

PLEASE NOTE VENUE

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM AGENDA



Tuesday 29 January 2008

at 3.00 pm

**in the Belle Vue Community, Sports and Youth Centre,
Kendal Road, Hartlepool**

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

Councillors Atkinson, Barker, Brash, Fleet, Griffin, G Lilley, Plant, Simmons, 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 Minutes of the meetings held on:-

- (a) 12 December 2007;
- (b) 18 December 2007; and
- (c) 10 January 2008 (*To follow*).

**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.

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

No items.

7. ITEMS FOR DISCUSSION

- 7.1 Update on the Condition of a Private Care Home's EMI Unit, located in Hartlepool (referred by the Hartlepool Primary Care PPI Forum and considered by this Scrutiny Forum on 18 December 2007):-
- (a) Covering Report – *Scrutiny Support Officer*
 - (b) *Verbal Evidence from the Principal Commissioning Manager*
 - (c) *Verbal Evidence from a representative of Four Seasons Healthcare*
- 7.2 FACS Report – *Director of Adult and Community Services*
- 7.3 Update on the Development of Local Involvement Network (LINKs) in Hartlepool - *Director of Adult and Community Services and Director of Neighbourhood Services*
- 7.4 Provider Services Project - *Presentation by the Assistant Chief Executive and Director of Nursing and Therapies, Hartlepool PCT and North Tees PCT*
- 7.5 Development of Integrated Urgent Care Provision in Hartlepool – *Acting Director Health Systems Development, Hartlepool PCT*
- 7.6 Momentum: Pathways to Healthcare Programme – Project 2: Unplanned Care Emerging Outputs, Project 3: Women & Children – Set Up, Project 4: Diagnostics – Set Up:-
- (a) Covering Report – *Scrutiny Support Officer*
 - (b) Presentation by the Director of Strategic Service Development, North Tees and Hartlepool NHS Foundation Trust

8. ISSUES IDENTIFIED FROM FORWARD PLAN

9. FEEDBACK FROM RECENT MEETING OF TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

10. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

ITEMS FOR INFORMATION

Date of Next Meeting Tuesday 4 March 2008 commencing at 3.00 pm at Belle Vue Community, Sports and Youth Centre, Kendal Road, Hartlepool

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

MINUTES

12 December 2007

The meeting commenced at 6.00 p.m. in the Belle Vue Community, Sports and Youth Centre, Hartlepool

Present:

Councillor: Jonathan Brash (In the Chair);

Councillors: Barker, Fleet, Griffin, G Lilley, Plant, Simmons, Sutheran, and Young.

Resident Representative: Jean Kennedy.

Also Present: Councillors Akers-Belcher, Gibbon, Hall, Lauderdale, A Lilley, A Marshall, Preece, Richardson, Wallace and Wright.

Officers: Charlotte Burnham, Scrutiny Manager
David Cosgrove, Principal Democratic Services Officer

NHS Trust Representatives:
Alan Foster, Clare Short, Dr Kalesh Agrawal, Janet McKie,
Kevin Oxley, Stephen Cross, and Julie Henderson.

60. Apologies for Absence

Councillors Atkinson and Worthy. Apologies were also submitted by The Mayor, Stuart Drummond and Councillors Alison, Atkinson, Fleming, Kaiser and Tumilty.

61. Declarations of Interest by Members

None.

62. North Tees and Hartlepool NHS Trust – Changes to the Provision of Hospital Services from 17 December 2007 – Evidence from North Tees and Hartlepool NHS Trust

Alan Foster, Chief Executive of the North Tees and Hartlepool HNS Trust gave a presentation to the meeting outlining his vision for the trust to

achieve world-class performance, particularly with regard to improving the life expectancy of the residents of the trusts area. The presentation outlined how Mr Foster saw the Trust developing high quality care for its patients, improving patient safety, improving patient outcomes and improving the patient experience. Mr Foster outlined how these improvements would be achieved through 'lean processing', 'lean benefits' and improving the agility and flexibility of the Trust.

Mr Foster also addressed the issue of the new hospital outlining his, and the Trust's vision for the new hospital, which it was intended to be provided through public funding rather than through a public-private finance initiative.

Following the presentation, Alan Foster agreed to take questions from the meeting. The questions and answers provided by Mr Foster and the Trust staff accompanying him are summarised as follows: -

- What potential locations have been identified for the new hospital? Was the Trust bound into the plans of the SHA?

Consultation would need to be undertaken on any identified sites. It was intended to fund the building of the new hospital in part by the disposal of land. That may be the existing hospital sites, though it was expected that the Trust would be retaining an element of the sites for local service provision. The Trust was bound to implement the new hospital as set out in the Secretary of State's decision.

- How will you address the transport issues for people wishing to access the services transferred to Stockton and for the new hospital site if it is outside Hartlepool?

Once the reconfiguration of services to be implemented on 17 December was in place, then it was expected that there would be no further changes to service delivery at either site. The Trust had been in discussions with the Council for the joint implementation of a free bus service to start on 17 December, which would transport people between the two sites. For those who had to travel late at night, or outside the normal operation of public transport, there was assistance available with costs at the hospital. It was intended that additional staff would be trained to assist patients and their family and generally be more sensitive to their needs. In relation to transport to a new site, the Trust would work with officers at both Hartlepool and Stockton Councils to ensure the best access was available. The Trust was well aware of the traffic problems on the A19 and A689 and would not site a hospital where access was difficult.

- How would the Trust be monitoring the services transferred between sites and how they affected patients? How would the costs of services to the public, such as catering at the sites be monitored? HBC was reviewing local health service provision, would you take on board the outcomes of that review?

There were detailed monitoring systems in place which were robust and embedded with service management. The public catering provision at the North Stockton site was different due to the way the new entrance at the site had been funded. There were concessions sold for the spaces in the entrance and these were branded retail

outlets, which it was accepted were not necessarily cheap. The public could use the canteen facility in the building, but it was acknowledged that signage to this was not adequate. In terms of the review, the Trust would consider any the results of the review being undertaken by the Council.

- There had been a recent case of a child whose treatment for a serious illness was delayed due to the parents presenting themselves at the wrong hospital site and then being asked to make their own way to Stockton.

Dr Agrawal stated that he had been involved in the treatment of the child and the facts as portrayed at the meeting were quite wrong.

- How was the trust going to address patients and their families concerns over expensive services such as car parking and the Patient Line service?

The funds raised through the car parking charges were put back into improving facilities for both staff and the public, such as security costs, improved lighting and CCTV. Patient Line was a Department of Health directive; it was not the Trust's choice to install the system.

