

HEALTH SCRUTINY FORUM AGENDA



Tuesday, 5 January 2010

at 3.00 pm

**in Council Chamber
Civic Centre, Hartlepool**

MEMBERS: HEALTH SCRUTINY FORUM:

Councillors Barker, Brash, S Cook, A Lilley, G Lilley, Plant, Sutheran, Worthy and Young

Resident Representatives:

Jean Kennedy and Linda Shields

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. MINUTES**
 - 3.1 Minutes of the meeting held on 1 December 2009 (to follow)
- 4. RESPONSES FROM LOCAL NHS BODIES, THE COUNCIL, 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 Momentum: Pathways to Healthcare – Progress Report

- (a) Covering Report – *Scrutiny Support Officer*; and
- (b) Presentation – *Momentum Programme Team*.

7.2 Consultant Referrals

- (a) Covering Report – *Scrutiny Support Officer*;
- (b) Verbal Evidence – *Hartlepool PCT*;
- (c) Verbal Evidence – *North Tees & Hartlepool NHS Foundation Trust*; and
- (d) Evidence from a General Practitioner.

7.3 Swine Flu Briefing

- (a) Covering Report – *Scrutiny Support Officer*; and
- (b) Presentation – *NHS Tees*

7.4 Care Quality Commission – *Scrutiny Support Officer*

8. ISSUES IDENTIFIED FROM FORWARD PLAN

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

- 9.1 Tees Valley Health Scrutiny Joint Committee held on 17 December 2009 – *Scrutiny Support Officer*

10. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

ITEMS FOR INFORMATION

Date of Next Meeting :- Tuesday, 2 February 2010 at 3.00 pm in the Council Chamber, Civic Centre, Hartlepool

HEALTH SCRUTINY FORUM

MINUTES

1 December 2009

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

Present:

Councillor: Jonathan Brash (In the Chair);

Councillors: Caroline Barker, Alison Lilley, Geoff Lilley and Lillian Sutheran

In accordance with Council Procedure Rule 4.2 (ii) Councillor Christopher Akers-Belcher attended as a substitute for Councillor Shaun Cook and Councillor Stephen Akers-Belcher as a substitute for Gladys Worthy

Resident representative:

Jean Kennedy

Officers:

Sylvia Tempest, Environmental Standards Manager
John Robinson, Parenting Commissioner
Alison Mawson, Assistant Director (Community Safety and Protection)
Chris Hart, Planning and Commissioning Manager
Joan Wilkins, Scrutiny Manager
James Walsh, Scrutiny Support Officer,
Denise Wimpenny, Principal Democratic Services Officer

Also Present:

Councillor John Marshall, St Hilda Ward Councillor
Councillor Arthur Preece,
Mary Green and Iris Ryder, Resident Representatives
Colin Shevills, Director, Balance North East
Louise Wallace, Acting Director of Health Improvement, Hartlepool PCT
Stephen Thomas, Link Development Officer, Hartlepool Link
Tom Livesey, Project Co-ordinator / Therapist, Hartlepool Mind

70. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors S Cook, Plant, Worthy and Young and Resident Representative Linda Shields.

71. Declarations of Interest by Members

Councillor C Akers-Belcher declared a personal interest in minute 88.

72. Minutes of the meeting held on 27 October 2009

Comments from a Resident Representative relating to the minutes of this meeting were circulated, the contents of which were noted. The minutes were confirmed as a true record.

73. Minutes of the meeting held on 10 November 2009

Confirmed subject to the following amendment to Minute 58 relating to the minutes of 6 October 2009, Minute 44 Decision (iii) to read:-

- (iii) That the Forum continues to monitor the issue of health inequalities in the town and on doing this receive an update report on an annual basis focussing on those specific wards causing concerns in relation to life expectancy of women.

74. Responses from Local NHS Bodies, the Council, Executive or Committees of the Council to Final Reports of this Forum

None

75. Consideration of Request for Scrutiny Reviews Referred via Scrutiny Co-ordinating Committee

None

76. Consideration of Progress Reports/Budget and Policy Framework Documents

None

**77. Scrutiny Investigation into Dust Deposits on the Headland – Additional Evidence on Dust Samples
(Scrutiny Support Officer)**

Members were referred to additional evidence from the Principal Environmental Officer, attached at Appendix A, which outlined the results of further sampling of dust deposits on the Headland.

Recommendation

That the contents of the report and written evidence, attached at Appendix A, be noted.

78. Scrutiny Investigation into Dust Deposits on the Headland – Draft Final Report (*Health Scrutiny Forum*)

The Chair presented the draft final report of the Forum following their ongoing investigation into Dust Deposits on the Headland.

The report included background information, methods of investigation and key findings. Evidence had been gathered from a wide range of sources in the formulation of a balanced range of recommendations. The Forum's key recommendations to the Scrutiny Co-ordinating Committee were as outlined below:-

- (a) That the Health Scrutiny Forum receives results of further investigations into dust deposits on the Headland:-
 - (i) by the Executive Director of Public Health into cancer rates;
 - (ii) By Hartlepool Borough Council's Environmental Health Service into further samples of dust, due end of October 2009.
- (b) That a further scrutiny investigation be carried out into the dust deposits on the Headland and surrounding areas by an appropriate committee/forum with reference to the following areas:-
 - (i) Examination into the potential damage to properties, the environment and any possible statutory nuisance of Port activities
 - (ii) Consultation with the Port workforce and exploration of possible options in terms of enforcement, ensuring that any operational deficiencies on the Port site are not repeated: and
 - (iii) Exploration into the role of the Environment Agency as the legally responsible body for the regulation of the operating permit of activities in the Port.

The Chair submitted apologies on behalf of the Portfolio Holder for Transport and Neighbourhoods who had made the following comments via e-mail:-

Whilst the Portfolio Holder acknowledged there was a problem with dust on the Headland, there was currently no evidence that the dust was causing health problems. The comments of residents were, however, noted in relation to the need for longer term monitoring of the

situation given that there was currently limited data available. The Portfolio Holder had requested that the issue of stress related illnesses as a result of the dust problems be explored.

The Portfolio Holder was confident that the Forum had investigated the issue beyond their remit adding that it was the role of the Environment Agency, as licensing body, to ensure that the licence was adhered to and that local residents and businesses were not subjected to activities that caused dust, stress and noise related problems.

In conclusion, the Portfolio Holder suggested that the issues raised be continually monitored and reported to the Environment Agency. It was also suggested that the issue of noise pollution be monitored and form part of the Health Scrutiny Forum's recommendations. The Portfolio Holder indicated although frustration of residents was understandable, he was disappointed with the anger directed at the Council and stated that the Council were working in the best interests of residents to alleviate the problems associated with dust deposits on the Headland and surrounding area.

The Forum went on to discuss the conclusions and recommendations which included the following comments:-

- (i) That recommendation (a)(ii) be removed, with the evidence presented under minute 77 to be incorporated in the final report to be presented to the Scrutiny Co-ordinating Committee.
- (ii) Following concerns from Members of the Forum it was suggested that the Chair of the Health Scrutiny Forum contact the Executive Director of Public Health to request that in conjunction with recommendation (a) further exploration be undertaken to ascertain any potential link between dust deposits on the Headland and surrounding area and the occurrence of stress related illness.
- (iii) In relation to recommendation (b) (i), it was considered that a site visit to the Port area to observe the loading of scrap metal onto a ship and examination into the potential damage to properties, the environment, noise and any possible statutory nuisance of Port activities be undertaken and reflected within the recommendation.
- (iv) With regard to the recommendation that a further scrutiny investigation be carried out into the dust deposits on the Headland, Members requested that any evidence suggesting adverse health implications be reported to the Health Scrutiny Forum.
- (v) The Forum highlighted the importance of recommendation (b)(iii) regarding the role of the Environment Agency.
- (vi) Concerns were raised regarding the high levels of cancer rates on the Headland in comparison with the rest of the town, the potential environmental links as well as lifestyle issues.

- (vii) A Ward Councillor for the Headland highlighted his disappointment that residents of the Headland had not been invited to provide their views as part of the evidence gathering process for this enquiry and questioned the value of the investigation and final report. Concerns were expressed regarding Elected Members role in Environmental protection issues.

