

# HEALTH SCRUTINY FORUM AGENDA



**Tuesday, 9 September 2008**

**at 3.00 pm**

**in the Council Chamber,  
Civic Centre, Hartlepool**

MEMBERS: HEALTH SCRUTINY FORUM:

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

Resident Representatives: Jean Kennedy, Linda Shields, Mike Ward

1. **APOLOGIES FOR ABSENCE**
2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
3. **MINUTES**
  - 3.1 Minutes of the meeting of the Health Scrutiny Forum held on 17 June and 11 August 2008
4. **RESPONSES FROM LOCAL NHS BODIES, THE COUNCIL, EXECUTIVE OR COMMITTEES OF THE COUNCIL TO FINAL REPORTS OF THIS FORUM**
  - 4.1 Hartlepool Primary Care Trust's Response to the Withdrawal of Emergency Care Practitioner Services at Wynyard Road Primary Care Centre Final Report –*Representative of Hartlepool Primary Care Trust*

**5. CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA SCRUTINY CO-ORDINATING COMMITTEE**

No Items

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

No Items

**7. ITEMS FOR DISCUSSION**

7.1 Update on the Development of Local Involvement Networks (LINKs) in Hartlepool – *Head of Procurement, Property and Public Protection*

7.2 Overview of the Role and Responsibilities of Hartlepool Primary Care Trust and North Tees and Hartlepool NHS Foundation Trust:

(a) Covering Report – *Scrutiny Support Officer*;

(b) Hartlepool PCT Presentation –*Director of Health Systems and Estates Development*; and

(c) North Tees and Hartlepool NHS Foundation Trust – *Head of Strategic Services Development*

7.3 Integrated Urgent Care Provision in Hartlepool – *Scrutiny Support Officer*

7.4 Draft Scoping Report – Scrutiny Investigation into Reaching Families in Need - *Scrutiny Support Officer (to follow)*

**8. ISSUES IDENTIFIED FROM FORWARD PLAN**

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

**10. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT**

**ITEMS FOR INFORMATION**

**Date of Next Meeting - Tuesday, 14 October 2008 at 3.00 pm in the Council Chamber, Civic Centre, Hartlepool.**

# HEALTH SCRUTINY FORUM

## MINUTES

17 June 2008

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

### **Present:**

Councillor: Jonathan Brash (In the Chair);

Councillors: Shaun Cook, Michelle Plant and Lilian Sutheran.

In accordance with Council Procedure Rule 4.2 (ii), Councillor Sheila Griffin attended as substitute for Councillor Rob Cook.

### **Resident Representatives:**

Jean Kennedy and Mike Ward

### **Officers:**

Charlotte Burnham, Scrutiny Manager  
Joan Wilkins, Scrutiny Support Officer  
Angela Hunter, Principal Democratic Services Officer

### **Also Present:**

Councillors Alison and Geoff Lilley.  
Richard Harrety, Hartlepool PCT  
Jill Harrison, Hartlepool PCT  
Ali Wilson, Hartlepool PCT  
Stephen Groves, Hartlepool and North Tees NHS Trust

## **1. Apologies for Absence**

Apologies for absence were received from Councillor Rob Cook and Chris Simmons.

## **2. Declarations of Interest by Members**

Councillor Jonathan Brash declared a non prejudicial interest in minute 8.

## **3. Minutes of the Adult and Community Services and Health Scrutiny forum meeting held on 8 April 2008.**

Confirmed.

**4. Responses from the Council, the Executive or Committees of the Council to final reports of this Forum**

None.

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

None.

**6. Consideration of progress reports/budget and policy framework documents.**

None.

**7. The Role of the Health Scrutiny Forum** (*Scrutiny Support Officer*)

The Scrutiny Support Officer submitted a brief report outlining the background to the approach to overview and scrutiny in the Council. The key roles of Scrutiny were detailed as:

- Policy development and review
- Scrutiny
- Finance

The role of Scrutiny Co-ordinating Committee was set out with a detailed description of the role and functions of the Health Scrutiny Forum. The report highlighted that the strategic direction of the Scrutiny Forums was to assess, monitor and advise on the Council's progress towards the seven priority aims. The Health Scrutiny Forum's remit was specifically 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. A schedule of the Forum's meetings dates was also included in the report. The Scrutiny Support Officer drew Members' attention to the Momentum: Pathways to Healthcare consultation being undertaken in relation to the site of the new hospital and the additional meetings necessary to participate in this consultation, dates of which would be confirmed to Members.

**Decision**

That the report be noted.

## 8. **Local Procurement of GP Practices and a GP Led Health Centre in Hartlepool - Update** *(Scrutiny Support Officer/Hartlepool Primary Care Trust (PCT))*

The Scrutiny Support Officer introduced the representatives from Hartlepool PCT who had been invited to update the Forum on the current position in relation to the procurement of 2 additional GP practices and 1 additional GP led Health Centre in Hartlepool. The consultation process was now being undertaken and the Forum's views were sought on any additional issues that may need to be addressed during the consultation process and how the Forum wished to be involved.

The presentation outlined the background to the consultation process, commencing with the review by Lord Darzi in October 2007. It had been highlighted that there were high levels of health inequalities in Hartlepool and there was increasing local demand for an improvement in the patient experience and accessibility to GPs. The PCT believed that this review was an opportunity to make improvements to access and provide additional services within primary care. The specification of the new Health Centre would provide core GP services with longer opening hours including bookable appointments and a walk in service with the opportunity to accommodate additional services as and when appropriate. Further details of the proposals and specification for each of the facilities were provided.

Members were informed that the Stranton Ward had been chosen for the location of the new health centre provision in light of the social deprivation in the area and the central location providing access to all bus routes. The two proposals for the location of the two additional GP services were the south of the town and the Throston Ward. The timescales from consultation to service commencement were outlined within the presentation which highlighted the commencement of the proposed services in April 2009. The formal consultation period ran from 5 May 2008 to 1 August 2008 and Members views were sought.

A discussion ensued in which the following issues were raised:

- i) Clarification was sought on the whether the proposed health centre was in addition to the Park Road development on the old Barlow's site. The representative from the PCT confirmed that this proposal was for additional services to those proposed for inclusion within the Park Road development, although the actual site for the new service provision had not yet been identified.
- ii) The representative from the PCT confirmed that although the procurement had been carried out nationally, the PCT had been working with local practices to encourage their participation. It was highlighted that part of the procurement would include the need to demonstrate that the services required could be provided at the appropriate standard including the recruitment and retention of staff.
- iii) It was noted that as part of the tendering process, providers had been requested to identify a suitable location for the provision of the health

centre services.

