

PLEASE NOTE VENUE

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM AGENDA



Tuesday 4 September 2007

at 3.00 pm

**at West View Community Centre,
Miers Avenue, 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**
No items.
- 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. FORWARD PLAN

- 6.1 The Executive's Forward Plan – *Scrutiny Support Officer*

7. CONSIDERATION OF PROGRESS REPORTS / BUDGET AND POLICY FRAMEWORK DOCUMENTS

- 7.1 Annual Library Plan 2007-2008 – *Director of Adult and Community Services*

8. ITEMS FOR DISCUSSION

- 8.1 Access to GP Services – Progress Report – *Deputy Director of Health Systems and Estates Development Hartlepool PCT and North Tees PCT*
- 8.2 Social Prescribing – Closing the Loop Report – *Director of Adult and Community Services*
- 8.3 Meeting the Health Care Challenges in the North East – *Scrutiny Support Officer*

9. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

ITEMS FOR INFORMATION

- i) Date of Next Meeting Tuesday 9th October 2007 commencing at 3.00 pm at West View Community Centre, Miers Avenue, Hartlepool

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM REPORT

4 September 2007



Report of: Scrutiny Support Officer

Subject: THE EXECUTIVE'S FORWARD PLAN

1. PURPOSE OF REPORT

- 1.1 To provide the opportunity for the Adult and Community Services and Health Scrutiny Forum to consider whether any item within the attached version of the Executive's Forward Plan (relating to decisions within the remit of the Adult and Community Services Department) should be considered by this Forum.

2. BACKGROUND INFORMATION

- 2.1 One of the main duties of Scrutiny is to hold the Executive to account by considering the forthcoming decisions of the Executive (as outlined in the Forward Plan) and to decide whether value can be added to the decision by the Scrutiny process in advance of the decision being made. This would not negate Non-Executive Members ability to call-in a decision after it has been made.
- 2.2 As you are aware, the Scrutiny Co-ordinating Committee (SCC) has delegated powers to manage the work of Scrutiny, as it thinks fit, and if appropriate can exercise or delegate to individual Scrutiny Forums. Consequently, SCC has been monitoring the Executive's Forward Plan on behalf of Scrutiny and delegating decisions to individual Forums where it has felt it appropriate.
- 2.3 At the meeting of SCC on 29 June 2007 Members suggested that to enable more detailed consideration of the Forward Plan, it be disseminated departmentally and reported to the appropriate Scrutiny Forum on a quarterly basis with Scrutiny Co-ordinating Committee continuing to receive the whole document.
- 2.4 As such, a version (relating to the Adult and Community Services Department) of the most recent copy of the Executive's Forward Plan is attached at **Appendix 1** for the Forum's information and for Members to decide whether value can be added to the decision by the Scrutiny process.

3. RECOMMENDATIONS

- 3.1 It is recommended that the Adult and Community Services and Health Scrutiny Forum considers the content of the Executive's Forward Plan.

CONTACT OFFICER

Sajda Banaras – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523 647
Email: sajda.banaras@hartlepool.gov.uk

BACKGROUND PAPERS

No background papers were used in the preparation of this report.



HARTLEPOOL
BOROUGH COUNCIL

FORWARD PLAN

AUGUST 2007 – NOVEMBER 2007

APPENDIX 1

1. **INTRODUCTION**

- 1.1 The law requires the executive of the local authority to publish in advance, a programme of its work in the coming four months including information about key decisions that it expects to make. It is updated monthly.
- 1.2 The executive means the Mayor and those Councillors the Mayor has appointed to the Cabinet.
- 1.3 Key decisions are those which significantly modify the agreed annual budget of the Council or its main framework of policies, those which initiate new spending proposals in excess of £100,000 and those which can be judged to have a significant impact on communities within the town. A full definition is contained in Article 13 of the Council's Constitution.
- 1.4 Key decisions may be made by the Mayor, the Cabinet as a whole, individual Cabinet members or nominated officers. The approach to decision making is set out in the scheme of delegation which is agreed by the Mayor and set out in full in Part 3 of the Council's Constitution.

2. **FORMAT OF THE FORWARD PLAN**

- 2.1 The plan is arranged in sections according to the Department of the Council which has the responsibility for advising the executive on the relevant topic:

Part 1	Chief Executive's Department	CE
Part 2	Adult & Community Services Department	ACS
Part 3	Children's Services Department	CS
Part 4	Neighbourhood Services Department	NS
Part 5	Regeneration and Planning Department	RP

- 2.2 Each section includes information on the development of the main policy framework and the budget of the Council where any of this work is expected to be undertaken during the period in question. In this instance only Part Two of the Plan is included below.
- 2.3 It sets out in as much detail as is known at the time of its preparation, the programme of key decisions. This includes information about the nature of the decision, who will make the decisions, who will be consulted and by what means and the way in which any interested party can make representations to the decision-maker.

3. **DECISIONS MADE IN PRIVATE**

- 3.1 Most key decisions will be made in public at a specified date and time.
- 3.2 A small number of key decisions, for reasons of commercial or personal confidentiality, will be made in private and the public will be excluded from any sessions while such decisions are made. Notice will still be given about the intention

APPENDIX 1

- 3.3 to make such decisions, but wherever possible the Forward Plan will show that the decision will be made in private session.
- 3.4 Some sessions will include decisions made in public and decisions made in private. In such cases the public decisions will be made at the beginning of the meeting to minimise inconvenience to members of the public and the press.

4. URGENT DECISIONS

- 4.1 Although every effort will be made to include all key decisions in the Forward Programme, it is inevitable for a range of reasons that some decisions will need to be taken at short notice so as to prevent their inclusion in the Forward Plan. In such cases a minimum of 5 days public notice will be given before the decision is taken.
- 4.2 In rare cases it may be necessary to take a key decision without being able to give 5 days notice. The Executive is only able to do this with the agreement of the Chair of the Scrutiny Co-ordinating Committee or the Chairman or Vice-Chairman of the local authority. (Scrutiny committees have the role of overseeing the work of the Executive.)

5. PUBLICATION AND IMPLEMENTATION OF EXECUTIVE DECISIONS

- 5.1 All decisions which have been notified in the Forward Plan and any other key decisions made by the Executive, will be recorded and published as soon as reasonably practicable after the decision is taken.
- 5.2 The Council's constitution provides that key decisions will not be implemented until a period of 3 days has elapsed after the decision has been published. This allows for the exceptional cases when a scrutiny committee may 'call in' a decision of the Executive to consider whether it should be reviewed before it is implemented. 'Call in' may arise exceptionally when a Scrutiny Committee believes that the Executive has failed to make a decision in accordance with the principles set out in the Council's constitution (Article 13); or that the decision falls outside the Council's Policy Framework; or is not wholly in accordance with the Council's budget.

6. DETAILS OF DECISION MAKERS

- 6.1 Names and titles of those people who make key decisions either individually or collectively will be set out in Appendix A once they are determined.

7. TIMETABLE OF KEY DECISIONS

- 7.1 The timetable as expected at the time of preparation of the forward plan is set out in Appendix B. Confirmation of the timing in respect of individual decisions can be obtained from the relevant contact officer closer to the time of the relevant meeting. Agenda papers are available for inspection at the Civic Centre 5 days before the relevant meeting.

PART TWO – ADULT AND COMMUNITY SERVICES DEPARTMENT

A. BUDGET AND POLICY FRAMEWORK

Annual Library Plan 2007/8

The draft Annual Library Plan for 2007/8 was approved for consultation at Cabinet on 14 May 2007. This is earlier than in previous years and will incorporate the opportunity for Library users and stakeholders to contribute as part of the draft.

The Consultation Draft will then be presented for consultation with users and stakeholders during June and July, presented for review and amendment at the Neighbourhood Forums in August and at the Adult and Community Services Scrutiny Forum in September. The finalised plan will then return to Cabinet for endorsement.

The Annual Library Plan, as part of the Budget and Policy Framework of the Council, describes the proposed aims and objectives of the town's Library Service and the actions required for delivery.

B SCHEDULE OF KEY DECISIONS

NONE

APPENDIX A

DETAILS OF DECISION MAKERS

THE CABINET

Many decisions will be taken collectively by the Cabinet.

- The Mayor, Stuart Drummond
- Councillor Pamela Hargreaves
- Councillor Ged Hall
- Councillor Cath Hill
- Councillor Victor Tumilty
- Councillor Robbie Payne
- Councillor Peter Jackson

EXECUTIVE MEMBERS

Members of the Cabinet have individual decision making powers according to their identified responsibilities.

Regeneration and Liveability Portfolio	-	The Mayor, Stuart Drummond
Performance Portfolio	-	Councillor Pamela Hargreaves, Deputy Mayor
Adult and Public Health Services Portfolio	-	Councillor Ged Hall
Children's Services Portfolio	-	Councillor Cath Hill
Culture, Leisure and Tourism Portfolio	-	Councillor Victor Tumilty
Finance and Efficiency Portfolio	-	Councillor Robbie Payne
Neighbourhoods and Communities Portfolio	-	Councillor Peter Jackson

ADULT AND COMMUNITY SERVICES & HEALTH SCRUTINY FORUM

4th September 2007



Report of: Director of Adult and Community Services

Subject: ANNUAL LIBRARY PLAN 2007-2008

1. PURPOSE OF REPORT

- 1.1 To consider the draft Annual Library Plan referred from Cabinet on 14th May 2007.

2. BACKGROUND

- 2.1 The Annual Library Plan is a key strategic document, which forms part of the Council's Budget and Policy Framework.
- 2.2 The Cabinet considered the Draft Annual Library Plan on 14th May. The Cabinet report is attached as **Appendix 1**. At this meeting Cabinet approved the plan for consultation.

3. ANNUAL LIBRARY PLAN

DCMS highlights 3 principle service areas for public libraries,

- The promotion of reading and informal learning,
- Access to digital skills and services including E-Government
- Measures to tackle social exclusion, build community identity and develop citizenship.

Library services in these areas contribute to delivering Corporate Plan Objectives: LAA29 - 'Enrich individual lives, strengthen communities and improve places where people live through enjoyment of leisure, culture and sport' and LAA30 'Cultural and Leisure Services, including libraries, better meet the needs of the community, especially disadvantaged areas', also Corporate Plan Objective 'Increase provision of high quality learning and skills opportunities that drive economic competitiveness, include participation, and build social justice participation of adults in learning' and Corporate Plan Objective: LAA12. Mental Wellbeing: 'To promote a positive approach to the mental well-being of Hartlepool residents.'

The plan (**appendix 2**) highlights actions to be undertaken this year, which include the introduction of the restructured vehicle services, improvement of family history services, increased use of libraries as venues for literary and author hosted events and close working with Children's Services to support children's literacy and family learning.

The Museums, Libraries and Archives Council (MLA) is the lead national strategic agency for museums, libraries and archives. At a national level MLA has consulted on future developments for public library services in England and Wales. Locally the Annual Library Plan proposes a review of library service provision in Hartlepool and the development of a forward strategy. The Hartlepool review will take place alongside the national process.

4. CONSULTATION UNDERTAKEN

- 4.1 Further to Cabinet approval to consultation, this has been undertaken with the following: -
- Neighbourhood Consultative Forums
 - Library users

5. CHANGES AND ADDITIONS TO THE FIRST DRAFT PLAN RESULTING FROM CONSULTATION

- 5.1 There were no changes resulting from the consultation. However there was support at the Neighbourhood Forums for the establishment of a Library Friends group for members of the public to be involved in future development of services in Hartlepool and to support and raise awareness of the service and its resources. The initial Friends meeting will be held at the Central Library on Sept 6th

6. ISSUES FOR SCRUTINY

- 6.1 Does the Annual Library Plan reflect members' views of the delivery of library services in Hartlepool?
- 6.2 Do members wish to highlight to Cabinet any particular areas of the Plan for amendment or addition?
- 6.3 Do members support undertaking a review of library service delivery in Hartlepool and the establishment of a Friends group?

7. CONCLUSION

- 7.1 The draft Annual Library is for consideration by Members of the Scrutiny Forum.

CONTACT OFFICER: Graham Jarritt, Borough Librarian: Central Library, York Road. Tel. 272905 (internal 3612) . email: graham.jarritt@hartlepool.gov.uk

Background Papers

Adult and Community Services Departmental Plan 2007-2008 / 2009-2010

CABINET REPORT

May 14th 2007



Report of: Director of Adult & Community Services

Subject: ANNUAL LIBRARY PLAN

SUMMARY

1. PURPOSE OF REPORT

Submission of the Annual Library Plan for Consultation

2. SUMMARY OF CONTENTS

The Plan describes the priorities and actions of the library service during 2007/8 and how they contribute to delivery of the Departmental and Corporate plans.

3. RELEVANCE TO CABINET

The Annual Library Plan is part of the Budget and Policy Framework proposed by the Executive Cabinet for approval by Council.

4. TYPE OF DECISION

Non-key.

5. DECISION MAKING ROUTE

Cabinet 14 May 2007

6. DECISION(S) REQUIRED

The Cabinet is requested to approve the draft Annual Library Plan for consultation

Report of: The Director of Adult & Community Services

Subject: ANNUAL LIBRARY PLAN

1. PURPOSE OF REPORT

1.1 To consider the draft Annual Library Plan (**Appendix 1**) for consultation.

2. BACKGROUND

2.1 The Plan describes the proposed priorities and actions of the library service during 2007/8 and how they contribute to delivery of the Departmental and Corporate plans. Consultation with stakeholders, library users and the public including a presentation the Council's Neighbourhood Forums provides a root for engaging the public in planning and scrutinising the way library services are delivered.

3. ANNUAL LIBRARY PLAN

3.1 DCMS highlights 3 principle service areas for public libraries,

- The promotion of reading and informal learning,
- Access to digital skills and services including E-Government
- Measures to tackle social exclusion, build community identity and develop citizenship.

Library services in these areas contribute to delivering Corporate Plan Objectives: LAA29 - 'Enrich individual lives, strengthen communities and improve places where people live through enjoyment of leisure, culture and sport' and LAA30 'Cultural and Leisure Services, including libraries, better meet the needs of the community, especially disadvantaged areas', also Corporate Plan Objective 'Increase provision of high quality learning and skills opportunities that drive economic competitiveness, include participation, and build social justice participation of adults in learning' and Corporate Plan Objective: LAA12. Mental Wellbeing: 'To promote a positive approach to the mental wellbeing of Hartlepool residents.'

The plan highlights actions to be undertaken this year, which include the introduction of the restructured vehicle services, improvement of family history services, increased use of libraries as venues for literary and author hosted events and close working with Children's Services to support children's literacy and family learning.

The Museums, Libraries and Archives Council (MLA) is the lead national strategic agency for museums, libraries and archives. It has published a consultation paper on policy and strategy for public libraries post 2008,

7.1 Appendix 1

'Blueprint for Excellence' (**appendix 2**), which contains both proposals, and a request for broad consultation to develop a new national forward strategy for libraries.

Locally the Annual Library Plan proposes a review of library service provision in Hartlepool and the development of a forward strategy. The Hartlepool review will take place alongside, and will also contribute to, the national process.

4. CONSULTATION

4.1 Consultation with the public and with stakeholders is part of the planning process. This will be through the Neighbourhood Consultative Forums, through library-based consultations, consultation with stakeholders and the use of Council consultation and engagement mechanisms.

5. DIVERSITY

5.1 The Annual Library Plan includes actions specific to the Council's diversity policies and procedures and seeks to mainstream diversity considerations into all activities

6. TIMETABLE

6.1 Subject to Cabinet approval the Annual Library Plan will be consulted on during June and July. This consultation will be of the Plan, but will also be part of the review proposed. This will invite citizens of Hartlepool to become involved in the planning of future Library Services in Hartlepool.

7. RECOMMENDATIONS

Members of the Cabinet are requested to: -

- 1) Approve the draft Annual Library Plan for consultation.

CONTACT OFFICER: Graham Jarritt, Borough Librarian

Background papers

Framework for the Future DCMS 2003
Blueprint for Excellence MLA 2007



Library Service

Annual Library Plan (*draft*)

2007/08

Contents

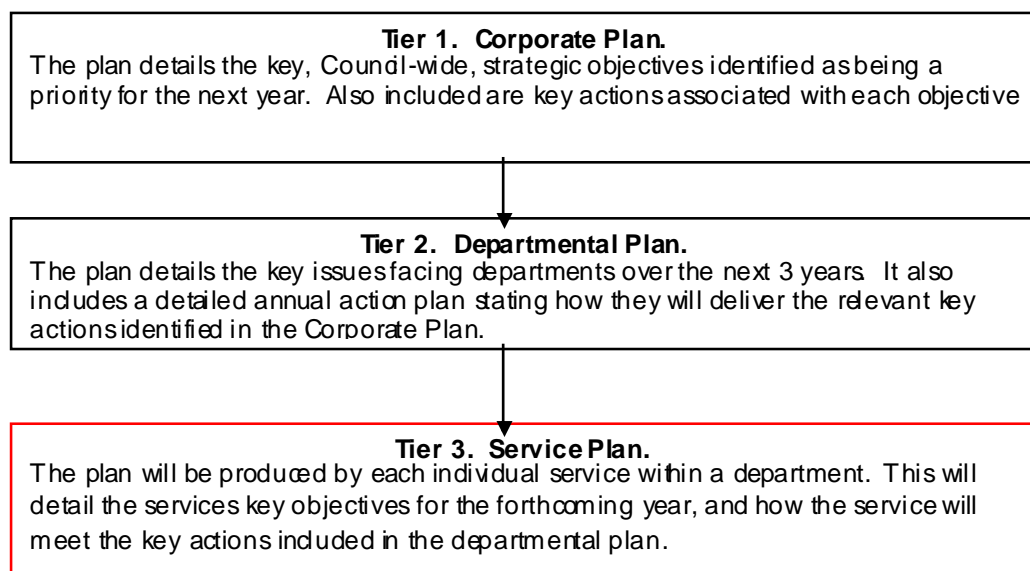
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Introduction

This document is the Library Service Plan for 2007/08 and forms part of the Council's overall Service Planning arrangements. The plan details the key priorities and issues facing the Library Service over the next year, and includes a detailed action plan showing how these priorities will be delivered.

