

PLEASE NOTE VENUE

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM AGENDA



Tuesday 8 April 2008

at 3.00 pm

**in the Owton Rossmere Resource Centre,
Wynyard 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 meeting held on 29 January 2008 and 4 March 2008.

**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 Withdrawal of Emergency Care Practitioners Service at Wynyard Road Primary Care Centre Scrutiny Referral – Draft Final Report – *Chair of the Adult and Community Services and Health Scrutiny Forum*
- 7.2 Interim Arrangements for the Local Involvement Network (LINK):
 - (a) Covering Report – *Scrutiny Support Officer*
 - (b) Verbal Presentation by the Provider of the Interim Arrangements in Hartlepool

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 17 June 2008 commencing at 3.00 pm – venue to be confirmed.

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

MINUTES

29 January 2008

The meeting commenced at 3.00 p.m. in the Belle Vue Community, Sports and Youth Centre, Hartlepool

Present:

Councillor: Jonathan Brash (In the Chair)

Councillors: Caroline Barker, Mary Fleet, Sheila Griffin, Geoff Lilley, Michelle Plant, Chris Simmons and Lillian Sutheran.

Resident Representatives: Mary Green and Jean Kennedy.

Also Present:

Lynn Burnell, Four Seasons Health Care
Lynn Brown, Four Seasons Health Care
Carole Langrick, North Tees and Hartlepool NHS Trust
Stephen Gross, North Tees and Hartlepool NHS Trust
Celia Wheldon, Hartlepool Primary Care Trust (PCT)
Anne Moore, Hartlepool Primary Care Trust (PCT)
Ali Wilson, Hartlepool Primary Care Trust (PCT)

Officers: Alan Dobby, Assistant Director (Support Services)
Phil Homsby, Principal Commissioning Manager
Charlotte Burnham, Scrutiny Manager
James Walsh, Scrutiny Support Officer
David Cosgrove, Principal Democratic Services Officer

80. Apologies for Absence

Councillors Gladys Worthy and David Young.

81. Declarations of interest by Members

None.

82. Minutes of the meetings held on 12 December, 18 December 2007 and 10 January 2008

Confirmed.

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

No items.

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

No items.

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

No items.

86. 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 *(Author)*

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.

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).

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.

The Principal Commissioning Manager reported that he had undertaken a unannounced visit to the home earlier in the day and confirmed at the meeting that new carpets had been laid in the affected areas of the home. New cleaning regimes had been introduced and the home was clean and tidy with no odours.

Lynn Burnell, a Regional Manager for Four Seasons Health Care, the operators of the home, indicated that she had been brought in by the

company as an 'independent' manager to assess the home. Lynn Brown, the Regional Manager for the Warrior Park Nursing Home was also present at the meeting. Lynn Burnell acknowledged that there were significant difficulties at the home. Not all existing procedures had been fully followed through, though new procedures had now been put in place. The problem of the odours was acknowledged and new carpets had now been laid in the affected areas. New carpet cleaning and carpet deodorising equipment had been purchased. In relation to the new carpets, Ms Burnell did indicate that these had been actioned very quickly but there was a six week lead in time to the new carpets being laid. The carpets had to be ordered and when fitted, they had to be physically glued to the floor in accordance with fire regulations. The issue of the odour had been investigated thoroughly to ascertain the cause.

In relation to the other criticisms raised, residents also had locks fitted to drawers to provide security for personal belongings; all new furniture would be equipped with locks. Greater interaction between staff, residents and their families was being implemented both formally through more structured meetings and informally through coffee mornings. In relation to the implementation of poly-flooring, Ms Burnell indicated that this was not done without careful consideration and the involvement of residents and their families.

Members were concerned that the practices in the home had obviously been flawed and asked if the investigation had identified who was at fault. Lynn Burnell indicated that the cleaning schedules were not being adhered to and the products used were simply not good enough. The unpleasant smell was isolated to one particular area; a corridor area that was not particularly well ventilated. The layout of the area had been changed and the carpets in this area changed and it was believed this had resolved the problem.

Members were still concerned that if the same manager was still working in the home, the situation would lapse again and asked for assurance that the home would be regularly checked. Lynn Brown, the Regional Manager, stated that the home was a 'home under focus' within the company which meant that it would receive weekly visits. Other homes in the group were visited monthly. The changes within the home were significant; cleaning schedules covered individual homes rather than areas and the schedules were regularly audited to ensure they were being completed. In response to Members questions, Ms Brown stated that Members of the Forum were welcome to visit the home to see the improvements for themselves.

Members expressed their concern at the original reports from the PPI Group as they concerned the care and welfare of the vulnerable residents. They were concerned to ensure that the problems were not repeated and would continue to monitor all residential homes, not just this particular home. Lynn Burnell stated that Four Season shared the Members concern and hoped that their actions in response to the concerns initially raised by the PPI Group had reflected that.

The Principal Commissioning Officer commented that the authority wished to

maintain good working relations with all the homes in the town and their operators. When things did go wrong, the authority would react quickly, as it had in this case in suspending referrals to the home. New quality assurance systems were being introduced within the department. There were meetings with the operators in the town three times a year and this case would be discussed at the next meeting.

The representatives of the Patient and Public Involvement (PPI) group indicated that they had found this particular case somewhat upsetting in relation to the case management in the home. The odour was present in the corridor and rooms on the first visit and a relative of a resident had commented that the manager was unaware of the problem. The PPI had been told that the carpets were to be renewed but on a subsequent visit some months later the situation was still as bad.

Members were concerned at the level of training cleaning staff were receiving. Lynn Brown commented that this was a specific part of the home's action plan following the home audit.

The Principal Commissioning Officer informed the Forum that he intended to recommend to the Director lifting the suspension on referrals to the home with a review after ninety days. Members concerns had been noted and would be followed through.

The Chair thanked the representatives from Four Seasons Health Care for their attendance at the meeting and also the representatives from the PPI group. The Chair suggested that as Four Seasons had offered a site visit to the home, Members should take up the invitation and asked that a visit be organised.

Decision

1. That the participation in the meeting by Four Seasons Health Care and representatives of the PPI be noted and they be thanked for their input.
2. That the invitation to visit the home be taken up and a visit for forum members be organised.

87. FACS Report *(Director of Adult and Community)*

The Assistant Director (Support Services) updated the Forum on the current situation following the raising of the level of need to 'substantial' for the provision of services by the local authority. This was the six month update requested by the Forum following the implementation of the new threshold in July 2007.

The Assistant Director indicated that through the changes there had only been a very few cases where services had been retracted and there had been only two appeals against those decisions. These were currently been dealt with in the department. In relation to new assessments where people may have received services under the previous guidance but not under the new rules,

these people had been referred to other groups in the town that may be able to assist with their needs. Following the consultation process the department was to take a low-level prevention strategy to Cabinet.

