

# PLEASE NOTE VENUE

## ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM AGENDA



**Thursday 30 August 2007**

**at 2.30 pm**

**at Owton Manor Community Centre,  
Wynyard Road, Hartlepool**

**MEMBERS: ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY  
FORUM:**

Councillors Atkinson, Barker, Brash, Cranney, Fleet, Griffin, G Lilley, Plant, Sutheran,  
Worthy and Young.

**Resident Representatives:**

Mary Green, Jean Kennedy and Mary Power

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. MINUTES**
  - 3.1 To confirm the minutes of the meeting held on 12 June 2007.
  - 3.2 To confirm the minutes of the meeting held on 24 July 2007.
- 4. RESPONSES FROM THE COUNCIL, THE EXECUTIVE OR COMMITTEES OF THE  
COUNCIL TO FINAL REPORTS OF THIS FORUM**

No items.
- 5. CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA  
SCRUTINY CO-ORDINATING COMMITTEE**

No items.

# PLEASE NOTE VENUE

## 6. CONSIDERATION OF PROGRESS REPORTS / BUDGET AND POLICY FRAMEWORK DOCUMENTS

No items.

## 7. ITEMS FOR DISCUSSION

- 8.1 Pathways to Healthcare – Covering Report – *Scrutiny Support Officer*
- 8.2 Scoping Report – Development of Acute Primary and Community Health Services in Hartlepool – *Scrutiny Support Officer*

## 8. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

### ITEMS FOR INFORMATION

- i) Date of Next Meeting Tuesday 4 September 2007 commencing at 3.00 pm at West View Community Centre, Miers Avenue, Hartlepool

# **ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM**

## **MINUTES**

12 June 2007

The meeting commenced at 3.00 pm at Jutland Road  
Community Centre, Jutland Road, Hartlepool

### **Present:**

Councillor: Jonathan Brash (In the Chair)

Councillors: Reuben Atkinson, Mary Fleet, Sheila Griffin,  
Michelle Plant, Lilian Sutheran and Gladys Worthy

Officers: Nicola Bailey, Director of Adult and Community Services  
Charlotte Burnham, Scrutiny Manager  
Sajda Banaras, Scrutiny Support Officer  
Angela Hunter, Principal Democratic Services Officer

### **1. Apologies for Absence**

Apologies for absence were received from Councillors Caroline Barker and Geoff Lilley and resident representatives Mary Green and Jean Kennedy.

### **2. Declarations of interest by Members**

Councillor Jonathan Brash declared a non-prejudicial interest in minute no 9.

### **3. Minutes of the meeting held on 29 March and 10 April 2007**

Confirmed.

### **4. Matters Arising**

Clarification was sought on whether there was any further information available in relation to a Cabinet decision for the future of Eldon Grove Community and Sports Centre. The Scrutiny Support Officer advised that the scrutiny process did not require Cabinet Members to formally respond to Scrutiny on issues raised during the budget process. The Scrutiny Support Officer indicated that further updates would be sought if Members requested this and considered it necessary. However, as the Director of Adult and Community Services was in attendance, a verbal update was provided.

**5. Responses from the Council, the Executive or Committees of the Council to Final Reports of this Forum**

None.

**6 Consideration of request for scrutiny reviews referred via Scrutiny Co-ordinating Committee**

None.

**7. Consideration of progress reports/budget and policy framework documents**

None.

**8. The Role of the Adult and Community Services and Health Scrutiny Forum** *(Scrutiny Support Officer)*

The Scrutiny Support Officer submitted a brief report outlining the background to the approach to overview and scrutiny in the Council. The key roles of Scrutiny were detailed as:

- Policy development and review
- Holding the Executive to account
- Investigating issues of local concern

The role of Scrutiny Co-ordinating Committee was set out with a detailed description of the role and functions of the Adult and Community Services and Health Scrutiny Forum. The report highlighted that the strategic direction of the Scrutiny Forums was to assess, monitor and advise on the Council's progress towards the seven priority aims. The Adult and Community Services and Health Scrutiny Forum's remit was specifically to consider issues relating to Adults, Culture and Leisure and to exercise the powers of the Health and Social Care Act 2001 in considering the provision of health services at both local and regional level. A schedule of the Forum's meetings dates was also set out in the report.

**Decision**

That the report be noted.

## 9. **Determining the Scrutiny Forum's Work Programme for 2007/08** *(Scrutiny Support Officer)*

The Scrutiny Support Officer presented a report that requested the Adult and Community Services and Health Scrutiny Forum to identify a Work Programme for the 2007/08 Municipal Year, together with a timeframe for each review, for consideration by the Scrutiny Coordinating Committee on 29 June 2007.

The Director of Adult and Community Services, Assistant Chief Executive for Hartlepool PCT, Assistant Chief Executive for North Tees and Hartlepool NHS Trust; Portfolio Holders for Adult and Public Health Services and Culture, Leisure and Tourism; Local Area Agreement Reward Element Targets (also known as LPSA2); Corporate Plan (BVPP); and the Viewpoint Surveys; and consultation with Patient and Public Involvement Forums had been the foundation sources for the report to enable the Forum to compile its Work Programme.

From these sources and the work programme from 2006/07, the following list of potential subjects for investigation had been identified: -

The development of primary and community services in Hartlepool (Council referral)

Pathway to Healthcare

HPCT's Assurance Framework

Indoor Facilities Strategy

Future of Library Services

Supporting people inspection and housing strategy

Personalisation agenda

Public health strategy

Carer's report referral

Future of provider services

Healthy eating

Council-run community centres

Members were reminded that a 3-year rolling work programme had been established for this Forum as outlined in the health scrutiny guidance as best practice and the investigations included within this programme were outlined within the report.

In setting the Work Programme for 2007/08, Members were advised that consideration would also need to be given to Budget and Policy Framework documents which the Forum would need to consider throughout the year and the following 6 Monthly Progress Review reports; Social Prescribing, Reconfiguration of HPCT, Fairness of Equity in Primary Care and FACS Update.

The Forum was advised to be cautious in setting an overly ambitious Work

Programme for which it may be unable to deliver and the Scrutiny Support Officer recommended that only two issues should be listed for investigation at this time. This approach had proved to be very successful in the previous municipal year. The Forum could revisit the potential list of investigations should time allow later in the Municipal year.

Members had a lengthy discussion in which the potential areas of investigation were considered, including alcohol abuse. The Scrutiny Support Officer informed Members that an Alcohol Strategy had recently been introduced and that it may be beneficial to allow this Strategy to become established before investigating this area. It was suggested that an examination of the Alcohol Strategy be included in the rolling work programme for future consideration. In addition to the referral made by Council, it was recognised that the Pathway to Health Care programme was an integral part of any examination of primary and community medical services and therefore Members agreed to scrutinise both issues within one investigation. In addition, Members agreed to revisit the list of work programme topics later in the year if time allowed.

