At a meeting of the HEALTH AND WELL-BEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY, 21ST APRIL, 2010 at 5.30 p.m.

Present:-

Councillor P. Walker in the Chair

Councillors Fletcher, Leadbitter, Shattock, M. Smith and Snowdon.

Also in Attendance:-

Nonnie Crawford	-	Director of Public Health
Carol Harries	-	City Hospitals Sunderland NHS Foundation Trust
Claire Harrison	-	Sunderland City Council
Nigel Cummings	-	Sunderland City Council
Sharon Lowes	-	Sunderland City Council
Steve Wilkinson	-	Local Involvement Network
Liz Allen	-	Sunderland TPCT
Julie Whitehouse		

Apologies for Absence

Apologies for absence were received on behalf of Councillors A. Hall, Paul Maddison and Old.

Minutes of the Extraordinary Meeting of the Committee held on 22nd February, 2010 and of the last Meeting of the Committee held on 10th March, 2010

1. RESOLVED that the minutes of the meetings of the Committee held on 22nd February and 10th March, 2010 be confirmed and signed as correct records subject to the following amendments in respect of the meeting held on 22nd February:-

i) Page 1, Attendance – 'Yvonne Crawford' be amended to read 'Nonnie Crawford'.

ii) Page 1, Attendance – Ann Dingwall's job title be amended to read 'Assistant Commissioning Manager'.

Declarations of Interest

There were no declarations of interest.

Response from the Secretary of State regarding Church View Medical Practice

The Chief Executive submitted a report (copy circulated) on the response received from the Secretary of State for Health and the Independent Reconfiguration Panel (IRP) with regard to issues raised by the Committee in respect of the Church View Medical Practice Care Pilot and the rules surrounding exemptions for such pilot schemes.

(For copy report – see original minutes).

Martin Barry, Senior Solicitor, was present to provide Members with an explanation of the responses and address any questions.

Councillor Shattock welcomed the report and thanked Mr. Barry for his efforts in seeking to clarify the issues. She referred to item 5 on the final page of Dr. Barrett's letter and welcomed the opportunity that the revision would give to provide clear definitions of 'substantial change' and 'pilot schemes'. She welcomed the acknowledgement of 'the benefits of the early involvement of local people in developing proposals'. She believed the Committee was now 'at a better place' but stated that it would not have become aware of the issue had Dr. Ford not written to the Chairman. It was therefore important that the Committee were notified in advance of proposals so it could keep a pace of developments.

Ms. Allen reassured the Committee that she met with Mr. Cummings on a quarterly basis to provide a heads up on future developments and spoke to him weekly. She advised that the issue had been a genuine misunderstanding and the Primary Care Trust had honestly believed that the proposals were subject to the pilot scheme exemptions.

In response to a further enquiry from Councillor Shattock, Ms. Harries confirmed that she would speak to her colleagues from the Primary Care Trust to ensure that updates on the pilot were submitted to the Committee.

In conclusion the Chairman stated that the issue had been a learning curve for all. There had been a grey area regarding interpretation and a genuine misunderstanding. No-one was casting any blame.

The Chairman having thanked Mr. Barry for his attendance, it was :-

2. RESOLVED that the report be received and noted.

Sunderland Local Involvement Network

The Chief Executive submitted a report (copy circulated) which introduced Steve Wilkinson of the Local Involvement Network (LINk) who was attending to provide Members with a Powerpoint presentation detailing the activities undertaken by LINk and how they complimented the work of the Council and the Scrutiny function.

(For copy report – see original minutes).

Mr. Wilkinson informed Members of the LINk's vision, intentions, aims and expectations, its model of operation and activities to date.

In response to an enquiry from Councillor Fletcher, Sharon Lowes, Strategic Commissioning Manager, advised that there was an overall standardised system with regard to the monitoring of Home Care Services which she could circulate to Members. Work was ongoing with Mr. Wilkinson to develop quality standards for home care and how they were monitored. The intention had been to go out to contract with 10 providers in August, however, this had been put on hold until the quality standards were in place. The new contracts would be based on geographical areas (to prevent carers rushing between jobs), would be quality driven, outcome driven and locality driven.

In response to an enquiry from Councillor Shattock, Ms. Lowes advised that funding was ring fenced from the Department of Health for the host organisation to develop and co-ordinate LINk activities. There had been a restricted tendering process through which Age Concern had won the host contract. Within the contract the role of Age Concern wasto facilitate and support what the LINk members wanted for Sunderland.

Councillor Shattock asked if LINk had the teeth to make changes. Mr. Wilkinson advised that Members could make recommendations for change and the Health Commissioner would have 20 days in which to respond.

With regard to missed appointments, Mr. Wilkinson advised that this had been looked at. In some areas the attrition rate was 0%, in others it was as high as 35%. A lot hinged upon the social make up of the area and the behaviour of the practice concerned. A common aspect of the zero rated areas was that practices called patients with a reminder.

In response to an enquiry from the Chairman, Mr. Wilkinson advised that LINk had 14 active members and a small management group.

The Chairman, having thanked Mr. Wilkinson for his presentation and the work undertaken by LINk in helping to reduce health inequalities, it was:-

3. RESOLVED that the presentation be received and noted.

Performance Report Quarter 3 (April - December 2009)

The Director of Health, Housing and Adult Services submitted a report (copy circulated) which provided Members with a performance update, including:-

- progress in relation to the LAA targets and other national indicators;
- progress in relation to the Home Care Provision and Dementia Care Policy Review Recommendations;
- results of the annual budget consultation which took place during October/ November 2009.

(For copy report – see original minutes).

The Chairman having welcomed the clarity and user friendly nature of the Policy Review Recommendations Progress Report, it was:-

4. RESOLVED that the report be received and noted.

Consultation on Proposed Changes to the Laws Governing Powered Mobility Scooters and Powered Wheelchairs

The Chief Executive submitted a report (copy circulated) which provided Members with the opportunity to contribute to the consultation taking place in respect of the above matter.

(For copy report – see original minutes).

Members having collectively completed the consultation response form, Nigel Cummings, Scrutiny Officer, advised that he would draft up the response and circulate it to Members for their final approval prior to submission to the Department for Transport by the closing date of 28th May, 2010.

5. RESOLVED that the completed consultation response form be circulated to Members for approval prior to submission to the Department for Transport by the closing date of 28th May, 2010.

Annual Report

The Chief Executive submitted a report (copy circulated) which presented the Health and Wellbeing Scrutiny Committee Annual Report for approval as part of the overall Scrutiny Annual Report 2009/10 for submission to Council.

(For copy report – see original minutes).

6. RESOLVED that approval be given to the Annual Report for inclusion in the Overview and Scrutiny Annual Report 200/10.

Policy and Development Review 2009/10: Draft Final Report

The Chief Executive submitted a report (copy circulated) which provided Members with the final draft report from the evidence gathered in relation to the Committee's Policy Review on Health Inequalities.

(For copy report – see original minutes).

Nigel Cummings, Scrutiny Officer, presented the report which detailed the evidence, research and conclusions drawn throughout the review process and recommendations arising from the evidence gathering.

Councillor Snowdon thanked Mr. Cummings, Ms. Crawford, Mr. Wilkinson and Ms. Lowes for their hard work in delivering the Review. Councillor Shattock added her thanks to all concerned. She believed the conclusions and recommendations to be excellent and a reflection of the hard work undertaken. She felt that the recommendations would set the bar high. In particular, she welcomed the links with the Area Committees and the development of a health inequalities toolkit for Sunderland.

Nigel Cummings, Scrutiny Officer, advised that the Policy Review Recommendations would be reported to Cabinet in June and an Action Plan formulated. He offered special thanks to Nicola Morrow and Nonnie Crawford who had acted as a great critical friend.

7. RESOLVED that the draft final report of the Committee's Policy Development and Review into Health Inequalities be approved for presentation to Cabinet at its June 2010 meeting.

Work Programme 200/10

The Chief Executive submitted a report (copy circulated) to consider the current Work Programme for 2009/10 Council Year.

(For copy report – see original minutes).

Ms. Claire Harrison, Acting Scrutiny Officer, presented the report and advised that the items in respect of the City Hospitals Clinical Governance Report and MR Reprovision would be carried forward onto the Work Programme of the new municipal year.

8. RESOLVED that the contents of the report be received and noted.

Forward Plan – Key Decisions for the Period 1st May – 31st August 2010

The Chief Executive submitted a report (copy circulated) to provide Members with an opportunity to consider those items on the Executive's Forward Plan for the period

1st May – 31st August which related to the Health and Well-Being Scrutiny Committee.

(For copy report – see original minutes).

Ms. Claire Harrison, Acting Scrutiny Officer, presented the report. In response to an enquiry from Councillor Snowdon, Nigel Cummings advised that the Foodlaw report would be submitted to June's meeting.

In response to an enquiry from Councillor Shattock, Ms. Lowes advised that she would provide her with the Cabinet reports relating to the last six items detailed on the Forward Plan.

9. RESOLVED that the contents of the report be received and noted.

The Chairman then closed the meeting having thanked Members and Officers for their support and contributions to the work of the Committee over the previous twelve months.

(Signed) P. WALKER,
Chairman.

HEALTH AND WELL-BEING SCRUTINY COMMITTEE **9th June 2010**

FOOD LAW ENFORCEMENT SERVICE PLAN 2010/11

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of the report

1.1 To advise the Health and Wellbeing Scrutiny Committee of the Service's Food Law Enforcement Service Plan for 2010/11.

1.2 The Food Law Enforcement Plan is an Article 4 Plan under the Constitution of the Council and is the primary document for promoting food safety, protecting consumers from unsafe food, working with and supporting local food businesses and encouraging awareness of healthy food choices.

1.3 The Plan was considered by Cabinet at its meeting on 2nd June 2010 and is referred to this Committee for advice and consideration.

2. Introduction/Background

2.1 The Food Standards Agency (FSA) is an independent food safety watchdog set up by an Act of Parliament in 2000 to protect public health and consumer interests in relation to food. The FSA has a key role in overseeing local authority enforcement activities. The FSA therefore is proactive in setting and monitoring standards and auditing local authorities' enforcement activities to ensure that they are effective and undertaken on a more consistent basis.

2.2 The FSA Framework Agreement has been developed in close partnership with the Local Authorities Co-ordinators of Regulatory Services (LACORS) and the Local Government Association. They have recommended a format for food enforcement service plans and given detailed guidance on the content of the plan. They have also requested that the plan produced should be submitted to the relevant member forum for approval to ensure local transparency and accountability.

3. Current Position

3.1 Food Service Plans are seen to be an important part of the process to ensure national priorities and standards are addressed and delivered locally. The FSA requires that the Food Law Enforcement Service Plan 2010/11 (attached) is formulated on an annual basis to comply with the recommendations of the Food Standards Agency Framework Agreement.

4. Recommendation

4.1 That members comment on the content of the Cabinet report and refer their advice and consideration to the Cabinet.

5. Background Papers

Framework Agreement on Local Authority Food Law Enforcement

Contact Officer: Karen Brown, Scrutiny Officer, 561 1004
karen.brown@sunderland.gov.uk

Sunderland City Council

Item No. 13

CABINET MEETING - 2 JUNE 2010

EXECUTIVE SUMMARY SHEET - PART 1

Title of Report:
FOOD LAW ENFORCEMENT SERVICE PLAN 2010/11

Author(s):
Executive Director City Services

Purpose of Report:
To advise Cabinet of the Service's Food Law Enforcement Service Plan for 2010/11 and seek approval of the plan.

Description of Decision:
Cabinet is recommended to refer the matter to Council with the recommendation that the Food Law Enforcement Service Plan for 2010/11 be approved; and to refer it to the Health and Wellbeing Scrutiny Committee for further advice and consideration.

Is the decision consistent with the Budget/Policy Framework ***Yes**/~~**No**~~

If not, Council approval is required to change the Budget/Policy Framework

Suggested reason(s) for Decision:
The Foods Standards Agency which monitors and audits Local Authority activities requires Food Law Enforcement Service Plans to be approved by Members to ensure local transparency and accountability. The plan forms part of the Council's policy and budgetary framework as defined in the Constitution

Alternative options to be considered and recommended to be rejected:
There are no practical alternative options.

