

HEALTH SCRUTINY FORUM AGENDA



Tuesday 17 June 2008

at 3.00 pm

**in Committee Room B,
Civic Centre, Hartlepool**

MEMBERS: HEALTH SCRUTINY FORUM:

Councillors Barker, Brash, R Cook, S Cook, Plant, Simmons, Sutheran and Young
(1 vacancy)

Resident Representatives: Three vacancies

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. MINUTES**
 - 3.1 Minutes of the meeting of the Adult and Community Services and Health Scrutiny Forum meeting held on 8th April 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 The Role of the Health Scrutiny Forum – *Scrutiny Support Officer*
- 7.2 Appointments to Outside Bodies – Health Scrutiny Nominations to the Tees Valley Joint Health Scrutiny Committee – *Assistant Chief Executive*
- 7.3 Six Monthly Monitoring of Agreed Adult and Community Services and Health Scrutiny Forum's Recommendations - *Scrutiny Support Officer*
- 7.4 Determining the Health Scrutiny Forum's Work Programme for 2008/09 – *Scrutiny Support Officer*
- 7.5 Local Procurement of GP Practices and a GP Led Health Centre in Hartlepool - Update:-
 - (a) Covering Report – *Scrutiny Support Officer; and*
 - (b) Briefing Report and Presentation - *Hartlepool Primary Care Trust (PCT).*
- 7.6 Integrated Care / Out of Hours Services in Hartlepool:-
 - (a) Covering Report – *Scrutiny Support Officer; and*
 - (b) Verbal Progress Update - *Hartlepool Primary Care Trust (PCT).*
- 7.7 North East Ambulance Service (NEAS) Contact Centre – Closure Of Ladgate Lane Satellite Centre – *Scrutiny Support Officer*

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 29th July 2008, 3.00pm in Committee Room B

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

MINUTES

8 April 2008

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

Present:

Councillor: Jonathan Brash (In the Chair)

Councillors: Caroline Barker, Mary Fleet, Sheila Griffin, Geoff Lilley, Michelle Plant, Chris Simmons and Gladys Worthy

Resident Representative: Jean Kennedy

Also Present:

Paul Hyde, Independent Consultant
Ali Wilson, Hartlepool PCT
Linda Watson, Hartlepool PCT

Officers: Margaret Hunt, Adult and Community Services
Charlotte Burnham, Scrutiny Manager
James Walsh, Scrutiny Support Officer
Denise Wimpenny, Principal Democratic Services Officer

105. Apologies for Absence

Apologies for absence were submitted on behalf of Reuben Atkinson, Lilian Sutheran and David Young.

106. Declarations of interest by Members

Councillors Jonathan Brash and Caroline Barker declared personal and non-prejudicial interests in minutes 111 and 112.

107. Minutes of the meetings held on 29 January and 4 March 2008

Confirmed

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

None

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

None

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

None

111. Withdrawal of Emergency Care Practitioners Services at Wynyard Road Primary Care Centre – Scrutiny Referral – Draft Final report *(Chair of the Adult and Community Services and Health Scrutiny Forum)*

The Chair submitted the draft final report of the Forum's draft findings into the Withdrawal of Emergency Care Practitioners Services at Wynyard Road Primary Care Centre.

The report set out the background to the referral, terms of reference, methods of investigation, key findings, the circumstances and processes leading to the closure of the ECP service, options the PCT considered, future development proposals for the centre together with conclusions and recommendations.

A brief summary of the methods of investigation were detailed below and the evidence provided was set out in the report.

- (i) Detailed Officer reports supplemented by verbal evidence;
- (ii) Evidence from the Authority's Portfolio Holder for Adult and Public Health Services;
- (iii) Evidence received from Hartlepool PCT;
- (iv) Feedback from the South Neighbourhood Consultative Forum;
- (v) Evidence provided by Owton and Rossmere Ward Councillors;
- (vi) Verbal observations supplied by Hartlepool Primary Care

Patient and Public Involvement (PPI) Forum;

- (vii) Independent Study undertaken by the University of Birmingham; and
- (viii) The views of local service users.

The Adult and Community Services and Health Scrutiny Forum had taken evidence from a wide range of sources to assist in the formulation of a balanced range of recommendations. The Forum's key draft recommendations to the Council and Hartlepool PCT were 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.

The Deputy Director of the PCT who was in attendance at the meeting and made the following comments/observations in relation to the draft final report:-

- (i) That the PCT believed that the ECP Service had been risk assessed but the level of risk that transpired was too high for them to continue with the ECP Service.
- (ii) Arrangements were in place to actively encourage more health care professionals to the area. It was considered that

- this should be highlighted in the report.
- (iii) With regard to paragraph 9.2 of the report that there had been concerns that the wrong sort of patient was turning up to access the ECP services, it was pointed out that this was a fundamental problem with any walk in element of a new service.
 - (iv) In relation to consultation arrangements, the Forum was advised that as the implementation of this service was a pilot scheme and there was no major change in service, it was considered this was not a consultation issue.

Discussion ensued in which the following issues were raised by the Forum:-

- A Member queried what degree of good practice from other PCTs in the country was transferrable. The Deputy Director advised that the new ECP service was based on a number of factors which included best practice from other PCTs.
- Following some concern as to whether the term “the right sort of patient” was appropriate wording, the Deputy Director advised that it would have been preferable if it was expressed in a different way ie “there may have been a better place to obtain the appropriate service.”
- Members commented that GP surgeries coped with the many different situations presented to them and emphasised the importance of all services being able to deal with different situations. It was considered that these services should only be operating with sufficient medically trained staff who were able to assess situations and provide accurate advice. These comments were acknowledged by the PCT representatives. A representative from the PCT advised that in certain situations GP’s resorted to 999 calls. The Deputy Director added that the greatest difficulty was ensuring that members of the public understood where to obtain the most appropriate care for certain conditions and it was a matter for the PCT to communicate this information more effectively. The PCT would in future develop its communication strategy and work more closely with the local press to improve communication with the public.
- Following a Member’s comment that patients turning up at the wrong place for medical treatment would always be an issue, Members were advised that an integrated care service package would be available with a local telephone number to ensure people were directed to the correct service which would assist with this problem. This would be monitored to ensure people received the right type of treatment and service. In addition to this, Members welcomed plans by Hartlepool PCT for a return of an out of hours service in Hartlepool.

Decision

That the recommendations in the draft final report be agreed and the Chair be authorised to amend those recommendations based on the comments made by Members of the Forum and Hartlepool PCT, in readiness for consideration by Scrutiny Co-ordinating Committee.

112. Interim Arrangements for the Local Involvement Network (LiNK) *(Scrutiny Support Officer)*

The Scrutiny Support Officer reported that the provider of the interim arrangements for the development of LiNKs in Hartlepool was in attendance at the meeting to deliver a brief presentation on the work undertaken to date for the introduction of the LiNK in Hartlepool.

The representative provided a detailed presentation which focused on the following issues:-

- What is a LiNK
 - LiNKs would be independent from Local Authorities
 - The LiNK would built on the work of PPIs
 - LiNKs would represent the views and ideas of different people
 - They should make it easier for groups and individuals to have their say about health and social services
 - LiNKs would make reports, recommendations and suggestions
 - Request information
 - Report findings to overview and scrutiny
- Hartlepool LiNK and the role of the provider of interim arrangements
 - Three month plan to promote, inform and develop
 - Contracted to work the equivalent of 10 days a month
- Key Actions
 - Develop newsletter, publicity campaign and make the most of existing opportunities, attend consultation meetings
 - Visit existing groups
 - Develop Thematic Meetings
- Key Consultation Questions
- Development of key questions for thematic events
- Three Month Work Plan
- Proposed Outcomes

Concerns were expressed that there were no arrangements in place and no standard guidance for the implementation of LiNKs. The Chair agreed to report these concerns to Central Government. The importance of involving

PPI members in the process was also highlighted.

Decision

- (i) That the report and presentation, be noted.
- (ii) That the concerns of the Forum, as outlined above, be reported to Central Government by the Chair.

113. Issues Identified from Forward Plan

None

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

The Vice-Chair reported that it was proposed to reduce the response times for ambulance services from nine and a half minutes to eight minutes.

115. Chair's Comments

The Chair thanked the Scrutiny and Democratic Services Teams for their contribution and support over the last year municipal year.

JONATHAN BRASH

CHAIRMAN

HEALTH SCRUTINY FORUM

17 June 2008



Report of: Scrutiny Support Officer

Subject: THE ROLE OF THE HEALTH SCRUTINY FORUM

1. PURPOSE OF REPORT

- 1.1 To give an overview of the role and functions of the Health Scrutiny Forum.

2. BACKGROUND

- 2.1 The Council's approach to Overview and Scrutiny has been informed by government guidance, best practice nationally and experience of what works locally to ensure that the Scrutiny Forum's operate in an optimum scrutiny structure that will enable the Forums to add value and improve services for the residents of Hartlepool.
- 2.2 The role of the Scrutiny Co-ordinating Committee is briefly discussed in the following section. Following this in Sections 4 and 5, there are more detailed descriptions of the roles and functions of this Forum.

3. ROLE AND FUNCTIONS OF THE SCRUTINY CO-ORDINATING COMMITTEE

- 3.1 The membership of the Scrutiny Co-ordinating Committee reflects both the Council's political make-up and the five standing Scrutiny Forums (which are equally represented on the Committee). A total of sixteen Elected Members serve on the Committee, consisting of the Chair (appointed by Council) and the Chair, Vice-Chair and one other Members from each of the five standing Forums. In addition to this, three Resident representatives are also co-opted onto the Committee, one from each Neighbourhood Consultative Forum.
- 3.2 This approach enables the Scrutiny Co-ordinating Committee to draw on the experience of a variety of Members, represent a cross-section of political views and equally represent each of the four standing Forums. The Scrutiny Co-ordinating Committee is responsible for the overall management of Overview and Scrutiny within the Authority. Other authorities' experience of scrutiny appears to have benefited from the establishment of such a body.

Given the increasing importance of the scrutiny role under the new arrangements and the likely increase in workload of the scrutiny function the role of the Scrutiny Co-ordinating Committee is invaluable. The main roles and functions of the committee are as follows:-

- (i) To work with the five Forums to decide an annual Overview and Scrutiny Work Programme, including the programme of any ad-hoc forum that it appoints, to ensure that there is efficient use of the forums and that the potential for duplication of effort is minimised;
- (ii) To lead the involvement of Overview and Scrutiny in the development of the budget and the plans and strategies that make up the policy framework and to delegate issues for consideration to the Forums;
- (iii) Where matters fall within the remit of more than one Overview and Scrutiny Forum, to determine which of them will assume responsibility for any particular issue and to resolve any issues of dispute between overview and scrutiny Forums;
- (iv) To receive requests from Members, the Executive and / or the Full Council for items to be considered by Overview and Scrutiny Forums and to allocate them, if appropriate to one or more Overview and Scrutiny Forum;
- (v) To put in place and maintain a system to ensure reports from Overview and Scrutiny to the Executive are managed efficiently and do not exceed any limits set out in the Constitution (this includes making decisions about the priority of reports, if the volume of such reports creates difficulty for the management of Executive business or jeopardises the efficient running of the Council business); and
- (vi) To exercise the power of call-in in relation to Executive decisions made as set out in Section 21 (3) of the Local Government Act 2000, or allocate them to the appropriate overview and scrutiny forum for consideration.

4. FUNCTIONS OF OVERVIEW AND SCRUTINY FORUMS

- 4.1 Over recent years, in addition to the Scrutiny Co-ordinating Committee, the Overview and Scrutiny function has been exercised through four standing Overview and Scrutiny Forums, one of which was the Adult and Community Services and Health Scrutiny Forum. In 2007/08 it became apparent that over the next 7-10 years NHS reform locally, regionally and nationally was to continue to accelerate and as such the combination of adult and community services and health responsibilities within one Forum would no longer be viable.
- 4.2 In recognition of this, with effect from the beginning of the 2008/09 Municipal Year, the remit of the Adult and Community Services Scrutiny Forum was split into two. This created a separate Adult and Community Services Scrutiny

Forum and an additional Health Scrutiny Forum (further details of the remit of which is outlined in Section 5 below).

