

HEALTH SCRUTINY FORUM AGENDA



Thursday 28 June 2012

at 10.00 a.m.

in the Council Chamber, Civic Centre, Hartlepool.

MEMBERS: HEALTH SCRUTINY FORUM:

Councillors S Akers-Belcher, Brash, Fisher, Hall, Hargreaves, G Lilley and Wells

All Members of the Council invited to attend:-

The Mayor, Stuart Drummond

Councillors Ainslie, C Akers-Belcher, Beck, Cook, Cranney, Dawkins, Fleet, Gibbon, Griffin, Hill, Jackson, James, Lauderdale, A E Lilley, Loynes, Dr. Morris, Payne, Richardson, Robinson, Shields, Simmons, Sirs, Tempest, Thompson, Turner and Wilcox.

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 15th June 2012 (*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 Relocation of Outpatient Services from University Hospital of Hartlepool to One Life Hartlepool:-

(a) Covering Report – *Scrutiny Support Officer*

(b) Presentation – *Representatives from NHS Tees and North Tees and Hartlepool Foundation Trust*

7.2 Changes to Ambulance Locations:-

(a) Covering Report – *Scrutiny Support Officer*

(b) Presentation – *Representatives from North East Ambulance Service*

8. ISSUES IDENTIFIED FROM FORWARD PLAN

8.1 Executive's Forward Plan – *Scrutiny Support Officer*

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

No items

10. REGIONAL HEALTH SCRUTINY UPDATE

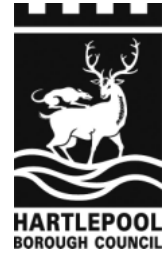
No items

11. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

Date of Next Meeting – 23 August 2012, 10am in Committee Room B

HEALTH SCRUTINY FORUM

28 June 2012



Report of: Scrutiny Support Officer

Subject: RELOCATION OF OUTPATIENT SERVICES FROM UNIVERSITY HOSPITAL OF HARTLEPOOL TO ONE LIFE HARTLEPOOL - COVERING REPORT

1. PURPOSE OF THE REPORT

1.1 To introduce representatives from North Tees and Hartlepool NHS Foundation Trust and NHS Tees who will be present at today's meeting to provide information on the relocation of outpatient services from University Hospital Hartlepool to One Life Hartlepool.

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 The representatives in attendance today will provide information on the relocation of outpatient services to One Life Hartlepool. These moves form part of the overall *Momentum: Pathways to Healthcare* programme. A briefing is attached as **Appendix 1**.

2.2 Subsequently representatives from North Tees and Hartlepool NHS Foundation Trust and NHS Tees will be present at today's meeting to outline proposals.

¹ Momentum – Consultation Response (September 2008)

3. RECOMMENDATION

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

Contact Officer:- Laura Stones – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523087
Email: laura.stones@hartlepool.gov.uk

BACKGROUND PAPERS

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

- (i) Momentum: Pathways to Healthcare – Consultation Response, presented to the NHS Joint Committee on 29 September 2009



Update on the Relocation of Outpatient Services from University Hospital of Hartlepool to One Life Hartlepool

Overview and Scrutiny (OSC) Briefing

June 2012

Background

The purpose of this briefing is to provide the Committee with an update on the relocation of a number of outpatient clinics to One Life Hartlepool. The relocation is proposed to commence from July 2012 and will continue until January 2013.

These moves form part of the overall *Momentum: Pathways to Healthcare* programme which was formally consulted upon in 2008. The rationale behind the transfer and relocation of services remains as previously outlined, that is, to promote and achieve:

- Care Closer to Home;
- Services which are responsive to needs of the local community;
- Patient-centred services;
- A clinically-driven local NHS.

Current Position

A wide range of outpatient services are currently provided within the University Hospital of Hartlepool.

A key element of the *Momentum: Pathways to Healthcare* programme is the delivery of services closer to home, and as part of this commitment, and to offer patients the best possible service, a proportion of identified clinics will be relocated to One Life Hartlepool.

The new location of services will replace a number of those currently delivered within the University Hospital of Hartlepool. However, complex clinics within the specialities identified will be retained within the Hospital.

Proposal

NHS Hartlepool proposes to work in collaboration with North Tees and Hartlepool NHS Foundation Trust (NTHFT) to transfer a number of outpatient services to One Life Hartlepool. This transition will occur in three separate phases, the first commencing in July 2012, and will end in January 2013. NHS Hartlepool and

NTHFT are committed to ensuring a seamless approach to the relocation of these services.

Phase 1

Will encompass Rheumatology, Diabetes and Respiratory. It is proposed that the first transition will occur by 31 July.

Phase 2

Will encompass Pain Services, Acupuncture and Transcutaneous Electrical Nerve Stimulator. It is proposed that this second transition will commence in August and be completed by 31 October 2012.

Phase 3

Will encompass Ear Nose and Throat (ENT), Anticoagulation and core physiotherapy. It is proposed that this third transition will commence in September and will be completed in January 2013.

There will be no change or reduction in services offered to the population of Hartlepool.

Benefits

There are benefits for patients in the relocation of services to One Life:

- Delivery of Care Closer to Home;
- Patient choice of location of service provision;
- Central location for service provision - easily accessible for all areas within Hartlepool;
- Modern up-to-date facilities.

Communication and Engagement

Patients and the public accessing the Outpatient Department within the University Hospital of Hartlepool will be notified about the relocation via posters prior to the move. Patients currently using the services affected will be contacted directly and invited to get in touch to share any concerns and comments.

Additional communication activity will include local press, articles in newsletters, social media and direct mail to stakeholders.

Patients and the public will be invited to share their thoughts and comments on the relocation and in particular what else should be considered to improve patient experience at the new site.

