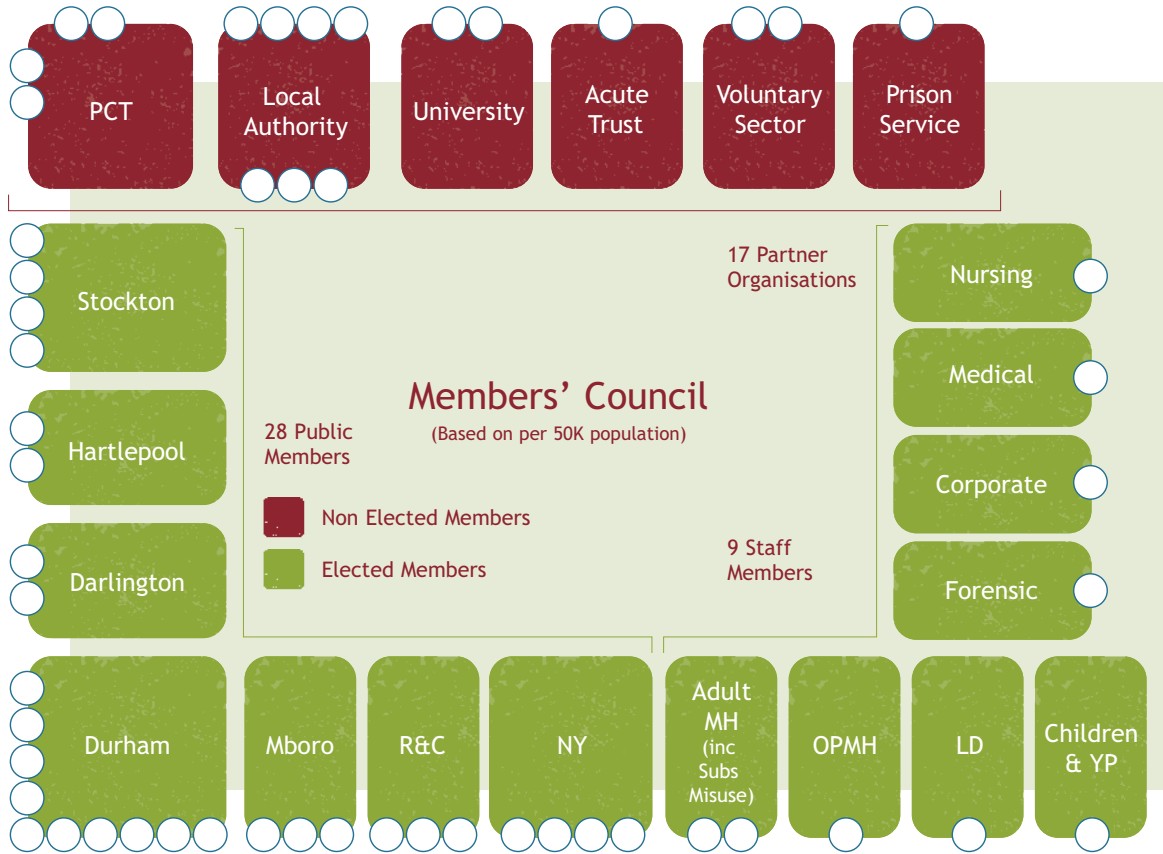
- County Durham Primary Care Trust (PCT) and Darlington PCT
- PCTs from across Teesside
- North Yorkshire and York PCT
- North East Mental Health and Learning Disability Commissioning Directorate
- Durham County Council
- Darlington Borough Council
- Hartlepool Borough Council
- Stockton Borough Council
- Middlesbrough Borough Council
- Redcar & Cleveland Borough Council

- North Yorkshire County Council
- University of Teesside
- Durham University
- Local acute NHS trusts
- Local prisons
- The local voluntary sector.

We want to encourage people from all the communities we serve to be involved in the trust as a member or governor, but there are some legal restrictions.

Although we are proposing people 14 years and over could be members, legally to be elected as a governor you must be at least 16 years old. Also you are not eligible for election if you have been declared bankrupt or received a prison sentence of three months or more in the past five years.

Members and governors are not paid, but as a governor you would be entitled to receive expenses in connection with attending meetings in line with your duties as a governor.



Questions

Do you think we should have a Council rather than a Board of Governors?

Do you agree with the proposed structure for the Council of Governors?

Do you agree with the proposed number of public, staff and partner members on the Council of Governors?

Do you think there are other key partner organisations that should be represented on the Council of Governors?

There is space for you to give us your views on these questions and others on the Freepost form on page 16

board of directors

The Board of Directors will be responsible for setting the future strategy of the trust and ensuring we deliver on our objectives.

As a minimum an FT is required to have the following executive directors:

- Chief Executive
- Finance

- Medical
- Nursing

We propose that the Board of Director will include executive and non executive directors, with the majority made up of non-executive directors.

your views

This is your opportunity to tell us what you think about our proposals and help shape our application to become an FT.

Throughout the consultation period - July 9, 2007 to September 29, 2007 - we will be out and about across County Durham, the Tees Valley and North East Yorkshire attending community events and meetings which we will advertise on our website - www.teww.nhs.uk and in the local media.

We will talk to our staff and partner organisations, including service user, carer and community groups.

We'd also like to come along to a meeting of your organisation or group to talk about our plans - to invite us email enquiries@teww.nhs.uk, call 01642 516462, or write to the FT team at FREEPOST TEWV.

Throughout this document we have asked what you think of our proposals, complete the questionnaire and send it back to us by 5pm on Sept 29, 2007 - you don't need a stamp. We will carefully consider all feedback and your views will help to shape how the trust operates in the future.

consultation form

Do you agree with the age limit for membership? Yes No

Do you agree with the proposed membership categories? Yes No

Do you agree with the integration of service users and carers into the public constituency to promote inclusion and tackle stigma? Yes No

