

PLEASE NOTE VENUE

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM AGENDA



Tuesday 23 October 2007

at 3.00 pm

at Owton Rossmere Resource Centre, Wynyard Road, Hartlepool

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

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

Resident Representatives:

Mary Green, Jean Kennedy and Mary Power

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. MINUTES**
 - 3.1 To confirm the minutes of the meeting held on 30 August 2007
 - 3.2 To confirm the minutes of the meeting held on 4 September 2007
- 4. RESPONSES FROM THE COUNCIL, THE EXECUTIVE OR COMMITTEES OF THE
COUNCIL TO FINAL REPORTS OF THIS FORUM**

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

No items

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

No items.

7. ITEMS FOR DISCUSSION

Withdrawal of Emergency Care Practitioners Services at Wynyard Road Primary Care Centre Scrutiny Referral

7.1 Setting the Scene

- (a) Setting the Scene by Hartlepool PCT and North Tees PCT: Covering Report - *Scrutiny Manager*
- (b) Setting the Scene Presentation - *Deputy Director of Health Systems and Estates Development, Hartlepool PCT and North Tees PCT*

7.2 Evidence from Key Stakeholders

- (a) Covering Report – *Scrutiny Manager*
- (b) Verbal Evidence from the Assistant Director of Clinical Services/Lead Nurse (w ho responsible for the Emergency Care Practitioners), Hartlepool Primary Care Trust;
- (c) Verbal Evidence from an Emergency Care Practitioner; and
- (d) Verbal Evidence from a GP at the Wynyard Road Primary Care Centre/Chair of Hartlepool PCT Professional Executive Committee (PEC).

7.3 Feedback from the South Neighbourhood Consultative Forum of 12 October 2007

- (a) Covering Report – *Scrutiny Manager*
- (b) Verbal Feedback from the South Neighbourhood Consultative Forum of 12 October 2007 – *Chair of the Adult and Community Services and Health Scrutiny Forum / Scrutiny Manager.*

7.4 Pathw ays to Healthcare – Provisional Timeline for Scrutiny Engagement – *Scrutiny Manager*

7.5 Local Involvement Netw ork (LINKs) Update – *Director of the Adult and Community Services*

7.6 Tees-w ide Patient Experience Team

- (a) Presentation on the Role and Activities of the Tees-w ide Patient Experience Team: Covering Report – *Scrutiny Manager*
- (b) Role and Activities of the Tees-w ide Patient Experience Team Presentation – *Head of Patient Experience on behalf of the Tees PCTs*

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8. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

ITEMS FOR INFORMATION

- i) Date of Next Meeting Tuesday 13 November 2007 commencing at 3.00 pm at Owton Rossmere Resource Centre, Wynyard Rod, Hartlepool**

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

MINUTES

30 August 2007

Present:

Councillor: Jonathan Brash (In the Chair)

Councillors: Reuben Atkinson, Caroline Barker, Mary Fleet,
Geoff Lilley, Michelle Plant, Lilian Sutheran and Gladys Worthy.

In accordance with Paragraph 4.1 of the Council's procedure rules Councillor Chris Simmons was in attendance as substitute for Councillor Sheila Griffin.

Resident Representatives:
Mary Power

Also Present:

Councillors Edna Wright and Steve Gibbon
Carole Lingrick, North Tees and Hartlepool NHS Trust
Carl Parker, North Tees and Hartlepool NHS Trust
Nick Roper, North Tees and Hartlepool NHS Trust

Officers: Tony Brown, Chief Solicitor
Charlotte Burnham, Scrutiny Manager
Sajda Banaras, Scrutiny Support Officer
Angela Hunter, Principal Democratic Services Officer

12. Apologies for Absence

Apologies for absence were received from Councillor Sheila Griffin and Resident Representatives Mary Green and Jean Kennedy.

13. Declarations of interest by Members

Councillors Caroline Barker and Jonathan Brash declared a personal and non-prejudicial interest in minute 18.

14. Minutes of the meeting held on 12 June and 24 July 2007,

Confirmed.

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

None.

16. Consideration of request for scrutiny reviews referred via Scrutiny Co-ordinating Committee

None.

17. Consideration of progress reports/budget and policy framework documents

None.

18. Pathways to Healthcare – Covering Report *(Scrutiny Support Officer)*

The Scrutiny Support Officer introduced the Director of Strategic Service Development (SSD) along with other representatives from the North Tees and Hartlepool NHS Trust who had been invited to deliver a presentation to Members in relation to the pathways to health care programme. The Director of SSD gave a comprehensive and detailed presentation which provided an overview of the programme whilst gaining Members' views on their vision for healthcare in 2014 and beyond and the most appropriate way of engaging with Members as the programme develops.

The Director of SSD informed Members that the Pathways to Healthcare Programme operated across the North Tees and Hartlepool NHS Trust and Hartlepool and Stockton PCTs. It was noted the programme's directive was to implement the decision taken by the Independent Reconfiguration Panel in relation to the future of healthcare in Hartlepool and Stockton and that this was an exciting opportunity to examine afresh 21st Century healthcare and develop a health system for the needs of the people of Hartlepool.

The key milestones were detailed in the presentation which indicated that the programme would be on-going for the next 7 years and would culminate in the building and commissioning of the new hospital and associated facilities in 2014.

A discussion ensued which included the following issues.

- What sites were currently being looked at for the new hospital? The Director of SSD indicated that as yet, no sites had been identified. Although the services of Land Agents had been engaged to identify

potential sites, any suggestions would be consulted on fully.

- What were the implications for co-terminus relationships and who will pay for these arrangements? The Director of SSD indicated that the programme would identify gaps in services and the most appropriate place to deliver these services to ensure people can be treated closer to home. The impact of this would be examined as part of the programme.
- What services would be provided in the new health centres in the town and if the maternity unit was transferred to Stockton, who will decide which babies were delivered where? The Director of SSD indicated that although this information was not available at the meeting, it would be brought to a meeting at a later date.
- Transport was a huge problem, how was this being dealt with? The Director of SSD agreed this was a huge issue and although it was not ultimately the direct responsibility of the health authority, it did recognise the issues. This issue would be discussed with the North East Ambulance Service and the relevant local authorities.
- Members had concerns about how their views would be taken into account. The Director of SSD indicated that all views received would be examined equally and that was why views on how to engage with the Forum throughout the consultation period were being sought.
- In relation to the transport issues raised earlier, clarification was sought on how this issue would be dealt with in the interim period to ensure people from Hartlepool were not disadvantaged? The Director of SSD indicated that the North Tees and Hartlepool NHS Trust were committed to continue to maintain the current hospitals and services provided until such time that services were transferred to community locations or a new hospital was opened.
- What funding arrangements were in place to implement the IRP decision? The Director of SSD responded that although no decision had yet been taken, it was hoped that all new developments would be funded through Public Finance Initiatives (PFI).
- There were concerns remaining among Members of the Forum and the public about the closure of the hospital and the issues this created. The Director of SSP indicated that the Pathways to Healthcare Programme was to take forward the decision taken by the IRP to close the University Hospital of Hartlepool. The Director of SSP stressed the importance of ensuring that the health care services provided as a result of this decision were the best and most appropriate services to meet the needs of the people of Hartlepool.
- It was requested that an evening meeting of the Forum be scheduled as part of this consultation to consult as wide an audience as possible.

The representatives from the North Tees and Hartlepool NHS Trust were thanked for their presentation and for answering Members questions.

Decision

Members noted the contents of the report and presentation.

19. Scoping Report – Development of Acute Primary and Community Health Services in Hartlepool *(Scrutiny Support Officer)*

The Chair of the Adult and Community Services and Health Scrutiny Forum reported that in light of the earlier discussions in particular the associated delivery timescales of the Pathways to Healthcare Programme, it was appropriate for the scoping report to be withdrawn from the agenda and revised for re-consideration at the next meeting of the Forum.

The Chair of the Adult and Community Services and Health Scrutiny Forum further informed the Forum that it was crucial that Elected Members were involved in all key milestones/work streams throughout the whole of the Pathways to Healthcare Programme. However, with regard to the Forum's current work programme, emphasis was now been placed on the Withdrawal of Services at Wynyard Road issue, referred by the South Neighbourhood Consultative Forum in addition to the Pathways to Healthcare Programme..