- Why were maternity services being taken away from Hartlepool?

Maternity Services were being split between the two sites. North Tees would be the lead site for the service and would be where the consultant led services would be based. The service at Hartlepool would be led by Maternity Nurses. Babies would still be born in Hartlepool. The Maternity services in Hartlepool would also be operating for longer hours each day to reduce the need to travel outside the town.

These facts had been spelt out at the consultation meetings held in the town late last year. The only issue that had been undecided at the time of those meetings was when the services would transfer and that was in the hands of the contractors undertaking the necessary works at North Tees. There had been very disappointing attendance numbers at the consultation meetings but the Trust believed it had done as much as it could.

- There was concern at the potential travelling times for those patients and families living in the Easington area who were now being asked to travel to Stockton rather than Hartlepool. Public Transport to Stockton was difficult. Had this been taken into account?

Some travel issues had arisen through bus companies withdrawing services – this was outside the control of the Trust and the local authorities. This particularly affected travel to the specialist services at James Cook University Hospital in Middlesbrough. It was hoped that the free service between Hartlepool and North Tees Hospital would alleviate some of the transport worries people had.

- How had the Trust monitored whether the message on the transfer of services was getting through to the necessary groups of people?

Information had been circulated very widely through all the various Doctors surgeries and health related services. Targeted leafleting had also been undertaken using the maternity services, the Children's Trust and a number of other agencies and groups. It had to be accepted that there would be some service users who won't get the information but the Trust believed it had done as much as possible to get the

information out to the community.

- The local MP had commented that the community services should be in place to compliment the transfer of services between the two hospital sites

Community services were already in place for paediatrics and maternity services and the Trust had invested heavily in these services. Additional specialist nurses would be available at Hartlepool together with extended outreach nurses for those discharged from hospital. The intention was to admit as few children to hospital as was necessary; children, and their families, preferred to be at home and in most instances recovered better and more quickly at home.

- The government had set specific protocols and best practice guidance for consultation and joint working between NHS Trusts and local authorities. Was the Trust happy to look at these with Councillors?

Mr Foster indicated that the Trust would be happy to meet quarterly on an informal basis with Councillors. Mr Foster assured people that the Trust was not going to close Hartlepool Hospital and was committed to both sites until such times as a new hospital had been built. Neither of the present sites was big enough to take all the services.

The Chairman of the Hartlepool PCT, Councillor Steve Wallace, commented that following the Darzi Report there was general acceptance of the proposals. However, the situation had moved on considerably in the relatively short period of time. The way health services were to be provided to the community was being completely redesigned. What those involved in health provision and the people of Hartlepool wanted was excellent primary health care. The question was why should people have to travel for that care? People should be encouraged to become involved in the debate on how our future health care services are provided. New medical advances were changing how many services were delivered and what would once have required a lengthy stay in hospital could now be provided as day care through state of the art community facilities. The Chair, Councillor Brash, agreed that the local authority should be involved in that debate and this Scrutiny Forum was very keen to be part of those discussions.

In closing the meeting, the Chair thanked the representatives from the Trust for their attendance at the meeting.

RECOMMENDED

That Alan Foster, Chief Executive of the North Tees and Hartlepool HNS Trust, and the other representatives of the Trust be thanked for their attendance at the meeting and their responses to questions from Councillors and members of the public.

J BRASH

CHAIRMAN

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

MINUTES

18 December 2007

The meeting commenced at 3.00 pm in the Owton Rossmere
Resource Centre, Wynyard Road, Hartlepool

Present:

Councillor: Jonathan Brash (In the Chair)

Councillors: Sheila Griffin, Geoff Lilley, Michelle Plant, Chris
Simmons, Lilian Sutheran and Gladys Worthy

Also Present: Councillors Marjorie James and Ann Marshall
Ruby Marshall and Margaret Goulding, Patient and Public
Involvement Forum
Jonathan Shapiro, Independent Consultant

Officers: Neil Harrison, Disability Inclusion Manager
Sarah Ward, Self Directed Funding Manager
Phil Homsby, Principal Commissioning Manager
Charlotte Burnham, Scrutiny Manager
Angela Hunter, Principal Democratic Services Officer

60. Apologies for Absence

Apologies for absence were received from Councillor Mary Fleet and Resident
Representative Jean Kennedy.

61. Declarations of interest by Members

Councillor Jonathan Brash declared a non-prejudicial interest in minutes 68,
69 and 70.

62. Minutes of the meetings held on 13 and 19 November 2007.

Confirmed.

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

None.

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

None.

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

None.

66. Individualised Budgets and Personalisation *(Director of Adult and Community Services)*

Representatives from the Adult and Community Services Department were in attendance at the meeting and gave a presentation which was an overview of individual budgets and self directed support linking into the National In Control Pilot and provided information on the work being undertaken to deliver them locally. The principles to In Control were detailed at Appendix 2 of the report.

Members were informed that In Control was launched on 3 December 2007 and was already undertaking handling resource allocations and planning support. Prior to this launch, staff training had been undertaken with local authority staff as well as representatives of the voluntary sector who would be involved in support planning. The Director of Adult and Community Services indicated that the support given to any individual would be tailored to suit and would be as little or as much as the individual required. Giving service users ownership of their resource allocation enabled care to be planned with the families more effectively.

A discussion ensued in which the following issues were raised:

- (i) There was some concern from Members in relation to how the authority would monitor if correct and adequate care was being provided to the service users? The Director of Adult and Community Services indicated that the local authority still had responsibility for a service users care plan and added that if inadequate care was being provided the Duty Care Manager would step in and re-evaluate how that particular care plan was delivered.
- (ii) A Member questioned whether economies of scale was an issue in relation to purchasing care? The Director of Adult and Community Services indicated that the authority was still purchasing a lot of care

- but added that service users and their families could be far more creative with resources acquiring more cost effective care.
- (iii) A Member requested that the In Control funding be revisited by this Scrutiny Forum in 12 months time, including service user feedback with care taken to include the hard to reach groups. The Director of Adult and Community Services indicated that the department would welcome input from scrutiny and services users.
 - (iv) How were service users made aware of the provision available? The Director of Adult and Community Services responded that the Department funds and independent advocacy service with legal safeguards in place for people lacking mental clarity. This service would be instigated by the either the service user or their family and friends.
 - (v) Clarification was sought on how Connected Care supported individualised budget allocation? The Director of Adult and Community Services indicated that resources could be allocated to a third party if this was deemed appropriate and Connected Care could be a broker for the service user in this situation.
 - (vi) Was there any checks and balances in place for monitoring the use of resources? The Director of Adult and Community Services commented that there was a whole range of regular checks and balances undertaken through the allocated social worker, advocacy service and contract section of the department.
 - (vii) A Member asked if the authority could provide a home help service to help people stay in their own homes? The Director of Adult and Community Services indicated that resources could be used to examine more broadly the individual care needs of the service user to ensure they could stay in their own home as long as possible.