- iv) A resident representative highlighted that the Stranton Ward did have high levels of ill health and clarification was sought on whether any additional factors were being examined. The representative from the PCT indicated that influencing lifestyles was an important element in preventing/dealing with health problems across the town. In recognition of this, it was agreed that representatives from the PCT would attend future meetings of the Forum to provide an overview of activities being undertaken in the area including initiatives to promote preventative measures.
- v) In relation to the new GP practices, how would patients be encouraged to change to a new GP? The representative from the PCT indicated that the new practice would provide an extended hours service and may also include additional specific services which may encourage patients to change to the new GP practice.
- vi) What mechanisms were in place to ensure patients were targeted who were not currently registered with a GP, primary through social mobility? The representative from the PCT acknowledged that this was a difficult issue to deal with but that prospective providers would be asked to demonstrate how they would 'market' their services including to hard to reach groups.
- vii) How up to date was the demographic information used in this process? The representative from the PCT indicated that the deprivation scores used were calculated in 2007 and the remaining information had been collated from Tees Public Health information and Out of Hours and Accident and Emergency records from the last 12 months. The information relating to the area being under-doctored was collated from the annual workforce return which was updated on a quarterly basis.
- viii) In relation to social mobility, it was questioned whether any other areas had been considered for the location of the GP practice in the north of the town. The representative from the PCT indicated that it had been considered helpful to locate the new GP practice close to the Hartfield's site on the Middle Warren development, but that other areas, including the Brus and Dyke would be examined.
- ix) With regard to the walk-in centres, would there be a facility for people to register at that centre and would there be a guarantee that that walk-in facility would be open for the 12 hours a day stated? The representative from the PCT responded that the facility to register would be introduced once the centre was established and added that the opening times offered would be guaranteed as they would form part of the provider's contract with the PCT.
- x) In response to a Member's question relating to GPs managing their own budgets, a representative from the PCT indicated that through contract arrangements, the PCT would have greater strength to performance manage the practice to ensure a satisfactory performance was delivered, although the new GPs would have similar freedoms to other GPs in relation to their budgets.
- xi) Would the new central health centre services be available to patients from across the town? The representative from the PCT indicated that the services would be open to anyone in the town as a supplementary service when they were unable to access their own GP services.

- xii) Would the doctors in the walk-in centre have access to patients' records? The representative from the PCT commented that initially access to patients' records would not be available although nationally ICT systems were being examined to enable the introduction of accessible information sharing across services. Any patient's visit to the walk-in centre would be fed back to their own GP for information.
- xiii) There was some concern that the tight timescale would be difficult to meet. The representative from the PCT indicated that although a property may not be available by the commencement date, an interim solution would be in place to ensure the new services were provided within the timescales set.

The representatives from the PCT were thanked for their presentation and for answering Members' questions.

### **Decision**

- (i) Members noted the presentation and discussion that followed.
- (ii) The PCT be invited to a future meeting of the Forum to provide a presentation an overview of activities being undertaken in the area including initiatives to promote preventative measures.

## **9. Integrated Care/Out of Hours Services in Hartlepool** (Scrutiny Support Officer/Hartlepool Primary Care Trust (PCT))

The Scrutiny Support Officer introduced the representatives from Hartlepool PCT and the North Tees and Hartlepool NHS Foundation Trust who were in attendance to update the Forum on the timescale for the implementation of changes to the provision of integrated urgent care provision in Hartlepool.

Members were informed that although the urgent care services to cover the Out of Hours period be based at Hartlepool Hospital were due to commence in June 2008, this was to be delayed until September 2008 due to difficulties recruiting the appropriate level of staff. The representatives commented that this was disappointing and gave clear assurances that the new start date would give sufficient time to put in the required systems and staff to deliver the best possible service for local people. Members were asked to note that the difficulty in recruiting middle medical posts was a national issue but that the posts had now been re-engineered and re-advertised with 9 applications being received for 4 posts.

Clarification was sought by Members of the definition to Out of Hours service. The representative from the PCT indicated that the Out of Hours service would normally operate from 6.00pm until 8.00am, although some GP practices were extending their normal opening hours. The key issue was around an integrated 24-hour service providing urgent care for patients outside of their GP's normal opening hours.

Members thanked the representatives from the PCT for keeping the Scrutiny Forum up to date with progress on this issue and whilst they

shared the PCT's disappointment at the delay, they were supportive of the decision, given the importance of everything being right from the start. Members were also pleased to learn that a local telephone number was to be used for the provision of the service.

### **Decision**

Members noted the update provided.

## **10. Appointment to Outside Bodies – Health Scrutiny Nominations to the Tees Valley Health Joint Scrutiny Committee** *(Assistant Chief Executive)*

In accordance with authority delegated by the Cabinet, the Deputy Mayor in conjunction with other Executive Members, considered the issue of appointments to outside bodies. One of these appointments had been referred to this Forum and was as follows:

- Tees Valley Joint Health Scrutiny Committee

The appointments to the Tees Valley Health Joint Scrutiny Committee were subject to the political balance of the Council and as such 2 labour and 1 administrative group Members were required.

Members were asked to note that updates from the Joint Committee would be a regular agenda item to ensure Members of the Forum were kept up to date with the activities of the Joint Committee.

### **Decision**

The following nominations to the Tees Valley Health Joint Scrutiny Committee were suggested for approval by the Deputy Mayor:

Councillors Jonathan Brash and Lilian Sutheran (labour)  
Councillor Michelle Plant (administrative group)

## **11. Six Monthly Monitoring of agreed Adult and Community Services and Health Scrutiny Forum's recommendations** *(Scrutiny Support Officer)*

The Scrutiny Support Officer presented a report advising the Forum of the process made on the delivery on the agreed scrutiny recommendations of the Forum. Appendices A & B provided a summary which broke down progress made by investigations undertaken by the Forum and a detailed explanation of progress made against each recommendation. It was noted that this was a constantly changing document and reports on the progress would be brought again to the Forum in six months.



## Decision

That progress against the Adult and Community Services and Health Scrutiny Forum's agreed recommendations since the 2005/06 municipal year was noted.

## 12. Determining the Scrutiny Forum's Work Programme for 2008/09 (*Scrutiny Support Officer*)

The Scrutiny Support Officer presented a report that requested the Health Scrutiny Forum to identify 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.

The Assistant Chief Executive for the 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) had been the foundation sources for the report to enable the Forum to compile its Work Programme.

From these sources and the work programme from 2007/08, the following list of potential subjects for investigation had been identified: -

- i) Momentum: Pathways to Healthcare
- ii) Hartlepool PCT – Core Functions, Operations and Key Issues for 2008/09
- iii) GP Practice and GP led Health Centre Development

Members were reminded that a 3-year rolling work programme had been established for this Forum as outlined in the health scrutiny guidance as best practice and the investigations included within this programme were outlined within the report. In view of the fact that prime care/urgent care was already being examined within the Pathways to Healthcare programme, it was felt appropriate to remove this item from the rolling health scrutiny work programme and add Thyroid Problems as a replacement.