Decision

A revised scoping report to be submitted to the next meeting of the Forum.

JONATHAN BRASH

CHAIRMAN

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

MINUTES

4 September 2007

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

Present:

Councillor: Jonathan Brash (In the Chair)

Councillors: Reuben Atkinson, Mary Fleet, Sheila Griffin, Geoff
Lilley, Michelle Plant and Gladys Worthy

Resident Representatives:
Jean Kennedy and Mary Power

Also Present:

Ali Wilson, Deputy Director of Health Systems and Estates
Development

Officers: Margaret Hunt, Adult and Community Services Development
Manager
Graham Jarrit, Borough Librarian
Peter Price, Joint Director of Public Health
Sajda Banaras, Scrutiny Support Officer
Denise Wimpenny, Principal Democratic Services Officer

19. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Caroline
Barker and Lillian Sutheran.

20. Declarations of interest by Members

Councillor Jonathan Brash dedared a personal and non-prejudicial interest in
minute number 24, 25 and 26.

21. Minutes

None.

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

None.

23. Consideration of request for scrutiny reviews referred via Scrutiny Co-ordinating Committee

None.

24. Access to GP Services – Progress Report *(Deputy Director of Health Systems and Estates Development Hartlepool PCT and North Tees PCT)*

The Scrutiny Support Officer referred Members to the report which provided an update on progress that had been made to date following the recommendations made by the Forum regarding the Access to GP Services scrutiny investigation.

The Deputy Director of Health Systems and Estates Development was in attendance and updated the Forum on progress made to date on each of the actions as detailed in Appendix B to the report. Members were advised that whilst progress had been made this was an area under constant review for development as access could always be improved upon.

Discussion ensued in which the following issues were raised:-

- (i) A Member referred to a letter (which he had circulated to the Chair and Support Officer) in which it stated that referrals made by GP's to the Orthopaedics service were managed through a range of alternative services due to pressures on the service. The Member queried the reasons why, and questioned whether this was a case of 'massaging statistics?'. The PCT representative advised that a recent survey indicated that 98% of patients surveyed had confirmed they were offered the hospital of their choice. However, in relation to this specific request, the PCT representative advised that this service did not fall within her remit, however, she would source the relevant information and provide this to the Member after the meeting,
- (ii) How do you intend to reduce the queues outside Medical Centres/GP Surgeries. Members were advised that providing additional pre-bookable appointments should help to address this issue.
- (iii) A Member raised concerns relating to the difficulties contacting GP surgeries by telephone. The PCT representative advised that whilst the survey had highlighted that improvements had been made, it was recognised that further improvements were necessary. Work was currently ongoing with GP surgeries to identify the most appropriate

telephone systems to cope with the number of calls. It was suggested that complaints of this type should be referred to the Practice Manager of the surgery.

- (iv) Not all GP Practices offered flexible appointments. What were the reasons for this? It was reported that some of the smaller practices had difficulties offering flexible appointments due to staffing resources and/or the size of premises. Improvements to premises were gradually being made towards addressing this.

The Chair pointed out that a great deal of progress had been made in relation to the access to GP services particularly in relation to the out of hours service and thanked the PCT representative for her attendance.

Decision

That the progress made to date in relation to the delivery of the Action Plan, be noted.

25. Social Prescribing – Closing the Loop Report *(Director of Adult and Community Services)*

The Scrutiny Support Officer advised that the report provided Members with feedback on the recommendations from the investigation into Social Prescribing. Following consideration of the final report, Cabinet and Hartlepool PCT approved the recommendations in their entirety. Details of each recommendation and proposed actions were outlined in the action plan attached at Appendix A to the report. The Development Manager and Joint Director of Public Health were in attendance as Lead Officers and gave details of how the action plan would be progressed.

The Joint Director of Public Health reported that all of the recommendations in the final report were welcomed. A Social Prescribing Steering Group had been operating for approximately 8 months and significant progress had been made on defining a model and raising the profile and understanding of social prescribing.

A discussion followed in which the following issues were raised:

- (i) Reference was made to the social prescribing initiative that was currently operating in the NDC area and how this was funded. The importance of this initiative being rolled-out across the town was highlighted. The Director of Public Health stated that the project that currently operated in the NDC area was a pilot scheme to help inform the model for the town and develop the community strategy. To sustain this initiative, funding would have to be sought through the Council's and PCT's future financial planning process.
- (ii) It was envisaged that the benefits of Social Prescribing would lead to

cost efficiencies in the long-term. If this was open to everyone the system could be in danger of being oversubscribed. Members were advised that it was a case of looking at the criteria to access the service and determine how much funding was required to commission this. It was anticipated that a range of different providers would be involved.

- (iii) Following discussion in relation to the importance of marketing the service, it was reported that the Steering Group would further explore this issue.

Decision

Members noted the proposed actions detailed within the Action Plan, attached as Appendix A to the report.

26. Any Other Business – Revised Scoping Paper: Scrutiny Investigation into the Withdrawal of Emergency Care Practitioner Services at Wynyard Road Primary Care Centre *(Scrutiny Support Officer)*

The Scrutiny Support Officer presented the revised scoping paper which contained proposals for a scrutiny investigation into the withdrawal of emergency care practitioner services at Wynyard Road Primary Care Centre.

The Scrutiny Support Officer advised that, following the presentation on the pathway to health care agenda at the 30 August 2007 meeting of this Forum, it was determined that 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 was scheduled to take almost seven years to deliver the pathway to health care agenda, it was considered essential that the Forum revised its scoping paper to enable the Forum to influence the pathway to health care programme throughout the duration of the project, hence the paper was withdrawn at the meeting of the Forum on 30 August 2007. Members were advised that work was currently ongoing to establish a timetable for engagement with the pathway to health care agenda. 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 had been prepared, a copy of which was circulated at the meeting.

Details of the following were provided as outlined the report:-

The aim of the investigation

The revised overall aim of the scrutiny referral was 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.

Proposed Terms of Reference for the Scrutiny Investigation/Enquiry

- (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.

Contained within the report were suggestions for the Potential Areas of Enquiry/Sources of Evidence as well as a tentative timetable for the investigation which was subject to consultation.

A Member made reference to the resolution made by Council on 8 February as detailed in the report and raised a number of concerns in relation to the disadvantages of delaying the scrutiny investigation into the Pathway to Health Care. The detrimental impact the loss of hospital services would have on the community was also highlighted and it was considered that the investigation into the Pathway to Health Care was an opportunity to address this. It was therefore suggested that attempts should be made to undertake the investigation as planned. Following a lengthy debate in which the Chair clarified the reasons for the revised proposal, as outlined in the report, some Members supported the revised scoping report, whilst other Members chose not to support this proposal. The Chairman used his casting vote to approve the report.

Further discussion ensued in which the following issues were raised:-

- (i) Concerns were expressed that no new site had been identified for the location of the new hospital.
- (ii) The PCT representative commented that due to the urgent nature of the revised scoping paper, the PCT had not been consulted on the remit of the investigation in advance of the paper being circulated. However, the Deputy Director agreed to the principle of the investigation and confirmed that she would respond formally once she had reviewed the content of the report.

- (iii) One of the GP surgeries on the Headland was carrying out surgical procedures and it was considered that this should be extended to other parts of the town. The PCT representative advised that there were other facilities in the town to undertake minor surgical procedures. However, operations of this type required detailed planning and it was imperative that they were carried out at the appropriate location to ensure the safety of patients was not compromised. Following further individual queries, the PCT representative agreed to take on board the concerns raised and provide a written detailed response following the meeting.

Recommendation

- (i) That the revised work programme for the Adult and Community Services and Health Scrutiny Forum, be approved.
- (ii) That the revised remit for the scrutiny investigation as outlined in paragraph 4.1 of the report, be agreed.

27. Annual Library Plan 2007/2008 *(Director of Adult and Community Services)*

Members were asked to consider the draft Annual Library Plan which had been referred to Scrutiny for consultation from Cabinet on 14 May 2007. The Plan was a key strategic document which formed part of the Council's Budget and Policy Framework. Consultation had already taken place with Neighbourhood Consultative Forums, library users and key stakeholders. There were no changes as a result of 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.