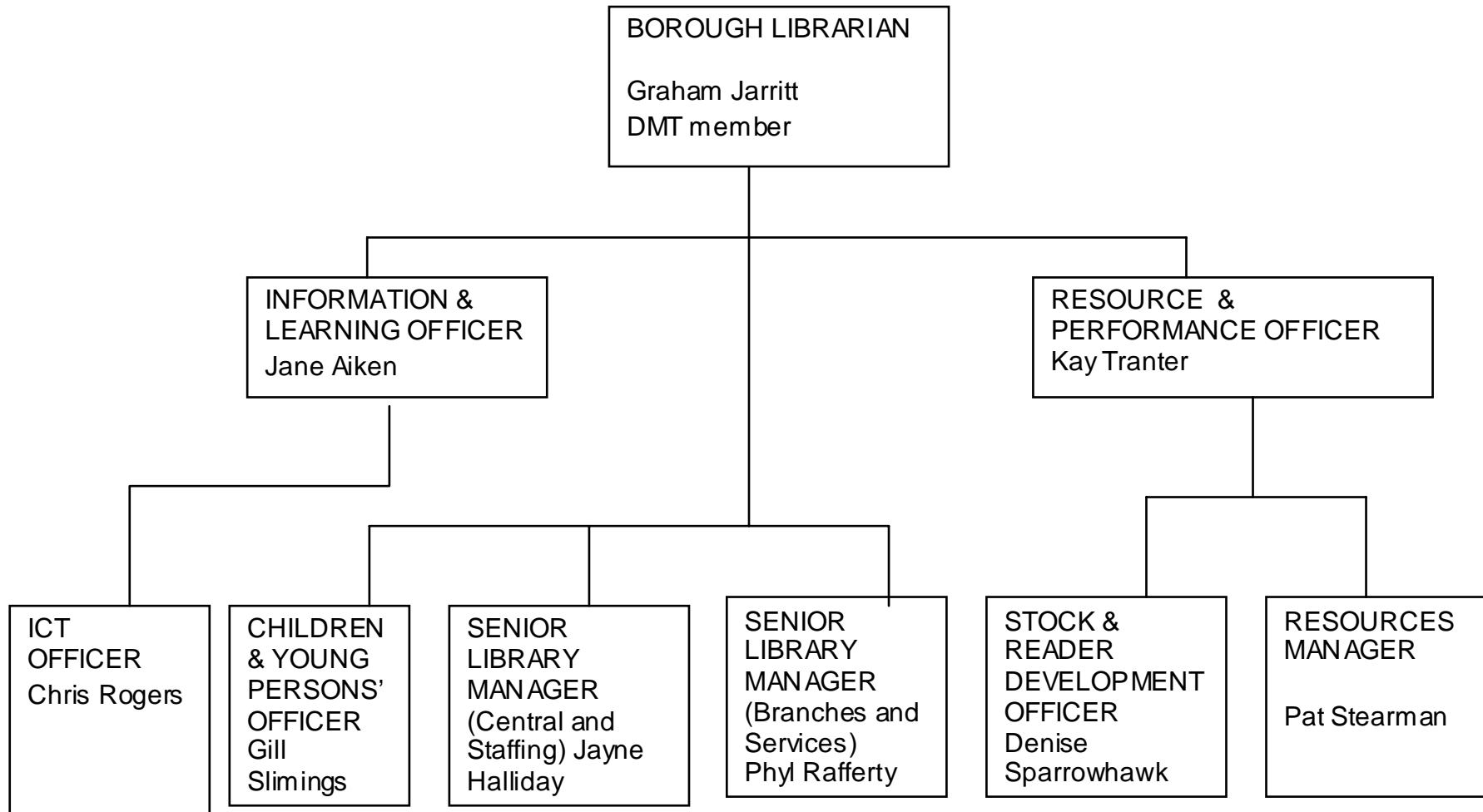
The plan details how the Library Service will meet the Council's key priorities as stated in the Corporate Plan and the Adult & Community Services Department's key priorities as stated in the Adult & Community Services Departmental Plan 2007/08-2009/10.

This plan should be looked at in conjunction with both the Council's Corporate Plan, and the Adult & Community Services Departmental Plan, that together form part of the Council's overall Service Planning Arrangements. Figure 1, below, demonstrates how the plans are linked: -

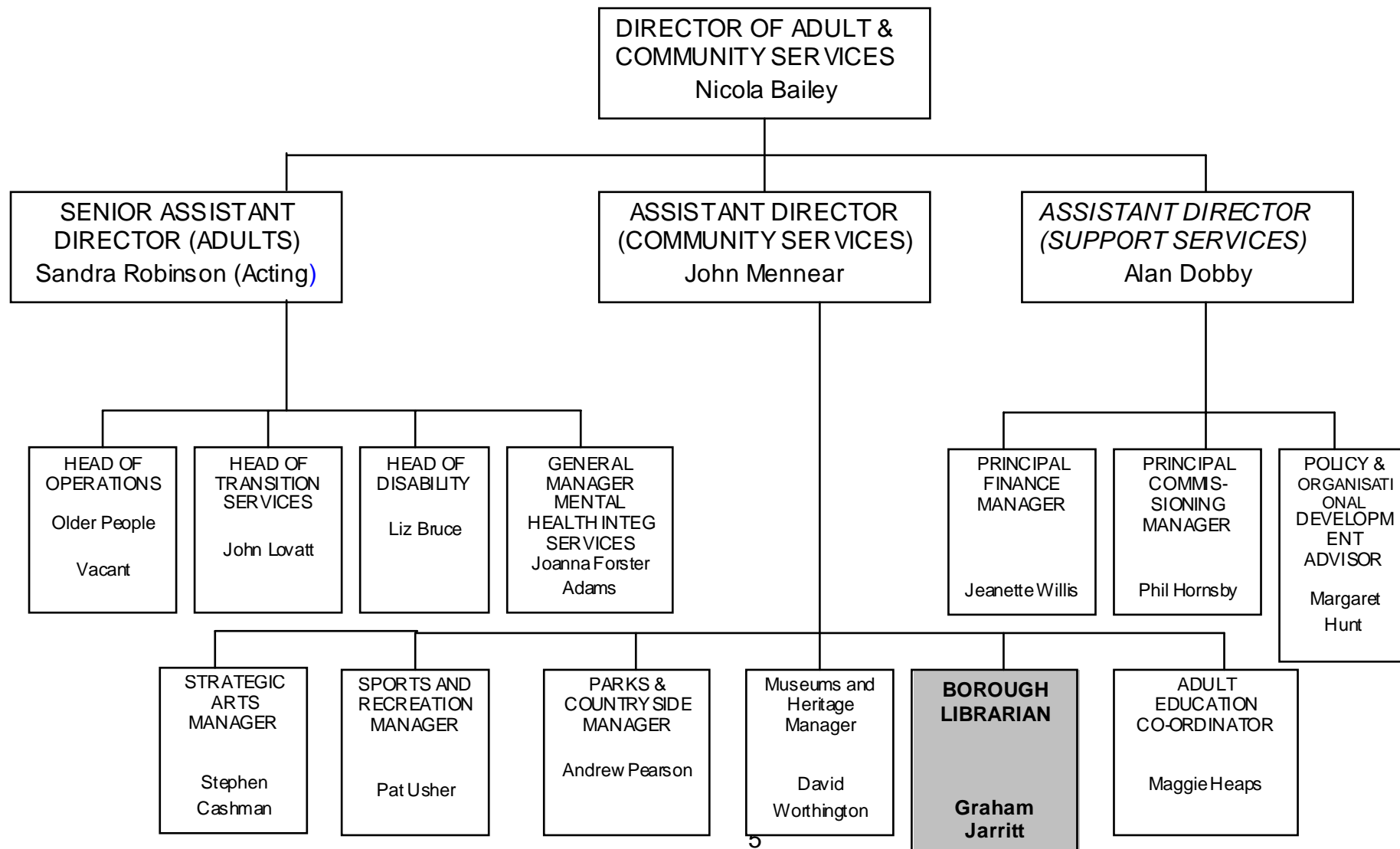


This approach ensures that any objective that appears in the Corporate Plan can be traced through the Departmental plan to specific actions in the service plan, and vice versa. It allows the employees delivering services to explicitly see how their actions contribute to the Council's overall objectives.

Library Service Senior Management Structure



Where Libraries fit within Adult and Community Services Departmental Management



Performance Management

- **Monitoring and Reporting**

The action plan detailing how the department will meet its main objectives for the forthcoming year will be monitored constantly, and reported regularly to Departmental Management Team on a quarterly basis.

Throughout the year, in certain circumstances, it may become necessary to either remove or amend an objective or specific action from the action plan. This could be for a number of reasons, such as changing priorities or a delay in implementing a particular scheme through unforeseen circumstances. Any amendments to the plan will only be made with full agreement of DMT.

- **Reviewing the Plan**

As previously explained the action plan will be constantly monitored and reviewed, with any proposed changes being presented to DMT for agreement.

The plan will also be used as a management tool to monitor library senior managers' performance through the monthly update meeting.

- **Communication**

The Library will communicate performance internally through the staff newsletter, through the library section heads meetings, through the library managers' service team meetings and through individual and collective staff-update meetings.

Externally, the library will communicate and consult on its plan, aims and objectives directly with the public, through the Neighbourhood Forums, with users at all service points and with stakeholders through electronic or postal communication.

The Library Service

The Library in Hartlepool provides services from the Central Library and six branches. It also operates a mobile library bus and a van delivered home library service. It supports and provides stock for Brougham Annexe Library, which is run by the voluntary Wharton Trust.

Although traditionally seen as somewhere that lends books and provides a place to study, the public library provides a far broader range of services. Framework for the Future, the ten year forward plan for libraries sets the priorities for library provision as:

- The promotion of reading and informal learning.
- Access to digital skills and services including E-Government
- Measures to tackle social exclusion, build community identity and develop citizenship.

The library promotes and supports reading and literacy for all ages. For adults there are reading groups, literary events and creative writing projects as well as a large range of books and materials in other formats. Children and young people are supported through a large selection of reading materials, homework clubs and a robust programme of events throughout the school holidays. The Summer Reading Challenge annually encourages reading throughout the summer school break. Bookstart, run by a partnership of the Library, Children's Services and Health Visitors, provides special packs of books and other materials to encourage development of reading and learning throughout the early years.

The library supports learners. It provides study places, books and materials, public free access to ICT and a number of online databases. It also works with Adult Education in the hosting of training courses and works closely with Hartlepool College of Further Education. The library is the principal provider of free, open public access to computers and the internet in Hartlepool.

The library seeks to provide services to hard to reach groups. In Partnership with the Tees, Wear and Esk Valleys Mental health Trust and MIND it provides mental wellbeing book collections for information and self help and runs a reading group for people with mental health issues. The Library supports basic skills learning and works with the Youth Service to provide services to young people at risk. The library is open to all and is highly regarded by many people in the town who value its services and role as a community resource.

The Library in Hartlepool scores well in satisfaction ratings and national standards measurement. At the same time, within a broader national debate it is necessary to consider the appropriate direction of travel to ensure a sustainable and high quality library service in the town. In 2007/8 the library will produce a strategic document to consider the longer-term development of the town's library services

Priorities

Library Service Priorities for this 2007/8 are

- Ensure Library Services are easily accessible to vulnerable groups and contribute to the preventative mental wellbeing agenda.
- Develop milestones and strategies to deliver improvements of facilities and services areas.
- To contribute to the review of all Community Services literature
- Contribute to the establishment of key centralised information points across the town and publicise these.
- Implement the delivered library services review and action plan.
- Provide Library services targeted towards hard to reach groups and individuals
- Reduce sickness levels within the library service
- Implement policies and actions that contribute to the Council's Diversity Action Plan
- To increase community engagement in planning and delivering library services.
- Improve the library service's capacity to provide strategic management and its ability develop strategic forward planning
- To develop a strategic forward plan for library services in Hartlepool

The actions the library service will take to work towards delivering these priorities are detailed in the Action Plan section of the Service Plan

Library Service Action Plan 2007/08

The Library Service Action Plan identifies actions that are linked to the Corporate Plan through the Adult and Community Services Departmental Plan. The action plan expands on both of these and gives more detail as to how this will be achieved.

Objectives that are linked to the Corporate Plan, through the Adult & Community Services Departmental Plan

SERVICE/TEAM (IF APPLICABLE)				
Corporate Plan Objective: LAA12. Mental Wellbeing: To promote a positive approach to the mental wellbeing of Hartlepool residents (Ref: CO)				
Departmental Plan Objective: To increase social inclusion of people with mental health issues (Ref:) HC 13.1				
Service Plan Objective: Ensure Community Services are easily accessible to vulnerable groups and contribute to the mental wellbeing agenda				
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
	Establish Alzheimers Bookchat group	Sept 07	Phyl Rafferty	BV 220
	Explore establishment a Reading group in Sandwell Park mental health unit	Dec 07	Phyl Rafferty	BV 220
Corporate Plan Objective: LAA29 Enrich individual lives, strengthen communities and improve places where people live through enjoyment of leisure, culture and sport				
Departmental Plan Objective: Develop and improve cultural and leisure facilities and events (Ref:) CL2.1				
Service Plan Objective: Develop milestones and strategies to deliver improvements of facilities and services areas.				
	Achieve Matrix Standard for information and Guidance provision for Central Reference Library	Mar 08	Jane Aiken	BV 220

	To gain Investing in Children status for one library service point.	Mar 08	Gill Slimings	
	Establish a library strategic planning group	May 07	Graham Jarritt	
	Develop a library community engagement strategy	Sept 07	Graham Jarritt	
	Develop a library forward strategy for Hartlepool taking into account local need and national strategies and policies	Oct 07	Graham Jarritt	
	Implement staff training plan & ensure that staff receive appropriate training for their role.	April 07	Jayne Halliday	
	Regularly monitor performance against PLSS targets and CIPFA indicators and propose remedial actions if required	Mar 08	Kay Tranter	BV220 LPI ACS 6
	Explore potential funding sources and potential partners for a project to organise and preserve the special collections. Produce a timeframe and plan	Mar 2008	Jane Aiken	
	Maritime Archive – work with the NEEMARA project team to catalogue their collection on Talis.. Train a member of staff to input records . Create a Maritime Archive web link from the portal to the catalogue	Sept 07	Jane Aiken	
	Promote Ancestry.com and Britannica on-line. Total of 14 workshops to be held through year across all static service points	Mar 08	Jane Aiken	BV 220
	Organise an event to promote learning/local history in partnership with Middleton Grange & Hartlepool Hospice	May 2007	Jane Aiken	
	To deliver a minimum of 4 literary events	March 08	Denise Sparrowhawk	BV 220

	To review library support services and library stock procurement within Hartlepool Libraries with reference to national/MLA <i>'Better Stock, Better Libraries'</i> proposals	Dec 07	Kay Tranter	
	To take part in a regional pilot within national/MLA <i>'Better Stock, Better Libraries'</i> proposals	Mar 08 (within regional timeframe)	Kay Tranter Graham Jarritt	
	Analysise current stock issues and identify performance of different formats. Draw up revised stock purchasing plan and plan to improve performance of underachieving stock	Dec 07	Kay Tranter Denise Sparrowhawk Chris Rogers	BV 220
	Conduct Children's PLUS survey	Sept 07	Gill Slimings	BV 220
	Monitor customer care and service standards in all service points, and take any remedial or training actions as may be indicated	Sept 07	Jayne Halliday Phyl Rafferty	BV 220 BV118 BV119C
Departmental Plan Objective: Ensure the public have access to a wide range of information about leisure, culture and sporting opportunities in a variety of accessible mediums. (Ref:)				
Service Plan Objective: Revision of all Cultural Services service literature to be undertaken to confirm information availability and identify gaps.				
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
	Take part in Cultural services literature and publicity review	Mar 2008	Graham Jarritt	
	Three 'How to guides' & three 'Facilities and services guides to be published (in hard copy and on the portal)	Mar 2008	Jane Aiken	

	Revise Bookstart and children's library service literature to market new initiatives and expanding services.	Mar 2008	Gill Slimings	BV 220
	Produce quarterly events programme posters for each library.	April 07	Chris Rogers	
	To participate in the Departmental Portal Development Group to ensure continual development and updating of the Portal	Mar 2008	Chris Rogers	
Service Plan Objective: Establish key centralised information points across the town and publicise these				
Ref:	Action	Milestone	Responsible Officer	Associated PIs
	Working with other Section Heads, establish key centralised points, a method of information gathering and coordinating the distribution of materials to these	May 2007	ADCS/Graham Jarritt	
	Agree method of publicising key information sites	May 2007	ADCS/Graham Jarritt	
Corporate Plan Objective: – LAA30 Cultural and Leisure Services, including libraries, better meet the needs of the community, especially disadvantaged areas				
Departmental Plan Objective: To increase opportunities for participation in a wide range of cultural and leisure activity focussing on areas of disadvantage (Ref:).				
Service Plan Objective: Conduct review of concessionary charging policy across Community Services with a view to establishing one consistent approach. CL6.1				
	Contribute to the review of the Community Services concessionary charging policy	April 2007	Graham Jarritt	

	Ensure any management information systems are reprogrammed to meet any new service requirements	Mar 2008	Chris Rogers	
Service Plan Objective: Implement the delivered library services improvement plan CL 6.1				
	Monitor implementation of new routes and timetables and service user reactions	May 07	Phyl Rafferty	BV 220 LPI CS 12a
	Respond to any user concerns and make adjustments to service delivery as appropriate and possible	July 07	Phyl Rafferty	BV 220 LPI CS 12a
	Carry out 6 month user survey to measure effectiveness of implementation	Oct 07	Phyl Rafferty	BV 220 LPI CS 12a
Service Plan Objective: Provide library services targeted towards hard to reach groups and individuals				
	Deliver 3 family learning weekends in library service points	Mar 08	Gill Slimings	BV 220
	Expand read and rhyme sessions and toys and tales to include village stops on mobile library route.	Mar 08	Gill Slimings	BV 220
	Develop and deliver family learning package 'Leaming is Fun Together (LIFT)' to disadvantaged families in partnership with Early Years consultants.	Mar 08	Gill Slimings	BV 220
	To establish further reading/book groups for specific users VIP Sheltered Accomodation	Oct 07 Nov 07	Phyl Rafferty	BV 220
	Work with Adult Services to explore opportunities for partnership working, including hosting DIRS group	July 07	Graham Jarritt	

	Work with Commissioning Team to draw up Service Level Agreement between Libraries, Adult Services and DIRS	Nov 07	Graham Jarritt, Phil Hornsby	
	Establish children's reading group in Central library	Mar 08	Gill Slimings	BV 220
	Work with NDC to develop Connecting Communities programme	Oct 07	Phyl Rafferty	
Corporate Plan Objective: Increase provision of high quality learning and skills opportunities that drive economic competitiveness, include participation, and build social justice participation of adults in learning				
Departmental Plan Objective: (Ref:) To increase universal access to high quality learning and skills opportunities.				
Service Plan Objective: LL 9.2 Increase percentage of adults holding nationally recognised qualifications				
Ref:	Action	Date to be Completed	Responsible Officer	Associated PIs
	Work with Adult Ed. and organise learning events in Adult Learners' Week and in Family Learning Week	May 07 Oct 07	Jane Aiken	
	Liaise with Adult Ed./HCFE tutors for start of 2007/8 academic year and use reading lists to inform stock selection.	Oct 07	Jane Aiken	
	Work with HCFE and Adult Education Dept to run The Quick Reads 6 Book Challenge with Skills for Life Students. Launch in Adult learners week in May 07.	Mar 08	Denise Sparrowhawk	

Corporate Plan Objective: Links to the Corporate Plan – Implement the People Strategy and the Workforce Development Strategy				
Departmental Plan Objective: Effectively use resources and invest in the future				
Service Plan Objective: Lower Departmental Sickness Levels				
Ref:	Action	Date to be Completed	Responsible Officer	Associated Pls
	Ensure sickness procedures are carried out and that all new managers receive appropriate training	April 07	Jayne Halliday	

Corporate Plan Objective: Links to Corporate Plan – Enhance Equality and Diversity arrangements and mainstream into all Council activities				
Departmental Plan Objective: Improve Service delivery and customer care (Ref:)				
Service Plan Objective: Complete INRA's for all services and DIA's as agreed				
Ref:	Action	Date to be Completed	Responsible Officer	Associated Pls
	Complete INRA's and DIA's for library service	May 2007	Graham Jarritt	
	Work with NDC to develop Connecting Cultures project	May 2007	Graham Jarritt	

	Work with Disability Information Resource Service and Adult Services to establish DIRS in Central Library	May 2007	Jane Halliday	
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Performance Indicators

The action plan detailed a number of Performance Indicators that will be used to measure the successful implementation of the actions. Those indicators are included in more detail in the table below.