Is this a "Key Decision" as defined in The Constitution? **Yes** **Is it included in the Forward Plan?** **Yes**	**Relevant Scrutiny Committee** **Health and Wellbeing Scrutiny Committee**

CABINET **2 JUNE 2010**

REPORT OF EXECUTIVE DIRECTOR OF CITY SERVICES

FOOD LAW ENFORCEMENT SERVICE PLAN 2010/11

1. PURPOSE OF THE REPORT

1.1 To advise Cabinet of the Service's Food Law Enforcement Service Plan for 2010/11 and seek approval of the plan.

2.0 RECOMMENDATION

2.1 Cabinet is recommended to refer the matter to Council with the recommendation that the Food Law Enforcement Service Plan for 2010/11 be approved, and to refer it to the Regeneration and Community Review Committee for further advice and consideration.

3.0 INTRODUCTION/BACKGROUND

3.1 The Food Standards Agency is an independent food safety watchdog set up by an Act of Parliament in 2000 to protect the public's health and consumer interests in relation to food.

3.2 The White Paper "The Food Standards Agency – A Force for Change" identified the Food Standards Agency as having a key role overseeing local authority enforcement activities. The Agency therefore is proactive in setting and monitoring standards and auditing local authorities enforcement activities to ensure that they are effective and undertaken on a more consistent basis.

3.3 Food Service Plans are seen to be an important part of the process to ensure national priorities and standards are addressed and delivered locally. It was recognised by both central and local government that central guidance on the contents of local service plans for food enforcement work would be helpful to local authorities.

3.4 The Food Standards Agency Framework Agreement has been developed in close partnership with the Local Authorities Co-ordinators of Regulatory Services (LACORS) and the Local Government Association (LGA). They have recommended a format for food enforcement service plans and given detailed guidance on the content of the plan. They have also requested that the plan produced should be submitted to the relevant member forum for approval to ensure local transparency and accountability.

4.0 CURRENT POSITION

4.1 The Food Standards Agency require that the Food Law Enforcement Service Plan 2010/11 (attached) is formulated on an annual basis to comply with the current recommendations of the Food Standards Agency Framework Agreement.

5.0 REASONS FOR THE DECISION

5.1 The Foods Standards Agency which monitors and audits Local Authority activities requires Food Law Service Plans to be approved by Members to ensure local transparency and accountability. The plan forms part of the Council's policy and budgetary framework as defined in the Constitution.

6.0 ALTERNATIVE OPTIONS

6.1 There are no alternative options available.

7.0 BACKGROUND PAPERS USED

Framework Agreement on Local Authority Food Law Enforcement

Sunderland City Council

City Services

Environmental Health and Trading Standards

Food Law Enforcement Service Plan 2010/11

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Section Subject

FOOD LAW ENFORCEMENT SERVICE PLAN 2010/11

1. SERVICE AIMS AND OBJECTIVES

1.1 Aims and Objectives

The Department's aim is to protect the health of all persons within the City in relation to food safety matters.

Our objectives are to proactively interact with food businesses within the City on a risk-based programme to improve the standard of food premises in the City. A variety of interventions are under consideration, with the Food Standards Agency approval, which will influence the actions at each premises during the year and the number of programmed inspections. Alternative strategies to inspection for enforcing standards in lower-risk premises are still being considered regionally with other interventions being considered. We will undertake a programme of food sampling, both microbiological and compositional. We will also respond appropriately to all food complaints, food alerts and food poisoning incidents.
We will also educate and advise the public and the food trade in matters of food hygiene and safety. Officers from the Food team will undertake the inspection of ships visiting the Port in accordance with current guidance.

1.2 Links To Corporate Objectives And Plans

The Sunderland Strategy for the years 2008-2025 sets out the framework for the work of everyone in the council. The full document can be viewed on the council's website. The Environmental Health section, in relation to Food, can impact on all of the five strategic aims to a greater or lesser extent.
They are;

1. To create a strong and diverse local economy that will provide jobs and careers for people in the city now and in the future.
2. To create a city that provides excellent health and social care services, where residents are supported to make healthy life and lifestyle choices.
3. To make Sunderland a place where everyone feels welcome and can be part of a safe and inclusive community.
4. To create a thriving learning culture where everyone can be involved in learning.
5. To ensure that Sunderland becomes a clean, green city with a strong culture of sustainability.

Of the five priorities set to achieve the goals, the Food section will be involved with – Prosperous city, Healthy city, Safe city and Learning city.

The Corporate Improvement Plan

The Food teams are included in the following Corporate Improvement Objectives whilst undertaking their statutory and advisory roles;

- Delivering Customer Focused Services
- Being One Council
- Efficient and Effective Council
- Improving Partnership Working to deliver One City.

2. BACKGROUND

2.1 Profile of the Local Authority

Sunderland City Council covers an area of 138 sq. kilometres and contains a population of about 284,000. It is the largest City between Leeds and Edinburgh. The area is largely urban ("metropolitan") but contains a great diversity of settlements including the City Centre, Washington and former coalmining communities such as Houghton le Spring and Hetton le Hole.

2.2 Organisational Structure

The Council through a Leader, Cabinet and a total of 75 Councillors covering 25 wards, has an annual estimated budget of approximately £253 million for 2010/11. The Council employs 13,280 different individuals working full and part time across the City in a wide variety of jobs. The most recent estimate of the number of Council staff (Full Time Equivalents) currently employed is 10,037.35.

Current Structure;

Chief Executive + 4 Directorates; City Services, Children's Services, and Health, Housing and Adult Services, and Office of the Chief Executive.

Structure of City Services

City Services have five main service areas, Street Scene Services, Culture and Tourism, Customer Services Development , Community Services, and Project and Service Development.

Street Scene includes the Environmental Health, Licensing and the Trading Standards division as well as Cemeteries and Crematorium, Building Maintenance (Education and Civic Buildings), Drainage, Grounds Maintenance, Refuse Collection and Street Cleaning, and Highways & Transportation.
Within the Environmental Health division, the Commercial Food and Area Office team are involved in food related matters and Trading Standards are involved in primary production and feedingstuffs control.

With regard to the line of Management for food matters, the Executive Director of City Services is the Chief Officer and the Assistant Head of Street Scene (formerly Environmental Services) heads the Environmental Health, Licensing and Trading Standards division. There is an Environmental Health Manager for Commercial

sections and Area Office, and a Principal Environmental Health Officer responsible for food matters. The Assistant Head of Street Scene is also line manager to the Trading Standards and Licensing Manager.

2.3 Scope of the Food Service

The activities relating to food in the City are undertaken between the Commercial Food team, Area Office staff and the Health Promotion team.

The Commercial Food team carry out a programme of food hygiene and food standards inspection duties as well as responding to requests for service and infectious disease notifications. Sampling of foodstuffs, both microbiological and compositional, is also undertaken. The team enforces health and safety at work in most food premises. Officers also respond to Port Health requests and food hygiene inspections are part of the Ship Sanitation Certificates required under International Health Regulations.

Trading Standards Officers within the Department specialise in the primary production and animal feedingstuffs response.

The services of Health Protection Agency laboratories and the County Analyst, Durham complement the work of the two teams.

The Health Promotion team provide Level 2 (Basic) and Level 3 (Intermediate) Food Hygiene Training Courses. Advanced Food Hygiene training can be made available on request and was conducted successfully last year. Officers organise campaigns and undertake visits to educational establishments in connection with food hygiene. The Heartbeat award and Healthy Home Award schemes are promoted and managed by the team, with inspections being undertaken of relevant premises.

The Joint Authorities in the region have co-operated with training for new businesses in a partnership arrangement between the Authorities and funded by the participants.

The food service operates from the Civic Centre and the Houghton Office, which are open to the public in normal working hours throughout the week, 8.30am to 5.15pm (4.45pm Friday), although officers work in a flexi-time scheme. There is an evening and weekend service arrangement for contacting management for out-of-hours emergencies. There are no formal planned “out of hours” arrangements for field Officers, however visits are conducted at events or as necessary outside normal working hours.

The Council website www.sunderland.gov.uk encourages the public to communicate with the Department by email and makes information constantly available. Letters from the Department to customers / companies encourage the use of email. The facility to contact the Department and individual Officers by direct telephone lines is also promoted.

The Council has commenced displaying food hygiene ratings ("Scores on the Doors") on the sunderlandcitycouncil.com website, which is also linked from the sunderland.gov.uk website (Food Hygiene). This Authority is committed to joining the Food Standards Agency national scheme as soon as it is available – probably later this year and received a grant for preparatory work in March 2010. This work included seminars for businesses, free training and work to validate data to be displayed on the website.

The Authority has a limited rural community, principally arable with a limited number of livestock holdings. The Trading Standards Division carries out the enforcement of primary production and feedingstuffs legislation and advice to farmers / retailers.

2.4 Demands on the food service

- There are 2142 food premises currently operating in the City, including 1 Primary Producer.

Food Premises in the City of which;	**No.**	**Food Hygiene High Risk (a)**	**Food Hygiene Medium Risk (b)**	**Food Hygiene Medium Risk (c)**	**Food Hygiene Medium Risk (d)**	**Food Hygiene Low risk (e)**	**Unrated / unclass -ified**	**Outside the progra-mme**
Primary producers / manufacturers / processors	80	0	19	40	7	11	3	
Packers / Importers / Exporters / distributors, etc	36	0	1	5	17	10	3	
Retailers	557	0	5	260	204	56	26	
Restaurant / Other Caterers	1469	1	177	886	244	69	91	
Contact Materials and articles	0	0	0	0	0	0	0	
Total Food Premises	2142	1 0. 05%	202 9.5%	1191 55.6%	472 22.0%	146 6.8%	123 5.7%	7 0.35%

- The majority are classified in the Restaurant / catering outlet group (1469) whilst there are 557 food retailers.

- The unrated / unclassified premises are those which have recently opened or changed proprietor since the last inspection. These premises are revisited for further inspection and rating within 6 months to make a better judgement of on-going standards.

- The Stadium of Light can accommodate over 40,000 seated spectators, with significant catering from the outlets within the stadium. International events

are also hosted at the site. This year one major music event is planned in June at the Stadium that will involve the food team.

- There are a significant number of outdoor events held regularly each year (e.g. Air Show, International Friendship Festival) which are attended by up to 1.5 million visitors, with various mobile caterers and food businesses from around the region and beyond visiting the Authority to cater at the events.

- The additional element of work regarding port health inspections which requires inspections of food hygiene and standards on board vessels coming into the port was manageable due to the number, type and previous destinations of vessels arriving in the Port. The provision of Ship Sanitation Certificates has continued to be requested from the Authority.

- Increased vigilance continues to be expected regarding the inland enforcement of imported food legislation in an effort to prevent the spread of disease in food animals.

- The Freedom of Information Act can impact on the workload of the Department due to the administration of requests and time spent recovering the information. Press and other enquiries to Local Authorities in the region continue to request specific information regarding comparative businesses in each Local Authority. Whilst there is a legal duty to respond, this can place a burden on resources that would otherwise be productively used in providing the service. In the past year, again there have been 6 formal requests for information regarding food premises in the financial year 2009 to April 2010.

- Information regarding local food premises is available on-line i.e. “Scores on the Doors”, from our own council website. This involves the publication of a food safety star rating for catering premises in the City based on standards of structure and hygiene ratings and confidence in management scores assessed during programmed inspections. Following inspections, the written communications to business owners advise them that the information may be released on the website in the future and in response to third party requests as required by Freedom of Information legislation. The Food Standards Agency national scheme will be created and this Authority has expressed a commitment to join the national scheme. In March this Authority was successful in an application to the Food Standards Agency for a financial grant to prepare for the national website. This was used effectively to advise businesses and prepare / validate data prior to publication.

- The Licensing function continues to impact on the workload. Officers consider new licences and applications for amendments to licences as part of the Responsible Authority consultation.

- There is some potential for any large outbreak of food poisoning or illness, or a serious accident at a food premises, to impact significantly on the routine service operated by the Authority. There was a major investigation into Salmonella illness last year involving an establishment which cares for the elderly. (See page 13)

- There are no other likely major impacts e.g. significant food imports, seasonal variations or high numbers of food manufacturing businesses other than local catering businesses. Where food alerts necessitate a significant response, this will impact on other areas of the service.