Members highlighted the benefits and importance of maintaining the service to the community and considered that this should be supported by the Council. The Borough Librarian stated that there was a need to review the use of buildings to ensure value for money.

Recommendation

- (i) That the current level of service be maintained.
- (ii) That a review of the library service delivery in Hartlepool and the establishment of a Friends Group, be supported.

28. The Executive's Forward Plan *(Scrutiny Support Officer)*

The Scrutiny Support Officer referred Members to the Council's Forward Plan and sought consideration of any items which the Forum may wish to look at. It was noted that there were no items for consideration in addition to the Annual Library Plan.

Recommendation

The contents of the Forward Plan were noted.

29. Meeting the Health Care Challenges in the North East
(Scrutiny Support Officer)

The Chair updated the Forum on the regional health scrutiny event held on 5 July 2007 which had been well received. A detailed report of the event had been produced, a copy of which was attached at Appendix A together with presentation slides from the event.

Recommendation

That the contents of the report, be noted.

30. Chair's Comments

The Chair expressed thanks, appreciation and best wishes on behalf of the Forum to Sajda Banaras, Scrutiny Support Officer, who would shortly be taking up a secondment to another position within the authority.

JONATHAN BRASH

CHAIRMAN

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

23 October 2007



Report of: Scrutiny Manager

Subject: WITHDRAWAL OF EMERGENCY CARE
PRACTITIONERS SERVICES AT WYNYARD ROAD
PRIMARY CARE CENTRE – SETTING THE SCENE
BY HARTLEPOOL PCT AND NORTH TEES PCT –
COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To inform Members that they will be provided with a detailed presentation from the Deputy Director of Health Systems and Estates Development, Hartlepool PCT and North Tees PCT in relation to the Withdrawal of Emergency Care Practitioners Services at Wynyard Road Primary Care Centre Scrutiny investigation.

2. BACKGROUND INFORMATION

- 2.1 As part of the Adult and Community Services and Health Scrutiny Forum's investigation into Withdrawal of Emergency Care Practitioners Services at Wynyard Road Primary Care Centre, Members agreed the remit for this investigation at its meeting on 4 September 2007. Consequently, a detailed presentation from the Deputy Director of Health Systems and Estates Development, Hartlepool PCT and North Tees PCT will follow at today's meeting.
- 2.2 The purpose of this presentation will be to provide background information for the investigation and to 'set the scene' for Members. Consequently, the presentation at today's meeting will focus on a number of areas:-
- (a) The original aims for the Emergency Care Practitioners Services at Wynyard Road Primary Care Centre;
 - (b) Rationale for the withdrawal of Emergency Care Practitioners Services at Wynyard Road Primary Care Centre; and
 - (c) Future provision of primary care services at Wynyard Road Primary Care Centre.

- 2.3 In addition to the presentation, attached as **Appendix A** is written documentation provided by the PCT to support the content of their presentation.
- 2.4 Members may also wish to use the following questions (derived from the Terms of Reference for this investigation) as a prompt for discussions with the Deputy Director of Health Systems and Estates Development, Hartlepool PCT and North Tees PCT at today's meeting:-
- (a) What is your professional opinion about the circumstances and processes leading to the decision to withdraw the Emergency Care Practitioner Service in the Wynyard Road Primary Care Centre;
 - (b) What options were considered to enable the continuation of the Emergency Care Practitioner Service at Wynyard Road Primary Care Centre;
 - (c) What do you consider the likely impact will be of the loss of such a facility in relation to those patients accessing the facility;
 - (d) What are the future development proposals for the Wynyard Road Primary Care Centre and the impact of this on patients; and
 - (e) What future development proposals are there for the emergency / urgent care services within Hartlepool.

3. RECOMMENDATION

- 3.1 That Members note the content of the report and question the witness appropriately.

Contact Officer:- Charlotte Burnham – Scrutiny Manager
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523087
Email: charlotte.burnham@hartlepool.gov.uk

BACKGROUND PAPERS

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

- (i) Report of the Scrutiny Support Officer entitled 'Revised Scoping Paper: Scrutiny Investigation into the Withdrawal of Emergency Care Practitioner Services at Wynyard Road Primary Care Centre,' agreed by the Adult and Community Services and Scrutiny Forum on 4 September 2007.
- (ii) Minutes of the Adult and Community Services and Health Scrutiny Forum on 4 September 2007.

APPENDIX A



Withdrawal of Wynyard Road Primary Care Centre ECP Service

Context

In November 1999, a document *“The Future of Ambulance Services in the United Kingdom”* was published by The Ambulance Service Association, which concluded that practitioners in emergency care *“could bring A&E doctors, nurses and paramedics together in providing emergency care in a way which current organisational models could not.”* This was supported by the Joint Royal Colleges Ambulance Liaison Committee (JCALC) document entitled *“The Future Role and Education of Paramedic Ambulance Service Personnel”* (Jan 2000) which recommended the development of Practitioners in Emergency Care (PEC). However, to maintain consistency with other professional groups and new roles, it was decided to change the title of the role from Practitioner in Emergency Care (PEC) to Emergency Care Practitioner (ECP).

Background

The Reforming Emergency Care document (2001) stated that major benefits would result from modernising the emergency care system, which delivers care across the entire continuum and this was undoubtedly the intention of the Strategic Health Authority when it encouraged the introduction of the Emergency Care Practitioner role in primary care across the Northern region.

Initial targets for recruitment of ECP's was set in 2003 and the then Director of Planning was tasked with ensuring that sufficient funding was allocated via the Local Delivery Plan (LDP) process for the introduction of six of these roles in Hartlepool.

The specific objectives of introducing the Emergency Care Practitioner role in Hartlepool at that time were to:

- Support the General Practitioner
- Improve the patient's journey and experience by providing a service to a given population
- Reducing time with diagnosis/treatment and fast tracking the patient through the Emergency Care pathway
- Reducing unnecessary Accident & Emergency attendance
- Reducing demand for hospital admissions through access to appropriate care at point of need
- Providing an innovative new service utilising the appropriate skills and knowledge of a range of health care professionals across the whole health system, offering the first point of contact at the appropriate place and time

Six practices declared an interest in being included in a pilot scheme and 4 x whole time equivalent (WTE) Emergency Care Practitioners were recruited to work from the practices.

The pilot scheme ran from 13th September 2004 until 14th March 2005 and evaluation demonstrated that the ECP's had been successful in triaging patients in a range of settings and that the GP practices involved in the pilot considered the service to be of benefit in terms of reducing GP callouts and freeing up valuable GP appointments slots.

Further ECP's were subsequently recruited following a successful LDP bid with the intention of expanding the service to cover all GP surgeries in Hartlepool, however following initial interest from GP's across the town, a reluctance to share the cost of roll-out of the service ensued leaving the PCT with little alternative but to find a different model of practice.

At this juncture, Hartlepool PCT entered into negotiation with North Tees and Hartlepool NHS Trust regarding the possibility of developing a 'Front of House Emergency Care Project' which would develop mechanisms for an integrated primary and secondary care service in the Accident and Emergency department at University Hospitals Hartlepool. The initial implementation date was set as January 2006 and it was felt that the ECP role would be ideally suited to this joint working initiative.

Following much discourse regarding development of the project, negotiations faltered as a result of a number of issues. These included the inequity of pay scales between Acute Sector staff and Primary Care ECP's who would be undertaking identical duties together with the lack of medical staff to mentor the ECP's as an ongoing requirement of the role. It quickly became apparent that the possibility of such a joint venture was some distance away, and in order that the ECP's themselves were not de-skilled, an alternative model was sought.

Given the previous success of the role at triage whilst working within General Practice, a decision was taken to ascertain if a similar model could be developed as a universal service for all across the town. The timely development of the Wynyard Road Primary Care Centre afforded an ideal opportunity to establish a pilot scheme to identify if a reduction in A&E attendances could be influenced by an alternative walk-in centre facility which would be available to Hartlepool residents.

The scheme which was launched in August 2006, appeared to be an instant success with the general public, and numbers of patients visiting the centre steadily increased.

Clinical Incidents

From the outset, clinical incidents were reported from within the service, however it soon became apparent that the ECP's themselves were concerned about the model of service.

It was quickly identified that medical cover was required for those cases where the ECP's felt that their own skills were not sufficient enough to manage the patient.

