

# **HEALTH SCRUTINY FORUM AGENDA**



**Friday, 19 February 2010**

**at 12.00 noon**

**in Greatham Community Centre  
Front Street, Greatham, Hartlepool**

**MEMBERS: HEALTH SCRUTINY FORUM:**

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

Resident Representatives:

Mary Green, Jean Kennedy and Linda Shields

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. MINUTES**
  - 3.1 To confirm the minutes of the meeting held on 2 February 2010 (*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 Suspension of Greatham Clinic from 11 Front Street, Greatham

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

(b) Written and verbal evidence from Hartlepool Primary Care Trust and North Tees and Hartlepool NHS Foundation Trust.

7.2 Six Monthly Monitoring Update of Agreed Health Scrutiny Forum's Recommendations – *Scrutiny Support Officer*

8. **ISSUES IDENTIFIED FROM FORWARD PLAN**

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

No items.

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

**ITEMS FOR INFORMATION**

**Date of Next Meeting:-** Tuesday, 9 March 2010 at 3.00 pm in the Council Chamber, Civic Centre, Victoria Road, Hartlepool.

# HEALTH SCRUTINY FORUM

## MINUTES

2 February 2010

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

### **Present:**

Councillor: Jonathan Brash (In the Chair)

Councillors: Caroline Barker, Geoff Lilley, Gladys Worthy and David Young.

Resident representatives:

Jean Kennedy and Linda Shields

Officers:

Louise Wallace, Acting Director of Public Health  
Alison Mawson, Assistant Director (Community Safety and Prevention)  
John Robinson, Parenting Commissioner  
Chris Hart, Planning and Commissioning Manager  
James Walsh, Scrutiny Support Officer  
Angela Hunter, Principal Democratic Services Officer

Also in attendance:

Tom Livesey, Project Co-ordinator/Therapist, MIND  
Kevin Wilson, Chief Executive Officer, The Albert Centre  
Dr Paul McGorran, Medical Director, Intrahealth

### **103. Apologies for Absence**

Apologies for absence were received from Councillors Shaun Cook and Lilian Sutheran.

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

None.

### **105. University Hospital of Hartlepool – Accident and Emergency Department**

The Chair referred to an article which appeared in the Hartlepool Mail and had reported the possible closure of the Accident and Emergency Department at the University Hospital of Hartlepool. A copy of the statement forwarded to the Mail from the Director of Strategic Development at the North Tees and Hartlepool NHS Foundation Trust was circulated for Members' attention.

The statement confirmed that under the Momentum: Pathways to

Healthcare programme, health services were being designed in the way the public want them including providing much more care in or close to people's homes, in health centres, integrated care centres and the new hospital at Wynyard.

It was confirmed that the Park Road development will open in May with a new minor injuries centre added in October and this would provide a minor injuries service for people currently attending the Accident and Emergency Department at the University Hospital of Hartlepool. Furthermore, as the detail of the transfer of services was still being worked through it was impossible to say at what point the more serious hospital based accident and emergency services at the University Hospital of Hartlepool will transfer as the transition to the new hospital takes place.

The Chair confirmed that the North Tees and Hartlepool NHS Foundation Trust had a duty to consult with the Health Scrutiny Forum and ensure the public, trades unions and local authority were fully involved in any significant changes to the way health services were provided in the town. In addition, the Chair reassured Members that their concerns would be forwarded to the Strategic Director at the North Tees and Hartlepool NHS Foundation Trust.

## **106. Minutes of the meeting held on 5 January 2010**

Confirmed.

## **107. Matters Arising**

- (i) The Chair informed Members that 12 north east local authorities had joined forces and been successful in a bid to set up a public scrutiny investigation into health and equalities of ex-service men and women. It was noted this was a welcome development and further details would be brought to a future meeting of the Forum.
- (ii) Members were reminded that an additional meeting of the Health Scrutiny Forum had been scheduled for 19 February 2010 although the commencement time had been changed to 12 noon. The meeting would look at the suspension of the Greatham Clinic and was to be held in Greatham Community Centre to ensure as many Members of the local community had the opportunity to attend as possible. The Chair confirmed that representatives from the Primary Care Trust will be in attendance at that meeting also. A Member raised concern at the change of time of the meeting. The Chair confirmed that the change of time was to ensure that a representative from the Primary Care Trust was in attendance and gave reassurances that a full advertisement campaign in terms of leaflets and press releases will be undertaken to ensure full publication of the date, venue and timing of the meeting.
- (iii) Reference was made to minute 99 and the request for details of how services would be transferred to the new hospital. It was confirmed that a response to this request had been prepared had been circulated to Members.