The representatives from the Adult and Community Services Department were thanked for their presentation.

Decision

The development of Individual Budgets and Personalisation was noted.

67. Notification of Referral from Hartlepool Primary Care PPI Forum *(Scrutiny Manager)*

The Scrutiny Manager informed Members that a referral had been received from the Hartlepool Primary Care PPI Forum's Care Homes Sub Group and the Forum's views were sought. This referral expressed concerns about the cleanliness of a particular private care home's EMI Unit located within Hartlepool.

The Forum was distressed to hear that a visit to the Care Home, in January 2007, by the Care Homes Sub Group identified concerns regarding a strong smell of urine in the EMI Unit. Whilst a return visit to the Care Home, in September 2007, had shown that some efforts were being made to alleviate

the problem, Members of the Forum strongly supported the views of the Care Homes Sub Group that any improvements so far were neither fast enough nor sufficiently comprehensive to be considered acceptable in any respect. Members were extremely concerned that there may more systemic problems within the home affecting the environment and that in any event the continued exposure of residents to these substandard conditions could not be allowed to continue.

The Chair of the Forum thanked the members of the PPI Forum for raising awareness of this issue. Although the Forum felt it was inappropriate at this time to undertake an investigation into this individual case, Members were keen that this issue was dealt with in a quick and efficient manner given this problem had been long standing since January 2007. Members were extremely concerned about the issues raised and felt that there may be more underlying problems. It was suggested that a notice for improvement be issued to the care home immediately with an instruction to implement improvements within 6 weeks. Furthermore, with the rights of all residents to a clean and safe living environment foremost in its mind, the Forum was of the view that it was imperative that the Care Home further investigated the issues underlying the problems and present an 'Action Plan', outlining how they intended to redress the matter, to its meeting on 29 January 2008.

Decision

- (i) That full support be given for the Director of Adult and Community Services to issue a formal written notice to remedy the breach of agreement and to suspend future referrals to the Home with immediate effect until such problems have been resolved;
- (ii) That the Scrutiny Forum urgently considers an Action Plan (devised by the Care Home), outlining how the Care Home intends to redress this problem at its next ordinary meeting to be held on 29 January 2008, whereby senior representatives from both the Care Home in question and the Adult and Community Services Department will be in attendance

68. Investigation into the Withdrawal of Emergency Care Practitioner Services at Wynyard Road Primary Care Centre – Evidence from Ward Councillors *(Scrutiny Manager)*

The Scrutiny Manager informed Members that Owton Ward Councillors were invited to the meeting to provide evidence in relation to the ongoing investigation. Councillor Marjorie James was in attendance and apologies had been received from Councillor Gerald Wistow.

Councillor James informed Members that there had been no consultation undertaken by the PCT prior to the closure of the Centre and that the PCT were challenged to why a newly opened Centre could be closed as it was believed that the health provision was unsafe. It was noted that the majority

the Owton Ward was classed as a deprived area with residents being forced to travel outside the ward to visit a GP or Primary Care Centre. A survey had been undertaken by the University Hospital of Hartlepool which indicated that the majority of users of the accident and emergency service were from the Owton Ward. The service offered at the Wynyard Road Primary Care Centre should have ensured that the use of this service decreased.

Concerns were also raised in relation to the cost of the Centre and the financial implications for residents as a result of having to travel across town to hospital.

Councillor Marjorie James, Owton Ward Councillor was thanked for her contribution to the investigation.

Decision

The Ward Councillors views were noted

69. Investigation into the Withdrawal of Emergency Care Practitioner Services at Wynyard Road Primary Care Centre – Evidence from Hartlepool Primary Care PPI Forum *(Scrutiny Manager)*

The Scrutiny Manager informed the Scrutiny Forum that Members of the Hartlepool Primary Care PPI Forum were invited to the meeting to provide evidence in relation to their ongoing investigation. The representatives of the Forum commented that the Primary Care Trust (PCT) stated that the Wynyard Road Primary Care Centre was to be a Centre of Excellence but had withdrawn the service due to the lack of availability of medically trained staff. Residents felt that they had no option but to attend the accident and emergency department at the hospital. Members were informed that there were similar Centres for Excellence in Easington and Sunderland and suggested that they should be looked at as part of this investigation to ascertain how they operated and if they had encountered any problems.

The members of the Hartlepool Primary Care PPI Forum were thanked for their contribution to the investigation.

Decision

The views of the Hartlepool Primary Care PPI Forum were noted.

70. Investigation into the Withdrawal of Emergency Care Practitioner Services at Wynyard Road Primary Care Centre – Evidence from Members of the Public and Former Service Users *(Scrutiny Manager)*

The Scrutiny Manager informed Members that members of the public and former service users had been invited to attend the meeting to provide verbal evidence in relation to this investigation although it was unfortunate that there were none in attendance. However, it was reported that the Chair of the Scrutiny Forum had attended the South Neighbourhood Consultative Forum on 12 October 2007 to also seek their comments.

Decision

The report was noted.

71. Investigation into the Withdrawal of Emergency Care Practitioner Services at Wynyard Road Primary Care Centre – Commissioning of Independent Specialist Advice *(Scrutiny Manager)*

The Scrutiny Manager introduced Members to the representative of the University of Birmingham who had been commissioned to undertake an independent piece of research as part of the Forum's on-going investigation.

The University representative outlined his experience to Members and indicated that during this investigation, he would be interviewing representatives from the PCT, clinicians, officers and Members to determine:-

- (a) Whether it would / or would not be viable to provide urgent care services in the Wynyard Road Care Centre;
- (b) Whether the PCT acted effectively in the planning, running and subsequent withdrawal of the ECP services and to ascertain whether there are any lessons that can be learnt for any future care service provision in the town; and
- (c) To seek examples of good practice from across the country in relation to urgent care services.

The Scrutiny Forum were informed that the University representative would submit his findings to the Forum on 4 March 2008.

Decision

The report was noted and the findings of the independent piece of work be considered by the Scrutiny Forum at its meeting on 4 March 2008.