Hartlepool PCT responded swiftly and identified the resources to fund a medical supervisor who would be on duty as a source of clinical expertise within the centre.

Despite widespread advertising of the function of the walk-in facility, patients on occasions chose to attend with life-threatening conditions. Patients with suspected Myocardial Infarction arrived at the centre, and then as a result of their condition had to be redirected to the A&E Department. The ECP's rightly highlighted their concerns regarding the delay in treatment for these patients.

Added to this, not all of the ECP's had prescribing rights; therefore the universal quality of the service was compromised depending on the skills of the practitioners on duty at any one time. This was out-with the PCT's control as the legal framework for ECP and Paramedic prescribing remained and still remains some way off, however those ECP's with a Nursing Registration did and do prescribe independently. The ECP's themselves, developed a system whereby there was always a prescriber on duty, should the need for a prescription arise.

An incident however occurred when a non-prescribing ECP assessed a patient, decided upon the treatment and then passed the patient to the prescribing ECP for a prescription issue. As the prescribing ECP had not documented the whole assessment themselves, he failed to notice an allergy to penicillin had been identified. The ECP subsequently prescribed a penicillin based antibiotic and the patient left the building. Fortunately, the mistake was noticed early, and the patient was alerted before using any of the medication however, the situation had highlighted a major risk within the system and the Trust were left with no alternative but to withdraw the service to prevent the possibility of a catastrophic event occurring.

Impact of Withdrawal of Service

Following withdrawal of the service, the number and severity of clinical incidents fell dramatically providing assurance to the PCT that patients were safe.

Another successful outcome was that the list size of the Wynyard Road GP Practice increased as previous patients chose to transfer their GP to the facility they had visited as a walk-in patient, recognising that capacity was such within the practice, to manage urgent care requirements of local people.

Further development of a Nurse Practitioner clinic ensued, and patients do now have the facility of visiting a prescribing nurse for minor ailments at predetermined slots during the week.

Heart Failure clinics are now also being held within the centre, and patients are being reviewed by a Nurse currently training to be a Practitioner with Special Interest thus providing expert care closer to home.

Future Plans for Service Development

The PCT are committed to the delivery of a range of high quality services from the Wynyard Road Primary Care Centre that will complement those currently on site.

These will include from October: -

- A Community Respiratory Assessment and Management Service (CRAMS) was launched on 1st October 2007 which has been hailed as a model of best practice by the Department of Health and is being featured in national conferences as the model of choice. This comprehensive walk-in facility for patients with respiratory disease will provide a centre of excellence where oxygen assessment, education and respiratory diagnostics will be available
- An improved and expanded GP practice that will provide the full range of general medical services within extended opening hours configured to meet local need. The practice will be able to offer these services to around 4,500 registered patients and will align and integrate their services to support local initiatives such as the Connected Care pilot currently operating in Owton. They will in addition provide shared care services for people with substance misuse problems. The practice is being procured through a partnership with

the Department of Health and will be contracted to provide very high standards of care which will be closely performance managed to ensure the care is of the highest quality and continues to flexibly meet the needs of local people.

The Future of Urgent Care Services

The PCT has completed a review of urgent care services and has developed a model for the delivery of 24 hour urgent care services across the town that will ensure they are treated safely, in the most appropriate place depending on their specific needs. This model reflects best practice from elsewhere and is in tune with national policy guidance on the development of urgent care.

Discussions are currently taking place with North Tees and Hartlepool NHS Trust to develop an integrated service model that ensures when a patient has an urgent care need they are appropriately assessed to determine the right place of treatment and by the most appropriate professional. Primary care services will be available within the A&E department for those people who do not require 'emergency care' but do consider their needs urgent. In addition a mechanism will be put in place to ensure that when other treatment is considered more appropriate, patients are swiftly referred to the appropriate team of professionals to handle their care. Early discussions are also taking place to consider the feasibility of placing an urgent care facility alongside the Town Centre Development.

ENDS

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

23 October 2007



Report of: Scrutiny Manager

Subject: WITHDRAWAL OF EMERGENCY CARE
PRACTITIONERS SERVICES AT WYNYARD ROAD
PRIMARY CARE CENTRE – EVIDENCE FROM KEY
STAKEHOLDERS – COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To inform Members that a number of witnesses will be in attendance to provide verbal evidence at today's meeting in relation to this Forum's investigation into the Withdrawal of Emergency Care Practitioners Services at Wynyard Road Primary Care Centre.

2. BACKGROUND INFORMATION

- 2.1 As part of the Adult and Community Services and Health Scrutiny Forum's investigation into Withdrawal of Emergency Care Practitioners Services at Wynyard Road Primary Care Centre, Members agreed the remit for this investigation at its meeting on 4 September 2007. As a result, a number of witnesses have been invited to participate in this meeting to provide both a clinical and managerial perspective in relation to this issue. Consequently, a number of key stakeholders will be in attendance at today's meeting, these are:-

- (a) The Assistant Director of Clinical Services/Lead Nurse (who responsible for the Emergency Care Practitioners), Hartlepool Primary Care Trust;
- (b) An Emergency Care Practitioner; and
- (c) A GP at Wynyard Road Primary Care Centre, who is also Chair of Hartlepool PCT Professional Executive Committee (PEC).

- 2.2 Each of these witnesses will provide verbal evidence to the Forum in relation to the Withdrawal of Emergency Care Practitioners Services at Wynyard Road Primary Care Centre. In addition, Members may wish to use the following

questions (derived from the Terms of Reference for this investigation) as a prompt for discussions with the witnesses in attendance at today's meeting:-

- (a) What is your understanding of, and views on, the circumstances and processes leading to the decision of HPCT to withdraw the Emergency Care Practitioner Service in the Wynyard Road Primary Care Centre;
- (b) What is your understanding of, and views on, the options HPCT considered to enable the continuation of the Emergency Care Practitioner Service at Wynyard Road Primary Care Centre;
- (c) What do you consider the likely impact will be of the loss of such a facility in relation to those patients accessing the facility;
- (d) What is your opinion in relation to future development proposals for the Wynyard Road Primary Care Centre and the impact of this on patients; and
- (e) What is your opinion in relation to future development proposals for the emergency /urgent care services to be offered within Hartlepool.

3. RECOMMENDATIONS

- 3.1 That Members note the content of the report, in particular paragraph 2.2, and question the witnesses accordingly.

Contact Officer:- Charlotte Burnham – Scrutiny Manager
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523087
Email: charlotte.burnham@hartlepool.gov.uk

BACKGROUND PAPERS

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

- (i) Report of the Scrutiny Support Officer entitled 'Revised Scoping Paper: Scrutiny Investigation into the Withdrawal of Emergency Care Practitioner Services at Wynyard Road Primary Care Centre,' agreed by the Adult and Community Services and Scrutiny Forum on 4 September 2007.
- (ii) Minutes of the Adult and Community Services and Health Scrutiny Forum on 4 September 2007.

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

23 October 2007



Report of: Scrutiny Manager

Subject: WITHDRAWAL OF EMERGENCY CARE
PRACTITIONERS SERVICES AT WYNYARD ROAD
PRIMARY CARE CENTRE – FEEDBACK FROM
SOUTH NEIGHBOURHOOD CONSULTATIVE
FORUM OF 12 OCTOBER 2007 – COVERING
REPORT

1. PURPOSE OF REPORT

- 1.1 To inform Members that the Chair of the Adult and Community Services and Health Scrutiny Forum and the Scrutiny Manager attended the South Neighbourhood Consultative Forum on 12 October to discuss the Scrutiny Investigation into the Withdrawal of Emergency Care Practitioners Services at Wynyard Road Primary Care Centre.

2. BACKGROUND INFORMATION

- 2.1 Members will be aware that the Adult and Community Services and Health Scrutiny Forum's investigation into the Withdrawal of Emergency Care Practitioners Services at Wynyard Road Primary Care Centre was the result of a referral from the South Neighbourhood Consultative Forum. Consequently the Chair of this Scrutiny Forum and the Scrutiny Manager attended the South Neighbourhood Consultative Forum on 12 October 2007 to discuss the Forum's investigation into this issue and to ask for the Consultative Forum to share any views it has over this issue so that they can be fed back to the Forum.
- 2.2 Due to the statutory paper deadlines for Local Authority public meetings it will not be possible to incorporate the views of the South Neighbourhood Consultative Forum into this report. Instead, the Chair of this Forum and Scrutiny Manager will feedback the discussion at the South Neighbourhood Scrutiny Forum at today's meeting.