- (iv) A Member referred to minute 100 in relation to tertiary consultant referrals and sought clarification on whether any progress had been made on this issue. The Scrutiny Support Officer confirmed that discussions were ongoing with (Assistant Director, Procurement & Contract Management (Acute Services)) and once a response was received, this would be forwarded to all Health Scrutiny Forum Members. The Chair confirmed that should Members have any specific issues they would like to be raised with the Primary Care Trust, they could forward them direct to the Chair and a response would be sought on their behalf.

## **108. Scrutiny Investigation into ‘Alcohol Abuse – Prevention and Treatment’ – Evidence around Treatment Services** *(Scrutiny Support Officer)*

Members were informed that a number of representatives from organisations involved in Treatment Services aimed at helping people suffering from alcohol abuse and misuse were in attendance to provide evidence as part of the investigation into ‘Alcohol Abuse – Prevention and Treatment’.

The Parenting Commissioner gave a detailed presentation which looked at how the Children’s Trust Board was involved in tackling young people’s substance misuse issues. The Board completed an Annual Treatment Plan and details of the content of this Plan were provided. The financial implications of providing this specialist service were highlighted in the presentation. The key objectives of the plan were detailed and included earlier intervention which ultimately lead to better success being achieved, the need to ensure the whole family was involved and was supported to help identify any problems and appropriate training for staff to ensure early identification of the signs of possible substance misuse at an early stage.

A discussion ensued which included the following issues.

- (i) The information within the presentation indicated that there appeared to be no issues with Class A drugs and young people and a Member questioned whether this could be attributed to cost, availability or stigma and whether this contributed to why the abuse of alcohol and cannabis was more prevalent? The Parenting Commissioner commented that young people viewed drinking alcohol as ‘cool’ and drug use as ‘not cool’.
- (ii) A Member questioned what the greatest challenges were in relation to the prevention of alcohol/substance abuse. The Parenting Commissioner indicated that the most powerful influence was other young people and the biggest challenge was to organise planned activities to occupy young people.
- (iii) A resident representative commented that a lot of the issues with young people becoming involved in alcohol/substance abuse seemed to be linked to the fact that there was nowhere for the young people to go and no activities for them to be involved in. The Parenting

Commissioner indicated that there were more activities organised across the town than ever before with waiting lists in place for some activities. A Member noted that there were some young people who did not want to access organised activities but perhaps some thought should be given to encouraging participation in the activities that were available. However, one issue was that it was difficult to accept that some young people preferred to hang around together in safe areas as opposed to undertaking organised activities and it was suggested that one way forward could be to open local authority parks on an evening with the provision of some activities within the parks and through the presence of youth workers.

- (iv) A resident representative raised concerns about young people in the poorest areas not being able to access some activities provided due to the cost.
- (v) The issue of young people accessing alcohol before attending activities was discussed and the need to ensure young people were not arriving at the activities drunk. It was noted that this was a difficult issue as statistics had shown that 50% of the alcohol that young people access was given to them by their parents. The Acting Director of Public Health commented that cost was a major issue in relation to young people accessing alcohol and Members were reminded that there was a lot of work being undertaken around minimum pricing and support had been sought from the Chief Medical Officer in this regard.
- (vi) A Member questioned whether the funding for residential care was ring fenced. The Parenting Commissioner indicated that the budget for residential care was not identified up front. A panel of officers would look at each case on its individual merits and an appropriate joint funding package between the local authority, primary care trust and education authority would be created.
- (vii) Members were reminded of the youth centres in the town that used to be in operation for young people and the fact that they were closed as young people did not want to use them. It was suggested that one central place for young people to attend might be more popular.
- (viii) One of the key issues influencing young people's behaviour was their parents and their behaviour. It was noted that the Community Drugs Centre on Whitby Street was not a particular child friendly place and a lot of people visiting the centre had no option than to take their children with them. The Parenting Commissioner informed Members that this issue had already been recognised and arrangements were in place for the Families' First bus to be outside the Centre and crèche facilities were available. In addition to this, all parents were welcome to attend any of the Children's Centres across the town and the importance of reassuring them that this was not a way of 'taking their children off them' as a lot of parents in that situation feared.
- (ix) A Member questioned at what point were families affected by drug and alcohol abuse able to access mainstream health care. The representative from Intra-health indicated that shared care already existed although it was more prevalent in other areas than Hartlepool. Once a person was stable, showing continuity with attending their appointments and was continuing to test negative, a shared care

option was offered to them. The shared care initiative was used a lot in Darlington.