Ref	Definition	Responsible Officer	Outturn 2006/07	Target 2007/08
BVPI 220	Public Library Services Standards checklist		4	
LPI ACS 6	Number of physical visits per 1000 population to public libraries		6924	
LPI CS 12a	Number of housebound people receiving a home visit from the home library service once every three weeks, for as long as they require the service		508	
BVPI 118a	Percentage of library users who found the book they wanted		82.4%	
BVPI 118b	Percentage of library users (<i>who reserved the book they wanted and were satisfied with the outcome</i>) – who found the information they were looking for		80.1%	
BVPI 118c	Percentage of library users who were satisfied with overall service		95.4%	
BVPI 119c	Percentage of residents by targeted group satisfied with the local authority's cultural and recreational activities: Libraries		80%	

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

4 September 2007



Report of: Scrutiny Support Officer

Subject: PROGRESS REPORT – SCRUTINY
INVESTIGATION INTO ACCESS TO GP SERVICES

1. PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to provide Members of the Forum with an update on the progress that has been made in relation to the Access to GP Services investigation after the Forum made its recommendations.

2. BACKGROUND INFORMATION

- 2.1 During the 2005/6 Municipal Year Members of the Adult and Community Services and Health Scrutiny Forum conducted an investigation into Access to GP Services.
- 2.2 On 15 May 2006 the Final Report of the Adult and Community Services and Health Scrutiny Forum was submitted to Cabinet for information. On the 30 July 2006 the final report was submitted to the PCT Board meeting for consideration/ approval.
- 2.3 This report has been produced after the Committee's recommendations were considered by the appropriate decision-making body and as such provides an outline of the progress made to date in relation to the recommendations made by the Forum.
- 2.4 An updated summary report and action plan is attached at **Appendix A** with the progress made to date outlined in bold text under the proposed action.

3. OVERALL AIM OF THE SCRUTINY INVESTIGATION

- 3.1 Members will recall that the overall aim of the Scrutiny Investigation was, "to examine the current access to GP services within Hartlepool."

4. HPCT RESPONSE TO THE PROGRESS MADE TO DATE UPON THE DELIVERY OF THE ACTION PLAN

- 4.1 The HPCT response to progress made to date upon the delivery of the action plan can be located within the summary report.

5. RECOMMENDATION

- 5.1 That Members note the progress to date in relation to the delivery of the Action Plan, and where felt appropriate seek clarification upon the achievement / none achievement of the delivery timescales / recommendations.

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BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

- (i) Report of Adult and Community Services and Health Scrutiny Forum entitled 'Access to GP Service Final Report' considered by Cabinet on 15 May 2006.
- (ii) Report of Scrutiny Support Officer entitled 'Scrutiny Investigation into Access to GP Services – Closing the Loop Report' considered by the Adult and Community Services and Health Scrutiny Forum on 6 September 2006.

1. PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to provide Members of the Forum with an update on the progress that has been made in relation to the Access to GP Services investigation. An updated copy of the action plan with markers identifying progress is attached at Appendix B.

2. HARTLEPOOL PRIMARY CARE – ACCESS UPDATE

- 2.1 Whilst Hartlepool Primary Care Trust (HPCT) has been able to maintain achievement of national primary care access targets at 100% for the last two years, we continually strive to further improve access and quality of services for our local population. Significant progress has been made against our previous access action plan developed and presented to the Scrutiny Committee in July 2006.
- 2.2 A number of proposed initiatives have been successfully achieved with plans for further action and development detailed in the enclosed report. Encouraging patient feedback via the PALS service, patient forums, individual practice patient surveys and patient panels has harnessed a spirit of collaboration with practices responding positively to the needs of their local population. Practice communication has improved with the development of concise service and appointment information translated through various media, improvements in telephone systems and increased opening hours. Additional GPs have been successfully recruited in line with agreed trajectories with plans in progress to further increase clinicians and services as part of independent sector procurement. The PCT continues to address disability access issues through staff awareness training and annual review of our Estates Strategy with the planned development of new accommodation to replace 'failing' accommodation.
- 2.3 Results of a recent national patient survey has highlighted a significant improvement in the level of satisfaction with access to GP services, however, there still remains significant variation in performance between practices. Access therefore remains a high priority for Hartlepool PCT and we will continually support and monitor all our commissioned and provider services to ensure that inequalities in access are reduced.

3. RECOMMENDATIONS

- 3.1 That Members note the progress of the recommendations and ask any questions felt appropriate.

Item 8.1 Appendix A

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August 2007

Hartlepool Primary Care Access Action Plan Update – August 2007

Please refer to document: Hartlepool Primary Care Access – Action Plan, July 2006
S:\Primary Care Development\Papers for Board & Exec\Board papers\40)July 2006 Appendix 1 Action Plan.doc

No	Recommendation	Progress to date	Further Actions	Delivery Time scales
1 & 2	Establish campaign that explains the role of GPs and other primary care professionals	PCT has consulted with GP practices and local patient groups and as a result a Fairness in Primary Care procurement process has been put in place to specifically address access issues. Results of consultation taken into account by PCT Board in developing schemes. The Hartlepool Community Strategy went to Cabinet & Scrutiny in Jan 07 and was implemented in April 07.		Complete
	Establish a major campaign to increase awareness of additional primary care services	<p>Campaign initiatives to date:</p> <ul style="list-style-type: none"> • Full use is made of existing communications and public involvement mechanisms and activities as the PCT has no budget to use for advertising or externally printed materials. As a contingency, the use of sponsorship for activities is being explored. • Practices are encouraged to refer compliments to PALS. These have been reported in Staff newsletter. • Practices have been encouraged to improve communications with their patients - displaying clear appointment information in waiting areas and on practice websites. • Presentations took place on access issues as part of FPP and 		Ongoing
				Ongoing
				Complete

Item 8.1 Appendix B

No	Recommendation	Progress to date	Further Actions	Delivery Time scales
		<p>town centre development involvement activities.</p> <ul style="list-style-type: none"> Access issues were reported in 2005/6 and 2007/8 Annual Report. Access issues were explained in the Yellow Pages 'Your Guide to Services' The PCT services Directory is available on the PCT website. 		<p>Complete</p> <p>Complete</p> <p>Complete</p>
3 & 12	Action plan to address the shortfall in the number of GPs in Hartlepool.	<p>The national average for GPs for a weighted population of similar size to Hartlepool is 58 w.t.e. However, as a result of Hartlepool's significant investment in additional community healthcare teams, (eg, community nursing, rapid response, pharmacy provision and nurse led services), the SHA agreed a trajectory plan with the PCT to increase GP numbers over the next 3 years with a target to increase from 49.3 in 2006 to 52.75 by 2008. Hartlepool has already exceeded the 2008 target with 53.8 GPs now in post. Although this is due in part to a previous national increase in training posts and subsequent upturn in trained doctors seeking employment, the PCT's progression of a number of planned initiatives has accelerated the process:</p> <ul style="list-style-type: none"> Ongoing audit of open and closed practice lists to ensure practices provide sufficient clinical capacity – No practices in the last 12 months have reported that their lists have been full and not open to new patients for a period exceeding 28 days. Increase in training practices to encourage recruitment and retention- The number of GP training practices will increase to 5 once accredited practice training is complete Independent Sector Procurement to increase the number of GPs and improve access to other primary care services – In conjunction with the DOH the PCT have submitted plans to increase numbers of GPs in the town and improve services 	<p>Shortlist of potential bidders has been finalised and tendering process is expected to</p>	<p>Ongoing</p> <p>April 08</p> <p>Oct 07</p>

Item 8.1 Appendix B

No	Recommendation	Progress to date	Further Actions	Delivery Time scales
	That the funding of GP practices is reviewed.	<p>for specific patient groups and areas with limited provision. This represents significant additional investment in primary care services by the PCT.</p> <ul style="list-style-type: none"> • Commencement of a review of current non-GMS contracts to ensure practices are utilising growth monies for recruitment and alternative provision – The required information and data on core contractual arrangements has now been gathered from PMS practices. Some practices have already responded positively to this contractual review, revising their growth in line with patient needs and expectations. 	<p>be complete by October 07</p> <p>This information is currently being benchmarked against practices holding GMS contracts. The PCT will work with practices to deliver more responsive services to meet patient needs within their current contract value.</p>	October 07
4	Out of Hours – Patient Satisfaction Survey	Primecare continue to perform annual patient surveys with very positive results. However, as part of the preparatory work around the Independent Sector Procurement, the PCT have closely examined how out of hour services can be fully brought back into Hartlepool by April 2008.		April 2008
5	Disability awareness	<p>A jointly funded Local Authority/PCT Health Development Learning Disabilities Lead is now in post. She will lead strategically in assisting and supporting people with learning disabilities to access primary and secondary health care.</p> <p>As a consequence of updating the estates strategy, the reception and waiting areas at Caroline Street Health Centre have been upgraded to meet DDA requirements.</p>	The new Town Centre Development which will replace a number of DDA non-compliant premises is reaching financial closure.	Beg 2008
6, 7, 10, 11, 12	Sharing models of best practice &	All practices continue to participate in National Primary Care Access Survey and consistently meet national targets. From action plans		Ongoing quarterly

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No	Recommendation	Progress to date	Further Actions	Delivery Time scales
	<p>support for practices</p> <p>PCT review patient experience of open access at Medical Centres operating the system with a view to improving access to GP services in Hartlepool.</p> <p>PCT audits Patient Panels in GP practices and offers support to all practices in establishing similar patient forums</p>	<p>produced by practices a number of initiatives have been implemented and are regular reviewed and developed:</p> <p>Telephone Access– McKenzie House have implemented an automated system with a separate line for emergency appointments. The system is to be developed further providing patients with telephone information about services in the practice, eg, nurse appointments (what ailments can be seen and treated by a nurse). Their aim is to allow the patient to decide on the most suitable person to see before speaking to a receptionist in order to improve the journey through the practice system. One practice has installed an extra telephone line and changed reception staff rotas in line with anticipated high call volume.</p> <p>Increase in opening hours Five practices have increased their opening hours in the last year.</p> <p>Flexing the availability of pre-bookable appointments A number of surgeries have increased the number of pre-bookable appointments to meet demand. In particular McKenzie House has now introduced morning and afternoon bookable slots.</p> <p>Development of more patient panels McKenzie House has added to those practices with a patient panel and HPCT's PPI representative attends the meeting.</p> <p>Patient Satisfaction Surveys A number of practices have implemented their own patient satisfaction surveys. One practice in conjunction with their patient panel carried out a small survey to address particular concerns highlighted by the panel. They intend to repeat this at three monthly intervals to assess progress. The PCT has also worked with one particular practice to survey patients who had been noted to continually queue at their surgery outside of opening hours.</p>	<p>Although it would appear that patient access satisfaction has improved, the PCT recognises that there are local and national variances. In order to</p>	<p>audit</p> <p>Ongoing review</p> <p>End Sep 07</p>

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No	Recommendation	Progress to date	Further Actions	Delivery Time scales
	PCT research patient views in relation to advanced/improved access for each GP practice via the annual survey as part of the Quality Framework in 2006/07.	<p>Following the results of the survey, the practice has implemented a number of changes, eg, improving communications with patients around their appointment process via new sletters and practice displays and introducing a new improved telephone system.</p> <p>DH Patient Survey HPCT had mixed results in the national access and choice patient satisfaction survey carried out in January 07. However, it should be noted that the PCT had improved on their previous position monitored as part of the QOF in 2005.</p> <p>Telephone Access National Result:: 86% HPCT Result: 77% 2005 QOF Survey Result:: 48%</p> <p>48 Hour Access National Result:: 86% HPCT Result: 88% 2005 QOF Survey Result:: 82%</p> <p>Opportunity to Book National Result:: 75% HPCT Result: 71% 2005 QOF Survey Result:: Information not gathered</p> <p>Ability to see a particular doctor National Result:: 88% HPCT Result: 84% 2005 QOF Survey Result:: 85%</p> <p>Referred by GP to hospital of choice National Result:: 94% HPCT Result: 98% 2005 QOF Survey Result:: N/A in 2005</p>	<p>improve responsiveness HPCT along with other PCTs in the area will formulate an action plan to address shortfalls in the patient survey. This plan will be quality assured by the SHA and is likely to include a revision/update of existing access plans by all practices and meetings with individual practices who are underperforming in more than one area. These practices will also be required to attend regional 'Access Learning Events' sponsored by the NHS Improvement Foundation.</p> <p>The results of the patient survey will be published on the PCT website to enable</p>	

Item 8.1 Appendix B

No	Recommendation	Progress to date	Further Actions	Delivery Time scales
			patients to make a more informed choice of practice.	
9	Learning from the Connected Care Scheme is rolled out to other areas of deprivation in the Town	The Connected Care Project is currently in its pilot phase and an evaluation is underway by Durham University. When the results of the evaluation are available decisions will be made on the appropriateness of extending the service to other areas of the town. However, the PCT continues to work with and support other projects to improve access to services, eg. N.D.C. Path (Patient Access to Health) Project.		2008

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

04 September 2007



Report of: Director of Adult and Community Services

Subject: RESPONSE TO THE SOCIAL PRESCRIBING FINAL
REPORT

1. PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to provide Members of the Adult and Community Services and Health Scrutiny Forum with feedback on the recommendations from the investigation into Social Prescribing.

2. BACKGROUND INFORMATION

- 2.1 The investigation into 'Social Prescribing' conducted by this Committee falls under the remit of the Adult and Community Services Department and in line with the recommendation made by the committee will be championed via the Council's representatives serving on the Social Prescribing steering group, namely the Director of Adult and Community Services and the Joint Director of Public Health.
- 2.2 On 11 June 2007, Cabinet considered the Final Report of the Adult and Community Services and Health Scrutiny Forum into 'Social Prescribing'. This report provides feedback from the Portfolio Holder following the Cabinet's consideration of, and decisions in relation to this Forum's recommendations.
- 2.3 In addition to this report a further progress report will be produced for Member's consideration six months after the Final Report was considered by Council to enable Members to monitor the implementation of their recommendations.

3. SCRUTINY RECOMMENDATIONS AND EXECUTIVE DECISION

- 3.1 Following consideration of the Final Report, Cabinet and Hartlepool PCT approved the recommendations in their entirety. Details of each recommendation and proposed actions to be taken following approval by both organisations (led by HBC) are provided in the Action Plan attached at **Appendix A**.

4. RECOMMENDATIONS

- 4.1 That Members note the proposed actions detailed within the Action Plan, appended to this report (**Appendix A**) and seek clarification on its content where felt appropriate.

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BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

- (i) The Adult and Community Services and Health Scrutiny Forum's Final Report into 'Social Prescribing' considered by Cabinet on 11 June 2007.
- (ii) Decision Record of Cabinet held on 11 June 2007.

OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN

NAME OF FORUM: Adult and Community Services and Health Scrutiny Forum

NAME OF SCRUTINY ENQUIRY: Social Prescribing

DECISION MAKING DATE OF FINAL REPORT: Cabinet on 11 June 2007

RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	LEAD OFFICER	DELIVERY TIMESCALE
(a) That the authority agrees that Social Prescribing is a priority and use the evidence gathered through this investigation, and other studies to agree a framework for Hartlepool;	To ensure social prescribing is linked into the Voluntary Sector Strategy work as a key tool for supporting low level preventative services.	Nicola Bailey Peter Price	To complete by end March 2008
(b) That a comprehensive and coordinated strategy for the development, delivery, funding and evaluation of social prescribing be produced within the coming Municipal Year (2007/08) across council departments and, so far as possible, the NHS and VCS.	This is to be led by the newly set up Social Prescribing Steering Group. The approach will be to link social prescribing into other key strategies and to raise the profile in the NHS at the Practice Based Commissioning Group.	Ali Wilson Nicola Bailey	October 2007
(c) As part of this process, detailed consideration should be given during the 2007/08 year to re-allocating funds to the MIND and other social prescribing services from existing activities that service users found less helpful and acceptable.	This recommendation is specifically linked to NDC funding and we do not allocate these funds.	N/A	N/A

Action Plan - ??

OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN

NAME OF FORUM: Adult and Community Services and Health Scrutiny Forum

NAME OF SCRUTINY ENQUIRY: Social Prescribing

DECISION MAKING DATE OF FINAL REPORT: Cabinet on 11 June 2007

RECOMMENDATION		EXECUTIVE RESPONSE / PROPOSED ACTION	LEAD OFFICER	DELIVERY TIMESCALE
(d)	That work is undertaken locally to standardise and secure greater understanding of the definition of Social Prescribing	Social Prescribing Steering Group now set up to raise profile and understanding of social prescribing.	Peter Price	August 2007
(e)	That work is undertaken to establish a clear picture of Social Prescribing projects currently offered in Hartlepool or those that can be encompassed within the definition of Social Prescribing with a view to securing greater standardisation of issues such as the availability of information, data protection, referral routes and evaluation;	Social Prescribing Steering Group will take this work forward.	Peter Price	Ongoing
(f)	That Social Prescribing be adopted as part of the joint PCT and council Public Health Strategy and its outcome criteria, together as well as the emerging strategy for integrating adult social care and community services;	Social Prescribing Steering Group is multi-agency and is a sub group of the Public Health Steering Group, we envisage social prescribing becoming better co-ordinated across the town with clear referral and eligibility routes.	Peter Price Nicola Bailey	Ongoing

Action Plan - ??

OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN

NAME OF FORUM: Adult and Community Services and Health Scrutiny Forum

NAME OF SCRUTINY ENQUIRY: Social Prescribing

DECISION MAKING DATE OF FINAL REPORT: Cabinet on 11 June 2007

RECOMMENDATION		EXECUTIVE RESPONSE / PROPOSED ACTION	LEAD OFFICER	DELIVERY TIMESCALE
(g)	That Social Prescribing be incorporated within the Voluntary Sector Strategy Development;	Agreed will be incorporated	Peter Scott Nicola Bailey	March 2008
(h)	That Social Prescribing be linked to any future Commissioning strategies;	Will link to Low Level Preventative Strategy as this is not bound by eligibility thresholds	AD Adults PCT	October 2007
(i)	That funding streams to support Social Prescribing in the long-term be actively identified and developed;	The need for any additional resources will be flagged up via the NHS LDP process and the Councils budget (pressures) process	NB/ AW	October 2007
(j)	That the Council link the outcomes of the FACS consultation to funding Social Prescribing activities as part of the proposed resourcing of low level support;	The need for any additional resources will be flagged up via the NHS LDP process and the Councils budget (pressures) process and will link to low level support strategy.	NB/AW This seems to repeat what is in section above	October 2007
(k)	That work is undertaken by HBC and HPCT with the PBC Group in a bid to increase the level of support for Social Prescribing;	Agreed to be taken forward by Social Prescribing Steering Group	Peter Price	Ongoing

Action Plan - ??

OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN

NAME OF FORUM: Adult and Community Services and Health Scrutiny Forum

NAME OF SCRUTINY ENQUIRY: Social Prescribing

DECISION MAKING DATE OF FINAL REPORT: Cabinet on 11 June 2007

RECOMMENDATION		EXECUTIVE RESPONSE / PROPOSED ACTION	LEAD OFFICER	DELIVERY TIMESCALE
(l)	That work be undertaken to identify target groups who would benefit from Social Prescribing initiatives, including carers and hard to reach groups;	Agreed to be taken forward by Social Prescribing Steering Group	Peter Price	March 2008
(m)	That capacity issues be considered within the VCS in conjunction with plans to develop Social Prescribing;	Will link this work into the Voluntary Sector Strategy Development	Nicola Bailey Peter Scott	March 2008

Action Plan - ??

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

4th September 2007



Report of: Scrutiny Support Officer

Subject: MEETING THE HEALTH CHALLENGES IN THE
NORTH EAST – UPDATE REPORT

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to appraise Members of the Adult and Community Services and Health Scrutiny Forum about the regional health scrutiny event held on 5 July 2007.

2. BACKGROUND INFORMATION

- 2.1 Members will recall that a letter of invitation was circulated to all Members inviting representatives of this Forum to a North-East wide meeting which focussed on bringing together representatives from Overview and Scrutiny Committees and NHS organisations from across the region to discuss the Health Challenges faced in the North East.
- 2.2 The meeting provided an opportunity for participants to understand health issues faced across the North East and consider how Health Scrutiny can respond to the health challenges in partnership with the local NHS.

3. MEETING THE HEALTH CARE CHALLENGES IN THE NORTH EAST

- 3.1 Following the meeting, a detailed report has been produced which is attached to this covering report. In addition, presentations from the day have been appended to this report to ensure that all Members are fully appraised about the event. These can be found at:-
- (i) Appendix A – Meeting the Health Care Challenges in the North-East – Draft Report

- (ii) Appendix B – Health Care Challenges in the North East – Presentation by Dr Stephen Singleton, Medical Director, NHS NE
- (iii) Appendix C – Sustainable Health Scrutiny – Presentation Slides by Tim Gilling
- (iv) Appendix D – LINK – Local Involvement Network – Presentation by Sally Young.

4. RECOMMENDATION

4.1 Members are recommended to note the content of the report.

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BACKGROUND PAPERS

No background papers were used in the preparation of this report.

8.3 Appendix A

Meeting the Health challenges in the North East

Draft report of the event at the Glebe Centre, Murton on 5th July 2007

Introduction

The purpose of the event was to explore ways to develop health scrutiny across the North East by gaining a better understanding of the health challenges; identifying key issues and opportunities for health scrutiny at local, sub regional and regional levels and identifying information and support needs for the scrutiny process. The event was intended to be the beginning of a process to build the capacity and capability of health scrutiny in the North East.

It was acknowledged that there was a great deal of experience of conducting health scrutiny at the single local authority level and examples of reports on topics were shared. There was some experience of health scrutiny review at the sub regional level and further sharing of these experiences may be the focus of future activity within the regional network. There are to date no examples in the North East of health scrutiny at the regional level although during discussion 42 topics were identified as possible for a regional approach, see the table below.

The event was well attended with over sixty participants representing local authority health overview and scrutiny committee (OSC) members; local authority staff that support OSC's; staff from health organisations including primary care trusts, acute hospitals including foundation trusts, mental health and ambulance trusts.

After presentations setting the context, small groups discussed what they saw as the key priorities and challenges emerging from what they had heard and their own experience of health scrutiny. The information provided below shows 70 topics identified as key issues and opportunities for future scrutiny following the presentations during the first part of the morning. A number of key issues and opportunities were proposed in relation to the scrutiny process itself and these are reflected within the table below. There is a clear leader in terms of the level of support for the topic and the number of people thinking that a regional approach might be suitable and that is alcohol misuse. In addition a number of issues were identified relating to the scrutiny process itself and these are recorded separately.

The second area of discussion focussed on the next steps necessary to develop health scrutiny across the North East, some people responded to this in general terms and some gave specific suggestions following the key issues they had identified earlier. Both are reflected in the tables below.

8.3 Appendix A

Results of the analysis of key issues and opportunities identified

Key issues and opportunities identified	Number of times listed as a key issue or opportunity	Number who suggested a regional approach to scrutiny of this issue
1 Alcohol and drugs	20	15
2 Well being (including mental health promotion)	10	4
3 Obesity (exercise and diet)	10	4
4 Access and transport (including rural areas)	9	5
5 Preventative health services	9	2
6 User, carer involvement and LINKs	9	2
7 Mental Health (including rural areas)	8	5
8 Smoking	7	4
9 Health inequalities	7	3
10 Teenage pregnancy and sexual health	7	3
11 Access to services	7	1
12 Measuring patient experience and feedback on quality	4	1
13 End of life/palliative care	4	0
14 Planning and variations in services for older people	3	3
15 Children in poverty	3	2
16 Reviews of provider services (including Foundation Trusts)	3	2
17 Fairness and equality of service provision	3	1
18 Men's health and life expectancy	2	2
19 Specialised commissioning	2	2
20 Services closer to home	2	1
21 Duplication of waste in the NHS	2	1
22 Children's services	2	1
23 Health from before conception to a "good death"	2	1
24 Strategy and support for carers	2	0
25 Out of hours GP services	2	0
26 Holistic approach to health and social care, gaps in service from commissioner to provider	2	0
27 Standardisation of services and the impact on choice	2	0

8.3 Appendix A

28 Improve profile of NHS Direct	2	0
29 Regional scrutiny of the wider determinants of health (economic regeneration; transport and environmental strategies)	1	1
30 Clinical Networks (access; quality and safety)	1	1
31 Patient safety	1	1
32 main causes of disease in NE (CHD; cancer and obesity)	1	1
33 Access for people with disabilities including learning disabilities	1	1
34 Services in the right place at the right time	1	1
35 Supporting people to make healthy lifestyle choices	1	1
36 Food availability and affordability for vulnerable people e.g. children and older people	1	1
37 Information and access to support choice	1	1
38 Regional Cancer Network – implementation of NICE guidance	1	1
39 Changes in delivery – Primary percutaneous coronary intervention	1	1
40 Maternity facilities	1	1
41 Urgent and unscheduled care	1	1
42 Accountability to ensure efficiency	1	1
43 Impact of national policies both regionally and locally	1	1
44 Indebtedness	1	1
45 MRSA and other HAIs	1	1
46 Community cookery	1	1
47 Intelligence systems and GIS systems	1	1
48 50% of cases get best care what about the other 50%	1	1
49 High impact changes (Local Area Agreements)	1	0
50 Fuel poverty	1	0
51 Activities for children and young people outside school hours	1	0
52 Prison health service	1	0
53 Health and social care interface	1	0
54 centrally held information across all organisations in health and social care	1	0
55 Corporate citizenship	1	0
56 Younger people building self esteem and sense of self worth	1	0

8.3 Appendix A

57 Commissioning	1	0
58 Information needs	1	0
59 Understanding new health structures, ways of working and relationships	1	0
60 Dentistry	1	0
61 Impact of telecare	1	0
62 Housing	1	0
63 Crime and health	1	0
64 Culture change	1	0
65 Quality of life	1	0
66 Clearer channels of communication for patients and users	1	0
67 Regional approach instead of local to assist commissioners and providers	1	0
68 Developing what's already there i.e. local gaps - challenge of how to tap into	1	0
69 Rationalisation of targets across South of Tyne	1	0
70 Siting of services in North tees and Hartlepool	1	0

Comments relating to health scrutiny process during discussions on key themes and opportunities.

- Share regionally :
 1. Scrutiny programmes
 2. Outcomes of scrutiny activity
 3. Best practice identified
- More solutions will be regional in the future
- Can North East authorities agree joint policies e.g. free swimming for under 18's across the North East?
- Arrange meeting with all scrutiny chairs and officers to prevent duplication of major working groups.
- More links at planning stage with public health to identify key areas of health inequalities.
- Awareness of reviews by other agencies e.g. Healthcare Commission and Audit Commission
- Health and wellbeing organisations and health scrutiny committees should spend more time learning about each others role and remit and their own

8.3 Appendix A

to develop a more valuable partnership. There is a risk that the scrutiny committee will focus on a single issue e.g. closure of a service and do not see the bigger picture. Newly elected committees present an opportunity for education and development.

- Agree an agenda for the focus of work for the future.
- Explore in more detail the opportunity and potential leverage of the NHS being the largest contributor to the regional economy.
- Explore potential to identify issues which are priorities across a broader area but impact at local level.
- Look at “whole system” including health improvement and prevention services.

Next steps – for building general scrutiny capacity across the North East

Next steps identified during group discussions	Number of people
1 Greater sharing of all aspects of health scrutiny work including: <ul style="list-style-type: none"> • Scrutiny work programmes • Information on issues • Best practice identified locally • Data on local level issues to identify appropriate linkages • Outcomes of activity • Learning about scrutiny process • Scrutiny results and reports 	9 references to greater sharing
2 Greater NHS support for health scrutiny : <ul style="list-style-type: none"> • From the Strategic Health Authority in terms of leadership, liaison with OSC's across the North East and the provision of information around policy change and developments, particularly in relation to patient, carer and public involvement. • From public health teams at the level of individual local authorities. • One person suggested a lead/co-coordinator for every health topic being scrutinised with the specialist knowledge and experience. • One person commented that NHS generally needs to get better at communicating with OSC's and local 	7 references – 3 for support from the SHA and 3 for support from public health teams and 1 for a co-ordinator role

8.3 Appendix A

communities.	
<p>3 Exploration of issues and options leading to creation of Regional or Joint Scrutiny group or committee to look across the region at an issue e.g. alcohol?</p> <ul style="list-style-type: none"> • Need to set up system which is inclusive of local government; healthcare professionals and local communities but not unwieldy size. • Drawing on best practice nationally, establish appropriate governance structure to ensure accountability at both regional and local levels. • Identify appropriate regional stakeholder groups (or set them up if they don't exist) to inform scrutiny bodies. • Identify topics and prioritise what OSC's regionally could look at (<i>see table on key themes above</i>) • GONE/One North East involvement and/or funding? • Investigate working as a region – maybe an agreed issue and each local authority takes a different aspect to create a broad regional picture or each does its own scrutiny and shares the results before a regional summary is produced. • Develop regional solutions and/or common recommendations on shared issues? 	7 references covering a number of aspects
<p>4 Stronger links between health OSC's in the North East enabled by regular meetings and/or events (quarterly or 6th monthly?) involving OSC officers; OSC chairs and OSC members as appropriate.</p> <p>(Funding and time were recognised as issues here). Partnerships to be developed with other local authorities that commissioning or providing bodies span. E.g. South of Tyne or Durham and Darlington. Linking to other regions also proposed.</p>	6 references to North East wide meetings/events related to health OSC.
<p>5 Development of a “regional framework for health scrutiny” to work out the ethos and the “nuts and bolts”.</p>	4 references to developing a framework.
<p>6 Develop understanding of LINKs development and role and potential relationships with OSC's.</p>	4 references
<p>7 Explore “standardisation”, the way we do things, can we agree definitions and approaches? E.g. “substantial development and variation”</p>	2 references

8.3 Appendix A

8 Identify the key issues for the local population, understand work programmes of PPIF's and then LINKs	2 references
9 Monitoring and reassessing what has already been done within the North East region.	1 reference
10 Improve "scoping" and getting better at wording questions.	1 reference

Framework for conducting scrutiny reviews?:

Individual Scrutiny reviews next steps	Information needs	Support and development needs
Undertake research to understand the depth and breadth of the issue.	International and national evidence on best practice and policy	Public health support IT support
<p>Scope scale of the problem at local authority; sub-regional and regional levels</p> <p>Develop strategy to bring about improvement:</p> <ul style="list-style-type: none"> • Clear focus • Objectives/outcomes • Milestones • Development areas • Resources management • Monitoring and evaluation 	<ul style="list-style-type: none"> • Current local situation • Stakeholders and keyplayers from all sectors • Services available • Current plans and initiatives • Trends and statistics • Gaps and issues • Community views 	<ul style="list-style-type: none"> • Facilitation • Leadership • Better/more officer support • Specific training for OSC members • Members committing to long time on OSC • Ensure administrative support • Research assistance • Funding • Evaluation of influence and impact

8.3 Appendix A

Next steps – specific (four examples provided on health topics)

1 Alcohol scrutiny next steps	Information needs	Support and development needs
Define the scope of the subject and get someone (who?) to pull the information together.	Use as sources for information: <ul style="list-style-type: none"> • Public health • ANEC • GONE • One NE • Universities • LAA's • LSP - health and wellbeing • LINKs • Councillors • NHS 	Co-ordinator for pulling together information and sharing it.
Involve OSC members and CfPS and make all the information available, enable questions		NHS specialist support
Each OSC to look at different aspect e.g. <ul style="list-style-type: none"> • Children and alcohol • Women and alcohol • Domestic violence and alcohol • Alcohol related illness • Alcohol related crime • Alcohol and employment 		
Share outcomes best practice findings recommendations		OSC network
2 Accessibility (transport) scrutiny next steps	Information needs	Support and development needs
Need to understand what's happening in the multi area agreements and regional transport plan in order to plan the timing of the scrutiny.	Understand the issue – call in the “experts” to explain policy (national; regional and local) What's happening?	National support for working with private sector companies

8.3 Appendix A

	Best practice evidence? Local people's views? How do we measure outcomes? NHS influence on transport services? Local influence on local transport providers and Regional transport Planning?	
"join up" across the region		
Define "scope" of the review		
Look at what is going on		

3 End of Life Care scrutiny next steps	Information needs	Support and development needs
Consider issues of : <ul style="list-style-type: none"> • Respect and dignity • Moving people around • Links between providers • Quality of care plans • Hospitals geared up? 	What is best care?	

4 Obesity (local food markets) scrutiny next steps	Information needs	Support and development needs
More local markets with fresh fruit and vegetables and publicise them	Information about what is in season and how to cook it	Councils to support local producers and markets
Emphasize regionality and seasonality of food	Inform people about food miles and their cost	Recipes on buses and metro's
Encourage eating what is in season	Publicise slow food movement	
Develop local feasts based on local food		
Consider European evidence on practice and social cohesion		

8.3 Appendix A

Useful questions posed during event

- Recruitment to OSC – how do we get a good mix and the membership right?
- How do we assess what level of scrutiny is appropriate for specific topics and the time constraints required?
- Are other regions discussing the same issues i.e. regional scrutiny?
- Has there been any regional or national work done on conducting regional scrutiny?
- GONE/One NE should they have involvement in regional scrutiny and be asked to provide funding?
- How do we move from scrutiny to action?
- How can we co-ordinate and not recreate work?
- Is there real clarity on what our powers are?
- How can we put aside personal interests in the role of councillors in scrutiny?
- What is the role of LINKs, who defines the contract locally, and how will we work with them?

Postcards (and another thing....)

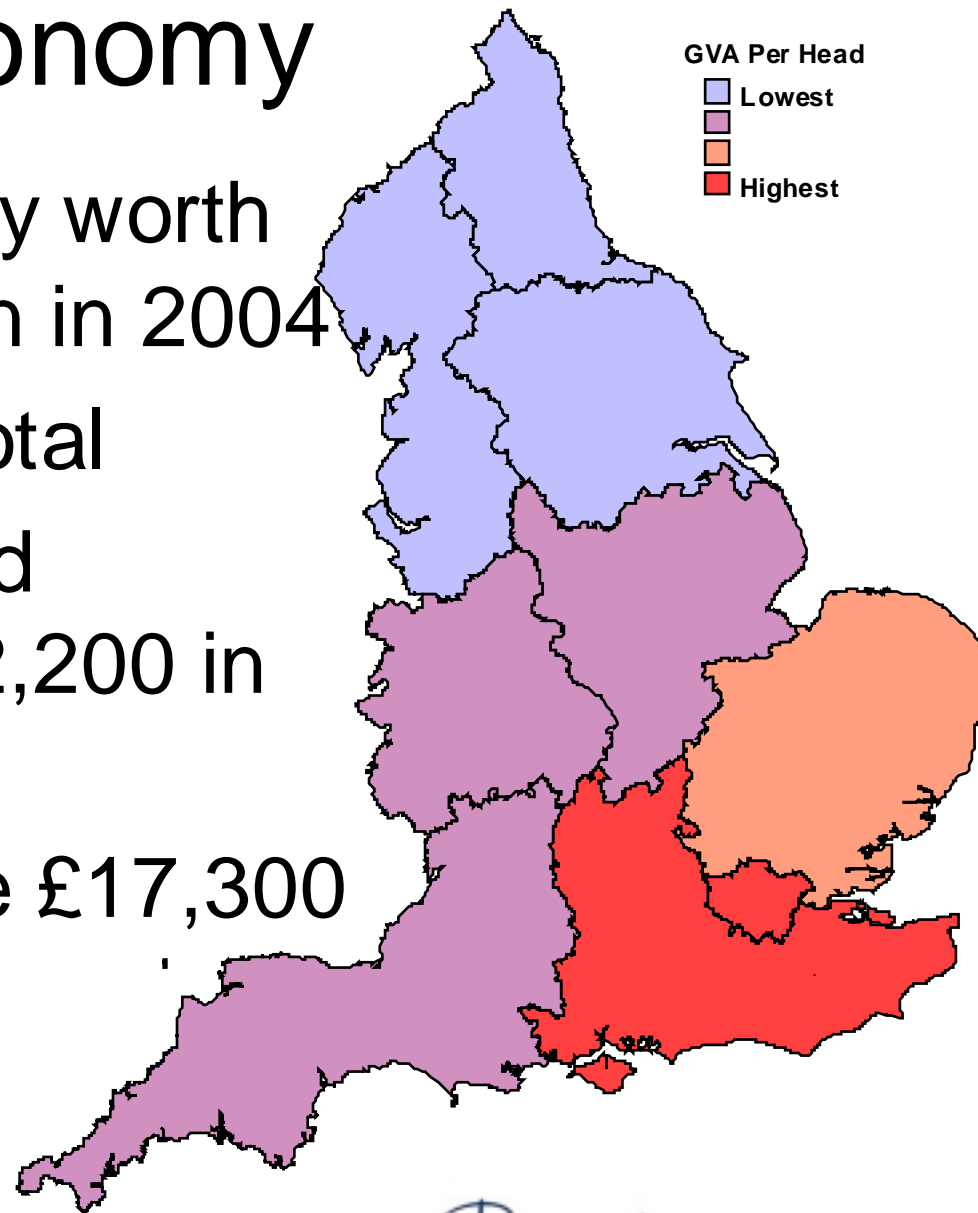
- Again some very good ideas and proposals of what should be done. But not how it can be done. How to put the processes in place to ensure scrutiny involves all those relevant stakeholders' views, adds value, has outcomes and links into strategic level decisions.
- Thank you for the event. Lots of good pieces of work being done by scrutiny but not shared and quite internalised. We have a strong NE presence/sense of place can we use this better? Child Health – please don't forget, particularly mental health – ante/post natal of parents, children and young people.
- Impact of technology including Telecare on the improvement in health care and prevention of emergency treatment.
- Presentations lacked any awareness that the way people know, use and access services generally will increasingly depend on their ability to access information from the internet - experienced, skilled IT users will increasingly have better outcomes than the IT poor.
- Why not an integrated planning framework for health and social services and local authorities across the patch? If we all agree a common agenda then it would promote synergy.
- If public are to be active, need for active third sector involvement in Scrutiny. Structures needed to deal with urgent/immediate issues.