### **Decision**

That the Scrutiny Co-ordinating Committee be advised that the Forum wished to undertake investigations into the development of primary and community services in Hartlepool in conjunction with issues raised by the Pathway to Health Care Programme.

## **10. Appointment to Outside Bodies – Health Scrutiny Nominations to the Tees Valley Joint Health Scrutiny Committee** *(Assistant Chief Executive)*

In accordance with authority delegated by the Cabinet, the Deputy Mayor in conjunction with other Executive Members, considered the issue of appointments to outside bodies. One of these appointments had been referred to this Forum and was as follows:

- Tees Valley Joint Health Scrutiny Committee

The appointments to the Tees Valley Joint Health Scrutiny Committee was subject to the political balance of the Council and as such 2 labour and 1 administrative group members were required.

### **Decision**

The following nominations to the Tees Valley Joint Health Scrutiny Committee were suggested for approval by the Deputy Mayor:

Councillors Jonathan Brash and Lilian Sutheran (labour)  
Councillor Michelle Plant (administrative group)

JONATHAN BRASH

CHAIRMAN

# **ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM**

## **MINUTES**

24 July 2007

The meeting commenced at 3.00 pm at West View Community Centre,  
Hartlepool

### **Present:**

Councillor: Jonathan Brash (In the Chair)

Councillors: Reuben Atkinson, Caroline Barker, Mary Fleet,  
Sheila Griffin, Geoff Lilley, Michelle Plant and Lilian Sutheran

### **Resident Representatives:**

Mary Green and Jean Kennedy

### **Also Present**

Carole Langrick, North Tees and Hartlepool NHS Trust  
Claire Young, North Tees and Hartlepool NHS Trust

### **Officers:**

Charlotte Burnham, Scrutiny Manager  
Sajda Banaras, Scrutiny Support Officer  
Denise Wimpenny, Principal Democratic Services Officer

As the Chair opened the meeting a member of the public immediately started to film the proceedings. The Chair requested the individual to stop filming. Following refusal by the individual concerned, the Chair adjourned the meeting for a period of 10 minutes to resolve the issue. Following a short adjournment, the Chair reconvened the meeting and stated that as the issue of unprohibited filming of proceedings could not be resolved the meeting would be rescheduled. The Chair extended his apologies to all in attendance and restated that any members of the public who wished to constructively take part in future meetings would always be more than welcome to do so. In closing the meeting, the Chair advised that the meeting would be rescheduled to a later date and all attendees who submitted their details would be invited to the meeting.

JONATHAN BRASH

CHAIRMAN



## **ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM**

30 August 2007



**Report of:** Scrutiny Support Officer

**Subject:** PATHWAYS TO HEALTH CARE – COVERING  
REPORT

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### **1. PURPOSE OF REPORT**

- 1.1 To inform Members of the Adult and Community Services and Health Scrutiny Forum that arrangements have been made for the Director of Strategic Service Development at North Tees & Hartlepool NHS Trust to deliver a presentation to Members in relation to the pathways to health care programme.

### **2. BACKGROUND INFORMATION**

- 2.1 The pathways to health care programme is essentially the process to plan new hospital, primary and community services and facilities for the people of Teesside as recommended by the Independent Reconfiguration Panel and as approved by the Secretary of State.
- 2.2 As Members will be aware, this Forum will be undertaking an investigation into the development of acute, primary and community health services in Hartlepool during the course of this municipal year. This presentation will inform Members about healthcare developments in Teesside and provide a useful context in which to commence the scrutiny investigation. There are two key documents appended to this report for information:-

**Appendix A – Powerpoint Slides**

**Appendix B – Pathways to Health Care Report**

### **3. RECOMMENDATIONS**

- 3.1 Members are requested to note the content of this report, invite the Director of Strategic Service Development to deliver the presentation and ask any questions felt appropriate.

**Contact Officer: -** Sajda Banaras – Scrutiny Support Officer  
Chief Executives Department – Corporate Strategy  
Hartlepool Borough Council  
Tel: - 01429 523 647  
Email:- [Sajda.banaras@hartlepool.gov.uk](mailto:Sajda.banaras@hartlepool.gov.uk)

### **BACKGROUND PAPERS**

No background paper(s) were used in the preparation of this report.

## Pathways to Healthcare

# PATHWAYS TO HEALTHCARE

## Pathways to Healthcare

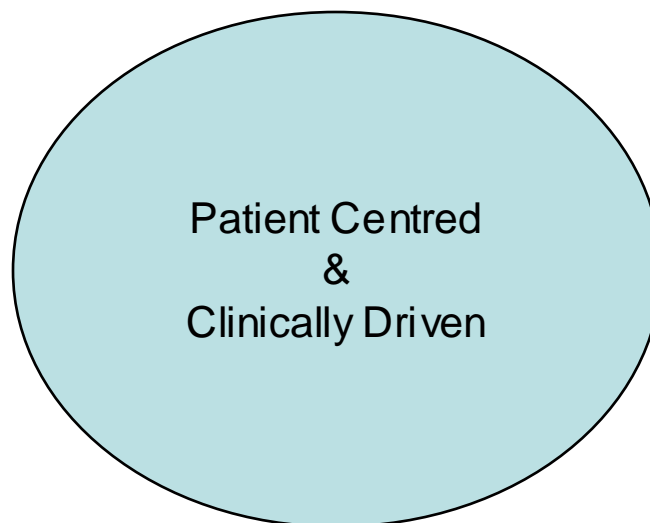
# Aims

- To provide information / an overview
- To hear your vision for healthcare in 2014 and beyond
- To understand how you want to engage with the programme

## Pathways to Healthcare

### Pathways to Healthcare

- Primary, Community & Acute Services redesigned – fit for the 21<sup>st</sup> Century
- New Primary & Community Services and facilities
- A new hospital



- An end to uncertainty
- Safe & sustainable services
- The first “Our Health, Our Care, Our Say” health system
- Capital investment to match other areas

## Pathways to Healthcare

# The Road Map

Sets key milestones for next 7 years:

- Phase One: Project Launch (April 2007 – June 2007)
- Phase Two: Service Development and Design  
(July 2007 – December 2008)
- Phase Three: Public Consultation (January 2009 – April 2009)
- Phase Four: Capital Planning, Development and Procurement  
(Spring 2008 – Summer 2011)
- Phase Five: Building and Commissioning the new hospital  
and associated facilities (Spring 2011 – 2014)