Recommendation

That the draft final report, be agreed subject to the Chair incorporating the above comments within the final report to be presented to Scrutiny Co-ordinating Committee on 11 December 2009.

79. Scrutiny Investigation into Alcohol Abuse – Prevention and Treatment – Evidence around Preventative Services – Evidence from Balance North East *(Scrutiny Support Officer)*

As part of the Forum's investigation into Alcohol Abuse, the Director from Balance North East (the North East alcohol office) had been invited to the meeting to provide evidence on their involvement in preventative services, their strategic role in the North East, their educational campaigns and social marketing approach to alcohol consumption. The Director from Balance North East provided a detailed and comprehensive presentation which focused on the following issues:-

- North East Health and Well-Being Strategy
- The Price We Pay
 - alcohol related deaths
 - passive drinking
- Causes of the Problem
 - cost of alcohol
 - dial-a-drink
 - binge drinking statistics
- What are we doing about it/How can you help
 - inform, educate, influence
 - share good practice
 - challenge social norms
 - North East Big Drink Debate results and findings

Following the conclusion of the presentation discussion ensued which included the following issues:-

- (i) A Member pointed out that statistics seemed to suggest that the fear of crime and anti-social behaviour and the number of late licences seemed significantly higher in Hartlepool than

other parts of the region and queried the links between these issues. The Director from Balance North East indicated that further research was required in this regard. However, it was evident from results of a recent survey that alcohol related violence was a significant concern.

- (ii) Following discussion on the impact the changes in the licensing laws had placed on alcohol related incidents it was suggested that evidence be sought from police authorities in other parts of the country to establish how the changes in the licensing laws had been managed in their area and share experiences and improvements in policing town centres.
- (iii) The need to challenge the prevailing culture of binge drinking, the importance of utilising effective education and communication methods on the recommended levels of alcohol consumption to alleviate the confusion in relation to alcohol units was highlighted.
- (iv) The effects of alcohol abuse on families, the low cost of alcohol in supermarkets, the benefits of introducing a minimum price on alcohol and the Government's responsibility in addressing this problem were considered.
- (v) Various methods of addressing underage and binge drinking were outlined including the importance of appropriate health campaigns around safe drinking, the role of parents in discouraging underage drinking and the advantages of providing real life examples to get the message across on the effects of binge drinking.
- (vi) A Member commented on the need to publicise and market facilities available for young people and discourage any form of alcohol related advertising.

Recommendation

That the information given, be noted and discussions be used to assist the Forum in completing its investigation.

80. Scrutiny Investigation into Alcohol Abuse – Prevention and Treatment – Evidence from the Hartlepool Primary Care Trust

As part of the Forum's investigation into Alcohol Abuse, the Acting Director of Health Improvement from Hartlepool Primary Care Trust had been invited to the meeting to provide evidence on their involvement in preventative services, brief interventions and engaging with GPs as the first step before treatment for alcohol abuse/misuse. The Acting Director of Health Improvement provided a comprehensive presentation which focused on the following issues:-

- Regional Public Health Strategy
- Safe, sensible and social awareness
- Prevention – key priority for PCT

- National, local campaigns on alcohol awareness
- Local voluntary agencies support and information
- Models of Care for Alcohol Misuse
- Levels of support available
- Primary Care – GP
 - Directed Enhanced Service
 - Long term condition management
 - Emerging Tees specification for primary care alcohol services
- Community Pharmacy support

In response to a request for clarification on the level of PCT funding allocated to alcohol related treatment in comparison to drug related treatment, the Acting Director of Health Improvement agreed to provide this information under separate cover following the meeting.

Recommendation

- (i) That the Acting Director of Health Improvement provides comparative information relating to the level of funding allocated by the PCT to drug and alcohol services.
- (ii) That the information given, be noted and discussions be used to assist the Forum in completing its investigation.

81. Scrutiny Investigation into Alcohol Abuse – Prevention and Treatment – Evidence from the Assistant Director (Community Safety and Protection)

As part of the Forum's investigation into Alcohol Abuse, the Assistant Director (Community Safety and Protection) was in attendance at the meeting and provided a comprehensive presentation which included evidence on early intervention services and targeted work in preventing alcohol abuse in Hartlepool, AS13 forms issued in instances of Anti-Social Behaviour, Straightline Services (the alcohol awareness programme) Operation Stay Safe, Arrest referral service for adults, drinking banning orders, public places orders, test purchasing operations, activity orders, Youth Crime Action Plan (YCAP) and publicity campaigns.

With regard to licensing laws, the Assistant Director commented on the benefits of this issue being further explored at a future meeting with licensing officers and the police. Research had recently been conducted on the evening economy, the licensing implications and the trends since the changes in the licensing law, details of which would be presented in due course.

Following suggestions that a recent report by the Joseph Rowntree Foundation and an earlier report prepared by HBC's Youth Service on young people and their relationship with alcohol may assist the Forum with their investigation, the Assistant Director reported that a local survey into the night time economy and alcohol abuse/misuse was

currently in the process of being completed and would be presented to a future meeting of the Forum.

In response to a query regarding the level of support from parents when advised of underage alcohol consumption, the Forum was advised that there were mixed reactions from parents. The importance of educating parents to ensure the dangers of alcohol were effectively communicated was emphasised.

Recommendation

That the information given, be noted and discussions be used to assist the Forum in completing its investigation.

82. Scrutiny Investigation into Alcohol Abuse Prevention and Treatment – Parenting Strategy and Young Person Substance Misuse - Evidence from the Parenting Commissioner

As part of the Forum's investigation into Alcohol Abuse, the Parenting Commissioner was in attendance at the meeting and provided a presentation which included the following issues:-

- Young Person Substance Misuse Plan
- History of Preventative Services
- Links between services
- Need to establish clear pathways to services
- Young People and Alcohol - Priorities
 - integrate special service into local processes
 - establish greater individual and corporate responsibilities for identifying and supporting young people with substance misuse issues
 - develop intelligence led approaches to interventions.
 - review specialist service on operational and financial context
- How to tackle issues of cultural change
- How to engage children and families to achieve impact on issues of alcohol misuse

Discussion ensued on the Stay Safe Project, how this service was funded and the benefits of the service.

Recommendation

That the information given, be noted and discussions used to assist the Forum in completing its investigation.

83. Issues Identified from Forward Plan

None

84. Feedback from recent meeting of Tees Valley Health Scrutiny Joint Committee

The report provided feedback on the issues discussed at the last meeting of the Tees Valley Health Scrutiny Joint Committee held on 16 November 2009.

Updates had been given on the Scrutiny of Health Outcomes across the Tees Valley, North East Ambulance Service Contact Centre, Improving Sexual Health Services, details of which were set out in the report.

The Forum discussed the value and feasibility of substitutes being appointed to attend these meetings when required.

85. Any Other Business – North East Regional Scrutiny

The Chair circulated a report to Members at the meeting, updating them of the developments in Health Scrutiny on a Regional basis. The report covered two main areas:-

- (i) A successful bid for 10 days free support from the CfPS's Expert Advisory Team, who maybe utilised to help formulate regional health scrutiny protocols along the lines of the TVHSJC and/or assist the 12 Local Authorities to respond to the North East SHA document 'Our Vision Our Future'; and
- (ii) A planned bid to the CfPS by the 12 North East Local Authorities to tackle health inequalities, by scrutinising the physical, mental and broader health needs of ex-servicemen and women.

The Chair informed the Forum that he would update them with progress on this issue and the outcome of the Health Inequalities bid to the CfPS.

86. Any Other Business – Connected Care

It was reported that an evaluation carried out by Durham University in relation to the connected care pilot would be considered by the Connected Care Steering Group shortly and then presented to HBC's Cabinet in February. The Chair had spoken to the Chair of the Connected Care Steering Group who was happy to attend a future meeting of the Forum to provide a précis of the evaluation.

87. Any Other Business – Dr Foster Report

The Forum was advised that questions and concerns in relation to the

recent report published by the Dr Foster organisation could be directed to representatives from North Tees and Hartlepool NHS Foundation Trust at the next meeting of the Forum on 5 January 2010, when Members were due to receive an update on the Momentum Programme.