In setting the Work Programme for 2008/09, Members were advised that consideration would also need to be given to the Annual Healthcheck and the large number of consultations the Forum would be asked to participate in, including the North East Ambulance Trust Consultation which was due to commence in November 2008 through the Tees Valley Health Scrutiny Joint Committee.

The Forum was advised to be cautious in setting an overly ambitious Work Programme for which it may be unable to deliver and the Scrutiny Support Officer recommended that only one or two issues should be listed for

investigation at this time. This approach had proved to very successful in the previous municipal year. The Forum could revisit the potential list of investigations should time allow later in the Municipal year.

Members were reminded that additional meetings had been scheduled to examine the Momentum – Pathways to Healthcare consultation and the Chair confirmed that the Forum would be participating in this consultation along with representatives from Durham after which feedback would be given by Hartlepool and Stockton from their findings to the Tees Valley Joint Health Scrutiny Committee. Taking this into consideration, and after a lengthy discussion, it was decided that only one additional investigation would be added to this year's Work Programme. Various topics were suggested for inclusion within the Work Programme for 2008/09 including how to ensure that socially excluded people, including families in need were reached by and able to access health service provision and the issues arising from drug and alcohol abuse. It was acknowledged that there may be some overlap with these two issues, and the Forum was of the view that the issues around drug and alcohol dependency and their implications would be touched upon as part of the 'Reaching Families in Need' investigation.

The Scrutiny Support Officer indicated that, a scoping report on the 'Reaching Families in Need' investigation would be submitted to the Forum in September 2008.

### **Decision**

- (i) That the Scrutiny Co-ordinating Committee be advised that the Forum wished to undertake the following investigations as part of its 2008/09 Work Programme:
  - Momentum: Pathways to Healthcare
  - Hartlepool PCT – Core Functions, Operations and Key Issues for 2008/09
  - GP Practices and GP led Health Centre Development and
  - Reaching Families in Need
- (ii) That the Forum's 3-year rolling work programme be amended to consist of issues in relation to Alcohol Abuse, Thyroid Problems, Health Eating/Obesity and Smoking.

## **13. North East Ambulance Service (NEAS) Contact Centre – Closure of Ladgate Lane Satellite Centre** (Scrutiny Support Officer)

The Scrutiny Support Officer presented a report which reminded Members of the consultation undertaken by the North East Ambulance Service (NEAS) in November 2007 during which Members had expressed reservations regarding the need to transfer one of the centres away from the Teesside area to South Tyneside. Confirmation had since been received that the Ladgate Lane Satellite Centre will be closed and the services transferred to Hebburn, South Tyneside. The Chair of the Forum

had written to the NEAS expressing his severe disappointment at this decision.

This decision was also to be considered by the Tees Valley Joint Health Scrutiny Committee on 19 June 2008 and a response formulated with the possibility of a referral to the Secretary of State for Health. Members' views were sought.

A discussion followed in which Members expressed their extreme disappointment at the decision to move the Satellite Centre from Ladgate lane to South Tyneside, drawing particular attention to the benefits of local knowledge. The Forum also expressed support for the referral of the decision to the Secretary of State through the joint Tees Valley arrangement. However, in the event that such a referral was not made, and the decision remain unchanged, Members were of the view that the decision should be referred to the Secretary of State by this Health Scrutiny Forum.

Members were made aware that the NEAS had requested a representative from Hartlepool to join their Project Board as part of the Trust's commitment to involve community representatives in its application to become a Foundation Trust. Members were disappointed to find that only one Overview and Scrutiny representative from the North of the county was being sought and were of the view that, in light of the NEAS decision to move the Satellite Centre, no nominations should be made at this time.

### **Decision**

- i) That the Forum's extreme disappointment at the decision to move the Satellite Centre to Hebburn, South Tyneside be reported back to the Tees Valley Joint Health Scrutiny Committee on 19 June 2008.
- ii) That the Tees Valley Joint Health Scrutiny Committee be advised of the Forum's intention to refer the NEAS decision to the Secretary of State should they decide not to; and
- iii) That no nominations be made by Hartlepool to sit on the NEAS Project Board.

## **14. Any Other Business – Healthcare Commission Core Standards Declaration – Hartlepool PCT 2007/2008**

The Chair circulated a letter received from Hartlepool Primary Care Trust which provided Members with an update on the position of the PCT's declaration of compliance for all 24 core standards. It highlighted that in relation to standard C11b – mandatory training, technical problems had arisen which led to an inability to report accurate mandatory training statistics. Additional resources and expertise were mobilised to rectify the problem which was now working effectively.

**Decision**

That Members noted the updated position.

**15. Any Other Business – Momentum : Pathways to Healthcare**

The Scrutiny Support Officer circulated agenda documentation for the first meeting of the above Health Scrutiny Joint Committee to be held on 20 June 2008 and invited all Members to attend. The dates of future meetings of this Joint Health Scrutiny Committee will be circulated to Members as soon as they were available.

**Decision**

Members noted the date and time of the meeting.

CHAIRMAN

# HEALTH SCRUTINY FORUM

## MINUTES

11 August 2008

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

### **Present:**

Councillor: Jonathan Brash (In the Chair);

Councillors: Caroline Barker, Rob Cook, Alison Lilley, Michelle Plant, Chris Simmons and David Young.

Resident Representatives:

Jean Kennedy, Linda Shields and Mike Ward

Also Present: Councillors Mary Fleet, Geoff Lilley, Frances London, Ann Marshall, Chris McKenna and Arthur Preece

Councillor Pauline Crathorne, Sedgefield Borough Council

Councillor Richard Burnip, Durham County Council

Councillor Jean Chaplow, Durham County Council

David Anderson, Sedgefield Borough Council

Jeremy Brock, County Durham PCT

Officers: Charlotte Burnham, Scrutiny Manager

Joan Wilkins, Scrutiny Support Officer

Denise Wimpenny, Principal Democratic Services Officer

### **41. Apologies for Absence**

Apologies for absence were submitted on behalf of Councillors Shaun Cook and Lillian Sutheran.

### **42. Declarations of Interest by Members**

Councillor Jonathan Brash declared a non-prejudicial interest in minute number 47.

### **43. Minutes of the Meeting held on 4 August 2008**

Confirmed.

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

None.

**45. Consideration of Request for Scrutiny Reviews referred via Scrutiny Co-ordinating Committee**

None.

**46. Consideration of Progress Reports/Budget and Policy Framework Documents**

None.