- Food alerts have continued to be notified. During 2009 there were a total of 35 alerts plus 4 updates. In the first three months of 2010 a further 10 alerts were received with 1 updates. (Many of these alerts have been product recalls where response from this Authority has been minimized). The alerts have included hazards associated with the contamination of rice and pasta with insects, cans produced on premises served with a Prohibition Order, leaking baby food pouches, high levels of benzoic acid in a drink, possible contamination of chocolate, beefburgers and frozen pies with plastic, salmonella in sesame seed products, frozen diced undercooked chicken breast and metal in mayonnaise and other sauces. Details of all the food alerts are available on the Food Standards Agency (FSA) website, www.food.gov.uk .

- The FSA system of allergy alerts, separate from food alerts, continue with many instances of food labelling errors or contamination of specific ingredients. There were 50 such alerts in 2009 and 14 have been received in the first quarter of this year. Whilst not critical to the general public health they can have serious effects on persons who are allergic to specific ingredients.

2.5 Enforcement Policy

The Department has a documented Enforcement Policy, which has due regard to the Tyne and Wear Food Enforcement Policy. The Authority works in accordance with the principles of the Regulators' Compliance Code, and future review will take into consideration guidance from the Better Regulation Office.

The Code of Practice requires that any breaches of food law that may be detected in premises where the Authority is itself the proprietor of a food business should be brought to the attention of the Chief Executive, without undue delay. There have been no instances in the past year where such action was necessary.

3. SERVICE DELIVERY

3.1 Food Control

3.1.1 Food Premises Inspections

Officers routinely inspect high risk premises on a risk based basis. This year there is to be more emphasis on targeting non-compliant businesses. It is envisaged that those premises which are found not to be complying as indicated by poor structures,

poor hygiene standards or where there is low confidence in management, will progress into a structured scheme to require improvements.
The National Performance Indicator (ni 184) set last year for the percentage of food businesses that are broadly compliant has been withdrawn, although Local Authorities will continue to send relevant data annually to the FSA. Premises that are not broadly compliant will also be indicated on the scores on the doors information on the web. Businesses with less than 3 stars are not broadly compliant.

There will still be risk rating for all premises inspected and the Food Standards Agency still anticipate the frequency of inspections for high risk premises being governed by the rating.

Whilst it has been the Department's ongoing annual target to inspect all food premises at a risk rated frequency in accordance with guidance from the Code of Practice, the FSA are encouraging Authorities to spend more time at targeted businesses rather than spread over the whole range in future. The lowest rated categories will be subject to programmes of alternative enforcement strategies. This scheme is being negotiated and agreed regionally to promote consistency and uniformity for businesses and Authorities across the region. Highest risk premises which require specific approval will receive interventions as required. They will be subjected to risk rating and intervention frequency will be determined on an individual basis.

The Department has again achieved high rates on inspection of food premises and in 2009/10 visited 1442 different food premises and undertook 1585 inspections. A total of 1896 visits were made including inspections, revisits and sampling.

The estimated number of inspections programmed for the year 2010/11 at the time of preparation of this report is approximately 1410 plus any new businesses commencing within the year. As stated previously, alternative strategies for lower risk premises, once agreed will determine a change in priority resulting in fewer premises being visited but potentially more visits being made to those premises to promote and confirm improved standards.
We aim generally to inspect the premises within one month of the due date for inspection, the only exceptions being those businesses that operate seasonally and those who may be subject to alternative enforcement strategies, a principle encouraged by the FSA.

Secondary inspections (including revisits) to premises are carried out as necessary in order to ensure that material defects are rectified. Those premises which are not broadly compliant will be followed up with a view to enforcing compliant standards.

The Department is participating in a Business Transformation Programme (BTP) giving consideration to computer systems that are more sustainable.

Participation with neighbouring Authorities in sampling and other food related matters ensures that the Authority works in a co-ordinated and compatible way.

3.1.2 Food Complaints

The Authority is committed to investigating all food complaints, the extent of the investigation depending on the merits of the complaint. This can range from re-assuring the complainant to the more formal process, including reference to home or originating Authorities in accordance with the Local Authorities Coordinators of Regulatory Services (LACORS) guidance and the Code of Practice. Officers also refer to any Primary Authority, a scheme promoted by legislation and the Better Regulation Office.

In 2009/10, 273 requests for service requiring a response from Officers were made, including 88 complaints relating to food standards or labelling, and 33 requests relating to suspected food poisoning. The staff resources required to deal with these requests are drawn from existing Commercial Food and Area Office teams. It is estimated that the time expended on food complaints in 2010/11 will be equivalent to 0.25 officers (full time equivalent).

3.2 Primary Producers and Feedingstuffs Control

3.2.1 Premises Inspection

The Trading Standards Section of the Department has the delegated duty to enforce legislation in relation to primary production and feedingstuffs control. Inspection and sampling of products at farms, manufacturers, wholesalers and retailers is undertaken on a risk-assessed basis.
As part of the animal health visits, feedingstuffs inspections are undertaken.

3.2.2 Feedingstuffs Complaints

Due to the relatively few number of feedingstuffs establishments, it is not anticipated that there will be a significant number of complaints received by the Authority. Any complaints will be investigated in line with Departmental procedures. The Authority last year received one complaint which related to pet food and not feedingstuffs for animals intended for human consumption. One formal sample was taken. Sampling as necessary will be undertaken where circumstances warrant or intelligence indicates a problem.

3.3 Primary Authority Principle

This was introduced by legislation governed by the Better Regulation office whereby businesses operating in more than one Local Authority area can choose to partner individual Authorities in connection with a selection of regulatory elements.
In these early stages, the future local impact of food safety enforcement is difficult to gauge, however this Authority will comply with all legal requirements in the enforcement of legislation under this principle.
Another scheme called “Home Authority” continues to operate under LACoRS organisation.

3.4 Advice to Business

The Authority seeks to assist local businesses as part of the City / Community Strategy. The Authority is committed to promote the Food Standards Agency (FSA) project “Safer Food, Better Business”, (SFBB) which is aligned to supporting certain food businesses in complying with the food safety management principles. There will continue to be great efforts to educate businesses in complying with the requirement for them to have implemented a suitable food safety management system.

In correspondence to food businesses, a standard invitation is given to them to seek advice from the Department.

Larger manufacturing businesses and small–medium enterprises have both expressed their approval of the department's dealings with their business and readiness to assist with advice, a policy of the Department for many years.

In routine inspections and visits to businesses, Officers pay special attention to advising and explaining matters appropriate to the situation.

Over the last year, as part of Regulatory Services Performance Indicator (NI 182), surveys of businesses have been conducted to ascertain whether businesses felt that they had been treated fairly and whether they had been given good information and advice. The results have been particularly encouraging and the table below shows the results;-

1	I felt my business was treated fairly	❑ *Strongly agree* ❑ *Agree* ❑ *Neither agree nor disagree* ❑ *Disagree* ❑ *Strongly disagree* ❑ *Not applicable*	10 12 3 0 0 0
2	*I felt the contact was helpful*	❑ *Strongly agree* ❑ *Agree* ❑ *Neither agree nor disagree* ❑ *Disagree* ❑ *Strongly disagree* ❑ *Not applicable*	10 12 3 0 0 0

Close links have been made with many business organisations in the City and informal agreement reached to cooperate more fully with businesses through these contacts.

3.5 Food Inspection and Sampling

The Department is committed to sampling foods for compositional standards, bacteriological standards and food standards compliance. Sampling is undertaken proactively involving imported and locally produced foods, as well as participating in national and regional surveys with Local Authorities Coordinators of Regulatory Services (LACORS) and Health Protection Agency Laboratory Service.

The Department undertakes local sampling surveys from its own intelligence and from liaison with the Health Protection Agency.
As a consequence of "demand" i.e. complaints, food alerts, food poisoning outbreaks, etc. further samples will be taken. Last year 568 samples were taken, limited by the change in transfer of work to the Leeds laboratory.
An estimated 700 samples will be taken for bacteriological examination / compositional analysis in the year 2010/11, including 30 water samples.

Formal agreements with the Durham County Analyst exist who hold the classification of a Public Analyst. We also used the Health Protection Agency Laboratory Service in Newcastle for Bacteriological sampling. This Laboratory has however now closed with all samples being transported up to daily as necessary from the region by courier to Leeds but still remains within the Health Protection Agency. Close liaison exists with the laboratories management and neighbouring Authorities to ensure the most effective and coordinated programme with flexibility for local peculiarities.

3.6 Control and Investigation of Outbreaks and Food Related Infectious Disease

The Department, with the Health Protection Agency, operates under the updated “Guidelines – Preventing person-to-person spread following gastrointestinal infections”

A local Consultant for Communicable Disease Control is employed by the Health Protection Agency. Dr. Tricia Cresswell is available to the Department for any advice regarding specific problems relating to infectious disease.

New legislation has been enacted which changes the exclusion of persons from work. Local policy will need to align with guidelines which are anticipated. A greater emphasis is being placed on the responsibility of individuals suffering from specific illnesses being required to notify their employer who then should take the necessary action to prevent the spread of illness.

Advice on food poisoning is available on the Sunderland.gov.uk website by inserting “food poisoning” in the search box on the home page (top right) and following the links.

The number of reported cases of food poisoning depend on persons suffering attending their GP or hospital, where, if samples are taken, and found to be positive, the medical practitioner has a legal duty to inform the Authority. There are close liaisons between the laboratories, Health Protection Agency and the Department to follow up all positive cases.

The Department has maintained close links with the Health Protection Agency as a partner in tackling ill health. Regular meetings to discuss various matters relating to food poisoning cases and sampling programmes take place. The County Analyst and Health Protection Agency (ex-Public Health Laboratory Service) are contracted to assist with expertise where any additional problems arise. During last year the support of the HPA during the Salmonella outbreak was particularly beneficial. Networks exist within the region, nationally and with the Chartered Institute of Environmental Health and the Local Authorities Coordinators of Regulatory Services (LACORS).

The Department investigated the outbreak of Salmonella Enteriditis Phage Type 14b in persons connected with a Care Home for the Elderly last year. Several employees and residents contracted Salmonella infections and sadly two elderly residents died. The date for the Coroner's hearing is likely to be after the summer this year, although an interim report into the outbreak has been compiled by the Health Protection Agency. The investigation involved close cooperation between several Departments and Agencies and the management of the home. Nationally the Health Protection Agency and Food Standards Agency identified links of the same organism to eggs from a Spanish farm.

Statistics of cases investigated over recent years

Year to March 31st	Campylobacter	Salmonella	Cryptosporidia	Food poisoning & suspected FP	Shigella	Esch. Coli	Other miscellaneous organisms	Totals
2006	346	86	25	35	1	3	1	497
2007	282	69	69	21	3	7	1	452
2008	292	53	28	13	1	3	6	396
2009	306	58	26	24	5	2	2	423
2010	357	52	38	12	4	4	4	471

Year to March 31st	April	May	June	July	August	September	October	November	December	January	February	March	Totals
2006	42	35	46	54	53	69	49	38	30	18	33	30	497
2007	23	20	60	51	51	73	49	44	32	13	12	24	452

2008	19	33	42	46	58	44	39	40	19	13	18	25	396
2009	19	35	50	48	48	41	50	36	22	20	28	26	423
2010	28	38	66	44	40	56	56	41	24	21	24	33	471

The Authority is committed to a response to all cases and outbreaks notified. The scale of the investigation and response will be measured and as appropriate to the causative organism and potential for further spread. Many cases appear to be the result of foreign travel or home acquired, and some infections e.g. Cryptosporidiosis may be acquired from the environment rather than from a food source within the City.

As in previous years, the Norovirus ("Winter Vomiting disease") continued to affect many residential establishments in the City and regionally.
This infection is commonly spread environmentally from person to person rather than being food-borne. Officers work closely with the Health Protection Agency to limit the spread of this infection environmentally and ensure an appropriate response is made, commensurate with the necessity to identify the infection and limit the impact.
Notification of Campylobacter infections continue to be prominent throughout the country, and the investigation of cases can be time consuming with little chance of identifying the sources. The HPA are working with EHOs regionally regarding investigations and a policy has been adopted by Local Authorities and the HPA regionally which will reduce the workload created by investigating Campylobacter notifications.