Do you agree that staff should opt out rather than opt in? Yes No

Do you agree with the proposed categories for staff membership? Yes No

Do you think we should have a Council rather than a Board of Governors? Yes No

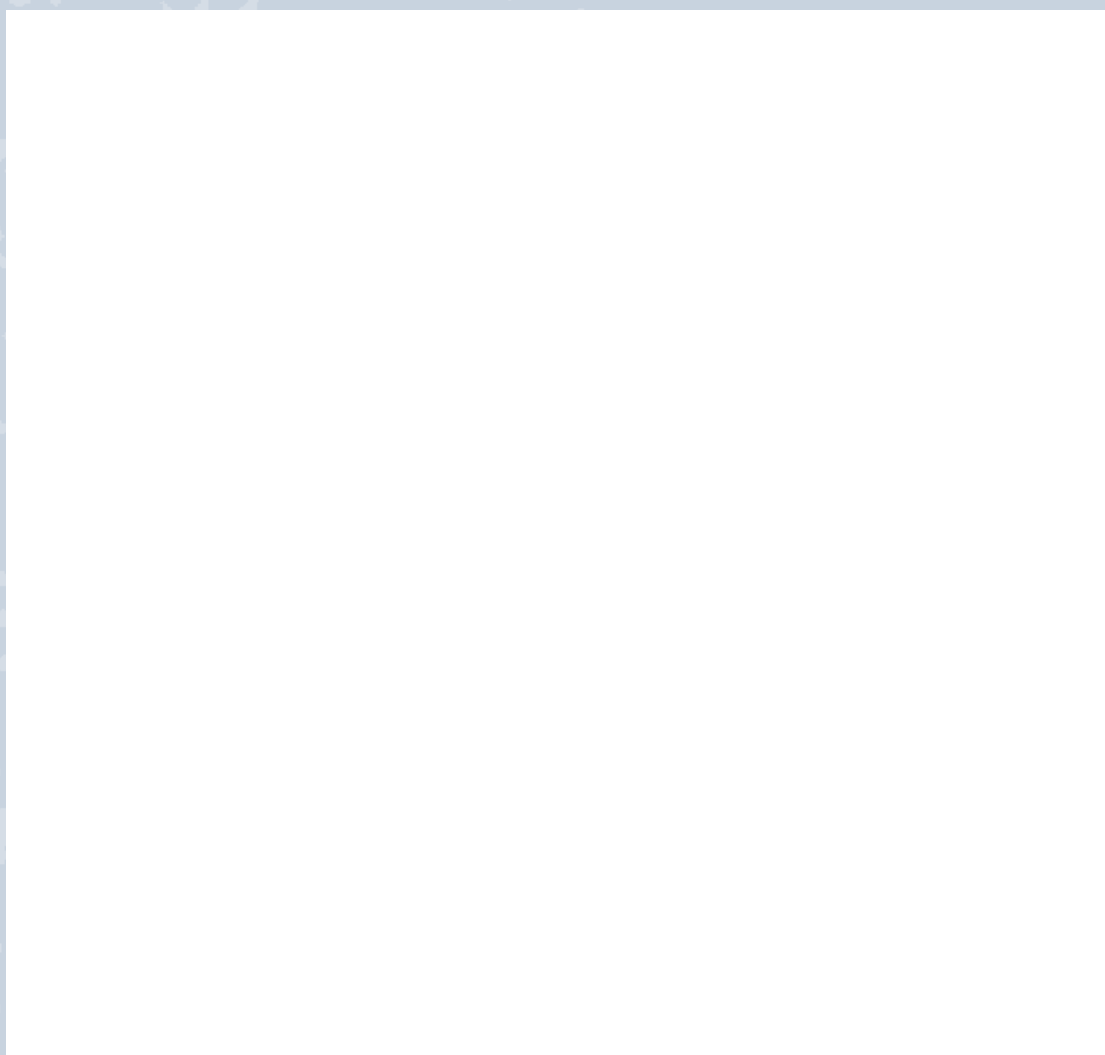
Do you agree with the proposed structure for the Council of Governors? Yes No

Do you agree with the proposed number of public and staff members on the Council of Governors? Yes No

Do you think there are other key partner organisations that should be represented on the Council of Governors? Yes No

Complete this form, put it in an envelope and send it to FREEPOST TEWV by Sept 29, 2007

Please use this space to give us your comments, ideas or suggestions about our FT proposals and plans for the trust's future.



membership application form

We want you to be a member of our trust - whether it's signing up to our anti-stigma campaign or standing to be a governor - you decide how much or how little you want to be

involved. It's free to join and by being a member you will help make a positive difference to local health services. Complete this form, put in an envelope and send it to FREEPOST TEWV

your details

Any information you give here will be treated confidentially and used only for the purpose of providing you with information and updates about

the trust. All information will be held in accordance with the Data Protection Act 1998.

Name:	<input type="text"/>
Address:	<input type="text"/>
Postcode:	<input type="text"/>
Telephone no:	<input type="text"/>
Email:	<input type="text"/>
Gender:	<input type="text"/>
Date of birth:	<input type="text"/>
Signature:	<input type="text"/>

about you

We want to involve all the communities we serve and to recruit a wide range of members from the people who use our services, their carers, our

partners and local people. Please answer the following questions to help us ensure we reach all sections of our local communities:

Do you live in the area covered by the trust ie County Durham, the Tees Valley and North East Yorkshire? Yes No

Have you used local mental health, learning disability or substance misuse services in the last five years? Yes No

Do you care for someone who has used local mental health, learning disability or substance misuse services in the last five years? Yes No

Are you currently employed by the trust? Yes No

Are you currently employed by an organisation that works with the trust? Yes No

If yes, please tell us which organisation

Please tell us more about you so we can monitor how well we are recruiting members that represent all the communities we serve

are you:

White

- British
 Irish
 Any other white background

Black or Black British

- Caribbean
 African
 Any other black background

Asian or Asian British

- Indian
 Pakistani
 Bangladeshi
 Any other Asian background

Mixed

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other missed background

Other ethnic groups

- Chinese
 Eastern European
 Any other ethnic group

As a member would you like to:

- Receive regular information
 Attend meetings or events
 Consider standing as a Governor

Do you have a special interest in:

- Adult mental health services
 Older people's mental health services
 Children and young people's services
 Learning disability services
 Forensic services
 Substance misuse services
 Service user, carer and public involvement
 Anti-stigma initiatives.

How would you prefer us to contact you:

- By email
 By telephone on the number you have given us
 By post to the address you have given us

Signature:

Date:



If you'd like this document in large print or braille contact the Patient Liaison Service on 08000 520219

هذه المعلومات يُمكنُ أن تُترجمَ إلى اللغات الأخرى. إذا تطلبُ هذا رجاءً إسألوا أحد أعضاء الموظفين للإتصال بقسم الإتصالات على هذا الرقم (٠٨٠٠ ٠٥٢ ٠٢١٩)

这资料 可以译成多种文字。如您需要，请要求工作人员拨0800 052 0219与病人联络部联系。

" Pour une traduction de ce document en d'autres langues, veuillez contacter le Service de Liaison avec les Patients au...0800.052 0219. "

এই মতবিনিময়ী ওয়াশিংটন ডিসি অফিসের কাছে রয়েছে। যদি আসন্ন প্রয়োজন হয় তাহলে আমাদের অফিসে যোগাযোগ করুন। আমাদের পরিচালনা পরিষদে যোগাযোগ করুন। ০৮-০০ ০৫২ ০২১৯ নম্বরে টেলিফোন করে যোগাযোগ করুন।

ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਦੂਜੀਆਂ ਭਾਸ਼ਾ ਵਿੱਚ ਅਨੁਵਾਦ ਕਰਵਾਇਆ ਜਾ ਸਕਦਾ ਹੈ ਜੇਕਰ ਤੁਹਾਨੂੰ ਅਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਅਨੁਵਾਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਭਿੱਪਾ ਕਰਕੇ ਸਟਾਫ਼ ਦੇ ਸੇਬਰ ਨਾਲ ਗੱਲਬਾਤ ਕਰਨ ਲਈ ਪੈਸੈਂਟ ਲਿਯੇਜ਼ਨ ਡਿਪਾਰਟਮੈਂਟ ਨੂੰ ਇਸ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ : 0800 052 0219.

