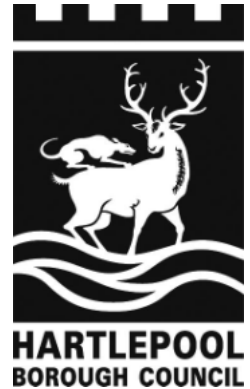


HEALTH SCRUTINY FORUM AGENDA



Monday 4 July 2011

at 11.00 a.m.

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

MEMBERS: HEALTH SCRUTINY FORUM:

Councillors S Akers-Belcher, Griffin, G Lilley, Preece, Robinson, Shields, Simmons, Sirs and Wells.

Resident Representatives: N Morrish and 2 vacancies

1. **APOLOGIES FOR ABSENCE**

 2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

 3. **TO CONFIRM THE MINUTES OF THE MEETING HELD ON 29 MARCH 2011**

 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 Tees Valley Health Scrutiny Joint Committee – *Scrutiny Support Officer*

8. ISSUES IDENTIFIED FROM FORWARD PLAN

No items.

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

No items.

10. REGIONAL HEALTH SCRUTINY UPDATE

No items.

11. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

ITEMS FOR INFORMATION

Date of Next Meeting – 11 August 2011 at 10.00 a.m.

HEALTH SCRUTINY FORUM

MINUTES

29 March 2011

The meeting commenced at 3.00 p.m. in the Civic Centre, Hartlepool

Present:

Councillor Stephen Akers-Belcher (In the Chair);

Councillors: Mary Fleet, Sheila Griffin, Alison Lilley, Geoff Lilley and Chris Simmons.

Resident Representative: Noma Morrish.

Also Present: In accordance with Council Procedure Rule 4.2:
Councillor Marjorie James as substitute for Councillor Rib Cook;
Councillor Ray Wells as substitute for Councillor Chris McKenna.

Professor Stephen Singleton, Medical Director, NHS North East
Claire Young, Head of Communications, North Tees and
Hartlepool Foundation Trust
Steve Wallace, Chair, NHS Hartlepool

Officers: Louise Wallace, Assistant Director for Public Health
James Walsh, Scrutiny Support Officer
David Cosgrove, Democratic Services Team

96. Apologies for Absence

Councillors Barker, Cook and McKenna and Resident Representative Linda Shields.

97. Declarations of Interest by Members

Councillor James declared a personal interest in Minute No. 105 “Draft Final Report – Connected Care”.

98. Minutes of the meeting held on 1 March 2011

Confirmed.

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

No items

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

No items.

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

No items.

102. External Review of Hartlepool Accident and Emergency Services (*Scrutiny Support Officer*)

The Scrutiny Support Officer introduced the item by reminding the Forum of the its decision in October 2010 to engage with the Independent Review into Accident and Emergency (A&E) at the University Hospital of Hartlepool, overseen by NHS North East.

The Chair of the review panel, Professor Stephen Singleton was present at the meeting and outlined to members the main findings of the independent review. Professor Singleton thanked the Chair and Vice-Chair of the Forum for their involvement in the process and also the other Members of the panel. It was acknowledged that much of what was now being reported to the Forum had already been in the press.

Professor Singleton reported that the Momentum Strategy was one that seemed to be quite well known by people in and around health service provision but elements of the strategy including the new hospital proposal were not clear and many had reservations about the evidence supplied.

Professor Singleton commented that he considered that the people of Hartlepool had been right to seek an independent review of their A&E services. It was clear from the review that the Panel could not ignore the safety views of the medical staff. The press had commented that it was unfit for purpose but that wasn't quite the case. The Panel had reviewed the sustainability of the A&E department delivering 21st Century services. It was clear that the department had changed over recent years but despite the best efforts of the staff involved it could not be sustained and staff were right to highlight safety concerns.