Health & NHS Challenges in the North East

Dr Stephen Singleton
Medical Director, NHS NE

Regional economy

- regional economy worth almost £34 billion in 2004
- 4% of England total
- £13,400 per head compared to £22,200 in London
- England average £17,300

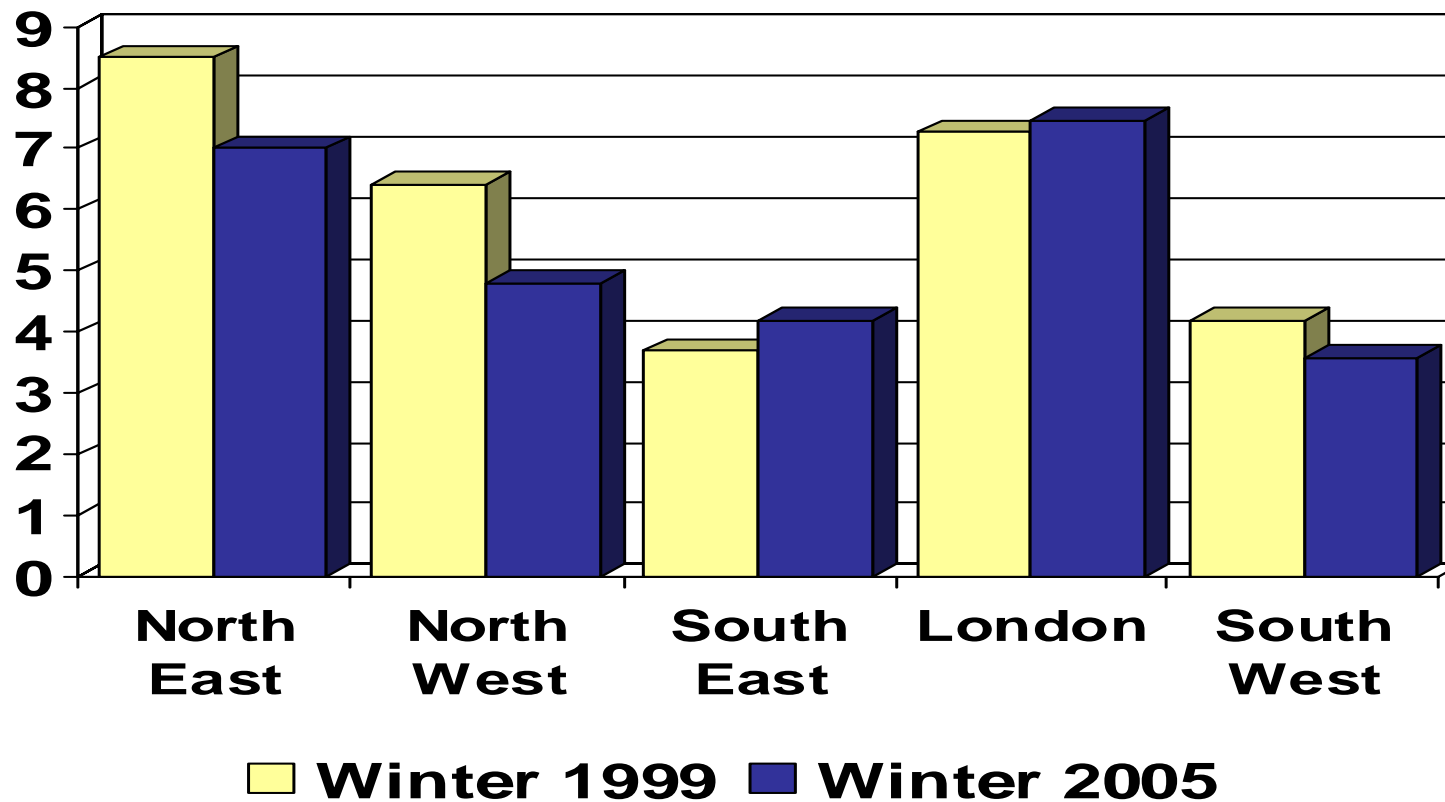


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Unemployment rate

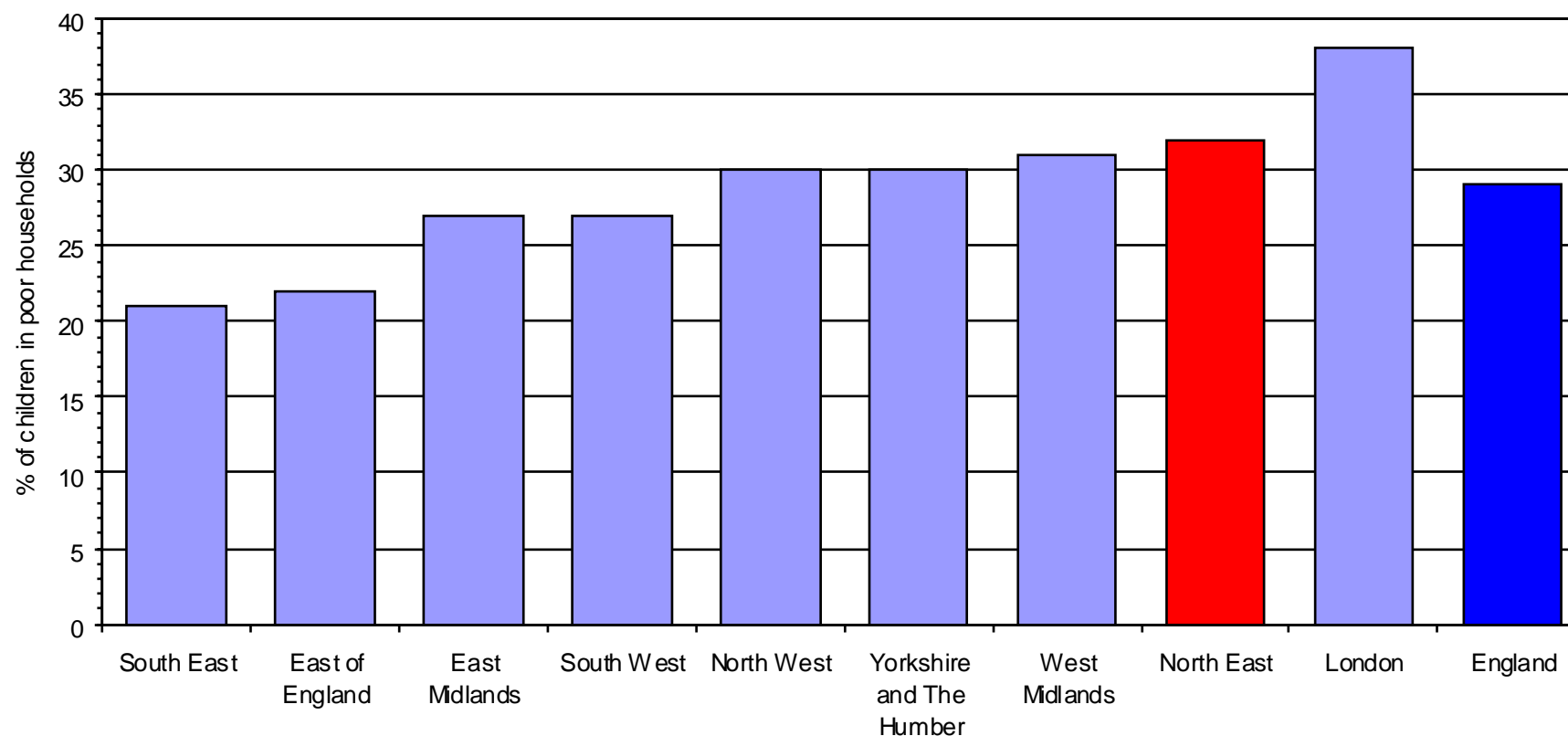
- significant decrease since 1999
- regional rate remains amongst highest nationally



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Childhood poverty



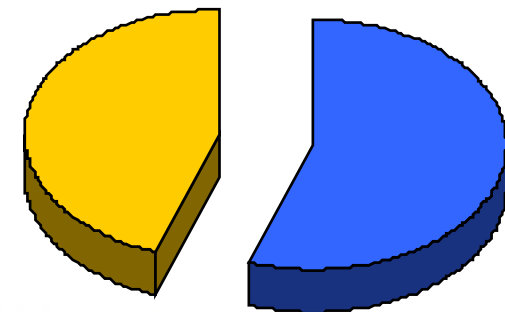
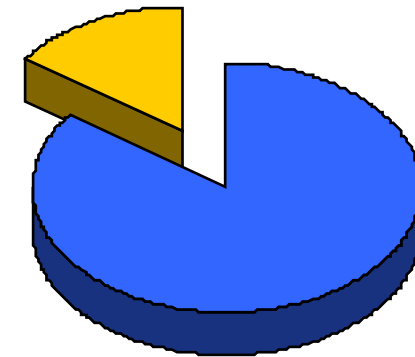
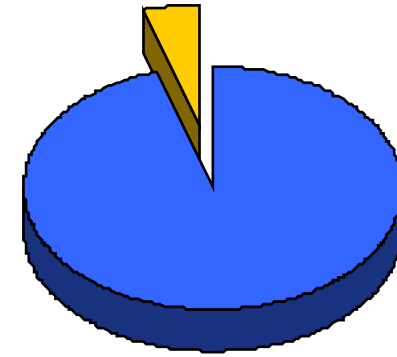
Almost a third of children live in households below the poverty level

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Ethnic mix

- only 4.6% of North East people are from black and minority ethnic groups
- ...compared to 15.0% in West Midlands
- ...and 40.7% in London

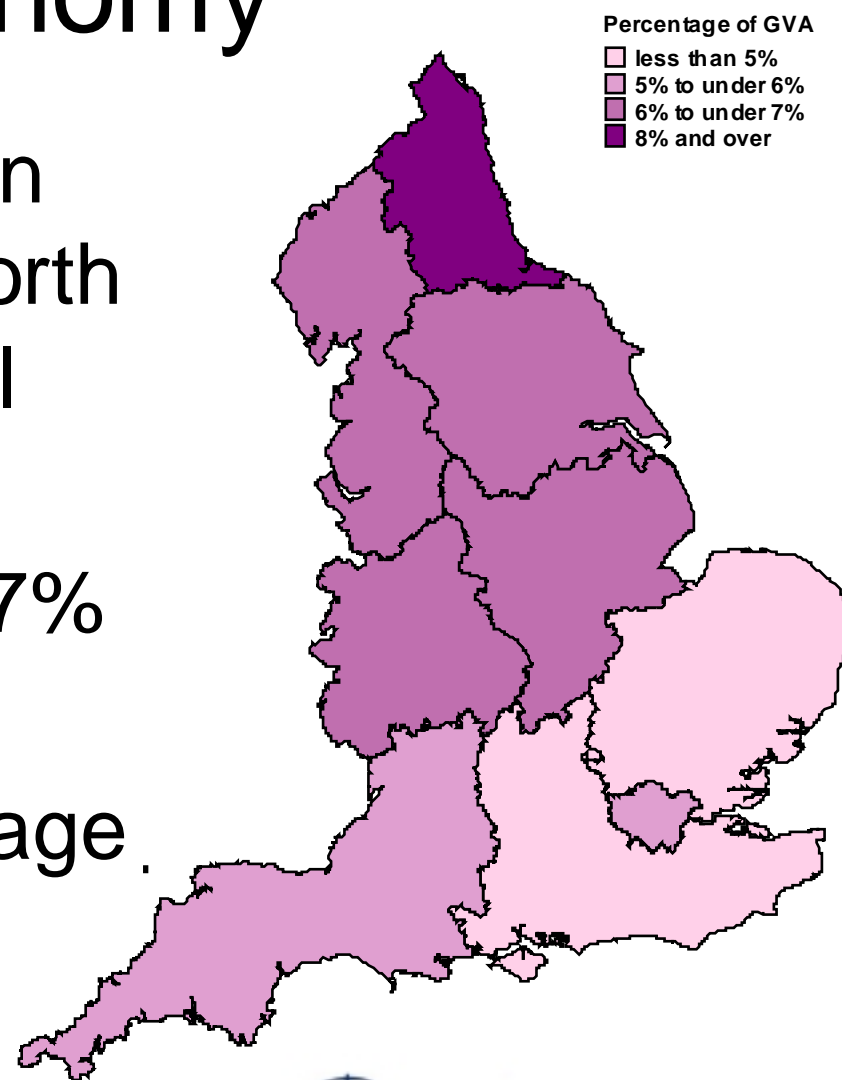


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NHS contribution to the economy

- spend on the NHS in the North East is worth 8.1% of the regional economy
- compares to just 4.7% in the South East
- and a national average of 5.7%



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Patterns of health

In the North East we:

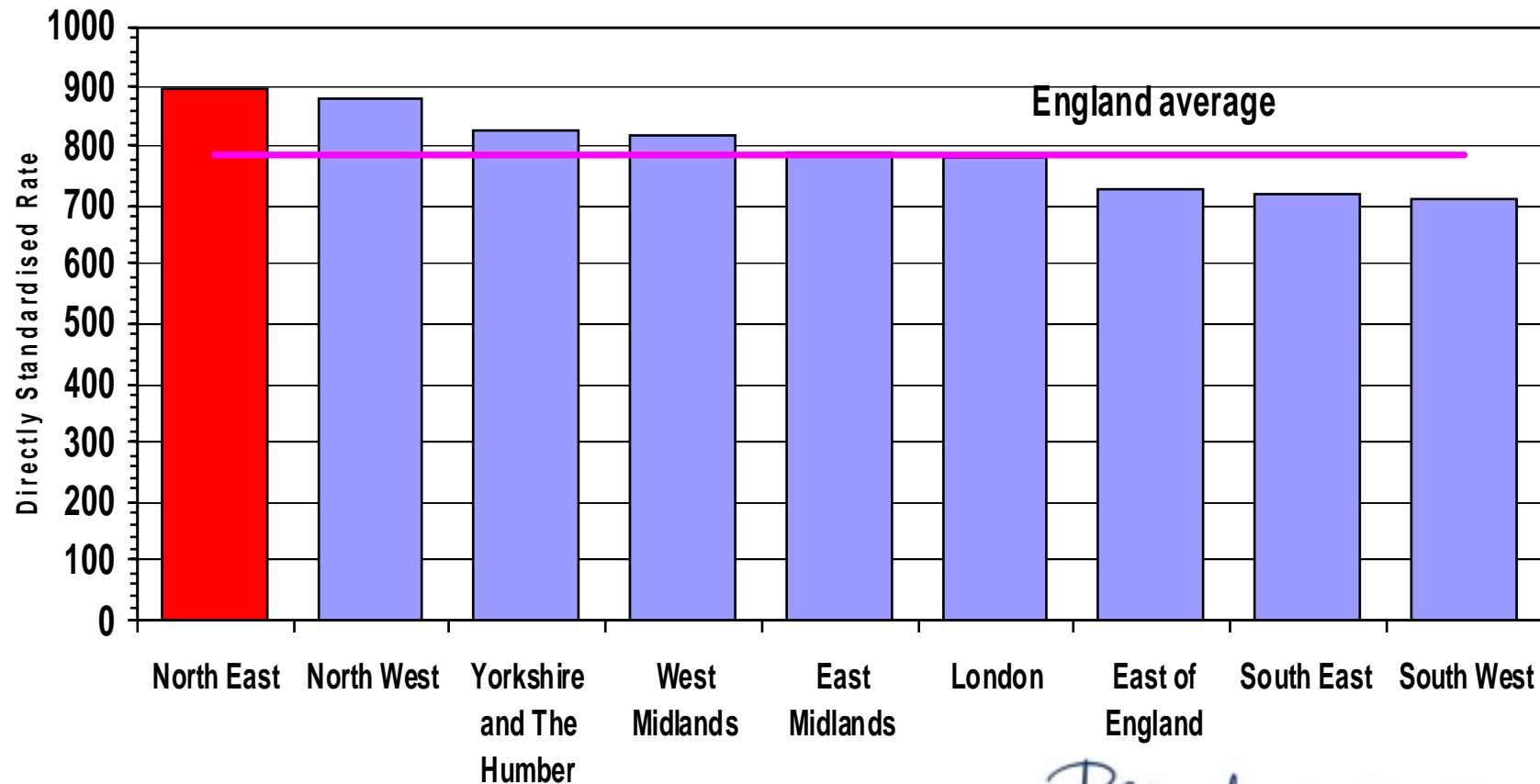
- die earlier than the rest of England
(from heart disease, cancer, respiratory disease and most other causes)
- suffer more ill health than elsewhere
(heart disease, diabetes, mental health, joint disease and most other causes)
- put more pressure on the NHS
(mainly emergency and acute reactive care)

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Main causes are coronary heart disease, stroke and cancer