The Acting Director of Public Health gave a presentation to Members which provided details on the commissioning of alcohol treatment services from a strategic context. It was noted that reducing harm caused by alcohol was a national and local priority. It was noted that whilst alcohol and drug abuse were looked at from a multi-agency group as part of the Joint Commissioning Group for Substance Misuse, both issues were discussed separately. Members were informed that the NHS had a 5-year plan in place 'From Good to Great' and this would address the issue of alcohol abuse through partnership arrangements with the Safer Hartlepool Partnership.

The Planning and Commissioning Manager gave a detailed and comprehensive presentation which highlighted the estimates of drinking behaviour in Hartlepool as follows:

- 6.1% harmful drinkers (4,349)
- 21.5% hazardous drinkers (15,330)
- 60.4% low risk drinkers (43,065)
- 12% non drinkers (8,556)

The Department of Health had provided models of care for alcohol misusers in 2006 and these were detailed in the presentation. A detailed flow chart identifying Hartlepool Alcohol Treatment and Support Care Pathway was also provided for Members. It was noted that in 2008/09, 588 specific alcohol related admissions to hospital had taken place with an additional 214 people undertaking community treatment. It was noted that 209 young people were referred into Straightline and 97 into HYPED. A number of additional support services were identified within the presentation.

A discussion ensued in which the following issues were raised:

- (x) There was some concern among Members that Hartlepool appeared not to have progressed with this issue as much as some of their neighbouring authorities. The Planning and Commissioning Manager commented that historically there was one point of contact for all types of addictive behaviour with everyone being treated in the same place. It was suggested that additional training should be made available for GPs and pharmacists looking at customer care and support for particular vulnerable groups of patients.
- (xi) A Member commented that alternative ways of providing treatment should be recognised, including moving people into mainstream healthcare at the earliest opportunity. The Planning and Commissioning Manager indicated that a number of changes had been implemented to ensure treatment centres were more child friendly and it was recognised that the family approach was a more effective of providing treatment.
- (xii) A Member questioned whether the treatment data highlighted above

was likely to be worse for 2009/10. The Planning and Commissioning Manager confirmed that they were estimated figures and that a national database was now collating information and it was hoped that 2 years of data would be available from this database in mid 2010. These figure would then help refresh the strategy and identify common priorities.

- (xiii) The difficulties encouraging participation of GPs was discussed and it was suggested that a grading system could be introduced based on the treatment available at each surgery. The representative from Intra-health commented that there was a quality and outcomes framework in place but it was acknowledged that a lot of the targets included in that were for more mainstream treatments for example coronary heart disease and cancer treatment.
- (xiv) The Acting Director of Public Health informed Members that she had recently presented an Alcohol Business Case to the Primary Care Trust Board for discussion. Part of this strategy would be to pursue shared care and other mechanisms to create locally enhanced services.
- (xv) It was acknowledged that GPs were the 'gatekeepers' of patients and actually the backbone of the NHS. It was suggested that a lot of work was required to ensure GPs roles were reassessed in a much more constructive way.
- (xvi) A service user from the Albert Centre was in attendance and summarised his experience of using the Centre and the kind of treatment available. Members appreciated the honesty of the service user as it highlighted the issues from a really important perspective and made the points very clear.

A representative from MIND was in attendance and gave a presentation to Members which provided details of the type of services available and the partnership arrangements in place for the provision of those services. Members were informed that just over 60 people were employed by MIND with the aim of looking at the whole social comfort and social re-integration of drug and alcohol users.

The Chief Executive from the Albert Centre was in attendance and gave a presentation to Members which highlighted the aims of the Centre, the partnership arrangements and number of workers and counsellors available at the Centre.

The Medical Director from Intra-health gave a detailed and comprehensive presentation which provided an overview of the services provided by Intra-health. Details of how a referral for medical assessment was progressed were included along with types of psychosocial interventions and therapeutics available. A medically assisted detox was also available and this had proven very successful with 9 out of 9 people still abstinent from October 2009. The key to success was to ensure joined up thinking between all organisations involved including GPs whilst ensuring the respect for the individuality of people receiving treatment.

Members noted that there was a lot of work and different initiatives in place



and struggled to believe that Hartlepool was performing worse than its neighbouring authorities. The importance of working with GPs was also acknowledged.

The Acting Director of Public Health informed Members that an appeal had been lodged against the red flag identified within the Comprehensive Area Assessment of the local authority as it was felt that it was due to how the services were funded which was an issue for the PCT.

A further discussion took place and included the following issues.