The Panel's recommendation was that the A&E at University Hospital Hartlepool should close but only when there are other things in place to

allow that to happen. The two hospitals, University Hospital Hartlepool and North Tees Hospital, needed to be working in partnership to develop the appropriate services for the area they served. One new hospital may be the way forward but that was some way off in the future. What was needed now was an integrated service that gave walk-in A&E and the more specialised service. Residents also needed to be clear about what was provided where and how to access those services. Clear guidance was needed so people understood the difference between urgent and emergency care.

In concluding, Professor Singleton highlighted that the detailed recommendations from the independent review panel were set out in full in the submitted report but that it was clear that the people of Hartlepool had been right to seek such a review and that steps now needed to be made to organise the appropriate services to serve the needs of the people of Hartlepool.

Members commented that despite the annual 'health check' of NHS services that this Forum undertook, it was extremely concerning to find that there had been a number of concerns raised over time with the clinical safety of the Hartlepool A&E. The Chair commented that through the investigation he had been approached a number of times by staff who wished to remain anonymous but wished to give information to the review. There seemed to be a clear separation of views between senior and junior staff as to the problems of Hartlepool A&E. There had been some nurses that came forward to the review that expressed those differences. Professor Singleton agreed and commented that it was often the case that NHS Boards frequently did not get alerted to the concerns of those further down the management structure until the point the problems could not be hidden.

The Chair of Hartlepool NHS commented that there was a desire within the NHS to change services but in a way that caused the least upset to people. While some of these issues had been known to NHS Managers there was no wish to alert people to the concerns until the alternative service delivery was ready to remedy those concerns.

A Member questioned how people could be confident that the right people would be employed within the new services provided through the One Life Centre as it was already clear that there was an issue getting doctors to come to Hartlepool A&E. Professor Singleton indicated that there were two main issues; what is an A&E department and how do people arrive there. Determining where people needed to go happened as soon as a paramedic started to assess a patient on an emergency call. The patient would then be taken to the most appropriate A&E department and that may be quite some way away dependent on the injuries. When Hartlepool A&E is closed, the same assessments will still be carried out. The alternative added would be the minor injuries provision at the One Life Centre. That unit would be predominantly staffed by Nurse Practitioners. Specialist A&E doctors preferred to work in larger busy units where their skills were fully utilised.

Concerns were also expressed at the availability of emergency ambulances as there was a concern that there would be additional movement of people

from the One Life Centre to North Tees Hospital. Professor Singleton agreed that it was clear that the PCT and NHS did not fully review the transport issue and the need for additional emergency and transport ambulances. This needed to be done and was one of the review report's recommendations. The Chair commented that transport was an issue he and the Vice-Chair had raised as a major concern for residents. It was an issue that needed further consideration and something the Forum needed to be satisfied had been addressed properly.

There was debate on the understanding that some Members had been given that the A&E department at Hartlepool Hospital would close in August. The Chair indicated that once the recommendations of the Independent Review were approved, a further process had to commence to look at the implications of those recommendations and how they could be implemented. The Chair indicated that he would not subscribe to a hasty pushing through of the recommendations in order to meet a timetable. The process had to have an acceptable solution for all concerned.

Professor Singleton recommended that the Forum engage in the process as quickly as was possible. If everything wasn't in place by August, then the changes would have to be delayed until they were. In responding to Member concerns, Professor Singleton commented that University Hospital Hartlepool was still a good hospital and people could have confidence in the services provided there. It would be of greater concern if doctors hadn't raise the concerns they had with the A&E department. Following the changes made after the Darzi Inquiry, Hartlepool had some of the best orthopaedic services anywhere in the country. The building wasn't the issue; it was the people and services inside it that mattered. Sometimes people were going to have to travel to receive certain kinds of service but it had always been that way.

Members still had concerns in relation to the A&E department at Hartlepool particularly in terms of the services provided to children which had already moved to North Tees. The Chair sought assurances that all of the changes proposed would be communicated properly and thoroughly to residents. The Chair of the Hartlepool NHS commented that there was communications staff that would undertake that task and they would look to ensuring that the messages were clear and easily understood by people. The Independent review process had revealed that communication wasn't always as clear as had been believed. These lessons would be learnt.