اس انفارمیشن کا ترجمہ دوسری زبانوں میں بھی کیا جاسکتا ہے۔ آپکی زبان میں معلومات کیلئے آپ کسی سٹاف ممبر سے پیشکش لیئیرن ڈیپارٹمنٹ سے ٹیلیفون نمبر۔ 0800 052 0219 پر رابطہ کیلئے فرمائیں گے۔

Ky informacion mund të përkthehet në gjuhë të tjera. Nëse ju kërkoni këtë ju lutemi pyeteni një anëtar të stafit të kontaktojë me departamentin e ndërlidhjes së pacientave (Patient Liaison Department) në numërin 0800 052 0219.

આ માહિતી બીજી ભાષાઓમાં પણ રજૂ છે. એ જાણવા માટે અમારા પેસિયન્ટ લિયેન્સ ડિપાર્ટમેન્ટ સાથે સંપર્ક કરવા માટે 0800 052 0219 નંબર પર કૃપા કરીને સંપર્ક કરો.



Tees, Esk and Wear Valleys
NHS Trust

Foundation Trust Status

The future

Why Foundation Trust Status?

- Enables the Trust Strategic Direction
- New Environment
 - Commissioning – Leadership Role
 - Market & Competition
 - Paid for what we do
 - Focus upon Wellbeing
 - Voice & Choice for Patients
 - Freedom for Staff

What is a foundation trust?

- Part of the NHS “family”
- Membership organisations - more accountable to local people
- Greater autonomy to manage their own affairs and money

What do we need to do to become an FT?

Getting FT status is a challenging process and to be successful we must be able to demonstrate to Monitor that we have:

- Achieved CNST level 1
- An agreed five year business plan
- Robust financial arrangements
- Consulted widely on our constitution and business plan
- A system for recruiting members.

The benefits

- Governance
 - Members can help to influence how the trust develops
 - Greater accountability
- Greater opportunities for partnership working
- Greater financial freedom

The future for Tees, Esk and Wear Valleys NHS Trust

- Achieving FT status is Government policy
- TEWV Trust Board believes FT status will help it achieve its strategic direction
- April 2008 – target date to become an FT

How FTs operate

Unlike NHS Trusts, FTs are accountable to their membership so they have new ways of working. The three main legally required components are:

- Membership of an FT
- Board or Council of Governors
- Board of Directors

Each FT has the freedom to decide how these three components are made up after consulting with its service users, carers, staff, partners and local people.

Categories of Membership

The Public Constituency

- Open to anyone over the age of 14 years who lives in the areas we serve.
- Members will be grouped depending on where they live.
- Can be subdivided into Public, Users & Carers
- Public places based on the population size.

Categories of Membership

The Staff Constituency

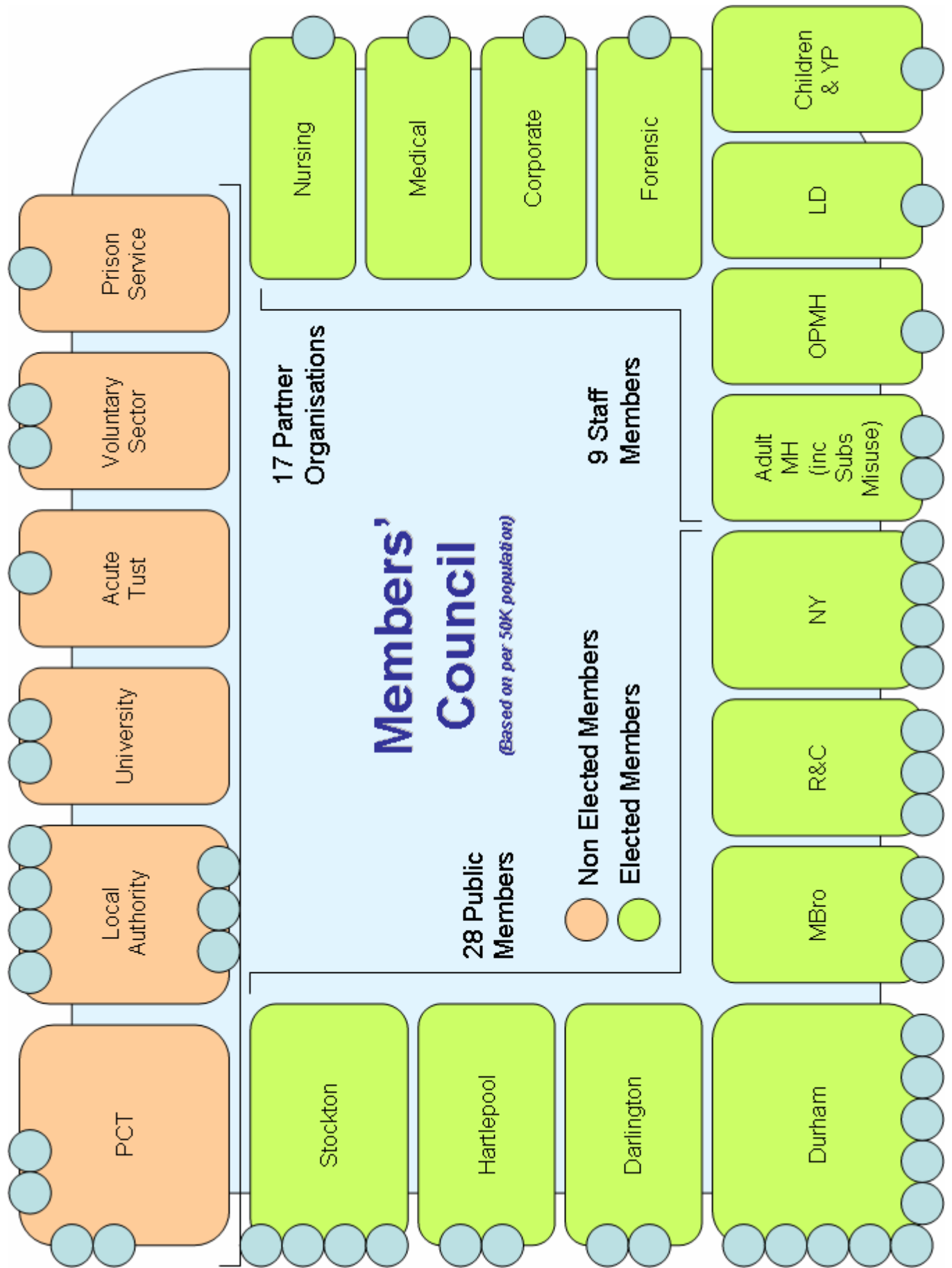
Subdivided into 8 groups, called classes, as follows:

- Adult Mental Health (inc. Substance Misuse)
- Older Persons MH Services
- Children & YP Services
- Learning Disability Services
- Forensic Services
- Corporate Services
- Medical
- Nursing

Categories of Membership

Members' Council of Governors

- Advisory Role to the Trust Board
- Elected Members (over the age of 16 years)
- Non-elected Members (Appointed members from key local partner organisations)



Discussion/Questions

This page is intentionally left blank

Overview and Scrutiny 2

Choice Based Lettings

11 September 2007

Item 5



Choice Based Lettings

- National Policy Requirement.
- Sub regional element.
- What changes are needed to the current allocation policy to deliver CBL.
- Possible implementation challenges.