4.3 The five standing Overview and Scrutiny Forums have three main functions and these are set out in the following paragraphs:-

(a) Policy Development and Review

Overview and Scrutiny Forums may:

- (i) Assist the Council and the Executive in the development of the budget and policy framework by in-depth analysis of policy issues;
- (ii) Conduct research, community and other consultation in the analysis of policy issues and possible options;
- (iii) Consider and implement mechanisms to encourage and enhance community participation in the development of policy options;
- (iv) Question members of the Executive and Chief Officers about their views on issues and proposals affecting the area; and
- (v) Liaise with other external organisations operating in the area, whether national, regional or local, to ensure that the interests of local people are enhanced by collaborative working.

(b) Scrutiny

Overview and Scrutiny Forums may:

- (i) Review and scrutinise the decisions of the Executive and Chief Officers both in relation to individual decisions and their overall strategic direction;
- (ii) Review and scrutinise the work of the Council in relation to its policy objectives, performance targets and/or particular service areas;
- (iii) Question members of the Executive and Chief Officers about their decisions, whether generally in comparison with the service plans and targets over a period of time, or in relation to particular decisions, initiatives or projects;
- (iv) Review and scrutinise the performance of other public bodies in the area, requesting them to attend and address relevant scrutiny forums to speak about their activities and performance;
- (v) Investigate other issues of local concern, outside the control of the Council and other public bodies in the area, and make recommendations to the Council, the Executive and / or other organisations arising from the outcome of the scrutiny process;

- (vi) Question and gather evidence from any person (with their consent); and
- (vii) Make recommendations to the executive and / or the council arising from the outcome of the scrutiny process.

(c) Finance

Overview and Scrutiny Committees may exercise overall responsibility for the finances made available to them. This presently consists of a dedicated overview and scrutiny budget of 50k. Applications for funding must be made through Scrutiny Co-ordinating Committee.

5. THE REMIT OF THIS FORUM

- 5.1 The strategic direction of the Scrutiny Forums will be to assess, monitor and advise on the Council's progress towards the 7 priority aims of the Community Strategy whilst the operational direction of the individual Scrutiny Forums will be governed by the remits outlined in the Constitution.

The remit of the Health Scrutiny Forum is as follows:-

'To exercise the powers of the Health and Social Care Act 2001 in considering the provision of health services at both local and regional level.'

- 5.2 There will be, however, from time to time, be issues that could be considered by more than one forum and it will be for the Scrutiny Co-ordinating Committee to determine which forum should examine a particular issue. It is also open to the Scrutiny Co-ordinating Committee to appoint ad hoc forums. For example, where an issue comes within the remit of two scrutiny forums, the Scrutiny Co-ordinating Committee could decide to establish an ad hoc forum made up of four Members from each of those two Forums.
- 5.3 The Forum will undertake the Council's role in scrutinising the health service. Health Scrutiny is a responsibility given to Local Authority scrutineers under the Health and Social Care Act 2001. It expands upon powers given under the Local Government Act, which created the Overview and Scrutiny function so that elected members could examine local services and policies and look for ways to improve them. Health Scrutiny has much wider responsibilities, looking not only at local authorities themselves, but also at all health service providers and any other factors that affect people's health.
- 5.4 Members of the Forum also have a key role to play in joint scrutiny across the Tees Valley area and with additional local partners such as Stockton on Tees Borough Council, Durham County Council and Sedgefield and Easington District Councils whose residents are often served by the same health service providers.

6. SCHEDULE OF FORUM DATES FOR 2008/09

- 6.1 Detailed below, for Members information, are the scheduled dates for meetings of the Health Scrutiny Forum in 2008/09. Please note that scheduled meetings will be held in various community buildings throughout Hartlepool, with the capacity for additional meetings to be arranged where required to accommodate the needs of individual inquiries.

Thursday 24 July 2008 at 3.00pm

Tuesday 9 September 2008 at 3.00pm

Tuesday 14 October 2008 at 3.00pm

7. CONCLUSIONS

- 7.1 No specific action is required as a result of this report, however, Members may have questions about the role of the Forum.

Contact Officer:- Joan Wilkins – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.wilkins@hartlepool.gov.uk

BACKGROUND PAPERS

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

- i) Hartlepool Borough Council Constitution.



Report of: Assistant Chief Executive

Subject: APPOINTMENT TO OUTSIDE BODIES - HEALTH
SCRUTINY NOMINATIONS TO THE TEES VALLEY
JOINT HEALTH SCRUTINY COMMITTEE

1. PURPOSE OF REPORT

- 1.1 To seek Councillor nominations to the Tees Valley Joint Health Scrutiny Committee.

2. BACKGROUND

The Health and Social Care Scrutiny Forum, held on the 17th January 2003, approved the adoption of the draft Tees Valley Health Scrutiny Protocol. A key element of the protocol was the establishment of a Tees Valley Health Scrutiny Joint Committee to facilitate the exchange of information about scrutiny work; to consider proposals for joint scrutiny exercises; and to carry out joint scrutiny exercises.

The committee consists of 15 members, 3 from each of the Tees Valley authorities, selected on the basis of political proportionality. Three nominations are now sought from this Scrutiny Forum for Hartlepool's representatives on this new committee (2 Labour and 1 Administrative Group).

3. ISSUES FOR CONSIDERATION

Nominations for the Joint Committee were received for Councillor Sutheran (Labour) and Councillor Plant (Administrative Group) and agreed at Annual Council. However, there is 1 further Labour nomination is required.

Since Annual Council, the Administrative Group have notified Democratic Services of a change in their representation on the Health Scrutiny Forum from Councillor Plant to Councillor A Lilley. This has resulted in a change in

their nomination to the Tees Valley Joint Health Scrutiny Committee to Councillor A Lilley.

3. RECOMMENDATIONS

- (i) That the nomination agreed at Annual Council on 22 May 2008 to the Tees Valley Joint Health Scrutiny Committee of Councillor Sutheran be confirmed.
- (ii) That the change in nomination provided by the Administrative Group from Councillor Plant to Councillor A Lilley be noted, subject to approval by the Executive.
- (iii) That an additional Labour nomination be made to the Tees Valley Health Scrutiny Joint Committee.

HEALTH SCRUTINY FORUM

17 June 2008



Report of: Scrutiny Support Officer

Subject: SIX MONTHLY MONITORING OF AGREED ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM'S RECOMMENDATIONS

1. PURPOSE OF REPORT

- 1.1 To provide Members with the six monthly progress made on the delivery of the agreed scrutiny recommendations of this Forum.

2. BACKGROUND INFORMATION

- 2.1 As Members will be aware, Scrutiny Co-ordinating Committee on the 21 November 2007 approved the introduction of an electronic database to monitor the delivery of agreed scrutiny recommendations since the 2005/06 Municipal Year. Approval was also given for the introduction of a standardised six monthly cycle for the submission of progress reports to each Scrutiny Forum (June and December).
- 2.2 The newly created electronic database, to be known as the Scrutiny Monitoring Database, will run along the same principles as the Authority's former Corporate Performance Management Database and in addition to provision of standardised six monthly monitoring reports, as detailed above, will provide the Scrutiny Co-ordinating Committee with a breakdown of progress against all Scrutiny Forums' recommendations on an Annual basis (July). The introduction of the new database will also provide the ability to produce 'real time' information of the progression of recommendations upon request.
- 2.3 In accordance with the agreed procedure, this report provides for Members information details of progress made against each of the investigations undertaken by the Forum. Attached as **Appendix A** is a Summary Report that breaks down progress made by investigation and **Appendix B**, provides a detailed explanation of progress made against each recommendation.

3. RECOMMENDATIONS

- 3.1 That progress against the Adult and Community Services and Health Scrutiny Forum's agreed recommendations, since the 2005/06 Municipal Year, be noted and explored further where appropriate.

Contact Officer:- Joan Wilkins – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
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Email: joan.wilkins@hartlepool.gov.uk

BACKGROUND PAPERS

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

Scrutiny Enquiry Summary Report

Appendix A

Adult & Community Services & Health Scrutiny Forum
Pandemic Influenza - 'Contingency Planning'

G Target achieved 1

Access to GP Services

R Not expected to achieve target 1

G Target achieved 47

Social Prescribing

R Not expected to achieve target 1

G Target achieved 12

Withdrawal of Emergency Care Practitioners Service at Wynyard Road

? No update provided 3

Scrutiny Recommendations Monitoring Report

June 2008

Department: *
Division: *
Scrutiny: Adult & Community Services & Health Scrutiny Forum
Scrutiny Enquiry: *

?	No update provided	3	4.6%
	Adult & Community Services & Health Scrutiny Forum	3	
R	Not expected to achieve target	2	3.1%
	Adult & Community Services & Health Scrutiny Forum	2	
G	Target achieved	60	92.3%
	Adult & Community Services & Health Scrutiny Forum	60	
Total No. of Actions		65	

Scrutiny Recommendations Monitoring Report

June 2008

Progress	Rec. No.	Recommendation	By When / Milestone	Update on progress	Lead Officer
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SCRUTINY INVESTIGATION INTO:

ACS/05-6/1 PANDEMIC INFLUENZA - 'CONTINGENCY PLANNING'

Recommendation:

ACS/05-6/1a Members recommend that in the event of a pandemic, Hartlepool Borough Council and the Health Agencies would undertake to publicise good basic hygiene that would reduce the risk of influenza spreading.

G	ACS/05-6/1a	That Hartlepool Borough Council and the Health Agencies undertake to publicise good basic hygiene that will reduce the risk of influenza spreading.	January 2006 Complete	Dave Stubbs
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Scrutiny Recommendations Monitoring Report

June 2008

Progress	Rec. No.	Recommendation	By When / Milestone	Update on progress	Lead Officer
SCRUTINY INVESTIGATION INTO: ACS/05-6/2 ACCESS TO GP SERVICES					
<i>Recommendation:</i> ACS/05-6/2a That Hartlepool PCT establish a campaign that explains the role of GPs and other primary care professionals to help patients get the best value from the system.					
G	ACS/05-6/2a(i)	Develop a spirit of positive collaboration between the PCT, GP practices and local patient groups through a public launch statement.		A range of public press releases in respect of GP practices, including the extended hours pilot, have been made. There has also been a Public Information Programme re. access to services in Primary Care.	Ali Wilson
G	ACS/05-6/2a(ii)	Develop a communications marketing plan for PCT services to include the following: - Arrange feature articles in Hartlepool Mail in liaison with PCT and GP practice staff in order to raise awareness of their roles - Raise awareness of 'positives' delivered by GP practices and their staff by encouraging feedback of compliments through the PCT PALS service - Arrange presentations and discussion sessions regarding access issues through local networks - Prepare and distribute a communications and information support pack for GP practices - Reflect these issues in the 2005/06 PCT Annual Report - Hold an event in Middleton Grange Shopping Centre to 'showcase' new and existing services - Ensure that the next 'Your Guide to Services' explains how access systems work.	July 2006	Plus action in ACS/05-6/2a(i) public forums attended re GP access, engagement & consultation. Process completed re improving access (July 07), further consultation (May 08). Info support pack completed & Middleton Grange event superseded by 08 Prospects.	Ali Wilson

Scrutiny Recommendations Monitoring Report

June 2008

Progress	Rec. No.	Recommendation	By When / Milestone	Update on progress	Lead Officer
SCRUTINY INVESTIGATION INTO: ACS/05-6/2 ACCESS TO GP SERVICES					
<i>Recommendation:</i> ACS/05-6/2a That Hartlepool PCT establish a campaign that explains the role of GPs and other primary care professionals to help patients get the best value from the system.					
G	ACS/05-6/2a(iii)	Promote the PCT Service Directory	August 2006	Superseded by production of the PCT Prospectus 2008.	Ali Wilson
G	ACS/05-6/2a(iv)	Create and develop a dedicated section on the PCT website and use as a feedback mechanism for members of the public.	August 2006	New Web Site launched.	Ali Wilson
G	ACS/05-6/2a(v)	Ensure PCT and practice staff awareness of campaigns via existing communications mechanisms.		Communications Plan implemented.	Ali Wilson
G	ACS/05-6/2a(vi)	Practices to promote services via in-house posters and leaflets.	July 2006	Practices provide practice leaflets and practice service information. Posters provide information on new services. Process in place and ongoing.	Ali Wilson
G	ACS/05-6/2a(vii)	Ongoing evaluation on the uptake of minor ailments scheme.		Numbers of patients accessing minor ailments are recorded on a monthly basis in order to evaluate utilisation. This service has achieved maximum capacity with 2,000 patients per month entering the service. Process in place.	Ali Wilson