88. Any Other Business – Feedback from Links Meeting

At a recent Hartlepool LINK meeting a presentation had been received relating to the development of the new hospital. Members had heard concerns that LINK members had been informed about a delay in funding, but this was denied by the LINK Development Officer who was in attendance. Members were advised that an update from the Momentum Programme Team was scheduled for the next meeting of the Forum on 5 January 2010.

89. Any Other Business – Greatham Health Centre

The Ward Councillor for Greatham had received information that the Health Centre in Greatham had been closed without notification to residents, Councillors and staff working at the Health Centre. The Chair reported that he had received no communication from the PCT in relation to this issue. The Acting Director of Health Improvement indicated that she was not aware of the closure, but would immediately contact colleagues at the PCT and seek clarification which would be forwarded to the Ward Councillor for Greatham. The Chair asked to be kept informed of developments.

The meeting concluded at 5.52 pm

HEALTH SCRUTINY FORUM

05 January 2010



Report of: Scrutiny Support Officer

Subject: MOMENTUM: PATHWAYS TO HEALTHCARE –
PROGRESS REPORT – COVERING REPORT

1. PURPOSE OF THE REPORT

- 1.1 To inform Members that representatives from the Momentum Programme Team will be in attendance at today's meeting to provide an update in terms of the Momentum Programme.

2. BACKGROUND INFORMATION

- 2.1 Members will recall that during the summer of 2008 this Health Scrutiny Forum was involved in a joint consultation under Section 244 of the NHS Act 2006 relating to the development of the Momentum: Pathways to Healthcare Programme, which “aimed to deliver services closer to home; local clinics, where much of what is provided in hospital can take place and a new hospital within easy reach of everyone in the area”¹. The joint consultation was presented to the NHS Joint Committee on the 29 September 2008.
- 2.2 Subsequently representatives from the Momentum Programme Team will be in attendance at today's meeting to provide a presentation in relation to the current Momentum: Pathways to Healthcare timetable. However, since 29 September 2008, Members may wish to note the following milestones that have been achieved:-
- (i) 12 October 2009 – Outline Planning Application, for Hospital Development on land at Wynyard Park, approved by Hartlepool Borough Council's Planning Committee; and
 - (ii) 1 December 2009 – Outline Business Case Approved by North East Strategic Health Authority.

¹ Momentum – Consultation Response (September 2008)

3. RECOMMENDATION

- 3.1 That Members note the content of this report and the presentation from the Momentum Programme Team, seeking clarification on any relevant issues where felt appropriate.

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

BACKGROUND PAPERS

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

- (i) Momentum: Pathways to Healthcare – Consultation Response, presented to the NHS Joint Committee on 29 September 2009
- (ii) Minutes of the Planning Committee of 12 October 2009.
- (iii) North East Strategic Health Authority (2009) NHS North East Supports Plans for New Hospital, Available from: <http://www.northeast.nhs.uk/news-centre/news-releases/release/index.aspx?id=111> [Accessed 14 December 2009].



Hartlepool Health Scrutiny Forum

5 January 2010

Carole Langrick
Director of Strategic Development
North Tees & Hartlepool NHS Foundation Trust

Alison Wilson
Director Health Systems Development
Hartlepool PCT and Stockton-on-Tees PCT

Background

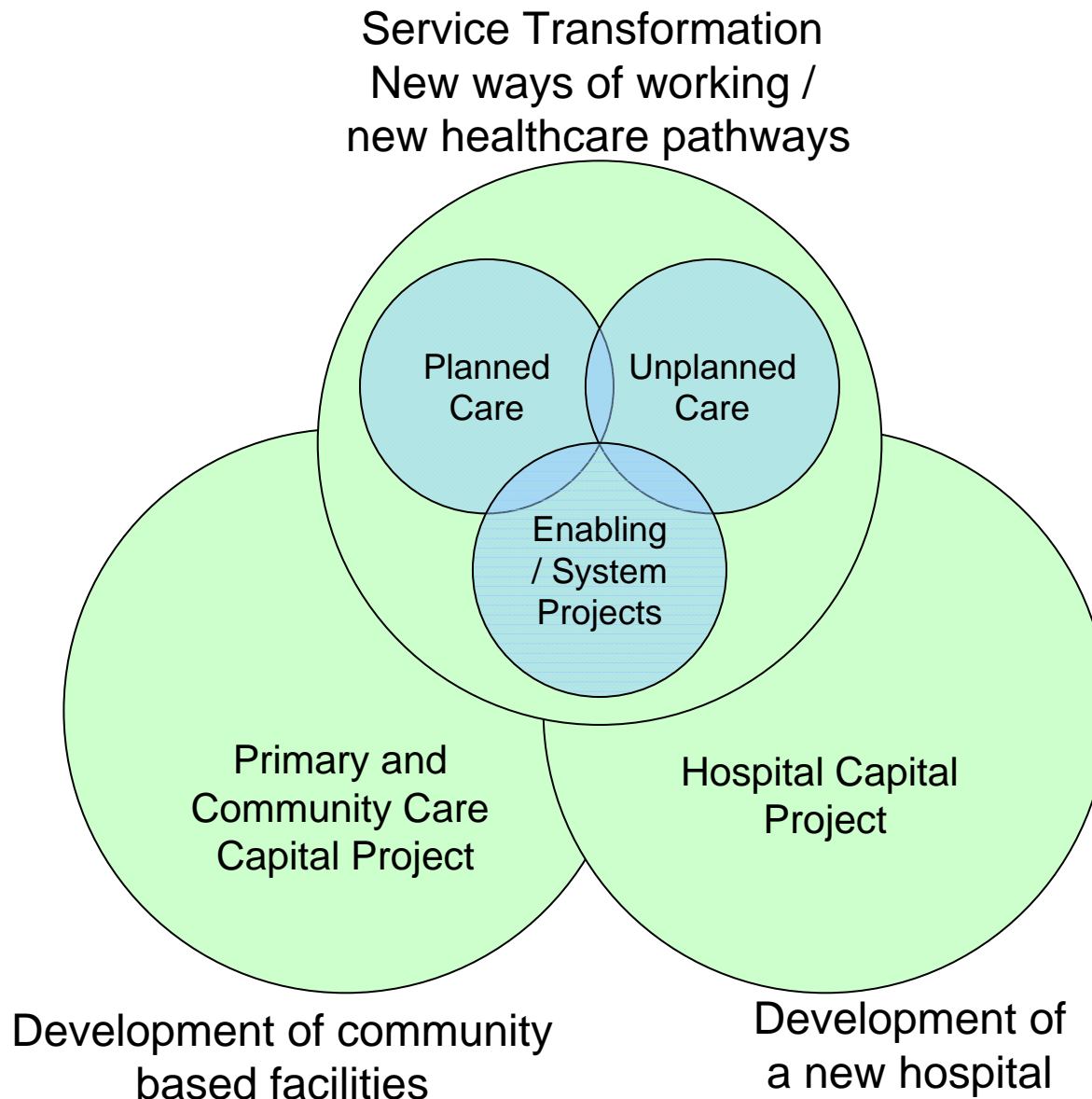
- Long history of reviews
- Need for clinical reconfiguration of services
- Independent Reconfiguration Panel Recommendations (December 2006)
- Programme initiated (April 2007)