72. Tees Valley Health Scrutiny Joint Committee: Substitution and Feedback Proposals *(Chair of Adult and Community Services and Health Scrutiny Forum / Scrutiny Manager)*

The Scrutiny Manager sought endorsement from the Scrutiny Forum in relation to the substitution and feedback proposals for Elected Members serving on the current Tees Valley Health Scrutiny Joint Committee. The proposals outlined in the report were as follows:

- (a) In line with the good practice of our neighbouring local authorities, should an Elected Member serving on the Joint Committee be unable to attend, that where possible, a substitution is arranged and notified directly to the Authority's Democratic Services as per standard practice; and
- (b) 'Verbal Feedback from recent meeting(s) of the Tees Valley Health Scrutiny Joint Committee' be included as a standard item on all future agendas of the Adult and Community Services and Health Scrutiny Forum, to allow those Elected Members who serve on the Joint Committee to verbally feedback where felt appropriate.

It was suggested that as well as verbal feedback, copies of the minutes of the meetings of the Joint Committee could be included on this Forum's agenda.

Decision

- (i) Members endorsed the proposed substitution and feedback arrangements as detailed above.
- (ii) That the minutes of the Tees Valley Health Scrutiny Committee be included as a future agenda item on all future meetings of this Forum where appropriate.

73. Any Other Business

Members were informed that the Scrutiny Chairs were proposing to split the Adult and Community Services and Health Scrutiny Forum. It was proposed that two Forums be created as follows:

Health Scrutiny Forum
Adult and Community Services Scrutiny Forum.

This proposal was to be submitted to Cabinet on 22 December 2007 and Scrutiny Co-ordinating Committee on 4 January 2008. It was hoped to implement this new arrangement for the 2008/09 municipal year subject to Cabinet agreeing the pressure as part of the budget setting process for 2008/09.

Decision

That the proposal was noted and supported.

JONATHAN BRASH

CHAIRMAN

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

MINUTES

10 January 2008

The meeting commenced at 3.00 pm in the Avondale Centre, Hartlepool

Present:

Councillor: Michelle Plant (In the Chair)

Councillors: Caroline Barker, Mary Fleet, Geoff Lilley,
Chris Simmons, Lilian Sutheran and Gladys Worthy.

Officers: Nicola Bailey, Director of Adult and Community Services
John Mennear, Assistant Director, Community Services
Alan Dobby, Assistant Director, Support Services
Charlotte Burnham, Scrutiny Manager
James Walsh, Scrutiny Support Officer
Denise Wimpenny, Principal Democratic Services Officer

74. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Jonathan Brash, Sheila Griffin and Resident Representative Jean Kennedy.

75. Declarations of interest by Members

None

76. Minutes of the meetings held on 12 and 18 December 2007

It was agreed that the minutes be deferred for consideration at the next meeting.

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

None

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

None

79. Consideration of progress reports/budget and policy framework documents – Finalised Budget Proposals – Adult and Community Services Department *(Scrutiny Manager)*

The Scrutiny Manager welcomed James Walsh to the Forum who had recently been appointed to the post of Scrutiny Support Officer.

The Scrutiny Support Officer introduced the report which included the Executive's finalised budget proposals for 2008/09. The Forum's views were requested to be fed back to Scrutiny Co-ordinating Committee to enable a response to be formulated and presented to Cabinet on 11 February 2008. Attached to the report were Appendices A to E, which included the departmental pressures, contingencies, terminating grants, priorities and efficiencies. The Director of Adult and Community Services presented additional information, which highlighted the items that Cabinet did not wish to support, a copy of which was circulated at the meeting

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

Terminating Grants

- The Forum discussed the Walking the Way to Health Programme which Cabinet had decided not to support. Whilst the value of countryside walks and the importance of encouraging people to stay active was recognised, Members supported Cabinet's decision as the Director of Adult and Community Services advised that a walks service would continue, however, training of volunteers would not.
- The Forum highlighted the benefits of retaining the home library service and queried the feasibility of reducing the frequency of service to achieve efficiencies. The Assistant Director reported that following a review of the service the previous year there had been a reduction from a fortnightly to three-weekly service to alleviate costs. In response to a Members request for clarification, the Director of Adult and Community Services stated that there would be a £10,000 reduction in grant funding from 1 April 08 followed by a further £10,000 reduction in April 09. Following further discussion it was agreed that the home library service be supported.
- In response to the Director of Adult and Community Services request for clarification as to whether the Forum wished to support the supported employment service it was agreed that this be supported.

Priorities

- In view of Cabinet's decision not to support the free swim initiative, and the Forum's view that this should be supported, various options were considered in order to retain this programme. It was suggested that a contribution be sought from the Children's Services budget to continue this service for children. The Director of Adult and Community Services advised that this initiative was not a priority for the Children's Services budget at present. In response to suggestions that additional funding be explored from the PCT and that free swim sessions be provided for the elderly as well as young people, the Assistant Director provided details of previous funding from the PCT relating to the free swim programme, the age ranges that had benefited and highlighted the importance of receiving adequate notice of grant funding to enable swim programmes to be successfully planned to meet the needs of the community. It was suggested that the PCT be approached with a view to securing additional funding to continue the programme.

In response to a Members request for further details relating to the time periods of which the free swim initiative was available, the Director of Adult and Community Services agreed to provide clarification following the meeting. Following further discussion the Forum did not agree with Cabinet's decision and were of the view that the free swims programme should be supported.

- The Forum debated the implications of Cabinet's decision not to support opportunities for day care, meals and information service to the Hindu and Sikh Cultural Society. The number of people affected by this decision and the Council's obligations to meet the needs of these communities were discussed. Following discussion, it was agreed that this service was not supported.

Efficiencies

- The Forum debated the proposed efficiencies as outlined in Appendix E. A number of queries were raised in relation to the home care service to which the Director of Adult and Community Services provided details of the differences between in-house and independent provision of services and the national charging policy. A new charging policy had recently been considered by Cabinet and would be referred to Scrutiny in due course.

Recommendation

That the following proposals together with the comments and observations as outlined above be presented to Scrutiny Co-ordinating Committee on 18 January 2008 to enable a formal response to be made to Cabinet on 11 February 2008:-

(a) Budget Pressures/Contingency Items

That the budget pressures and budget pressures to be treated as contingency items as outlined in Appendices A and B be accepted.

(b) Terminating Grants

That the supported employment and home library services be supported.

(c) Budget Priorities

That Cabinet's recommendations in relation to the budget priorities be accepted with the exception of the Public Health/Participation priority in relation to the free swims programme as the Forum were of the view that this initiative should be supported.