The department was also looking to develop a list of 'approved' tradesmen that vulnerable groups could call upon. This was development that interested Members. The Assistant Director indicated that this would only extend to ensuring companies were trusted through references and CRB check's. Members were concerned that for many people they simply wanted access to the simple services that, in many cases, had previously been provided by the home helps service. The Assistant Director indicated that this would be up to the individuals concerned to use any direct payments they received.

Decision

That the report be noted.

88. Update on the Development of Local Involvement Network (LINKs) in Hartlepool *(Director of Adult and Community Services and Director of Neighbourhood Services)*

The Assistant Director (Support Services) updated the Forum on the development of LINKs in Hartlepool. Cabinet had been informed at its meeting on 22 January 2008 that Redcar and Cleveland and Stockton Borough Councils have subsequently decided to re think their original approach of procuring the Links host service on a Tees-wide basis. Middlesbrough were still proposing to progress with OJEU restricted procurement for a single LINKs host organisation. If Local Authorities still wanted to collaborate and seek to procure a joint host Middlesbrough were happy to procure on behalf of the Tees authorities 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. Middlesbrough had received a fairly high level of interest for potential bidders; Hartlepool has also received some interest.

A successful local event held on 16th November 2007 had been attended by over 60 people and a report of the event was submitted for the Forum's information.

The Chairman commented that the government's target for implementation of LINKs by 1 April 2008 was somewhat ambitious particularly as all the necessary guidance had not yet been issued. It was hoped that the PPI would remain until LINKs had been fully put in place but members of the PPI present indicated that there was a concern of PPI members drifting away after April. The Scrutiny Manager reported that she understood there would be interim measures put in place. The chair requested that the forum be kept up-to-date with developments.

Decision

That the report be noted.

89. Provider Services Project

Celia Wheldon, Assistant Chief Executive and Anne Moore, Director of Nursing and Therapies and Acting Director of Clinical Services at Hartlepool PCT gave a presentation to the Forum on the Provider Services Project. The presentation outlined the national policy context, the North East Strategic Health Authority's policy direction and how the project was to be provided in the Hartlepool and North Tees PCT areas and the phasing of the project

In a questions and answers session following the presentation it was acknowledged that communication pathways could become quite complex if a number of different bodies were all providing health care services. The two PCT's were therefore trying to provide the simplest model of provision and avoid mixed provision models unless they could be shown to be in the best interests of patients in those specific areas. The implementation of the project was being managed in such a way as to ensure that patients didn't actually feel any changes – they should get the same or a better service. It was acknowledged that in the longer term that mixed models of provision would be the norm. The project was essentially a management issue with all the changes happening behind the scenes.

Decision

That Celia Wheldon and Anne Moore be thanked for their informative presentation.

90. Momentum: Pathways to Healthcare Programme – Project 2: Unplanned Care Emerging Outputs, Project 3: Women and Children – Set Up, Project 4: Diagnostics – Set up. (Scrutiny Support Officer)

Carole Langrick, Director of Strategic Service Development / Health Systems Development at North Tees and Hartlepool NHS Trust, gave a presentation to the Scrutiny Forum on the work and key dates for the Strategic Health Authority's 'Momentum' programme. Ms Langrick commented that the timetable for the programme had been brought forward due to changes in the funding programme. The public consultation was now timetable to take place between June and September 2008.

- The presentations highlighted;
- The time table for the programme
- An overview of the Unplanned/Emergency Care project; it aims, approach an philosophy

- An analysis of Accident and Emergency (A&E) attendances
- Emergency Admissions
- The Women and Children's project
- The Diagnostics Project

The Chairman indicated that the Tees Valley Joint Health Scrutiny Committee would be looking at the option of establishing a special committee for this purpose. The Chairman was of the view that it should include only members from Stockton and Hartlepool Councils and that representatives from Easington should also be invited to be part of the group in light of the area these services affected.

Members were concerned that the changes to the timescales had led to the consultation period being over the main holiday period. Carole Langrick indicated that the Trust was aware of the issue but had carried out the consultation on the Darzi report during a similar period and those meetings had been well attended. Meetings would be well spread out across the period and at a wide range of venues.

Members raised the issue of the conflicts of those organisations that paid for services and were also providers, such as local authorities. Carole Langrick indicated that the Strategic Health Authority (SHA) were identifying pathways to care and would be linking in to local social care providers to discuss the provision. No definition of who would be responsible for NHS / Non-NHS service costs had been set at this time.

In relation to A&E attendances it was noted that the majority of attendances could have received treatment via other means, such as their local GP or minor injury clinics. It was hoped that the figures for attendances at A&E could be reduced through the introduction of local treatment centres. Emergency Admissions were expected to rise in the future due to the ageing population and this need would need to be addressed appropriately through the strategy.

The Chair commented that the number of inappropriate A&E attendances was very concerning. Stephen Cross commented that the statistics gathered needed to be analysed in detail. The longer term aim was to reduce A&E attendances by a half with people attending local community provision rather than the hospital.

Decision

That Carole Langrick be thanked for her informative presentation and responses to Members questions.

91. Development of Integrated Urgent Care Provision in Hartlepool

Ali Wilson, Hartlepool PCT, indicated that the previous presentation by Carole

Langrick set out the context within which the review of Urgent Care Services were to be developed in Hartlepool. Hartlepool, like many other areas, has sustained a 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 Tees Hospital site within a seven year time frame provided a major catalyst for change. The criticisms of GP's out of hours services had been national, not just local. The PCT was looking at the possibility of bringing these services back into Hartlepool.

Stephen Gross indicated that an A&E consultant who was also a qualified General Practitioner would be involved in the review process. The collocation of the out of hours GP service at the A&E department was being examined. This proposal had significant potential. There would be triage upon arrival for all patients to ensure they were referred to the right professional; and A&E consultant or an out of hours GP. It was also proposed to have a low-cost local telephone number for people to ring for out of hours GP services based at the same location. A contact may also be let to provide the appropriate transport for people to the A&E unit following an initial telephone call.

The new service would take on board peoples past criticism and would use regular staff, locally placed. Linking the service to A&E would provide a new joined up service to patients who, in the majority of cases, would not know anything had changed. It was hoped the new service could be introduced as soon as June 2008.

A Member indicated that a recent PPI meeting had received a presentation from NHS Direct. One of the problem areas identified was that too frequently people had difficulty in conveying the extent of their injury or illness. In such cases Ali Wilson commented that the safe option would be taken and the patient brought to the A&E unit.