3.7 Food Safety Incidents

The Authority is committed to responding appropriately to all Food Alerts issued by the Food Standards Agency in accordance with the Code of Practice on this subject. The level of response is determined by the category of response required and individual circumstances of the incident / local impact. Information is available to the public through Press releases and a link on the Council website to the Food Standards Agency.

3.8 Liaising with other organisations

A new liaison body has formed during 2009. The Authority now joins with the six other Authorities – Tyne & Wear plus Durham and Northumberland, in a North East Food Liaison Group. There is also the Sampling Group and Health Protection Agency / Local Authority Liaison group, which includes representatives from the relevant analytical and bacteriological laboratories and Communicable disease specialists. The Authority continues to be represented on the User Group for the National Food Sampling database. A manager from the Authority has invited and has joined the FSA IT Users Group to facilitate progress on the national FSA food hygiene rating scheme (scores on the doors).

Trading Standards Officers meet frequently at North East Trading Standards Association (NETSA) meetings when any topical subjects can be considered.

Relevant Building Control and Planning Applications are referred to the Department for consideration and comment.

There is frequent liaison with other Departments and sections in connection with food matters, including Facilities Management (City Catering), School Meals, Procurement, Housing, Health and Adult Services and regarding premises licences. Potential conflicts of interest are being considered and the enforcement policy will be amended appropriately at the next review in accordance with the anticipated Code of Practice.
The section has positive liaison with the local office of the Health Protection Agency, Sunderland Teaching Primary Care Trust, City Hospitals Sunderland, local food federations and guilds.

3.9 Food Safety and Standards Promotion

Whilst Officers in the course of inspections and other visits give advice and information, the Health Promotion Team offer training for the Level 2 Award Food Hygiene, the Level 3 Intermediate Certificate in Food Safety and Level 1 Foundation Certificate in Nutrition. The Team also undertake campaigns during the year.

Following last year's success, this year the team will continue to promote a "Curry Chef of the Year" competition which will require, as part of the terms of entry, consideration of the standards of hygiene of the businesses involved. A joint final was held with South Tyneside in 2009. Other LAs in the region have also been expressed interest in joining in the competition.

The Heartbeat Award has been running in Sunderland since 1990 and the Healthy Home award commenced in this Authority in 1997. Each of these award schemes has food hygiene related elements. A total of 143 Heartbeat awards and 19 Healthy Home awards were given in 2009/10.

During 2009/10:-

- 4 Food Hygiene Refresher Training Courses were held for 71 delegates.
- 25 courses were held in Level 2 Award Food Hygiene attended by 279 delegates.
- 12 delegates attended Level 3 Intermediate Certificate training.

The Health Promotion team also respond to requests from schools and other educational and community organisations for information and talks on subjects pertaining to food. Talks and presentations were given to 6 schools on food safety and the importance of washing hands properly.

Training on the "scores on the doors" and "Safer Food, Better Business" in 6 separate sessions to local businesses free of charge.

Basic food hygiene information for consumers is available on the Council Website. Similarly advice is also available on food poisoning organisms and what to do in the event of suspecting that you are ill from consuming contaminated food.

4. RESOURCES

4.1 Financial Allocation

For 2010-11 the total net budget for food control (CC2090) is £404,698. This includes environmental health support charges of £270,487 and a sampling budget of £14,671. In addition to this, there is a General Health Promotion net budget of £106,968. This includes a budgeted income target of £24,275 which is partly achieved from food hygiene training.

It is therefore estimated that a total of £511,666 of the Department's total budget will be available for use in relation to food safety.

4.2 Staffing Allocation

Staffing resources allocated to Food work currently are as follows;

Food Team

- 1 Principal Environmental Health Officer / Team Leader (Full Time)
- 2 Senior Environmental Health Officers (Full time)
- 1 Environmental Health Officer (newly qualified)
- 1 Technical Officer (Full time – working towards Higher Certificate)
- Clerical Support

One part time EHO post was removed from the establishment.

Area Office

- 2 Senior Environmental Health Officers (Part time food)
- 1 Technical Officer (Part time food - Ordinary Certificate)

All of the full-time Senior Environmental Health Officers currently employed have over 2 years experience in food matters. The newly qualified EHO has a food career background and, under supervision, is gaining experience.

Health Promotion

- 1 Principal Environmental Health Officer / Team Leader (Part time on food matters)
- 1 Health Promotion Assistant (Part time on food matters)

Trading Standards

- 1 Trading Standards Officer (Part time fertiliser and feedingstuffs)
- 1 Trading Standards Officer (Part time Primary Producers)

Estimated Total Full-time equivalent = 6.5 Officers on the establishment.

4.3 Staff Development Plan

Staff Appraisals are undertaken annually and the findings form the basis of individual staff development and training plans.

Individuals are sent to specific training where appropriate and all Environmental Health Officers are required to maintain a training log in order to comply with Continuing Professional Development.

Training days and training sessions on subjects are programmed as necessary.

Any members of staff "new" to the food team are supervised and receive training commensurate with the Code of Practice.
Environmental Health Officers in other sections also receive update training in food matters.

5. QUALITY ASSESSMENT

Monitored inspections will continue to be recorded within the food premises database during this year.

The necessary arrangements were made, with assistance from the IT section, for the new annual return of statistics for 2008/9 (LAEMS – Local Authority Enforcement Monitoring System). The 2009/10 return is well on schedule to be provided to the Food Standards Agency by the required internet method, as required before the deadline of 1st June 2010. The return gives specific information about every food business in the City rather than collated statistics as required in the past.

6. REVIEW / PERFORMANCE MANAGEMENT

6.1 Review against Service Plan

A review against the service plan is undertaken mid-year with consideration of achievements against targets. In the interim periods, line management monitors progress, including utilising the very effective in-house database software.

Monthly targets are set for each officer and teams of officers are expected to achieve the required inspection rate to reach annual service level targets.

The Corporate Improvement Plan and an Annual Report is produced to define achievements made during the previous year.

The Service Plan and Annual Report are submitted to the Chief Executive for consideration by the Council as part of the Director's Performance Agreement.

6.2 Identification of any variance from the Service Plan

The food control teams performed extremely well against the Service Plan for 2009 / 2010 in all areas of Service Delivery.

The comprehensive review of procedure and policy documents is an on-going task.

6.3 Areas for Improvement

- Implement the Food Hygiene Star Rating Award system on the FSA website when created.

- Agree and implement alternative enforcement strategy for low risk businesses with LAs in the region.

- Continue to implement the requirements / guidance of the Local Better Regulation Office in relation to the Regulatory Reform Act.

- Contribute fully to regional training and support all peer review, Inter Authority Audit and / or internal monitoring exercises between LAs in the region.

- Continue to promote the use of Safer Food Better Business (SFBB) to appropriate food businesses in the City via visits by Officers.

- Progress any necessary actions as a result of future determination of the BTP re departmental computer software.

END

HEALTH & WELLBEING SCRUTINY COMMITTEE

9th June 2010

MID STAFFORDSHIRE NHS HOSPITALS FOUNDATION TRUST – FRANCIS REPORT

REPORT OF CITY HOSPITALS NHS FOUNDATION TRUST

Strategic Priority : Healthy City, ClO1, C104

1. Purpose of the Report

1.1 This paper provides a brief resume into the findings of the Francis Report published in February 2010 regarding the failings of the Mid Staffordshire NHS Foundation Trust; the action and governance arrangements undertaken at City Hospitals Sunderland to ensure the Trust learns from the report.

2. Background

2.1 The Francis Report (2010) reviewed the failings of the Mid Staffordshire NHS Foundation Trust between 2005 – 2009. The report took the approach of reviewing the patient experience and heard detailed accounts of a number of specific areas of concern including:

- Continence – bowel & bladder care
- Patient Safety
- Personal and oral hygiene
- Nutrition and hydration
- Pressure area care
- Cleanliness and infection control
- Privacy and dignity
- Record keeping
- Diagnosis and treatment
- Communication
- Discharge Management

2.2 In total 18 recommendations have been made by the Francis Report for action by the Mid Staffs Trust. The recommendations focus on:

- Always putting patients first;
- Operating to the requirements of the Health Care Act (2009);
- Having partnership arrangements with other NHS organisations/HEI's to ensure high class service, training and leadership;
- Clinical audit processes;

- Complaints/incident reporting to ensure lessons are learnt and acted upon;
- Clinical supervision for doctors and nurses;
- Support for staff expressing concern over standards of care;
- Arrangements for the appointments, training, support and accountability of Executive and Non-Executive Director's positions;
- Leadership and management of nursing and standards of nursing practice;
- Clinical staff views being fully represented at all levels in the Trust in matters of standards and safety of care;
- Using standards and safety of care;
- Rebuilding confidence in the hospital.

2.3 The initial report into the standards of care at Mid Staffs was published by the Health Care Commission in March 2009. As a consequence the Board of Directors of City Hospitals Sunderland asked the Medical Director and Director of Nursing to undertake a review to give the Board assurance.

2.4 A subsequent action plan was developed which addresses any of the recommendations applicable to all organisations from the Francis Report.

2.5 The Trust's Clinical Governance Steering Group (a sub committee of the Board) which includes lay representation is monitoring progress of any actions.

3. What action is City Hospitals taking to prevent a similar situation occurring in Sunderland?

3.1 The Trust is a member of the NHS Litigation Authority (NHSLA) Risk Management Standards scheme for Acute Trusts. This requires the Trust to work to a series of standards covering the themes of:

- Governance;
- Competent and Capable Workforce;
- Safe Environment;
- Clinical Care; and
- Learning from Experience.

3.2 The NHSLA require the organisation to have robust risk management, policies and processes in place for both clinical and non-clinical activity. The Trust places significant emphasis on staff being able to report any incidents or concerns regarding patient or staff safety, including standards of care.

3.3 Working to a stratified system of risk the incidents submitted as or major/catastrophic significance are investigated using a system of Root

Cause Analysis (NPSA, 2007). The findings from the investigations are shared with the clinical teams, with action plans for improvement developed as necessary. All of the incidents in this category are discussed at the Clinical Governance Steering Group; the report is also a standing agenda item at the Trust Corporate Governance Committee and is also discussed by the Board of Directors.

3.4 The Chief Executive, Medical Director and Head of Patient Safety (a senior nurse in the Trust) review the findings of all Root Cause Analysis investigations with the clinical teams. The outcomes of these discussions are also shared with the Clinical Governance Steering Group.

3.5 In November 2009 the Chief Nursing Officer for England launched the "High Impact Actions for Nursing and Midwifery" to achieve improvements in patient care. Each action sets out the scale of the challenge and the potential opportunity in terms of improvements to quality and patient experience for the NHS.

3.6 The actions are as follows:

- Your skin matters – no avoidable pressure ulcers in NHS provided care;
- Staying safe – preventing falls;
- Keeping nourished – stop inappropriate weight loss and dehydration in NHS provided care;
- Promoting normal birth – eliminating unnecessary caesarean sections;
- Avoiding inappropriate admissions to hospital and increasing the numbers of people who are able to die in the place of their choice;
- Reducing sickness absence in the nursing and midwifery workforce to no more than 3%;
- Increase the number of patients in NHS provided care who have their discharge managed and led by a nurse or midwife where appropriate; and
- Protection from infection – reducing the rate of urinary tract infection for patients.

3.7 The Nursing and Midwifery Strategic Forum of the Trust are leading the implementation of this work across the Trust to facilitate continuous improvement in patient care.

3.8 A Trust Conference is being held in June to discuss and share good practice about the Essence of Patient Care, which is an opportunity for staff to showcase developments and learn from one another.

3.9 The Trust has an established system of listening to patients and has developed this further by offering patients the opportunity to complete a questionnaire into their recent hospital experience. The results of the

patient questionnaire are provided to the Clinical Governance Steering Group for information.

3.10 The Trust has an established system of listening to patients and has developed this further by developing a real time patient feedback questionnaire. This will be launched in June 2010 whereby volunteers and members of the Board of Governors will facilitate completion of the questionnaire by patients and their families and carers.

3.11 Results from the questionnaires will be shared with the Board of Governors and Board of Directors and associated action plans developed to address any areas of concern.

3.12 The Trust also participates in the national inpatient and outpatients surveys undertaken by the Care Quality Commission. Results are shared with both the Board of Directors and the Board of Governors.