Death rates from all causes 14% above England, 26% above lowest region

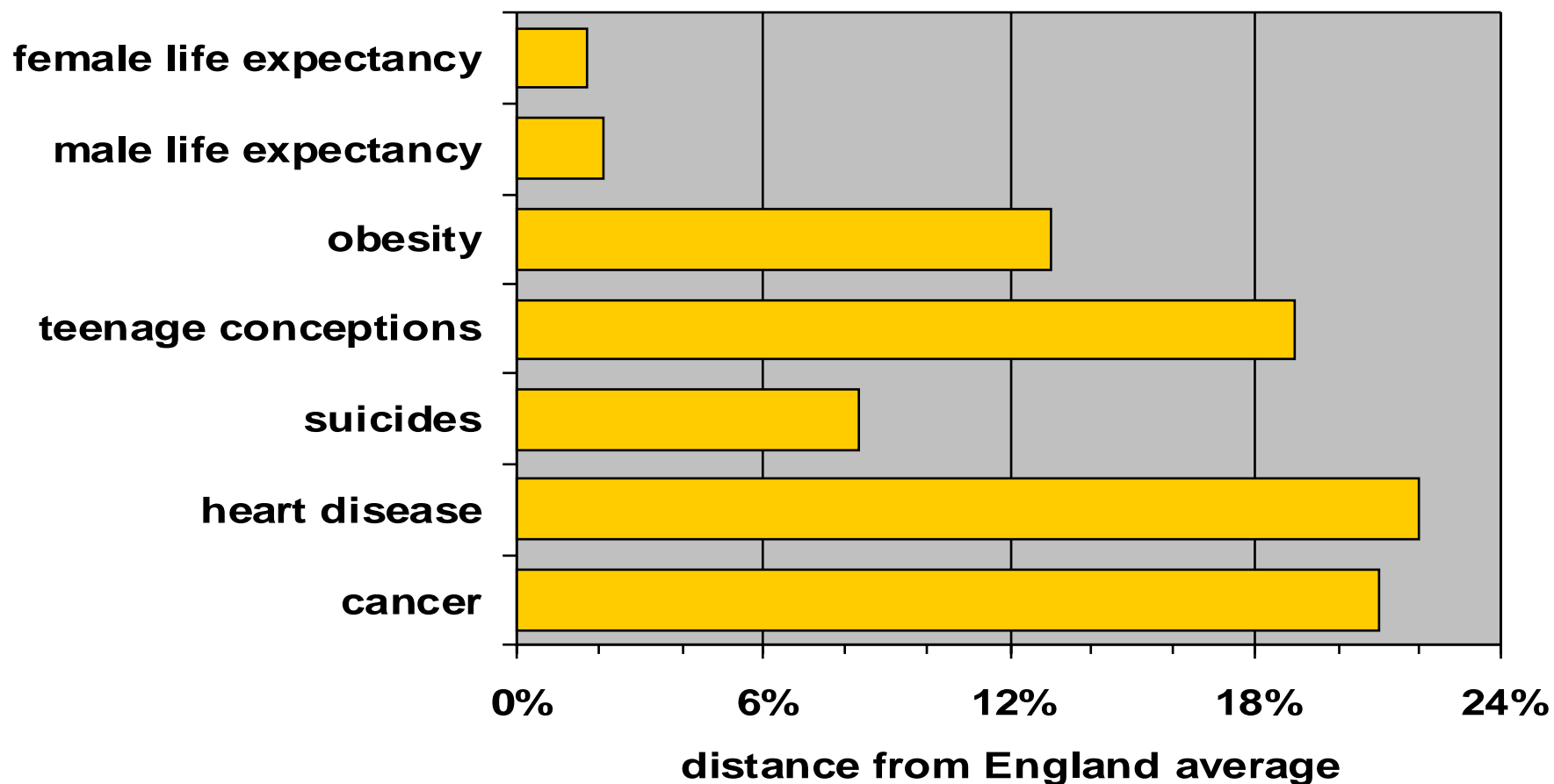


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Key health targets

Gap between North East and England



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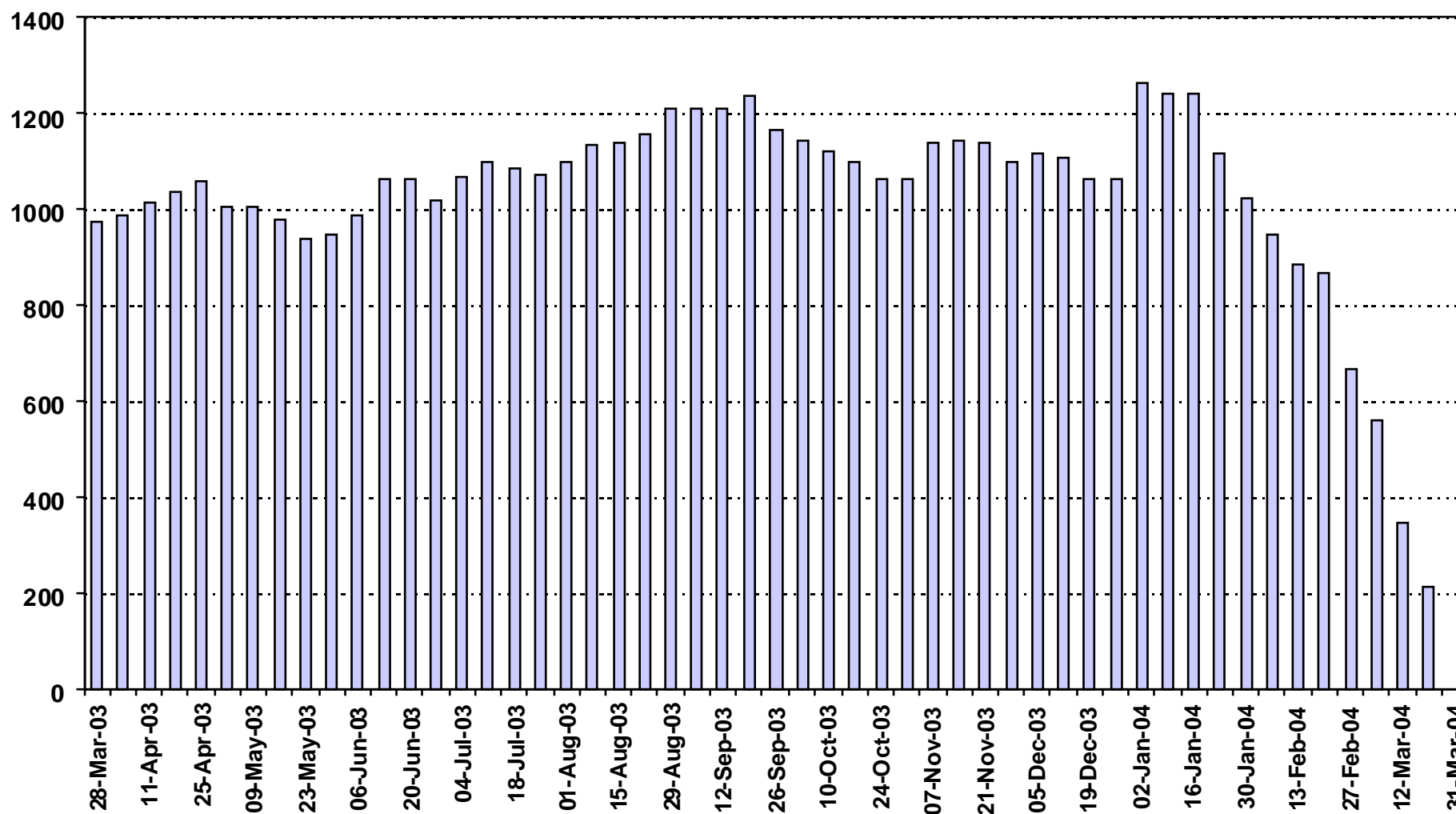
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Test our assumptions?

- Safety
- Quality of services
- Access issues
- “front line staff” know best
 - Doctors and nurse good / managers bad
- “It’s all about money”

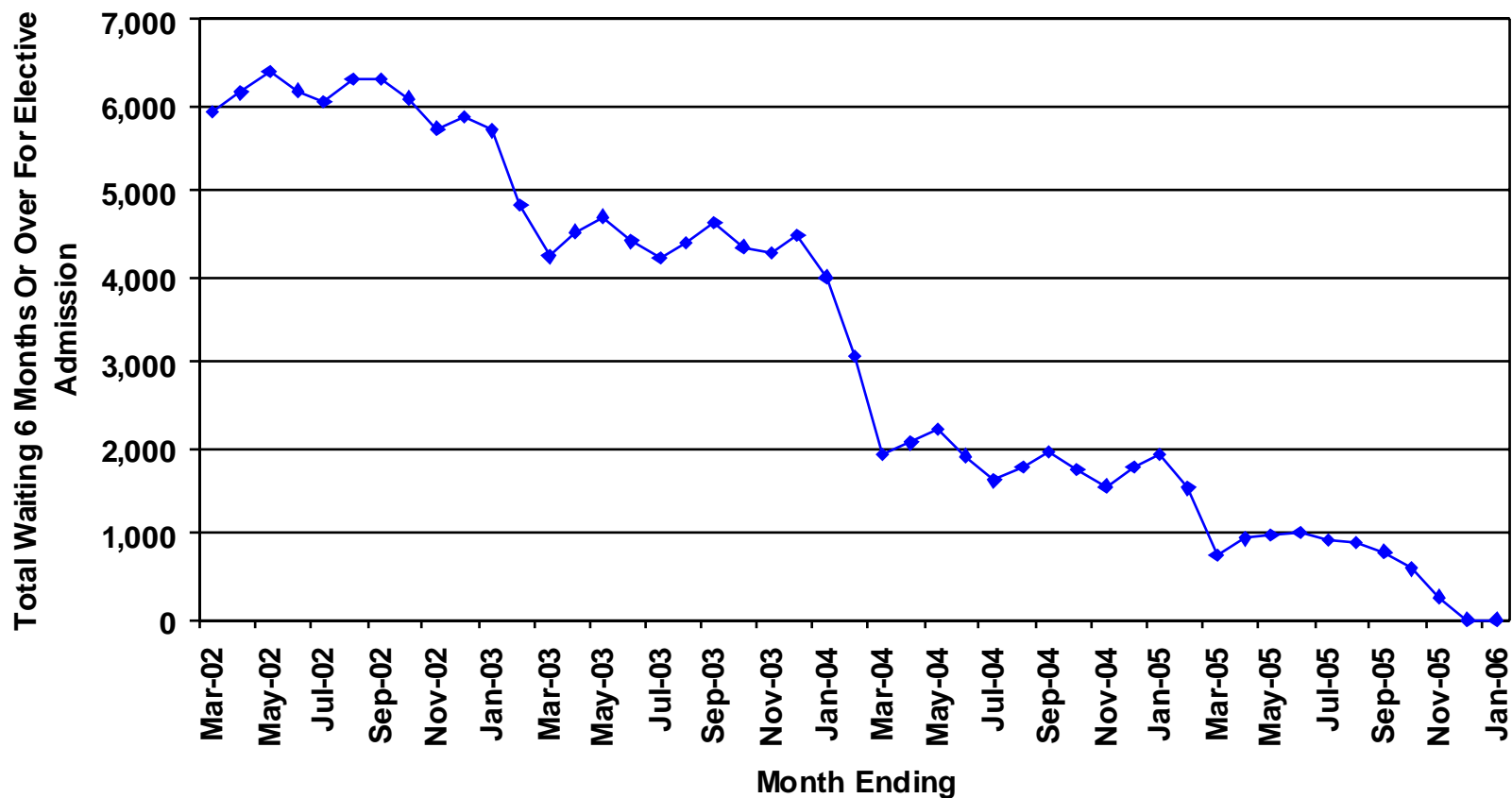
Over 9 Month Waits



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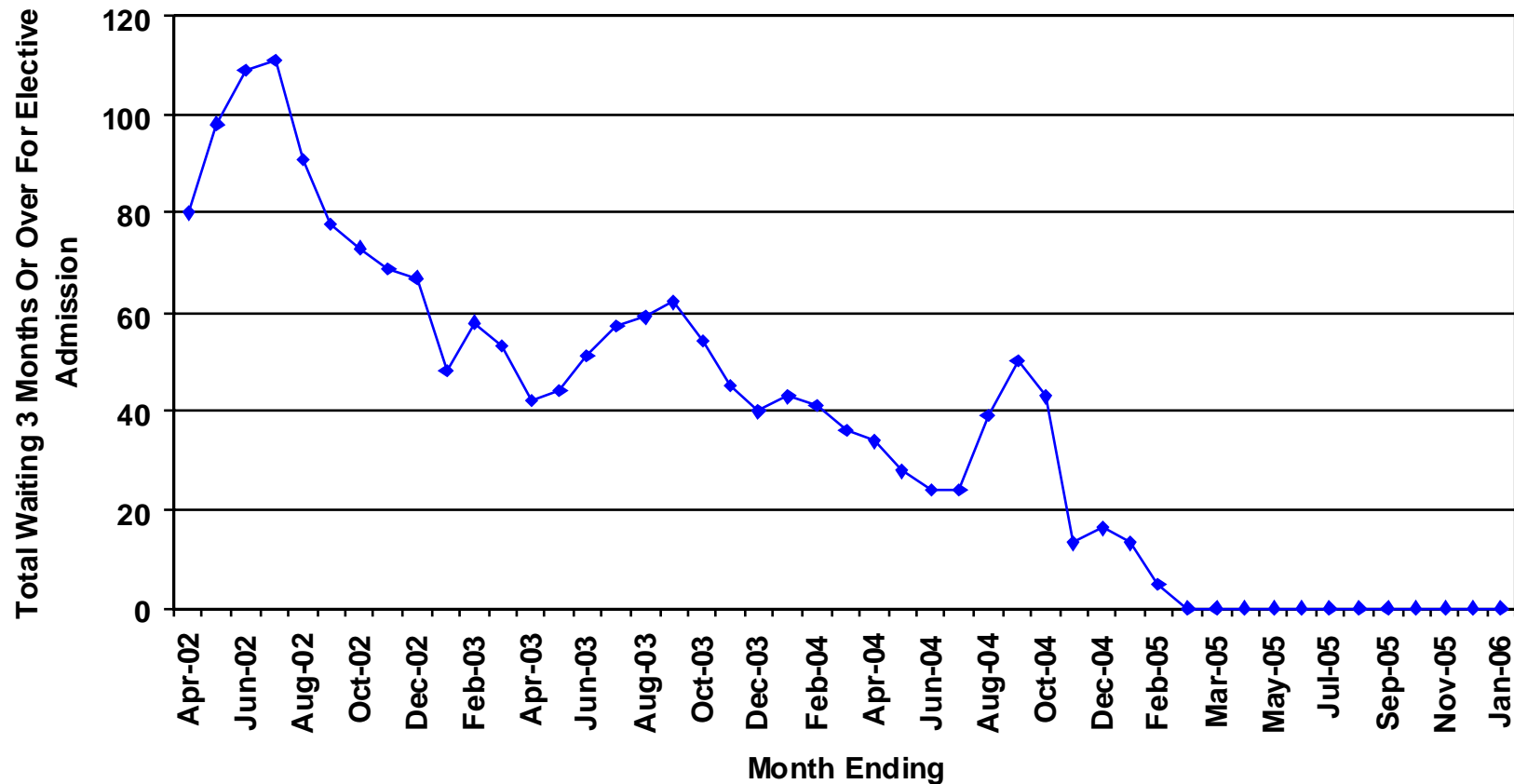
Total Waiting Six Months Or Over For Elective Admission to Hospitals



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Total Waiting Three Months Or Over For Elective Admission to Hospitals For Heart Bypass Procedures (CABG)

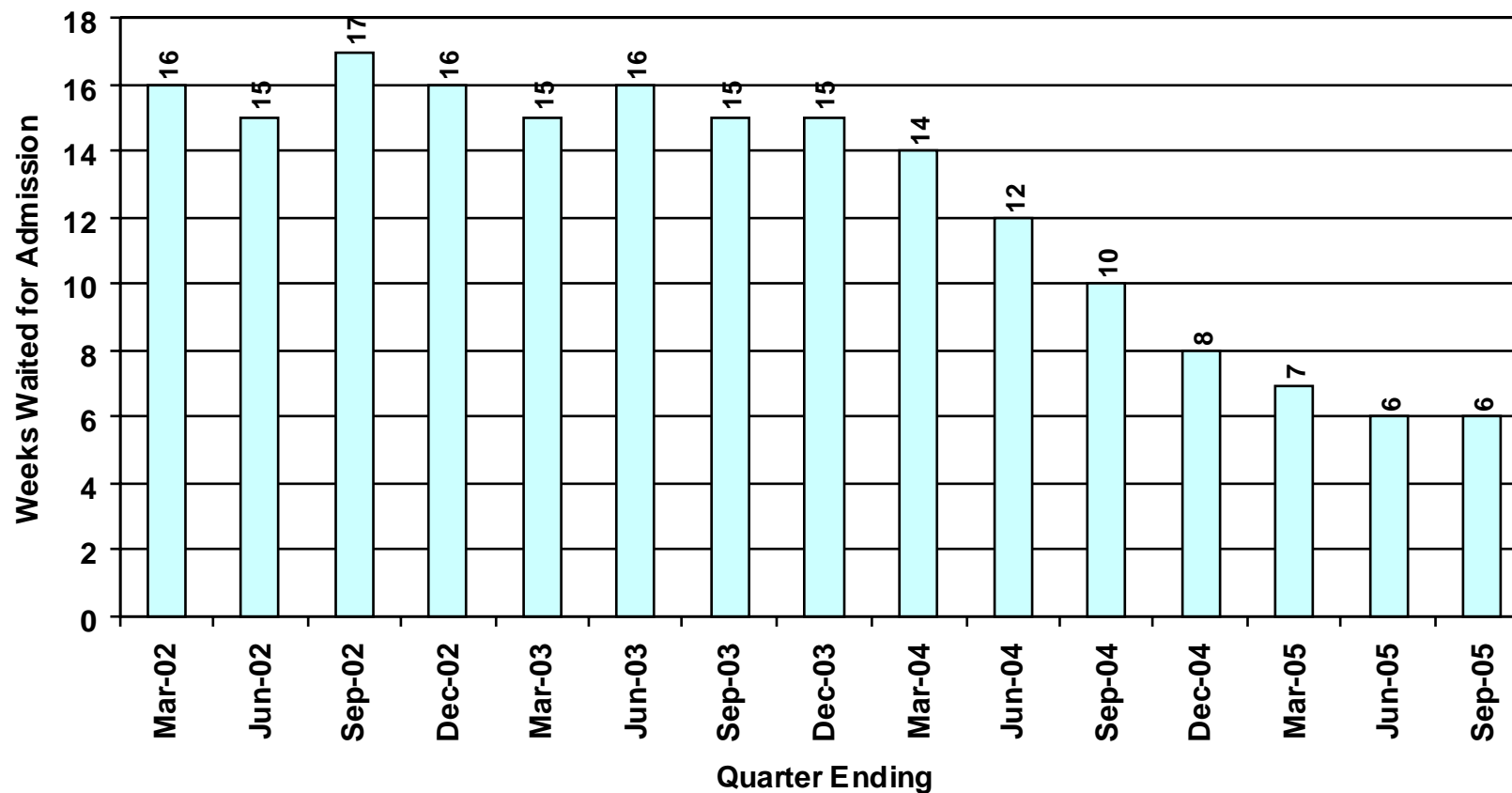


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Average Wait of Finished In Year Admissions For Cataract Procedures