Members were concerned at the ability for the staff in the new service to access the full medical health records of the patients attending. Members were concerned that no repetition of the problem at the Wynyard Road Centre. Ali Wilson commented that if it was necessary in an urgent situation, medical records could be accessed. There would be access to hospital records and any other A&E notes. There would also be access to the Child Protection Register. It was possible the service may relocate to the Park road facility once it was completed. In this case it would be envisaged that staff would be rotating with A&E staff to gain wider skills.

Ali Wilson indicated that this would be a pilot scheme so any issues could be identified and addressed. There would be performance standards for the project to be evaluated. The project would in reality need to be in place for at least a year for it to be assessed fully, though it was likely that at a six month review stage it would be clear whether the project was working or not. The PCT and the Health Authority had high expectations for the project.

Decision

1. That Ali Wilson and Stephen Gross be thanked for their informative report and answering Members questions.
2. That the proposal for the collocation of the GP out of hours service with the Accident and Emergency service be welcomed as a positive development for the people of Hartlepool.

JONATHAN BRASH

CHAIRMAN

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

MINUTES

4 March 2008

The meeting commenced at 3.00 pm in the Belle Vue Community, Sports and Youth Centre, Hartlepool

Present:

Councillor: Jonathan Brash (In the Chair)

Councillors: Caroline Barker, Sheila Griffin, Geoff Lilley, Michelle Plant, Chris Simmons and David Young.

Resident Representative:
Jean Kennedy

Also Present: Jonathan Shapiro, University of Birmingham
Steve Wallace, Chairman, Hartlepool PCT
Celia Weldon, Assistant Chief Executive, Hartlepool and North
Tees PCT
Sandra Hill, Hartlepool PCT
Carol Pearson, North Tees and Hartlepool NHS Foundation
Trust
Jan Atkins, North Tees and Hartlepool NHS Foundation Trust

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

92. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Mary Fleet and Gladys Worthy and Resident Representative Mary Green.

93. Declarations of interest by Members

Councillors Caroline Barker and Jonathan Brash declared non-prejudicial interests in minute 99.

94. Minutes of the meetings held on 29 January 2008

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

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

None

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

None

97. Consideration of progress reports/budget and policy framework documents – Draft Corporate Plan 2008/09: Proposed Outcomes and Actions *(Director of Adult and Community Services and Assistant Chief Executive)*

It was reported that at the meeting of the Scrutiny Co-ordinating Committee held on 18 January 2008 it was agreed that the Corporate Plan proposals be considered by each of the Scrutiny Forums which related to the Community Strategy themes under their remit. The comments/observations of each Forum would be fed back to the meeting of the Scrutiny Co-ordinating Committee to be held on 14 March 2008 and would be used to formulate the formal Scrutiny response to Cabinet on 28 April 2008.

The Director of Adult and Community Services and Strategy Development Officer were in attendance and presented the report which provided Members with the opportunity to consider the proposed objectives and actions for inclusion in the Corporate Plan 2008/09.

Recommendation

- (i) That the proposed objectives and actions for inclusion in the 2008/09 Corporate Plan as attached at Appendix A, be approved.
- (ii) That the above comments be presented to Scrutiny Co-ordinating Committee on 14 March 2008.

98. **Contribution Policy for Non-Residential Social Support** *(Director of Adult and Community Services)*

The Assistant Director, Support Services presented a report which informed Members of the developments in contribution policy and sought views on the issues currently being consulted on. At its meeting on 10 December 2007, Cabinet agreed in principle to replacing the various charges for non-residential service with a unified contribution towards care funding, regardless of what support was purchased from that funding. It was acknowledged that the current system for contributions from services users towards care funding was not fair or flexible enough and it was hoped that the new system would ensure a fair and equitable system was in place

There were three specific questions submitted for consultation and they were detailed in the report. Clarification was sought on the number of people consulted. The Assistant Director indicated that 3,300 services users and a number of agencies were written to. The response rate to date was 11% which was regarded as a good response rate. In addition to this, two public meetings had been held with 50 people in attendance across both meetings. The general responses to the three questions were as follows:

- (i) *Is it reasonable to require contributions from users of services, but not carers who also get help?*

The general feeling was that it was reasonable to require contributions from users of services and that carers should not be financially burdened by their situation. The issue of providing financial support for carers direct was also being examined as it was acknowledged that carers reduce the expenditure of local authorities for the provision of care.

- (ii) *Under this arrangement the individual contributes all they are able to, then the Council pays the rest. Is this a reasonable way to share the costs?*

The majority of responses indicated that this was a reasonable course of action and that there should be a reward system in place for service users who do reduce their costs for care, although it was recognised that this may result in additional pressure being placed on services users to save money from their families. However, Members were asked to note that there would be safeguards in place to ensure that this balance was achieved and that service users were not deprived of the care they needed. The Director of Adult and Community Services added that the local authority was legally obliged to ensure that the needs of service users were met.

Clarification was sought on the threshold for services users receiving a care allowance. The Assistant Director indicated that the level of

income disregarded for the purposes of mean-testing would be at the level of income support that would be required for that person, whether the service user was in receipt of income support or not, plus 25% for an additional allowance. In relation to savings, the level which was disregarded for means-testing was £13k.

- (iii) *A maximum contribution related to residential rates would ensure that staying at home would be much more attractive financially, but is it fair use of public funds?*

The Assistant Director confirmed that no-one would be expected to pay more than they could reasonably afford and Members were reassured that no incentive scheme implemented for residential care would result in service users/carers being able to gain financially.

Members were reassured to note that the introduction of this scheme would ensure that all service users/carers would be treated in a fair and equitable manner whilst ensuring that their needs were appropriately met. Members also felt that it was important to ensure that although best value for care should be encouraged this should not be to the detriment of the service users care.

Recommendation

That Members views be noted.

99. Investigation into the Withdrawal of the Emergency Care Practitioners Service at Wynyard Road Primary Care Centre – Consideration of Independent Specialist Advice *(Scrutiny Support Officer)*

The Scrutiny Support Officer presented a report which introduced the independent specialist advisor, Dr Jonathan Shapiro, University of Birmingham, who was in attendance to present the findings in relation to his investigation into the withdrawal of the emergency care practitioner's service at the Wynyard Road Primary Care Centre. Dr Shapiro gave a detailed and comprehensive presentation on the findings of this investigation which examined Emergency Care Practitioners, the service proposed for the Centre, public perception and the closure of the Centre.

The services originally proposed to be provided from the Centre were listed in the presentation and included a GP Practice, community services and the Emergency Care Practitioners. The publicity from the PCT on what services were to be provided at the Centre had not been clear, especially in relation the services to be provided by the ECP. This had resulted in the public perception of the emergency care to be provided at the Centre being in accurate.

Negative public perception of the health care provided for the town by the

PCT and the North Tees and Hartlepool NHS Trust already existed due to the recent 'sub-merger' of Hartlepool and North Tees PCTs and Trusts.