The Chair moved the recommendations which were approved on a majority vote by the Forum. The Chair thanked Professor Singleton for his role in the Independent review and his attendance at the Forum meeting. Professor Singleton indicated that he believed the process had had a positive outcome but that it was right that it was commenced. Professor Singleton also indicated that he would be happy to advise the Forum again at any time in the future.

The Scrutiny Support Officer tabled for the Forum's information a draft terms of reference for a Joint Steering Group which would consist of

representatives from the Forum, the North Tees and Hartlepool NHS Foundation Trust, Hartlepool GP Commissioners and NHS Hartlepool. The Steering Group would be tasked with taking the recommendations of the Independent Review forward in partnership. The purpose of the Steering Group would be to lead the response to the recommendations from formulation of detailed plans through to implementation.

Members accepted the Terms of Reference proposed but were concerned with the membership of the group, which they considered to be heavily weighted towards people from the NHS with only the Chair and another Member of the Forum on the group. Members suggested that as well as the two relevant executive portfolio holders and the Director of Child and Adult Services, the whole of the membership of the Health Scrutiny Forum should be involved. The Chair indicated that he also understood that there may be a number of non-voting co-opted members involved in the process as well. Members also considered that the named professional NHS officers should give the group some priority and suggested that substitutions should not be supported unless an individual was designated from the whole of the process.

Recommended

1. That the following detailed recommendations of the Independent Review into Hartlepool Accident and emergency Services be received and noted and that the Independent Panel, Chaired by Professor Singleton, be thanked for its consideration of the issues raised by the Health Scrutiny Forum –
 1. There needs to be further wide and transparent dialogue with the public about the future of all services in Hartlepool – and resolution of the urgent care services plan should not stop that dialogue which must continue with sufficient detail for people to understand the “steps along the way” as well as the end point “vision”.
 2. In partnership with patient representatives, the GP Commissioning Consortium, PCT and NTHFT must rapidly develop a single and clear set of proposals for urgent and emergency care and explain these services to the public, together with clear discussion of the “pros and cons” and the rationale for change. At a minimum, this needs to include:
 - 2.1. Explaining the role of the enhanced Emergency Admissions Unit (EAU) and medical emergency service and then complete its planned development
 - 2.2. Taking time to remind people of and properly explain the pathways that already mean people do not use Hartlepool A&E (trauma, surgical emergency, paediatrics etc.)
 - 2.3. Sharing the safety issues openly and explaining why they cannot be resolved without moving to single-site A&E working at Stockton, explaining at the same time the benefits of the new services that will be based in Hartlepool
 - 2.4. Immediately talking to the Foundation School of the post-graduate Deanery to ensure the current arrangements are acceptable now, whilst a medium and longer term solution is planned.

- 2.5. Getting “up and running” - as soon as possible - a 24 hour integrated minor injuries, out-of-hours and walk-in service
- 2.6. Demonstrate that access to the services planned will not be compromised by difficulties of transport and supporting transport services are planned and available where necessary.
3. Primarily for safety and training reasons, the A&E at Hartlepool Hospital should close. Whilst this is urgent, NTHFT and PCT should consult and set timescales to ensure that the way in which local services are developed is properly understood and that these new services are available before the A&E closes.
4. A joint steering group between NTHFT, the PCT, the emerging GP commissioners and the HSF should be set up to steer this process forwards to ensure the development of the new services proceeds without unnecessary delay and provide assurance to the SHA that future services meet the “4 tests” of the Department of Health in their development:
 - support from GP commissioners
 - strengthened public and patient engagement;
 - clarity on the clinical evidence base
 - consistency with current and prospective patient choice
2. That the terms of reference for the Hartlepool Accident and Emergency services Joint Steering Group be agreed but that the membership of the group be extended to include all members of the Health Scrutiny Forum, the Adult and Public Health Portfolio Holder, the Children’s services Portfolio Holder and the Director of Child and Adult Services. It was also proposed that once the designated membership of the group had been established, it should remain fixed to allow for consistency and therefore no substitutions should be necessary.