3. RECOMMENDATION

- 3.1 That Members note the report together with the verbal feedback to provided at the meeting.

Contact Officer:- Charlotte Burnham – Scrutiny Manager
Chief Executive's Department - Corporate Strategy
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Tel: 01429 523087
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BACKGROUND PAPERS

The following background paper was used in the preparation of this report:-

- (a) Minutes of the Adult and Community Services and Health Scrutiny Forum on 30 August 2007.

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

23 October 2007



Report of: Scrutiny Manager

Subject: PATHWAYS TO HEALTHCARE – PROVISIONAL
TIMELINE FOR SCRUTINY ENGAGEMENT

1. PURPOSE OF REPORT

- 1.1 To provide Members with a provisional timeline for the Adult and Community Services and Health Scrutiny Forum's involvement in the 'Pathways to Healthcare' programme.

2. BACKGROUND INFORMATION

- 2.1 At the meeting of the Adult and Community Services and Health Scrutiny Forum on 30 August 2007 the Director of Strategic Service Development from North Tees and Hartlepool NHS Trust delivered a presentation on the Pathways to Healthcare programme. During this meeting the timescales for this programme was outlined and it was stressed that Scrutiny would be involved in key milestones over the seven year development of the programme.
- 2.2 Consequently, the most appropriate means of engaging Members in the programme as it develops were discussed at this meeting. Subsequently, the Chair of this Forum and the Scrutiny Manager met with the Director of Strategic Service Development from North Tees and Hartlepool NHS Trust to discuss a timetable for Scrutiny's involvement in the ongoing development of the Pathways to Healthcare programme.
- 2.3 As a result of such discussions, the Scrutiny Forum will be involved in the consideration of the six project themes, as briefly described below:-
- (a) Project No. 1: Planned Care – non-emergency treatment, usually a referral from a GP, that involves been seen by a specialist which may then lead to a treatment or procedure, usually in a hospital;

- (b) Project No. 2: Unplanned Care – treatment provided when there is an emergency, urgent or unexpected health problem, this could be anything from a minor ailment to major trauma (e.g. traffic accident);
- (c) Project No. 3: Long Term Conditions – those conditions (for example diabetes, asthma and arthritis) that cannot, at present, be cured, but whose progress can be managed and influenced by medication and other therapies;
- (d) Project No. 4: Step Up / Step Down – part of intermediate care facilities that are outside acute hospitals, enabling people who strongly value their independence to receive more support than is available at home (step-up) and to leave acute hospital and get ready to return home (step-down);
- (e) Project No. 5: Women and Children – used to define specialist services designed specifically for women and children, including maternity, gynaecology and paediatrics;
- (f) Project No. 6: Diagnostics – a test or series of tests used to identify the nature of a health condition and help to determine appropriate treatment

2.4 As such **Table 1** below provides a provisional timetable for Scrutiny's involvement in the key milestones and project themes of the Pathways to Healthcare programme up to September 2008.

Table 1 – Provisional Timetable for Scrutiny's Involvement in the Pathways to Health Programme

Date of Scrutiny Forum	Project Theme (6 in Total)
13 November 2007	Project No. 1: Planned Care Emerging Outputs Project No. 2: Unplanned Care Set Up
29 January 2008	Project No. 2: Unplanned Care Emerging Outputs Project No. 3: Long Term Conditions – Update Project No. 4: Step Up/Step Down – Set Up
8 April 2008 *	Project No. 3: Long Term Conditions – Emerging Outputs Project No. 4: Step Up/Step Down – Update Project No. 5: Women & Children Set Up
17 June 2008 *	Project No. 4: Step Up/Step Down – Emerging Outputs Project No. 5 : Women & Children Set Up - Update Project No. 6: Diagnostics Set Up

Date of Scrutiny Forum	Project Theme (6 in Total)
9 September 2008	Project No. 5: Women and Children – Emerging Outputs Project No. 6: Diagnostics – Emerging Outputs

* Timescales to be re-visited early 2008 due to NHS compliance with ‘Purdah’

3. RECOMMENDATION

- 3.1 That Members note the Adult and Community Services and Health Scrutiny Forum's involvement in the Pathways to Healthcare programme.

Contact Officer:- Charlotte Burnham – Scrutiny Manager
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Email: charlotte.burnham@hartlepool.gov.uk

BACKGROUND PAPERS

The following background paper was used in the preparation of this report:-

- (a) Minutes of the Adult and Community Services and Health Scrutiny Forum on 30 August 2007.

ADULT AND COMMUNITY SERVICES HEALTH SCRUTINY FORUM

23 October 2007



Report of: Director of Adult and Community Services

Subject: LINKS (LOCAL INVOLVEMENT NETWORKS)

SUMMARY

1. PURPOSE OF REPORT

To brief Scrutiny of the development of a LINKS Scheme within Hartlepool and enclose a copy of the Cabinet Report dated 1 October 2007 (**Appendix 1**).

2. SUMMARY OF CONTENTS

The report highlights the policy context to the development of LINKs, a summary of the current guidance, which includes:

- The role of LINKs
- The role of the host organisation
- Proposed procurement process
- Role of the expert Advisory Team

3. FINANCIAL IMPLICATIONS

Not known as yet, the financial allocation has not been announced.

4. RECOMMENDATIONS

That Members of the Health Scrutiny Forum note the content of the attached report and seek clarification on its content where appropriate.

CABINET REPORT

1st October 2007

Report of: Director of Adult and Community Services

Subject: LINKS (Local Involvement Networks)

SUMMARY

1. PURPOSE OF REPORT

To brief Cabinet of the requirement to introduce a Local Involvement Network within Hartlepool and to seek approval to explore a joint contracting arrangement with neighbouring authorities.

2. SUMMARY OF CONTENTS

The report highlights the policy context to the development of LINKs, a summary of the current guidance, which includes:

- The role of LINKs
- The role of the host organisation
- Proposed procurement process
- Role of the expert Advisory Team

3. RELEVANCE TO CABINET

The project has town wide impact

4. TYPE OF DECISION

Non Key

5. DECISION MAKING ROUTE

Cabinet 1st October 2007

6. DECISION(S) REQUIRED

- i) To note the contents of the report and to support the development of LINKs in Hartlepool
- ii) To agree to ring-fence the LINKs grant allocation
- iii) To agree to explore collaborative commissioning arrangements
- iv) To delegate the procurement process to the Director of Adult and Community Services

Report of: Director of Adult and Community Services

Subject: LINKS (LOCAL INVOLVEMENT NETWORKS)

1. PURPOSE OF REPORT

- 1.1 To brief Cabinet of the requirement to introduce a Local Involvement Network within Hartlepool and to seek approval to explore a joint contracting arrangement with neighbouring authorities.

2. BACKGROUND

- 2.1 The Department of Health have agreed to the Development of Local Involvement Network (LINKs) to improve Service User and Public Engagement in Health and Social Care.
- 2.2 Local Government has an absolutely vital role in delivering improved health and well being and there is an ongoing debate taking place in Government about the role of people that use services, Local Communities and Local Authorities in shaping the delivery of public services.
- 2.3 Local Government is committed to empowering citizens to give them more confidence and more opportunities to influence public services in ways that are relevant and meaningful to them and in ways that will make a real difference to services. If we are to create a truly people user led Health and Social Care Services that are centred around the needs of both individuals and communities, it is essential that services are responsive to what the people using them want and need and are accountable to Service Users and Local Communities. The aim of the LINKs Network is to create a system where more people are empowered to be active partners in the Health and Social Care rather than passive recipients.
- 2.4 A Stronger Local Voice published in July 2006 set out the Government's plan to achieve these aims. As part of the plans, Local Authorities with Social Services responsibilities will have a statutory duty to make arrangements for the establishment of Local Involvement Networks. These LINKs will bring together local people and organisations and will provide flexible ways for communities to engage with Health and Social Care organisations to help shape services and priorities in ways that best suit the communities and the people in them. They will gather the views and experience of the people within their areas on all the Health and Social Care Services they use, building on existing community networks and the work of Patient and Public Involvement Forms (PPI).