It was noted that although the Centre was opened in August 2006 the urgent care service was withdrawn without notice in November 2006 due to concerns over patient safety. As the urgent care service was viewed by the public as the main service provided in the Centre, the sudden withdrawal of this service caused confusion for members of the public. It was highlighted that although no formal announcement of the closure was made, the publicity issued by the PCT since the closure had increased the confusion and feelings of broken promises and conspiracy theories.

In conclusion, Dr Shapiro offered the views that Hartlepool would benefit from better GPs surgeries including larger teams of GPs, nurses and physician assistants although in his view there was no place for ECPs within a GP practice. Better emergency services could be provided through the co-location of out-of-hours/minor injury service and better community engagement and clearer links between the NHS and the Council needed to be forged. However, this issue had been on-going for some time now and the local authority and PCT should be encouraged to move on and continue to improve their current working relationship and communication strategy.

The Chair of Hartlepool PCT addressed the Forum and acknowledged that although this occurred when the PCT was under-going a period of change, there were a number of areas that the PCT would learn from, particularly in relation to conveying messages and improving links with the community and local authority. It was highlighted that whilst noting public perception about the 'sub-merger' of North Tees and Hartlepool PCTs, this referred to the shared management arrangements across North Tees and Hartlepool PCTs to improve efficiency and was the decision of the Hartlepool PCT Board.

The fact that the PCT had not informed the Adult and Community Services and Health Scrutiny Forum that the ECP services was to be withdrawn from the Centre was unpardonable and Members were reassured that that the reason for this will be investigated.

The Chair of the PCT indicated that the PCT were currently examining the provision of health care services across Hartlepool which would include more and better GP services with localised health centres and improved access to GPs services across the town. It was suggested by Members that a more consistent approach to accessibility of GP services be examined as this currently varied a great deal from practice to practice. It was acknowledged that the NHS was not particularly good at Public Relations and it was suggested that partnership working with the local Authority Public Relations Section be examined.

More publicity would be undertaken to inform the public on how to make a clearer choice of GP who could provide the best service to meet their needs and to change GPs should they feel this necessary. Members were informed that the PCT would be in attendance at a future Scrutiny Forum meeting to

update Members on the progress made in view of the recent investigation undertaken by the Forum into GP services.

It was acknowledged that the working relationship between the local authority and the PCT had improved greatly and this was highlighted by the recent attendance at an Adult and Community Services and Health Scrutiny Forum of a representative from the PCT to discuss the co-location of Accident and Emergency Services.

The report submitted by Dr Shapiro was recognised by Members as an excellent piece of work which had formed an extremely detailed and comprehensive investigation. However, it was noted that the list of people invited to contribute to the interview process had not included any residents from the area surrounding the Centre. Members were informed that this investigation had been heavily publicised with views requested and members of the public encouraged to attend any of the Scrutiny Forum meetings and contribute as they wished.

The Chair thanked Dr Shapiro for a very detailed and comprehensive report and congratulated the PCT on accepting the report and its genuine willingness to work together with the local authority to improve services. Although it was acknowledged that the communication process and proactive approach between the PCT and local authority had improved greatly, there was always room for more improvement and this could be achieved through utilising the local authority Public Relations Section. In addition to the above, it was recognised that the communication links between the PCT and the community as a whole needed to be improved.

Recommendation

- (i) That the report be noted and fed into the ongoing investigation.
- (ii) That the PCT and local authority through the Scrutiny Forum with the responsibility for Health continue to work together to improve communication for the benefit of the local community.
- (iii) That the PCT contact the local authority Public Relations Section to explore ways of working together to improve communication to the community as a whole.

100. Healthcare Commission Annual Health Checks for North Tees and Hartlepool NHS Foundation Trust *(Scrutiny Support Officer/Acting Director of Clinical Governance)*

The Scrutiny Support Officer introduced representatives from the North Tees and Hartlepool NHS Foundation Trust who were in attendance to address the Forum in respect of the Healthcare Commission's Annual Health Checks. The Acting Director of Clinical Governance presented the report which showed all the evidence gathered to indicate compliance with the Healthcare Commission's Criteria. In addition to this, a special summary was highlighted which indicated how compliance in relation to MRSA was

fulfilled. Members were informed that an unannounced visit had been undertaken by an Inspector from the Healthcare Commission and included visits to five wards within the University Hospital of Hartlepool. This inspection had noted that all areas inspected were fully compliant with the code of conduct and that the target for MRSA had been exceeded with the number of incidents reduced.

It was noted that the supporting documentation submitted to the Forum did not include a great deal of detail. The Acting Director for Clinical Governance indicated that evidence was collected to show how all targets were achieved and this could be provided should Members wish, although it was acknowledged that this was an incredibly lengthy document.

One Member raised a query that was related to the recent press coverage of the Chairman of the North Tees and Hartlepool NHS Foundation Trust receiving a reported 150% pay increase. The Acting Director of Clinical Governance indicated that this was a decision made by the Board of the North Tees and Hartlepool NHS Foundation Trust and she was not in a position to provide any more detail on this issue.

The Acting Director of Clinical Governance was thanked for her attendance and Members acknowledged the extremely positive report submitted.

Recommendation

The report was noted and the Annual Health Check be supported.

101. Healthcare Commission Annual Health Checks for Hartlepool Primary Care Trust *(Scrutiny Support Officer/Planning Manager)*

The Scrutiny Support Officer introduced the representative from Hartlepool PCT who was in attendance to address the Forum in respect of the Healthcare Commission's Annual Health Checks. The representative from the PCT presented the report which highlighted that each of the 24 core standards had a lead director and operational lead for each organisation. Hartlepool PCT had remained compliant with all 24 core standards for 2007/08 and evidence to support compliance levels was currently being collated.

One Member raised a query about the issue of the withdrawal of Emergency Care Practitioner Service at Wynyard Road Primary Care Centre in relation to the Annual Health Check. The Chair indicated that as the Wynyard Road issue occurred 15 months ago and with the main issue being communication, both of these issues fell outside of the scope of the PCT's Annual Health Check for 2007/08.

The representative from the PCT was thanked for her attendance and Members acknowledged the extremely positive report submitted.

Recommendation

The report was noted and the Annual Health Check be supported.

102. Issues Identified from the Forward

None.

103. Feedback from Recent Meeting of the Tees Valley Health Scrutiny Joint Committee

The Chair informed Members that work was currently being undertaken with Stockton Borough Council and other Tees Valley partners to agree the consultation on the new hospital and primary care services. It had been agreed that a concurrent joint committee be created to include Hartlepool and Stockton Borough Councils and Durham County Council, the latter representing affected residents from the South Durham Area. This joint meeting would run concurrently with the Tees Valley Health Scrutiny Joint Committee. Operational plans were being drafted to ensure that the committee operated within the current protocols of the Tees Valley Health Scrutiny Joint Committee. The Membership of this new Committee would be equal across the local authorities affected, be co-terminus with the arrangements agreed by the NHS and be set up post the local elections.