Scrutiny Recommendations Monitoring Report

June 2008

Progress	Rec. No.	Recommendation	By When / Milestone	Update on progress	Lead Officer
SCRUTINY INVESTIGATION INTO: ACS/05-6/2 ACCESS TO GP SERVICES					
<i>Recommendation:</i> ACS/05-6/2b That Hartlepool PCT establish a major campaign to increase awareness of the availability of additional primary care services including nurse provision and the minor ailments scheme.					
G	ACS/05-6/2b (i)	Develop a spirit of positive collaboration between the PCT, GP practices and local patient groups through a public launch statement.		A range of public press releases in respect of GP practices, including the extended hours pilot, have been made. There has also been a Public Information Programme re. access to services in Primary Care.	Ali Wilson
G	ACS/05-6/2b(ii)	Develop a communications marketing plan for PCT services to include the following:- - Arrange feature articles in Hartlepool Mail in liaison with PCT and GP practice staff in order to raise awareness of their roles - Raise awareness of 'positives' delivered by GP practices and their staff by encouraging feedback of compliments through the PCT PALS service - Arrange presentations and discussion sessions regarding access issues through local networks - Prepare and distribute a communications and information support pack for GP practices - Reflect these issues in the 2005/06 PCT Annual Report - Hold an event in Middleton Grange Shopping Centre to 'showcase' new and existing services - Ensure that the next 'Your Guide to Services' explains how access systems work.	July 2006	Plus action in ACS/05-6/2a(i) public forums attended re GP access, engagement & consultation. Process completed re improving access (July 07), further consultation (May 08). Info support pack completed & Middleton Grange event superseded by 08 Prospects.	Ali Wilson

Scrutiny Recommendations Monitoring Report

June 2008

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<i>Recommendation:</i> ACS/05-6/2b That Hartlepool PCT establish a major campaign to increase awareness of the availability of additional primary care services including nurse provision and the minor ailments scheme.					
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G	ACS/05-6/2b(iv)	Create and develop a dedicated section on the PCT website and use as a feedback mechanism for members of the public.	August 2006	New Web Site launched.	Ali Wilson
G	ACS/05-6/2b(v)	Ensure PCT and practice staff awareness of campaigns via existing communications mechanisms.		In place	Ali Wilson
G	ACS/05-6/2b(vi)	Practices to promote services via in-house posters and leaflets.	July 2006	Practices provide practice leaflets and practice service information. Posters provide information on new services. Process in place and ongoing.	Ali Wilson
G	ACS/05-6/2b(vii)	Ongoing evaluation on the uptake of minor ailments scheme.		Numbers of patients accessing minor ailments are recorded on a monthly basis in order to evaluate utilisation. This service has achieved maximum capacity with 2,000 patients per month entering the service. Process in place.	Ali Wilson

Scrutiny Recommendations Monitoring Report

June 2008

Progress	Rec. No.	Recommendation	By When / Milestone	Update on progress	Lead Officer
SCRUTINY INVESTIGATION INTO: ACS/05-6/2 ACCESS TO GP SERVICES					
<i>Recommendation:</i> ACS/05-6/2c That an action-plan is devised to address the short-fall in the number of GPs in Hartlepool.					
G	ACS/05-6/2c(i)	Carry out a review of non GMS contracts with a view to ensuring value for money in line with Our Health, Our Care, Our Say.	July 2006	Superseded by North East wide process. Review commencing Teesside (Summer 2008)	Ali Wilson
G	ACS/05-6/2c(ii)	Consider independent sector procurement of primary care services resulting in an increase of GPs to the area.	September 2006	First independent sector procurement complete. Second to commence in July 08.	Ali Wilson
G	ACS/05-6/2c(iii)	Implement ongoing audit of open and closed practice lists.	August 2006	Process in place and ongoing.	Ali Wilson
G	ACS/05-6/2c(iv)	Implement urgent access facility providing services for minor injury and urgent primary care complaints.	July 2006	New urgent access ??????? Service community at hostipal site from 2008. New independent sector procurement for 8-8 7 days a week Health Centre (July 08) following consultation.	Ali Wilson
G	ACS/05-6/2c(v)	Encourage and increase the development of training practices to aid recruitment and retention.	December 2007	Process in place and ongoing.	Ali Wilson
G	ACS/05-6/2c(vi)	Continue with salaried GP programme providing additional GP capacity and supporting practices.		In place. The PCT currently employs 10 salaried GPs, several of whom have specialist interests, e.g, musculoskeletal, heart failure and palliative care. Our PEC chair and clinical governance lead are salaried GPs.	Ali Wilson

Scrutiny Recommendations Monitoring Report

June 2008

Progress	Rec. No.	Recommendation	By When / Milestone	Update on progress	Lead Officer
SCRUTINY INVESTIGATION INTO: ACS/05-6/2 ACCESS TO GP SERVICES					
Recommendation: ACS/05-6/2c That an action-plan is devised to address the short-fall in the number of GPs in Hartlepool.					
G	ACS/05-6/2c(vii)	Continue to effectively manage capacity in general practice.		In place. All primary care provision is now supported by additional community nursing teams.	Ali Wilson
Recommendation: ACS/05-6/2d That results of the patient satisfaction survey in relation to the OOH service is shared.					
G	ACS/05-6/2d(i)	Ensure that patients' views are sought and appropriately actioned.		Primecare (current OOH provider) carries out its own annual patient satisfaction survey. Results of the last survey in Oct 05 were presented and shared with all commissioning PCTs. Reviewed on annual basis.	Ali Wilson
G	ACS/05-6/2d(ii)	Results of any OOH surveys are shared with the wider community.		July 2006 Hartlepool PCT conducted an OOH patient satisfaction survey in January 06. This survey will be repeated on an annual basis.	Ali Wilson
Recommendation: ACS/05-6/2e That disability awareness for primary health care professionals be provided to ensure disabled patients groups gain improved access to services.					
G	ACS/05-6/2e(i)	Provide training and relevant information for PCT staff.		In place. Mandatory 'Equality and Diversity' training was introduced in September 2005.	Ali wilson

Scrutiny Recommendations Monitoring Report

June 2008

Progress	Rec. No.	Recommendation	By When / Milestone	Update on progress	Lead Officer
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SCRUTINY INVESTIGATION INTO: ACS/05-6/2 ACCESS TO GP SERVICES

Recommendation:

ACS/05-6/2e That disability awareness for primary health care professionals be provided to ensure disabled patients groups gain improved access to services.

G	ACS/05-6/2e(ii)	Work with Hartlepool Access and all ability forums to support primary care providers to increase all ability awareness and to improve accessibility to premises	October 2006	PCT is working on an updated estates strategy to identify where estates development is required. Practices are reminded of their responsibilities under the DDA legislation at practice meeting. The programme of practice improvements continues.	Ali Wilson
G	ACS/05-6/2e(iii)	Work in partnership with Hartlepool Borough Council on improving access for those with learning disabilities	September 2006	Health Facilities Lead to be appointed to lead strategically on assisting & supporting people with learning disabilities (LD) to access primary and secondary health care. New PCT structure in 08 includes a commissioning post with responsibility for LD.	Ali Wilson
G	ACS/05-6/2e(iv)	Work in partnership with Hartlepool Borough Council on improving access for those with learning disabilities		In place. Health Action plans are currently being produced in conjunction with a Health Working Group (a sub-group of the learning disability partnership board)	Ali Wilson

Scrutiny Recommendations Monitoring Report

June 2008

Progress	Rec. No.	Recommendation	By When / Milestone	Update on progress	Lead Officer
SCRUTINY INVESTIGATION INTO: ACS/05-6/2 ACCESS TO GP SERVICES					
<i>Recommendation:</i> ACS/05-6/2f That the PCT supports GP practices in developing a mechanism to share models of best practice in developing the role of support staff (receptionists/administrators) as facilitators to direct patients to the most appropriate care.					
G	ACS/05-6/2f(i)	Provide support to practices with various initiatives and models to improve access.		A PCT service improvement facilitator (SIF) visited all practices in May and June 06 to discuss access issues and share best practice. Completed - ongoing support at practices request.	Ali Wilson
G	ACS/05-6/2f(ii)	Provide support in devising an access plan with emphasis on the following elements:- - Opportunity to consult a GP within 2 working days; - Opportunity to make advanced bookings; - Improvements in telephone access; and - Practitioner of choice.	June 2006	A template to aid the design and production of an action plan to address access was issued and discussed with every practice during May and June 06. Action Plan implemented.	Ali Wilson
G	ACS/05-6/2f(iii)	Share best practice initiatives.	August 2006	Process in place. SIF to attend practice manager meetings to discuss the results of access action plans in order to promote best practice. This occurs at Practice Manager meetings.	Ali Wilson
G	ACS/05-6/2f(iv)	Improve performance management of access using new reporting mechanisms.	March 2007	Standard item on Patient Forum Meetings.	Ali Wilson

Scrutiny Recommendations Monitoring Report

June 2008

Progress	Rec. No.	Recommendation	By When / Milestone	Update on progress	Lead Officer
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SCRUTINY INVESTIGATION INTO: ACS/05-6/2 ACCESS TO GP SERVICES

Recommendation:

ACS/05-6/2g That the PCT research patients views in relation to advanced / improved access for each GP Practice via the annual survey as part of the Quality Framework in the 2006/07 municipal year.

G	ACS/05-6/2g(i)	Promote maximum 'sign up' to PCAS survey by all practices.	June 2006	National survey published annually on the Web Site.	Ali Wilson
G	ACS/05-6/2g(ii)	Benchmark access results from QOF patient questionnaire in order to measure any improvements and identify shortfalls.	July 2006	Published on the Web Site.	Ali Wilson
G	ACS/05-6/2g(iii)	Analyse and act upon results of new DOH access survey.	March 2007	Introduced pilot Flexible Hours Programme. New DES to be introduced 2008.	Ali Wilson

Recommendation:

ACS/05-6/2h That a summary of results of the annual patient surveys carried out as part of the Quality Framework in GP Practices be made available to this Health Scrutiny Forum and Hartlepool Primary Care PPI Forum.

G	ACS/05-6/2h	That a summary of results of the annual patient surveys carried out as part of the Quality Framework in GP Practices be made available to this Health Scrutiny Forum and Hartlepool Primary Care PPI Forum.		Patient satisfaction report carried out and actioned on an ongoing basis. Publically available on the web site. Update on out of hours provided to scrutiny.	Ali Wilson
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Scrutiny Recommendations Monitoring Report

June 2008

Progress	Rec. No.	Recommendation	By When / Milestone	Update on progress	Lead Officer
SCRUTINY INVESTIGATION INTO: ACS/05-6/2 ACCESS TO GP SERVICES					
<i>Recommendation:</i> ACS/05-6/2i That Hartlepool PCT considers PPI Forum report and makes its response to the issues raised therein available to this Health Scrutiny Forum.					
G	ACS/05-6/2i(i)	Present primary care action plan at PPI Forum	June 2006	Draft report presented in June 06. Report greeted favourably with additions and comments added to this plan.	Ali Wilson
G	ACS/05-6/2i(ii)	Arrange further meetings with members of PPI forum, the PCT and the scrutiny committee.		Monthly access meetings in place.	Ali Wilson
<i>Recommendation:</i> ACS/05-6/2j That learning from the Connected Care Scheme is rolled out to other areas of deprivation in the Town.					
G	ACS/05-6/2j(i)	Implement service specification for Connected Care in Owton working with partner organisations to establish CC within current services.	July 2006	Implemented.	Ali Wilson
G	ACS/05-6/2j(ii)	Recruit CC workers to support community navigation.	September 2006	Navigators recruited and innplace in ????	Ali Wilson
G	ACS/05-6/2j(iii)	Identify appropriate wards to undertake CC audit and identify appropriate service response i.e. roll-out of Connected Care initiative to other deprived wards.		Roll out to be considered following evaluation.	Ali Wilson

Scrutiny Recommendations Monitoring Report

June 2008

Progress	Rec. No.	Recommendation	By When / Milestone	Update on progress	Lead Officer
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SCRUTINY INVESTIGATION INTO: ACS/05-6/2 ACCESS TO GP SERVICES

Recommendation:

ACS/05-6/2k That the PCT review patient experience of open access at Medical Centres operating the system with a view to improving access to GP Services in Hartlepool.