Significant progress

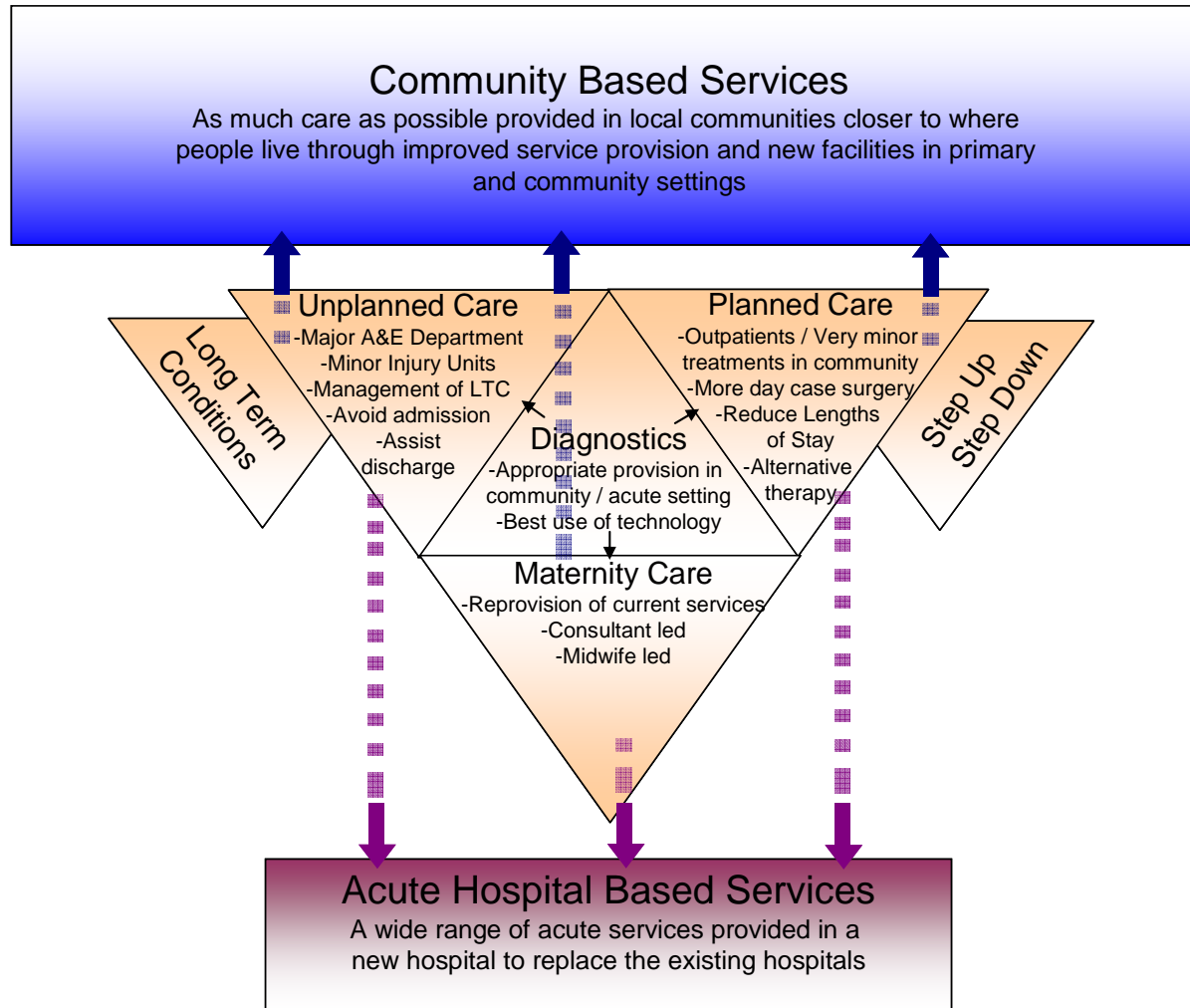
- Reviewed the service models
- Public consultation on the service models, community facilities and location of the new hospital (June – September)
- Agreement by the NHS Joint Committee to move forward 23 October
- Started a range of Business/Service Change Projects
- Produced the OBC for the new hospital
- Produced the SOC for community facilities

Background & Progress

Programme Approach



Service Model



Development of Community Based Facilities

What and Where?

Momentum: where healthcare could be provided

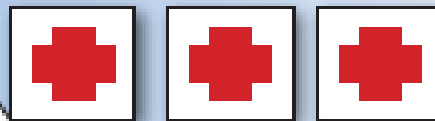
Care at, or
close to home



Care at health centres
or GPs' surgeries



Care in an integrated care
centre or diagnostic and
treatment centre



Care in hospital



Accident & Emergency

...delivering urgent care in the most appropriate setting



- Major A&E in new hospital
- Expect around 60,000 attendances
- Conditions include
 - Major trauma
 - Gastrointestinal conditions
 - Cardiac conditions
 - Poisoning including overdose



- Minor Injury Unit in Hartlepool
- Expect around 17,000 attendances
- X-ray facility
- Conditions include
 - Sprains and fractures
 - Contusions and abrasions
 - Local infections
 - Dermatological conditions

- Patient signposting is critical

Outpatients

...delivery of more consultations closer to home

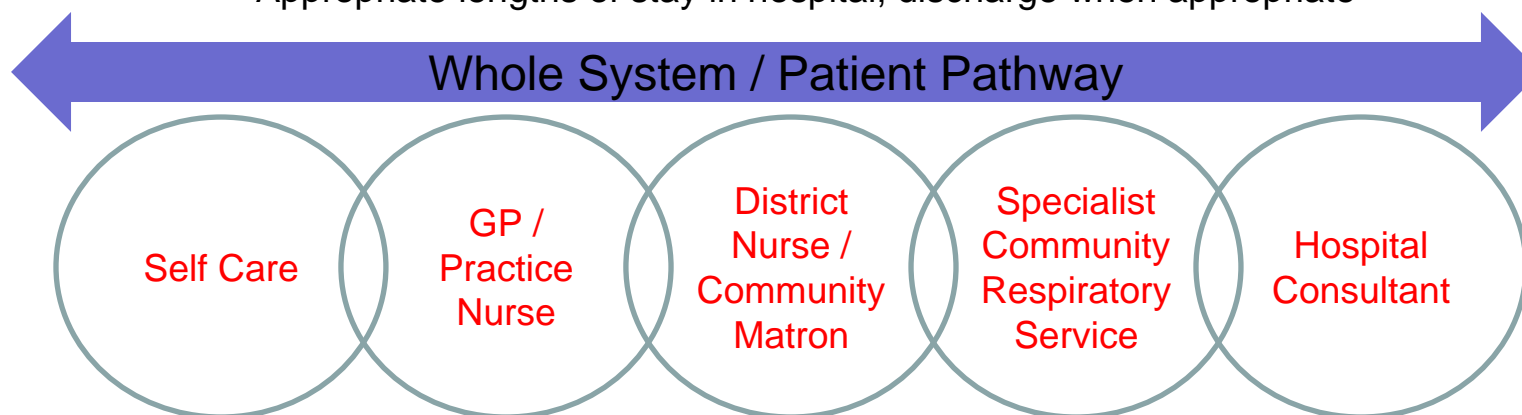


- Up to 75% of outpatient consultations in community setting
 - Between 160,000 and 270,000 patient contacts
 - Every clinic / pathway being assessed
 - Identifying practical arrangements
- 
- Complex outpatient clinics, including
 - Cancers
 - Haematology / oncology
 - Orthopaedics
 - Surgery
 - Interfaces with
 - Ambulance service
 - Choose and book
 - Medical Records
 - Staff / HR
 - Public awareness and communication
 - Patient leaflets and letters
 - Local press
 - GPs
- Early movers
 - Rheumatology (one clinic already moved to Tees Street)
 - Vascular
 - Diabetes
 - Gynaecology
 - Audiology
 - Cardiology
 - Respiratory