- 2.5 Funding for the LINKs will be provided from Central Government to all relevant Authorities. The Local Authorities, where appropriate, will contract with local organisations such as voluntary and community groups or social enterprises to identify the most appropriate arrangements for hosting and providing support to the LINKs. Given the skill requirements of support organisations, it is likely they will be chiefly drawn from local non-profit organisations with skills in community development and networking.
- 2.6 The new system aims to simplify and strengthen the current system by being able to hold NHS and Social Care Commissioners to account and refer services to overview and scrutiny committees.
- 2.7 LINKs are expected to become operational from 1 April 2008, however this date is not definite as Royal assent to the bill has not yet been given.

3. CURRENT GUIDANCE

- 3.1 The Department of Health published two documents on 8 August 2007:
 - (i) 'Planning your Local Involvement Networks' which incorporates the findings of LINKs early adopter sites. It includes the issues that local communities need to think about to provide a LINKs, the list of actions Councils need to take and who needs to be involved in establishing LINKs, the resources required and how such a network could work.
 - (ii) Contracting a host organisation for your LINKs.
- 3.2 **Appendix 2** provides the Department of Health briefing document related to these two documents.
- 3.3 Key points to note are that each LINK will be supported by a host organisation that is contracted by the Local Authority. **Appendix 3** planning your Local LINKs highlights the membership of LINKs.
- 3.3 LINKs will have a role in:
 - (i) Promoting and supporting the involvement of people in the commissioning, provision and scrutiny of Local Health and Social Care Services.
 - (ii) Obtaining the views of people about their need for, and experience of Local Health and Social Care Services.
 - (iii) Enabling people to monitor and review the commissioning and provision of care services.
 - (iv) Raise the concerns of local people with those responsible for commissioning, providing, managing and scrutinising services.

- 3.4 The details of the policies of LINKs will be provided in future regulations.
- 3.5 Local Authorities are expected to commence the procurement of host organisations once the bill is given Royal assent.
- 3.6 It is recommended that Local Authorities and Interested stakeholders begin to engage with local groups and interested individuals now and that they begin to identify a working model for the LINKs at the same time as preparing for the procurement process.

4. ROLE OF THE LOCAL AUTHORITIES

4.1 The role of the Local Authorities is as follows:

- Local authorities with social services responsibilities will be under a statutory duty to establish LINKs to specified standards, with guidance to ensure consistency across local authorities;
- Funding to support LINKs will be as a targeted (not ring-fenced) specific grant;
- Local authorities will be strongly encouraged to involve local people and organisations in process of awarding the first contract to support LINKs;
- Overview and Scrutiny Committee will be encouraged to hold their executives to account for how this is done.

4.2 Local Authority need to progress the following:-

- (i) Local Authority Officers and Councillors need to stimulate interest in LINKs with both potential members and participants and with potential host organisations. These could be via workshops, meetings, information on Council Website and Council Newsletter.
- (ii) Entering into a contract with a host (for three years) and performance managing the contract.
- (iii) OSC (Overview and Scrutiny Committees) within the Local Authorities have a role in scrutinising how the contracting process was undertaken and ensuring best value is achieved.
- (iv) The OSC may commission a LINK to undertake work on its behalf.
- (v) Local Authorities and LINK may agree to pool information or work together to gather the views and experiences of local people and groups regarding particular health and social care services.

5. ROLE OF LINKS

5.1 The role of LINKs is as follows:

- Primarily a network to represent the views and concerns of the whole community in relation to health and social care services;
- Will need to demonstrate good governance and accountability;
- The LINK will be held to account for its activities by the local community;
- Provision of evidence of active outreach and engagement with different local groups and communities;
- Demonstrate the impact it has had on changes to local health and social care provision to better meet locally identified needs;
- Provision of regular information to the community;
- Powers to enter health and social care premises (with exceptions) to observe and assess the nature and quality of services {not all LINK members will have this role};
- Duty to co-operate and co-ordinate activities with the regulators;
- Engage in monitoring through actively seeking views directly from individuals and groups, indirectly from advocates and representatives, complaints, PALS, surveys, comment cards, etc;
- Report annually to the Secretary of State for Health on activities and outcomes;
- A LINK may decide to review how local commissioners are communicating with the public;
- LINKs will have a strong relationship with all the decision makers in health and social care and will assess community needs, decide priorities and influence commissioning decisions;
- LINKs will have powers to:
 - enter specified premises and assess services
 - request information and receive a response within a specified timescale
 - make reports and recommendations and receive a response within a specified timescale
 - refer matters to an OSC and receive a response;
- To have diverse membership including people with learning disabilities, sensory impairments, from all age groups and different ethnic groups;
- LINKs may wish to set up special interest groups e.g. mental health services; services for children and young people or focus on an acute trust;
- LINKs may wish to join with neighbouring LINKs on issues that span their borders, or network regionally and/or nationally;
- LINKs will not have a primary role in relation to services for children but will need to develop a relationship to children's trusts;
- If LINKs are unable to resolve a social care issue they may work with front line councillors using the "community call for action" process;

- LINKs will need to understand the structure of OSCs within the local authority;
- LINKs will provide a valuable source of intelligence and evidence based information to commissioners; OSCs and health and social care providers;
- LINKs will want to develop effective relationships with local strategic partnerships and similar groups and networks.
- Promoting and supporting the involvement of local people from across the community to influence commissioning, provision and scrutiny of health and social care services;
- Obtaining views of local people about their health and social care needs;
- Enabling local people to share their skills and experience in order to influence the development and improvement of local services;
- Supporting people within the community to make their voices heard including those who find it difficult to participate in traditional ways or choose not to;
- Act as a hub within a network of user led and community based groups, channelling views and information;
- LINKs will set their own agenda and focus on issues of concern to local people and seek to influence change;
- LINKs will be required to report their activities and expenditure to the public, to health and social care bodies, the relevant local authority, the Secretary of State for Health, and other interested organisations;
- Although the functions will be set out in legislation how they are undertaken will not be prescribed;
- LINKs may carry out additional work commissioned and funded by the NHS and/or OSCs if they wish.

6. GETTING READY FOR LINKS

6.1 The Department of Health policy document policy highlights the core responsibilities of the LINKs host organisation together with the proposed tender requirements for Local Authority to follow. The host and LINKs responsibility are as follows:

- Holding LINK finances (decision on expenditure will be responsibility of the LINK not the “host”)
- Recruiting members to LINKs;
- Co-ordination, support and promotion of LINKs priorities; work plan and activities
- Provision of advice and support;
- Data management and record keeping;
- Dealing with LINK communication and correspondence;
- Guide the LINK access to the views of the whole community;
- Identifying quality standards for delivery of support;

- Enabling effective working relationships with local partners
- Ensuring awareness and compliance with equality legislation;
- Produce a six monthly report to the Local Authority;
- Help LINK members demonstrate that they are able to comply with a standard code of conduct;
- Ensuring training and development is provided for LINK members and that members do not undertake activities they do not have the skills to carry out.

6.2 Funding to Local Authorities will be via a specific grant to cover:

- (i) Local Authority Contract Management Costs
- (ii) Host Organisation support function costs
- (iii) LINKs expenditure costs

6.3 It is suggested by the Department of Health that the amount given to the Local Authorities (as yet undetermined) is ring-fenced by the Local Authority for the procurement of LINKs and the host.

7. LOCAL PROCUREMENT ARRANGEMENTS

7.1 In view of the requirement for Local Authorities to procure a host organisation, it is proposed that there are a number of advantages for Hartlepool Borough Council to explore entering into a collaborative commissioning arrangement with neighbouring authorities.

7.2 The procurement process would be more cost efficient if undertaken and led by one Local Authority, with a strong proviso that each local area would be adequately represented in the organisation of the LINKs, for example by having local persona in the LINKs.

7.3 The indicative allocations for the early development of LINKs is only £10,000 to support the contracting process. Individual Local Authorities will receive a financial allocation, yet to be determined based on a population basis, therefore Hartlepool needs to look at how best this funding can be used to provide a good quality local LINKs service.