G	ACS/05-6/2k(i)	Encourage all surgeries to implement pre-bookable and open access systems in order to extend patient choice.	July 2006	Complete and in place.	Ali Wilson
G	ACS/05-6/2k(ii)	Examine results of recent QOF patient satisfaction survey and DH national patient survey with regard to overall satisfaction of access Investigate reasons as to why patients queue before surgery opening hours.	March 2007	Completed. Flexible Opening Pilot introduced.	Ali Wilson

Recommendation:

ACS/05-6/2l That the PCT audits Patient Panels in GP practices and offers support to all practices in establishing similar patient forums.

G	ACS/05-6/2l	PPI Team to offer support for those practices wishing to develop patient panels. PPI Team to attend practice patient panel in order to audit format and results.		A number of practices have already successfully introduced patient panels with members of PCT PPI group in attendance. Other practices have indicated in access action plans an intention to develop patient panels. Ongoing (PPI no longer in place).	Ali Wilson
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Scrutiny Recommendations Monitoring Report

June 2008

Progress	Rec. No.	Recommendation	By When / Milestone	Update on progress	Lead Officer
SCRUTINY INVESTIGATION INTO: ACS/05-6/2 ACCESS TO GP SERVICES					
<i>Recommendation:</i> ACS/05-6/2m That the funding of GP practices is reviewed.					
G	ACS/05-6/2m(i)	As per recommendation c(i) above re: review of PMS contracts.		July 2006 Part of North East wide process.	Ali Wilson
G	ACS/05-6/2m(ii)	National review of GMS funding 2007.		April 2007 PCT undertaking benchmarking and VFM work PMS review.	Ali Wilson
<i>Recommendation:</i> ACS/05-6/2n That the Local Medical Committee is requested to consider the findings of the PPI Forum Report.					
G	ACS/05-6/2n	Send LMC PPI Forum Report		September 2006 Done - LMC Comments received and circulated.	Sajda Banaras
<i>Recommendation:</i> ACS/05-6/2o That the Authority develops a protocol to govern joint-working between Scrutiny and the PPI Fora.					
R	ACS/05-6/2o	Develop a protocol.		March 2007 Withdrawn by Scrutiny - Due to abolition of PPI Forums.	Sajda Banaras

Scrutiny Recommendations Monitoring Report

June 2008

Progress	Rec. No.	Recommendation	By When / Milestone	Update on progress	Lead Officer
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SCRUTINY INVESTIGATION INTO:

ACS/05-6/2 ACCESS TO GP SERVICES

Recommendation:

ACS/05-6/2p That any new site proposed for primary care purposes is subject to a detailed assessment to ensure adequate parking facilities are available and good public transport links in so far as is practical.

G	ACS/05-6/2p	It is standard practice that all planning applications are assessed in respect of accessibility and car parking provision associated with them. This is particularly important with Health Care facilities and an assessment of public transport facilities that are either already available, or require to be provided, is made, with provisions in the Section 106 Agreement for contributions from the developer for supported buses if necessary. Car parking requirements are assessed in conjunction with the availability of public transport links and sustainability agendas. The PCT also takes this issue into consideration in the selection of sites (ie the new town centre site includes the provision of disabled and other parking).	August 2007	Achieved.	Peter Scott / Dave Stubbs / Ali Wilson
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Scrutiny Recommendations Monitoring Report

June 2008

Progress	Rec. No.	Recommendation	By When / Milestone	Update on progress	Lead Officer
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SCRUTINY INVESTIGATION INTO: ACS/06-7/3 SOCIAL PRESCRIBING

Recommendation:

ACS/06-7/3a That the authority agrees that Social Prescribing is a priority and use the evidence gathered through this investigation, and other studies to agree a framework for Hartlepool.

G	ACS/06-7/3a	To ensure social prescribing is linked into the Voluntary Sector Strategy work as a key tool for supporting low level preventative services.	March 2008	Social prescribing is picked up through the Voluntary Sector Strategy, Adult & Community Services has funded low level preventative services (ie Hartlepool Now).The PCT also agreed with the LDP process to fund a range of health & wellbeing initiatives.	Nicola Bailey
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Recommendation:

ACS/06-7/3b That a comprehensive and coordinated strategy for the development, delivery, funding and evaluation of social prescribing be produced within the coming Municipal Year (2007/08) across council departments and, so far as possible, the NHS and VCS.

G	ACS/06-7/3b	This is to be led by the newly set up Social Prescribing Steering Group. The approach will be to link social prescribing into other key strategies and to raise the profile in the NHS at the Practice Based Commissioning Group.	October 2007	Achieved.	Ali Wilson
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Scrutiny Recommendations Monitoring Report

June 2008

Progress	Rec. No.	Recommendation	By When / Milestone	Update on progress	Lead Officer
SCRUTINY INVESTIGATION INTO: ACS/06-7/3 SOCIAL PRESCRIBING					
Recommendation: ACS/06-7/3c As part of this process, detailed consideration should be given during the 2007/08 year to re-allocating funds to the MIND and other social prescribing services from existing activities that service users found less helpful and acceptable.					
R	ACS/06-7/3c	This recommendation is specifically linked to NDC funding and we do not allocate these funds.		Unable to progress further.	*
Recommendation: ACS/06-7/3d That work is undertaken locally to standardise and secure greater understanding of the definition of Social Prescribing.					
G	ACS/06-7/3d	Social Prescribing Steering Group now set up to raise profile and understanding of social prescribing.	August 2007		Peter Price
Recommendation: ACS/06-7/3e That work is undertaken to establish a clear picture of Social Prescribing projects currently offered in Hartlepool or those that can be encompassed within the definition of Social Prescribing with a view to securing greater standardisation of issues such as the availability of information, data protection, referral routes and evaluation.					
G	ACS/06-7/3e	Social Prescribing Steering Group will take this work forward.		Social Prescribing Steering Group is up and running and will have a role in identifying and monitoring Social Prescribing funding through the LDP.	Peter Price

Scrutiny Recommendations Monitoring Report

June 2008

Progress	Rec. No.	Recommendation	By When / Milestone	Update on progress	Lead Officer
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SCRUTINY INVESTIGATION INTO: ACS/06-7/3 SOCIAL PRESCRIBING

Recommendation:

ACS/06-7/3f That Social Prescribing be adopted as part of the joint PCT and council Public Health Strategy and its outcome criteria, together as well as the emerging strategy for integrating adult social care and community services.

G	ACS/06-7/3f	Social Prescribing Steering Group is multi-agency and is a sub group of the Public Health Steering Group, we envisage social prescribing becoming better co-ordinated across the town with clear referral and eligibility routes.		Social Prescribing Steering Group is up and running and will have a role in identifying and monitoring Social Prescribing funding through the LDP.	Peter Price
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Recommendation:

ACS/06-7/3g That Social Prescribing be incorporated within the Voluntary Sector Strategy Development.

G	ACS/06-7/3g	Agreed will be incorporated	March 2008		Nicola Bailey
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Recommendation:

ACS/06-7/3h That Social Prescribing be linked to any future Commissioning strategies.

G	ACS/06-7/3h	Will link to Low Level Preventative Strategy as this is not bound by eligibility thresholds	October 2007	The Low Level Prevention Strategy is now completed and is focused on the development of social prescribing initiatives (ie. Information Now) and will link to other PCT funded initiatives.	Ad Adults and PCT
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Scrutiny Recommendations Monitoring Report

June 2008

Progress	Rec. No.	Recommendation	By When / Milestone	Update on progress	Lead Officer
SCRUTINY INVESTIGATION INTO: ACS/06-7/3 SOCIAL PRESCRIBING					
<i>Recommendation:</i>					
	ACS/06-7/3i	That funding streams to support Social Prescribing in the long-term be actively identified and developed.			
G	ACS/06-7/3i	The need for any additional resources will be flagged up via the NHS LDP process and the Councils budget (pressures) process	October 2007	Actioned with over £120k LDP funding allocated to develop health and wellbeing initiatives under the Social Prescribing banner.	Nicola Bailey
<i>Recommendation:</i>					
	ACS/06-7/3j	That the Council link the outcomes of the FACS consultation to funding Social Prescribing activities as part of the proposed resourcing of low level support.			
G	ACS/06-7/3j	The need for any additional resources will be flagged up via the NHS LDP process and the Councils budget (pressures) process and will link to low level support strategy.	October 2007	Actioned with over £120k LDP funding allocated to develop health and wellbeing initiatives under the Social Prescribing banner.	Nicola Bailey
<i>Recommendation:</i>					
	ACS/06-7/3k	That work is undertaken by HBC and HPCT with the PBC Group in a bid to increase the level of support for Social Prescribing.			
G	ACS/06-7/3k	Agreed to be taken forward by Social Prescribing Steering Group		Completed.	Peter Price

Scrutiny Recommendations Monitoring Report

June 2008

Progress	Rec. No.	Recommendation	By When / Milestone	Update on progress	Lead Officer
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SCRUTINY INVESTIGATION INTO: ACS/06-7/3 SOCIAL PRESCRIBING

Recommendation:

ACS/06-7/3l That work be undertaken to identify target groups who would benefit from Social Prescribing initiatives, including carers and hard to reach groups.

G	ACS/06-7/3l	Agreed to be taken forward by Social Prescribing Steering Group	March 2008	Members agreed as part of the change to the eligibility criteria for Adult and Social Care to support low level services (ie. range of lunch and social activities for older people, etc).	Peter Price
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Recommendation:

ACS/06-7/3m That capacity issues be considered within the VCS in conjunction with plans to develop Social Prescribing.

G	ACS/06-7/3m	Will link this work into the Voluntary Sector Strategy Development	March 2008	Now part of the remit of the Voluntary Sector Partnership Steering Group. Capacity issues to be able the respond to Social Prescribing will be reflected as part of the strategy. Funding is available through the LDP to support the necessary structure.	Nicola Bailey
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Scrutiny Recommendations Monitoring Report

June 2008

Progress	Rec. No.	Recommendation	By When / Milestone	Update on progress	Lead Officer
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SCRUTINY INVESTIGATION INTO:

ACS/06-7/4 WITHDRAWAL OF EMERGENCY CARE PRACTITIONERS SERVICE AT WYNYARD ROAD

Recommendation:

ACS/06-7/4a 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.



ACS/06-7/4a

Awaiting Action Plan - To be presented to Cabinet on the 7 July 2008.

Ali Wilson

Recommendation:

ACS/06-7/4b That Hartlepool PCT not only keeps this Forum updated of the 'Development of Integrated Urgent Care Provision in Hartlepool', but also that the plans for such a service are more rigorously communicated to both overview and scrutiny and the wider public, to give a clearer indication of proposals from the outset.



ACS/06-7/4b

Awaiting Action Plan - To be presented to Cabinet on the 7 July 2008.

Ali Wilson

Recommendation:

ACS/06-7/4c That the creation of a formal set of protocols on consultation be debated between the PCT and the Forum to:-
(i) Promote the real improvements in health services in Hartlepool; and
(ii) 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.



ACS/06-7/4c

Awaiting Action Plan - To be presented to Cabinet on the 7 July 2008.

Ali Wilson

HEALTH SCRUTINY FORUM

17 June 2008



Report of: Scrutiny Support Officer

Subject: DETERMINING THE SCRUTINY FORUM'S WORK PROGRAMME FOR 2008/09

1. PURPOSE OF REPORT

- 1.1 To provide the Members of the newly established Health Scrutiny Forum with a range of information, extracted from various sources to assist in the consideration of suitable topics for inclusion into the Forum's Work Programme for the 2008/09 Municipal Year.

2. BACKGROUND INFORMATION

- 2.1 The Health Scrutiny Forum needs to develop a Work Programme for the 2008/09 Municipal Year, together with a timeframe for each review, for consideration by the Scrutiny Coordinating Committee on 4 July 2008. Detailed terms of reference should be developed at the start of each review.
- 2.2 As such the Assistant Chief Executive for Hartlepool PCT, Assistant Chief Executive for North Tees and Hartlepool NHS Foundation Trust; Cabinet Member for Adult and Public Health Services; Local Area Agreement Reward Element Targets (also known as LPSA2); Corporate Performance Plan (BVPP); and consultation with the interim Local Involvement Network (LINK) have been the foundation sources for this report to enable the Forum to compile its Work Programme.
- 2.3 However, it should be appreciated that some of the areas detailed below are continually evolving and further details will emerge throughout the year.
- 2.4 Members may also wish to factor into the work programme time to contribute to 'the annual healthcheck', which provides for overview and scrutiny committees to participate in the self-assessment process for NHS Trusts. NHS Trusts are expected to ask all Scrutiny Forums in their area for their views on the standards. The Healthcare Commission is clear that Members "are not expected to have an in-depth, expert knowledge about all the services that a trust is providing and being assessed on". It is anticipated that the Trust(s) will publish a draft declaration in April 2008.