How does CBL work?

It aims to give applicant:

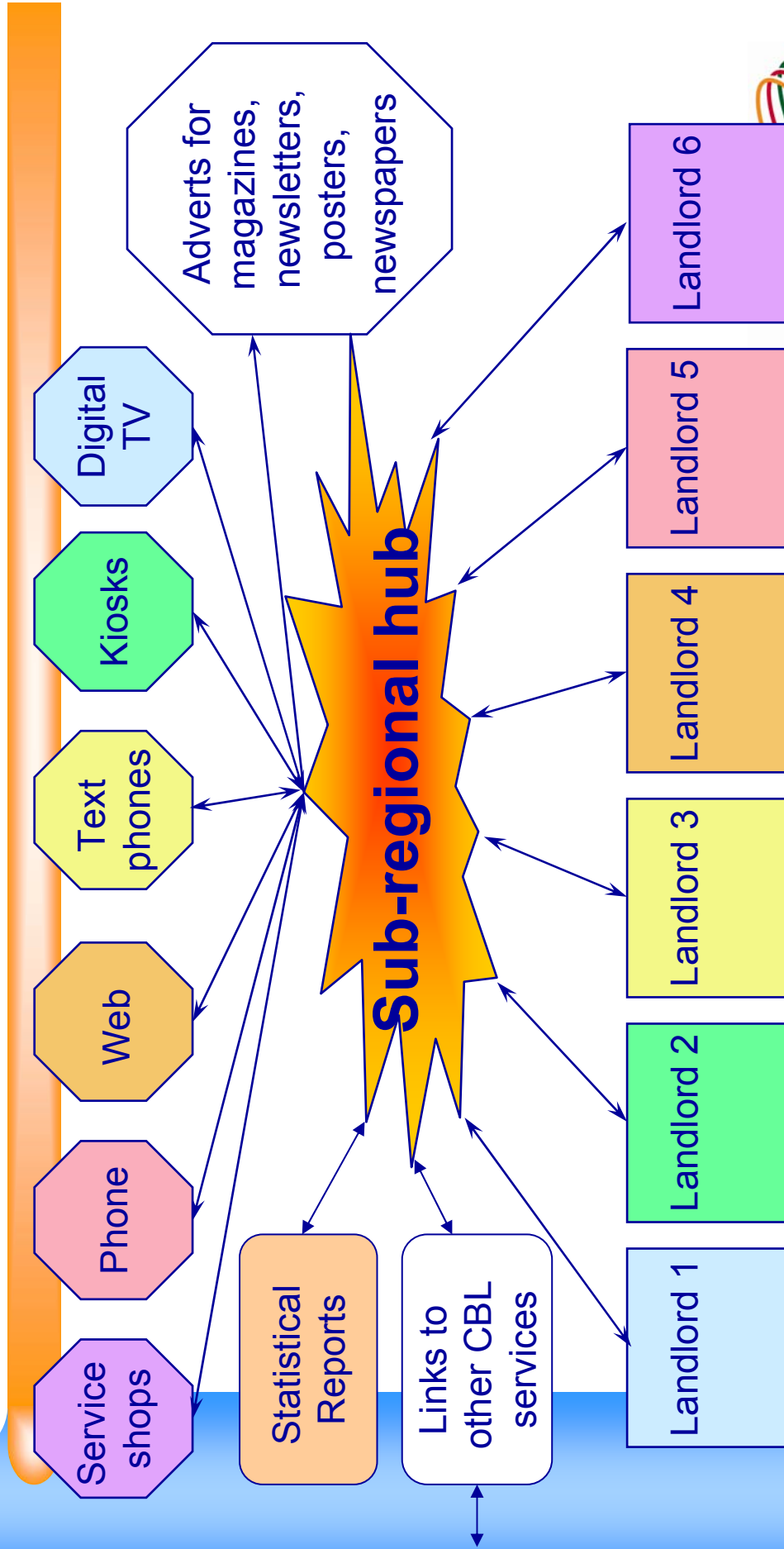
- Greater choice.
- More transparent allocation policy.
- Removes the system of the council making an offer to an applicant.

It is replaced by applicants applying for a property that is available....