**47. Momentum: Pathways to Healthcare – Draft Consultation Response** (Health Scrutiny Forum )

The Scrutiny Support Officer sought approval of the Forum's draft consultation response to the Momentum: Pathways to Healthcare Proposals, prior to the inclusion of the issues / views contained within it in a joint Hartlepool / Stockton consultation response.

The draft consultation response included the Momentum: Pathways to Healthcare aims and recommendations of the Independent Reconfiguration Panel together with a brief summary of the sources of evidence considered by the Forum. Utilising the evidence provided, Hartlepool's Health Scrutiny Forum, with elected member representations from Durham County Council's Joint Health Overview and Scrutiny Committee, successfully formulated clear views in relation to the four main consultation questions. A summary of these questions and the Forum's response to each was set out below with further details included in the report:-

(a) The proposed service model for the provision of health services in, or as near to, home as possible, with only things which need to be done in hospital taking place there.

- (i) Downgrading of Services;
- (ii) Implications for Staff; and
- (iii) The Future.

**A summary of the Forum's response to this Issue:-** The Forum agreed in principle that the proposed new model was the way forward the provision of health services in Hartlepool and where clinically safe services should be provided in the community.

(b) The proposed locations of additional community facilities in Hartlepool

and what should be provided.

- (i) Maternity Services;
- (ii) Implications for GP's;
- (iii) Greater Patient; and
- (iv) Geographic Location of Facilities.

**A summary of the Forum's response to this Issue:-** The Forum agreed in principle with the proposed location of additional community facilities, with the caveat that:-

- (i) The provision of facilities across all areas of Hartlepool and into the Easington and Sedgefield areas of County Durham, and in particular areas of need, is imperative for the new model of health care provision to be effective; and
  - (ii) The Forum wished to see evidence in the future of work being undertaken to further explore the expansion of facilities in the north and south of Hartlepool; and
  - (iii) The further work needs to be undertaken to address concerns of Sedgefield and Easington residents regarding the impact of the proposed new facilities on the services provided from their existing amenities - and in particular Peterlee Community Hospital.
- (c) The preferred location of new hospital for Hartlepool, Stockton and parts of Easington and Sedgefield.
- (i) Traffic Impact on the A19 / A689;
  - (ii) Finance;
  - (iii) Transport Needs;
  - (iv) Transport Planning;
  - (v) Transport Provision;
  - (vi) Sustainability / Affordability of Transportation;
  - (vii) Car Parking;
  - (viii) Planning and Ecological Issues; and
  - (ix) Documentation Provided to Enable a Comparison to be Made.

**A summary of the Forum's response to this Issue:-** The Forum strongly supported the selection of Site A (Wynyard Business Park) as its preferred location for the new hospital, the grounds for which was detailed in the report.

- (d) How best to bring in all the changes needed to build this new healthcare system.
- (i) Ensuring Continued Service Provision;
  - (ii) Encouraging Resident 'buy in' to the New Mode;
  - (iii) Integration of Services;
  - (iv) Links with Other Strategies and Funding Streams; and
  - (v) Programmes Working Together.

**A summary of the Forum's response to this Issue:-** The Forum suggested that the points identified above could assist bringing in all of the changes needed to build this new healthcare system.

The Forum discussed the draft response in which the following issues were raised:-

- (a) The Chair reported a minor amendment to Page 4 of the draft consultation response (a) (i) Downgrading of Services - first sentence – the word “possible” be replaced with “perceived”. In relation to a Member's ongoing concerns regarding the downgrading of services, the Chair reiterated assurances received from the PCT and Foundation Trust at previous meetings that the current range of services would continue to be provided. There would be no downgrading of services as a result of the Momentum proposals.
- (b) With regard to (c) (v) relating to transport provision, a Member referred to the free shuttle service currently in place between Hartlepool and North Tees Hospital and was of the view that emphasis needed to be placed upon the provision of an ‘affordable’ as opposed to a ‘free’ service in future. The Chair acknowledged the importance of providing affordable/sustainable transport for all families, including those on low incomes, and the possible financial implications for the Council and the PCT for the provision of free transport. The Forum was, however, of the view that provision of free transport should not be discounted and should be explored further where appropriate, with the ultimate aim being the provision of the best possible transport for everyone, including low income families.
- (c) In relation to staff issues, the Chair drew the Forums attention to a brief response received from UNISON (trade union) since the last Forum meeting. Details of the comments made were noted as follows, for inclusion in the Forum's consultation response:-
  - (i) No particular problems were envisaged for staff as the UNISON Staff Side Forum was working in partnership with the Trust on all aspects of Momentum;
  - (ii) In relation to staff terms and conditions, a job evaluation process was to be undertaken; and
  - (iii) Indications were that staff appeared to prefer Site A for the new hospital (Wynyard).
- (d) In relation to Section (c)(vi) of the draft consultation response, a representative from Sedgefield Borough Council emphasised the importance of alternative options being explored in terms of patients travelling from more distant locations of Sedgefield and Easington. The Forum shared the view that the provision of transport for residents in all areas, including the more remote areas of Sedgefield and Easington, was essential to enable residents to access health services in the new hospital, and their communities. As such, Members supported the view that where routes were not commercially viable alternative approaches, as for example outlined in Section (v) of the



report, needed to be explored. This was to be reflected in the consultation response.

- (e) Representatives from Easington Council reiterated residents concerns regarding the impact of the proposed new facilities on the services provided from their existing amenities, in particular, Peterlee Community Hospital. It was agreed by the Forum that increased weight/emphasis needed be added to the relevant paragraph in the consultation response to more fully reflect the strength of feeling in relation to this issue.
- (f) The Forum was clear in its view that the issue of primary importance in influencing the success of the new hospital, no matter which site was chosen, and the provision of services in community settings was the provision of affordable and sustainable transport facilities that were suitable and accessible for all. It was imperative that the importance of this issue be reflected in the joint consultation response.

#### **Recommendation**

The consultation response was approved, subject to the inclusion of the above comments/additions, and further approval given for use of its contents in the formulation of the joint Hartlepool/Stockton Momentum consultation response to be considered by the Section 244 Health Scrutiny Joint Committee on 2 September 2008, and the NHS Joint Committee on 29 September 2008.

#### **48. Forward Plan**

None.

#### **49. Feedback from Recent Meeting of Tees Valley Health Scrutiny Joint Committee**

None.

The meeting concluded at 3.30 pm.

CHAIRMAN

## HEALTH SCRUTINY FORUM

9 September 2008



**Report of:** Hartlepool Primary Care Trust

**Subject:** HARTLEPOOL PRIMARY CARE TRUST'S  
RESPONSE TO THE WITHDRAWAL OF  
EMERGENCY CARE PRACTITIONER SERVICES AT  
WYNARD ROAD PRIMARY CARE CENTRE FINAL  
REPORT

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### 1. PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to provide Members of the Health Scrutiny Forum with the formal response of the Hartlepool Primary Care Trust in relation to the agreed recommendations arising from the investigation into the 'Withdrawal of Emergency Care Practitioners Services at Wynyard Road Primary Care Centre in Hartlepool'.