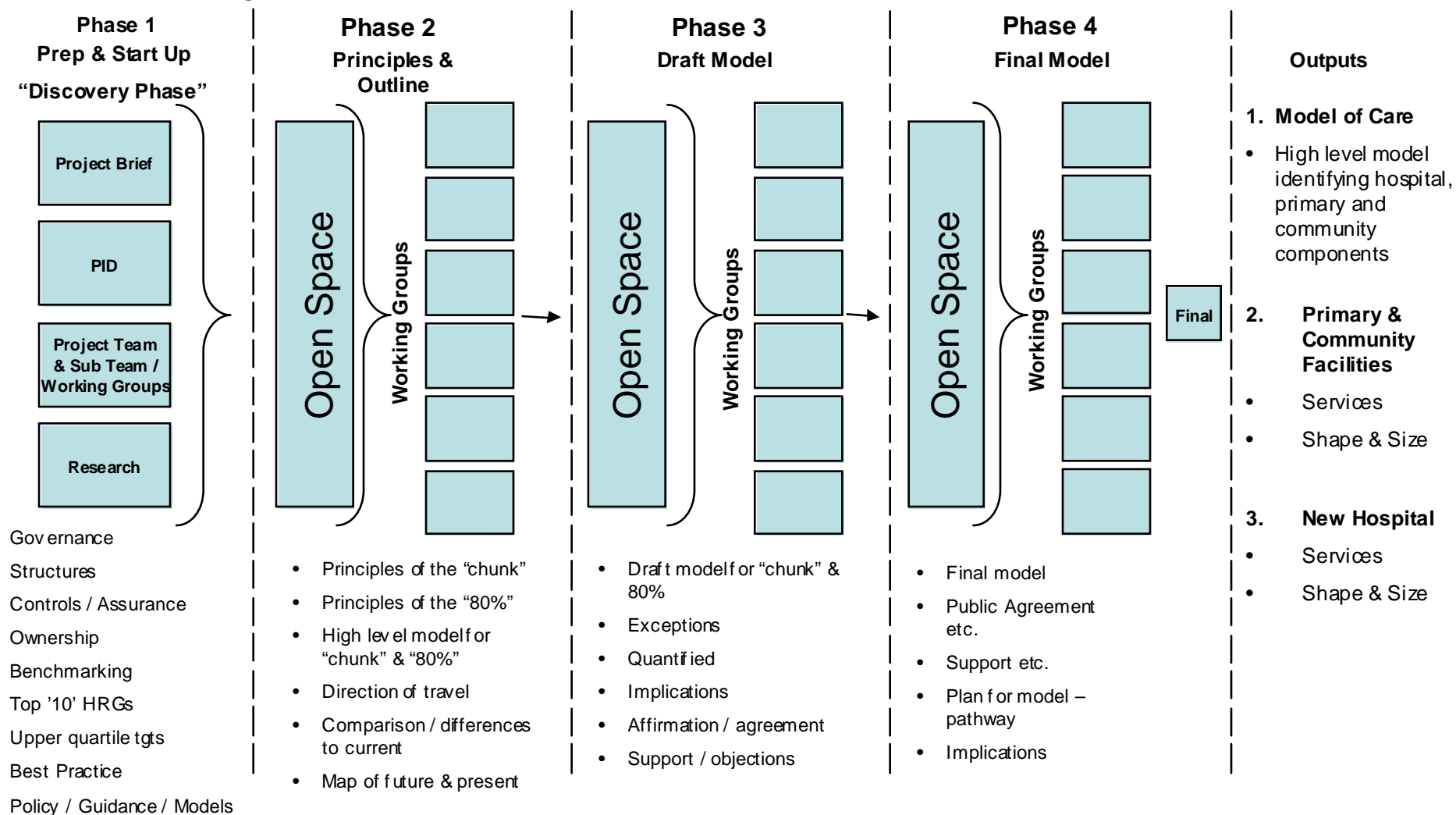
## Pathways to Healthcare

# Progress

- Programme launch underway
- Partners, stakeholders, public & staff engagement
- Formal processes
- Planning for service redesign
  - Planned Care
  - Unscheduled Care
  - Women & Children's Services
  - Long Term Conditions
  - Diagnostics
  - Step Up / Step Down

## Pathways to Healthcare

### Overarching Process.....





## Pathways to Healthcare

# Our Vision

- What do you want the health care system north of Tees to be like in 10/20 years time?
- What will be its most important feature?
- How will primary, community, social care and acute services work together?
- How do you want to be involved in this work?

## Pathways to Healthcare

You can contact us at any time to raise issues, concerns or ideas

Carole Langrick

Director of Strategic Service Development

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Ann-Marie Hedges

Programme Support Officer – Pathways to Healthcare

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- Please provide any ideas, thoughts, feedback or concerns you think may be helpful in person, in a note or via existing channels such as the 'Core Brief'.

## **PATHWAYS TO HEALTH CARE**

# **THE ROAD MAP TO NEW HOSPITAL, PRIMARY AND COMMUNITY SERVICES AND FACILITIES FOR TEESSIDE**

***Patient Centred and Clinically Driven***

# THE ROAD MAP TO NEW HOSPITAL, PRIMARY AND COMMUNITY SERVICES AND FACILITIES FOR TEESSIDE

## *Patient Centred and Clinically Driven*

### 1. The Opportunity

The Secretary of State's approval to develop a new hospital in the area north of Tees is a once in a lifetime opportunity for the health and health care of the people of Teesside. It will be the catalyst for radical change and improvement in the way that health care services are delivered for the people of Teesside. It will:

- Provide the opportunity to reshape health care services in line with modern, twenty-first century evidence-based models of health care.
- Be designed as a whole health care system encompassing changes and developments to services and facilities across primary, community, secondary and tertiary care services.
- Be the first whole health care system to be redesigned following the publication of the White Paper *Our Health, Our Care, Our Say*. It will embody the principles, policy and direction of that White Paper.
- Have the patient at the centre of the design process. Patients will shape what they want and need from the whole health care system contributing in true partnership to the overall vision and direction of service development.
- Be clinically driven, a partnership across all health care sectors to design the best care pathways that deliver high quality, safe, effective and value for money services.
- Have Primary Care Trusts and Practice Based Commissioners driving a radical change to the way services are provided and leading the development of new services and facilities in settings closer to patients as part of the bigger picture of building strong and sustainable services for the people of Teesside.
- Be state of the art and world class in terms of design of the whole health care system in general and of the new hospital and its services in particular.
- Incorporate LEAN thinking from the outset of the design to ensure the safest, highest quality and cost effective service provision.
- Be part of the wider health care sector on Teesside which encompasses services, facilities and providers in the area south of Tees. It will be designed so that service provision is complementary whilst recognising the government policy direction of plurality and choice.
- Welcome the joint working with the Local Authorities and other agencies both in terms of their contribution to service provision and care pathways and also in respect of the partnership to develop and build the hospital, primary and community care facilities and the associated infrastructure.
- Make a contribution to the economic and other regeneration of the locality.
- End years of uncertainty following numerous reviews of services which have blighted service development and been a source of insecurity and frustration for staff, patients and the public. It will be a springboard to a new and vibrant future.