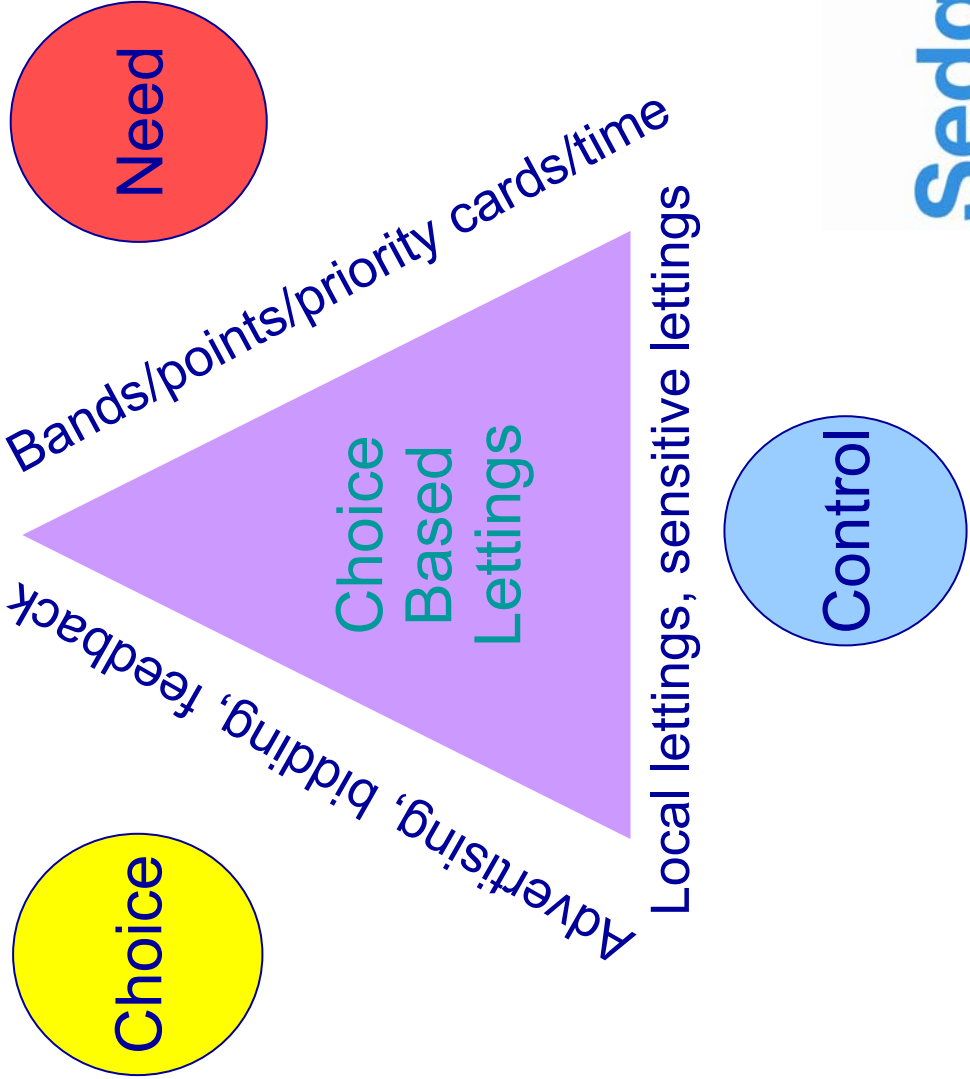
CBL & Sub-Regional CBL

- Choice Based Lettings (CBL)
 - Vacancies openly advertised.
 - Property & area information published.
 - Home seekers browse, choose & 'bid'.
 - Bids ranked & offers made **according to prioritisation policies**.
 - Results & demand feedback published.
 - Customer right to refuse an offer generally accepted.
 - Accessible information & support available to customers (especially vulnerable groups).
- Sub-Regional CBL (SRCBL)
 - CBL operated as a L/ARSL partnership across a sub-region.
 - Benefits for partners & customers.

Home seekers



Choice in Context



Current Position

- Target
 - CBL in place in all 354 English local authorities by 2010
 - SRCBL is preferred approach
- Progress
 - At April 06, 32% LAs and 40% of large RSLs
 - Fewer than 10% LAs currently have no plans
- Regional Challenge Fund
 - Over 100 LAs in 24 SR schemes funded in rounds 1 & 2
 - Oversubscribed
 - 2007 is final round

CBL Draft Statutory Guidance

- Issued for consultation on 15 Jan –consultation.
- Ends 10 April.
- Main topics covered
 - Reconciling choice, simplicity & need
 - Considerations when designing a banding scheme
 - Providing choice to those owed the main homelessness duty & to disabled applicants
 - Information, advice & support – for potentially disadvantaged
 - Partnership working with RSL's
 - Implementing CBL in a sub/regional context.

So why do it?

- Greater customer satisfaction.
- Improve home seeker perception of landlords from the start.
- Business efficiency.
- Performance improvements.
- Works everywhere – urban, rural, high & low demand.
- Mutual benefits of partnership working.
- More sustainable neighbourhoods.

Performance & Cost

- DCLG commissioned Heriott-Watt long-term impact report.
- Performance benefits
 - The end of hard to let
 - Lower refusal rates
 - Faster void times
 - Better tenancy sustainment
 - Cycle & shortlists support improved administration

Transparency

For CBL transparency means:

- Clear general ‘rules’ for eligibility, prioritisation & offers.
- No nasty surprises for customers.
- Eligibility restrictions are advertised upfront, not applied retrospectively.
- Feedback – live, personalised, tabular, aggregate.
- Forecasts – illustrative based on historic data.
- Feedback on any properties let outside of CBL.

Funding

- Regional Challenge Fund Round 2 now closed
- Round 3 in 2007
- Critical RCF success factors
 - Full political support
 - Sub-regional scale, minimum of 3 LAs
 - RSLs & private sector involvement
 - Housing Options approach

Funding

- Inclusive customer & stakeholder consultation
- Commitment to accessibility & non-discriminatory outcomes
- Value for money
- Commitment to mobility & commonality
- Innovation

Challenges of introducing CBL

- Need to develop a new allocation policy based on guidance to be issued shortly.
- Change existing Orchard system.
- Implement a new CBL software system to allow bidding.
- Consider bidding rounds and adverts.
- Consider other implications.

Challenges of implementing CBL

- CBL systems often require increased resources to set up and for IT support etc.
- Most CBL schemes use a specialist team
- Most CBL schemes require suitable office facilities to advertise and manage the process.

Challenges of implementing CBL

There will be a need to:-

- Review current staffing structures.
- Review impact of staffing of CBL scheme on current service delivery.
- Review existing budget provision.

Next steps

- Project plan for SBC to be developed.
- Officer project team to be established.
- Evaluation of applications of UBC on service delivery to be carried out.
- Timetable for implementation to be established.
- Regular reports and briefings to members to be carried out.
- Consultation.

This page is intentionally left blank

DURHAM COUNTY COUNCIL

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

COUNCILLOR J PRIESTLEY in the Chair.

Durham County Council

Councillors Bell, R Carr, Carroll, Porter, Simmons, Stradling, Wade

Chester le Street District Council

Councillor Armstrong

Easington District Council

Councillors Campbell and Maitland

Sedgefield Borough Council

Councillors Crosby and Gray

Other Members

Councillors Bowman, Douthwaite, Gray and Shuttleworth

Apologies for absence were received from Councillors Agnew, Chaplow, Hunter, Iveson, Mason and Smith

A1 Minutes

The Minutes of the meetings held on 8 January and 5 February 2007 were agreed as a correct record and signed by the Chairman.

With reference to Minute No A5 Transport for Health Partnerships and the Integrated Transport Unit, it was explained that transport was to be considered for inclusion in the work programme for the coming year.

With reference to minute No A6 Update on the Development Local Involvement Networks it was explained that a workshop had been held exploring the development of LINKs. Legislation is still going through Parliament although it is expected that LINKs will be operational by 1 April 2008.

A2 Declarations of Interest

There were no declarations of interest.

A3 North Tees and Hartlepool NHS Trust - Consultation on NHS Foundation Trust Status

The Sub Committee received a presentation from Professor Aidan Mullan of North Tees and Hartlepool NHS Trust about their application to become a NHS Foundation Trust.

The Trust provide hospital based services for 400,000 people in Easington, Stockton, Hartlepool and Sedgefield and the surrounding area and have a budget of around £188m. The Trust employs 4,300 staff including 350 doctors, 2,100 nurses and 400 health professionals.

In 2006 across both Trust hospitals there were 100,000 attendances in accident and emergency, 3,500 babies born, 46,770 emergency admissions, 212,850 outpatient attendances and carried out 31,140 planned operations.

NHS Foundation Trusts are a new type of NHS organisation designed to move decision making to local organisations, communities and patients and will make it easier to serve the needs of local people. The Foundation Trust will be more accountable to patients, carers and staff who can apply to become Members and Governors.

The North Tees and Hartlepool NHS Trust believe they will have more freedom to build our own future and will have more opportunity for financial success, so that they can invest in more services. In addition local people will be able to influence the direction the Trust is going in so their services continue to meet the needs of local people.