- (xvii) It was acknowledged that the services available dealing with alcohol and drug misuse were working well, but capacity was an issue and more service provision was needed as well as more joined up working with local GPs.
- (xviii) The Planning and Commissioning Manager added that it was difficult to raise the expectation on current service provision without the security of continuous or additional funding.
- (xix) The importance of involving social services was also highlighted as in a lot of cases, drug and alcohol misuse often disguises other issues including poverty and the need for anger management.

The representatives in attendance were thanked for their very informative presentations and for answering Members questions.

### **Decision**

The presentations and discussions were noted and would be used to inform the Scrutiny Forum's investigation.

## **109. Scrutiny Investigation into 'Alcohol Abuse – Prevention and Treatment' – Evidence from the Joseph Rowntree Foundation – Covering Report** (*Scrutiny Support Officer*)

This item was deferred to a future meeting.

## **110. Six Monthly Monitoring Update of Agreed Health Scrutiny Forum's Recommendations** (*Scrutiny Support Officer*)

This item was deferred to a future meeting.

**111. Tees Valley Health Scrutiny Joint Committee held on 11 January 2010** (*Scrutiny Support Officer*)

This item was deferred to a future meeting.

The meeting concluded at 5.36 pm

CHAIRMAN

## HEALTH SCRUTINY FORUM

19 February 2010



**Report of:** Scrutiny Support Officer

**Subject:** SUSPENSION OF GREATHAM CLINIC FROM 11 FRONT STREET, GREATHAM – COVERING REPORT

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### 1. PURPOSE OF THE REPORT

- 1.1 To introduce evidence for consideration by the Forum during its exploration of the recent decision to suspend the delivery of Greatham Clinic from 11 Front Street, Greatham.

### 2. BACKGROUND INFORMATION

- 2.1 Members will recall that at the meeting of this Forum on 1 December 2009, concerns were raised by Members that the Health Centre in Greatham (Greatham Clinic) based at 11 Front Street, Greatham had been closed without notification to residents, Members and staff working at the Health Centre.
- 2.2 Following the meeting of 1 December 2009, notification was received by the Chair of the Health Scrutiny Forum, from NHS Hartlepool (Hartlepool PCT), that the service had not been withdrawn, but that 11 Front Street had been assessed as inappropriate for delivery of clinical treatments and that alternative arrangements were being sought, with interim measures in place for the delivery of the baby clinic from Greatham Community Centre and adult patients being offered a home visit.
- 2.3 On 23 December 2009, the Chair of the Health Scrutiny Forum contacted NHS Hartlepool in relation to the interim delivery measures requesting clarification on a number of points, attached as **Appendix A** to this report. Subsequently a response was received from NHS Hartlepool, attached as **Appendix B** to this report.

- 2.4 Due to the level of concerns from residents about the feasibility of interim arrangements continuing the Chair agreed to arrange an additional meeting of the Health Scrutiny Forum to be held today.
- 2.5 At today's meeting verbal evidence is to be provided by representatives from NHS Hartlepool and North Tees & Hartlepool NHS Foundation Trust, the aim of this evidence being to:-
- (i) Provide background information in relation to the decision to suspend the service delivery of Greatham Clinic from 11 Front Street, Greatham; and
  - (ii) Provide information on interim arrangements and future options for delivery of Greatham Clinic's services.
- 2.6 In addition to the verbal evidence as highlighted at 2.5, Members will note that a detailed report is attached at 7.1(b) of this agenda.

### **3. RECOMMENDATIONS**

- 3.1 That Members note the content of this report and the presentations from the representatives identified under 2.5, 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  
Telephone Number: 01429 523647  
E-mail – 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 1 December 2009.

**Councillor Jonathan Brash (Chair, Health Scrutiny Forum)**  
**16 Eamont Gardens**  
**Hartlepool**  
**TS26 9JD**



23 December 2009

Mrs A Wilson  
Director of Health Systems and Estates Development  
Hartlepool Primary Care Trust  
Teesdale House  
Westpoint Road  
Thornaby  
Stockton on Tees  
TS17 6BL

Dear Ali

### **GREATHAM HEALTH CENTRE**

I know we have already spoken on the topic of the current issues surrounding delivery of services at Greatham Health Centre and thank you for keeping me up to date of developments.

However, Councillor Geoff Lilley has asked me in my position as Chair of the Health Scrutiny Forum to seek answers to the following questions on his behalf:-

- (i) Did the building, which until recently housed Greatham Health Centre, meet the various criteria when it was first opened in 2002?
- (ii) What has changed since the building was first opened in 2002?
- (iii) How often are buildings checked to ensure they meet access and health and safety criteria?
- (iv) When and where will the 'new' health centre serving Greatham be opened and will all the original services be delivered from this 'new' venue?