(d) Efficiencies

That the proposed efficiencies be accepted.

MICHELLE PLANT

CHAIRMAN

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

29 January 2008



Report of: Scrutiny Support Officer

Subject: UPDATE ON THE CONDITION OF A PRIVATE
CARE HOME'S EMI UNIT

1. PURPOSE OF REPORT

- 1.1 To inform Members that the Principal Commissioning Manager and a representative of Four Seasons Healthcare will be in attendance to provide verbal evidence at today's meeting in relation to the condition of a private care home's EMI unit in Hartlepool.

2. BACKGROUND INFORMATION

- 2.1 At the Adult and Community Services and Health Scrutiny Forum's meeting of the 18 December 2007, a referral was received from the Hartlepool Primary Care PPI Forum. The referral related to the general cleanliness and in particular a strong smell of urine, experienced by members of the Hartlepool Primary Care PPI Forum who undertook visits to the Care Home's EMI unit in January 2007 and September 2007.
- 2.2 The Chair of the Adult and Community Services and Health Scrutiny Forum accepted the referral from the Hartlepool Primary Care PPI Forum and wrote to the Care Home on the 19 December 2007 voicing the Forum's concerns (Members of the Forum were sent copies of the Chair's letter).
- 2.3 On the 19 December 2007 Hartlepool Borough Council's Adult and Community Services Department issued a formal written notice to remedy the breach of agreement by the Care Home and suspended future referrals to the Care Home with immediate effect, until an Action Plan was compiled and satisfactory implemented.

2.4 Consequently, a number of key stakeholders will be in attendance at today's meeting, these are:-

(a) The Adult and Community Services' Principal Commissioning Manager;
and

(b) A Representative from Four Seasons Healthcare

2.5 Each of these witnesses will provide verbal evidence to the Forum in relation to the condition of the care home's EMI unit. In addition, an Action Plan will be available at the meeting for Members to consider.

3. RECOMMENDATIONS

3.1 That Members note the content of the report and Action Plan, and question the witnesses accordingly.

Contact Officer:- James Walsh – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523647
Email: james.walsh@hartlepool.gov.uk

BACKGROUND PAPERS

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

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM REPORT

29 January 2008



Report of: Director of Adult and Community Services and
Director of Neighbourhood Services

Subject: UPDATE ON THE DEVELOPMENT OF LINKS IN
HARTLEPOOL

1. PURPOSE OF REPORT

1.1 To provide scrutiny with an update on the development of LINKs (Local Involvement Networks) in Hartlepool. A report was previously submitted to Scrutiny on 04/09/2007 regarding the introduction of LINKs. The report provides an update on the developments since that date including:

- the procurement process
- the local event
- the setting up of a local steering group
- the proposed member's seminar

2. BACKGROUND

2.1 The attached Cabinet report (**Appendix 1**) outlines the current position regarding the procurement of the LINKs. It has not been possible to proceed with a Teeswide approach, as two Local Authorities (Redcar & Cleveland and Stockton) decided not to be part of the Teeswide approach, which has meant we have had to reconsider our approach to the procurement of the host.

2.2 A successful local event attended by over 60 people was held on 16th November 2007. A report of the event is attached for information (**Appendix 2**).

2.3 A steering group has been set up and is to be held on 30th January 2008. It is to be facilitated by the Centre for Public Scrutiny and will cover: - the remit of the group and links to the procurement process.

- 2.4 Each of the Neighbourhood Forums received a presentation regarding LINKs.
- 2.5 A members seminar has been set up on the 5th February 2008 to inform them regarding LINKs.

3. RECOMMENDATIONS

- 3.1 Scrutiny are requested to note the above progress.

Contact Officer: Margaret Hunt, Development Manager

CABINET REPORT

22 January 2008



Joint Report of: Director of Adult and Community Services and
Director of Neighbourhood Services

Subject: LOCAL INVOLVEMENT NETWORKS (LINKS)

SUMMARY

1. PURPOSE OF REPORT

To update Cabinet on the progress with procurement of the LINKs host with neighbouring authorities, and to seek Cabinet views on how to proceed.

2. SUMMARY OF CONTENTS

The report outlines the current position regarding procurement with the neighbouring authorities, and the options for procurement in the light of Stockton and Redcar and Cleveland opting out of the Teeswide procurement process.

3. RELEVANCE TO CABINET

The project has town-wide impact.

4. TYPE OF DECISION

Non Key

5. DECISION MAKING ROUTE

Cabinet 21 January 2008

6. DECISION(S) REQUIRED

Cabinet are requested to decide whether to procure the LINKs host with Middlesbrough or to procure a host exclusively in Hartlepool.

Joint Report of: Director of Adult and Community Services and Director
of Neighbourhood Services

Subject: LOCAL INVOLVEMENT NETWORKS (LINKS)

1. PURPOSE OF REPORT

- 1.1 To update Cabinet on the progress with procurement of the LINKs host with neighbouring authorities, and to seek Cabinet views on how proceed.

2. BACKGROUND

- 2.1 Cabinet approved on 10 October 2007 an approach to a Teeswide procurement of the host for the LINKs. A copy of the original report is attached as **Appendix 1**. The advantages of procuring the host on a Teeswide basis appear at paragraph 7 of this report.
- 2.2 The Steering Group to procure and develop a Hartlepool LINK has been set up in accordance with Cabinet's previous approval at its meeting on 12th November 2007. The first meeting will be held on 30 January 2008.
- 2.3 Further guidance has been received regarding the set up of the LINKs, attached as **Appendix 2**.

3. CURRENT POSITION

- 3.1 Redcar and Cleveland and Stockton Borough Councils have subsequently decided to re think their original approach of procuring the Links host service on a Teeswide basis, and are instead considering whether they wish to invite tenders on a Teeswide or on a local authority basis. Middlesbrough are proposing to still progress with OJEU restricted procurement for a single LINKs host organisation. If Local Authorities wanted to still collaborate and seek to procure a joint host Middlesbrough are still happy to procure on behalf of the Tees as a single host, but not a series of individual hosts. If Local Authorities chose the option of a separate LINK in their local authority area they will need to undertake their own procurement.
- 3.2 It should be noted that Middlesbrough has received a fairly high level of interest for potential bidders before they go to advert. Hartlepool have also received some interest.