The Trusts vision for the future is as follows:

High quality care - to make sure our patients always get high quality care. To do this, we will:

- consider advances in medicine when we develop and change our services, so we can provide the best care possible.
- . work to join up community and hospital services more closely.
- work with patients, carers and the public more in planning what we do.
- continue to keep the level of hospital infections very low by keeping our hospitals clean.
- continue to be university hospitals.
-

Easy to use services - as an NHS Foundation Trust, we will continue to reduce waiting times. Patients tell us this is important to them. They want to be the hospital of choice by making sure that they provide services people want to use. They will:

- work with NHS community services to provide care closer to local people's homes.
- make sure every patient can choose the date and time of their health treatment;
- cut waiting times. By the end of 2008, patients will receive hospital treatment within 18 weeks of referral by their GP;
- continue our excellent record of quickly treating emergency patients. We also want patients to see the right health professional for their injury.

Encouraging good health - We will help local people to make informed choices to improve their own health. To do this they will:

- give advice to patients on improving health as part of the information about their treatments.

- work with the local Primary Care Trusts to develop public health services.
- help people with long-term conditions, such as diabetes or asthma.
- prevent people having to be admitted to hospital by providing advice, guidance and other care and treatment (pathways);
- work with specialist centres to make sure patients move smoothly between hospitals when their treatment is in more than one place.

Making the most of people and resources - To make the most of their staff's abilities and the money they have.

- balance finances and make a small planned surplus each year and will invest surpluses in improved patient care.
- train and reward staff, and give them the best possible working conditions to help them improve services for patients.
- use information technology (IT) to find better ways of working, and to make sure that patients' records are correct, safe and easy to obtain.

The governance arrangements will include members from the public and the staff. They will elect the Governors and can stand for election themselves. The Trust are seeking more members of the public who are interested in becoming Members and Governors. The Members will elect a Council of Governors, who will in turn appoint the Chair, appoint the non-executive Directors, approve the Chief Executives appointment and be involved in the key decisions in future plans. The Board of Directors will run the Trust and is made of Chairman, Chief Executive, Executive Directors and some None executive directors. The make up of the Council of Governors is set out in statute. The Trust will ensure that they regularly communicate with Members and they will be invited to the Annual General Meeting.

The consultation process ends on 16 April and the formal application will be submitted to the Secretary of State by 27 April. If it is supported by the Secretary of State, the Trust will be appraised by the Monitor between July and September and it is expected that Trust will be authorised to become a Foundation Trust between October and December.

Concern was expressed about the transfer of patients and their records between the Trusts Hospitals as part of their treatment. In addition there was concern about the provision of transport for patients and carers. Professor Mullan explained the Reconfiguration Panel's decision to overturn some of Professor Darzi's recommendations and this issue would not be overcome until authority is given to provide a new hospital. The issues in relation to transport are recognised and the former Easington PCT had undertaken work on transport provision. The Trust is looking to work with voluntary organisations to provide transport needs.

Resolved:

That the recommendations detailed in the report be approved.

A4 Improving Health and Tackling Health Inequalities in County Durham

The Sub Committee received a presentation from Dr Tricia Cresswell, Executive Director of Public health on improving health and tackling health inequalities.

The health problems of County Durham are different from other areas of the country. The County has a post urban landscape within a rural setting. The birth rate in the County is stable and does not have some of the problems in other parts of the country as a result of inward migration.

The single most important issue is the high level of deprivation particularly in some parts of County. As a result of relatively low levels of income and low levels of educational attainment there are high levels of need amongst children. Life expectancy is below the national average, death rates from coronary heart disease and cancer are above the national average and there high levels of smoking. Smoking is the cause of some of the poor health and the cause of some of the inequalities in health. There are higher levels of smoking in the less affluent areas which links in with the higher levels of heart disease, cancer and premature death.

Binge drinking and alcohol abuse is a major issue in County Durham and is reflected throughout the CDRP's. The teenage pregnancy rate is higher though this is reducing. County Durham has fewer teenagers who achieve 5 or more good GCSE passes than the national average. It was explained education attainment is an accurate predictor of good health and those who achieve one or more GCSE will live on average ten years longer than those who don't achieve at 16 years old. There is wide difference between the least affluent and most affluent district within the County.

To achieve better health of the population will need partnership between all bodies. This includes tackling the determinants of health which include poverty, family education, employment, the environment. There is a need to offer support for healthier choices on eating, smoking, sexual activity, drugs and alcohol abuse and physical activity. It was pointed out those in affluent positions find it easier to make healthier choices than those in disadvantaged positions. This will be along term task. If people stop smoking there can be a quick improvement in health.

Good quality health services need to be delivered to those who are already ill. It was pointed out that if the prevention agenda is not tackled soon there may be insufficient resources to deal with all the ill health particularly with reference to the obesity epidemic and the consequent increase in type 2 diabetes and heart disease.

In terms of good news it was reported that large sums of money have been invested in smoking cessation prior to the commencement of the smoking ban. By investing in the areas where there is most need there has been an increase in access to stop smoking services as part of tackling health inequalities. Teenage pregnancy rates continue to being tackled and rates are falling though they are still above the England average. It was also reported that access to GUM services have considerably improved.

As part of the local delivery plan the CDPCT are investing over £4.6M in public health to tackle tobacco control and smoking cessation, obesity, improving access GUM service, alcohol services and hospital acquired infections.

A detailed strategy is being developed involving all local authorities to build on existing successes in tackling health inequalities.

In relation to the provision of GUM services in Easington it was explained that services are accessed in Gateshead, Sunderland and Durham. The PCT are to provide GUM services in a wider range of settings other than in hospital clinics.

In response to a question about life expectancy it was explained that there are still a number of older people suffering from the legacy of their former occupations and whilst life span has increased there is still a gap between the North East and the more affluent parts of the country as a result of long periods of unemployment and deprivation in the region.

In relation to investment in stroke services it was explained that whilst there is no obvious reference to investment in strokes within the LDP there is frequent mention and investment in the management of long term conditions including stroke.

With reference to health prevention it was explained further work needs to be done with all local authorities to promote physical activity as one of the best ways to improve health including encouragement to participate in exercise within schools.

The Sub Committee was informed that a workshop will be held during May to consider a work programme for the Sub Committee.

Resolved:

That the presentation be noted and that the information be used to inform a future work programme for the Health Scrutiny Sub Committee.

A5 Healthcare Commission Annual Health Check: 2006/07 Declaration

The Sub Committee considered a report of the Head of Overview and Scrutiny and received presentations from NHS Trust representatives on their 2006/07 Health Check submissions to the healthcare Commission (for copy see file of Minutes).

Michael Houghton explained that all NHS Trusts are required to comply with the annual health check declaration. The new system of performance assessment is based on a self assessment process against core and developmental standards. There are 24 core standards across seven domains which represent the full spectrum of care provided across the NHS. This year Trusts are also required to declare this year against a number of developmental standards.