## **2. The Context**

Teesside is situated in the North East of England and refers to the geographical area covered by the four Local Authority Boroughs of Hartlepool, Stockton-on-Tees, Middlesbrough and Redcar & Cleveland. Hospital services in the north of Tees provide services predominantly to the populations resident in Stockton-on-Tees, Hartlepool and parts of County Durham particularly Easington and Sedgefield.

It is unquestionable that Teesside is desperately in need of a new hospital serving the north of Tees as part of a wider, more developed primary and community health system – for three reasons:

- I. The health status and legacy of ill-health in the area merits the provision of the best health care services that England can offer.
- II. The outdated configuration of services and poor quality of physical facilities are long overdue for changing and replacing.
- III. A uniting cause after years of conflict and controversy will lead to tangible changes to services and the facilities in which they are provided.

### **2.1 Health Status**

In health terms Teesside is paying the price of its industrial past and a more recent history of high levels of unemployment and deprivation following the decline of traditional heavy industry. The local economy is increasingly buoyant but the legacy of the past is the challenge that local public services, private sector partners and the voluntary or third sector are working together to tackle.

Health is influenced by many factors including individual behaviour, access to health services as well as the wider determinants of health such as income, employment, housing and environmental factors. These determinants of health vary across a population depending on a person's social position (whether measured by socio-economic status, ethnicity, and gender or sexuality). The result of this unequal distribution of health determinants is health inequality.

Health experience across Teesside has some of the best and some of the very worst in England. Teesside experiences greater levels of deprivation compared with the national average, and as such experiences a greater burden of poor health within the population. For example, this area has lower than England average life expectancy, greater than England average mortality from cancer and coronary heart disease.

Whilst life expectancy continues to increase year on year, life expectancy for both men and women living across Tees is lower than the average for England and Wales. For example the difference is men on Tees can expect to live to approximately 73 and women 79 years. This compares to an England and Wales average of 75.5 years for men and 80.4 years for women. Mortality from common diseases is significantly greater in people living on Tees as compared to the England and Wales average. For example deaths from lung cancer is 50% greater, deaths from colorectal cancer is 30% greater, deaths from circulatory disease is 16% greater, deaths from stroke is 12% greater, and deaths from suicide and undetermined deaths is 42% greater than the England average.

Deprivation levels across the Tees area vary widely. Analysis of deprivation shows that out of 354 local authorities the district of Easington is the 8<sup>th</sup> most deprived in England, Hartlepool the 14<sup>th</sup> while Stockton-on-Tees is ranked 75<sup>th</sup>. Analysis by the Tees Valley Joint Strategy Unit shows that both Hartlepool and Stockton-on-Tees contain wards with very high levels of deprivation – such as Stranton and Owton in Hartlepool and Portrack and Tilery in Stockton. However, both boroughs also contain wards of relatively high affluence, including Elwick in Hartlepool and Ingleby Barwick in Stockton.

The opportunity to redesign services and provide new hospital and primary and community facilities in the area north of Tees will provide an additional boost to the efforts of all partners who are already working together to tackle the ill-health of the area. It will be a tangible and demonstrable commitment to the area and be a focus for further improvement in health and health care. It will also provide opportunities to contribute to local regeneration.

## **2.2 Outdated Configuration and Poor Quality Physical Facilities**

Acute care south of Tees has undergone significant change in recent years and has culminated in a large PFI development at the James Cook University Hospital which provides services from first class facilities on one site.

The picture is very different in the north of Tees area. Hospital services are provided from two sites: the University Hospital of North Tees in Stockton-on-Tees with 563 beds and the University Hospital of Hartlepool in Hartlepool with 393 beds. The two hospitals are part of a single NHS Trust. The two hospitals are approximately 13 miles apart.

The physical facilities are not appropriate to 21<sup>st</sup> century health care. The University Hospital of North Tees was built in the 1960s and consists of two multi-storey buildings and a number of other blocks. The University Hospital of Hartlepool is a mixture of early 20<sup>th</sup> century and more modern 1970s buildings. The backlog maintenance cost for both hospitals is £6.5m of which £1.25m is rated as significant risk. The recent Independent Review Panel report highlighted the need to provide the north of Tees residents with sustainable clinical facilities of high quality comparable to those that exist south of the Tees.

Providing services across two sites, even so closely located, has led to difficulties in sustaining services because of the need to configure them over two sites. The configuration has become unsustainable as a result of:

- Increased medical sub-specialisation means that small hospitals face increasing difficulty maintaining the critical mass of cases required for each sub-speciality to provide a safe, effective and efficient service for patients.
- Any perceived threat to the viability of such units is a major barrier to the recruitment of the highest calibre of recruits.
- European Working Time Directive, and cuts to Junior Doctors Hours under the New Deal, means that rotas across two sites are difficult to maintain and are unattractive to doctors. This creates conflict between the numbers of junior staff needed to maintain emergency cover and the numbers required for efficient workforce planning under MMC plans. Short term this often requires the use of "trust grade" rather than training grade staff to maintain the out of hours, an expensive, inefficient and unsatisfactory solution for the medium to long term.
- Medical Technology is getting increasingly specialised and is changing the pattern of health care resulting in fewer patients needing to stay in hospital for lengthy periods of time meaning that maintaining two ever shrinking hospitals across two sites is and will become more difficult and expensive.
- Payment by Results means a national tariff for every procedure and HRG. When the cost base of the Trust is spread across two sites it becomes difficult to provide service efficiently and within the overall income that can be generated from tariff based payments.

The new hospital, the new associated facilities in primary and community settings and the implementation of new and different evidence-based care pathways that lead to only those services that need to be provided in a hospital being done in such a setting will resolve the configuration issues that have beset the north of Tees for many years.

## **2.3 A Uniting Cause**

Teesside has been blighted with uncertainty about the nature and location of acute hospital services for many years. The endorsement, by the Secretary of State for Health, of the Independent Review Panel's recommendations have brought an end to that uncertainty. Planning can now be taken forward in a spirit of confidence.