I would appreciate a response as soon as possible so that the answers can be shared with Councillor Geoff Lilley.

Yours sincerely

**Councillor Jonathan Brash**  
**CHAIR OF THE HEALTH SCRUTINY FORUM**

cc Councillor Geoff Lilley [by email]

Our Ref: AW/ed/0013

8 January 2010

Councillor Jonathan Brash  
16 Eamont Gardens  
Hartlepool  
TS26 9JD

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

Tel: 01642 666700  
Fax: 01642 666701

Dear Jonathan

**RE: Greatham Health Centre**

Please find below a response to the questions raised in your correspondence dated 23<sup>rd</sup> December 2009.

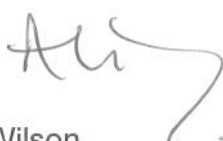
The building was opened in 2002 and at that time was fit for purpose, however as the service has evolved and legislation has changed this means the premises do not meet DDA requirements and more specifically requirements set by the Care Quality Commission, which now includes community premises.

A risk assessment should be carried out each year by the provider occupying the building. A risk assessment was carried out in December 2009 by North Tees and Hartlepool NHS Community Services at this time that the PCT was alerted to the issues that have been raised.

We are in the process of developing an options appraisal with regard to a new facility. This should be completed by the end of January 2010.

It is interesting to note that since the facility was temporarily suspended the number of home visits have been very few. This may be because we now have a primary care facility within Fens. In light of the current situation we have asked the current provider to review utilisation of the drop in clinic as it may be more efficient for patients and staff to continue with a home visiting service.

Yours sincerely

A handwritten signature in black ink, appearing to read "Ali Wilson".

Ali Wilson  
**Director**  
**Health Systems and Estates Development**



## **GREATHAM CLINIC**

**Update on review of premises and options for service delivery.  
Prepared by NHS Hartlepool in collaboration with North Tees and Hartlepool  
NHS Foundation Trust**

### **1.0 INTRODUCTION**

- 1.1 This report has been prepared in response to the suspension of Greatham Clinic, Hartlepool in December 2009 due to the building situated on 11 Front Street being deemed to be not fit for purpose following an internal Quality Review Inspection of the premises and significant problems being identified regarding staff and patient safety.

### **2.0 BACKGROUND**

- 2.1 Greatham Clinic has operated from 11 Front Street since 2002 and was put in place to address local needs given the then limited primary care services available in the South of the town.
- 2.2 The service was established in the context of the regulatory framework in operation at that time and was considered to be fit for purpose. Since 2002 service requirements have evolved and legislation has significantly changed.
- 2.3 A risk assessment was undertaken in December 2009 by North Tees and Hartlepool NHS Foundation Trust (NTHFT) - Community Services as a result of the Quality Review Inspection and the outcome was brought to the attention of NHS Hartlepool (the commissioners). The review revealed that there are shortfalls regarding requirements set by the Care Quality Commission with regards to clinical safety and infection control, which for the first time are formally required of community premises and that the premises are not easily accessible for users who are required to use a wheelchair.
- 2.4 As a result of the findings, the immediate action of suspending the clinic had to be taken in order that regulations are not breached and that the health and safety of staff and patients was not compromised.
- 2.5 In order to provide an interim response to meet patient's health care needs whilst options could be considered, the District Nursing Service Access Criteria was waived to minimise disruption and to ensure that patient's could receive access to an appropriate nursing intervention including undertaking clinical procedures such as blood samples, surgical dressings, administration of injections. Whilst these services are normally available from the patients

GP, this interim arrangement was intended to ensure minimal disruption for patient's whilst options are considered for the future.

- 2.6 A review of available premises within the area has been carried out by NHS Hartlepool, NTHFT Community Services and representatives from the Hospital of God given their local knowledge of potential premises in the village. Findings from the review have been detailed below.

### **3.0 PREMISES REVIEW**

#### **3.1 11 Front Street**

An up to date Risk and Infection Control Assessment and DDA Assessment has been undertaken to identify what action would be required to make necessary improvements that would be compliant with regulations. Initial assessment of the building suggests that given the extent of refurbishment required and the lay out of the building, legislation and service requirements could not be met without consideration of an extension to the rear of the building. In itself this would be difficult to accommodate on this site.

#### **3.2 Community Centre**

The Community Centre in Greatham is theoretically a possibility. Currently however, the premises do not meet Care Quality Commission standards and the building would require significant alteration to meet all required standards. A feasibility study has however been commissioned to better understand the potential and the costs of this work and is expected to report by the end of February 2010.