103. Scrutiny Investigation into Connected Care – Additional Evidence from Hartlepool Carers (*Scrutiny Support Officer*)

The Scrutiny Support Officer submitted for the Forum’s information some additional written evidence collated from Hartlepool Carers in relation to the ongoing inquiry into Connected Care.

Recommended

That the report and the evidence submitted be noted.

104. Scrutiny Investigation into Connected Care – Evidence from Focus Group (*Scrutiny Support Officer*)

The Scrutiny Support Officer reported that as part of the evidence gathering process for the undertaking of the investigation into Connected Care, a focus group was held on 28 February 2011 and attended by Members of the Health Scrutiny Forum. Submitted as an appendix to the report were the notes of the issues raised at the Focus Group.

Recommended

That the report and the findings of the Focus Group be noted.

105. Scrutiny Investigation into Connected Care – Draft Final Report (*Scrutiny Support Officer*)

The Chair presented to the Forum the final report of the forum's investigation into Connected Care. The Chair indicated that in addition to the recommendations set out in the report, reference should be made to the consideration of implementing the Care First and RIO information systems that store information on clients and addresses and highlight potential issues for staff before visits. These systems were particularly valuable for lone workers in the community. It was highlighted that there was currently the Employee protection Register that provided similar information for staff.

Members commented that the need for partnership with organisations that delivered similar services in different parts of the town needed to be reinforced if Connected care was to be rolled out to other areas. Their local knowledge would be invaluable in establishing the right kind of service delivery model for their area. It was suggested that Connected Care acted as a platform for the range of other services that described an area. An audit of Connected Care services was needed to assess how they 'bolted' together to deliver connected care. Some communities would need capacity building to bring up certain areas of provision but the service may be different in different areas; it was about what worked for that community. Connected care showed the strength of the voluntary sector when it came together to provide coordinated services.

Recommended

That the recommendations and draft final report of the investigation into Connected Care be approved, subject to the addition of comments in relation to the Care First and RIO information systems and that the Chair be delegated authority to approve the amendments prior to the reports submission to Scrutiny Coordinating Committee.

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

The Scrutiny Support Officer submitted a report providing Members with the six monthly progress made on the delivery of the agreed scrutiny recommendations of this Forum. The report indicated that 503 (87%) recommendations had been completed with a further 49 (9%) assigned. Only 19 (3%) recommendations had been cancelled and 5 (1%) were overdue. Detailed appendices to the report gave narrative progress updates on each of the assigned recommendations.

Members welcomed the report that showed the value of scrutiny and that it was listened to and its recommendations acted upon by the Executive.

Recommended

That the report be noted.

107. Issues identified from the Forward Plan

No items.

108. Feedback From Recent Meetings of Tees Valley Health Scrutiny Joint Committee *(Scrutiny Support Officer)*

The Scrutiny Support Officer reported that the Tees Valley Health Scrutiny Joint Committee met on 14 March 2011 when the following issues were discussed:-

- (i) Out of Hours Care – Service Redesign
- (ii) Capacity of Community Mental Health Services – Evidence Gathered
- (iii) CAMHS & LD Short Break Services for Teesside – An Update
- (iv) Personal Health Budget Pilot – Update

Recommended

That the report be noted.

109. Regional Health Scrutiny Update

No items.

110. Health Scrutiny Forum

Members thanked the Chair and Vice chair for their work in support of Hartlepool's health services during the past year. The Chair thanked Members and officers for their support during the year and particularly thanked his Vice-Chair who had invested significant time in the various meetings associated with the role.