4. Mortality Rates

4.1 The Trust participates in the CHKS Signpost report, an independent review, which benchmark organisations against peers to assist the organisation to manage clinical risk and mortality. The report published in January 2010 has identified that the Trust's mortality rate was lower than the peer groups at 1.56% compared with 1.75%. Comparison of actual deaths to the number of expected deaths using the CHKS risk adjustment methodology showed a lower than predicted number of deaths for the Trust overall.

4.2 A member of the Clinical Governance Department has been identified to interrogate the data provided by CHKS and work with clinicians to review case notes and clinical practice to promote continuous improvement.

4.3 The CHKS signpost report is also shared with the Board of Directors and the Board of Governors.

4.4 City Hospitals Sunderland has recently commenced the *Leading improvements in Patient Safety* programme, organised by the NHS Institute for Innovation and Improvement. The team from the Trust consists of a Consultant Anaesthetist; Clinical Governance Manager and Head of Patient Safety, who are all experienced clinical staff. The initial focus of the programme is a series of patient case note reviews to assess patient safety, identify hotspots and develop action plans to make further improvements with the standards of care.

5. Summary

5.1 The Trust is using the recommendations from the Francis Report to review policy, practice and operational issues across the organisation.

The report has been discussed in detail with the Board of Directors, clinical teams, the Clinical Directors and Senior Management Forum.

5.2 Staff agree that as an organisation we have an individual and organisational responsibility and are accountable for the standards of patient care we deliver.

5.3 It is important that the Trust learns lessons from the Mid Staffs report and members should have assurance that there are robust systems of governance in place within the organisation to not only highlight areas of concern but also to ensure remedial action is implemented.

6. Recommendations

6.1 That Members note the report.

References

City Hospitals Sunderland NHS Foundation Trust (2008)
Excellence in Health – Putting People First Vision 2011

Francis Report (2010)
www.midstaffinquiry.com

NHS Institute for Innovation and Improvement (2009)
High Impact Actions for Nursing and Midwifery
National Patient Safety Agency (2007)
Healthcare risk assessment made easy
www.npsa.nhs.uk

Judith Hunter
April 2010.

HEALTH & WELLBEING SCRUTINY COMMITTEE

INTERNAL SERVICE DEVELOPMENT PROGRAMME

REPORT OF NORTHUMBERLAND TYNE AND WEAR FOUNDATION TRUST **9 JUNE 2010**
STRATEGIC PRIORITIES: SP2: Healthy City.

CORPORATE PRIORITIES: CIO1: Delivering Customer Focused Services, CIO4: Improving Partnership Working to Deliver 'One City'.

1. Purpose of the Report

1.1 To provide a briefing to members of the Health and Wellbeing Scrutiny Committee on Northumberland Tyne and Wear Foundation Trust internal service developments.

2. Background

2.1 Following an independent inquiry in relation to the treatment of Garry Taylor by secondary mental health services in Sunderland, there were a number of recommendations made in relation to areas of services that need to be developed and improved. In response, working in collaboration with commissioners, the Trust started an Internal Service Development Programme which is focused on addressing those areas.

2.2 The specified areas for development are as follows:

- Multidisciplinary Team Working
- Team and Service Redesign
- Deep Implementation of Care Coordination
- Risk Assessment and Risk Management
- Records without Fuss
- Transitions
- Safeguarding
- Involving Carers

2.3 In addition, the Trust is working with commissioners to develop new models of care for mental health to ensure effective service models in the future which will contribute to reducing risk and providing an improved patient experience. This paper focuses on developments associated with the Internal Service Development Programme.

3. Current Position

3.1 Currently, services in Sunderland are fragmented and there is a significant lack of multidisciplinary team working. It has been shown that, when done properly, the multidisciplinary team approach provides positive measurable outcomes including improved safety, reduced risk and a more positive patient experience. With a diverse group of professionals, such as consultant psychiatrists, nurses, psychologists, occupational therapists, and social workers there is more certainty that all of the needs of the service user will be met. The implementation of the multidisciplinary team structure will also enable a much more holistic approach to mental health care to be taken.

3.2 The Internal Service Development Programme aims to implement multidisciplinary team working, provide improved access to services, improved core assessments of service users and develop shared care arrangements which ensure service users are receiving the right intervention at the right time in the right place. Currently the programme has established three main projects which all have the aim of making improvements to the secondary mental health care services being delivered by the Trust in Sunderland.

3.3 These projects are as follows:

Team and Service Development (Phase I)

AIM: Design and implement new multidisciplinary community mental health teams in Sunderland.

Access and Assessment

AIM: Design, develop and implement a single point of access to secondary mental health services for the people of Sunderland.

AIM: Develop an agreed format for core assessment ensuring high quality assessments are being done by staff with the right skills.

Step down, Discharge and Shared Care

AIM: Provide a system of appropriate, stepped, planned continuing care to patients as they transition out of our services, in order to promote recovery and independence, prevent relapse and ensure service users are receiving the right intervention at the right time in the right place.

4. Proposed Changes

4.1 As part of the Team and Service Redesign (Phase I) Project a number of engagement events were held involving staff, commissioners, primary care, social care, service user and carer representatives.

These events focused upon the improvements that needed to be made and how these could be achieved.

4.2 Currently, secondary mental health services in Sunderland are confusing and are not arranged in a way which supports clinical best practice. Several of the teams do not have a full multidisciplinary team, and some teams do not have any routine access to consultant psychiatrists.

4.3 Clearly this situation cannot continue and through discussions at these engagement events it was agreed to develop and implement two new fully integrated, multidisciplinary specialist community mental health teams, each aligned to GP practices, serving approximately half of the city.

4.4 In order to implement these new teams we intend to realign the current community teams and case loads of individual psychiatrists to ensure that all specialist teams have adequate access to the key specialist disciplines.

4.5 Three consultants Dr's Perera, Rastogi and Sharma will provide dedicated support for inpatients. The remainder of consultants will be allocated to one of the two community teams which will serve different areas of the city. This will mean that inpatient consultants are able to specialise in supporting the recovery of patients with complex acute needs in an inpatient setting. Community consultants will engage in an individual patients care and discharge arrangements and take responsibility for their care once they leave hospital. A care coordinator will provide consistency of care across the patient's pathway.

4.6 During the summer we will write to individual patients whose current consultant will change, to explain the process. They will be given the opportunity to discuss any concerns about the changes to their care arrangements with their existing consultant. We will also invite patients and carers affected to attend a briefing session to provide an opportunity to ask any questions they may have. The Trust has discussed the proposals with the LMC and will write to all GPs in the City to explain how changes will be managed. GPs will be copied into all correspondence to their patients.

5. Conclusion

5.1 The development of two new specialist community mental health teams in Sunderland and the implementation of the multidisciplinary team working approach is expected to have a positive impact on increasing patient safety, ensuring service users have all of their needs met, by the right person, with the right skills at the right time and should improve the overall patent experience.

6. Recommendations

6.1 That Members note and comment on the contents of the report.

APPENDIX 1

Questions and Answers – Changes to Consultant caseloads

Why is this change necessary?
Following the tragic incidents reported in the Garry Taylor inquiry, the Trust has been working very hard in collaboration with PCT Commissioners to make improvements to local services and developing new models of care for mental health to ensure effective service models in the future. There are currently up to 9 Consultants working into each of the acute admission wards at Cherry Knowle. This means that ward teams are not able to provide consistent enough care for patients with very complex clinical needs. There are also community teams in Sunderland with no access to consultant psychiatrists. This cannot continue.

Who will the new Consultants be?
The new inpatient consultants will be:

Dr Chrys Perera
Dr Sanjay Rastogi
Dr Ashok Sharma

The community consultants will be:

Dr Iain Cameron
Dr Arun Gupta
Dr Andrew Lawrie
Dr Pratapa Murthy
Dr Dawn Potkins
Dr Andrea Tocca

What about continuity of care?
Continuity will be provided by care coordinators and community consultants. Each patient who requires one will have a care coordinator who stays with them across the whole pathway (inpatient and community). Discharge planning and discharge meetings will also be very important and will be the place where patients meet their new community consultants for the first time following their first initial inpatient admission. When their patients are admitted, community consultants will be involved in ensuring there is a comprehensive assessment. They will help set the goals of admission and will remain in touch with the patient throughout the admission (as per agreed protocol). They will also be part of discharge planning.

Will any current patients be discharged as part of this process?
No – all patients who currently have one of the inpatient consultants as their named psychiatrist will have their care transferred to a new psychiatrist. The only patients who will be discharged are those who have naturally reached the end of their treatment.

Will there be any other changes?
Yes – This is the first of a series of changes to improve the services. The next steps will be:

To streamline services by creating two geographically based community teams

To streamline access by creating a single point for referrals to secondary services

To provide direct contact between GP's and consultants and enable clinical discussions on the best course of action for individual patients

How will patients and their families be informed and involved
We will write to each patient who will be affected by this change. The letter will be copied to the patients GP. The letter will explain why the changes need to take place and what the process will be. Patients and carers will also be invited to attend a question and answer session if they would like more information. We will also work with service user and carers organisations in Sunderland to support people.

How will services cope during the transition?
We recognise that any change places pressure on existing systems, and it is important to recognise that improving services in Sunderland has been a long term project which has been well resourced. To support this specific change the Trust has provided 2 locum consultants to enable existing consultants to focus on ensuring successful transitions for each patient.

When will these changes happen?
We plan to start writing to patients to inform them of their new consultant during June. We expect the process to be finished by the end of September 2010.

Will there be any changes to the team bases?
Yes, we are hoping to identify a new central office base for the community teams, however people will still be offered appointments at the nearest community base.

How will the community teams be set up?
There will be a blue community team which will be aligned to GP practices North of the river Wear and west of the A19 and a red community team which will be aligned to GP practices south of the river Wear and east up to the A19.

How can I get more information?
If you would like to get more information please contact the Project Manager, Sam Mansy on 07768 466 711 or sam.mansy@ntw.nhs.uk

HEALTH & WELL-BEING SCRUTINY COMMITTEE 9TH JUNE 2010

REGIONAL HEALTH PROTOCOL AND TERMS OF REFERENCE

Report of the Chief Executive

STRATEGIC PRIORITIES: SP2: Healthy City

CORPORATE PRIORITIES: CIO4: Improving Partnership Working to Deliver 'One City'.

1. Purpose of Report

1.1 The purpose of this report is to provide members with a regional health protocol and terms of reference.

2. Background

2.1 The Centre for Public Scrutiny Expert Advisory Team has been helping to develop health scrutiny since 2004. Support from the Team is highly regarded and placements have been very highly rated. In 2009/10, Overview and Scrutiny Committees were offered help from the CfPS Expert Advisory Team around:

- keeping track of changes in health and social care
- selecting topics for your work programme
- scoping scrutiny reviews
- finding out what's working and what needs to change
- making informed and influential recommendations
- working with others to get results

2.2 10 free days were offered to scrutiny committees in each Strategic Health Authority area. Placements supported scrutiny committees working together on common issues across whole regions, or in sub regions. These placements were co-ordinated by regional health scrutiny network leads. A joint project was agreed between the 12 local authorities in the North East to develop a protocol for joint working between health scrutiny functions.

2.3 The 12 local authorities in the region have a vast level of experience and expertise in the planning and delivery of overview and scrutiny including "health scrutiny". The advisor, it was agreed, would compliment this experience and expertise by supporting and contributing to:

- Examples of best practice that would inform and strengthen our approach;
- Facilitation of meetings in order to secure effective health scrutiny to respond to the health challenges in our region;
- Advise the 12 Local Authorities by working with the Heath Scrutiny lead officers; opportunities to secure effective health scrutiny in a regional context; how to scrutinise for example "specialist commissioning";

2.4 This project was delivered between December 2009 and March 2010. The bid was coordinated through Durham County Council on behalf of all local authorities.

3. Terms of Reference and Protocols

3.1 In creating and developing a regional health protocol the 12 local authorities making up the regional health scrutiny group conducted a light touch review around alcohol. The main purpose of the light touch review was to produce a protocol and terms of reference to move forward the regional group and provide a process by which regional health scrutiny issues can be undertaken at a regional level.