County Durham PCT

The obvious challenge has been the reconfiguration of the PCT's. A rigorous self assessment process has been undertaken and the fitness for purpose assessment that all newly created PCT's have had to undertake has been a significant part of the process. The declaration will not include any standards

that have not been met but will be including the four standards where there is a gap in assurance. Three of these standards relate to predecessor organisations. In next years declaration they will be shown as fully met. The fourth standard relates to record management which needs to be examined and the Trust has embarked on an audit programme the result will be known later this year. In relation to the developmental standard the CDPCT will be declaring fair progress. In the following year they expect to declare good progress against the public health standard following this year's investment.

North East Ambulance Service NHS Trust

NEAS have declared that they are in full compliance with all the core standards. Any comments received from all overview and scrutiny Committees will be reported. The reconfiguration of services was highlighted as was the consultation exercise on the introduction of community paramedic services in rural areas. The Trust has also demonstrated a new patient assessment system

Tees Esk and Wear Valley NHS Trust

The Trust was formed last year following the merger of two Trusts. The Trust will be declaring full compliance against all core standards with the exception of an in year lapse in the use of ECT units in the Tees Valley area. The Trust will declare good progress against the relevant developmental standard.

County Durham and Darlington Acute NHS Trust

One of the key issues for the Trust in the last 12 months has been involving Governors since becoming a Foundation Trust. The Health Quality Service has carried out a health quality audit. This involved an examination of governance procedures and a visit to examine the wards and departments. Formal feedback is awaited from the audit. The Trust is declaring full compliance with the exception of the MRSA standard. It was explained that they have had 60 cases and should have had no more than 22 and this is an issue to be monitored closely.

Resolved:

1. That the Joint Health Overview and Scrutiny Committee note the presentation on the Annual Health Care Declaration for each NHS Trust operating in County Durham.
2. That members of the committee receive the Annual Health Care Declaration for each NHS Trust in our area, with a view to commenting, informed by information received over the past 12 months at Joint Health Overview and Scrutiny Committee meetings.
3. That in order to ensure members have ample opportunity to digest the information and form a view, that a further meeting of the committee be arranged on 27 April to feedback to the NHS Trusts the Joint Health Overview and Scrutiny Committee view on their respective Annual Health Declarations.

A6 Outcome of Consultation on Psychiatric Intensive Care Services for County Durham and Darlington

The Sub Committee considered a report of the Head of Overview and Scrutiny on the outcome of the consultation on psychiatric intensive care services for County Durham and Darlington (for copy see file of Minutes).

Resolved:

That the outcome of the consultation, namely that County Durham PCT have approved the permanent relocation of the Psychiatric Intensive Care Service beds to West Park Hospital be noted.

A7 North East Ambulance Service NHS Trust – Weardale and Teesdale Community Paramedic Progress Report

The Sub Committee considered a report of the Head of Overview and Scrutiny about the progress to modernise rural ambulance services and the Weardale and Teesdale community paramedic service (for copy see file of Minutes).

Nigel Mitchell and Ian Lovett, Team leaders from Teesdale and Weardale were in attendance at the meeting and gave feedback on the provision of the community paramedic service. This included carrying out home visits on behalf of GP's and ongoing training with GP practices to reduce hospital admissions. In Teesdale they are currently trying to get direct admission to the Richardson Hospital in out of hour's situations. Contact has also been made with the first responders and with the retained fire station in Stanhope to provide training.

The Chairman explained that there are still concerns about the changes and a letter has been received from the Durham Dales PPI. Councillor Bell submitted a list of questions which will be circulated to the Sub Committee. He sought clarification on the use of Middleton in Teesdale ambulance station since the change on 4 December 2006. It was explained that paramedics work at the locations where there is a need and have only been to the ambulance station on a small number of occasions. Councillor Shuttleworth alleged that a decision had already been made at a closed meeting to close and dispose of the ambulance stations. Simon Featherstone, Chief Executive, NEAS explained that at a recent Board seminar to which the staff side and the NEAS PPI Forum had been invited, a plan for the future use of estates and a financial strategy had been discussed. No decision had been taken to close either ambulance station at that meeting and an evaluation of the change was still on going.

An update was also provided on the ongoing dispute over meal breaks.

Resolved:

1. That the report and progress be noted.
2. That NEAS be invited to a future meeting to give a further update on progress.

A8 Report on Conference “Stroke is a Medical Emergency” from the County Durham and Darlington PPIF (CDD PPIF)

The Sub Committee considered a report of the Head of Overview and Scrutiny and received a presentation from David Gooby-Taylor on the outcome of the County Durham and Darlington Acute Hospitals PPI Forum conference “Stroke is a Medical Emergency” (for copy see file of Minutes).

At the conference it was explained that early intervention can prevent strokes, that there is a need to ensure top class provision and ensuring a good aftercare service when patients are discharged from hospital. The main issues which came out of the conference were that the stroke provision in County Durham is under resourced. Nationally there is a much higher priority for cancer and heart disease than there is for stroke with four times as much money being spent on cancer than on stroke and that there are twice as many stroke patients per consultant compared to cardiac patients.

The County Council were requested to write to the County Durham PCT to ask whether the programme implemented in Easington could be extended to the rest of the County and to seek additional resources nationally for stroke services.

Resolved:

That the key findings of the report be noted.

A9 Proposal to establish a Health Scrutiny Working Group Looking into the Future of Residential Care in County Durham

The Sub Committee considered a report of the Head of Overview and Scrutiny about proposals to establish Health Scrutiny Working Group to look into the future of residential care in County Durham (for copy see file of Minutes).

Resolved:

1. That nomination's be sought for one District Council representative serving on the Joint Health Overview and Scrutiny Committee to sit on the proposed OS working group looking into the future of residential care.
2. That an invitation to County Council members serving on the Joint Health Overview and Scrutiny Committee be issued, but excluding those members who have a residential home in their area. (These members will be invited to give evidence to the OS working group.)

DURHAM COUNTY COUNCIL

At a Meeting of the Health Scrutiny Sub-Committee held at the County Hall, Durham on Friday 27 April 2007 at 9.30 a.m.

COUNCILLOR J PRIESTLEY in the Chair.

Durham County Council

Councillors Porter, Simmons, Stradling and Wade

Chester le Street District Council

Councillor Harrison

Durham City Council

Councillor Pitts

Easington District Council

Councillor Campbell

Other Members

Councillors Bowman, Cox, Myers and Williams

Apologies for absence were received from Councillors G Armstrong, R Carr, Chaplow, Crosby, Gray, Maitland and Mason.

A1 Declarations of Interest

There were no declarations of interest.

A2 Healthcare Commission Annual Health Check: 2006/07 Declaration

The Sub Committee considered a report of the Head of Overview and Scrutiny on the performance of NHS Trusts as part of the Health Check process (for copy see file of Minutes).

The Sub Committee suggested the following responses to the NHS Trusts declarations:

County Durham PCT – The Health Scrutiny Sub Committee welcomes the aim, vision and strategic objectives of the new CDPCT. The direction of travel will be used to inform a Health Scrutiny committee work programme so that we continue to challenge and hold to account with a focus on the commissioning priorities. The Sub Committee notes the CD PCT annual health declaration, the areas of compliance, development and where relevant insufficient assurance.