In response to a question the Chair indicated that the consultation on the possible site for the new hospital would begin in June and run for 13 weeks with a decision to be made around October 2008.

104. Any Other Business

A Member sought clarification on progress re the Forum's earlier investigation into young people and the abuse of alcohol. The Chair indicated that an update would be provided for Members at a future meeting of the Forum.

CHAIRMAN

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

08 April 2008



Report of: Scrutiny Support Officer

Subject: INTERIM ARRANGEMENTS FOR THE LOCAL INVOLVEMENT NETWORK (LINK) – COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To inform Members that the provider of the interim arrangements for the development of the LINK in Hartlepool, will be in attendance at today's meeting to deliver a brief presentation on such arrangements.

2. BACKGROUND INFORMATION

- 2.1 At the meeting of the Adult and Community Services and Health Scrutiny Forum on 4 September 2007, Members received information relating to the introduction of a Local Involvement Network (LINK) in Hartlepool to bring together individuals and organisations from the community and voluntary sector with an interest in health and social care.
- 2.2 Subsequently, at the meeting of this Forum on 29 January 2008, the Assistant Director (Support Services) provided Members with an update of the current position of the development of the LINK in Hartlepool.
- 2.3 During this update it was noted by Members that due to the government's overly ambitious target, the LINK would not be operational by the 1 April 2008.
- 2.3 Members were advised that interim arrangements would be in place to ensure that there was a transition of change from the existing PPI Forum arrangements to the newly formed LINK. At today's meeting of the Forum the provider of the interim arrangements will be in attendance to update Members of the work undertaken to date for the introduction of the LINK in Hartlepool.

3. RECOMMENDATION

- 3.1 That Members note the content of both the report and verbal presentation and question as felt appropriate.

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BACKGROUND PAPERS

No background papers were used in the preparation of this report

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

8 April 2008



**Report of: Adult and Community Services and Health
Scrutiny Forum**

**Subject: WITHDRAWAL OF EMERGENCY CARE
PRACTITIONERS SERVICE AT WYNYARD ROAD
PRIMARY CARE CENTRE SCRUTINY REFERRAL –
DRAFT FINAL REPORT**

1. PURPOSE OF REPORT

- 1.1 To present the draft findings of the Adult and Community Services and Health Scrutiny Forum into the Withdrawal of Emergency Care Practitioners Service at Wynyard Road Primary Care Centre, located in Hartlepool.

2. SETTING THE SCENE

- 2.1 The issue of the development of acute, primary and community services in Hartlepool was a mandatory referral made on the 8 February 2007 by the Full Council. On 9 February 2007 Scrutiny Co-ordinating Committee considered this issue and referred it to the Adult and Community Services and Health Scrutiny Forum for consideration during the 2007/08 Municipal Year.
- 2.2 In addition a related referral was received from the South Neighbourhood Forum on 2 February 2007. It requested the Adult and Community Services and Health Scrutiny Forum consider whether the service mix being proposed at primary care centres in Hartlepool reflected local need and aspirations. Significant concern was expressed by members of the public in relation to the Wynyard Road Primary Care Centre and therefore the referral requested that Members focus specifically on this issue.
- 2.3 Members of the Adult and Community Services and Health Scrutiny Forum agreed that the 'the service mix' element of the South Neighbourhood referral had already been responded too via the Forum's work into 'Fairness and Equity in Primary Care.' Thus, with the agreement of the Scrutiny Co-ordinating Committee Chair and the Chair of this Forum, it was agreed that the Wynyard Road Primary Care Centre element of the referral be incorporated within a single scrutiny investigation that would investigate both

the development of primary and community health services in Hartlepool and the new hospital development.

- 2.4 The single scrutiny investigation into the development of primary and community health services in Hartlepool and the new hospital development was endorsed by Scrutiny Co-ordinating Committee on 29 June 2007. Work was undertaken to present a scoping paper to the Forum at its meeting on 24 July 2007, which was subsequently adjourned until 30 August 2007. However, during this period further work was being undertaken with representatives of the NHS and it quickly became apparent that scrutiny work into the development of acute, primary and community health care services could not be completed within the 2007/08 municipal year (effectively a seven month window) as had originally been proposed.
- 2.5 In considering the fact that the NHS is scheduled to take almost seven years to deliver Momentum: Pathways to Healthcare, it was considered essential that the Forum revised its scoping paper to enable the Forum to influence the Momentum: Pathways to Healthcare programme throughout the duration of the project. However, Members were also mindful of the referral by the South Neighbourhood Consultative Forum relating to the Withdrawal of Services at Wynyard Road Primary Care Centre and at the meeting of this Forum on the 30 August 2007, Members agreed that a revised scoping paper be submitted relating to the issue of the Withdrawal of Services at Wynyard Road Primary Care Centre.
- 2.6 The Adult and Community Services and Health Scrutiny Forum agreed the revised work programme to encompass the investigation into the Withdrawal of Services at Wynyard Road Primary Care Centre at its meeting of 4 September 2007.
- 2.7 At the meeting of the Adult and Community Services and Health Scrutiny Forum held on 23 October 2007, Members received evidence from representatives of the Hartlepool PCT, as part of the Forum's investigation into the Withdrawal of Emergency Care Practitioner Services at the Wynyard Road Care Centre in Hartlepool. Based on the evidence provided by the Hartlepool PCT, Members deemed it appropriate to commission independent specialist advice to aid their investigation by covering the following issues:
- (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 service and to ascertain whether there are lessons that can be learnt for any future urgent care service provision in the town; and
 - (c) To seek examples of good practice from across the country in relation to urgent care services.

- 2.8 At the 21 November 2007 meeting of the Scrutiny Co-ordinating Committee approval was given for the Adult and Community Services and Health Scrutiny Forum to commission independent specialist advice for the investigation into the Withdrawal of Emergency Care Practitioner Services at Wynyard Road Primary Care Centre.

3. OVERALL AIM OF THE SCRUTINY REFERRAL

- 3.1 The overall aim of the Scrutiny Referral was to gain an understanding of the circumstances and process leading to the withdrawal of the Emergency Care Practitioner Services at the Wynyard Road Primary Care Centre, to examine the subsequent impact on patients and to ascertain whether the communication and consultation strategy of the PCT had been effective in the implementation of the ECP service..