The meeting concluded at 4.35 p.m.

CHAIR

HEALTH SCRUTINY FORUM

4 July 2011



Report of: Scrutiny Support Officer

Subject: TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

1. PURPOSE OF THE REPORT

1.1 The purpose of this report is to seek the Forum's views in terms of continued membership of the Tees Valley Health Scrutiny Joint Committee.

2. BACKGROUND INFORMATION

2.1 Members of Hartlepool Borough Council's Health Scrutiny Forum, have been members of the Tees Valley Health Scrutiny Joint Committee (TVHSJC) since its inception back in 2003.

2.2 Support arrangement for the TVHSJC have in the past been provided by Middlesbrough Council, with a £5,000pa contribution from each local authority. However, in light of reducing Council budgets, changes have recently been made to these support arrangements removing the requirement for a £5,000 contribution from each local authority. Under these new support arrangements, the Local Authority chairing the TVHSJC will also be responsible for the provision of administrative support.

2.3 In accordance with the agreed rota, Hartlepool Borough Council will in 2011/12 be offered the chair of the TVHSJC and on the basis of the new arrangements would be required to provide all administrative support (Scrutiny and other administrative / democratic services). This poses an issue for consideration by this Forum, in terms of internal capacity to support both the TVHSJC and Hartlepool's internal Health Scrutiny Forum.

2.4 On this basis, Members are asked to consider how they wish to proceed in relation to participation in the TVHSJC in 011/12. To assist Members in considering this issue:-

- i) Legal advice has been sort and confirmation obtained that under the Health and Social Care Act 2001 and the NHS Act 2006 there is no

statutory requirement for Hartlepool to be involved in the TVHSJC arrangement. Nor, would a decision to withdraw prevent us from initiating, or participating in, any future Section 244 Joint Committee(s) created to discuss any potential NHS bodies proposals for substantial development or variation in services, which would affect more than one local authority (as detailed in the NHS ACT 2006); and

- ii) Members who have served on the TVHSJC in previous years may like to provide information / advice in terms of the value of their previous involvement.

2.5 In exploring a way forward in relation to this issue, there are a number of potential options for Member consideration:-

- i) That Hartlepool Borough Council take the Chair the TVHSJC for the 2011/12 Municipal Year, but with an acknowledgement that there will be an impact on the continued level of support to the Health Scrutiny Forum which will need to be taken into consideration in terms of the Forum's Work Programme for 2011/12;
- ii) That Hartlepool declines the Chair and continues to attend as a Member of the Joint Committee;
- iii) That Hartlepool serves notice of its intention to withdraw from the TVHSJC arrangements.

2.6 Should Members choose either option (i) or (ii) under paragraph 2.5 then three nominations would be sought from this Scrutiny Forum for Hartlepool's representatives on TVHSJC. The current proportionality for a membership of three:-

- i) Two Labour Nominations (Councillor Stephen Akers-Belcher is automatically included as one of these nominations); and
- ii) One Association of Independent Councillors nomination.

Members may wish to note that at the Round Table Meetings preceding Annual Council, four nominations were received for the two remaining places on the TVHSJC. They were, Councillors Griffin (Labour), Sirs (Labour), G Lilley (AIC) and Wells (Conservative).

3. RECOMMENDATIONS

3.1 That, giving due regard to the support implications and overall value of involvement in the TVHSJC, Members consider the options outlined in paragraph 2.5 above as a way forward for 2011/12.

3.2 That, if Members choose option (i) or (ii) under paragraph 2.5, the two remaining appointments to the TVHSJC are confirmed in line with the guidance under paragraph 2.6.

Contact Officer:- James Walsh – Scrutiny Support Officer
Chief Executive's Department
Hartlepool Borough Council
Telephone Number: 01429 526647
E-mail – james.walsh@hartlepool.gov.uk

BACKGROUND PAPERS

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

- (i) NHS Act 2006
- (ii) Health and Social Care Act 2001