The Panel's recommendations in respect of the sustainability of existing services, particularly maternity and paediatric services is being implemented. This road map is setting the direction for the implementation of the following recommendations made by the Panel:

- A modern hospital to replace the existing out of date hospital buildings should be provided on a new site in a well situated location accessible to the people of Hartlepool, Stockton-on-Tees, Easington and Sedgefield. (Recommendation 3)
- The most specialised neonatal services serving Teesside as a whole should be located in the new hospital. (Recommendation 8)
- Other more specialised services serving Teesside as a whole should be provided at the James Cook University Hospital and the new hospital north of the Tees determined by the optimum relationship with other clinical services and where capacity should be found. (Recommendation 9)
- With the North Tees and Hartlepool NHS Trust moving to Foundation Trust status, key community leaders and stakeholders should all give their full support to the successful implementation of these proposals for the benefit of local people and to bring years of uncertainty to an end. (Recommendation 10)

With the launch of this work to develop the new health care system and the new hospital in Teesside, we have an opportunity to unite the people of Teesside in a common cause that will lead to tangible improvements to health and health care.

## **3. The Road Map**

The precise Road Map is dependent on whether the funding required is secured under the PFI route or whether, preferably, public funding was available. Likewise, the timescales for delivering the new hospital would also be influenced by the funding route.

As a publicly funded scheme the Road Map would have five distinct Phases

- |              |  |
|--------------|--|
| Phase One:   | Project Launch (April 2007 – June 2007)  |
| Phase Two:   | Service Development and Design (July 2007 – December 2008)                                 |
| Phase Three: | Public Consultation (January 2009 – April 2009)  |
| Phase Four:  | Capital Planning, Development and Procurement (Spring 2008 – Summer 2011)                  |
| Phase Five:  | Building and Commissioning the new hospital and associated facilities (Spring 2011 – 2014) |

Underpinning this road map are the following assumptions

- Public funding would be preferable because the metrics developed for recent Department of Health reviews of major PFI schemes have sought to limit the % of Trust turnover that is contractually committed to a PFI Unitary Payment. Preliminary calculations suggest that for North Tees & Hartlepool NHS Trust the largest scheme that might be approved would be of

the order of £210m. This would be significantly less than the c£400m which would be required to implement the IRP recommendations for a new single site which have been endorsed by the Secretary of State. This may mean that implementing the recommendations is impractical, additionally, would be viewed by Monitor to be unaffordable.

- Both PFI and public capital schemes would need to do comparable levels of design and other work up to get to OBC approval, and would probably entail the same physical solution – it is likely that public funding will prove to be a speedier solution than a PFI route.
- This time period is shorter than other developments of a similar scope and size have taken previously.
- Subject to a more detailed option appraisal, that a suitable brownfield or Greenfield site is available, so avoiding the additional cost, time and disruption associated with both the complicated decanting of patients and services and a phased construction programme.
- That as new care pathways are developed they will as far as possible be implemented, subject to consultation processes as required, and will not wait for full commissioning of the new hospital facility or only inasmuch as implementation requires the new facility. This is particularly the case with respect to work that has already commenced as part of implementing those parts of the Tees Services Review that were not the subject of the referral to the Independent Review Panel, notably urology services.

### **3.1 Phase One: Project Launch (April 2007 – June 2007)**

This is the crucial stage because it sets the tone for the delivery of the overall project. This launch phase has to:

Be Public

Be High Profile

Be Energetic

Be Enthusiastic

Have top level leadership from all key partners but particularly from the Trust and the Primary Care Trusts.

This is the stage where momentum is engendered and where the public and others are reassured and convinced of the NHS, Department of Health and government commitment to seeing through the building of a new hospital along with redesigning pathways.

It has four main objectives:

- I. Agree and set the vision and broad framework within which the hospital and health care system will be developed.
- II. Establish the process and broad timescales for the redesign, service development and building of the new facilities.
- III. Establish the communication and involvement strategy and processes.
- IV. Determine the affordability / cost ceilings and funding route for the new hospital and associated primary care infrastructure.

The key processes that will take place during this stage will be:

- A public launch event to start the work and invite partners and public to be involved and shape the process and the end outcome.



- Workshops with key staff and clinicians from the Trust and Primary Care Trusts, partners and patients and public to establish the design principles.
- Research of the best in class in the UK and world wide with respect to both care pathways and the successful management of change programmes and building of new hospitals and associated primary and community care facilities.
- The first meeting of the Project Board.
- Establishing a Project Team made up of dedicated Trust, Primary Care Trust and Strategic Health Authority staff to drive the care pathway redesign and scoping of the new hospital and associated facilities

The table below highlights the demonstrable outcomes of this phase of the project:

At the end of this Phase the following will have been delivered:

1. An "Olympic Bid" type project vision, project outline and project plan. It will set out the stall for the direction of travel to act as a vehicle for establishing focus and commitment to the project. Audio-visual and other appropriate media will be fully utilised to ensure the widest possible coverage and engagement.
2. An overarching vision and direction for the new hospital in the context of a redesigned health system for the north of Tees encompassing primary and community based care and a complementary relationship with services provided in the south of Tees.
3. Identified potential locations for the new hospital and conducted a preliminary option appraisal and secured options on possible Brownfield / Greenfield sites pending and in preparation for subsequent consultation.
4. Secured local engagement and commitment to the vision and direction including clinicians, Primary Care Trusts, Practice Based Commissioners, staff, public, local councillors, MPs, partner agencies and stakeholders.
5. Prepared a compelling "storyboard" of the journey that we are all embarked upon with a clearly articulated end point that aligns with the vision and direction. Clinical case studies and real examples will be used to illustrate the difference between now and when the development is complete.
6. Identified the preliminary capital costs of the new hospital aspect of the development.
7. Established the Project Management and Project Board arrangements.
8. Agreed the detailed service review and development plan and the methodology.
9. Determined the communications and involvement strategy for the project.
10. Clarification of the funding vehicle for the new hospital development.

### **3.2 Phase Two: Service Development and Design (July 2007 – December 2008)**

This phase is the powerhouse of the project. It is the outcome from this phase that will determine:

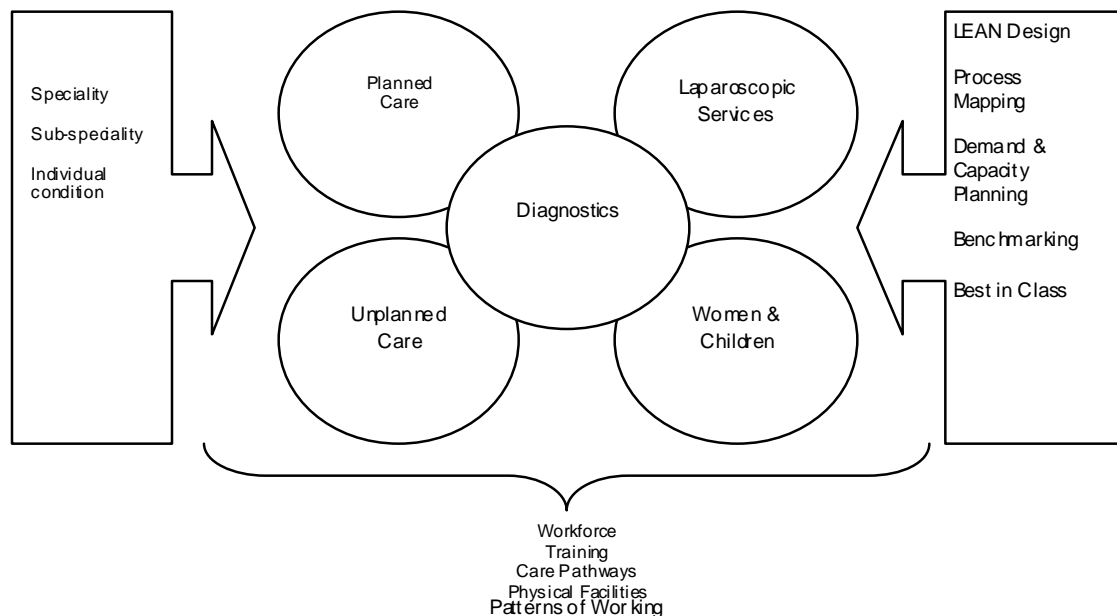
- The model of care across services, specialities and medical conditions
- The parts of the pathways that have to be hospital based because there is no other alternative
- The parts of the pathways that can be provided in settings other than a hospital

- The preferred locations for the provision of those parts of the pathways that are not hospital based
- The complementary relationships of services in the north and south of Tees.

In achieving these outcomes it will be possible to:

- Specify the scope and scale of services to be provided within the new hospital
- Specify the service development and facility development that needs to take place within the primary and community setting
- Identify workforce implications of the new models of care and patterns of provision
- Identify training implications of the new models of care and patterns of provision
- Refine the preliminary costings of both the new hospital and also the associated primary and community service developments.

The methodology that will be employed is illustrated in the diagram below.



The redesign and care pathway modelling work will be approached in the 5 areas illustrated in the diagram above. The approach will be to identify the broad principles that apply to each type of care to set the framework within which then the detailed speciality, sub-specialty or even, in some cases, condition-specific pathways will be examined.

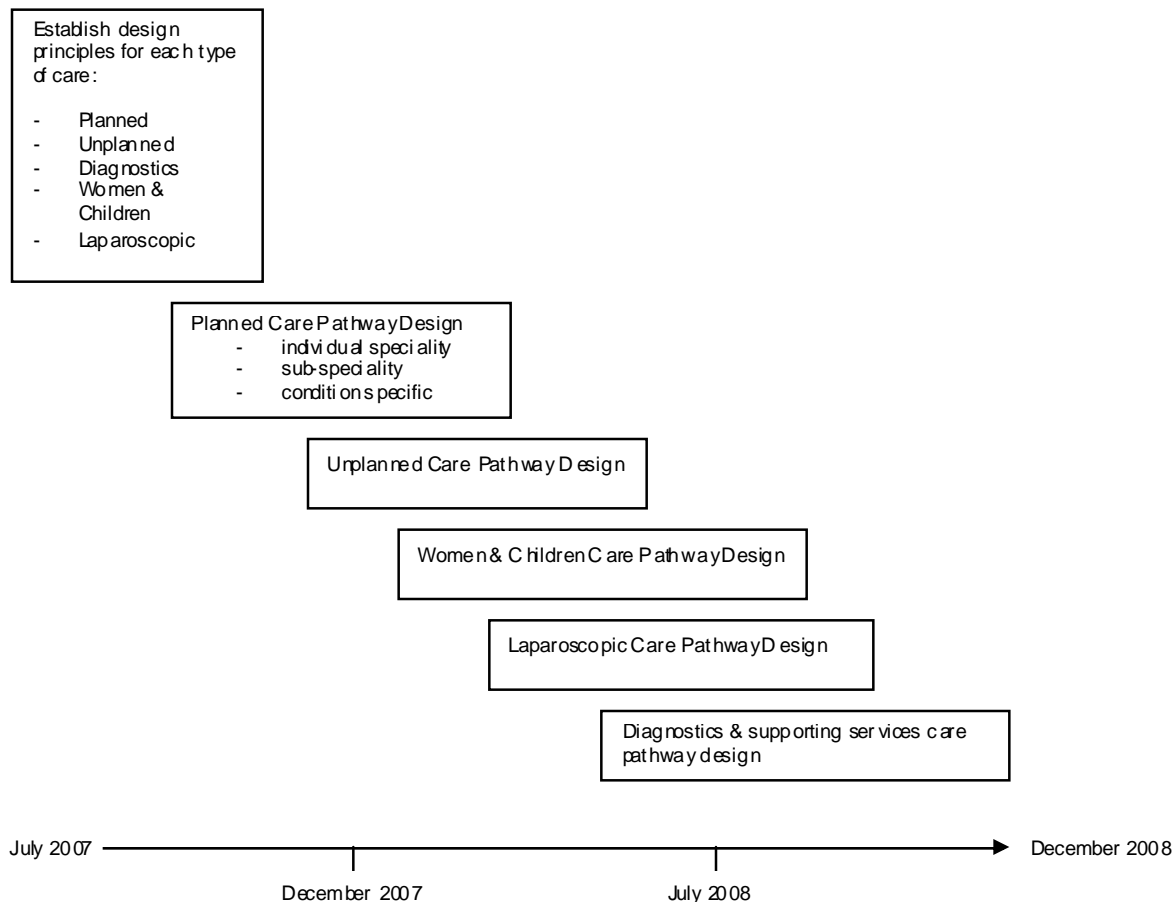
The starting point for each of these areas will be that only those parts of the pathway that have to be provided in a hospital will be done in such a setting. Other options for other parts of the pathway will be actively explored as part of this process.

The timescale for completing this redesign work is tight therefore the intention will be to establish small core groups of clinicians and others to drive the care pathway design assisted by members of the Project Team. The core teams will be time-limited and will work through a process that has the following steps:

- Map the current pathway
- Map the current demand
- Plot the current pathway
- Forecast the future demand on each part of the pathway.
- Translate the future pathway and forecast demand into service and facilities plans.

At the beginning, middle and towards the end of each core teams' consideration of a pathway there will be a workshop approach to sharing and disseminating the work and gaining input and feedback from a wider group of stakeholders, staff, clinicians, patients and public.

The diagram below shows a schematic of the time line and the work programme:



At the end of this Phase the following will have been delivered:

1. Identification of the model of care and care pathways for services for the people of the area north of Tees.
2. The parts of the pathways that have to be hospital based because there is no other safe or cost-effective alternative will have been identified.
3. The parts of the pathways that can be provided in settings other than a hospital will have been identified.
4. The scope, capacity and scale of services to be provided within the new hospital will have been specified to go forward into the capital planning phase of the project.
5. The service development and facility development that needs to take place within the primary and community setting will have been specified to go forward to be driven by the Practice Based Commissioners and the Primary Care Trusts.
6. The workforce implications of the new model of care and patterns of provision will have been identified so that arrangements can be made in good time to develop the workforce accordingly.