- 2.5 In conducting health scrutiny Members may wish to note that the Health Scrutiny Regulations enable scrutiny committees to request the attendance of an officer from a local NHS body to answer questions and NHS bodies are under a duty to comply with these requests.
- 2.6 In addition to establishing the Forum's Work Programme, the Forum may consider it appropriate to receive illustrations from local NHS bodies in relation to impending legislation and to respond on an ad hoc basis to emerging issues which would be considered appropriate for an investigation or review to be undertaken.

TOPIC	Cabinet Member / Health Trust	Interim Body for LINK	NHS Consultation	Member(s)	Referral
Momentum: Pathways to Healthcare (Issue: Following the IRP recommendations this pathway is to help plan new hospital, primary and community services and facilities for the people of Teesside)	X				
Hartlepool PCT - Core Functions, Operations and Key Issues for 2008/09 (Issue: Awareness raising of the PCT's core functions / operational practices and key issues anticipated for 2008/09 – One meeting only)	X				
GP Practice & GP led Health Centre Development (Issue: Following Lord Darzi's report 'NHS Next Stage Review', the Government has made a commitment to improve access and responsiveness of primary care services. Hartlepool PCT will be consulting on their requirement to deliver a new health centre and 2 new GP practices starting June 2008)			X		

- 2.7 In considering potential work programme items for 2008/09 Members may also wish to update the 3 year rolling work programme for this Forum. The establishment of the rolling work programme is considered best practice as outlined in the health scrutiny guidance. This is to enable local partners to be aware in advance of forthcoming priorities of the Health Scrutiny Forum.

ROLLING HEALTH SCRUTINY WORK PROGRAMME – YEARS 2 & 3	Estimated timetable for consideration by the Forum
Prime Care / Urgent Care	Y2/3
Smoking	Y2/3
Alcohol Abuse	Y2/3
Healthy Eating / Obesity	Y2/3

- 2.8 Having considered the above information together with topics identified by individual Members' for inclusion into the Work Programme, the Forum may wish to discuss various aspects contained within the Corporate Plan 2008/09 to raise potential areas for consideration. They could range from areas already identified as suitable for development through Commitments or areas where the specific performance is below the targeted level. For this purpose, **Appendices A and B** detail the relevant Sections of the Corporate Plan for the Panel's consideration as outlined below:-

Appendix A – Council's Priority Contributions to Community Strategy Themes 'Health and Wellbeing'.

Appendix B – Performance Indicator Table: 'Health and Wellbeing'.

Appendix C – Local Area Agreement Reward Element Targets (also known as LPSA2) of relevance to the Health Scrutiny Forum.

- 2.9 The Forum may also wish to apply a degree of emphasis on a particular source for example, would the Forum consider issues which are clearly raised as a concern by the public to carry more weight than those considered important by the service provider? In practice the Forum will need to apply a considered opinion from all sources against the individual subject area.
- 2.10 Once the Forum has identified Scrutiny topics, anticipated time frames need to be applied. It is suggested to the Forum that a standard template for applying time allocations should be treated with caution as when scoping a subject a number of complexities may arise, therefore the anticipated duration should be allocated to the subjects on an individual basis.

- 2.11 The Forum is also advised to be cautious in setting an overly ambitious Work Programme for which it may be unable to deliver.
- 2.12 In addition to the above, the Forum may also consider establishing some small Sub-Groups, known as Working Groups to look at sharp focused areas of supplementary aspects of the main topic being scrutinised.

3. RECOMMENDATIONS

- 3.1 The Health Scrutiny Forum is requested to consider the wide range of information detailed within this report to assist in the determination of its 2008/09 Work Programme, to be approved by the Scrutiny Coordinating Committee at its meeting on 4 July 2008. Members may want to choose a maximum of one/two items for the coming year, which will allow for flexibility in its work programme for emerging issues and referrals.

Contact Officer:- Joan Wilkins – Scrutiny Support Officer
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Hartlepool Borough Council
Tel: 01429 284142
Email: joan.wilkins@hartlepool.gov.uk

BACKGROUND PAPERS

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

- (i) Corporate Performance Plan for 2008/09
- (ii) Community Strategy

Health - Corporate Plan 2008/09

This Forum's remit covers Actions under the following Community Strategy Themes / Council Priority areas:

- Health and Wellbeing

The information provided in the appendix includes the relevant Community Strategy Themes, which are divided into the Corporate Plan Objectives that have some relevance to this Forum. Under each Corporate Plan Objective there are a number of Actions.

Theme: 03 Health and Wellbeing Outcome: Improved Health			
Ref.	Action	Due Date	Assigned To
HC A01	To improve the health and wellbeing of Hartlepool citizens by implementing the Public Health Strategy and Action Plan	31/03/2009	Director of Public Health

PERFORMANCE INDICATORS

Every council is required by the Department for Communities and Local Government to collect and publish a range of Best Value performance indicators. In addition to these Government indicators, services in Hartlepool Borough Council have also set 'Local indicators,' these statutory and non-statutory Best Value indicators are set out below.

One of the Community Strategy themes have some relevance to this Forum, and are listed below:-

⇒ Health and Wellbeing

BVPIs are set by the government and information for these must be included in the plan, in previous years Outturn and Target information was included for each of the BVPIs, this has not been possible this year due to the newness of the indicators. Some of the BVPIs have additional uses these include:-

- | | |
|--|---|
| <ul style="list-style-type: none"> • Comprehensive Performance Assessment (CPA)
The means by which the Audit Commission assesses the Council's overall performance • Performance Assessment Framework (PAF)
Indicators set by the government for Social Services service areas | <ul style="list-style-type: none"> • Public Service Agreement (PSA)
Agreement between local and central government to improve performance across a range of indicators based upon national and local priority • Quality of Life (QoL)
These indicators cover the issues that effect how people feel about life in the local area. |
|--|---|

Theme: Health and Wellbeing	
Outcome: Improved Health	
Ref	Indicator
NI 120	All-age all cause mortality rate
NI 123	Stopping smoking
ACS P034	Number of patients completing a 10 week programme of referred activity as a result of health practitioner recommendation (Performance expected with reward) (LAA HC15)
ACS P035	Of those completing a 10 week programme the percentage going onto mainstream activity (Performance expected with reward) (LAA HC16)

7.4 APPENDIX C

EXTRACT OF LAA REWARD ELEMENT TARGETS (ALSO KNOWN AS LPSA2) WHICH FALL UNDER THE REMIT OF THE HEALTH SCRUTINY FORUM

Tgt	Outcome	PI Ref	Indicator	2007/08 Outturn	Longer Term Target	Period
9	To improve the health and wellbeing of patients referred by health practitioners via a GP referral scheme by increasing patients levels of participation in physical activities.	LAA HC15	Number of patients completing 10 week programme of referred activity (as a result of health practitioner recommendation)	667	1350	3 yr cumulative
		LAA HC16	Of those completing 10 week programme, the percentage going into mainstream activity	55% (188)	675	3 yr cumulative

HEALTH SCRUTINY FORUM

17 June 2008



Report of: Scrutiny Support Officer

Subject: LOCAL PROCUREMENT OF GP PRACTICES AND A GP LED HEALTH CENTRE IN HARTLEPOOL – UPDATE – COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To inform Members that representative's from Hartlepool Primary Care Trust (PCT) will be in attendance at today's meeting to:-
- (i) Update the Forum on the current position in relation to proposals for the local procurement of GP practices and a GP led Health Centre in Hartlepool and the Consultation process now being undertaken; and
 - (ii) Seek the Forum's views on any additional issues that may need to be addressing during the Consultation process and how the Forum wishes to be involved.

2. BACKGROUND INFORMATION

- 2.1 *The Darzi Interim NHS Next Stage Review (NSR) emphasised the need to develop care outside of hospitals, in particular the prioritisation of improvements in access to GP led primary care services, and gave a commitment that the NHS would establish at least 150 GP led health centres, open 8am to 8pm, seven days a week. In addition to the new health centres, the NSR also gave a commitment that the NHS would establish at least 100 new GP practices in areas of greatest need.*
- 2.2 *As part of this commitment, Hartlepool PCT is to be required to develop 1 health centre and 2 additional GP practices and proposals to facilitate this have been drawn up. Details of these proposals and the process for their consideration are outlined within the briefing report provided by Hartlepool PCT, enclosed at item 7.5 (b) of this agenda. In addition to presenting the content of this briefing report, representatives from Hartlepool PCT (the Practice Based Commissioning Account Manager, Assistant Director of Commissioning and Patient and Public Involvement Manager) will also be in attendance at today's meeting to provide a brief presentation on this issue.*

3. RECOMMENDATION

- 3.1 That Members note the content of the briefing report, and verbal presentation, and highlight any additional issues that they feel may need addressing during the consultation and how they wish to be involved.

Contact Officer:- Joan Wilkins – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.wilkins@hartlepool.gov.uk

BACKGROUND PAPERS

No background papers were used in the preparation of this report



Hartlepool Primary Care Trust

**Hartlepool Primary Care Trust (PCT)
Delivering Equitable Access to Primary Medical Services:**

**Local Procurement of GP Practices and a
GP led Health Centre in Hartlepool**

BRIEFING PAPER

1. Introduction

- 1.1 *Our NHS Our Future*, and the Darzi *Interim NHS Next Stage Review* (NSR) emphasised the need to develop care outside of hospitals and in particular has prioritised improvements in access to GP led primary care services.
- 1.2 The interim report of the NSR gave a commitment that the NHS will establish at least 150 GP led health centres, open 8am to 8pm, seven days a week. In addition to the new health centres, the NSR also gave a commitment that the NHS will establish at least 100 new GP practices in areas of greatest need.
- 1.3 Hartlepool PCT is required to develop 1 health centre and 2 additional GP practices.

2. Process

- 2.1 The procurements will take place over the coming year with contracts signed by December 2008. As part of this process, the PCT has been working since late December 2007 to develop the initial outline specifications and affordability models.
- 2.2 Initial needs assessment activities have been undertaken to ensure that the specifications are based on local need and supportive of strategic developments. This has included gathering views and opinions from a number of stakeholders including Practice Based Commissioning groups, GP practices, feedback from prior consultations and a range of departments and individuals across both the PCT and local authority.
- 2.3 The next stage is for local consultation to take place to ensure that the proposals are reflective of local need and for the specifications to be developed in more detail.

3. Proposals

Health Centre

- 3.1 The health centre will have the following core characteristics, which have been set nationally:-
- Will provide core GP services
 - Will be open 8am – 8pm, 7 days a week
 - Will provide 'bookable' GP appointments and walk in services
 - Will initially provide services for patients who are not registered at the health centre and in the longer term, will provide patients the opportunity to register with the Health Centre
 - Will be GP-led
- 3.2 The proposal is for the new health centre to not only provide traditional GP practice services but also to have a focus on providing other services. These services may be commissioned separately or through integration/co-location with existing services or future developments as determined by Momentum – Pathways to Healthcare.
- 3.3 The identification of a preferred location for the Hartlepool Health Centre has considered the following factors:-
- Consistency with current /future service strategies
 - Use of previous public feedback to inform draft proposals, including the outcome of access surveys
 - Locations within areas of greatest need as defined by health inequality, current availability of services
- 3.4 The preferred location that has been identified for the new health centre is the Stranton Ward. This ward has been identified as the preferred location for the following reasons:
- Indicators of social deprivation are higher than national average – 55 (out of 3966)
 - The rate for adults unable to work due to illness or disability is 14.06% (National 5.52%)
 - 28.35% population have a limiting long-term illness (National 18.23%)
 - A&E attendances per 100,000 population – 416.70 (PCT rate 331.81)
 - Stranton ward has the highest attendance rates for out of hours services; 177.33 per 1,000 population compared to the PCT rate of 129.87
 - Stranton Ward has the third highest attendance rates at A&E; 416.70 per 1,000 population compared to the PCT rate of 332.55 per 1,000 population

- All local bus routes stop within this ward ensuring easy access for patients
 - Life expectancy rate 9.7 years below national average for Males and 5.5 years below national rate for Females
- 3.5 It is hoped that the new health centre development will not only improve access to primary care services but will also provide the mechanism to make a significant impact on the inequalities in health experienced by the local population. It is envisaged that the health centre will lead to improved health outcomes, improved patient experience and provide a hub for the provision of more integrated community based services.
- 3.6 The preferred site within this ward has not been identified and the provider will be required to identify an initial premises solution within the Stranton ward which will need to be consistent with the outputs of the *Momentum: Pathways to Healthcare Programme* primary and community service and facilities workstream.