3.2 Some of the key points to note from the protocol are as follows:

(a) The Joint Committee shall be made up of 12 Health Overview and Scrutiny Committee members comprising 1 member from each of the constituent authorities. The appointment of such representatives shall be solely at the discretion of each of the constituent authorities.

(b) A constituent authority may appoint a substitute to attend in the place of the named member on the Joint Committee. The substitute shall have voting rights in place of the absent member.

(c) The Chair of the Joint Committee will be drawn from the membership of the Joint Committee, and serve for a period of 12 months, from a starting date to be agreed. The Joint Committee may choose up to two Vice-Chairs from among any of its members, as far as possible providing a geographic spread across the region.

(d) The local authority from which the Chair of the Joint Committee is drawn shall be the Host Authority for the purposes of this protocol. The relevant officer in the Host Authority will give notice of meetings to all Joint Committee members, in line with access to information rules of at least five clear working days before a meeting. The relevant officer will send an agenda to every member specifying the date, time and place of each meeting and the business to be transacted, and this will be accompanied by such reports as are available.

(e) The Joint Committee will hold two full committee meetings per year, and at other times when the Chair and Vice-Chairs wish to convene a meeting. Any three members of the joint committee may require a special meeting to be held by making a request in writing to the Chair.

3.3 The full protocol and terms of reference are attached as at **Appendix 1** of this report.

4. Recommendations

4.1 That Members agree that the Joint Health Overview and Scrutiny Committee Protocols and Terms of Reference be adopted for use in undertaking regional health scrutiny arrangements.

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Joint Health Overview and Scrutiny Committee of:

Darlington Borough Council, Durham County Council, Gateshead Council, Hartlepool Borough Council, Middlesbrough Council, Newcastle upon Tyne City Council, North Tyneside Council, Northumberland County Council, Redcar and Cleveland Borough Council, South Tyneside Council, Stockton-on-Tees Borough Council and Sunderland City Council

TERMS OF REFERENCE AND PROTOCOLS

Establishment of the Joint Committee

1. The Committee is established in accordance with section 244 and 245 of the National Health Service Act 2006 ("NHS Act 2006") and regulations and guidance with the health overview and scrutiny committees of Darlington Borough Council, Durham County Council, Gateshead Council, Hartlepool Borough Council, Middlesbrough Council, Newcastle upon Tyne City Council, North Tyneside Council, Northumberland County Council, Redcar and Cleveland Borough Council, South Tyneside Council, Stockton-on-Tees Borough Council and Sunderland City Council ("the constituent authorities") to scrutinise issues around the planning, provision and operation of health services in and across the North-East region, comprising for these purposes the areas covered by all the constituent authorities.

2. The Committee will hold two full committee meetings per year. The Committee's work may include activity in support of carrying out:
   (a) Discretionary health scrutiny reviews, on occasions where health issues may have a regional or cross boundary focus, or
   (b) Statutory health scrutiny reviews to consider and respond to proposals for developments or variations in health services that affect more than one health authority area, and that are considered "substantial" by the health overview and scrutiny committees for the areas affected by the proposals.
   (c) Monitoring of recommendations previously agreed by the Joint Committee.

   For each separate review the Joint Committee will prepare and make available specific terms of reference, and agree arrangements and support, for the enquiry it will be considering.

Aims and Objectives

3. The North East Region Joint Health Overview and Scrutiny Committee aims to scrutinise:
   (a) NHS organisations that cover, commission or provide services across the North East region, including and not limited to, for example, NHS North East, local primary care trusts, foundation trusts, acute trusts, mental health trusts and specialised commissioning groups.
   (b) Services commissioned and / or provided to patients living and working across the North East region.
   (c) Specific health issues that span across the North East region.

Note: Individual authorities will reserve the right to undertake scrutiny of any relevant NHS organisations with regard to matters relating specifically to their local population.

4. The North East Region Joint Health Overview and Scrutiny Committee will:

   (a) Seek to develop an understanding of the health of the North East region's population and contribute to the development of policy to improve health and reduce health inequalities.
   (b) Ensure, wherever possible, the needs of local people are considered as an integral part of the commissioning and delivery of health services.
   (c) Undertake all the necessary functions of health scrutiny in accordance with the NHS Act 2006, regulations and guidance relating to reviewing and scrutinising health service matters.
   (d) Review proposals for consideration or items relating to substantial developments / substantial variations to services provided across the North East region by NHS organisations, including:
      (i) Changes in accessibility of services.
      (ii) Impact of proposals on the wider community.
      (iii) Patients affected.
   (e) Examine the social, environmental and economic well-being responsibilities of local authorities and other organisations and agencies within the remit of the health scrutiny role.

Membership

5. The Joint Committee shall be made up of 12 Health Overview and Scrutiny Committee members comprising 1 member from each of the constituent authorities. In accordance with section 21(9) of the Local Government Act 2000, Executive members may not be members of an overview and scrutiny committee. Members of the constituent local authorities who are Non-Executive Directors of the NHS cannot be members of the Joint Committee.

6. The appointment of such representatives shall be solely at the discretion of each of the constituent authorities.

7. The quorum for meetings of the Joint Committee is one-third of the total membership, in this case four members, irrespective of which local authority has nominated them.

Substitutes

8. A constituent authority may appoint a substitute to attend in the place of the named member on the Joint Committee. The substitute shall have voting rights in place of the absent member.

Co-optees

9. The Joint Committee shall be entitled to co-opt any non-voting person as it thinks fit to assist in its debate on any relevant topic. The power to co-opt shall also be available to any Task and Finish / Working Groups formed by the Joint Committee. Co-option would be determined through a case being presented to the Joint Committee or Task and Finish Group / Working Group, as appropriate. Any supporting information regarding co-option should be made available for consideration by Joint Committee members at least 5 working days before a decision is made.

Formation of Task and Finish / Working Groups

10. The Joint Committee may form such Task and Finish / Working Groups of its membership as it may think fit to consider any aspect or aspects within the scope of its work. The role of any such Group will be to consider the matters referred to it in detail with a view to formulating recommendations on them for consideration by the Joint Committee. The precise terms of reference and procedural rules of operation of any such Group (including number of members, chairmanship, frequency of meetings, quorum etc.) will be considered by the Joint Committee at the time of the establishment of each such Group. The Chair of a specific Task and Finish Group will act in the manner of a Host Authority for the purposes of the work of that Task and Finish Group, and arrange and provide officer support for that Task and Finish Group. These arrangements may differ if the Joint Committee considers it appropriate. The meetings of such Groups should be held in public except to the extent that the Group is considering any item of business that involves the likely disclosure of exempt information from which the press and public could legitimately be excluded as defined in Part 1 of Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006.

11. The Chair of the Joint Health Overview and Scrutiny Committee may not be the Chair of a Task and Finish Group.

Chair and Vice-Chairs

12. The Chair of the Joint Committee will be drawn from the membership of the Joint Committee, and serve for a period of 12 months, from a starting date to be agreed. A Chair may not serve for two consecutive twelve-month periods. The Chair will be agreed through a consensual process, and a nominated Chair may decline the invitation. Where no consensus can be reached then the Chair will be nominated through a ballot system of one Member vote per Authority only for those Members present at the meeting where the Chair of the Joint Health Overview and Scrutiny Committee is chosen.

13. The Joint Committee may choose up to two Vice-Chairs from among any of its members, as far as possible providing a geographic spread across the region. A Vice-Chair may or may not be appointed to the position of Chair or Vice-Chair in the following year.

14. If the Chair and Vice-Chairs are not present, the remaining members of the Joint Committee shall elect a Chair for that meeting.

15. Other than any pre-existing arrangements within their own local authority, no Special Responsibility Allowances, or other similar payments, will be drawn by the Chair, Vice Chairs, or Tasking and Finish Group Chairs in connection with the business of the Joint Committee.

Host Authority

16. The local authority from which the Chair of the Joint Committee is drawn shall be the Host Authority for the purposes of this protocol.

17. Except as provided for in paragraph 10 above in relation to Task and Finish Groups, the Host Authority will service and administer the scrutiny support role and liaise proactively with the other North East local authorities and the regional health scrutiny officer network. The Host Authority will be responsible for the production of reports for the Joint Committee as set out below, unless otherwise agreed by the Joint Committee. An authority acting in the manner of a Host Authority in support of the work of a Task and Finish Group will be responsible for collecting the work of that Group and preparing a report for consideration by the Joint Committee.

18. Meetings of the Joint Committee may take place in different authorities, depending on the nature of the enquiry and the potential involvement of local communities. The decision to rotate meetings will be made by members of the Joint Committee.

19. Documentation for the Joint Committee, including any final reports, will be attributed to all the participating member authorities jointly, and not solely to the Host Authority. Arrangements will be made to include the Council logos of all participating authorities.

Work planning and agenda items

20. The Joint Committee may determine, in consultation with health overview and scrutiny committees in constituent authorities, NHS organisations and partners, an annual work programme. Activity in the work programme may be carried out by the Joint Committee or by a Task and Finish / Working Group under the direction of the Joint Committee. A work programme may be informed by:
    (a) Research and information gathering by health scrutiny officers supplemented by presentations and communications.
    (b) Proposals associated with substantial developments / substantial variations.

21. Individual meeting agendas will be determined by the Chair, in consultation with the Vice-Chairs where practicable. The Chair and Vice-Chairs may meet or conduct their discussions by email or letter.

22. Any member of the Joint Committee shall be entitled to give notice, with the agreement of the Chair, in consultation with the Vice-Chairs, where practicable, of the Joint Committee, to the relevant officer of the Host

Authority that he/she wishes an item relevant to the functions of the Joint Committee to be included on the agenda for the next available meeting. The member will also provide detailed background information concerning the agenda item. On receipt of such a request (which shall be made not less than five clear working days before the date for despatch of the agenda) the relevant officer will ensure that it is included on the next available agenda.

Notice and Summons to Meetings

23. The relevant officer in the Host Authority will give notice of meetings to all Joint Committee members, in line with access to information rules of at least five clear working days before a meeting. The relevant officer will send an agenda to every member specifying the date, time and place of each meeting and the business to be transacted, and this will be accompanied by such reports as are available.

Attendance by others

24. The Joint Committee and any Task and Finish / Working Group formed by the Joint Committee may invite other people (including expert witnesses) to address it, to discuss issues of local concern and/or to answer questions. It may for example wish to hear from residents, stakeholders and members and officers in other parts of the public sector and shall invite such people to attend.

Procedure at Joint Committee meetings

25. The Joint Committee shall consider the following business:
    (a) Minutes of the last meeting (including matters arising).
    (b) Declarations of interest.
    (c) Any urgent item of business which is not included on an agenda but the Chair agrees should be raised.
    (d) The business otherwise set out on the agenda for the meeting.

26. Where the Joint Committee wishes to conduct any investigation or review to facilitate its consideration of the health issues under review, the Joint Committee may also ask people to attend to give evidence at Joint Committee meetings which are to be conducted in accordance with the following principles:
    (a) That the investigation is conducted fairly and all members of the Joint Committee be given the opportunity to ask questions of attendees, and to contribute and speak.
    (b) That those assisting the Joint Committee by giving evidence be treated with respect and courtesy.
    (c) That the investigation be conducted so as to maximise the efficiency of the investigation or analysis.

Voting

27. Any matter will be decided by a simple majority of those Joint Committee members voting and present in the room at the time the motion is put. This will be by a show of hands or if no dissent, by the affirmation of the meeting. If there are equal votes for and against, the Chair or other person chairing the

meeting will have a second or casting vote. There will be no restriction on how the Chair chooses to exercise a casting vote.

Urgent Action

28. In the event of the need arising, because of there not being a meeting of the Joint Committee convened in time to authorise this, officers administering the Joint Committee from the Host Authority are generally authorised to take such action, in consultation with the Chair, and Vice-Chairs where practicable, to facilitate the role and function of the Joint Committee as they consider appropriate, having regard to any Terms of Reference or other specific relevant courses of action agreed by the Joint Committee, and subject to any such actions being reported to the next available meeting of the Joint Committee for ratification.