7. The training implications of the new models of care and patterns of provision will have been identified so that arrangements can be made with education and training providers in good time to ensure that appropriately trained and qualified staff are available as and when required.
8. Refined capital and revenue costings to feed into the detailed planning of the new hospital and the capital and service planning for primary and community services.

### **3.3 Phase Three: Public Consultation (January 2009 – April 2009)**

The Secretary of State's approval of the Independent Review Panel's recommendations as set out in section 2 precludes the need to formally consult on the concept of a new hospital. However, formal section 7 public consultation will be required regarding the functional content of the hospital and its location. This will take place when the care pathway redesign and scoping of the new hospital content has been completed.

Throughout the process section 11 informal consultation and involvement will be a key feature. The intention is that by the time formal consultation takes place all of the care pathways and the conclusions of the modelling work will have already been in the public domain.

This will mean that the main consultation issue will be that of location and any implications for other providers of implementing the Secretary of State's decision with respect to the site for neonatal services.

It should be noted that it is expected that primary and community based facilities will be developed as part of the earlier stage of planning during phase two. It is envisaged that consultation on these facilities and services will take place as appropriate at that stage rather than delaying implementing better service and care pathways until the whole package around the acute hospital part of the pathway is planned.

At the end of this Phase the following will have been delivered:

1. A comprehensive informal consultation and involvement process with public, staff, stakeholders, Overview and Scrutiny committees, LINKs groups which fulfils the requirements of section 11 consultation.
2. A comprehensive formal consultation and involvement process with public, staff, stakeholders, Overview and Scrutiny committees, LINKs groups which fulfils the requirements of section 7 consultation.

### **3.4 Phase Four: Capital Planning and Development (Spring 2008 – Summer 2011)**

Elements of this phase need to happen concurrently with earlier phases of the process and before those earlier phases have been completed. This is particularly the case in relation to securing options on possible locations to site the new hospital and especially so if the funding required for the new hospital is to be secured under the PFI route which has very specific process requirements under the Competitive Dialogue Procedure. It is to be noted that if public funding was available then it is anticipated that this would substantially speed up the capital planning aspects of delivering this project.

At the end of this Phase the following will have been delivered:

1. The service scoping and service requirements will have been translated into functional content and capacity for the hospital.
2. Any additional primary and community facilities required as a result of the service design work will have been scoped and translated into facilities design and procurement commenced.
3. Strategic Outline Cases and Outline Business Cases produced and approved as required.
4. SHA approval to the Business cases obtained.
5. Capital and revenue costs and modelling completed.
6. Planning permissions obtained.

### ***3.5 Phase Five: Building and Commissioning the new hospital and associated facilities (Summer 2011 – 2014)***

This is the phase that turns all the planning into reality. The new hospital will be built. Any service changes that were not dependent on the new hospital will have been implemented prior to this stage. Any primary and community capital projects will have also been completed prior to this stage to facilitate changes to the care pathways and models of provision.

19 April 2007  
Carole Langrick

## **ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM**

30 August 2007



**Report of:** Scrutiny Support Officer

**Subject:** SCRUTINY INVESTIGATION INTO THE  
DEVELOPMENT OF ACUTE PRIMARY AND  
COMMUNITY HEALTH SERVICES IN HARTLEPOOL  
- SCOPING REPORT

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### **1. PURPOSE OF REPORT**

- 1.1 To make proposals to Members of the Adult and Community Services and Health Scrutiny Forum for their forthcoming investigation into the development of Primary and Community Services in Hartlepool.

### **2. BACKGROUND INFORMATION**

- 2.1 At the meeting of the Adult and Community Services and Health Scrutiny Forum on 12 June 2007 this Forum established its annual work programme which consists of one topic for in-depth review, namely an investigation into the development of primary and community services in Hartlepool. This topic was selected as a result of a Council referral made on 8 February 2006 at which Members approved the following resolution:-

*"That the Council joins the Labour Group in deploring the decision of the Independent Reconfiguration Panel in respect of University Hospital Hartlepool and to totally condemn the broken promises of the Blair Government. We demand that this decision be urgently reconsidered so that those promises, made by both the Prime Minister and the former Health Secretary John Reid, can be delivered in full.*

*Furthermore the Council reaffirm its commitment to health services that are accessible, accountable and of the highest quality in Hartlepool, for Hartlepool. It is vital that we resist any further migration of both jobs and*

*services out of the town to Stockton and fight any downgrading of services at University Hospital Hartlepool.*

*Health services in Hartlepool must be both maintained and indeed improved. We need increased funding, better transport links, improved primary care in our communities, an immediate development of new and equipped health centres and improved terms and conditions for all health sector workers in the town. We must seek a full and comprehensive understanding of the NHS proposals for Hartlepool and a timetable for its investment programs.*

*The Council therefore resolve that the full powers of this Council's scrutiny process be employed to deal with these issues and that the Scrutiny Coordinating Committee urgently set out a timetable for investigation, reporting back to Council at the earliest opportunity."*

- 2.2 In line with Scrutiny procedure, Scrutiny Co-ordinating Committee considered the Council referral on 9 February 2007 and determined that the Adult and Community Services and Health Scrutiny Forum undertake a scrutiny investigation into the development of acute, primary and community health services in Hartlepool.
- 2.3 In addition, a related referral was received from the South Neighbourhood Forum on 2 February 2007 that requested the Adult and Community Services and Health Scrutiny Forum to consider whether the service mix being proposed at primary care centres in Hartlepool reflects local needs and aspirations. The Forum was also requested to commence this investigation with the Wynyard Road Centre and with the agreement of the Chairman and the Chair of Scrutiny Co-ordinating Committee these issues have been incorporated within the terms of reference for this investigation.
- 2.4 This work programme item was endorsed by Scrutiny Co-ordinating Committee on 29 June 2007 and as a result Members are asked to review the proposed scoping of development of primary and community health services in Hartlepool that is outlined below .

### **3. OVERALL AIM OF THE SCRUTINY INVESTIGATION/ENQUIRY**

- 3.1 To examine the development of acute, primary and community health services in Hartlepool.