7.4 The administration and overhead costs of the host could be minimised and more cost effectively managed by one organisation, enabling more resources to be interested in the delivery of the core LINKs functions, namely engagement.

7.5 Cabinet approval is sought therefore to explore and pursue this option. It is felt to be the most effective way to provide this service. A draft timetable is attached **Appendix 4**.

- 7.5 It is recommended that the procurement process of delegated to the Director of Adult and Community Services.

8 EXPERT ADVISORY TEAMS

- 8.1 The Local Authority is able to book placements with the Department of Health LINKs Expert Advisory Team to help us prepare for LINKs. We can receive up to three days support between September 2007 and March 2008 to help us:

- (i) Understand the rationale for LINKs and Impact
- (ii) Begin discussions with local people and groups about how to develop the local LINK
- (iii) Understand the skills required from the host organisations and the timescales for contracts with a suitable host.
- (iv) Establish good relationships between the executive, overview and scrutiny, the host and the LINKs.

- 8.2 The three days are split as follows:

- (i) Preparation Day
- (ii) Delivery days – advisors providing practical support. Each Local Authority needs to identify the support required locally.

- 8.3 It is proposed that these 3 free days consultancy are booked to explore how we can begin the LINKs development process in Hartlepool.

9. RECOMMENDATIONS

- 9.1 Cabinet are requested to note the contents of this report and to agree:

- i) That the LINKs grant is ring-fenced to the procurement and provision of a LINKs service
- ii) That the collaboratively contracting commissioning arrangements can be pursued per paragraph 7.1 above.
- iii) That the procurement process is delegated to Director of Adult and Community Services.

Local Involvement Networks (LINKs) Explained

August 2007

Where have Local Involvement Networks come from?



In 2003, the Commission for Patient and Public Involvement in Health was set up.

Their job has been to support different ways for people who use health services to have a say about how those services are run.

They support Patient Forums. There is a Patient Forum in each NHS Trust.

Where have Local Involvement Networks come from?

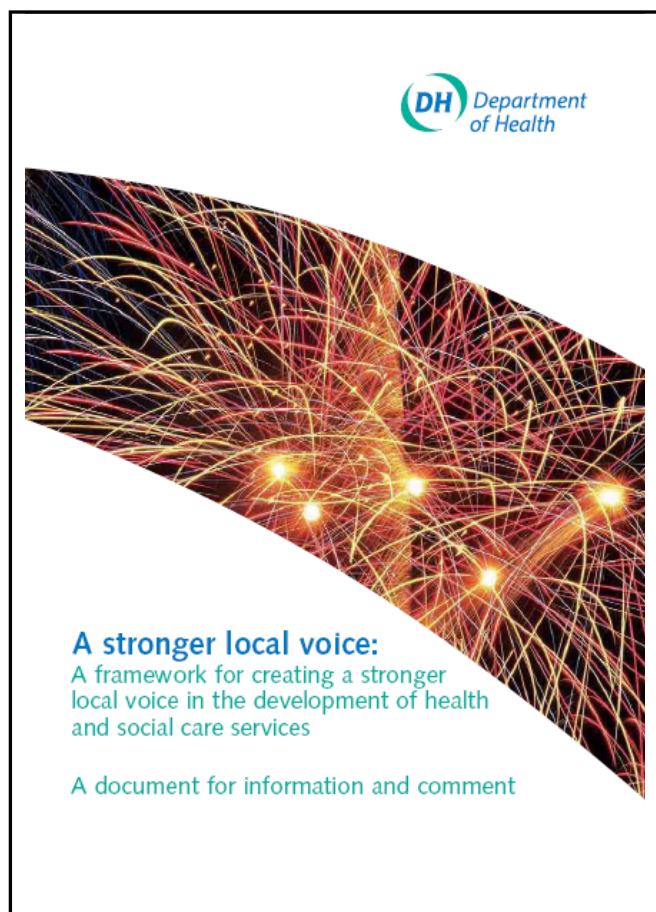


Our Health, Our Care, Our Say Health and Social Care White Paper 2006

People should have, '*more choice and a louder voice*' about the services they get.

Both health and social care services.

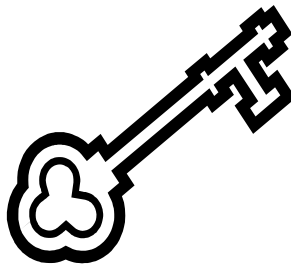
Where have Local Involvement Networks come from?



A Stronger Voice July 2006

New ways for people who use health and social care services to have a say in how they are planned and run.

This includes new **Local Involvement Networks** – or **LINKs**.



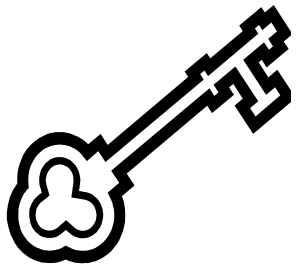
Key facts about LINKs

LINKs will replace Patient Forums.

The Commission for Patient and Public Involvement in Health will close.

There will be a LINK in every Local Authority area (that is responsible for Social Services).





Key facts about LINKs

LINKs will be a network of people and organisations or groups. They will be able to represent the views and ideas of lots of different people.



They will not take over from groups that work at the moment. They should be able to make it easier for groups to have their say about local services.



What will LINKs do?

- ✓ Give people the chance to say what they think about their local services – what is working well and what is not so good
- ✓ Give people the chance to check how care services are planned and run
- ✓ Feedback what people have said about services so that things can change for the better



Who can be part of a LINK?

LINKs must be **Diverse** – they must be able to represent all of the different groups and types of people that make up the local population.



LINKs will need **strong leaders** and **clear structures** so that everyone knows who is responsible for what. LINKs will also need to be **trustworthy and reliable**. Local people will need to be able to see that what they say is being **listened** to.



Who can be part of a LINK?

LINKs will need to include **everyone**:

User-led organisations



Local voluntary and community sector organisations



Individual people

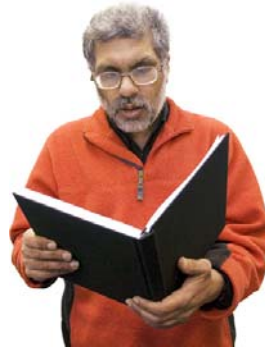


Butyou **do not**
have to be a member
to get involved

What Powers will LINKs have?

LINKs will have special powers so that they can say how local services should improve. They will be able to:

Make reports and recommendations and get a reply within a set amount of time.



Ask for information and get a reply within a set amount of time.

Go into some types of services to see what they do.



Tell an Overview and Scrutiny Committee (OSC) what they have found and get a response.



How will LINKs be set up?

Each local authority will get a grant from the Department of Health.



Each local authority will use the money to pay a **host organisation**. The host will be responsible for setting up the LINK and giving practical support to keep it going. The host will be accountable to the LINK.



The LINK will be independent from the local authority. Each LINK will decide how they want to get the work done

How will LINKs be set up?



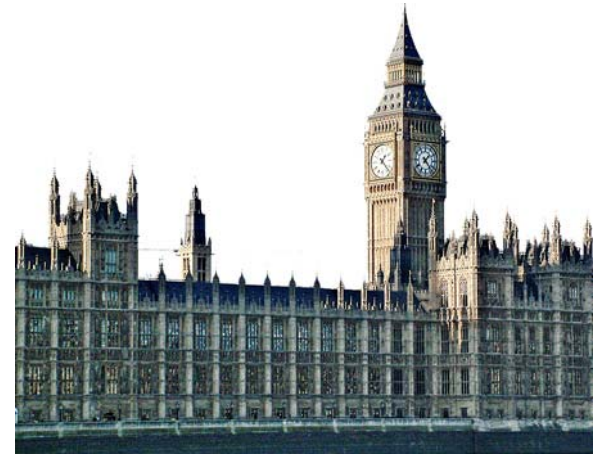
Host



LINK

When will LINKs happen?

The rules about LINKs and how they will work are part of the **Local Government and Public Involvement in Health Bill**. This is being looked at by the Houses of Parliament at the moment.



The Bill should receive Royal Assent when the House returns (after the summer recess) in October.