Respiratory Conditions

...earlier intervention to prevent hospital admissions

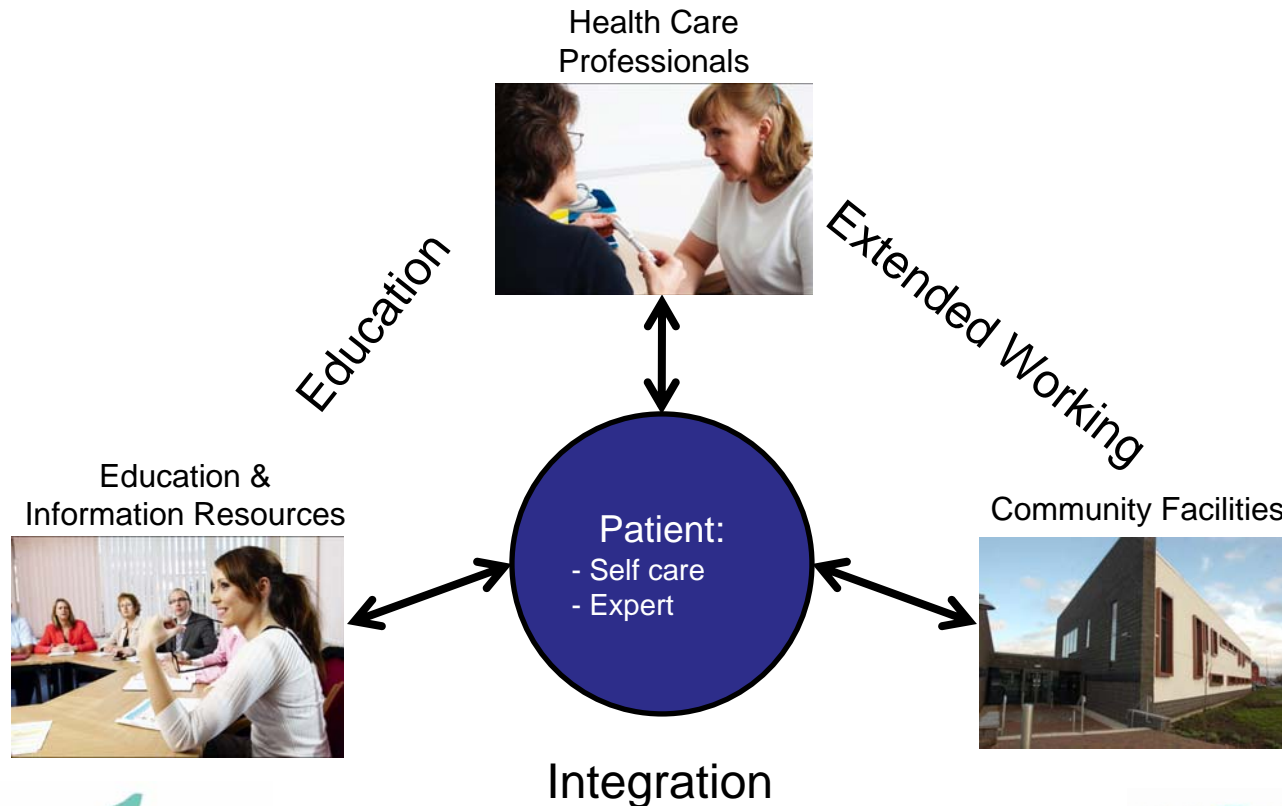
- Integrated working between hospital consultants, specialist nurses and community staff
- Greater emphasis on patient self care
- Involvement of GPs
- Exploit technologies such as Telecare
- Avoid admissions to hospital
- Appropriate lengths of stay in hospital, discharge when appropriate



Diabetes

...management of a long term condition

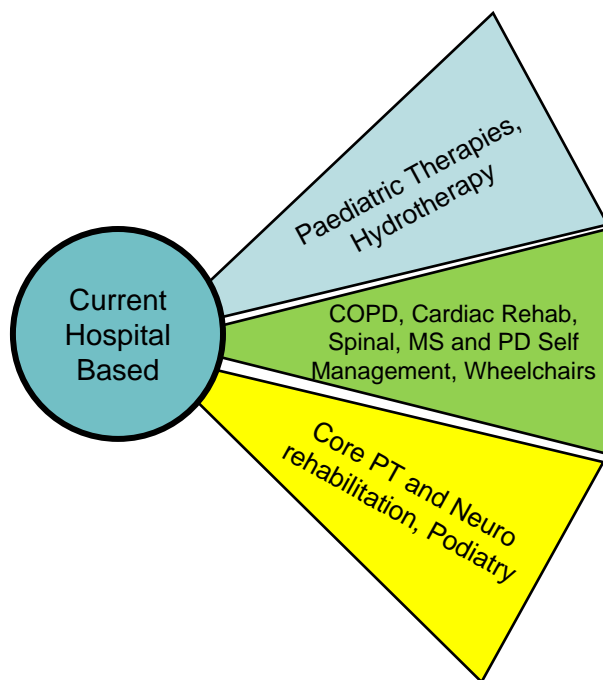
- A national and regional clinical priority
- Prevalence rates rising (around 4% currently, over 5% by 2015)
- Results in significant morbidity, early mortality and health complications
- Early diagnosis and integrated care is critical



Physiotherapy and Occupational Therapy

...delivery of more therapies in the most appropriate setting

- Mainstream outpatient services in most appropriate setting
- Provision of specialist services (paediatrics, Parkinson's disease, spinal rehabilitation)
- Linkages with clinical pathways e.g. diabetes, respiratory, vascular, stroke
- Better access with a more robust emphasis upon prevention and self management in a 'de medicalised' setting
- Exploit interfaces with leisure and education facilities and staff



Paediatric Hub

In conjunction "Building Schools for the Future Programme"
Includes all therapies, dietetics, wheelchair service
Adult and paediatric hydrotherapy

Adult Specialist Hub (co-located with a generalist hub)

Specialist rehabilitation facility for complex / specialist needs
Adult wheelchair services

Generalist hub(s)

Core physiotherapy
Treatment areas / bays

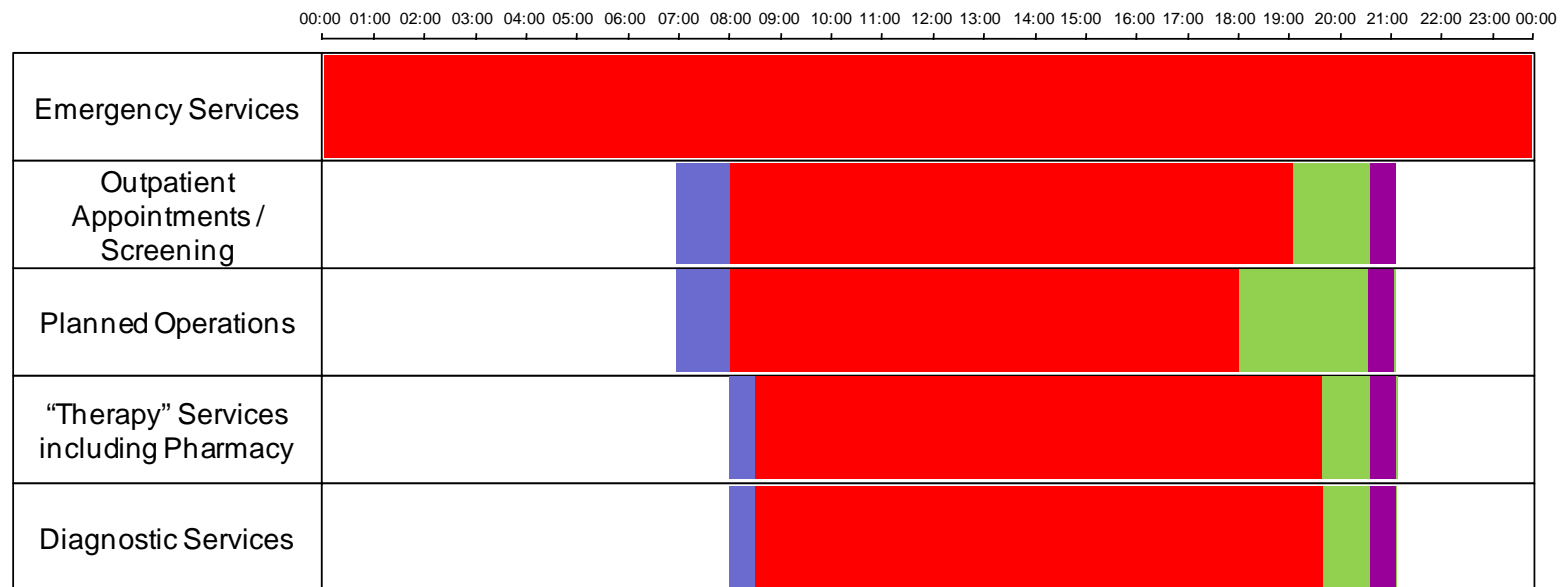
Self Management Programmes

Cardiac, COPD, Spinal, MS, Parkinson's Disease
Public access leisure facilities, potential private sector partnerships