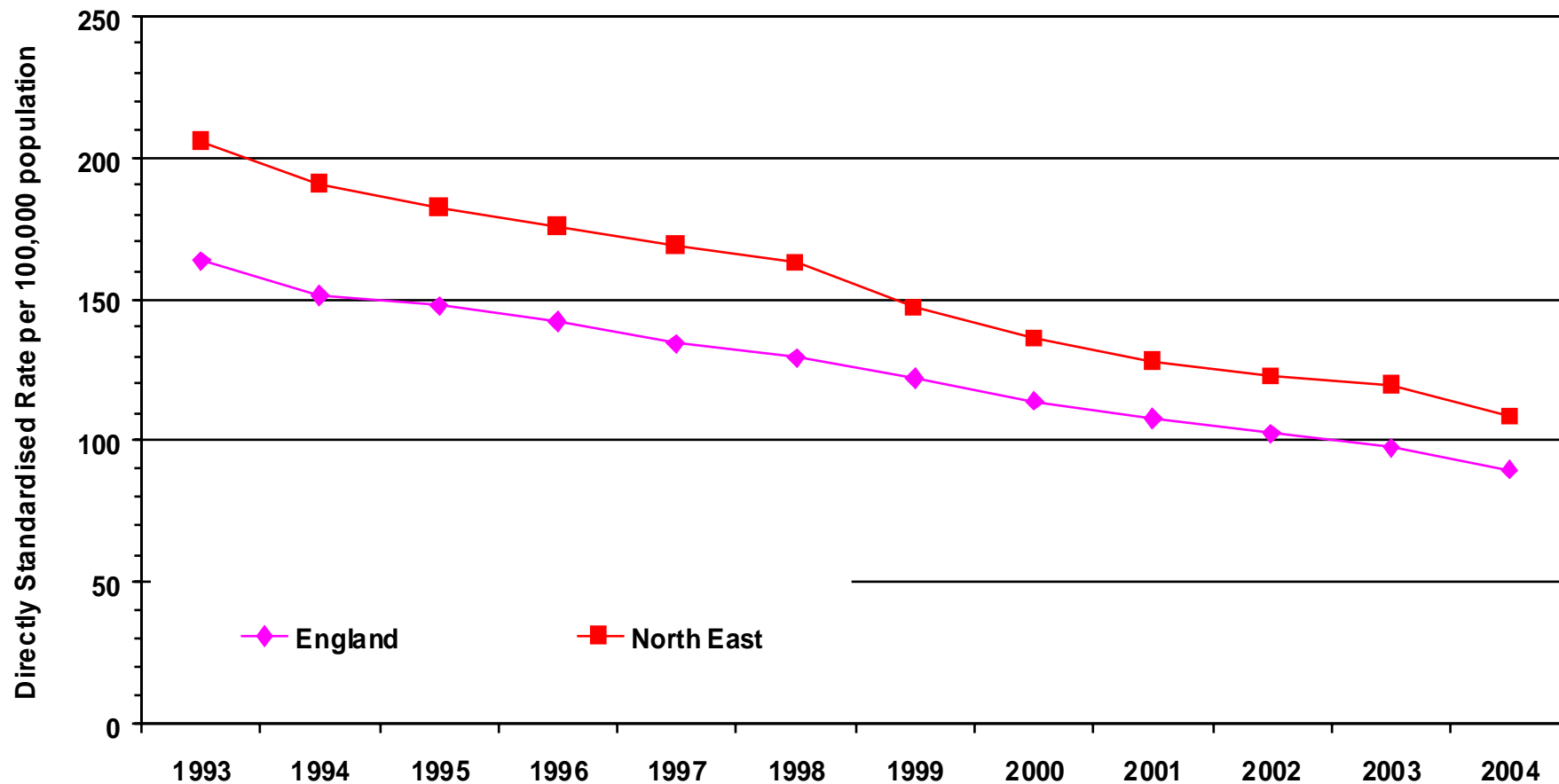
(Source: Hospital Episode Statistics)



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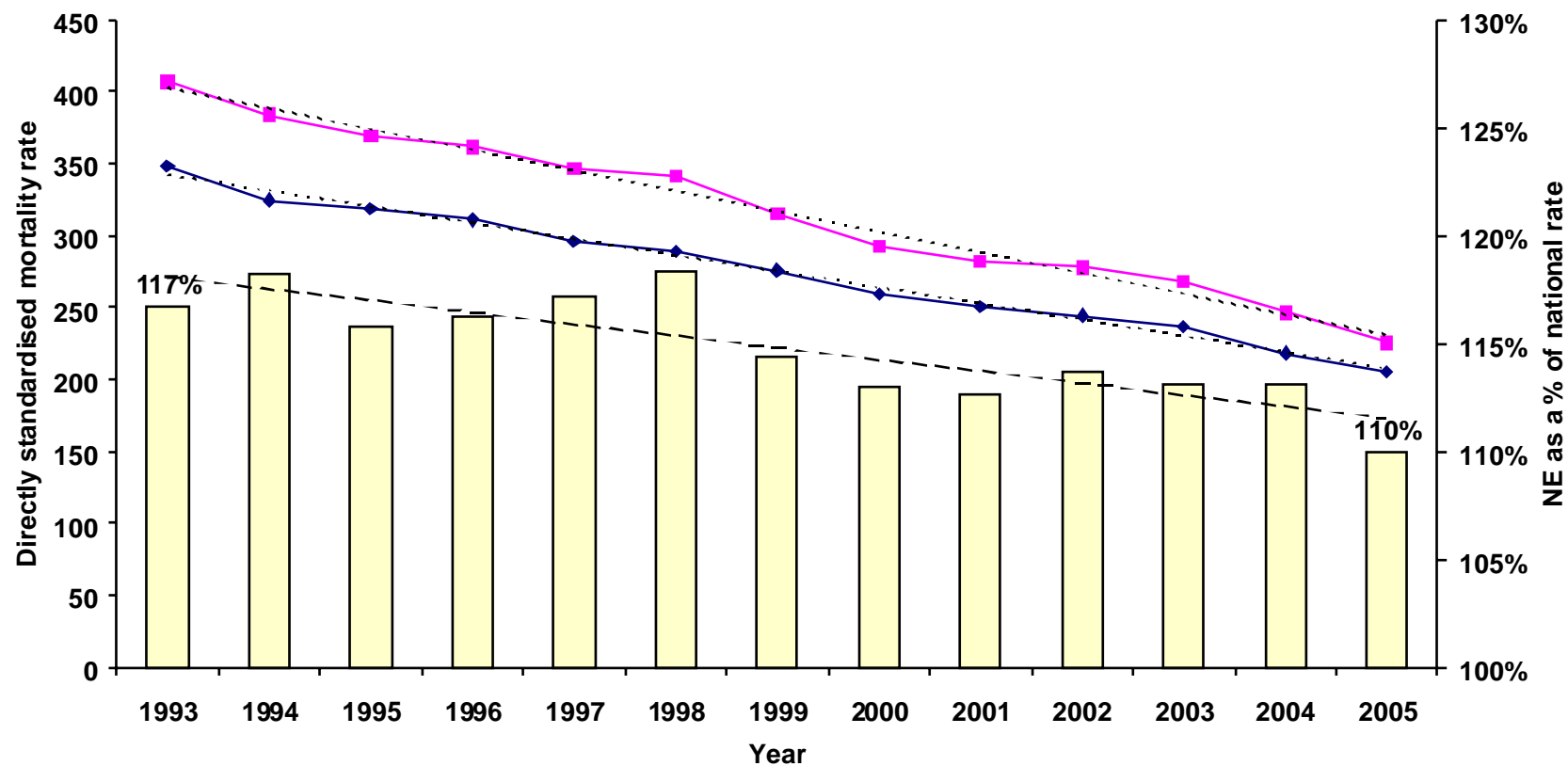
Death rates are reducing and gap is narrowing



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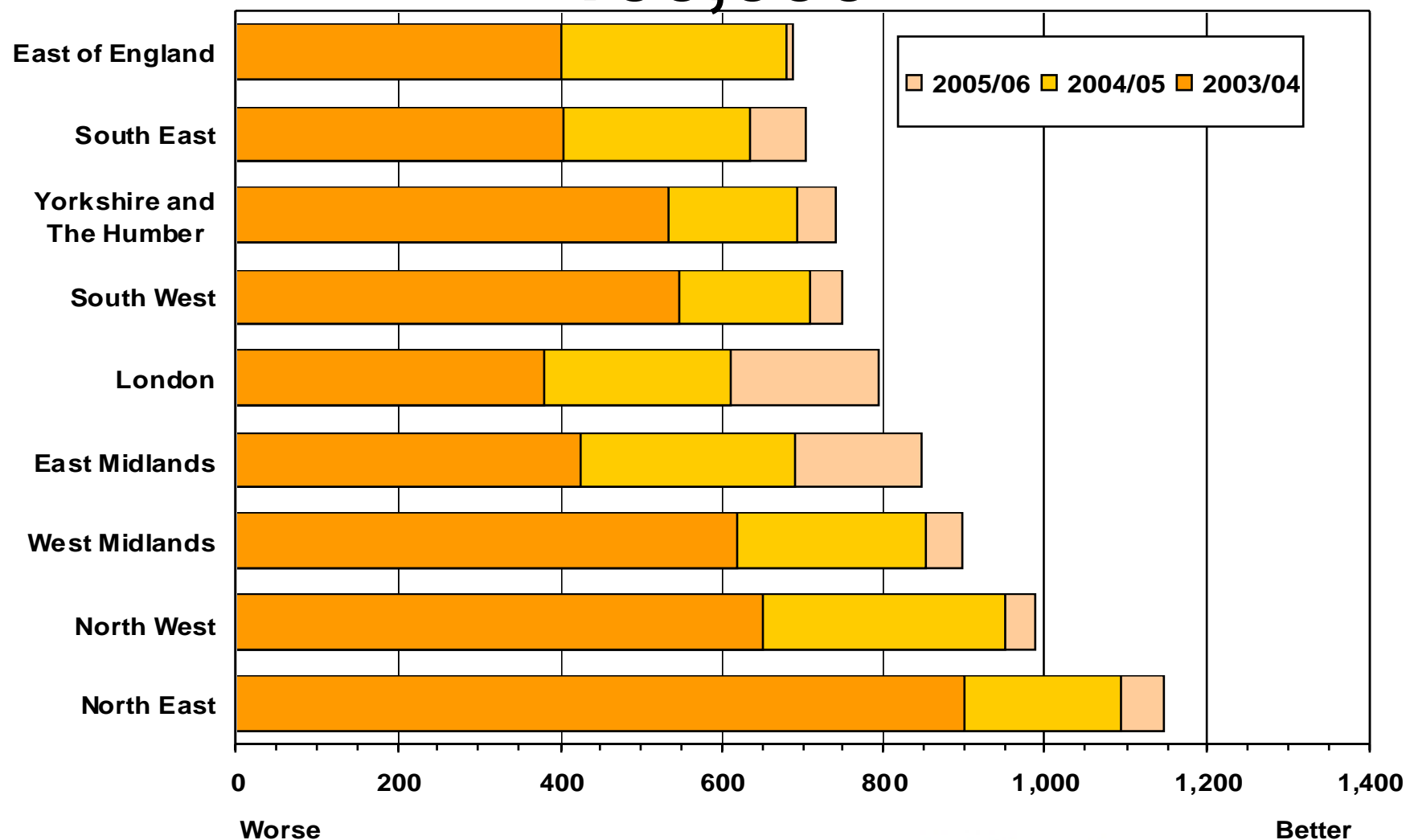
All-age directly standardised mortality rates for circulatory diseases in persons in NE and England 1993-2005 (lines) and column chart of proportional excess of NE mortality



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Four week smoking quitters per 100,000



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**Tobacco is the leading cause
of industrial disease in the
North East**

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What is going on?

- Clinical quality
 - Standard work
 - Accountability
- Policy
 - Targets
 - Break up the bureaucracy
- Culture
 - Leadership (particularly doctors?)
 - Managing change

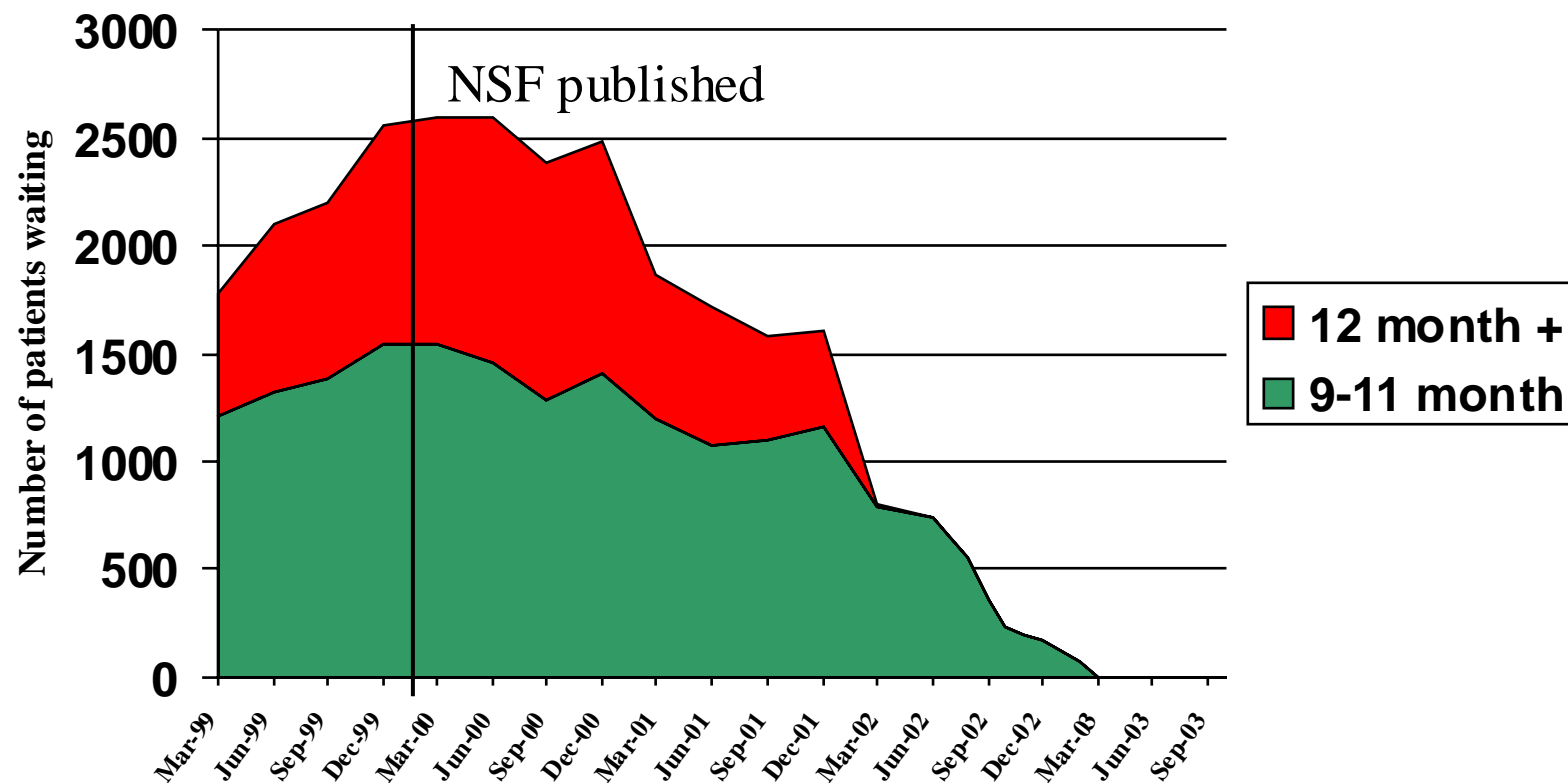
Standard work!

National Service Frameworks
National Quality Standards
National Institute for Clinical
Excellence

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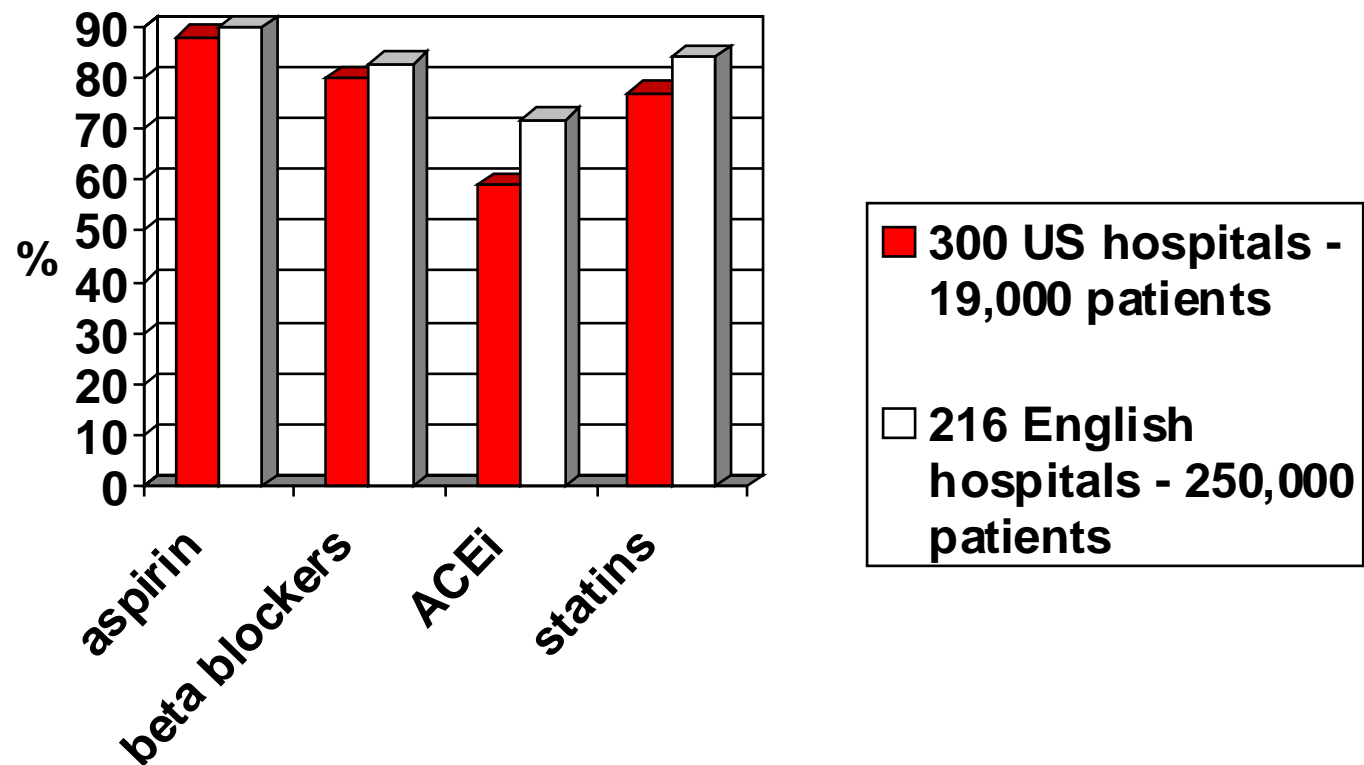
CABG waiting times in England