GP Practice 1

- 3.7 The identification of a preferred location for the first of GP practices has considered the following factors:-
- Consistency with current /future service strategies
 - Use of previous public feedback to inform draft proposals, including the outcome of access surveys
 - Locations within areas of greatest need as defined by health inequality, current availability of services
- 3.8 The preferred location for this GP practice is within the south of the town, which covers the Fens, Greatham, Owton, Rossmere, and Seaton wards of Hartlepool PCT. This area has been selected for the following reasons:-
- Limited choice of practice within the south of the town has been highlighted on a regular basis by patient groups
 - 83% of the population are registered with a GP located in the Central & Northern areas of the town
 - Life expectancy rates range from 7.8 to 0.3 years below national rates for males and 6.6 to 0.6 years below national rates for females.
 - Indicators of social deprivation are higher than national average – 2560
 - The rate for adults unable to work due to illness or disability is 7.79% (National 5.52%)
 - 22.95% population have a limiting long-term illness (National 18.23%)

- A&E attendances per 100,000 population range from 250.29 to 421.41 (PCT rate 332.55)
 - OOH Attendance rate per 100,000 population range from – 100.54 to 172.24 (PCT Rate 129.87)
- 3.9 To ensure patients from the south of the town have more access points to primary care services it may be beneficial to split this contract across two sites. Possible considerations for a split site location are the Fens Ward, Brierton Ward and Seaton Carew.

GP Practice 2

- 3.10 The identification of a preferred location for the second GP practice has considered the following factors:-
- Consistency with current /future service strategies
 - Use of previous public feedback to inform draft proposals, including the outcome of access surveys
 - Locations within areas of greatest need as defined by health inequality, current availability of services
- 3.11 The preferred location for this GP practice is the Throston Ward. This area has been selected for the following reasons:-
- Population growth of approximately 15% since 2000 for the Throston Ward
 - Indicators of social deprivation are higher than national average – 1806 (out of 3966)
 - The rate for adults unable to work due to illness or disability is 8.29% (National 5.52%)
 - 21.35% population have a limiting long-term illness (National 18.23%)
 - A&E attendances per 100,000 population – 310.60 (PCT rate 332.55)
 - OOH Attendance rate per 100,000 population – 114.65 (PCT Rate 129.87)
 - Practice located within Throston ward only reported 67% patients able to get an appointment within 48 hours, 40% able to book 2+ days in advance and 54% able to book an appointment with a specific GP
- 3.12 The location of a service within the Throston ward could integrate with services within the Hartfields Extra Care Village located within the Throston ward and develop specialist services for older people.

4. Consultation

- 4.1 A consultation plan is being drawn up and will be shared with the Forum shortly.

- 4.2 It is proposed that a 13 week consultation will be undertaken commencing 5 May 2008 until 1 August 2008
- 4.3 The consultation will focus on possible additional services to be provided in the new Health Centre, the possible locations for the GP practices and the criteria for selection of providers.
- 4.4 The consultation literature will explain, the background to the schemes, the number of health centres and GP practices in the locality, timescales, proposals and rationale for location selection along with details of the services that are to be commissioned and consultation questions.
- 4.5 The consultation will include the following groups:-
 - Local Authorities/Health Overview and Scrutiny Committees
 - Local Healthcare Providers/Organisations
 - Local Representative Committees
 - Patients, Carers and Community
 - Staff

5. Action for Overview and Scrutiny

- 5.1 Overview and Scrutiny are asked to consider the content of this briefing and highlight any additional issues that they feel may need addressing during the consultation and how they wish to be involved.

Consultation Plan
Consultation on Health Centre / GP Practice Developments (5th May – 1st August 2008)

Date	Purpose	Audience	Activity	Contact Name & Details	Lead
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Tees-wide (Local Authority) Boards and Committees

<ul style="list-style-type: none"> • 23.4.8 • 02.5.8 • If invited 	Informing / Involving	Joint Forum (Cabinet Members) – Tees Valley	<ul style="list-style-type: none"> • Information Letter (including offer to attend meeting) • Covering letter & 4 Consultation Documents • Attend Meeting? 	John Lowther Chief Executive Tees Valley Partnership Melrose House Melrose Street Middlesbrough TS1 2XF	PE Team <i>with admin. support</i>
<ul style="list-style-type: none"> • 23.4.8 • 02.5.8 • If invited 	Informing / involving	Joint Scrutiny Committee (Elected Members)	<ul style="list-style-type: none"> • Information Letter (including offer to attend meeting) • Covering letter & 4 Consultation Document • Attend Meeting? 	Jon Ord Scrutiny Support Officer Members Office, Town Hall, PO BOX 99A, Middlesbrough TS1 2QQ	PE Team <i>with admin. support</i>

Tees-wide Independent Contractor Representative Committees

<ul style="list-style-type: none"> • 23.4.8 • 02.5.8 • If invited 	Informing	Local Medical Committee	<ul style="list-style-type: none"> • Information Letter (including offer to attend meeting) • Covering letter & 4 Consultation Document • Attend Meeting? 	Dr John Canning c/o Cleveland LMC Grey Towers Court Stokesley Road Nunthorpe Middlesbrough TS7 0PN	PE Team <i>with admin. support</i>
<ul style="list-style-type: none"> • 23.4.8 • 02.5.8 • If invited 	Informing	Local Pharmaceutical Committee	<ul style="list-style-type: none"> • Information Letter (including offer to attend meeting) • Covering letter & 4 Consultation Document • Attend Meeting? 	Brian Morgan 4 Owton Manor Lane Hartlepool TS25 3AB	PE Team <i>with admin. support</i>
<ul style="list-style-type: none"> • 23.4.8 • 02.5.8 • If invited 	Informing	Local Dental Committee	<ul style="list-style-type: none"> • Information Letter (including offer to attend meeting) • Covering letter & 4 Consultation Document • Attend Meeting? 	Andrew Hide Secretary, Avente Dentalcare Lysander House, Falcon Court Preston Farm Business Park Stockton TS18 3TX	PE Team <i>with admin. support</i>

<ul style="list-style-type: none"> • 23.4.8 • 02.5.8 • If invited 	Informing	Local Optometric Committee	<ul style="list-style-type: none"> • Information Letter (including offer to attend meeting) • Covering letter & 4 Consultation Document • Attend Meeting? 	Mrs Maggie Timlin Secretary 6 Upper Church Street Hartlepool TS24 7ET	PE Team <i>with admin. support</i>
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Tees-wide Healthcare Providers / Organisations

<ul style="list-style-type: none"> • 23.4.8 • 02.5.8 	Informing	South Tees Hospitals NHS Trust	<ul style="list-style-type: none"> • Information Letter • Covering letter & 4 Consultation Document 	Simon Playdell Chief Executive South Tees Hospitals NHS Trust Marton Road, Middlesbrough	PE Team <i>with admin. support</i>
<ul style="list-style-type: none"> • 23.4.8 • 02.5.8 	Informing	North Tees & Hartlepool NHS Foundation Trust	<ul style="list-style-type: none"> • Information Letter • Covering letter & 4 Consultation Document 	Alan Foster Chief Executive University Hospital of North Tees, Hardwick Road, Stockton, TS198PE	PE Team <i>with admin. support</i>
<ul style="list-style-type: none"> • 23.4.8 • 02.5.8 	Informing	North East SHA	<ul style="list-style-type: none"> • Information Letter • Covering letter & 4 Consultation Document 	Sir Peter Car, Chief Executive, North East SHA, Riverside House, Goldcrest Way, Newburn Riverside, Newcastle upon Tyne, NE15 8NY	PE Team <i>with admin. support</i>
<ul style="list-style-type: none"> • 25.4.08 • 02.5.08 	Informing	NEAS	<ul style="list-style-type: none"> • Information Letter • Covering Letter & 4 Consultation document 	Simon Featherstone Chief Executive North East Ambulance Service NHS Trust Bernicia House Goldcrest Way Newburn Riverside NE15 8NY	
<ul style="list-style-type: none"> • 23.4.8 • 02.5.8 	Informing	TEWV Mental Health Trust	<ul style="list-style-type: none"> • Information Letter • Covering letter & 4 Consultation Document 	Harry Cronin Chief Executive Tees, Esk & Wear Valleys NHS Trust West Park Hospital Edward Pease Way Darlington, DL2 2TS	PE Team <i>with admin. support</i>

<ul style="list-style-type: none"> • 23.4.8 • 02.5.8 	Informing	PCT Provider Arm (South)	<ul style="list-style-type: none"> • Information Letter • Covering letter & 2 Consultation Document 	Stephen Childs Director of Community Services Langbaugh House, Bow Street Guisborough, TS14 7AA	PE Team <i>with admin. support</i>
<ul style="list-style-type: none"> • 23.4.8 • 02.5.8 	Informing	Non-NHS providers <ul style="list-style-type: none"> • Nuffield • Ramsay Health Care • Woodside 	<ul style="list-style-type: none"> • Information Letter • Covering letter & 4 Consultation Document 	David Mobbs, Chief Executive, Nuffield Hospital Tees Junction Road, Norton Stockton-on-Tees TS20 1PX Donna Thornton Treatment Centre Manager Ramsay Health Care UK, Onelife Centre, Linthorpe Road Middlesbrough, TS1 3QY Suresh Sivagnanan Chief Executive Woodlands Morton Parkway, Darlington County Durham, DL1 3PY	PE Team <i>with admin. support</i>

Hartlepool PCT Area

Date	Purpose	Audience	Activity	Contact Name & Details	Lead
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Formal Boards and Committees

TBC	Informing	PCT Board	PCT Board Meeting	Mandy Peacock Committee Services Manager, North Tees PCT Teesdale House Stockton	AW
TBC	Informing	Executive Team	Executive Team Meeting	Mandy Peacock Committee Services Manager North Tees PCT Teesdale House Stockton	AW
TBC	Informing	PEC	PEC Meeting	Mandy Peacock Committee Services Manager, North Tees PCT Teesdale House Stockton	AW
<ul style="list-style-type: none"> W/C 07.04.08 WC 05.05.08 17.06.08 	Informing / Involving	OSC	<ul style="list-style-type: none"> Email Briefing to Scrutiny Officer (cover note to offer to attend meeting) Consultation Documents Attend OSC Meeting? 	Charlotte Burnham Scrutiny Manager / James Walsh Scrutiny Support Officer Hartlepool Borough Council Civic Centre, Victoria Road Hartlepool	PE Team <i>with admin. support</i>

<ul style="list-style-type: none"> • 23.4.8 • 02.5.8 • If invited 	Informing	Hartlepool Council: Adult & Children's Services (Executive Members)	<ul style="list-style-type: none"> • Information letter (including offer to attend meeting) • Covering letter & Consultation Document (1) • Attend meeting? 	Charlotte Burnham Scrutiny Manager Hartlepool Borough Council Civic Centre Victoria Road Hartlepool	PE Team <i>with admin. support</i>
<ul style="list-style-type: none"> • 23.4.8 • 02.5.8 	Informing	Local MPs	<ul style="list-style-type: none"> • Information letter • Covering letter & Consultation Document (1) 	Ian Wright MP Constituency Office 23 South Road Hartlepool TS26 9HD	PE Team <i>with admin. support</i>
<ul style="list-style-type: none"> • 23.4.8 • 02.5.8 	Informing	Ward Councillors	<ul style="list-style-type: none"> • Information letter • Covering letter & Consultation Document (1 per councillor) 	Members Services Office Civic Centre, Victoria Road Hartlepool, TS24 8AY	PE Team <i>with admin. support</i>
<ul style="list-style-type: none"> • 23.4.8 • 02.5.8 • If invited 	Informing	Hartlepool (Interim) LINK	<ul style="list-style-type: none"> • Information letter (including offer to attend meeting) • Covering letter & Consultation Document (x1) • Attend meeting? 	Margaret Hunt, Head of Adult & Community Services Civic Centre, Victoria Road, Hartlepool, TS24 8AY	PE Team <i>with admin. support</i>