#### **3.3 Florist Premises**

The Florist situated on Front Street was put forward as an alternative for consideration but a site visit by service providers suggested that this would not be suitable due to the physical lay out of the building not being conducive to the delivery of health care services. Further exploration of this site is currently underway to ensure all options have been thoroughly tested.

#### **3.4 Brother House**

The Brother House was put forward as an option for consideration but a site visit identified that this would require some building work to be undertaken to ensure ease of access for patients and staff visiting in order not to disturb residents living in the premises. Consultation would need to take place with residents living at Brother House. Additionally this is a listed building and planning permission would need to be sought and specific requirements would need to be met to comply with building regulations. These factors were all discussed at the time of the site visit with representation from the Trustees of the Hospital of God (who own the building) and a decision was made not to pursue this option.



### 3.5 **Stitchell House**

Stitchell House was put forward as an option by NTHFT for consideration, however in discussions at the time of the site visit with representation from the Trustees of the Hospital of God (who own the building), this option was categorically ruled out as it was considered that this would create disruption to residents.

### 3.6 **Premises Summary**

At this stage further feasibility work is being carried out in respect of the Community Centre and the Florist Shop so that consideration can be given to required building improvements and their potential costs and value for money assessments.

## 4.0 **SERVICE REQUIREMENTS**

- 4.1 Since the suspension of the clinic there have been 12 patients who have directly requested a service from District Nurses. All have received an appropriate intervention.
- 4.2 Whilst this figure is clearly lower than previous service activity there are significant factors that may have influenced this position including particularly adverse weather conditions, limited information made available to patients regarding the sudden suspension of the clinic, housebound patients already receiving support at home, patients who may have opted to visit their GP Surgery, the primary care facility within the Fens Estate or the walk in health centre in Victoria Road.
- 4.3 By extending the interim arrangements and collecting more information regarding the nature of the activity and the health interventions required, a more informed decision could be made about whether or not a dedicated facility is feasible or whether a preferred option would be to use the Locality Model for the delivery of health and adult social care services.
- 4.4 In relation to this possibility an integrated Locality Team including Community Matrons, District Nurses, Social Workers, Occupational Therapists are currently working closely with GP's covering residents of Greatham and focus upon the health needs of patients with Long Term Conditions and those patients who frequently access hospital services. We are trying to introduce a more proactively health and social care response. If this model could be extended and promoted via improved communication with local people then the residents of Greatham may receive a more holistic and responsive service.

## 5.0 **NEXT STEPS**

- 5.1 NTHFT have agreed that whilst further consideration is given to an appropriate way forward the interim arrangements could be extended. This will allow for the completion of the premises feasibility work and the collation of additional information regarding the needs of local people, nature of the activity and the health interventions required to ensure a more informed

decision is made about an appropriate service model and subsequent premises requirements. Locality teams are currently working closely with GPs covering this area of town to improve and enhance support for people with health needs in relation to Long Term Conditions and it may be that a Locality Model for the delivery of health and adult social care services would more appropriately meet local needs.

- 5.2 NHS Hartlepool and North Tees and Hartlepool NHS Foundation Trust are keen to engage with local people to explore the options available in order to determine the next steps in relation to the ongoing delivery of services to the residents of Greatham.

February 2010

## HEALTH SCRUTINY FORUM

19 February 2010



**Report of:** Scrutiny Support Officer

**Subject:** SIX MONTHLY MONITORING OF AGREED HEALTH SCRUTINY FORUM'S RECOMMENDATIONS

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### 1. PURPOSE OF REPORT

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

### 2. BACKGROUND INFORMATION

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

**Appendix D** provide a detailed explanation of progress made against each recommendation undertaken.

### **3. RECOMMENDATIONS**

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

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

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### Health Scrutiny Forum

#### Reaching Families in Need

<b>G</b>	Target achieved	2
	Rejected	1
<b>A</b>	Expect to achieve target	9

# Scrutiny Recommendations (Not Completed) Monitoring Report

December 2009

Department: \*  
Division: \*

Scrutiny: Health Scrutiny Forum  
Scrutiny Enquiry: \*

<b>X</b>	<b>Rejected</b>	<b>1</b>	8.3%
	Health Scrutiny Forum	1	
<b>A</b>	<b>Expect to achieve target</b>	<b>9</b>	75.0%
	Health Scrutiny Forum	9	
<b>G</b>	<b>Target achieved</b>	<b>2</b>	16.7%
	Health Scrutiny Forum	2	
<b>Total No. of Actions</b>		<b>12</b>	

# Scrutiny Recommendations (Not Completed) Monitoring Report

December 2009

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

**HSF/08-9/1 REACHING FAMILIES IN NEED**

### *Recommendation:*

**HSF/08-9/1a** That the local authority take the lead in providing a co-ordinated leadership approach across the different providers in order to facilitate a systematic approach to tackling health inequalities in the town, culminating in the creation of a Family In Need Strategy and specifically designated Executive Portfolio with responsibility for Social Inclusion.