4. TERMS OF REFERENCE FOR THE SCRUTINY REFERRAL

- 4.1 The Terms of Reference for the Scrutiny Referral were:-
- (a) To gain an understanding of the circumstances and process leading to the decision of the Hartlepool Primary Care Trust to withdraw the Emergency Care Practitioner Service in the Wynyard Road Care Centre;
 - (b) To explore what options Hartlepool Primary Care Trust considered to enable the continuation of the Emergency Care Practitioner Services at Wynyard Road Primary Care Centre;
 - (c) To examine the impact of the loss of such facility in relation to those patients accessing the facility;
 - (d) To examine future development proposals for the Wynyard Road Primary Care Centre and the impact of this on patients; and
 - (e) To examine the future development proposals for the emergency / urgent care services to be offered within Hartlepool.

5. MEMBERSHIP OF THE ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

- 5.1 The membership of the Scrutiny Forum was as detailed below:-

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

Resident Representatives: Mary Green, Jean Kennedy and Mary Power.

6. METHODS OF INVESTIGATION

- 6.1 Members of the Adult and Community Services and Health Scrutiny Forum met formally from 4 September 2007 to 8 April 2008 to discuss and receive evidence relating to this investigation. A detailed record of the issues raised during these meetings is available from the Council's Democratic Services.
- 6.2 A brief summary of the methods of investigation are outlined below:-
- (a) Detailed Officer reports supplemented by verbal evidence;
 - (b) Evidence from the Authority's Portfolio Holder for Adult and Public Health Services;
 - (c) Evidence received from Hartlepool PCT;
 - (d) Feedback from the South Neighbourhood Consultative Forum;
 - (e) Evidence provided by Owton and Rossmere Ward Councillors;
 - (f) Verbal observations supplied by Hartlepool Primary Care Patient and Public Involvement (PPI) Forum;
 - (g) Independent Study undertaken by the University of Birmingham; and
 - (h) The views of local service users.

FINDINGS

7. BACKGROUND TO EMERGENCY CARE PRACTITIONER SERVICE AT WYNYARD ROAD PRIMARY CARE CENTRE

- 7.1 Emergency Care Practitioners (ECP) Services are designed to support the needs of patients requiring unscheduled care. The inception of ECP Services is seen by the NHS as one solution to reducing the burden placed upon Accident and Emergency Departments by urgent, but not life threatening conditions.
- 7.2 Due to the historic shortage of General Practitioner (GP) Practices in Hartlepool, residents in Hartlepool tended to use Accident and Emergency (A&E) facilities rather than waiting for a GP appointment. This had led to A&E staff being 'swamped' with cases that would have been more appropriately dealt with in a primary care setting.
- 7.3 Owton Rossmere is agreed by the NHS and Hartlepool Borough Councillors as one of the more deprived areas in Hartlepool. Statistics proved that residents from the Owton Ward were more likely than any other Ward in Hartlepool, to use the A&E Services at the University Hospital Hartlepool

and were more likely to attend A&E with ailments that could have been more effectively dealt with in a primary care setting.

- 7.4 The GP practice that covered the Owton Ward was small in size, with the condition and administrative infrastructure rated as poor. These factors had lead to the GP practice being unpopular with residents.
- 7.5 Taking the above evidence into consideration, on 21 August 2006 Hartlepool Primary Care Trust (PCT) launched a new Primary Care Centre based at Wynyard Road, which lies within the Owton Ward area of Hartlepool. The Wynyard Road Primary Care Centre would provide residents of Owton Rossmere and beyond with a GP service, community clinics and an ECP service.
- 7.6 The PCT communicated through the local press that the ECP Service at Wynyard Road Primary Care Centre was a drop-in service, without the need for an appointment, regardless of age or illness and with no time limit to deal with patients.

8. THE CIRCUMSTANCES AND PROCESSES LEADING TO CLOSURE OF THE ECP SERVICE AT WYNYARD ROAD PRIMARY CARE CENTRE

- 8.1 Despite the initial positive press coverage that the ECP Service at the Wynyard Road Primary Care Centre enjoyed, within in three months of opening Hartlepool PCT suspended the ECP Service. Throughout this investigation the Forum received evidence relating to the reasons behind this decision. Evidenced below are the circumstances and processes that led to Hartlepool PCT temporarily closing the ECP Service at Wynyard Road Primary Care Centre:-

Emergency Care Practitioners

- 8.2 The Portfolio Holder for Adult and Public Health reported to the Adult and Community Services and Health Scrutiny Forum that there was confusion over the capabilities of the Emergency Care Practitioners based at the Wynyard Road Primary Care Centre. The PPI took this a step further by informing the Forum that in the opinion of their members, the ECP service was withdrawn due to the lack of medically trained staff.
- 8.3 The PCT clarified to the Adult and Community Services and Health Scrutiny Forum regarding the position of the six members of staff providing the ECP services. Three of the members of staff were permitted to prescribe most medications except controlled drugs. The remaining three members of ECP staff were trained paramedics who had been allowed to administer certain drugs, however, in the arena of the ECP service they were not allowed to prescribe any drugs. The PCT accepted that this scenario was both confusing and unsatisfactory to both patients and clinicians.

Timeline to Closure

- 8.4 During the week commencing 13 November 2006 concerns were raised about the possible severity of problems in the operation of the ECP Service at Wynyard Road. One major 'near-miss' involved the prescribing of penicillin to a patient who was allergic, that was rectified only once the patient had left the premises, but before the medication could be taken. Other patients had turned up with life-threatening conditions, only to find that the clinicians working in the ECP Service were not in a position to treat their conditions.
- 8.5 On the 17 November 2006 Hartlepool PCT issued an urgent press release announcing the temporarily suspension of the ECP service from Wynyard Road Primary Care Centre as of 20 November 2006, due to concerns the PCT had about patient safety.

9. PROBLEMS OF COMMUNICATION

- 9.1 Throughout the investigation it became apparent that there were issues surrounding communication over the temporary suspension of ECP Services at Wynyard Road Primary Care Centre. Evidence relating to communication issues gathered by the Forum is detailed below:-

The 'Wrong Type of Patient'

- 9.2 The PCT informed the Forum that prior to the 'near-miss' incident at the ECP service at Wynyard Road Primary Care Centre, there had been concerns that the 'wrong sort of patient' was turning up to access the ECP Services. Despite PCT plans that patients should be turning up with minor ailments this could not be controlled. Perversely utilisation figures indicated that patients were instead arriving with serious injuries and illnesses that were more akin to treatment in an A&E setting.
- 9.3 The PCT accepted that not only was the 'type of patient' who would benefit from attending the ECP Service not disseminated well enough, but that there were inadequate risk assessments in place to deal with patients whose medical conditions required more urgent intervention, that an A&E Department would provide.