- 3.3 The level of funding from the Dept of health to provide and run a Links service in Hartlepool is only £99,000, which is less than originally anticipated. It is essential that this investment is used in the most effective and efficient manner.
- 3.4 If Stockton and Redcar were to drop out of the Teeswide procurement option then both Middlesbrough and Hartlepool would lose the potential advantages of a single host dealing with health organisations who are structured on a North Tees and Hartlepool basis (e.g. the NHS Trust) and Teeswide basis (e.g. Mental Health; ambulance).
- 3.5 In addition to the points already mentioned there are significant capacity issues for the Council both in the development of the specification for how Hartlepool's LINK will operate and the actual procurement of the LINK (including the tendering and evaluation processes). To complete this whole process by April 2008 presents a severe test for the Procurement Section and the Adult and Community Services Department. However this may not be something which can be avoided. There may also be a risk that procuring the single authority host and Links service would require more funding than has been allocated by the Dept of health.
- 3.6 The statutory requirement to have a Links service operational from April 2008 is still in place and the Department of Health have stated that either a LINK host must be put in place or the Local Authority must put some other measures in place. In Hartlepool this could, initially be by using existing forums.

4. RECOMMENDATIONS

- 4.1 Cabinet are requested to decide whether to continue with the original decision to procure a joint Links host with Middlesbrough if both Redcar and Cleveland pull out of the arrangement or to proceed on a single LA Links host procurement option for Hartlepool.

Report from the 'Developing our LINK' event held at Hartlepool's Maritime Experience on 16th November 2007.

1. Background

- 1.1. More than 60 residents and members of local organisations attended the Developing our LINK (Local Involvement Network) event in November.
- 1.2. There were presentations by Councillor Gerard Hall, Alan Dobby, Assistant Director of Adult and Community Services, Paul Frank, Head of Patient Experience for Hartlepool Primary Care Trust and Ron Foreman, Chair of the Hartlepool Patient and Public Involvement Forum which outlined the events of the day, the role of the LINK and how it would be implemented in Hartlepool.
- 1.3. After the presentations, participants at the event took part in group discussions which focused on a number of key questions.

2. Workshop Feedback

2.1. Who should be involved in the Hartlepool LINK?

- 2.1.1. There was widespread agreement that the LINK should be Hartlepool and not Tees-wide focused. Generally it was agreed that the LINK should be as inclusive as possible and as an organisation, representative of the population of Hartlepool.
- 2.1.2. Groups identified for involvement included:
 - Older people
 - People with mental health problems
 - Children and young people
 - The LGBT community
 - People with learning disabilities
 - People in residential homes and hospitals
 - Carers
 - People with physical disabilities
 - The BME community
 - People with long-term conditions
- 2.1.3. The LINK should draw on the experience of the PPI and involve local voluntary and community organisations. Most importantly, it should extend the network to ensure it allows for the involvement of 'everyone' with 'local' interests and concerns.

2.2. What would the LINK be doing and achieving to make a real difference?

- 2.2.1. The role of the LINK was identified by some participants as being a conduit to actually getting things done in health and social care. It was noted by many groups that the LINK should be active and not just a 'talking shop'.
- 2.2.2. The LINK should use its statutory powers to inspect and monitor health and social care services. It should challenge the Local Authority and PCT and work through Scrutiny to influence outcomes and promote accountability by service providers.
- 2.2.3. The LINK should be a strong support organisation which promotes health awareness with all age groups.
- 2.2.4. The LINK should develop strong partnerships with existing groups such as the PPI, HVDA etc. It should link to existing structures such as community networks, the Local Strategic Partnership etc.
- 2.2.5. The LINK must develop mechanisms to effectively communicate with service providers and with all members of the community. Suggested ways to promote LINK were:
 - Regular reports to the local press (including radio) focusing on the positive aspects of the LINK
 - Leaflet drops
 - Promotion in Hartbeat
 - Posters in colleges, hospitals, community, libraries, GP surgeries and community centres
 - The Life Channel

2.3. What would the host organisation need to do to establish the LINK?

- 2.3.1. The overwhelming response to the question of the host organisation related to the physical location of the host. Many of the event participants argued for the need for the host to have a 'strong local presence and knowledge of Hartlepool'.
- 2.3.2. The host organisation should be 'visible and accessible' and should be a strong structure with good administrative support.
- 2.3.3. The importance of a staffed local base for the host was raised by a number of the groups to provide ongoing support to the LINK and not just leaving it to run itself.

2.3.4. The tasks that the host would need to do to establish the LINK were identified as:

- Explain the role and responsibility of the LINK
- Provide clear objectives and an action plan
- Identify existing groups and organisations and build on those
- Meet local people to identify priorities
- Establish strong partnerships with existing organisations and groups
- Establish good systems and mechanisms to support the LINK
- Ensure consultation is meaningful
- Feedback on consultations and explain decisions on outcomes
- Raise the profile of the LINK

3. **Other issues**

- 3.1. The following more general issues were noted as part of the feedback process.
- 3.2. The Steering Group – it was not clear how the steering group would be established. Some participants of the event felt that members from the voluntary and community sector should make-up 50 per cent of the group.
- 3.3. It was suggested that a representative from HVDA and Ron Foreman from the PPI should be invited to join the steering group. Linda Shields asked to join the steering group.
- 3.1. Clarity was sought on the procurement process particularly in relation to the role of the steering group and the PPI in procurement.
- 3.2. Questions were raised regarding payment to LINK participants.
- 3.3. It was also noted that there were potentially training issues with the host organisation needing to consider how to provide training for all those who wanted to participate in the LINK.
4. A newsletter providing some feedback on the event has been prepared and is attached. The newsletter will be distributed to all those who attended the event and other interested parties.

26th November 2007

Hartlepool PCT and North Tees PCT Provider Services Project

Anne Moore – Director of Nursing and
Therapies, Acting Director of Clinical Services
Celia Weldon – Assistant Chief Executive

National Policy Direction

- 2006/07 NHS Operating Framework
- 2007/08 NHS Operating Framework
- Our Health Our Care Our Say
- Commissioning a Patient Led NHS
- World Class Commissioning

North East SHA Policy Direction

Provider Services Development, including:

- Building a whole foundation trust health economy
- Independent sector provision
- Community Provider Services
- Service Reviews

Provider Services Project

3 Phase Project to review Provider Services in
Hartlepool PCT and North Tees PCT:

- First phase Oct – Dec 2007
 - a) Options and initial option appraisal
 - b) Provider Services sub-committee revised options
- Second phase Jan – March 2008
 - a) Working towards an agreed model for the future of provider services
- Third phase April 2008 – March 2009
 - a) Detailed development and implementation of the agreed model

Provider Services at Hartlepool PCT and North Tees PCT

Definition of Provider Services

'all services directly provided by the PCT'

In effect:

- Clinical Services Directorate

Potentially:

- Support services to the CSD
- Some public health provider services?