### **4. PROPOSED TERMS OF REFERENCE FOR THE SCRUTINY INVESTIGATION/ENQUIRY**

- 4.1 The following Terms of Reference for the investigation are proposed:-
  - (a) To gain an understanding of national policy in relation to developing primary and community services;

- (b) To gain an understanding of the local drivers for examining the development of primary and community services in Hartlepool;
- (c) To gain an understanding of the future plans for provision of acute health care in Hartlepool and across the Tees Valley region.
- (d) To gain an understanding of the funding of primary and community services in Hartlepool;
- (e) To map the physical location and services offered within primary and community services in Hartlepool;
- (f) To examine any proposed developments in primary and community service provision in Hartlepool;
- (g) To gain an understanding of where any pressure points exist within the current and future delivery of primary and community services in Hartlepool;
- (h) To consider examples of best practice in developing primary and community services in other Local Authorities / Trusts;
- (i) To seek the views of services users and practitioners in relation to:-
  - (i) The quality of existing provision;
  - (ii) To gain an understanding of what constitutes 'quality' provision;
  - (iii) To gain an understanding of what constitutes primary and community service provision now and how that may change through future development.
  - (iv) To seek suggestions for primary and community services could improve in the future; and
  - (v) To gain an understanding of where primary and community services are needed across the town.
- (j) To identify on the basis of the evidence provided, any gaps in service provision in light of national policy developments and local requirements.

## 5. POTENTIAL AREAS OF ENQUIRY / SOURCES OF EVIDENCE

- 5.1 Members of the Forum can request a range of evidential and comparative information throughout the Scrutiny review .
- 5.2 The Forum can invite a variety of people to attend to assist in the forming of a balanced and focused range of recommendations as follows:-
  - (a) Member of Parliament for Hartlepool;
  - (b) Elected Mayor;



- (c) Cabinet Member with Portfolio for Adult and Public Health;
- (d) Director of Adult and Community Services;
- (e) Hartlepool Primary Care Trust;
- (f) North Tees and Hartlepool NHS Trust
- (g) Local residents (including representatives of minority communities of interest or heritage);
- (h) Ward Councillors and;
- (i) Service users and providers;

5.3 The Forum may also wish to refer to a variety of documentary / internet sources, key suggestions are as highlighted below :-

(a) Our Health, Our Care, Our Say; The Our health, our care, our say White Paper sets out a vision to provide people with good quality social care and NHS services in the communities where they live. This paper can be downloaded from the following location:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4127453](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453)

(b) Pathways to Health Care (2007) This document details the process to plan new hospital, primary and community services and facilities for the people of Teesside The Trust and PCTs are working together in partnership on taking this forward and have published a preliminary paper that sets out a high level road map for the programme.

## 6. COMMUNITY ENGAGEMENT / DIVERSITY AND EQUALITY

6.1 Community engagement plays a crucial role in the Scrutiny process and paragraph 5.2 details who the Forum could involve. However, thought will need to be given to the structure in the way that the Forum wishes to encourage those views.

6.2 In addition, diversity issues have been considered in the background research for this enquiry under the Equality Standards for Local Government. As such the views of local diversity groups will be sought throughout the inquiry where felt appropriate and time allows. Consequently, consideration has been given as to how the views of people from minority communities of interest or heritage (for example, people with disabilities, people with learning disabilities, people with mental health problems, black and minority ethnic people, and Lesbian, Gay, Bisexual and Transgender people), which may not be gathered

through the usual community engagement routes, can be included over the course of the inquiry.

## **7. REQUEST FOR FUNDING FROM THE DEDICATED OVERVIEW AND SCRUTINY BUDGET**

- 7.1 Consideration has been given, through the background research for this scoping report, to the need to request funding from the dedicated Overview and Scrutiny budget to aid Members in their enquiry. At this stage no additional funding has been identified as being necessary to support Members in their investigation. Members, however, may wish to seek additional funding over the course of the investigation and the blank pro forma attached at **Appendix A** outlines the criteria on which a request to Scrutiny Co-ordinating Committee will be judged.

## **8. PROPOSED TIMETABLE OF THE SCRUTINY INVESTIGATION**

- 8.1 Detailed below is the proposed timetable for the review to be undertaken, which may be changed at any stage:-

**04 September 2007** – ‘Setting the Scene’ - Formal meeting of the Forum to outline national policy, local drivers and funding of primary and community services.

**09 October 2007** – To map local primary and community services in Hartlepool, including the physical location and services offered within. In addition, the Forum will examine any proposed developments in service provision and identify any pressure points within the system.

**October – November** - 2 Community Engagement Meetings in Community Centres in Owton designed to specifically focus on the Wynyard Rd issue.

**13 November 2007** – To seek examples of best practice in the delivery of primary and community services in other Local Authority areas / Trusts.

**28 - 30 November 2007** – (Subject to confirmation) Community Engagement via Neighbourhood Forum Meetings to seek the views of residents in relation to:-

- (i) The quality of existing provision;
- (ii) To gain an understanding of what constitutes ‘quality’ provision;
- (iii) To gain an understanding of what constitutes primary and community service provision now and how that may change through future development.
- (iv) To seek suggestions for how they would like to see it improve in the future; and
- (v) To gain an understanding of where primary and community services are needed across the town.

**18 December 2007** – Focus group session with practitioners and health care professionals to seek their views in relation to primary and community services in Hartlepool.

**29 January 2008** – An opportunity to reflect on the evidence and determine if primary and community services in Hartlepool meet local need?

**February 2008** (date to be determined) – Informal meeting of the Adult and Community Services and Health Scrutiny Forum to consider draft final report.

**04 March 2008** – Consideration of Draft Final Report

**14 March 2008** – Consideration of Final Report by the Scrutiny Coordinating Committee (In light of access to information rules, approval will need to be secured to send this report to follow).

**17 April 2008** – Consideration of Final Report by Council

## **9. RECOMMENDATION**

- 9.1 Members are recommended to agree the Adult and Community Services and Health Scrutiny Forum's remit of the Scrutiny investigation as outlined in paragraph 4.1.

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## **BACKGROUND PAPERS**

The following background paper(s) were used in the preparation of this report:-

- (i). Pathways to Healthcare - the road map to new hospital, primary and community services and facilities for Teesside.
- (ii). Our Health Our Care Our Say – White Paper

**PRO-FORMA TO REQUEST FUNDING TO SUPPORT  
CURRENT SCRUTINY INVESTIGATION**

<b>Title of the Overview and Scrutiny Committee:</b>
<b>Title of the current scrutiny investigation for which funding is requested:</b>
<b>To clearly identify the purpose for which additional support is required:</b>
<b>To outline indicative costs to be incurred as a result of the additional support:</b>
<b>To outline any associated timescale implications :</b>
<b>To outline the 'added value' that may be achieved by utilising the additional support as part of the undertaking of the Scrutiny Investigation:</b>

**To outline any requirements / processes to be adhered to in accordance with the Council's Financial Procedure Rules / Standing Orders:**

**To outline the possible disadvantages of not utilising the additional support during the undertaking of the Scrutiny Investigation:**

**To outline any possible alternative means of additional support outside of this proposal:**