Final Reports and recommendations

29. The Joint Committee will aim to produce an agreed report reflecting a consensus of its members, but if consensus is not reached the Joint Committee may issue a majority report and a minority report.
    (a) If there is a consensus, the Host Authority will provide a draft of both the conclusions and discursive text for the Joint Committee to consider.
    (b) If there is no consensus, and the Host Authority is in the majority, the Host Authority will provide the draft of both the conclusions and discursive text for a majority report and arrangements for a minority report will be agreed by the Joint Committee at that time.
    (c) If there is no consensus, and the Host Authority is not in the majority, arrangements for both a majority and a minority report will be agreed by the Joint Committee at that time.
    (d) In any case, the Host Authority is responsible for the circulation and publication of Joint Committee reports. Where there is no consensus for a final report the Host Authority should not delay or curtail the publication unreasonably.

    The rights of the health overview and scrutiny committees of each local authority to make reports of their own are not affected.

30. A majority report may be produced by a majority of members present from any of the local authorities forming the Joint Committee. A minority report may be agreed by any *[number derived by subtracting smallest possible majority from quorum: e.g. if quorum is 4, lowest possible majority is 3, so minority report requires 1 members' agreement]* or more other members.

31. For the purposes of votes, a "report" shall include discursive text and a list of conclusions and recommendations. In the context of paragraph 29 above, the Host Authority will incorporate these into a "final report" which may also include any other text necessary to make the report easily understandable. All members of the Joint Committee will be given the opportunity to comment on the draft of the final report. The Chair in consultation with the Vice-Chairs, where practicable, will be asked to agree to definitive wording of the final report in the light of comments received. However, if the Chair and Vice-Chairs cannot agree, the Chair shall determine the final text.

32. The report will be sent to *[name of the NHS organisations involved]* and to any other organisation to which comments or recommendations are directed, and will be copied to NHS North East, and to any other recipients Joint Committee members may choose.

33. The *[name of the NHS organisations involved]* will be asked to respond within 28 days from their formal consideration of the Final Report, in writing, to the Joint Committee, via the nominated officer of the Host Authority. The Host Authority will circulate the response to members of the Joint Committee. The Joint Committee may (but need not) choose to reconvene to consider this response.

34. The report should include:
    (a) The aim of the review – with a detailed explanation of the matter under scrutiny.
    (b) The scope of the review – with a detailed description of the extent of the review and it planned to include.
    (c) A summary of the evidence received.
    (d) An evaluation of the evidence and how the evidence informs conclusions.
    (e) A set of conclusions and how the conclusions inform the recommendations.
    (f) A list of recommendations – applying SMART thinking (Specific, Measurable, Achievable, Realistic, Timely), and how these recommendation, if implemented in accordance with the review outcomes, may benefit local people.
    (g) A list of sources of information and evidence and all participants involved.

Timescale

35. The Joint Committee will hold two full committee meetings per year, and at other times when the Chair and Vice-Chairs wish to convene a meeting. Any three members of the joint committee may require a special meeting to be held by making a request in writing to the Chair.

36. Subject to conditions in foregoing paragraphs 29 and 31, if the Joint Committee agrees a report, then:
    (a) The Host Authority will circulate a draft final report to all members of the Joint Committee.
    (b) Members will be asked to comment on the draft within a period of two weeks, or any other longer period of time as determined by the Chair, and silence will be taken as assent.
    (c) The Chair and Vice-Chairs will agree the definitive wording of the final report in time for it to be sent to *[name of the NHS organisations involved].*

37. If it believed that further consideration is necessary, the Joint Committee may vary this timetable and hold further meetings as necessary. The *[name of the NHS organisations involved]* will be informed of such variations in writing by the Host Authority.

Guiding principles for the undertaking of North East regional joint health scrutiny

38. The health of the people of North East England is dependent on a number of factors including the quality of services provided by the NHS, the local authorities and local partnerships. The success of joint health scrutiny is dependent on the members of the Joint Committee as well as the NHS and others.

39. Local authorities and NHS organisations will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their codes of conduct. Personal and prejudicial interests will be declared in all cases in accordance with the Members' Code of Conduct of each constituent authority.

40. The scrutiny process will be open and transparent in accordance with the Local Government Act 1972 and the Freedom of Information Act 2000 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be considered in private. The Host Authority will manage requests and co-ordinate responses for information considered to be confidential or exempt from publication in accordance with the Host Authority's legal advice and guidance. Joint Committee papers and information not being of a confidential nature or exempt from publication may be posted on the websites of the constituent authorities as determined by each of those authorities.

41. Different approaches to scrutiny reviews may be taken in each case. The Joint Committee will seek to act as inclusively as possible and will take evidence from a wide range of opinion including patients, carers, the voluntary sector, NHS regulatory bodies and staff associations, as necessary and relevant to the terms of reference of a scrutiny review. Attempts will be made to ascertain the views of hard to reach groups, young people and the general public.

42. The Joint Committee will work to continually strengthen links with the other public and patient involvement bodies such as PCT patient groups and Local Involvement Networks, where appropriate.

43. The regulations covering health scrutiny allow an overview and scrutiny committee to require an officer of a local NHS body to attend before the committee. This power may be exercised by the Joint Committee. The Joint Committee recognises that Chief Executives and Chairs of NHS bodies may wish to attend with other appropriate officers, depending on the matter under review. Reasonable time will be given for the provision of information by those asked to provide evidence.

44. Evidence and final reports will be written in plain English ensuring that acronyms and technical terms are explained.

45. Communication with the media in connection with reviews will be handled in conjunction with the constituent local authorities' press officers.

Conduct of Meetings

46. The conduct of Joint Committee meetings shall be regulated by the Chair (or other person chairing the meeting) in accordance with the general principles and conventions which apply to the conduct of local authority committee meetings.

47. In particular, however, where any person other than a full or co-opted member of the Joint Committee has been allowed or invited to address the meeting the Chair (or other person chairing the meeting) may specify a time limit for their contribution, in advance of its commencement which shall not be less than five minutes. If someone making such a contribution exceeds the time limit given the Chair (or other person chairing the meeting) may stop him or her.

48. The Chair (or other person chairing the meeting) may also structure a discussion and limit the time allowed for each agenda item and questioning by members of the Joint Committee.

HEALTH & WELL BEING SCRUTINY COMMITTEE

9TH June 2010

REQUEST TO ATTEND SEMINAR – CENTRE FOR PUBLIC SCRUTINY 8TH ANNUAL CONFERENCE AND EXHIBITION

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of Report

1.1 For the Committee to consider nominating delegates to the Centre for Public Scrutiny's 8th Annual Conference and Exhibition to be held on 30 June – 1 July 2010.

2. Background

2.1 The Council's Overview and Scrutiny Handbook contains a protocol for use of the Scrutiny Committees budget by members to attend training and conferences relevant to the remit of the Committee.

3. Conference Details

3.1 An invitation has been received from the Centre of Public Scrutiny with regard to its 8th Annual Conference and Exhibition to be held 30 June – 1 July 2010, at The Brewery, London.

3.2 The theme for this two day conference will be future accountability and transparency in public services.

3.3 Day one will cover regaining public trust, tackling inequalities and addressing how to sustain outcomes from accountability in hard financial times. There will also be a debate on how accountability can create opportunities for the public to shape the delivery of local services, for example, through the Total Place initiative.

On day two, a member development programme will offer councillors and other non-executive members an opportunity to network and discuss current issues. Themes will include questioning and chairing skills, skills needed to evaluate evidence and the role of politics in the scrutiny process.

3.4 The Council is eligible for an early bird rate of £359 + VAT per delegate which includes attendance at both days, dinner and refreshment, if booked by 31 March 2010. After this date, the rate per delegate will increase to £399 + VAT.

3.5 It is suggested that the Committee nominate one or two Members to attend the Conference.

4. Recommendation

4.1 The Committee is asked to consider the attendance of a Member of the Committee to the above conference, to be funded from the budget of the Scrutiny Committee.

5. **Background Papers**
Conference Papers

Contact Officer: Karen Brown 0191 561 1004
Scrutiny Officer

HEALTH AND WELL-BEING SCRUTINY COMMITTEE **9th June 2010**

HEALTH OF THE EX-SERVICE COMMUNITY

Report of the Chief Executive

1. Purpose of Report

1.1 For the Committee to receive a briefing about progress in the development of a regional health scrutiny review of ex-service personnel.

2. Background

2.1 In December 2009 a bid was made to the Centre for Public Scrutiny (CfPS) on behalf of the 12 local authorities' overview and scrutiny committees in the North East. In summary the bid made was for a project that would "*examine the physical, mental and broader health needs of ex-servicemen and women, their families and communities, how they are being assessed and met across the range of agencies at regional and local level, and how far ex-service personnel and their families are aware of the support available to them*".

2.2 The bid was considered by CfPS and a letter confirming the successful application was received in January 2010. The bid successfully secured 6.5 days consultant time and £5000 budget from CfPS.

2.3 Since January progress has been made in constructing a governance and management framework for the project, clarifying the final scope of the project and establishing relationships with key contacts.

3. Scope, Outcomes and Outputs

3.1 The original description of the project used for the bid to CfPS was comprehensive. The project is subject to a non-negotiable timeframe and therefore, the scope of the project has been clarified as focusing on the Cross Government Working[1] workshop themes of:

a) Veterans' mental health

b) The transition of armed forces personnel to NHS care following medical discharge

[1] "Delivering Health & Social Care to the Armed Forces Community" - Cross government workshop hosted by the Department of Health, November 2009.

c) Ensuring equality of access for Armed Forces families

d) Promoting effective communication and coordination across agencies, providers and the third sector.

3.2 The Project remains focused on its original outcome of improved health outcomes for veterans in the region.

3.3 As part of the agreement with CfPS the Project is required to deliver two outcomes. The first outcome is a report which will focus on the current understanding of the health of veterans in the region, the levels of coordination between agencies and any recommendations to improve the coordination of public and voluntary sector services. The second outcome will focus on the learning that has taken place across the region during the Project. This will inform the development of the CfPS health scrutiny toolkit which will be made available nationally.

3.4 Three work streams will focus on a specific issue relating to health inequalities. These are:

a) Physical Health

b) Mental Health

c) Socio-economic wellbeing.

3.5 The role of the work stream groups is to scrutinise how the needs of veterans and their families are being assessed and met in one of the three areas, and if veterans and their families are aware of the support available to them. This will require the involvement of witness, experts, advisors, public and third sector service providers, community and voluntary groups and veterans. Members will set the work programme for their chosen streams, with officers sharing monthly progress reports to the Project Support Team. This information will then be collated and shared across all partners within the project.

3.6 An event to launch the work streams is arranged for the 28 June 2010. The event is planned to provide evidence from a range of speakers that will form a baseline for further scrutiny.

4. Governance & Project Plan

4.1 All the local authorities in the North East of England have agreed to work in partnership for the duration of the project. These are: Darlington, Durham, Gateshead, Hartlepool, Middlesbrough, Newcastle, North Tyneside, Northumberland, Redcar and Cleveland, Stockton-on-Tees, South Tyneside and Sunderland. Newcastle is the project lead.

4.2 The review Project Board will be established with one member representative from each local authority nominated by the Health & Well=Being Scrutiny Committee, with an officer from each in attendance. The North East Regional Health Scrutiny Network is fulfilling this role until its standing Joint Committee is formally established. A memorandum of understanding is being developed to support this partnership working and a formal protocol developed for the Joint Committee.

4.3 The role of the Project Board is to provide:

a) Strategic leadership to the project agreeing the project governance, planning and execution

b) Assurance that the project plan will deliver the agreed outcomes within the timescale

c) Assurance that resources are used appropriately

d) A forum to resolve disputes

e) Assurance that outcomes are reported to all partners

f) The final report to the Centre for Public Scrutiny.

4.4 The Project Support Group is made up of lead officers for the Project, the three work streams and communications. These are:

a) Project Lead – Newcastle City Council

b) Physical Health Work stream – Middlesbrough Council

c) Socioeconomic Work stream – Gateshead Council

d) Mental Health Work stream – Durham County Council

e) Communications Lead – Redcar & Cleveland Council

4.5 The role of the Project Support Group is to manage the project within the agreed the plan. This includes:

a) Monitoring risks to the project and adjusting the project plan

b) Supporting the work streams

c) Collating the responses of the work streams

d) Allocating the available resources

e) Supplying and collating information for the final reports

5. Recommendation

5.1 The Scrutiny Committee is recommended to:

a) Support the successful delivery of the project by participating in a working group and attending the event in June (note that in view of the number of authorities involved, attendance at the Overview Day is likely to be restricted to approximately 3 members per authority).

b) Consider receiving regular reports and updates until the Project is concluded in November 2010.