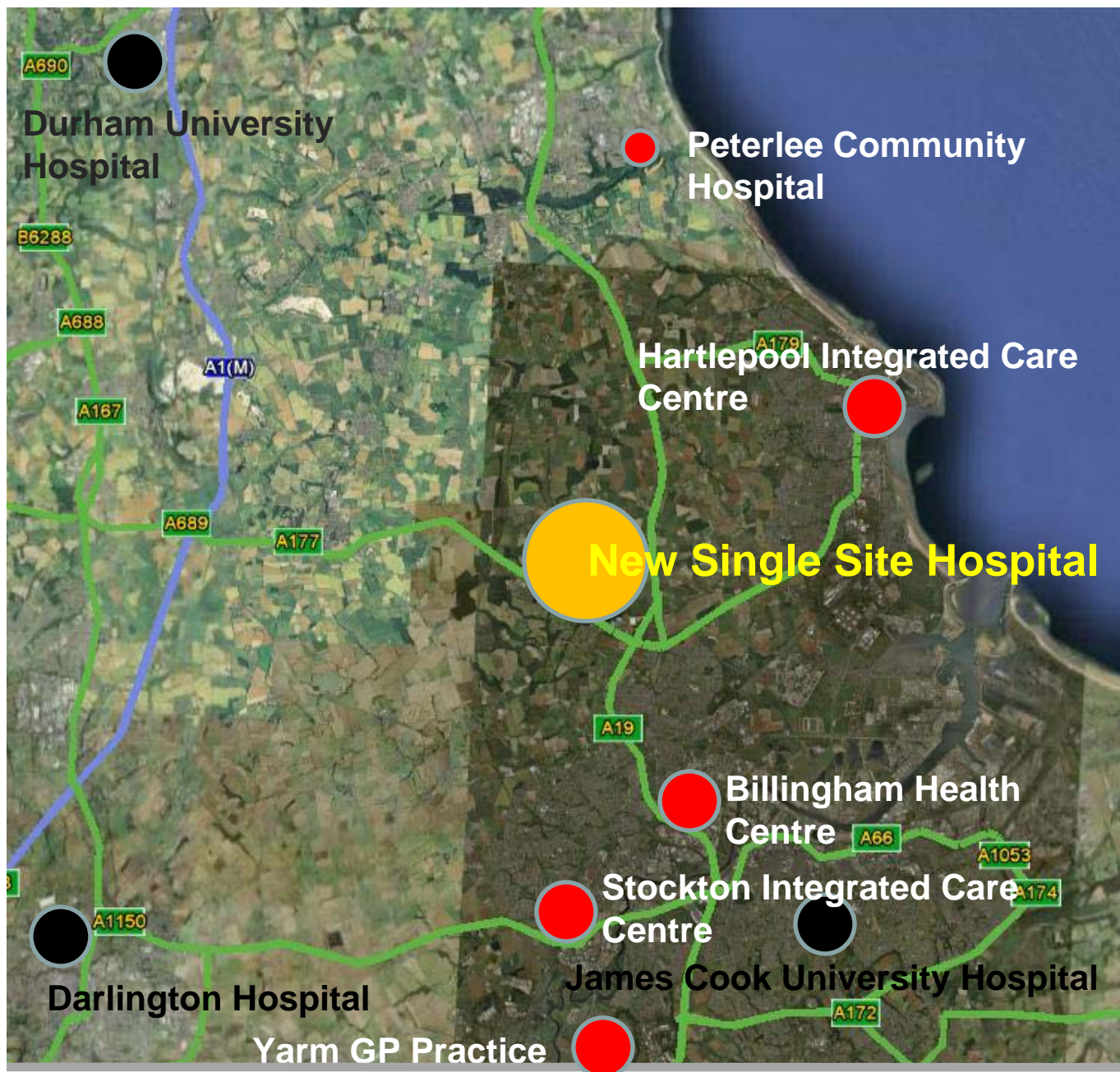
Extended Working

...treatment available at a time convenient to patients and staff

- Planned treatments and services available over an extended working day
 - Better patient experience – health care delivered at a time to suit
 - Better staff experience – flexible working rosters
- Central to improved service pathways and models
 - Equipment and facilities used more efficiently and available as required
 - Staggered Opening Times as appropriate
- Unplanned care and supporting technology continues to be available 24 / 7



First patients arrive Care delivered Patients “recover” Last patients depart



2015

Network of Care Services in Community Settings including

- Minor Injuries
- Range of diagnostics
- Outpatient Clinics
- Minor Surgery
- Community Dentistry
- Contraception and Sexual Health
- Physiotherapy and Musculoskeletal services
- Speech & Language Therapy / Audiology

Transforming Community Services

- Development of strategic outline case for new service pathways and facilities
- Progressing the strategic development of high quality primary care facilities
- Clearly defined care pathways including self care & primary care management



Hartlepool Integrated Care Centre (ICC)

- Iconic LIFT development
- Community identity
- Community, GP, pharmacy, hospital services & local groups
- Integrated care
- Consolidation of 'urgent care' delivery
- Flexible, energy efficient, sustainable



Community Facilities

Timetable for delivery

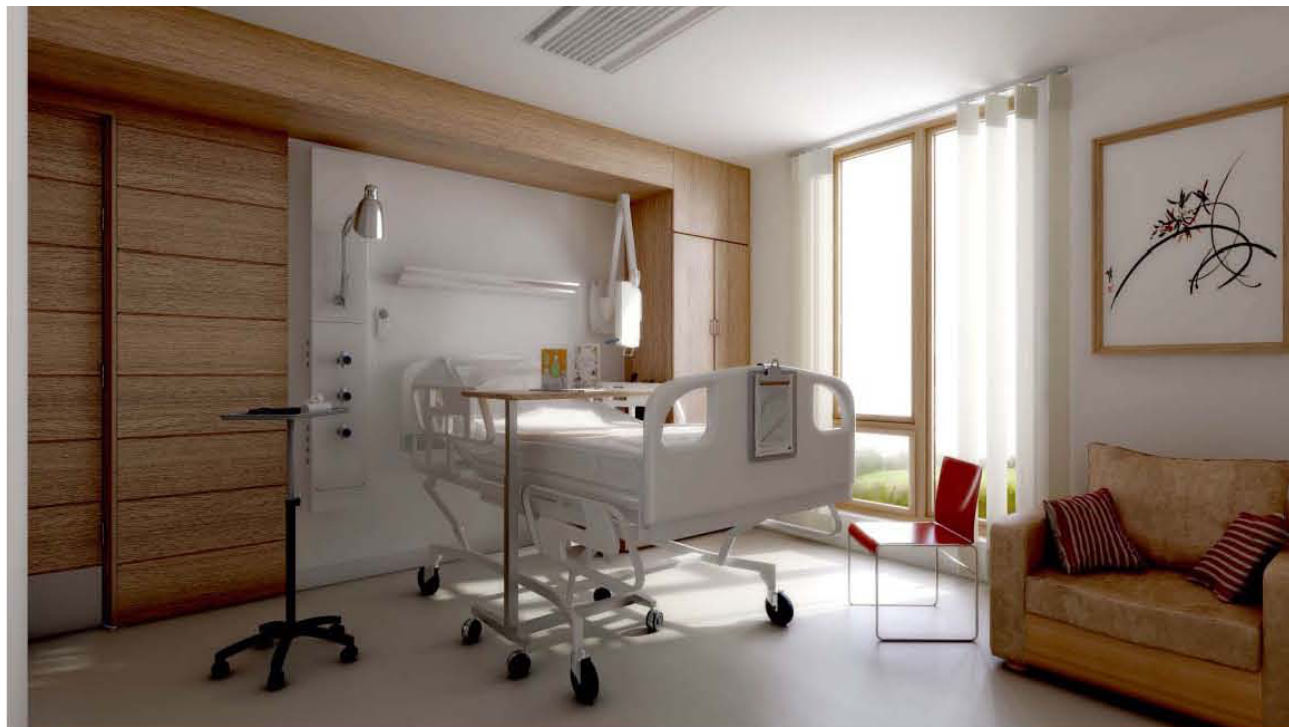
- Hartlepool Integrated Care Centre (ICC)
 - Phase 1 May 2010
 - Phase 2 Oct 2010
- Stockton ICC
 - Land purchase 2009
 - Development & design 2009/10
 - Completed 2012
- Billingham ICC
 - PFI Social Credits includes extra care
 - Design & development 2009/10
 - Completed 2013





Timetable

- OBC approvals September to November 2009
- Planning 12th October 2009
- Treasury Approval February 2010
- Procurement 24 months (competitive dialogue)
- Build period 3 years 3 months
- Hospital opening late spring 2015



Transport

The public transport services to be provided are three fold:

- **A regular shuttle bus operating seven days a week throughout the daytime and evenings between the hospital, other developments at Wynyard, Billingham Railway Station and Billingham Town Centre.**
- **The extension to Wynyard of a current commercial bus service serving Easington, Peterlee, Blackhall and Hartlepool.**
- **The provision of two semi-flexible demand responsive transport services**

Summary

- Service Transformation projects beginning to change pathways
- Migration of appropriate services from their traditional place in the hospital into local settings
- World class integrated community and hospital services and facilities

HEALTH SCRUTINY FORUM

05 January 2010



Report of: Scrutiny Support Officer

Subject: CONSULTANT REFERRALS – COVERING REPORT

1. PURPOSE OF THE REPORT

- 1.1 To provide Members with an introduction to the evidence gathering exercise in connection to the recent issue of Consultant Referrals.