<ul style="list-style-type: none"> • 23.4.8 • 02.5.8 • If invited 	Informing	Neighbourhood Consultative Forum (Councillors, Community Leaders, public)	<ul style="list-style-type: none"> • Information letter (including offer to attend meeting) • Covering letter & Consultation Document (x1) • Attend meeting? 	Hartlepool Consultative Forum North – Cllr Mary Fleet Chair c/o Karen Oliver Level 3 Civic Centre Victoria Road Hartlepool Central – Clare Clark 173 York Road Hartlepool North – David Frame Wynyard House, Wynyard Road Hartlepool	PE Team <i>with admin. support</i>
<ul style="list-style-type: none"> • 23.4.8 • 02.5.8 • If invited 	Informing	Local Strategic Partnership (LSP)	<ul style="list-style-type: none"> • Information letter (including offer to attend meeting) • Covering letter & Consultation Document (x1) • Attend meeting? 	Hartlepool – Joanne Smithson Bryan Hanson House Hartlepool, TS24 7BT	PE Team <i>with admin. support</i>

Date	Purpose	Audience	Activity	Contact Name & Details	Lead
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PCT Staff and Independent Contractors

WC 21.04.08 & weekly to WC 11.08.08	Informing	PCT / GP Practice Staff	Article in Up2Speed: <ul style="list-style-type: none"> • Consultation outline • Briefing regarding handling patient queries • Article regarding Staff Events 	Via IMPACT	PS
01.05.08	Informing / Involving	PCT Staff	Presentation at Staff Event - North	Via IMPaCT	MB

<ul style="list-style-type: none"> • 23.4.8 • 02.5.8 	Informing	GPs	<ul style="list-style-type: none"> • Information Letter • Covering letter & Consultation Document • Leaflets • Poster 	To individual Practices	PE Team <i>with admin. support</i>
<ul style="list-style-type: none"> • 23.4.8 • 02.5.8 	Informing	Dentists	<ul style="list-style-type: none"> • Information Letter • Covering letter • Consultation Document • Leaflets • Poster 	To individual Surgeries	PE Team <i>with admin. support</i>
<ul style="list-style-type: none"> • 23.4.8 • 02.5.8 	Informing	Pharmacists	<ul style="list-style-type: none"> • Information Letter • Covering letter • Consultation Document • Leaflets • Poster 	To individual Pharmacies	PE Team <i>with admin. support</i>
<ul style="list-style-type: none"> • 23.4.8 • 02.5.8 	Informing	Optometrists	<ul style="list-style-type: none"> • Information Letter • Covering letter • Consultation Document • Leaflets • Poster 	To individual Optometrists	PE Team <i>with admin. support</i>

Date	Purpose	Audience	Activity	Contact Name & Details	Lead
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Patients, Carers, the Public and other Stakeholders

02.05.08	Informing / Involving	Patients, Carers, Public	Information sent to GPs for sharing with patients: <ul style="list-style-type: none"> • Information Letter • Consultation Document • Poster • Leaflets 	Via individual GP Practices	PE Team <i>with admin. support</i>
WC 28.04.08 & weekly before each mtg.	Informing	Patients, Carers, Public	Press Release	Via IMPACT	IMPACT
WC 05.05.08	Informing	Patients, Carers, Public	Radio Broadcast	Via IMPACT	IMPACT
WC 28.04.08 & weekly before each mtg.	Informing	Patients, Carers, Public	Advertisement	Via IMPACT	IMPACT
WC 5.5.08	Informing / Involving	Patients, Carers, Public	Distribution of leaflets to households	Via Proportion	Proportion
02.05.08	Informing / involving	Patients, Carers, Public	Posters & leaflets sent for display: <ul style="list-style-type: none"> • Libraries • Leisure Centres • Community Centres • Schools • SureStart Centres 	Labels on shared drive	PE Team <i>with admin. support</i>

05.05.08	Informing / Involving	Patients, Carers, Public	Website (information & feedback mechanism)	www.gphc-tees.org.uk comments@gphc-tees.org.uk	IMPACT
02.05.08	Informing / involving	Patients, Carers, Public	Information Letter & Leaflet to members of Stakeholder Database	Via Patient Experience Team	PE Team <i>with admin. support</i>
<ul style="list-style-type: none"> 14/05/08 17/06/08 18/07/08 	Informing / Involving	Patients, Carers, Public	Public Meetings <ul style="list-style-type: none"> Owton Manor Comm Centre (1-3) Belle Vue Comm Centre (6-8) West View Comm Centre (10-12) 	Via Patient Experience Team	PE Team <i>with admin. support</i>
<ul style="list-style-type: none"> 02.05.08 If invited 	Informing / Involving	Voluntary/Community/ Special Interest Groups via HVDA (for onwards distribution including to BME Groups)	<ul style="list-style-type: none"> Information Letter (with offer to attend meeting) Consultation Document Leaflets Poster Attend meetings? 	Keith Bayley, Manager Hartlepool VDA, Rockhaven, 36 Victoria Road, Hartlepool, TS26 8DD	PE Team <i>with admin. support</i>
02.05.08	Informing/ Involving	Sensory Loss Team	<ul style="list-style-type: none"> Information Letter Consultation Document (1 Middlesbrough & 1 Redcar & Cleveland) Poster 	Geraldine Martin Acting Head of Disability Services Sensory Loss Team Civic Centre Victoria Road Hartlepool TS24 8AY	

How You Can Comment

This document supports a formal consultation process that runs for 13 weeks from Monday 5th May to Friday 1st August 2008.

During this time we will be actively seeking comments on our proposals.

You can comment in a number of different ways.

On the Internet

You can complete an online questionnaire at:

www.gphc-tees.org.uk

A link is also available at www.hartlepoolpct.nhs.uk

By telephone

Freephone **0800 013 0500**

By email

You can e-mail your views to: comments@gphc-tees.org.uk

In Writing

To the following address:

Patient Experience Teesside

Freepost NEA9906 Middlesbrough TS2 1BR

In Person

Come along to one of our public meetings being held in May, June and July. Dates will also be advertised in the local press and community publications.

List of Consultees

A full list of the people and organisations being consulted is available by contacting us through any of the above methods.

After the consultation process

All of the views expressed during the consultation will be collated and analysed independently. A report will be produced on these findings by the end of August. Your views will help us to develop requirements when we tender for these services.

On Request

This information is available in other formats (Braille and audio tape) and in other languages by telephoning 0800 0130500

এই তথ্যগুলো বিভিন্ন আকারে এবং অন্যান্য ভাষায় পেতে হলে এই নম্বরে যোগাযোগ করুন। 0800 0130500

Cette information est disponible dans d'autres formats et d'autres langues par téléphoner 0800 0130500

这资料有以不同的形式和不同的语言发行，如需要请电：0800 0130500

यह जानकारी दूसरी भाषाओं और दूसरे तरीकों में इस फोन नम्बर 0800 0130500 पर उपलब्ध है।

این معلومات در زبانهای دیگری با شکل دیگر از راه تلفیون موجود است. 0800 0130500

ਏ ਜਾਣਕਾਰੀ ਦੂਜੀ ਖੋਜੀ ਥੋਲੀ ਵਿੱਚ ਟੈਲੀ ਫ਼ਨ ਨੰਬਰ 0800 0130500

یا اور معلومات متاحہ فی اشکال و لغت اخری علی تلفیون رقم 0800 0130500

هذه المعلومات متاحة في اشكال و لغت اخري على تلفيون رقم 0800 0130500



Consultation document

Improving
access and choice in
primary care services

If you have any special requirements to enable you to attend one of the above meetings, please contact us.

This leaflet has been produced as part of the consultation process to improve access and choice in primary care services through the establishment of a health centre and two additional GP practices in the Hartlepool Primary Care Trust (PCT) area. The information provided explains the background to this proposal and outlines the need for these developments. Your views on the health services planned for these developments are very important.

Unfortunately people in Hartlepool experience more ill health and disability and higher death rates from diseases such as cancer, heart, circulatory (blood) and respiratory (chest) disease, than other areas of the country. There is shorter life expectancy for both men and women.

We have to look at different ways of developing and delivering health services that will meet the needs of communities in Hartlepool.

The proposal

Improving access to health care services, particularly in primary care, remains a key priority for the NHS. The Government has made a commitment to improve access to and responsiveness of primary care.

Primary care services are the first port of call for most people who develop health problems. Primary care is the name given to the sorts of everyday health services provided by GPs, health visitors, dentists, optometrists, pharmacists and a range of specialist therapists. It also includes those services offered by GP practices and health centres as well as some community based services.

Primary Care Trusts (PCTs) are responsible for improving the health of the community and developing primary care services provided in GP surgeries and health centres and in people's homes by GPs, nurses and other health professionals.

Hartlepool Primary Care Trust is proposing to develop:

- **a new GP-led Health Centre in the Stranton ward.** The health centre will be open 8am – 8pm, 7 days a week. Patients will be able to register as well as access the walk-in services.
- **a new GP practice in the south of the town, which covers the Fens, Greatham, Owton, Rossmere, and Seaton wards.** This practice may be split across two sites. Possible considerations for a split site location are the Fens Ward, Brierton Ward and Seaton Carew.
- **a new GP practice in the Throston Ward**

We need to make changes because:

- There are still high levels of ill health in Hartlepool.
- People rightly expect to have more say in how and where we provide their services.
- We need to expand the capacity of primary care services to improve access to services.
- We need to provide services that meet the needs and aspirations of patients, carers and the public including extended opening hours.
- We need to provide patients with greater choice.



Benefits of these proposals

These proposals will:

- Give more people an equal opportunity to get the support they need to stay healthy.
- Ensure services are provided in convenient, accessible locations
- Improve access to primary care services for people in Hartlepool at a time which is more convenient to them.
- Provide additional services to meet health needs including:
 - Child health surveillance (care provided by professionals to prevent illness and promote good health e.g. ensuring that children receive the right immunisations).
 - Minor surgery (conditions that can be treated quickly and easily under local anaesthetic)
 - Maternity medical services
 - Contraceptive services
 - Childhood immunisations and preschool boosters e.g. MMR
 - Vaccinations and immunisations
 - Flu jabs
 - Cardiovascular (blood and heart) disease screening
 - Services to support people stop smoking
 - Services to support people who misuse alcohol
 - Anticoagulation monitoring (for people on drugs to prevent blood clotting)
 - Fitting of contraceptive devices (e.g. the coil)

How to find out more

A full consultation document is available on our website www.gphc-tees.org.uk or by contacting us in writing, by email or by telephone. (See over)

What the PCT needs to know...

Your views on the proposals for the new health centre and GP surgeries are important and we would very much appreciate hearing your views on the following:

- What are the important factors we should consider when selecting the organisation that will provide the services for the new Health Centre and GP surgeries?
- What additional services would you like see provided from the new health centre and GP surgeries?
- What are your preferred sites for the GP surgeries to be located within the south of the town?

HEALTH SCRUTINY FORUM

17 June 2008



Report of: Scrutiny Support Officer

Subject: INTEGRATED URGENT CARE PROVISION IN
HARTLEPOOL – UPDATE – COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To inform Members that representative's from Hartlepool Primary Care Trust (PCT) will be in attendance at today's meeting to update the Forum on the timescale for the implementation of changes to the provision of integrated urgent care provision in Hartlepool.

2. BACKGROUND INFORMATION

- 2.1 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. As part of this model, the Adult and Community Services and Health Scrutiny Forum, on the 29 January 2008, received a detailed report on proposals for services in Hartlepool and welcomed the co-location of the GP out of hour's service with the Accident and Emergency service as a positive development for the people of the town.
- 2.2 Initial indications were that the new scheme would be introduced by as early as June 2008. However, the Chair of the Forum received notification of delays in this timescale, as outlined in the letter from Ali Wilson (Deputy Director of Health Systems and Estates Development) enclosed at **Appendix A** (to be circulated shortly under separate cover).
- 2.3 A more detailed explanation of the circumstances behind this delay and the revised timescale / deadline for implementation of the new service will be provided by representatives from Hartlepool PCT who will be in attendance at today's meeting.

3. RECOMMENDATION

- 3.1 That Members note the update provided.