### 2. BACKGROUND INFORMATION

- 2.1 The investigation into 'Withdrawal of Emergency Care Practitioners Services at Wynyard Road Primary Care Centre in Hartlepool' was conducted during the 2007/08 Municipal Year by the Adult and Community Services and Health Scrutiny Forum, which now falls under the remit of the newly created Health Scrutiny Forum.
- 2.2 As per agreed practice, Hartlepool Primary Care Trust has considered the recommendations of the Scrutiny Forum and in doing so, the Action Plan attached as **Appendix A** outlines how the Trust intends to deliver / implement such recommendations.
- 2.3 Members should also note that both the Final Report and the Action Plan were reported to the Council's Cabinet at its meeting on 7 July 2008, for information purposes only.
- 2.3 In addition to this report a further progress report will be produced for Members' consideration bi-annually to enable the Forum to monitor the implementation of their recommendations.

### 3. RECOMMENDATION

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

**Contact Officer:-** Ali Wilson – Director of Health Systems and Estates Development  
Hartlepool Primary Care Trust  
Tel: - 01642 666775  
E-mail: - [alison.wilson@hartlepoolpct.nhs.uk](mailto:alison.wilson@hartlepoolpct.nhs.uk)

### BACKGROUND PAPERS

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

## OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN

**NAME OF FORUM:** Health Scrutiny Forum  
(formerly undertaken by the Adult and Community Services and Health Scrutiny Forum)

**NAME OF SCRUTINY ENQUIRY:** Withdrawal of Emergency Care Practitioner (ECP) Services at Wynyard Road  
Primary Care Centre

**DECISION MAKING DATE OF FINAL REPORT:** April 2008

RECOMMENDATION	EXECUTIVE RESPONSE / PROPOSED ACTION	LEAD OFFICER	DELIVERY TIMESCALE
(a) <b>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>	A full consultation process has been agreed and is underway, including proposals for community facilities.	Ali Wilson	Consultation commences <b>2 June 08 and ends on 1 Sept 08</b>
(b) <b>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;</b>	There has been a delay in the start of this service and the PCT have communicated this to Health Scrutiny. A communication strategy will be brought to the committee in June.  Media communication taking place week commencing 25 Aug 08. Earlier communication could confuse public. Flash cards will be available from surgeries and local community facilities.	Ali Wilson	<b>Sept 08</b> service commences.  Communication plan for 6 weeks prior to changes.

## OVERVIEW AND SCRUTINY ENQUIRY ACTION PLAN

**NAME OF FORUM:** Health Scrutiny Forum  
(formerly undertaken by the Adult and Community Services and Health Scrutiny Forum)

**NAME OF SCRUTINY ENQUIRY:** Withdrawal of Emergency Care Practitioner (ECP) Services at Wynyard Road Primary Care Centre

**DECISION MAKING DATE OF FINAL REPORT:** April 2008

RECOMMENDATION		EXECUTIVE RESPONSE / PROPOSED ACTION	LEAD OFFICER	DELIVERY TIMESCALE
		Service is by appointment like previous service i.e. no walk in facility available. Scrutiny Forum updated by letter 27 Aug 08 and attendance at 9 Sept 08 meeting.		
(c)	<p><b>That the creation of a formal set of protocols on consultation be debated between the PCT and the Forum to:-</b></p> <p><b>(i) Promote the real improvements in health services in Hartlepool; and</b></p> <p><b>(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.</b></p>	Draft proposals have been shared. This is being progressed by the PCT and Scrutiny Chairs.	Celia Weldon	<b>TBC</b>

## HEALTH SCRUTINY FORUM

9th September 2008



**Report of:** Head of Procurement, Property and Public Protection

**Subject:** UPDATE ON THE DEVELOPMENT OF  
LOCAL INVOLVEMENT NETWORKS  
(LINKs) IN HARTLEPOOL

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### 1. PURPOSE OF REPORT

- 1.1 To provide Scrutiny with an update on the development of LINKs in Hartlepool and in particular the results of the procurement process.

### 2. BACKGROUND INFORMATION

- 2.1 The attached Cabinet Report (**Appendix 1**) outlines the current position.

### 3. CONSIDERATIONS

- 3.1 Hartlepool Voluntary Development Association (HVDA) the newly appointed Host will commence work on 1<sup>st</sup> September 2008 and it might be that the Forum would wish for the Host to attend a future meeting in order to discuss development proposals and reporting mechanisms.

### 4. RECOMMENDATION

- 4.1 Scrutiny are requested to note the above progress.
- 4.2 Views and comments from Members are welcomed.

**Contact Officer:-** Graham Frankland, Head of Procurement, Property and Public Protection  
Neighbourhood Services  
Hartlepool Borough Council  
01429 523211  
graham.frankland@hartlepool.gov.ukl

## **CABINET REPORT**

18<sup>th</sup> August 2008



**Report of:** Director of Adult and Community Services and Head of Procurement, Property and Public Protection

**Subject:** LOCAL INVOLVEMENT NETWORKS (LINKs)

---

### **SUMMARY**

#### **1.0 PURPOSE OF REPORT**

To update Cabinet on the progress with procurement of the Host for the Hartlepool LINK.

#### **2.0 SUMMARY OF CONTENTS**

The report outlines the results of the LINKs procurement exercise and describes the next steps in developing the Hartlepool LINK.

#### **3.0 RELEVANCE TO CABINET**

The project has a town-wide impact.

#### **4.0 TYPE OF DECISION**

Non Key

#### **5.0 DECISION MAKING ROUTE**

Cabinet 18<sup>th</sup> August 2008

#### **6.0 DECISION(S) REQUIRED**

Cabinet are requested to note the results of the LINKs procurement exercise and the next steps in developing the Hartlepool LINK.

**Report of:** Director of Adult and Community Services and  
Head of Procurement, Property and Public  
Protection

**Subject:** LOCAL INVOLVEMENT NETWORKS (LINKs)

---

**1. PURPOSE OF REPORT**

- 1.1 To update Cabinet on the progress with procurement of the Host for the Hartlepool LINK.

**2. BACKGROUND**

- 2.1 The Hartlepool LINK will give local people a say in how Hartlepool's Health and Social Services are run, It will be a network of people, organisations and groups who represent the views of our local communities.
- 2.2 Cabinet approved on 22<sup>nd</sup> January 2008 an approach to the procurement of the Host for the Hartlepool LINK and this included the setting up of a Steering Group to procure and initially develop the LINK. The Steering Group is chaired by the Portfolio Holder for Adult and Public Health.
- 2.3 The procurement exercise has now been completed using the OJEU restricted procedure.
- 2.4 There is a statutory requirement to have a LINK service operational from April 2008 and to date this has been provided by an "interim host" consultant. This interim host has been active in bringing together groups and individuals in order to develop Hartlepool's LINK. The appointed Host will make reference to this in its further development.