<b>A</b>	<b>HSF/08-9/1a(i)</b>	The government has provided guidance regarding a "Think Family" initiative that we are developing in Hartlepool. This initiative will support this recommendation and will endeavour to lead a culture change in the way that our services are designed.	March 2011	Think Family Co-ordinator is now in post. Directors of Child and Adult Services is chair of the 'Think Family Steering Group'. Cross organisation social inclusion group is also in place to steer operational aspects.	John Robinson
<b>✓</b>	<b>HSF/08-9/1a(ii)</b>	A specifically designated Executive Portfolio with responsibility for Social Inclusion is not to be created; however, the feasibility of including responsibilities within one of the existing Portfolio Holders remits is being explored.	September 2009		Stuart Drummond

### *Recommendation:*

**HSF/08-9/1b** That subject to the implementation of recommendation (a) above, the local authority, acting as strategic leader, enter into formal arrangements with partner organisations (i.e. Police, PCT, FT, Housing Hartlepool and the Voluntary Sector).

<b>A</b>	<b>HSF/08-9/1b</b>	The Think Family Reforms will be reported through the Children's Trust that includes all major stakeholders in this process.	March 2011	Expected to achieve target.	John Robinson
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# Scrutiny Recommendations (Not Completed) Monitoring Report

December 2009

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

**HSF/08-9/1 REACHING FAMILIES IN NEED**

### *Recommendation:*

**HSF/08-9/1c That the FIP Project be expanded in light of its effectiveness thus far in targeting hard to reach families.**

<b>A</b> HSF/08-9/1c	The Family Intervention Project (FIP) is currently being developed as an integrated part of the Team around the School initiative. This service has been designed to enable new services to be bolted onto it and to adopt the FIP approach to assertive support.	December 2011	Service continues to develop with further opportunities being offered by government. Housing worker and 3 separated parent workers have joined the team.	John Robinson
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### *Recommendation:*

**HSF/08-9/1d That the Connected Care Programme be rolled out across the town as a positive way of helping reach families that would not normally interact with either the council or engage with health services.**

<b>A</b> HSF/08-9/1d	The Connected Care pilot in Owton is undergoing an independent evaluation during 2009/10. Decisions regarding 'roll out' of the model need to be informed by the outcome of this evaluation. In the interim, opportunities to use the Connected Care approach elsewhere are being explored with Neighbourhood Forums and specific developments such as the extra care development at Orwell Walk.	March 2010	Expected to achieve target.	Phil Hornsby
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# Scrutiny Recommendations (Not Completed) Monitoring Report

December 2009

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

**HSF/08-9/1 REACHING FAMILIES IN NEED**

### *Recommendation:*

**HSF/08-9/1e** That the use of the model of intervention implemented through the FIP Project and Connected Care Project be explored as a basis for a more far reaching Families in Need Strategy, bringing together the activities of all partners / stakeholders with a dedicated Portfolio Holder taking the co-ordinating role.

<b>A</b>	<b>HSF/08-9/1e</b>	The FIP and connected Care steering groups will be asked to undertake a review of the projects and look at the learning that can be identified from both projects. This will form the basis of an event in March 2010 that will enable stakeholders to analyse and respond to the learning. This event will help frame the issues in preparation for a decision regarding a Families in Need strategy.	March 2010	Activities are underway within the Neighbourhood Action Plan areas	Denise Ogden
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### *Recommendation:*

**HSF/08-9/1g** That in order to strengthen links and communication routes between agencies, the establishment of a co-ordinated, single point of contact for the referral of information and referrals from any source be explored (i.e. a 'one stop shop' telephone number or point of contact).

<b>A</b>	<b>HSF/08-9/1g</b>	We will explore current communication routes being developed by community safety, the Team Around the School Initiative and Family Information Service to further this action and provide a report to the Children's Trust and Cabinet.	March 2011	Initially this process is to be looked at by the Family Intervention Project Steering Group. A YCAP database is being developed and a police officer has joined the TAPs team to look at some of the issues.	John Robinson
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# Scrutiny Recommendations (Not Completed) Monitoring Report

December 2009

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

**HSF/08-9/1 REACHING FAMILIES IN NEED**

### *Recommendation:*

**HSF/08-9/1h That the feasibility of introducing a similar way of gathering and sharing data in Hartlepool, as has been implemented by Westminster Council (i.e. a Multi-Agency Information Desk) be explored.**