2. BACKGROUND INFORMATION

- 2.1 The Health Scrutiny Forum met on 6 October 2009 and received a presentation entitled 'World Class Commissioning Year 2' by the Director of Corporate Development / Assistant Chief Executive from North Tees and Hartlepool PCT.
- 2.2 During discussions on 6 October 2009, Members referred to a particular incident of a consultant referring a patient to another consultant, but the referral had to take place via the patient's GP. Members were concerned if this was an appropriate use of resources and requested more information about how the consultant referral process operated.
- 2.3 Consequently at today's meeting the following representatives have agreed to provide evidence to the Forum, in relation to their role and views on the subject of consultant referrals:-
- (a) Hartlepool Primary Care Trust;
 - (b) North Tees and Hartlepool NHS Trust; and
 - (c) A General Practitioner from Hartlepool.

3. RECOMMENDATION

- 3.1 That Members note the content of this report and the evidence presented at today's meeting from the representatives detailed in section 2.3, seeking clarification on any relevant issues where felt appropriate.

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

BACKGROUND PAPERS

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

- (i) Minutes of the Health Scrutiny Forum of 6 October 2009.

HEALTH SCRUTINY FORUM

05 January 2010



Report of: Scrutiny Support Officer

Subject: SWINE FLU BRIEFING – COVERING REPORT

1. PURPOSE OF THE REPORT

- 1.1 To introduce representatives from NHS Tees who will be presented at today's meeting to present a briefing around Swine Flu.

2. BACKGROUND INFORMATION

- 2.1 Continuing the development of strong working / communication links between Hartlepool PCT (part of NHS Tees) and the Health Scrutiny Forum, a request has been received from the Associate Director of Communication and Engagement (NHS Tees), to provide an update briefing in relation to Swine Flu.

3. RECOMMENDATION

- 3.1 That Members note the content of this report and the briefing, seeking clarification on any issues from the representatives from NHS Tees present at today's meeting.

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

BACKGROUND PAPERS

No background papers were used in the preparation of this report

HEALTH SCRUTINY FORUM

05 January 2010



Report of: Scrutiny Support Officer

Subject: CARE QUALITY COMMISSION

1. PURPOSE OF THE REPORT

- 1.1 To advise Members of the role of the Care Quality Commission in the assessment of Health and Adult Social Care.

2. BACKGROUND INFORMATION

- 2.1 Members will recall that in previous years the Forum has received Annual Healthcheck Declarations from both North Tees & Hartlepool NHS Foundation Trust and Hartlepool PCT, with the evidence provided informing the Healthcare Commission.
- 2.2 In April 2009 the Healthcare Commission, the Mental Health Act Commission and the Commission for Social Care Inspection were replaced by the Care Quality Commission (CQC), who produced the document 'Voices into Action' in November 2009 (attached as **Appendix A**), highlighting how organisations such as Overview and Scrutiny Committees can become involved in the new arrangements.
- 2.3 Members may wish to note that there is no requirement of the Forum to provide commentary this year and that contact will be forthcoming from the local CQC team, explaining how the Forum can provide information throughout the year.

3. RECOMMENDATION

- 3.1 That Members note the content of this report and consider any information they would like to submit to CQC as part of the registration process for North Tees & Hartlepool NHS Foundation Trust and Hartlepool PCT.

Contact Officer:- James Walsh – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy

Hartlepool Borough Council
Tel: 01429 523647
Email: james.walsh@hartlepool.gov.uk

BACKGROUND PAPERS

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

- (i) Care Quality Commission (2009) *Voices in Action*, Available at:
[http://www.cqc.org.uk/_db/_documents/Voices_into_action_\(electronic\).pdf](http://www.cqc.org.uk/_db/_documents/Voices_into_action_(electronic).pdf)
[Accessed 14 December 2009]

Voices into action

Your part in our assessment of health and adult social care in 2009/10



A guide for local involvement networks (LINKs), overview and scrutiny committees, local safeguarding children boards, foundation trusts' boards of governors, learning disability partnership boards, local voluntary organisations and representative groups

November 2009

It is important for us to hear what people who use services have to say about their experiences. We are therefore grateful to those groups who work hard to gather comments from local people. You can now send us information when you want to about the health and adult social care issues that matter to you. This guide will explain how you can do this.

Key messages

You do not need to write a commentary this year about your NHS trust's declaration for the NHS performance ratings in 2009/10.

To help us judge how well NHS providers meet essential standards, please send us information about any NHS provider by the **end of January 2010**.

To help us judge how well social care providers and independent healthcare providers meet essential standards, please send us information about them by the **end of March 2010**.

You can also send us information at any time of the year. We will use your information whenever you send it, as part of our ongoing checks on services.

You can now tell us about any health or adult social care service provider. You can also tell us about primary care trusts and local councils that commission services to make sure the right services are provided in your area.

You can send us information, including your own reports, using a new form on our website from 1 December. You can also share it with our local area managers.

We also encourage you to share any information with local services to help improvement.

We do not have powers to deal with individual complaints.

What is the Care Quality Commission?

The Care Quality Commission (CQC) is the new independent regulator of all health and adult social care in England. We inspect all health and adult social care services in England. We also protect the interests of people whose rights are restricted under the Mental Health Act.

We promote the rights and interests of people who use services and we have a wide range of enforcement powers to take action on their behalf if services are unacceptably poor.

People who use health and social care services are at the heart of our work, so we want to make sure that their voices are heard.

You can learn more about CQC on our website, by reading *About the Care Quality Commission* at www.cqc.org.uk/publications.cfm?fde_id=10979 and more about how we plan to involve people by reading *Voices into Action* – our ‘statement of involvement’ www.cqc.org.uk/_db/_documents/A4_Report_2009_01.pdf

Which services and organisations do we check on?

We check on all health and social care services **provided** by the NHS, local authorities, voluntary organisations or private companies. These include acute and community hospitals, ambulance services, foundation trusts, services for people with mental health or learning disabilities, community nursing services, hospices, care homes, supported living services, transport by an NHS provider and substance misuse rehabilitation services. For a full list of services regulated by the Care Quality Commission go to our website: www.cqc.org.uk/aboutcqc/whatwedo/activitiesweregulate.cfm

We also check on primary care trusts and local councils that **commission** health and social care services. Commission means that they arrange the local services that people need in their area.

Who can send us information about health and social care services?

We want to make it as easy as possible for you to tell us about local people’s views of both health and adult social care services, and to do this at any time of the year. Anyone can send us information about their experiences of using these services. This includes representatives of people who use services, their carers and families, representatives of the public, as well as individuals themselves. We will try to use as much information as we can when we assess services.

In our first year, we are building relationships with local groups that represent people who use services. The main groups we are working with at the moment are local involvement networks (LINKs), overview and scrutiny committees and foundation trusts’ boards of governors.

We are also inviting learning disability partnership boards and local safeguarding children's boards to send information to us, building on their involvement in the NHS performance ratings in 2008/09 (known before as the annual health check).

From 2010, we will be inviting a much wider range of representative groups to contribute their views and experiences of services into our assessments. We will also be finding out the best ways to bring more individual voices and experiences into our assessments. We will tell you more about this in 2010.

How can you send information to us?

You can tell us your views and experiences by talking to your local area manager at CQC (contact details from our National Contact Centre – see back page) and sharing reports with them, or sending your information through our website at **www.cqc.org.uk/localvoices** from 1st December 2009. There is a form on the website to help you structure your information, or you can directly send us reports and surveys.

You can share information with your local area manager in whatever way suits you best. They may ask you some questions to make sure they know how many people the information covers, or whether it has been discussed with other organisations.