**3. CONSIDERATION**

- 3.1 Invitations to tender were issued to the seven companies who expressed interest in providing the service. The tender documentation outlined the support required from a Host in facilitating community involvement in Health and Social Care.
- 3.2 Three companies indicated their intention to tender and two tender submissions were received in total on 27<sup>th</sup> June 2008. They were



opened and recorded by the Contract Scrutiny Panel at its meeting on 30<sup>th</sup> June. A decision was made to interview both companies.

- 3.3 A panel to score, interview and appoint the Host was established consisting of the Portfolio Holder for Adult and Public Health, officers from Adult and Community Services and Procurement and a representative from Hartlepool Primary Care Trust and the Voluntary and Community Sector.
- 3.4 Interviews of Shaw Trust and the Hartlepool Voluntary Development Agency (HVDA) were held on 14<sup>th</sup> July, following which the decision was made to award the contract to HVDA. The overall scoring was based on price (30%) and quality (70%). The quality element included a written submission, presentation and interview.

#### **4. COMMUNITY ENGAGEMENT / DIVERSITY AND EQUALITY**

- 4.1 The specification of the LINKs tender was informed by a variety of community involvement events and the tender evaluation took into account social economic and environmental factors as well as diversity and equality and accessibility issues in the provision of the service.

#### **5. FINANCIAL AND RISK IMPLICATIONS**

- 5.1 Tenderers were assessed via a primary qualification questionnaire as to their sustainability, ability and capacity to undertake the service. The winning tenderer passed the relevant assessment.
- 5.2 The Council has been allocated a budget of £99,000 per annum for 3 years (2008/9 to 2010/11) for the provision of the LINKs service.
- 5.3 The winning tenderer's submitted price was within the budget allocation.

#### **6. NEXT STEPS**

- 6.1 Meetings have taken place with HVDA in order to progress the LINK operation and start date of 1st September 2008 has been agreed.
- 6.2 Discussions have included the following key issues:-
  - How the contract will be managed and monitored
  - How HVDA will initially develop LINK membership
  - How HVDA will link with the work of the interim Host.
  - Introduction of Host into Scrutiny process.

#### **7. RECOMMENDATIONS**

- 7.1 Cabinet are requested to note the results of the LINKs procurement exercise and the next steps in developing the Hartlepool LINK.

## HEALTH SCRUTINY FORUM

9 September 2008



**Report of:** Scrutiny Support Officer

**Subject:** OVERVIEW OF THE ROLES AND RESPONSIBILITIES OF HARTLEPOOL PRIMARY CARE TRUST AND NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST PRESENTATIONS: COVERING REPORT

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### 1. PURPOSE OF THE REPORT

- 1.1 To inform Members that representatives of Hartlepool Primary Care Trust and North Tees and Hartlepool NHS Foundation Trust, will be in attendance at today's meeting to deliver separate presentations in relation to the operation of their organisation, to further enhance the Forum's understanding of local health services.

### 2. BACKGROUND INFORMATION

- 2.1 In consultation with the Chair and local NHS colleagues, representatives from Hartlepool Primary Care Trust and North Tees and Hartlepool NHS Foundation Trust will be in attendance at today's meeting to deliver separate presentations, providing an overview of the following issues, to further enhance the Forum's understanding of local health services:-

- (a) Roles and responsibilities of the organisation;
- (b) Outline of current and future services to be provided; and
- (c) Key issues / challenges over the next 12 months;

### 3. RECOMMENDATION

- 3.1 That Members note the content of both this report and the presentations, seeking clarification on any relevant issues from the representatives in attendance, where felt appropriate.

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**

There were no background papers referred to in the preparation of this report.

Hartlepool Health Scrutiny Forum

9 September 2008

# Role and Function of Hartlepool PCT

Ali Wilson – Director of Health Systems and  
Estates Development

Celia Weldon – Assistant Chief Executive

# Role and Function of Hartlepool PCT

- Engaging with the local population to improve health and well-being
- Commissioning a comprehensive and equitable range of high quality responsive and efficient services, within allocated resources
- [Directly providing high quality responsive and efficient services where this gives best value]

# Hartlepool PCT – relationships and accountability

- Perform functions for, and with, their local population, in pursuit of equality, quality, responsiveness, innovation, efficiency and affordability
- Lead the local health system; and develop, and deliver our functions through, effective partnerships – particularly practice-based commissioners; and with the Local Authority eg in developing Local Area Agreements; and with the full range of different types of providers
- Hold providers to account through commissioning and contracting
- The PCT is accountable to the local population directly and through OSC scrutiny; and to Strategic Health Authorities. PCTs operate within the framework of Department of Health policy; they are held to account for this by SHAs

# New arrangements

- The Department of Health 2006/07 and 2007/08 Annual Operating Frameworks set out requirements for 'clear blue water' between PCT commissioning and provider functions
- January 2008 PCT Board decision not to retain PCT Provider Services in-house
- World Class Commissioning arrangements – Hartlepool PCT (and other Tees PCTs) will become purely commissioning organisations



# Externalisation

- PCT Board decision in principle to externalise PCT Provider Services to North Tees and Hartlepool NHS Foundation Trust
- During period of externalisation, market testing and service reviews to take place, followed by competitive process for services

# Commissioning Arrangements

- Tees Strategic Procurement Board
- 4 Statutory PCT Boards
- Directorate of Health Systems and Estates Development
- Locality Director of Public Health

# Issues for Hartlepool PCT in 2008/09

- Development of:
  - PCT Strategy
  - OD Strategy
  - Financial Strategy
  - Annual Operating Plan
  - WCC assessments and development
- Externalisation
- Momentum
- Town Centre Development
- Darzi – additional practices and health centre
- PBC arrangements



## Hartlepool Health Scrutiny Forum

**Alex Zielinski**

**Head of Strategic service  
Development**

**9 September 2008**





## Role

The role of North Tees and Hartlepool NHS Foundation Trust is to:

Provide Health Care Services

Provide Unplanned and Planned Care

Play a key role in clinical education and training



## We

- Provide hospital based care 400,000 people in Easington, Stockton, Hartlepool and Sedgefield
- have two major hospital sites in Stockton and Hartlepool
- employ 4,200 staff including 400 doctors, 2,000 nurses, 430 allied health professionals
- have an income this year of £205m
- are a high performing Trust

## Every year

- 100,000 A&E attendances
- 3,900 babies born
- 46,770 emergency admissions
- 212,850 outpatient attendances
- 31,140 elective operations







## Our strategic objectives

- **Putting Patients First;** developing an organisational culture of adding value to patients, through safety, quality and LEAN actions.
- **Momentum – pathways to healthcare;** delivery of a new healthcare system north of the Tees.
- **Community Integration;** provision of “healthcare” services to local communities in the right locations.
- **Manage our relationships;** ensure all stakeholders are fully appraised of the Trust’s service developments and plans through appropriate communications, engagement and partnership working.
- **Service development;** development and growth of healthcare services that meet the needs of patients, commissioners and the Trust.
- **Maintain compliance and performance;** strategic and operational scrutiny, and appropriate governance of all elements of the Trust’s business.