<b>A</b>	<b>HSF/08-9/1h</b>	We will investigate this issue as part of the development of the Common Assessment Framework linked in with the Children's Trust, the Local Safeguarding Children Board and the Safer Hartlepool Partnership. These developments will need to take account of the current sub regional agreements that are in place.	March 2011	The Parent Commissioner attended a seminar on the Westminster model and has received all policy and operational documents, these will be considered as part of the development of Integrated Services.	John Robinson
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### *Recommendation:*

**HSF/08-9/1i That ways of providing and promoting programmes that are not badged as being run by official bodies, including those run by the Voluntary Sector, should be explored as a way of reaching families that are reluctant to engage the Council, PCT, FT or other partner bodies.**

<b>A</b>	<b>HSF/08-9/1i</b>	(i) We will continue to develop our commissioning and procurement process to ensure that they are accessible to third sector organisations. (ii) We will continue to involve a wide range of stakeholders in the development of services and in particular involve local community based groups to provide services that are not perceived as stigmatising by users.	March 2011	Proposals to ensure that the commissioning and procurement process children's services are more accessible to third sector organisations are being developed. It is anticipated that a report will be submitted to the Portfolio Holder for Children's Services early in 2010. Children's Services continue to involve stakeholders in the development of services and the 3rd Sector have been contracted to provide outreach to vulnerable families on behalf of SureStart Children's Centres.	Ian Merritt
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# Scrutiny Recommendations (Not Completed) Monitoring Report

December 2009

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

HSF/08-9/1 REACHING FAMILIES IN NEED

### *Recommendation:*

HSF/08-9/1j

**That a system be put in place to ensure that where new public buildings / facilities are constructed (i.e. the new health centre) the inclusion of a place where advice / assistance and other integrated services can be provided is explored.**

A

HSF/08-9/1j(i)

A generic facility for providing advice and assistance will be available in new integrated health centres.

May 2010 The new Hartlepool integrated health centre will be operational from May 2010.

Joanne Dobson

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

**G** Target achieved 1

**Access to GP Services**

**G** Target achieved 48

**Social Prescribing**

**N** No longer deliverable 1

**G** Target achieved 12

**Withdrawal of Emergency Care Practitioners Service  
at Wynyard Road**

**G** Target achieved 2

**A** Expect to achieve target 1

# Scrutiny Recommendations (Not Completed) Monitoring Report

December 2009

Department: \*  
Division: \*

Scrutiny: Adult & Community Services & Health Scrutiny Forum  
Scrutiny Enquiry: \*

N	No longer deliverable	1	1.5%
	Adult & Community Services & Health Scrutiny Forum	1	
A	Expect to achieve target	1	1.5%
	Adult & Community Services & Health Scrutiny Forum	1	
G	Target achieved	63	96.9%
	Adult & Community Services & Health Scrutiny Forum	63	
Total No. of Actions		65	

# Scrutiny Recommendations (Not Completed) Monitoring Report

December 2009

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

ACS/06-7/3 SOCIAL PRESCRIBING

### *Recommendation:*

**ACS/06-7/3c** As part of this process, detailed consideration should be given during the 2007/08 year to re-allocating funds to the MIND and other social prescribing services from existing activities that service users found less helpful and acceptable.

<b>N</b>	ACS/06-7/3c	This recommendation is specifically linked to NDC funding and we do not allocate these funds.	June 2007	Unable to progress. HBC doesn't allocate NDC funding. However, the PCT has allocated significant funding to be administered by HVDA to support voluntary organisations (in the region of 250 -300k). These resources cover core costs as well as specific funding for projects such as social prescribing (as this is specifically linked in to the Public Health Strategy as a recommendation). MIND has received a significant amount of this funding and has also been allocated some voluntary sector core cost funding by the PCT.	*
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# Scrutiny Recommendations (Not Completed) Monitoring Report

December 2009

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

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

### *Recommendation:*

**ACS/06-7/4c** That the creation of a formal set of protocols on consultation be debated between the PCT and the Forum to:-  
**(i) Promote the real improvements in health services in Hartlepool; and**  
**(ii) Foster the improved links with Hartlepool PCT, that have developed in the intervening period between the closure of the ECP Service at Wynyard Road and the conclusion of this Forum's investigation.**

<b>A</b>	ACS/06-7/4c	Draft proposals have been shared. This is being progressed by the PCT and Scrutiny Chairs.	January 2010	Draft proposals have been shared. This is being progressed by the PCT and Scrutiny Chair. (Original Deadline: December 2009)	Ali Wilson
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