You do not need to show the information you send us to any health and social care services. However, we hope that you will use it as part of your discussions with local services about making care better.

What can you send us information about?

We are interested in any information that will help us check up on health and adult social care services. You can give us your views and experiences of any of the services and organisations we regulate, or tell us about how they work together in your area.

You can tell us where you think a service is providing good care, as well as examples where care is poor. We are especially interested in the views and experiences of care of those people who have not been listened to, or have not received acceptable standards of care in the past.

Do you have a complaint or concern about health or adult social care services?

The Care Quality Commission does not deal with individual complaints about services. If you have a complaint about a particular service, you should first contact the provider. For more information, go to the complaints page on our website.

If you have urgent concerns about the wellbeing of a child or vulnerable adult, which may or may not be related to the quality or safety in a particular service, you should contact your local authority children's or adult social care department. For more information, go to the safeguarding page on our website.

Telling us about health and adult social care service providers

From April 2010, all organisations that provide health and adult social care services in England will be required to register with us to be able to operate. To do this they will have to meet essential standards of safety and quality. You can give us your views and experiences about any of these standards.

Standards for health and adult social care service providers

Involvement and information

We are looking at how people are involved in their care

- How do people understand about the care they are getting?
- How do people receive the information they need about their care?
- How do people give their informed consent to treatment and care?
- How are people supported to say what they think about their care?

Personalised care, treatment and support

We are looking at how people are given the individual care and welfare they need

- How do people receive the food and nutrition they need?
- How do service providers cooperate with other services to meet people's needs?

Safeguarding and safety

We are looking at how vulnerable people who use services are looked after safely

- How are medicines given at the right time and in the right way?
- How are medical devices used and managed properly?
- How suitable and safe are premises?
- How safe do people feel?
- How available, safe and suitable is equipment for individuals' needs?

Standards for health and adult social care service providers (contd)

Suitability of staffing

We are looking at how people get the right care from the right staff

- How do services choose staff with the skills to match people's needs?
- How do services make sure that there are enough staff to do the work?
- How do services make sure staff are properly trained?

Quality and management

We are looking at how people know they are getting the best and safest services

- How are services being made better?
- How are people supported to say how they feel?
- How are checks done to make sure that staff do their job properly?

Suitability of management

We are looking at how people's care and treatment are being met

- Are staff registered with their professional bodies if they need to be?
- Are staff supported to do their job well?
- How do staff use what they are told to make services better?

Telling us about primary care trusts and local councils

You can tell us what you think about primary care trusts and local councils that commission or arrange the local services in your area. These are some of the areas of performance we are looking at:

- Do they put people first, to ensure they get the care they need?
- Do they make sure that their services are safe and of a good quality?
- Are they spending their budgets sensibly, to get the best services they can for people with the money available to them?
- Do they lead the services in their area well?

Telling us about how well services work together

You can tell us whether services work well together in your area:

- How well people are cared for when they move between services such as hospitals or care homes and community services.
- How well information about people's care or treatment is shared between different services.
- How well people's care is planned across different services.

Giving us information for our national reviews and studies

You can also tell us about services that we are looking at in our national reviews and studies, such as our review of health and social care for families with disabled children and young people. We will let you know if there are opportunities for you to support local improvement work in services as part of these studies.

Top tips for sending us your views and experiences

- ✓ Tell us what matters most to your group and the people in your community. What are the most important points you want to get across?
- ✓ Think about examples of good practice, as well as problems or areas that you think should be improved.
- ✓ Read about the new essential standards for quality and safety that we expect all health and social care services to meet. Try to match these standards (on pages 4 and 5 of this guide) with the information you want to give us.
- ✓ We are interested in recent experiences of care. It will help if you can give us information you have gathered since 1 April 2009.
- ✓ Try to find facts and examples to back up your information. These may include notes from a meeting or visit to a service, the results of a local survey, or a set of personal stories from individuals with dates and supporting documents.
- ✓ Please note that your information must not include any confidential or personal information, such as the names of individual patients or staff, or their contact details.
- ✓ You do not need to send us all the supporting information you have, but we may ask you to show us this to help us use your information.
- ✓ It will help us to know whether the views or experiences you tell us about are common among the people in your group or community.

Our local area managers can offer advice on putting together your information and evidence.

What we will do with the information you send us?

Your information will become part of our profiles of health and adult social care organisations. This is where we keep all the information we have about each organisation. We will use your information:

- To help us spot problems or concerns in local services that we need to act upon.
- In our assessments and reviews of different types of organisations.
- To look at how well a service provider meets essential standards of quality and safety. This will help us decide if the service provider can register with us and be allowed to provide its services to local people.
- To help us decide if we need to ask a service provider to make improvements in some areas of its care, to show us that it will meet all these standards in future.

We may also use your information:

- To look at how commissioners of services (like primary care trusts) find out what services people need, and if money is being spent wisely to provide services in the local area.
- To help us check what local councils tell us about their own performance in their self-assessments in 2010.

Over the next few months, we will be giving you more information about how we are going to assess commissioners and how we would like to involve you in this.

How will we give you feedback?

If you send us information through our website, we will send you an email to tell you that we have received it. We will also publish a report every year that says what we have done with the views and experiences of services that people have sent us. You will also get feedback from your discussions with local area managers about how we are using what you have told us.

How else can people get involved in the work of CQC?

Giving us advice

We have set up an advisory group and sounding board for LINKs, overview and scrutiny committees and other representative bodies to advise us on what we do and how we do it. For information about this, please contact **Clare.Delap@cqc.org.uk** or **Lucy.Hamer@cqc.org.uk** in the involvement team.

Responding to consultations

Please see **www.cqc.org.uk/getinvolved/consultations.cfm** for more details of our latest consultations.

Further information

To send us information about local views and experiences of health and social care, please visit our web page **www.cqc.org.uk/localvoices** from 1 December 2009.

For more information, please visit our website **www.cqc.org.uk**.

You can also subscribe to our monthly newsletter by visiting our website at **www.cqc.org.uk/newsandevents/newsletter.cfm** or by ringing our National Contact Centre on 03000 616161.

We hope you find this information useful. If you have any other issues you want to discuss with us, please contact your local area manager or email **enquiries@cqc.org.uk** or ring our National Contact Centre on **03000 616161**.

HEALTH SCRUTINY FORUM

05 January 2010



Report of: Scrutiny Support Officer

Subject: TEES VALLEY HEALTH SCRUTINY JOINT
COMMITTEE - UPDATE

1. PURPOSE OF THE REPORT

- 1.1 To inform Members of issues discussed at meetings of the Tees Valley Health Scrutiny Joint Committee held since the last meeting of the Health Scrutiny Forum on the 1 December 2010.

2. BACKGROUND INFORMATION

- 2.1 A meeting of the Tees Valley Health Scrutiny Joint Committee was held on the 17 December 2009. Issues included on the agenda for this meeting were:-
- (i) Cancer Screening Services and Next Steps – Developments Planned Since Publication of '*Cancer Reform Strategy – 2nd Annual Report*¹;
 - (ii) Out of Hours Care Service Redesign - Progress Update;
 - (iii) Swine Flu Briefing – Summary of Impact on Services to date;
 - (iv) Personal Health Budgets (Pilot) – Briefing from NHS Tees; and
 - (v) Stroke Services in Middlesbrough – For Information following recent investigation by Middlesbrough Council's Health Scrutiny Panel.
- 2.2 Full copies of these reports are available from the Scrutiny office should Members wish to obtain them.
- 2.3 Please note that the deadline for papers for today's meeting required the circulation of this report before the meeting on the 17 December 2009. On this basis, a verbal update / summary of discussions at the meeting on the 17

¹ Department of Health, December 2009

December 2009 will be provided by those Tees Valley Health Scrutiny Joint Committee members who are present at today's meeting.

3. RECOMMENDATION

3.1 That Members:-

- (i) Note the content of the report and verbal feedback provided at the meeting; and
- (ii) Outline any possible comments in relation to the issues discussed which they would like the Chair to relay back to the Joint Committee on their behalf.

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

BACKGROUND PAPERS

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

- (a) Department of Health (2009) *Cancer Reform Strategy: Achieving Local Implementation – Second Annual Report*, Available from:
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_109597.pdf [Accessed 14 December 2009]