# Joint Strategic Direction

## *Momentum: pathways to healthcare*

A new way of providing health services to the people of Stockton, Hartlepool and parts of Easington and Sedgefield involving:

- Providing as much care as possible closer to people's homes and communities
- Developing new community facilities as a base for those services
- A new hospital





# Joint Strategic Direction

## *Momentum: pathways to healthcare*

- More minor treatments and outpatients based locally
- Comprehensive pre-assessment and care planning
- Appropriate follow up and after care
- Better and easier access to urgent care when it is needed
- More minor injuries and non serious conditions treated locally
- High quality maternity and paediatric care
- Continued access to a broad range of specialities/expertise
- Better integration, information and communication
- Effective and very quick diagnostic services



## Issues in 2008/09

- ▶ Momentum Consultation and implementation of Programme Plan
- ▶ Embedding of access to Urgent care in Hartlepool
- ▶ Externalisation of Community Services
- ▶ Expansion of Orthopaedic / Spinal service provision
- ▶ Continue to focus on reduction of MRSA/Cdiff
- ▶ Information and support for Governors
- ▶ NHS Constitution



Thank you



## HEALTH SCRUTINY FORUM

9 September 2008



**Report of:** Scrutiny Support Officer

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

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### 1. PURPOSE OF REPORT

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

### 2. BACKGROUND INFORMATION

- 2.1 Members will recall that back in June 2008, the Forum was informed of the circumstances surrounding the delay to the implementation timescale of the new integrated urgent care provision in Hartlepool.
- 2.2 Since that meeting the Chair of this Forum has recently been informed that the new service will be in operation as of 1 September 2008. As such, enclosed as **Appendix A** is a brief update report to be presented at today's meeting by the representative of Hartlepool Primary Care Trust.

### 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

**APPENDIX A****The Development of Integrated Urgent Care Provision in Hartlepool  
Update – September 2008****Background**

In January 2008 a proposal to pilot the provision of a new model of integrated 24 hour urgent care provision was presented to the Adult, Community and Health Scrutiny Committee in order to gain views on the service and receive any suggestions for improvement. The proposed model was considered consistent with national policy drivers to improve urgent care provision and it was felt that it had the potential to provide a safer, more integrated and cost effective model than the current service. The service will be adjacent to the Accident and Emergency Department at Hartlepool Hospital and provided by North Tees and Hartlepool NHS Trust.

Patients will access the service via a single telephone number, asked a number of relevant questions in order to signpost to the most appropriate service. This will include a number of dispositions in a primary care setting or the provision of a face to face consultation, either by attendance at the Integrated Urgent Care Centre at the hospital (will include transport arrangements when required) or by the provision of a home visit.

The service will also provide an alternative to Accident and Emergency management for those patients who present directly to the Hospital A & E Department. Following triage via an agreed algorithm, some patients will be considered suitable to be seen and treated by the Integrated Urgent Care Team thereby avoiding unnecessary delays.

**Update****Timescale**

It was originally envisaged that the service would commence in June 2008. However, due to recruitment difficulties, the pilot will now commence on the 1<sup>st</sup> of September 2008 at 6 p.m. for a period of 12 months to enable robust evaluation.

**Access**

A local low cost local number has been provided for the public to access the service – **01429 270205**.

**Evaluation**

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

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

At least two formal patient satisfaction surveys will be carried out during the evaluation period, however, public and staff feedback on the service will be constantly sought and acted upon appropriately. Performance data and achievements will be supplied to the PCT on a monthly basis with quality assurance and clinical audits treated as an integral part of the service.

In May 2009 based on the service evaluation, a decision will be made whether to continue with the service model. If this is the case, the service will be subject to a tendering process.

**Required of the Adult, Community and Health Scrutiny Committee**

To receive the update

**Ali Wilson**  
**Director Health Systems Development**  
**Hartlepool PCT**

**September 2008**

## HEALTH SCRUTINY FORUM

9 September 2008



**Report of:** Scrutiny Support Officer

**Subject:** SCRUTINY INVESTIGATION INTO 'REACHING FAMILIES IN NEED' - SCOPING REPORT

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### 1. PURPOSE OF REPORT

- 1.1 To make proposals to Members of the Health Scrutiny Forum for the undertaking of their forthcoming scrutiny investigation into 'Reaching Families in Need'.

### 2. SETTING THE SCENE

- 2.1 Social exclusion is a multifacitated and serious problem in Hartlepool. There are a small minority of families (Government estimates around 2-3% nationally) who have failed to benefit from the rising tide of living standards and increased opportunity. These families remain in real poverty with highly complex needs, multiple problems and low aspiration.
- 2.2 Government has recognised this problem nationally and as part of the ongoing social exclusion agenda published "Think Family: Improving the Life Chances of Families at Risk" earlier this year. Details of an electronic link to this document are provided in the 'Background Papers' section of this report.
- 2.3 The problems experienced by these families are almost never restricted to one area but rather cross right across a broad spectrum of issues. It is crucial to recognise that these families are not all the same. Some of them are involved in crime or anti-social behaviour, but many are not. Many suffer from:
  - (a) Health inequalities;
  - (b) Overcrowded/unsuitable housing;
  - (c) Victims and perpetrators of crime;
  - (d) Poverty, workless ness, poor job prospects;
  - (e) Benefits and dependency;
  - (f) Poor school attendance linked to poor attainment;
  - (g) Poor academic and social skills;

- (h) Poor parenting;
  - (i) Domestic violence;
  - (j) Drug and alcohol abuse;
  - (k) The difficulties of young parenthood;
  - (l) Unstable partnerships; and
  - (m) Low aspirations, low self esteem and aimlessness.
- 2.4 Children growing up in these families generally have a far greater risk of adverse outcomes, creating a perpetual cycle that becomes harder to break with every generation. In the north-east it is a cycle that has been perpetuated for more than two generations already.
- 2.5 Although the problems can be wideranging and varied they all have similar effects both in terms of general well being and specific health problems. Moreover the perpetual cyclical nature of these problems tends to have the effect of exacerbating health inequalities as well as pushing the individuals further into social isolation and away from possible help.
- 2.6 In line with the Government's current drive, most clearly seen in the Local Government and Public Involvement in Health Act 2007, Councils must work with their local partners and offer strategic leadership for service provision across their community. Moreover it is clear that individual bodies acting in isolation cannot properly address the most pressing problems in society, such as social exclusion. To fully combat these problems, which are undoubtedly seen in Hartlepool, the public sector must work as one body, in conjunction with voluntary and independent sector, under the strategic leadership of the local authority.