Contact Officer:- Joan Wilkins – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.wilkins@hartlepool.gov.uk

BACKGROUND PAPERS

No background papers were used in the preparation of this report

North Tees

Primary Care Trust

Councillor J Brash
Hartlepool Borough Council
Civic Centre
Victoria Road
Hartlepool
Cleveland
TS24 8AY

Teesdale House
Westpoint Road
Thornaby
Stockton-on-Tees
TS17 6BL

Tel: 01642 666700
Fax: 01642 666701

29th May 2008

Dear Jonathan,

Integrated urgent care service

As you will recall the PCT and North Tees & Hartlepool NHS Foundation Trust recently attended a scrutiny committee meeting to describe our plans for improved urgent care services which also cover the 'Out of Hours' period which would be based at Hartlepool Hospital, adjacent to the A & E department.

This service was due to commence in June. Unfortunately, due to recruitment difficulties it has not been possible to deliver this service within the proposed timescale. New proposals have therefore been put forward to commence a fully functional service from 1st September.

Whilst this is clearly disappointing we do not believe it would have been appropriate to start the service without the appropriately trained staff in place.

The Trust have given us their clear assurances that the new start date will give them sufficient time to put in place the required systems and staff to deliver the best possible service for local people.

I should be grateful if you will inform committee members of these new arrangements with our deep regrets. Both myself and a Trust representative will be available to attend forth coming meetings to discuss this matter further as required.

Yours sincerely,



Ali Wilson
Director of Health Systems Development & Estates



Hartlepool Primary Care Trust

Mandale House
Harbour Walk
The Marina
Hartlepool
TS24 0UX

My Ref: KG/SH/023

13th May 2008

Councillor Jonathan Brash
Chair of Adult Community Health & Scrutiny Forum
2 Neptune House
Slake Terrace
Hartlepool
TS24 0YB

Dear Jonathan

Healthcare Commission Core Standards Declaration Hartlepool PCT 2007/2008

Following my attendance at the Adult Community Health and Scrutiny forum in March where I informed the committee, we would be declaring compliance for all 24 core standards an amendment has been made to the declaration prior to submission.

Internal Audit undertook an audit of a random number of core standards and identified a problem in relation to standard C11b relating to mandatory training. The problem arose in relation to the recording of training information following the re-organisation of PCTs on Teesside and the move to a Teesside HR Function. Following the re-organisation a single HR reporting system was implemented for the four PCTs but technical problems arose which led to an inability to report accurate mandatory training statistics. Additional resources and expertise were mobilised to rectify the problem. The system is now working effectively and the first set of statistics was reported to our Integrated Governance Committee on 6 March 2008.

Following discussion at the Board meeting in April the decision was made to change the compliance level for C11b to 'Insufficient Assurance' due to the gap in assurance 'in year'.

If you require any further information please do not hesitate to contact me.

Yours faithfully,

Sandra Hill

**Sandra Hill
Planning Manager**

**Councillor Jonathan Brash (Chair, Adult and Community
Services and Health Scrutiny Forum)**

**2 Neptune House
Slake Terrace
Hartlepool
TS25 3DA**

JW/JS

14 May 2008

Sandra Hill
Planning Manager
Hartlepool Primary Care Trust
Mandale House
Harbour Walk
The Marina
Hartlepool
TS24 0UX

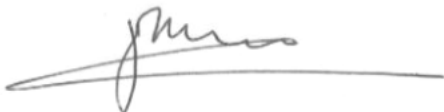
Dear Sandra

**HEALTHCARE COMMISSION CORE STANDARDS DECLARATION
HARTLEPOOL PCT 2007/2008**

In response to your letter of the 13 May 2008, I would like to begin by thanking you for your frank and full participation in discussions at the Adult and Community Services and Health Scrutiny Forum in March 2008. You have through your involvement in the process demonstrated an openness to identify problems and desire to continually improve your working relationship with Overview and Scrutiny. The Forum welcomes this and looks forward to it continuing in the future.

In relation to the issue identified in your letter, I would like to thank you for your prompt action in notifying us of this minor problem and the activities implemented to rectify the situation. Given the speed and success of your actions in dealing with this matter, I do not foresee this as an issue with which the Forum will have a problem. I will, however, see that your letter is presented to the forum at its next meeting.

Yours sincerely



**Councillor Jonathan Brash
CHAIR, ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY
FORUM**

HEALTH SCRUTINY FORUM

17 June 2008



Report of: Scrutiny Support Officer

Subject: North East Ambulance Service (NEAS) Contact Centre – Closure of Ladgate Lane Satellite Centre

1. PURPOSE OF REPORT

- 1.1 To advise Members of the Forum of the decision to that representatives from the North East Ambulance Service (NEAS) NHS Trust are in attendance at today's meeting to discuss their proposals for Ambulance Contact Centres in the North East of England.

2. BACKGROUND INFORMATION

- 2.1 As Members will be aware, the Adult and Community Services Scrutiny Forum on the 13 November 2007 considered NEAS proposals for the Ambulance Contact Centres in the North East of England. Following consideration of the information provided, the Forum expressed its reservations regarding the need to transfer one of the centres away from the Teesside area to South Tyneside, and the lack of consultation with the Council. These views were relayed to the Tees Valley Joint Health Scrutiny Forum by the Chair of the, Forum on the 10 November 2008, as part of the consultation process.
- 2.2 As part of these proposals, confirmation has now been received from the NEAS NHS Trust that the Ladgate Lane Satellite Centre will be closed and services transferred to Hebbum, South Tyneside, as detailed in the press release attached at **Appendix A**. The Chair of the Health Scrutiny Forum, took the opportunity to express in writing his severe disappointment at this decision, as shown in the letter attached at **Appendix B**, with emphasis on the major public opposition to the proposal from a wide variety of stakeholders, including Hartlepool Borough Council.
- 2.3 Looking at the way forward in relation to this issue, it is highlighted that the decision is to be considered further by the Tees Valley Joint Health Scrutiny Committee on the 19 June 2008. At this time consideration will be given to the formulation of a joint response / course of action, including the possible

referral of the issue to the Secretary of State for Health. In order to enable the Chair of the Forum to participate fully in these discussions, Members are asked to consider how they wish to proceed and formulate a view / response in relation to this issue to be relayed to the joint committee.

3. RECOMMENDATIONS

- 3.1 That Members of the Forum consider how to proceed and formulate a view / response on the decision to be fed back to the Tees Valley Scrutiny Joint Committee on 19 June 2008.

CONTACT OFFICER

Joan Wilkins – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.wilkins@hartlepool.gov.uk

BACKGROUND PAPERS

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



North East Ambulance Service



NHS Trust

Media Information

Ambulance Headquarters
Bernicia House
Goldcrest Way
Newburn Riverside
Newcastle upon Tyne
NE15 8NY

Thursday 22 May 2008

Tel: 0191 430 2099

Decision on 999 ambulance contact centres

The Board of the North East Ambulance Service NHS Trust has today taken its decision on the future of its 999 contact centres in the region.

After receiving a number of reports during its review; holding a public consultation and assessing the best option for the service, the decision was to proceed with the recommendation put before the Trust Board.

This will mean creating a large regional 999 contact centre in Monkton, near Hebburn, South Tyneside which will be the mirror image of the current primary 999 centre at Ambulance headquarters in Newburn Riverside. The move will see the closure of a satellite centre in Ladgate Lane, Middlesbrough.

The new centre will be linked with Ambulance HQ to create a virtual network for the entire North East region. However, in the event of a failure in one location, the other centre will continue to provide an uninterrupted 999 service for the entire region. This will

vastly increase the Trust's resilience with a single regional dispatch system and a new digital radio communications.

Colin Cessford, director of strategy and clinical standards, said: "Over the last decade the number of 999 calls to ambulance services has doubled and this rise in demand is continuing to grow. We need to ensure that we are not only fit enough to meet today's demand, but that we have the capability to be more responsive to patients in the future.

"However, the Board recognised that this is clearly a very difficult situation for the staff affected and every effort will be made to accommodate their needs. Managers will work on a one-to-one basis with each person to look at what is the best way forward for them. For those who cannot transfer to either of the new centres, we will work with them to find an alternative position within the Trust."

During the Board meeting, Trust members heard that no-one who took part in the consultation disagreed that NEAS needed to make changes to provide better care for patients, provide the best training and equipment for staff and ensure that the ambulance service could deal with surges in activity, a major incident or, in the worst case scenario, handle the catastrophic failure of one of the 999 contact centres.

The Board discussed the issues raised during and after the formal consultation regarding the loss of local knowledge; the operational and economic impact of each of the options; the effect on staff of commuting to a new contact centre at a second site and whether the consultation process had been good enough.

The Board received assurances that the review did not affect the location of ambulance stations, which were not closing. Ambulance crews, who have a working knowledge of the area they serve, will remain where they are. However, concerns over the relocation of public services from Teesside to Tyneside were considered by the Board.

Two alternative options - one from the Cleveland Police Authority and the other from an MP and a developer for a business park in Wynyard – were seriously considered before being rejected by the Trust Board.

The Board rejected the option from Cleveland Police Authority to expand in the police HQ in Ladgate Lane on the grounds of resilience. The police offer was one quarter of the minimum expansion space required and in the event that NEAS lost the use of its 999 centre at Ambulance HQ, this would have had grave consequences on the service's ability to maintain any 999 service across the North East.

Chairman Tony Dell said: "The tenure of Ladgate Lane was uncertain because of the Police Authority plan to move its headquarters in three or four years' time. A second move for us would have added significantly to the cost of this option."

The second option in Wynyard was more attractive, but would have cost an additional minimum £3 million over the term of a 20-year lease to any of the other options and so was simply not affordable.

Simon Featherstone, chief executive of NEAS, said: "This process and the alternative options we considered has allowed us to rigorously test our assumptions about the site at Monkton and have them publicly scrutinised. This feedback, I believe, has ensured that we have the best location for our second contact centre. I am absolutely convinced that these changes will lead to better services for patients and the public."

He added that the proposals had nothing to do with emergency planning arrangements in either the Cleveland area or any other area within the region.

He said: "The review of the 999 contact centres was about ensuring that the Trust had an adequate back-up in the event that it lost the use of one of its contact centres.

"The issue for us is ensuring that we are able to provide an uninterrupted 999 service in the event that we lose the use of one contact centre. The location of the second ambulance contact centre is about maintaining our own resilience in such circumstances and will not have any affect on the emergency planning arrangements that we have contributed to on Teesside or anywhere else in the North East.

Issued by the North East Ambulance Service NHS Trust press office. For more details contact 0191 430 2099

Councillor Jonathan Brash (Chair, Health Scrutiny Forum)
2 Neptune House
Slake Terrace
Hartlepool
TS25 3DA

29 May 2008

TO: MEMBERS OF THE HEALTH SCRUTINY FORUM:-

Councillors Barker, Brash, R W Cook, S Cook, Plant, Simmons, Sutheran and Young.

FOR INFORMATION TO: MEMBERS OF THE ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM (2007/08):-

Councillors Atkinson, Fleet, Griffin, G Lilley and Worthy.

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

Dear Councillor

NEAS CONTACT CENTRE – CLOSURE OF LADGATE LANE SATELLITE CENTRE

I would like to take the opportunity to welcome you to the membership of the newly formed Health Scrutiny Forum. Those of you who have served on the Adult and Community Services and Health Scrutiny Forum in previous years will know that as a matter of course I endeavour to keep all Forum members up to date on issues of interest and importance. The first issue I would like to bring to your attention this year relates to the recent decision by the Board of the North East Ambulance Service NHS Trust regarding the future of its 999 contact centres in the region. I enclose a copy of the press release regarding this decision for your information.

As Chair of the Health Scrutiny Forum, I cannot express enough my severe disappointment at the decision to close the centre in Ladgate Lane, Middlesbrough and move services to a large regional 999 contact centre in Monkton, near Hebburn, South Tyneside. It is a decision that has been taken, in my view, without due consideration of the facts and in the face of major public opposition from a wide variety of stakeholders, including ourselves.

I believe that we must now consider all options before taking our next step, including the possible referral of this matter to the Secretary of State for Health as provided for in the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002. I hope you will agree with me that we must continue to fight this decision.

As an issue of importance to all Health Scrutiny Forum members, please note that a Tees Valley view on this decision will be considered at the meeting of the Tees Valley Joint Health Scrutiny Committee on the 19 June 2008. In preparation for this meeting, we will at the meeting of the Health Scrutiny Forum on the 17 June 2008 be discussing this decision further and I look forward to hearing your views.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'Jonathan Brash', is written over a long, thin horizontal line that spans the width of the signature.

Councillor Jonathan Brash
CHAIR OF THE HEALTH SCRUTINY FORUM