County Durham and Darlington Acute Trust (CDDANHS) – The Health Scrutiny Sub Committee met on 5 February with both the CDPCT and CDDANHS Trust to better understand the issues associated with reconfiguration of health and hospital services in County Durham.

Key themes that emerged from the discussion relate to driving down access targets, matching capacity to meet demand, the effective use of resources, delivery of quality services and patient safety. The Sub Committee notes the annual health declaration and the area of non compliance C4a MRSA during 2006/07.

The Health Scrutiny Sub Committee will monitor progress in this regard and have requested that the CDDANHST provide information on their Improvement and Recovery Plan for this issue.

Tees, Esk and Wear Valley NHS Trust

Tees, Esk and Wear Valley NHS Trust and County Durham Primary Care Trust have just concluded a consultation exercise on a proposal to provide psychiatric intensive care services (PICU) on a permanent basis at West Park Hospital on the outskirts of Darlington.

The Health Scrutiny Sub Committee has responded with recommendations that relate to transport and transfer arrangements of patients, welcomed the free taxi service for families, carers and friends and is seeking assurances from the Trust that the new hospital at Lanchester Road has flexibility within its specification and is future proofed if clinical needs change for PICU beds to be installed.

The Health Scrutiny Sub Committee note the TEWANHST annual health declaration and that that they are reporting an in year lapse between October 2006 - February 2007 for Core Standard C5a as there was insufficient assurance that they were compliant, during this period.

In relation to domain five (accessible and responsive care) a member of the Sub Committee made the point that in his experience and that of some of his constituent's access to psychiatric care remains a concern.

North East Ambulance Service NHS Trust

Rural Ambulance services continue to be an area of interest for the Health Scrutiny Sub Committee post consultation. The Health Scrutiny Sub Committee looks forward to a detailed implementation plan to be developed by NEAS, in conjunction with the PCT. This plan will describe the steps required to establish the service and outline the other duties that the Community Paramedics will undertake including ensuring that the Paramedics can be released quickly from these other duties in an emergency situation.

The Health Scrutiny Sub Committee would like to see resolved at the earliest opportunity the issue of meal breaks. The JHOSC note that discussions have taken place between management and staff side representatives and in the interests of the service the JHOSC would welcome an early resolution with this issue.

The Health Scrutiny Sub Committee noted the NEAS annual health declaration.

Resolved:

1. That the areas of compliance and non compliance for each NHS Trust be noted and that these comments be shared with the respective NHS Trusts to

assist them respond to the Health Care Commission with their respective declarations.

2. That the areas of non-compliance be included in a future Health Scrutiny Sub Committee work programme so that progress can be monitored.

This page is intentionally left blank

Item 7

HEALTHY BOROUGH WITH STRONG COMMUNITIES OVERVIEW & SCRUTINY COMMITTEE

REPORT OF CHAIRMAN OF THE COMMITTEE

WORK PROGRAMME

SUMMARY

This report sets out the Committee's current Work Programme for consideration and review.

RECOMMENDATIONS

1. That the Committee's Work Programme be reviewed.

DETAIL

1. In accordance with Overview & Scrutiny Procedure Rule 8 of the Council's Constitution, Overview & Scrutiny Committees are responsible for setting their own work programme.
2. Each Overview & Scrutiny Committee should agree a realistic, achievable and considered work programme on the understanding that, from time to time, more urgent or immediate issues may require scrutiny. Issues may, for example, be raised by Cabinet reports, Members' constituency business or be referred to Scrutiny by Cabinet in advance of a Cabinet decision.
3. The current Work Programme for this Committee is appended to the report which details:-
 - Scrutiny Reviews currently being undertaken.
 - Scrutiny review topics held in reserve for future investigation.
 - A schedule of items to be considered by the Committee for the next 6 meetings.
4. **Scrutiny Review**

The Committee should aim to undertake a small number of high quality reviews that will make a real difference to the work of the Authority, rather than high numbers of reviews on more minor issues. Each Overview & Scrutiny Committee should therefore aim to undertake two reviews concurrently. Any additional review topics that have been agreed by Members will be placed on a reserve list and as one Review is completed the Committee will decide on which review should be undertaken next.

Scrutiny reviews will be conducted by a Review Group established by the Committee comprising of 5-6 Members. In most cases the Review Group will be made up of Members from the establishing Committee. However, Members

may decide to conduct a review that cuts across the responsibilities of another Overview & Scrutiny Committee. In these cases Members should consider whether it would be appropriate to co-opt Members from the other relative Overview & Scrutiny Committee(s). If it is decided that the review is crosscutting the Chairmen and Vice-Chairmen of Overview & Scrutiny Committees concerned should decide which Committee should take the lead on the review and how many Members should be co-opted from other Overview & Scrutiny Committee(s). The number of Members to be co-opted will depend on the extent to which the responsibility of the topic is shared, however the Review Group should have no more than 6 members.

5. Business for Future Meetings

The Work Programme sets out a plan of when it is anticipated that certain items will be considered by the Committee. These items may include:-

- Best Value Service Improvement Plan updates
- Items which are submitted at regular intervals
- Issues identified by Members for consideration
- Any updates requested by Members

Members are requested to review the Committee's Work Programme and identify, where necessary, issues which they feel should be investigated by the Committee. It will not always be possible to anticipate all reports which will need to be considered by an Overview & Scrutiny Committee and therefore a flexible approach will need to be taken to work programming.

4. FINANCIAL IMPLICATIONS

None associated with this report.

5. CONSULTATION

Contact Officers: Jonathan Slee
Telephone No: (01388) 816166 ext 4109/4362
Email Address: jslee@sedgefield.gov.uk

Ward(s): Not ward specific

Background Papers None

HEALTHY BOROUGH WITH STRONG COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE

WORK PROGRAMME

Ongoing Reviews

No Reviews currently ongoing

Future Reviews

The following review topics have been identified by the Committee for future review. As one review is completed Members will decide which review should be undertaken next.

- *Choice Based Lettings*

ANTICIPATED ITEMS

11th September 2007

- **Choice Based Lettings**
- **Formal consultation on Tees, Esk and Wear Valleys NHS Trust plans to become a NHS Foundation Trust.**

23rd October 2007

- **CCTV Arrangements within the Borough**
Requested by Committee at it's meeting on 26th June 2007
- **Overview and Scrutiny Review Group Report: Street Safe Review – Progress on Action Plan**
- **Overview and Scrutiny Review Group Report: Tourism Within the Borough – Progress on Action Plan**

27th November 2007

- **Overview and Scrutiny Review Group Report: Review of Regeneration with Older Private Sector Housing – Progress on Action Plan**
- **Overview and Scrutiny Review Group Report: The Provision of Affordable Housing – Progress on Action Plan**
- **Overview and Scrutiny Review Group Report: Leisure Centre Concessionary Pricing Scheme – Progress on Action Plan**
- **Performance Indicators**

15th January 2008

- **No items currently identified**

23rd January 2008

- **Budgets**

26th February 2008

- **No Items Currently Identified**