### **3. OVERALL AIM OF THE SCRUTINY INVESTIGATION**

- 3.1 To explore the town's current approach to targeted intervention for hard to reach families in need and to make suggestions for improvement, where possible, that encourage the take up of local health services.

### **4. PROPOSED TERMS OF REFERENCE FOR THE SCRUTINY INVESTIGATION**

- 4.1 The following Terms of Reference for the investigation are proposed:-
- (a) To gain an understanding of the current multi agency approach to the provision of targeted wellbeing and preventative health services for hard to reach families in need in Hartlepool;
  - (b) To explore what strategies are in place that identify and offer assistance to hard to reach families who have specific and persistent issues in Hartlepool;



- (c) To seek good practice from another local authority in relation to their approach to targeted intervention for hard to reach families in need;
- (d) To identify suggestions for improvement, with particular focus on partnership working and innovative practices of targeted intervention.

## **5. POTENTIAL AREAS OF ENQUIRY/SOURCES OF EVIDENCE**

- 5.1 Members of the Forum can request a range of evidential and comparative information throughout the scrutiny investigation.
- 5.2 The Forum can invite a variety of people to attend to assist in the forming of a balanced and focused range of recommendations as follows:-
  - (a) Local MP;
  - (b) Elected Mayor;
  - (c) Portfolio Holder for Adult and Public Health Services;
  - (d) Director of Adult and Community Services;
  - (e) Children's Services, in particular the Family Intervention Project;
  - (f) Director of Public Health;
  - (g) North Tees and Hartlepool NHS Foundation Trust;
  - (h) Hartlepool Primary Care Trust;
  - (i) Voluntary Sector and Community Groups;
  - (j) Hartlepool Partnership;
  - (k) Housing Hartlepool;
  - (l) Job Centre; and
  - (m) Anti-Social Behaviour Unit.

## **6. COMMUNITY ENGAGEMENT/DIVERSITY AND EQUALITY**

- 6.1 Community engagement plays a crucial role in the Scrutiny process and paragraph 5.2 details who the Forum could involve. However, thought will need to be given to the structure in the way that the Forum wishes to encourage those views.

- 6.2 In addition, diversity issues have been considered in the background research for this enquiry under the Equality Standards for Local Government. As such the views of local diversity groups will be sought throughout the inquiry where felt appropriate and time allows. Consequently, consideration has been given as to how the views of people from minority communities of interest or heritage (for example, people with disabilities, people with learning disabilities, people with mental health problems, black and minority ethnic people, and Lesbian, Gay, Bisexual and Transgender people), which may not be gathered through the usual community engagement routes, can be included over the course of the inquiry.

## **7. REQUEST FOR FUNDING FROM THE DEDICATED OVERVIEW AND SCRUTINY BUDGET**

- 7.1 Consideration has been given, through the background research for this scoping report, to the need to request funding from the dedicated Overview and Scrutiny budget to aid Members in their enquiry. At this stage no additional funding has been identified as being necessary to support Members in their investigation. Members, however, may wish to seek additional funding over the course of the investigation and the blank pro forma attached at **Appendix A** outlines the criteria on which a request to Scrutiny Co-ordinating Committee will be judged.

## **8. PROPOSED TIMETABLE OF THE SCRUTINY INVESTIGATION**

- 8.1 Detailed below is the proposed timetable for the undertaking of the scrutiny investigation which may be changed at any stage:-

**9 September 2008** - Consideration of Draft Scoping Report to be considered.

**14 October 2008** - Setting the Scene Presentation.

**4 November 2008** - To receive further evidence, yet to be identified.

**20 January 2009** - To receive further evidence, yet to be identified.

**24 February 2009** - To receive further evidence, yet to be identified.

**7 April 2009** - To agree the content of the Draft Final Report before being presented to the Scrutiny Co-ordinating Committee.

**24 April 2009** - Consideration of Final Report by the Scrutiny Co-ordinating Committee.

**To Be Confirmed** - Consideration of the Final Report by the Cabinet and relevant health service bodies.

## 9. RECOMMENDATION

- 9.1 Members are recommended to agree the Scrutiny Forum's remit for the undertaking of the scrutiny investigation as outlined in the report.

**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) "Think Family: Improving the Life Chances of Families at Risk";
- (ii) Cabinet Office Social Inclusion Task Force. 'Reaching Out: Think Family ([http://www.cabinetoffice.gov.uk/~media/assets/www.cabinetoffice.gov.uk/social\\_exclusion\\_task\\_force/think\\_families/think\\_families\\_full\\_report%20pdf.ashx](http://www.cabinetoffice.gov.uk/~media/assets/www.cabinetoffice.gov.uk/social_exclusion_task_force/think_families/think_families_full_report%20pdf.ashx));
- (iii) Cabinet Office Social Inclusion Task Force. 'Think Families: Improving the Life Chances of Families at Risk' ([http://www.cabinetoffice.gov.uk/~media/assets/www.cabinetoffice.gov.uk/social\\_exclusion\\_task\\_force/think\\_families/think\\_family\\_life\\_chances\\_report%20pdf.ashx](http://www.cabinetoffice.gov.uk/~media/assets/www.cabinetoffice.gov.uk/social_exclusion_task_force/think_families/think_family_life_chances_report%20pdf.ashx)); and
- (iv) <http://www.westminster.gov.uk/onecity/families.cfm>.

**APPENDIX A**

**PRO-FORMA TO REQUEST FUNDING TO SUPPORT  
CURRENT SCRUTINY INVESTIGATION**

<b>Title of the Overview and Scrutiny Committee:</b>
<b>Title of the current scrutiny investigation for which funding is requested:</b>
<b>To clearly identify the purpose for which additional support is required:</b>
<b>To outline indicative costs to be incurred as a result of the additional support:</b>
<b>To outline any associated timescale implications:</b>
<b>To outline the 'added value' that may be achieved by utilising the additional support as part of the undertaking of the Scrutiny Investigation:</b>

**To outline any requirements / processes to be adhered to in accordance with the Council's Financial Procedure Rules / Standing Orders:**

**To outline the possible disadvantages of not utilising the additional support during the undertaking of the Scrutiny Investigation:**

**To outline any possible alternative means of additional support outside of this proposal:**