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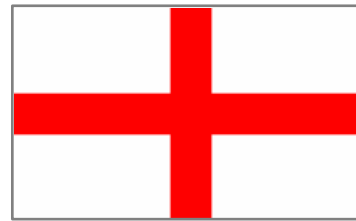
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Discharge medication



Uptake of statins in CHD patients

- 45,000 patients
 - 59% on statins



- 20,000 patients
 - 35% on statins



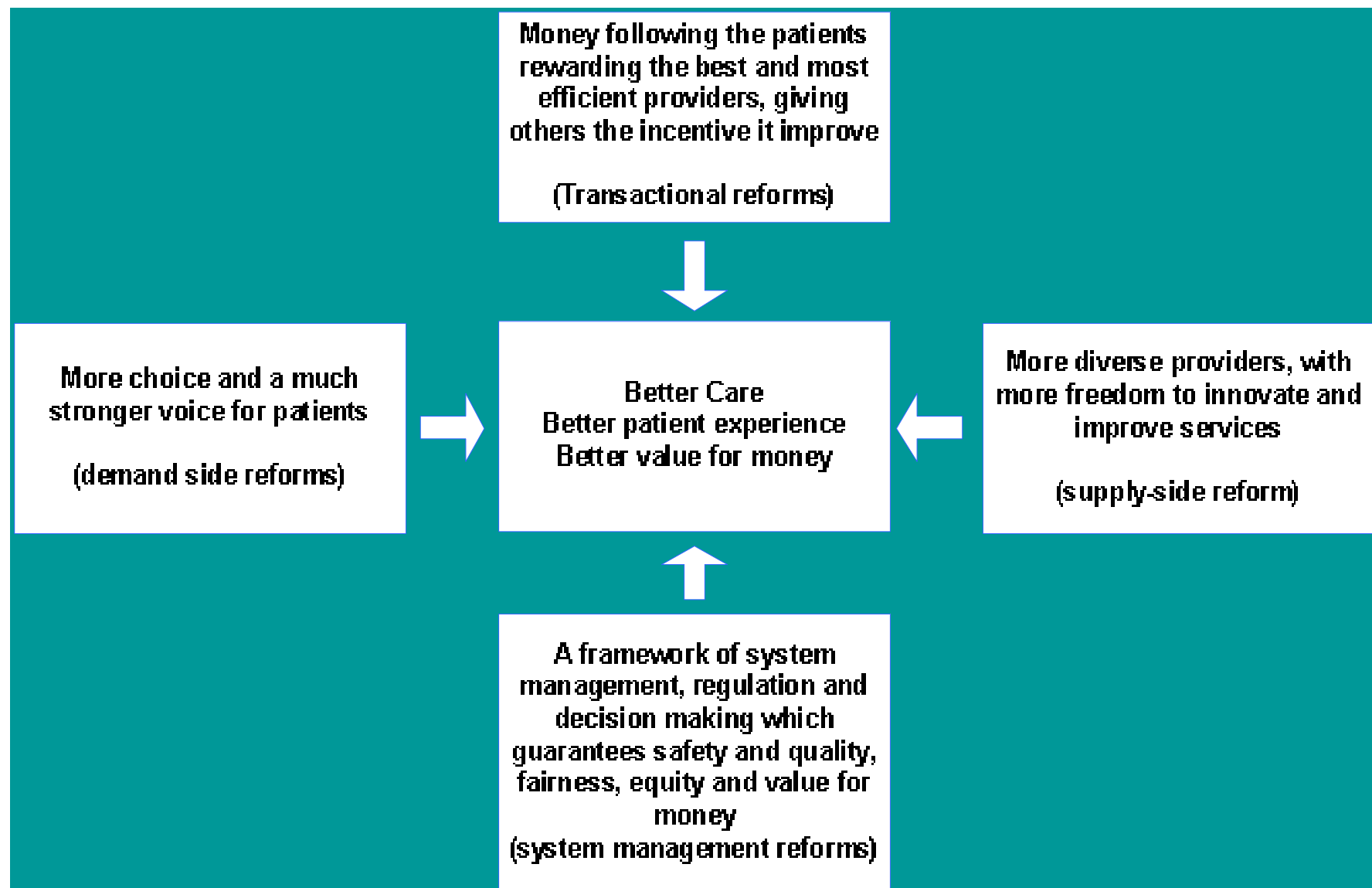
Quality culture?

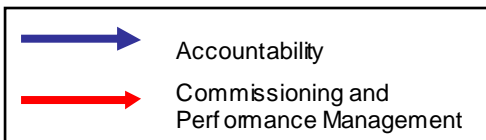
- Patients receive on average **54.9%** of recommended care
 - Preventive care = 54.9%
 - Acute care = 53.5%
 - Chronic care = 56.1%

NEJM June 26th, 2003

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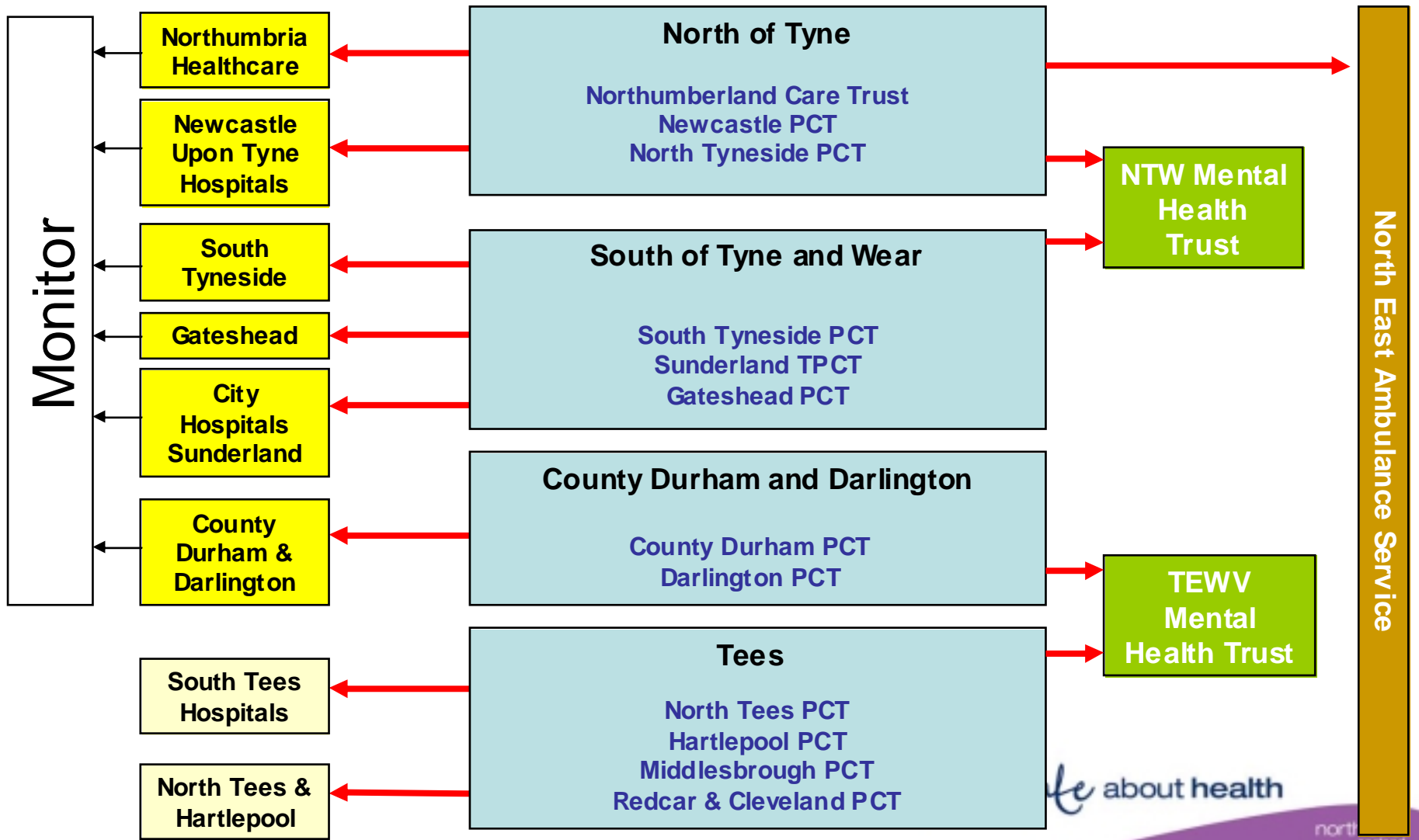


North East Strategic Health Authority

Acute Services Providers

Commissioner and Primary & Community Providers

Other Service Providers



life about health

north
england

A vision for the North East NHS

‘The NHS in North East England will be the leader in excellence in health improvement and health care services’

No barriers to health and well being
No avoidable deaths, injury or illness
No avoidable suffering or pain
No helplessness
No unwanted waiting or delays
No waste
No inequality

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The health agenda beyond the economy & aspiration...

- Smoking
- Diet and exercise
- Mental health promotion
- Alcohol
- Health from before conception to a “good death”
- Fairness

The National Health Service

- good at monitoring access to services
- good at counting the financial cost
- provides first class treatment
- less good at measuring the “patient-centred” quality of its services
- pays insufficient attention to outcomes
- can fail to take a preventive approach
- does not always tackle health inequalities well – but is getting better





Sustainable health scrutiny ...

rationale for regional and sub-regional networks

Tim Gilling
Health Scrutiny Programme Manager

tim.gilling@cfps.org.uk
www.cfps.org.uk

CfPS - supporting regional health scrutiny ...

- 9 regional events to launch the HSSP (public health, annual health check and Patient Forums)
- action learning programme – 26 projects in the regions (outcomes published in 'Sharing the Learning' and 'Learning Together')
- expert advisory team (reached 85% of OSCs with a 97% satisfaction rate)
- regional support funding (£10,000 to develop regional networks in SHA areas)

Opportunities to build relationships ...

- creation of new Strategic Health Authorities and Primary Care Trusts (are local decisions made in the context of a regional framework?)
- emphasis on commissioning (what information are commissioners basing their decisions on?)
- proposals for patient and public involvement (are LA executives clear about the impact of LINKs and the skills that 'hosts' will need?)

Areas for development?

- regional health and well-being (what can we tackle together? can single OSCs take the lead on any issues? for example: housing, jobs, climate change)
- specialised commissioning (forthcoming CfPS guide)
- 'non executive' networks (councillors together with NHS 'non execs' and FT public governors)
- impact of national policies (health and well-being commissioning framework; health and social care outcomes and accountability framework)



LINK Local Involvement Network

Meeting the Health Challenges in the North East

**Sally Young
Area Director (North) CPPIH**

5th July 2007

Introduction to LINks

- There will be a Local Involvement Network (LINk) in each area (150 in England)
- The boundaries of the LINk will be based on Social Services boundaries e.g. there will be a single LINk for Gateshead
- The LINk brings together individuals and organisations from the community and voluntary sector with an interest in health and social care

Role of the LINK

A LINK will:

- promote and support the involvement of people in the commissioning, provision and scrutiny of local health services'
- 'obtain the views of people about their needs for, and their experiences of using, local care services'
- focus more on **what** services should be provided (commissioning) but maintaining a role in assessing **how** services run at the moment

Role of the LINk (cont)

- look at health **and** social care; the complete patient journey
- focus on wellbeing (public health) and prevention at a community level
- consider all providers of health and social care, not just the NHS or local authority
- have a clear remit to involve and engage with individuals, groups and the public, and to keep them advised of local proposals and developments

Role of the LINk (cont)

- provide a link between commissioners and the local community and provide information to help monitor the effectiveness of the commissioning process
- have a more fluid 'membership', making it easier to involve individuals and groups on an 'as and when' basis
- build on existing networks not develop new ones
- provide information to service commissioners through research and evidence collection for subsequent use in the development of commissioning plans.

How will a LINK work

- The Local Authority will contract for support services for a LINK
- These support services will be provided by an organisation, known as the **Host**
- The Host will provide support and training for the LINK, recruit the members and develop the LINK and support the governance structure
- The Host will report to the Local Authority only in relation to the contract and money spent

Early Adopter Projects

CPPIH Early Adopters in seven areas:

Hertfordshire

Dorset

Medway

Manchester

County Durham

Doncaster

Kensington and Chelsea

Healthcare Commission in two areas:

Bradford / Leeds South West peninsula

About the Early Adopter

Purpose is to learn as much as possible:

- How the new system might work
- Who needs to be involved in the LINk
- How will a LINk ensure the views of all communities are taken into account (equality and diversity)
- How might a LINk engage with the wider community and stakeholders

Early Learning

- Many different parts of the Local Authority need to be aware / involved in this :
 - Community Engagement/ Involvement
 - Health Overview and Scrutiny
 - Health / Social Care Policy
 - Local Strategic Partnerships/ Area Agreements
 - Procurement and contracting
- Involve the participation/engagement unit within the Local Authority early on

Current Timetable

- July – House of Lords debate in July
- July - Model contract issued by DH
DH policy on 'The Mature LINK'
- Summer - consultation on powers
- October/November – Royal Assent,
Comprehensive Spending Review
- April 2008 – Hosts in place, LINKs to start

Further information

www.cppih.org

KMS-Changing NHS-LINks-Early Adopter Pages

www.dh.gov.uk

Search for 'Local Involvement Networks'
LINks Bulletin

www.nhscentreforinvolvement.nhs.uk

Register on Home Page

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

04 September 2007



Report of: Scrutiny Support Officer

Subject: REVISED SCOPING PAPER: SCRUTINY INVESTIGATION INTO THE WITHDRAWAL OF EMERGENCY CARE PRACTITIONER SERVICES AT WYNYARD ROAD PRIMARY CARE CENTRE

1. PURPOSE OF REPORT

- 1.1 To make revised proposals to Members of the Adult and Community Services and Health Scrutiny Forum for a scrutiny investigation into the withdrawal of emergency care practitioner services at Wynyard Road Primary Care Centre.

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 consisted of one topic for in-depth review, namely an investigation into the development of acute, primary and community services in Hartlepool. This topic was selected as a result of a Council referral made on 8 February 2007 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 was the most appropriate Forum to undertake the scrutiny investigation.
- 2.3 However, a related referral was also received from the South Neighbourhood Forum on 2 February 2007 that requested the Health Forum to consider whether the service mix being proposed at primary care centres in Hartlepool reflected local needs and aspirations. Significant concern was expressed by members of the public in relation to the Wynyard Road Primary Care Centre and therefore the referral requested that Members focus specifically on this issue.
- 2.4 In light of on-going work within the Forum's work plan during the 2006/07 municipal year, it was agreed that the 'the service mix' element of the South Neighbourhood referral had already been responded to via the Forum's work into 'Fairness and Equity in Primary Care.' Thus, with the agreement of the Chair of both Scrutiny Co-ordinating Committee and the Adult and Community Services and Health Scrutiny Forum, it was agreed that the Forum incorporate the Wynyard Road Primary Care Centre element of the referral within a single scrutiny investigation that would investigate both the development of primary and community health services in Hartlepool and the new hospital development.
- 2.5 This proposal was endorsed by Scrutiny Co-ordinating Committee on 29 June 2007 and work was undertaken to present a scoping paper to the Forum at its meeting on 24 July 2007, which was subsequently adjourned until 30 August 2007. However, during this period further work was being undertaken with representatives of the NHS and it quickly became apparent that scrutiny work into the development of acute, primary and community health care services could not be completed within the 2007/08 municipal year (effectively a seven month window) as had originally been proposed. In view of the fact that the NHS is scheduled to take almost seven years to deliver the pathway to healthcare agenda, it was considered essential that the Forum revise its scoping paper to enable the Forum to influence the Pathway to Health Care

programme throughout the duration of the project thus the paper was withdrawn at the meeting on 30 August 2007.

- 2.6 While the Forum generally attempts to conclude scrutiny investigations within a municipal year, in view of the importance of the subject matter under review, the Chair requested that practice be modified to enable the Adult and Community Services and Health scrutiny forum to respond to key milestones throughout the lifespan of the pathway to health care project. Work is currently ongoing to establish a timetable for engagement with the pathway to health care agenda.
- 2.7 However, in view of the prolonged investigation into pathway to health care, it was considered important that the South Neighbourhood Forum referral in relation to the Wynyard Road Primary Care Centre was not lost within a larger piece of work. Therefore a revised scoping paper has been circulated to ensure that both the short and long term priorities receive appropriate levels of consideration.

3. OVERALL AIM OF THE SCRUTINY INVESTIGATION/ENQUIRY

- 3.1 The revised overall aim of the scrutiny referral is to gain an understanding of the circumstances and process leading to the withdrawal of the Emergency Practitioner Service at the Wynyard Road Primary Care Centre and to examine the subsequent impact on patients.

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 the circumstances and process leading to the decision of HPCT to withdraw the Emergency Care Practitioner Service in the Wynyard Road Primary Care Centre;
 - (b) To explore what options HPCT considered to enable the continuation of the Emergency Care Practitioner Service at Wynyard Road Primary Care Centre;
 - (c) To examine the impact of the loss of such facility in relation to those patients accessing the facility;
 - (d) To examine future development proposals for the Wynyard Road Primary Care Centre and the impact of this on patients; and,
 - (e) To examine the future development proposals for the emergency /urgent care services to be offered within Hartlepool.

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 follow s:-
- (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) Local residents (including representatives of minority communities of interest or heritage);
 - (g) Ward Councillors and;
 - (h) 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) 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 – ‘Urgent Report’ – Consideration of Scoping Paper.

09 October 2007 – Evidence from representatives of HPCT including Emergency Care Practitioners and representatives of the Wynyard Road Primary Care Centre.

13 November 2007 – To seek the views of residents, patients, ward councillors and other stakeholders associated with the Wynyard Road Primary Care Centre.

30 November 2007 – Community Engagement / Consultation with South Neighbourhood Forum

18 December 2007 – To seek examples of best practice in relation to Urgent Care Facilities and to examine the future development proposals for the Wynyard Road Primary Care Centre.

29 January 2008 - Consideration by the Adult and Community Services and Health Scrutiny Forum of the Draft Final Report.

14 March 2008 – Consideration of Final Report by Scrutiny Co-ordinating Committee

31 March 2008 – Consideration of Final Report by Cabinet and Hartlepool PCT

9. RECOMMENDATIONS

- 9.1 Members are recommended to approve the revised work programme for the Adult and Community Services and Health Scrutiny Forum.
- 9.2 Members are recommended to agree the revised remit for 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). Minutes of the South Neighbourhood Forum held on 2 February 2007
- (ii). Minutes of Council held on 8 February 2007
- (iii). Minutes of Scrutiny Co-ordinating Committee held on 9 February 2007 and 29 June 2007.
- (iv). Minutes of the Adult and Community Services and Health Scrutiny Forum held on 12 June 2007
- (v). Report of the Adult and Community Services and Health Scrutiny Forum entitled 'Fairness and Equity in Primary Care' presented to Hartlepool Primary Care Trust on 30 May 2007
- (vi). Pathways to Healthcare - the road map to new hospital, primary and community services and facilities for Teesside.