Communicating the Temporary Closure of the ECP Services

- 9.4 Hartlepool PCT's press released on the 17 November 2007 advised that the ECP Service at Wynyard Road Primary Care Centre would be temporarily suspended and that all local partners would be consulted about the way forward. This consultation would conclude with a review of urgent care services in Hartlepool.
- 9.5 Ward Councillors reported to the Forum that they had not been consulted prior to the announcement to the media over the temporary closure of the ECP Service. This left Councillors angered as many had actively promoted the

service to their constituents. The Portfolio Holder for Adult and Public Health confirmed that he had not been approached prior to the announcement to suspend ECP Services at Wynyard Road Primary Care Centre.

- 9.6 In questioning Hartlepool PCT, Members were also concerned over the lack of consultation with the Adult and Community Services and Health Scrutiny Forum prior to the temporary closure of the ECP service. Members of the Forum were particularly concerned as the PCT did have a statutory obligation to keep the Forum informed of any significant changes to service, something that Members felt the closure of the ECP service at Wynyard Road represented.
- 9.7 The PCT did admit to Members that similar problems had occurred at other ECP Services nationally, but that the National steer towards introducing ECP Services had been one of the major reasons behind placing the provision in Wynyard Road Primary Care Centre.

The 'Pilot' Scheme

- 9.8 Throughout this enquiry the Members of the Adult and Community Services and Health Scrutiny Forum were informed that the ECP service provided at Wynyard Road Primary Care Centre was classed by the PCT as a 'pilot' scheme. The 'pilot' nature of the ECP Service was not clarified to the Ward Councillors by the PCT. Once the ECP Service had been withdrawn from Wynyard Road Primary Care Centre, Members rightly felt aggrieved and let down by the situation, rather than disappointed that an experiment / pilot scheme had failed.

10. OPTIONS THE PCT CONSIDERED FOR THE CONTINUATION OF THE ECP SERVICE AT WYNYARD ROAD PRIMARY CARE CENTRE

- 10.1 The Chair of the PEC informed Members of this Forum that all of the six ECP staff had now found alternative employment so the ECP Service could not be introduced. It was also felt that in its current guise patient safety could not be guaranteed, with the operational problems of the location and the inappropriate usage of facilities by the general public the Chair of the PEC felt that there was no way that ECP Services could continue from Wynyard Road Primary Care Centre.
- 10.2 Although initially the ECP Service at Wynyard Road Primary Care Centre was considered temporarily closed, at the final evidence gathering meeting of the Forum, the Chair of the PCT confirmed that the ECP Service would not be returning to Wynyard Road Primary Care Centre, due to the concerns over patient safety and the wider developments for the Town.

Impact on Patients

- 10.3 The loss of the ECP Service at Wynyard Road Primary Care Centre left patients with the status quo that existed before the creation of the ECP Service, that is, patients returned to utilising A&E facilities. Hartlepool PPI Forum confirmed to the Forum that patients felt that with the withdrawal of ECP Services they had no option, but to return to using A&E Services provided by North Tees and Hartlepool NHS Foundation Trust.
- 10.4 The PCT reminded Members that despite misleading press coverage Wynyard Road Primary Care Centre was still in operation as a GP Service and Community Clinic, with there being signs of small amounts of growth in both areas. Overall Wynyard Road is working well for the community, but the temporary closure of the ECP service had left many people distrusting the services currently provided by the GP and Community Clinic.

11. THE FUTURE DEVELOPMENT PROPOSALS FOR WYNYARD ROAD PRIMARY CARE CENTRE

- 11.1 The Adult and Community Service and Health Scrutiny Forum recognises that the Wynyard Road Primary Care Centre continues to provide a valuable resource to residents of the Owton Rossmere area of the Town. Plans for future developments of Wynyard Road Primary Care Centre are not specific, but instead form a much wider review that is planned by Hartlepool PCT. The Forum gathered the following evidence in relation to these future development proposals that may or may not impact on Wynyard Road Primary Care Centre:-

Further Development Proposals for Emergency Care in Hartlepool

- 11.2 Although not directly part of the investigation into the closure ECP Services at Wynyard Road Primary Care Centre, Members of the Forum recognised that the 'Momentum: Pathways to Healthcare' Programme would address some of the imbalance that still exists between the appropriate and inappropriate medical conditions that would require A&E treatment.
- 11.3 Hartlepool PCT, independent to this investigation, presented to the Forum a model of 24 hour urgent care provision titled 'Development of Integrated Urgent Care Provision'. Views from Members were sought with a promise of continued involvement as this initiative developed.
- 11.4 The Chair of the PCT confirmed to the Forum that plans involving the delivery of a new health centre offering appointments for unregistered patients and the delivery of two new GP Practices in Hartlepool would be presented by the PCT to this Forum for discussion once the timeline for introduction had been agreed.

12. CONCLUSIONS

12.1 The Adult and Community Services and Health Scrutiny Forum concluded:-

- (a) That Hartlepool PCT's communication strategy failed to adequately inform the public and therefore the service was not fully understood which led to the so called 'wrong sort of patients' turning up at the ECP Service at Wynyard Road.
- (b) That Hartlepool PCT had failed to communicate with either Hartlepool Borough Council or with the Adult and Community and Health Scrutiny Forum prior to the suspension of ECP Services at Wynyard Road Primary Care Centre.
- (c) That Wynyard Road had not been the PCT's first choice to utilise the ECPs and was probably not the right venue for such a service.
- (d) That the assertion that the ECP service at Wynyard Road was a "pilot" was not fully communicated to either ward Councillors or the public and only became apparent after the withdrawal of the service, which undoubtedly fuelled the anger felt by service users and Councillors alike.
- (e) That there was a failure of planning on behalf of the PCT of the ECP service overall and that the subsequent problems should have perhaps been anticipated and factored into the blueprint for the service.
- (f) That the temporary closure of the ECP Service at Wynyard Road exacerbated the poor reputation that the NHS as a whole had in Hartlepool. The attitudes towards the temporarily suspension of ECP Services at Wynyard Road Primary Care Centre, were not aided by the North Tees and Hartlepool NHS Foundation Trust announcing the future planned closure of the University Hospital of Hartlepool.
- (g) That the media perception was that Wynyard Road had closed, when actually only the ECP Service had been temporarily closed. The GP and Community Clinics continued to function and grow.
- (h) That Wynyard Road Primary Care Centre continues to provide a valuable and increasingly utilised service to patients in the Owton Rossmere area of the Town.
- (i) That Hartlepool suffers from a chronic lack of GPs, that is historical in nature, but has yet to be addressed.
- (j) The Adult and Community Services and Health Scrutiny Forum recognises that there is a need to ensure co-terminosity between Accident & Emergency and urgent care provision and supports the PCT's plans to deliver such a care package.