6. Background Papers

Bid to the Centre for Public Scrutiny
Draft Programme for the Baseline Evidence Day
MOD (2008) The Nation's Commitment: Cross-Government Support to our Armed Forces, their Families and Veterans
http://www.mod.uk/NR/rdonlyres/415BB952-6850-45D0-B82D-C221CD0F6252/0/Cm7424.pdf
MOD (2009) The Nation's Commitment: Cross-Government Support to our Armed Forces, their Families and Veterans, external reference Group annual report http://www.mod.uk/NR/rdonlyres/BBAC5D78-7183-403F-B45E-8259C27B5932/0/TheNationsCommitmentAnnualReport_2009.pdf

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HEALTH & WELL-BEING SCRUTINY COMMITTEE

9th JUNE 2010

ANNUAL WORK PROGRAMME AND POLICY REVIEW 2010-11

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of Report

1.1 For Members to determine the Annual Work Programme for the Scrutiny Committee during 2010-11, including the main theme for a detailed policy review.

2. Background

2.1 The Scrutiny Committee is responsible for setting its own work programme within the following scope:

> *General Scope: To consider issues relating to health and adult social care services*
>
> *Remit: Social Care (Adults); Welfare Rights; Relationships and scrutiny of health services; Healthy life and lifestyle choices for adults and children; Public Health; Food Law Enforcement; Citizenship (Adults); and External inspections (Adult Services)*

2.2 The Council's Scrutiny Committees are aligned to the relevant priorities of the Sustainable Community Strategy – the Sunderland Strategy. This allows each Scrutiny Committee to focus on the priority areas and targets in the Sunderland Strategy and Local Area Agreement (LAA) and for the work of all Scrutiny Committees to consistently address those areas of performance requiring detailed examination.

2.3 This approach allows a clear themed focus on the outcomes for the people of Sunderland, and allows for cross-cutting examination of issues, with potential for linking areas of knowledge and expertise that would not ordinarily be brought together, so increasing the likelihood of the committees identifying novel approaches and solutions to the issues they consider.

2.4 The most relevant Sunderland Strategy priority for this committee is:

> *Healthy City: To create a city where everyone can be supported to make healthy life and lifestyle choices - a city that provides excellent health and social care services for all who need them. Everyone in Sunderland will have the opportunity to live long, healthy, happy and independent lives.*

2.5 All Scrutiny Committees will take a role in the scrutiny of partnership and area issues and have a role in engaging with partners, external scrutiny, community and public engagement, and engaging with media and area scrutiny.

3. Policy Review

3.1 Policy review is the process of maintaining an overview of council policies and will usually examine whether the Council and its partners intended policy outcomes have been achieved. The process will also explore issues such as the service user's perspective.

3.2 Policy reviews are project planned with appropriate methodology applied to investigate the chosen topic. This may include meetings, site visits, surveys, public meetings or analysis of comparative practice in other local authorities.

3.3 Previous reviews carried out by this Scrutiny Committee have included Dementia Care in Sunderland, Quality Commissioning of Vulnerable Adults, Diabetes, Employment of Adults with a Physical Disability, Community Mental Health, Keeping Older People out of Hospital, and Standards of Home Care Services. All previous reviews are available at http://cityweb/directorates/chief-executive/scrutiny/scrutinyhome.shtm

3.4 Following the selection of a topic for review, the Committee will receive a report setting out a possible approach to the review. This will include the terms of reference, definitions, links to corporate goals, partnerships, the national and local context, and proposals for gathering evidence.

3.5 The shortlist of topics for 2010-11 is listed below. The Committee is recommended to select one topic from this shortlist for an in depth review. The list includes all topics suggested by Members from the discussions held at the Scrutiny Conference on 20th May 2010.

Suggested Topics for Policy Review/Task and Finish Group		
	Brief Description	**Objective**
1.	Transforming Community Services in Sunderland	To investigate the local approach to Transforming Community Services which is focussed on the commissioner/provider split within the PCT and identify opportunities to work closer across health and social care.
2.	Model of Care for Mental Health – one year on	To review the work that has been undertaken across SOTW to develop a model of care for mental health and whether Sunderland is ready to provide better mental health services for people.
3.	District Nursing Services	To review the current District Nursing Services across Sunderland from a customer and stakeholder perspective.

4.	Alcohol related hospital admissions	To review hospital treatment for alcohol-related conditions and how public services work together to address the wide-reaching and significant effects of excessive alcohol consumption.
5.	Smoking Cessation	To review the health inequalities and increase the life expectancy of poorest and most vulnerable people in Sunderland by promoting actions to cut the number of smokers and reduce the harm that smoking causes them and others.
6.	Access to Home Care Services	To review how older people are navigating their way through the current system to access the home care they need with a growing older population.
7.	Access to GP Services	To review current access to GP services in terms of geographical distribution, travel, disability, quality of premises, making appointments, patient experience and choice, and to make recommendations on further opportunities for improving services.
8.	Quality Commissioning for Vulnerable Adults	To review the delivery of better services more closely matched to local need through improved commissioning with a clear focus on delivering improved health outcomes. The review will aim to seek measurable outcomes to improve the health of vulnerable adults.
9.	Malnutrition in hospitals	To review approaches to screening for and treating malnutrition in hospitals, particularly for older patients. Malnutrition is a major problem in hospitals particularly amongst older people.
10.	Sexual Health in Young Adults	To review what the Council and its partners currently do to promote and improve the sexual health of young adults within the city, including action to reduce the levels of sexually transmitted infections (STIs) and conceptions, with a particular focus on the issue of prevention and the promotion of good sexual health.
11.	Tele-care Operations	To review the telecare operations service.
12.	Midwifery Workforce	To provide the opportunity to review the key challenges facing midwifery, particularly as it has been identified that the midwifery workforce is generally 'older' than the nursing workforce and how to offset the high number of potential retirements that are due to occur in the next 10 years.

4. Work Programme

4.1 A draft work programme for 2010-11 with items already scheduled is attached as Appendix A.

4.2 The work programme can be amended during the year and any Member of the Committee can add an item of business to am agenda (See Protocol 1 Overview & Scrutiny Handbook).

5. Conclusion & Recommendation

5.1 The Committee is asked to :

(a) Consider the draft Annual Work Programme for 2010-11 and indicate any additions or amendments
(b) Consider the list of suggestions for policy review and determine one topic for review.

5.2 Subject to any amendment at this meeting, the work programme will be submitted to the Management Scrutiny Committee in its coordinating role.

6. Background Papers

None

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HEALTH AND WELL-BEING SCRUTINY COMMITTEE WORK PROGRAMME 2010-11

	JUNE 09.06.10	**JULY 07.07.10**	**SEPTEMBER 15.09.10**	**OCTOBER 13.10.10**	**NOVEMBER 10.11.10**	**DECEMBER 08.12.10**	**JANUARY 12.01.11**	**FEBRUARY 09.02.11**	**MARCH 09.03.11**	**APRIL 06.04.11**
Policy Review	Proposals for policy reviews (KJB)	Scope of review (KJB)	Settiing the Scene						Final Draft Report	Final Report
Scrutiny	Mid-Staffordshire NHS hospitals Foundation Trust – Francis Report (CH) Internal Service Development CW)	TeleCare Services (PF)								
Scrutiny (Performance)			Performance & VfM Annual Report (GK)				Performance Q2 April – Sept 09 (GK)			Performance Framework Q3 (GK)
Ref Cabinet	Article 4: Food Law Enforcement Service Plan. (NJ)	Response to 'Tackling Health Inequalities in Sunderland' Review						LSP Delivery Report		
Committee Business	Work Programme 2010/11 (KJB) Ex-Service Personnel Review (KJB) Regional Health Protocol (KJB) CfPS Conference attendance (KJB)	Final Draft Work Programme 2010/11 (KJB)								Annual Report (KB)
CCFA/Members items/Petitions										

To be scheduled: Crisis Resolution Team
Futures Team & Supported Living Model (GK)
Church View Medical Practice updated on Pilot Scheme (CH)

At every meeting: Forward Plan items within the remit of this committee / Work Programme update

HEALTH & WELL-BEING SCRUTINY COMMITTEE

9TH JUNE 2010

FORWARD PLAN – KEY DECISIONS FOR THE 1 JUNE – 30 SEPTEMBER PERIOD

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of the Report

1.1 To provide members with an opportunity to consider the Executive's Forward Plan for the period 1 June – 30 September 2010.

2. Background Information

2.1 The Council's Forward Plan contains matters which are likely to be the subject of a key decision to be taken by the Executive. The Plan covers a four month period and is prepared and updated on a monthly basis.

2.2 Holding the Executive to account is one of the main functions of scrutiny. One of the ways that this can be achieved is by considering the forthcoming decisions of the Executive (as outlined in the Forward Plan) and deciding whether scrutiny can add value in advance of the decision being made. This does not negate Non-Executive Members ability to call-in a decision after it has been made.

2.3 In considering the Forward Plan, members are asked to consider only those issues which are under the remit of the Scrutiny Committee. These are as follows:-

General Scope: To consider issues relating to health and adult social care services

Remit: Social Care (Adults); Welfare Rights; Relationships and scrutiny of health services; Healthy life and lifestyle choices for adults and children; Public Health; Food Law Enforcement; Citizenship (Adults); and External inspections (Adult Services)

3. Current Position

3.1 The relevant extract from the Forward Plan is attached.

3.2 In the event of members having any queries that cannot be dealt with directly in the meeting, a response will be sought from the relevant Directorate.

4. Recommendations

4.1 To consider the Executive's Forward Plan for the current period.

5. Background Papers

Forward Plan 2010

Contact Officer : Karen Brown, Scrutiny Officer
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Forward Plan - Key Decisions for the period 01/Jun/2010 to 30/Sep/2010

R.C. Rayner,
Chief Solicitor,
Sunderland City Council.

14th May 2010

Forward Plan: Key Decisions from - 01/Jun/2010 to 30/Sep/2010

No.	Description of Decision	Decision Taker	Anticipated Date of Decision	Principal Consultees	Means of Consultation	When and how to make representations and appropriate Scrutiny Committee	Documents to be considered	Contact Officer	Tel No
01367	To recommend Council to adopt the Food Law Enforcement Service Plan for 2010/11 in respect of Environmental Health and Trading Standards.	Cabinet	02/Jun/2010	Member with Portfolio for Safer City	Briefing Session	Via Contact Officer by 21 May 2010 - Health and Wellbeing Scrutiny Committee	Report and Plan	Norma Johnston	5611973
01395	To agree the Re-Procurement of Day Care Services for people with Dementia	Cabinet	02/Jun/2010	Cabinet, Service Users and Carer Groups, Portfolio Holder, Adult Services Staff, Health Partners	Briefings and/or meetings with interested parties	Via the Contact Officer by 21 May 2010 - Health and Wellbeing Scrutiny Committee	Full Report	Graham King	5661894
01399	To agree the Procurement of a Care Provider for Extra Care (for people with Dementia)	Cabinet	02/Jun/2010	Cabinet, Service Users and Carer Groups, Portfolio Holder, Adult Services Staff and Health Partners	Briefings and/or meetings with interested parties	Via the Contact Officer by 21 May 2010 - Health and Wellbeing Scrutiny Committee	Full Report	Graham King	5661894

Forward Plan: Key Decisions from - 01/Jun/2010 to 30/Sep/2010

No.	Description of Decision	Decision Taker	Anticipated Date of Decision	Principal Consultees	Means of Consultation	When and how to make representations and appropriate Scrutiny Committee	Documents to be considered	Contact Officer	Tel No
01388	To consider the recommendations of the Health and Well-Being Scrutiny Committee following a review of tackling health inequalities in Sunderland	Cabinet	24/Jun/2010	Health, Housing and Adult Services staff, external providers, service users, carers, public	Evidence at Scrutiny Committee, interviews, community event, expert jury event	Via Contact Officer by 21 May 2010 - Health and Well-Being Scrutiny Committee	Policy Review final report	Nigel Cummings	5611006