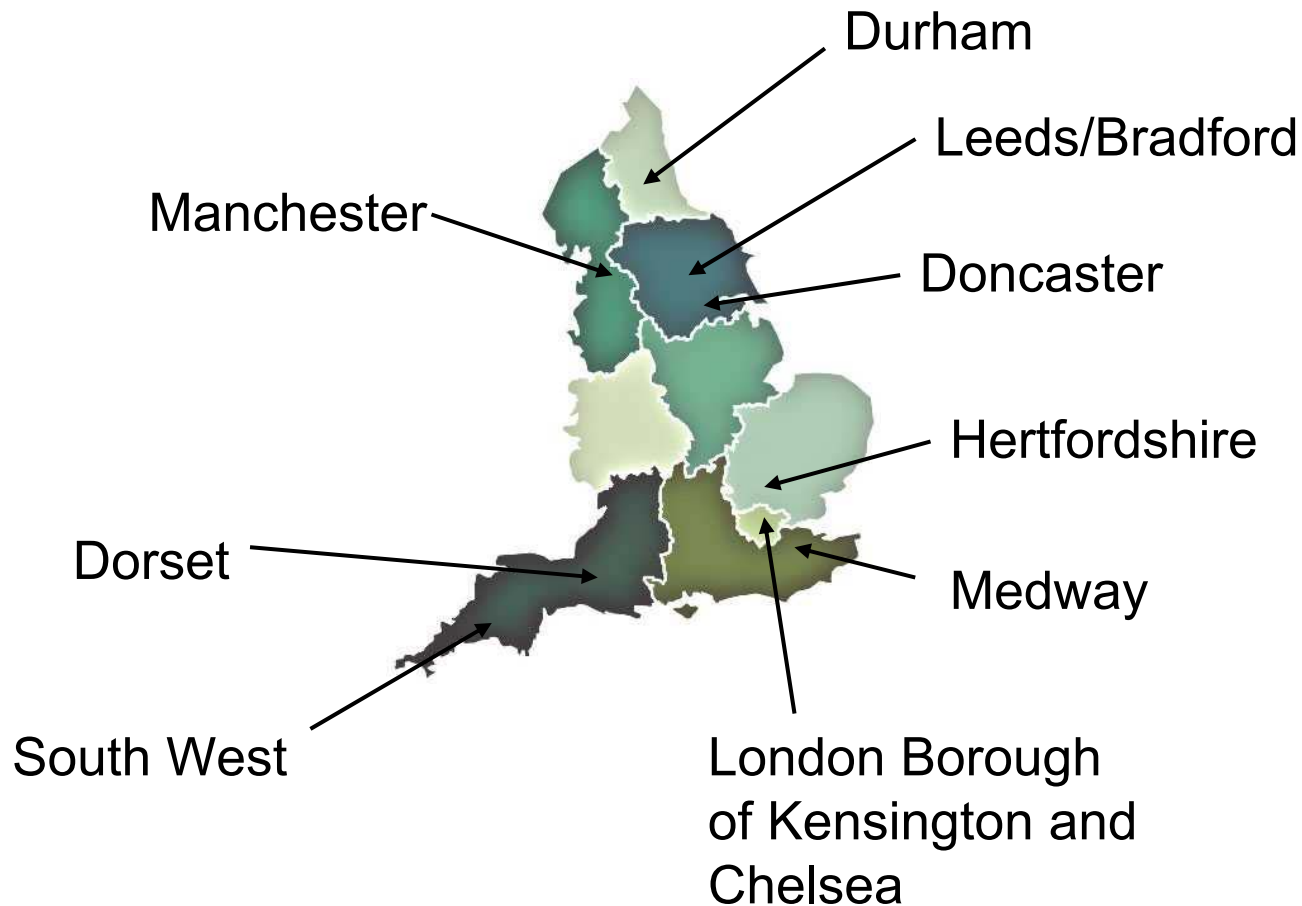
We expect Patient Forums to be abolished in March 2008 and LINKs to start from April 2008.



**April
2008**

LINKs Early Adopter Projects

There are 9 places around England that are trying out how LINKs might work:



LINKs Early Adopter Projects

They will be able to give us information, advice and guidance about what can work well and what gets in the way of a good LINK. They will try out different ways of doing things. They will share what is working as well as the things they find difficult.



LINKs Early Adopter Projects



The Early Adopter Projects will think about:

- ✓ How to encourage people to get involved with their local LINK
- ✓ What LINKs should do and how they should work.
- ✓ How to decide what the most important things are to do
- ✓ What sort of organisations LINKs should be – what should they look like and how should they be run
- ✓ What support LINKs will need from their Host organisation
- ✓ How Local Authorities should decide which organisations are best to be a host and what money they will need

More Information?



www.cppih.org

go to the Knowledge Management System (KMS)
go to Changing NHS:

LINKs, Early Adopter pages



www.dh.gov.uk/patientpublicinvolvement

Search for 'Local Involvement Networks'

LINKs Bulletin

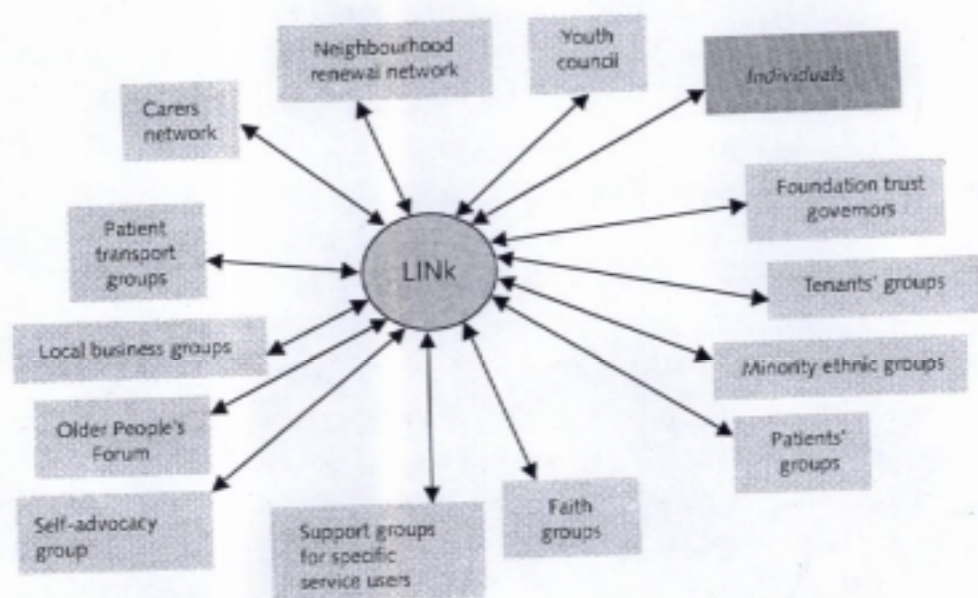


www.nhscentreforinvolvement.nhs.uk

Register on Home page

LINKS – Local Involvement Network - Appendix 3

Figure 1: Membership of a LINK



LINKS – Local Involvement Network - Appendix 4

Item	Sep-07	Oct-07	Nov -07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08
Meet with other Tees Valley authorities								
Consultation								
Engage with providers								
Prepare spec and tender doc								
Advertise								
PQQ/Evaluation								
Interviews								
Award tender								
Lead-in								
Start of Contract								

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

23 October 2007



Report of: Scrutiny Manager

Subject: PRESENTATION ON THE ROLE AND ACTIVITIES
OF THE TEES-WIDE PATIENT EXPERIENCE TEAM
– COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To inform Members that they will be provided with a presentation from the Head of Patient Experience on behalf of the Tees PCTs in relation to the role and activities of the recently established tees-wide Patient Experience Team.

2. BACKGROUND INFORMATION

- 2.1 The recently appointed Head of Patient Experience, operating on behalf of the four Tees PCTs, has been invited to this meeting to share with this Scrutiny Forum the role and activities of the newly formed tees-wide Patient Experience team, with particular reference to:-
- (a) an overview of the services provided to the 4 PCTS on Teesside (PPI, PALS and complaints);
 - (b) priorities in relation to patient experience; and
 - (c) how relationships will be built/maintained with key stakeholders.

3. RECOMMENDATION

- 3.1 That Members note the content of the presentation to be delivered by the Head of Patient Experience on behalf of the Tees PCTs and question accordingly.

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BACKGROUND PAPERS

No background papers were used in preparation of this report.