- (k) That the Adult and Community Services and Scrutiny Forum acknowledges that the issues surrounding the closure of ECP Services at Wynyard Road Primary Care Centre happened over 15 months ago. Whilst the PCT have accepted their failings relating to the delivery of the ECP Service at Wynyard Road, the Forum accepts that the matter should be considered as closed with all parties looking forward to a more fruitful working relationship.

13. RECOMMENDATIONS

13.1 The Adult and Community Services and Health Scrutiny Forum has taken evidence from a wide range of sources to assist in the formulation of a balanced range of recommendations. The Forum's key recommendations to the Council and Hartlepool PCT are as outlined below:-

- (a) That as part of the 'Momentum: Pathways to Healthcare' consultation programme, Hartlepool PCT and the Council discuss / debate plans for the future Community based settings that are proposed for the Town e.g. More GPs, different models of rapid response services;
- (b) That Hartlepool PCT not only keeps this Forum updated of the 'Development of Integrated Urgent Care Provision in Hartlepool', but also that this issue is more rigorously consulted upon with both scrutiny and the public to give a clearer indication of proposals from the outset;
- (c) That a formal set of protocols on consultation be debated and considered between the PCT and Overview and Scrutiny. To ensure that:-
 - (i) In future the PCT and the Council work more closely together to promote real improvements in health services in Hartlepool to turn around the negative public perception.
 - (ii) This Scrutiny Forum continues to foster the improved links with Hartlepool PCT that have developed in the intervening period between the closure of the ECP Service at Wynyard Road and the conclusion of this Forum's investigation into the withdrawal of ECP Services at Wynyard Road Primary Care Centre.

14. ACKNOWLEDGEMENTS

14.1 The Committee is grateful to all those who have presented evidence during the course of our investigation. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named:-

Hartlepool Borough Council:

Councillor Ged Hall – Cabinet Member Portfolio Holder for Adult and Public Health

Councillor Mick Johnson – Chair of South Neighbourhood Consultative Forum

Councillor Marjorie James – Owton Ward Member

Councillor Gerald Wistow – Owton Ward Member

Councillor Ann Marshall

External Representatives:

Stephen Wallace – Chairman, Hartlepool PCT

Chris Willis – Chief Executive, Hartlepool PCT and North Tees PCT

Celia Weldon – Assistant Chief Executive, Hartlepool PCT and North Tees PCT

Ali Wilson – Deputy Director of Health Systems and Estates Development, Hartlepool PCT

Dr Carl Parker – Chair of Hartlepool PCT's Professional Executive Committee (PEC)

Linda Watson – Director of Nursing and Operations, Hartlepool PCT

Sharon Hagerty – Emergency Care Practitioners Service

Ruby Marshall – Hartlepool Primary Care PPI Forum

Margaret Goulding – Hartlepool Primary Care PPI Forum

Ray Waller – Former Councillor of Hartlepool Borough Council

- 14.2 The Forum would also like to acknowledge the comprehensive report commissioned by the Forum from the independent specialist adviser, Dr Jonathan Shapiro of the University of Birmingham

**COUNCILLOR JONATHAN BRASH
CHAIR OF THE ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY
FORUM**

April 2008

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BACKGROUND PAPERS

The following background papers were consulted or referred to 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' presented to the meeting of the Adult and Community Services and Health Scrutiny Forum of 4 September 2007.
- (ii). Report of the Scrutiny Manager entitled 'Withdrawal of Emergency Care Practitioner Services at Wynyard Road Primary Care Centre – Setting the Scene by Hartlepool PCT and North Tees PCT – Covering Report' presented at the meeting of the Adult and Community Services and Health Scrutiny Forum of 23 October 2007.
- (iii). Report of the Scrutiny Manager entitled 'Withdrawal of Emergency Care Practitioner Services at Wynyard Road Primary Care Centre – Evidence from Key Stakeholders – Covering Report' presented at the meeting of the Adult and Community Services and Health Scrutiny Forum of 23 October 2007.
- (iv). Report of the Scrutiny Manager entitled 'Withdrawal of Emergency Care Practitioner Services at Wynyard Road Primary Care Centre – Feedback from South Neighbourhood Consultative Forum of 12 October 2007 – Covering Report' presented at the meeting of the Adult and Community Services and Health Scrutiny Forum of 23 October 2007.
- (v). Report of Hartlepool PCT titled 'Withdrawal of Wynyard Road Primary Care Centre ECP Service' presented to the meeting of the Adult and Community Services and Health Scrutiny Forum of 23 October 2007.
- (vi). Report of the Scrutiny Manager entitled 'Investigation into the Withdrawal of Emergency Care Practitioner Services at Wynyard Road Primary Care Centre – Verbal Evidence from the Authority's Portfolio Holder for Adult and Public Health – Covering Report' presented at the meeting of the Adult and Community Services and Health Scrutiny Forum of 13 November 2007.
- (vii). Report of the Scrutiny Manager entitled 'Investigation into the Withdrawal of Emergency Care Practitioner Services at Wynyard Road Primary Care Centre – Evidence from Ward Councillors – Covering Report' presented at the

meeting of the Adult and Community Services and Health Scrutiny Forum of 18 December 2007.

- (viii). Report of the Scrutiny Manager entitled 'Investigation into the Withdrawal of Emergency Care Practitioner Services at Wynyard Road Primary Care Centre – Evidence from Hartlepool Primary Care PPI Forum – Covering Report' presented at the meeting of the Adult and Community Services and Health Scrutiny Forum of 18 December 2007.
- (ix). Report of the Scrutiny Manager entitled 'Withdrawal of the Emergency Care Practitioner Services at Wynyard Road Primary Care Centre Scrutiny Referral – Commissioning of Independent Specialist Advice' presented at the meeting of the Adult and Community Services and Health Scrutiny Forum of 18 December 2007.
- (x). Report of Hartlepool PCT titled 'The Development of Integrated Urgent Care Provision in Hartlepool' presented to the meeting of the Adult and Community Services and Health Scrutiny Forum of 29 January 2008.
- (xi). Report of the Scrutiny Support Officer entitled 'Investigation into the Withdrawal of the Emergency Care Practitioners Service at Wynyard Road Primary Care Centre – Consideration of Independent Specialist Advice' presented at the meeting of the Adult and Community Services and Health Scrutiny Forum of 4 March 2008.
- (xii). Report of the Independent Specialist Adviser, University of Birmingham entitled 'Review of the withdrawal of Emergency Care Practitioner services at Wynyard Road Primary Care Centre' presented to the meeting of the Adult and Community Services and Health Scrutiny Forum of the 4 March 2008.
- (xiii). Minutes of the Adult and Community Service and Health Scrutiny Forum of the 23 October 2007, 13 November 2007, 18 December 2007, 29 January 2008 and 4 March 2008.