Phase 1 Project

Oct – Dec 07

Options and initial option appraisal

Vertical integration eg with the Acute Trust as direct employer
Horizontal integration eg with Local Authorities across adult and children pathways
Community Foundation Trust Model – a more autonomous NHS organisation model
Social Enterprise/Community Interest Model – an organisation which trades for social purposes, range of legal forms
GP provider eg through a co-operative or polyclinic model
Movement of services to another PCT provider eg South Tees Community Services, Darlington PCT
Mixed Model eg other NHS or other alternative providers

Options and initial option appraisal Outcomes

Key issues for consideration:

- Governance Structure
- Strategic fit:
 - Pathways to healthcare / Momentum
 - Sound community based provision
 - Integration and joint working

Initial conclusions of the PCTs' Provider Services Sub-Committee

- **'no Change'** is not an option given Policy direction for World Class Commissioning and SHA Provider Development Programme
 - **'Arms Length'** is not an option because of governance arrangements and the additional management costs that would be involved
 - **'Option to move the services out of the PCTs to an alternative provider'** is the most favourable
- The **Boards of Hartlepool PCT and North Tees PCT** provisionally agreed with this position at an informal joint meeting of the Boards on 21 December 2007

Second phase project plan Jan – March 2008

- formal decision on the way forward following initial option appraisal required from January 2008 Board meeting (joint meeting of the 2 Boards)
- Involvement and engagement with partners and stakeholders
- Involvement and engagement with staff
- Detailed timetable of how decision will be reached on future model by 31 March 2008

Third phase project plan April 2008 – March 2009

- Detailed project work to implement the arrangements of the agreed model
- continued involvement of partners and stakeholders
- continued involvement of staff

Provider Services Project

Any questions?

Contact details:

Anne.moore@northteespct.nhs.uk
Celia.weldon@northteespct.nhs.uk

Telephone 01642 666700

**Report of: Acting Director Health Systems Development,
Hartlepool PCT**

**Subject: The Development of Integrated Urgent Care Provision
in Hartlepool**

1. Summary

In August 2007 Hartlepool PCT Board approved the exploration of a new model of integrated 24 hour urgent care provision based within or adjacent to the Accident and Emergency Department at Hartlepool Hospital and provided by North Tees and Hartlepool NHS Trust. Such an arrangement was considered consistent with national policy drivers to improve urgent care provision, and would provide a safer, more integrated and cost effective model of service delivery, than the original model proposed during the consultation for the Independent Sector Procurement (ISP) of general medical services.

Whilst feedback from the public and the Adult, Community Services and Health Scrutiny Committee during the consultation process for the ISP, recommended the development of a model of integrated urgent care within the town that would be sustainable beyond hospital reconfiguration, it will not be possible initially to base the service in the town centre. However, consideration is already been made to the development of an extension to the existing Town Centre Development plans that would in due course be suitable to house such a service if it proves successful.

This paper provides an update to the Adult and Health Scrutiny Committee and describes the proposed service model for the pilot scheme.

2. Context

Reforming Emergency Care published in October 2001 has led to a range of other national strategies and policies including *Direction of Travel for Urgent Care* (October 2006), *Our Health, Our Care, Our Say* (Jan 2006) and *Transforming Emergency Care in England and Wales* (2005) that aim to influence the development of services that will transform patient experience of urgent and emergency care, whilst focusing on the prevention of avoidable A&E attendance and unplanned admissions.

As a result, a number of projects nationally have either been established or are in the process of being established that, in response to the changing NHS climate, alter patient flows from A&E, 999, GP and GP Out of Hours Deputising services to a range of integrated and semi-integrated services that vary in complexity and range in respect of delivering first line management of unplanned illness.

Hartlepool, not unlike many other areas, has experienced a sustained year on year increase in both A&E activity and unplanned admissions. This together with criticism of the location of GP out of hours deputising services, high contract costs and the development of a single North of Tees hospital site

within a 7 year timeframe, which is likely to move hospital services from the town, provides a major catalyst for change. Hartlepool PCT therefore has the opportunity to remodel local urgent care services and to positively affect the patient journey, providing sustainable, effective and efficient locally provided services for the population.

3. The Service Model

By working in partnership the model has been designed to support a 'whole systems' approach to redesigning and managing unscheduled care services.

3.1 The objectives are to:

- Proactively plan for and manage the demand for emergency care by streamlining the way in which people access services.
- Improve the systems knowledge of demand and access to services in primary and secondary care.
- Develop and/or redesign services to enable more patients to be treated in a primary or community care setting, wherever it is clinically appropriate and cost effective to do so, based upon a 24 hour service provision.
- Ensure the delivery of all emergency and unscheduled care targets.
- Ensure the continued attainment of the 4 hour emergency care target.
- Contribute to the maintenance and improvement of the Ambulance service response targets.
- Ensure that there are efficient and cost effective arrangements in place to prevent emergency admissions wherever possible.
- Ensure that there are effective arrangements in place to reduce the average length of stay of patients admitted via unscheduled care pathways.
- Contribute to the effective delivery of advanced access where all patients can access primary care and seek advice and/or treatment by being able to book appointments with a health care professional within 24 hours and with a GP within 48 hours of making the request.
- Ensure the OOH provision of services meets and manages the expectations and demands of the local population whilst meeting Carson Standards.
- Ensure that workforce development opportunities are considered for the benefit of the unscheduled care system
- Reflect the wishes of the population of Hartlepool by sustaining the best possible range of services within the town
- Tests the transferability of the service to other areas including Stockton

3.2 Proposed service model

Scope

It is envisaged that the current A&E facility at University Hospital Hartlepool will provide the physical base for care and treatment of all 24 hour urgent care provision currently described as 'primary care procedures within an A&E environment' and 'out of hours care'. In summary it will provide:

- Call handling and triage services (sub contractual arrangements will be put in place with a provider with a track record of call handling and referral).
- Suitably trained and experienced staff to accommodate assessment and treatment within the service.
- Transport provision during whole period of OOH care to accommodate home visits and transport to the service.
- Suitably trained drivers / generic workers to assist with assessment, treatment and transportation.
- Medical Practitioner presence to assist with diagnosis and treatment.
- GP leadership of the services
- GP provision at appropriate times in the clinical pathway
- Safe provision of medicines.
- Management of both simple and more complex pathways

Typically the conditions which most often require an out of hours urgent response have been identified as:

- Cold/Flu symptoms
- Abdominal pain
- Chest related (respiratory)
- Sore throat
- Chest pain
- Earache
- Palliative care
- Problems in pregnancy
- Requests for medication
- Diarrhoea and vomiting

Access

i) Telephone triage

Patients will access the service via a single low cost telephone number within the appropriate timing requirements to meet Carson Standards. It is anticipated that the telephone triage will refer to a number of dispositions within a primary care setting which may include, community pharmacy, Crisis Team, Palliative Care team, Community Dental services, self care or referral to own GP for routine appointment during the in-hours period. A key standard will be to ensure unnecessary attendances and emergency admissions are avoided by diverting or referring to alternative clinical services where this is appropriate. Should a face to face consultation be required however an

appropriate time will be provided for the consultation. This may include arrangements for transport to enable the consultation to place.

ii) As an alternative to A&E management

On arrival at A&E, the patient will present at the reception and be asked a number of questions, according to an agreed algorithm, the outcome of which will be a decision as to which element of the 'service' should treat the patient. The patient will then be referred to an appropriately trained clinician for further assessment if required and treatment.

The episode of care will either be completed or the patient may be referred e.g. for diagnostics, and the episode completed following this. The completed episode may also include a referral to the patients' own GP for routine appointment or self help advice.

A completed episode of care will be inclusive of diagnosis (where possible), investigation and treatment e.g. dressings and provision of medication if required.

3.3 Treatment and Care pathways

It is anticipated that as a result of the telephone triage some patients will be asked to attend the Primary Care Centre and a small number will require a visit at home from an appropriate health professional. The care pathway will determine who is the most appropriate health professional to undertake a home visit, the range and choice being made from clinicians from the Palliative Care Team, the District Nursing Team, experienced Nurse Practitioner/Emergency Care Practitioners and Medically Qualified Practitioners e.g. GPs.

All appropriate information will be communicated to the patients own GP following the episode of care and within the defined national standards.

3.4 Workforce

North Tees & Hartlepool NHS Trust will provide appropriate practitioners to support the delivery of the service with additional training provided around minor ailment/primary care type presentations. One of the benefits of providing an integrated service with the Accident & Emergency Department will be the ability to use A&E staff in a flexible manner to support increased demand on the service.

4. Benefits Appraisal

- Streamlined management of the demand for urgent care
- OOHs provision brought back to Hartlepool and improvement in patient experience
- More patients treated in a primary or community care setting, wherever it is clinically appropriate and cost effective to do so, based upon a 24 hour service provision.
- Simplified patient journey with a 'right place first time' philosophy resulting in more episodes of care being completed within one event and from one site

- Improved knowledge of demand and access to services in primary and secondary care.
- Delivery of all emergency and unscheduled care targets.
- Sustainable attainment of the 4 hour emergency care target.
- Contribution to the maintenance and improvement of the Ambulance service response targets.
- Minimise or prevent emergency admissions where effective alternative management can be provided
- Consistent pathways delivering equitable outcomes
- Established records management systems and access to previous clinical history
- Reduced average length of stay of patients admitted via unscheduled care pathways.
- Sustainable urgent care provision beyond implementation of Momentum Programme and single site hospital
- Realisation of substantial efficiency savings in relation to A&E and OOHs care that will be invested in further primary care services
- Patients who access the OOH Service and whose clinical condition deteriorates will have the benefit of being able to access the resuscitation facilities. Staff on duty are able to provide Adult and Paediatric Advanced Life Support skills 24 hours per day.

5. Communication issues (patients and professional)

A communication plan will be developed to ensure that the public and the relevant health and social care professionals will know when the service changes and what the appropriate clinical referral and clinical pathways are.

6. Evaluation of the scheme

Evaluation will be undertaken of the pilot arrangements with a view to identifying from numerous perspectives if the pilot has succeeded in achieving its objectives, including:

- Patient satisfaction
- Performance data and achievements
- Safety issues
- Professional experience
- Costs

Momentum: Pathways to Healthcare Programme is currently embarking on a project that will further explore the management of unplanned care across Stockton and Hartlepool and will inform the future development of this service.

7. Timetable for Delivery

It is envisaged that the services will be functional by end of May 2008.

8. Required of the Adult, Community and Health Scrutiny Committee

- i) To receive the update
- ii) To provide views on the proposed service and any suggestions for improvements to the service model

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

29 January 2008



Report of: Scrutiny Support Officer

Subject: MOMENTUM: PATHWAYS TO HEALTHCARE PROGRAMME; PROJECT 2: UNPLANNED CARE EMERGING OUTPUTS, PROJECT 3: WOMEN & CHILDREN - SET UP, PROJECT 4: DIAGNOSTICS - SET UP

1. PURPOSE OF REPORT

- 1.1 To inform Members that the Director of Strategic Service Development from the North Tees and Hartlepool NHS Foundation Trust will be in attendance at today's meeting as part of Momentum: Pathways to Healthcare consultation arrangements.

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 Foundation Trust delivered a presentation on Momentum: Pathways to Healthcare programme. During this meeting the timescales for this programme was outlined and it was agreed that this Forum would be involved in key milestones over the seven year development of the programme.
- 2.2 Subsequently, at the meeting of this Forum on 23 October 2007, Members approved the timetable for the involvement of the Adult and Community Services and Health Scrutiny Forum in key milestones of Momentum: Pathways to Healthcare programme.
- 2.3 Consequently, the Director of Strategic Service Development at the North Tees and Hartlepool NHS Foundation Trust will be in attendance at today's meeting to provide detailed evidence in relation to the current stage of consultation for Momentum: Pathways to Healthcare programme. The information presented at today's meeting will be delivered in the format of a presentation and will relate to:-

- (a) Project No. 2: Unplanned Care Emerging Outputs – 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);
- (b) Project No. 3: Women & Children – Set Up – used to define specialist services designed specifically for women and children, including maternity, gynaecology and paediatrics;
- (c) Project No. 4: Diagnostics – Set Up – a test or series of tests used to identify the nature of a health condition and help to determine appropriate treatment;
- (d) Next Steps: (Other Projects)

3. RECOMMENDATION

- 3.1 That Members note the content of both the report and presentation and question the Director of Strategic Service Development at the North Tees and Hartlepool NHS Foundation Trust in relation to Projects 2, 3 and 4 of Momentum: Pathways to Healthcare programme.

Contact Officer:- James Walsh – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523647
Email: james.walsh@hartlepool.gov.uk

BACKGROUND PAPERS

No background papers were used in the preparation of this report