Comments can be submitted directly to North Tees and Hartlepool NHS Foundation Trust via telephone 0800 015 3031 or email PALS.HP@nth.nhs.uk

A communication and engagement plan can be found in appendix A

Action for Overview and Scrutiny Committee

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

**Relocation of Outpatient Services from University Hospital of Hartlepool to One Life Hartlepool
Communication and Engagement Action Plan**

June 2012

Date	Purpose	Audience	Action	Location	Lead
W/C 28.05.12	Informing & Involving	Client Relations	Briefing sent to Client Relations / PALS at NHS Tees & NTHFT	N/A	SM / CY
W/C 28.05.12	Informing & Involving	Overview and Scrutiny Committee (OSC)	Briefing sent to OSC with cover letter & copy of C&E Action Plan	N/A	SM
W/C 28.05.12	Informing & Involving	Local Involvement Network (LINK)	Briefing sent to LINK with cover letter & copy of C&E Action Plan	N/A	SM
6 weeks prior to service moves (see schedule in Briefing)	Informing & Involving	Current patients of affected services	Letter sent to all current patients informing of moves & inviting comments	N/A	LK / CY
W/C 04.06.12	Informing & Involving	Key local stakeholders: ➤ CLMC ➤ LHWBB ➤ MP ➤ Ward Councillors	Letter sent outlining proposal & inviting comments	N/A	SM
Ongoing	Informing & Involving	Affected Staff	Updates at Staff Meetings	UHH / OLH	LK
From W/C 28.05.12 onwards	Informing	NHS Tees staff	Information in staff newsletter <i>Up2Speed</i>	N/A	NE
From W/C 28.05.12 onwards	Informing	NTHFT Staff	Information in staff newsletter	N/A	CY

From W/C 28.05.12 onwards	Informing	Independent Contractors & Staff	Information in independent contractor's newsletter <i>Contractors Chronicle</i>	N/A	NE
6 weeks prior to service moves (see schedule in Briefing)	Informing & Involving	Patients, Carers and Public	Information on www.hartlepool.nhs.uk	N/A	CD
6 weeks prior to service moves (see schedule in Briefing)	Informing & Involving	Patients, Carers and Public	Information on www.nth.nhs.uk	N/A	CY
6 weeks & 1 week prior to service moves	Informing & Involving	Patients, Carers and Public	Press Release to local media contacts	N/A	NE / CY
6 weeks prior to service moves	Informing & Involving	Patients, Carers and Public	Display of plans, information and suggestion box in waiting areas	UHH / OLH	LK
Following completion of engagement activity associated with each phase of service relocations	Informing	NTHFT	Report of involvement activity produced & including how any issues raised will be taken on board	N/A	LK
July 2012 – January 2013	Informing & Involving	Client Relations	Updates sent to Client Relations / PALS	N/A	SM / CY
July 2012 – January 2013	Informing & Involving	OSC & LINK	Involvement reports & updates sent with cover letter	N/A	SM / CY
July 2012 – January 2013	Informing & Involving	Patients, Carers and Public	Updates on www.hartlepool.nhs.uk	N/A	CD
July 2012 – January 2013	Informing & Involving	Patients, Carers and Public	Updates on www.nth.nhs.uk	N/A	CY

Key

CD Chris Daley, Communication and Engagement Support Officer, NHS Hartlepool
CLMC Cleveland Local Medical Committee
CY Claire Young, Head of Communications, North Tees and Hartlepool NHS Foundation Trust

LK	Lynne Kirby, Associate Director of Elective Pathways, North Tees and Hartlepool NHS Foundation Trust
NE	Nicky Easby, Communications Officer, NHS Hartlepool
NTHFT	North Tees and Hartlepool NHS Foundation Trust
OLH	One Life Hartlepool
SM	Sarah Marsay, Engagement Manager, NHS Hartlepool
UHH	University Hospital of Hartlepool



NHS TEES

Overview & Scrutiny Committee Hartlepool June 2012





Introduction

- Momentum Pathways to Healthcare
- National Drivers
- Increased Expectations
- Nolan Principles
- Benefits of Change Management





National Drivers

- Health & Social Care Bill 2010-11
- Safety
- Delivering Care Closer to Home
- Innovation – Differing models of care delivery
- Integration of services
- Improving quality of care
- Visionary approach to delivering GP led Clinical Commissioning Groups
- Partnership working
- Financially viable – Sustainability of services





Nolan Principles

- Codes of Conduct - **Impartiality**
- Patient pivotal within all proposed changes
- Leadership – Transformational Approach
- Selflessness
- Integrity
- **Objectivity**
- Accountability
- Openness
- Honesty





Expectations

- Refinement of care pathways - GP led
- Integrated commissioning
- Enhanced clinical standards
- Increased quality of care
- Improved patient outcomes
- Convenience
- Considerations of alternative venues for care delivery
- New single site Hospital
- Patient choice





Existing services in One life

- Diabetes 1 stop shop
- Podiatry
- Community Respiratory Assessment & Management Service (CRAMS)
- X-ray/Ultra Sound
- Audiology
- Dental
- Physiotherapy/MSK
- Genito-Urinary Medicine
- Minor Injuries Unit/Walk in Centre/Northern Doctors
- GP Practices/Pharmacy
- Plus extended services within practices





Suggested co-location of:-

- Diabetes
link to Diabetes One stop shop
- Rheumatology / Core Physiotherapy
link to Podiatry
- Respiratory
link to CRAMS
- Pain/TENS/Acupuncture
link to GP practice TENS supply
- Anti-Coagulation
link to Anticoagulation in practices
- ENT .. Been moving round within community (from Caroline St)





Benefits of Change

- Delivering Care Closer to Home
- Central location of provision of services
- Co-Location of Services – Hartlepool Diabetes Voluntary Support Group views obtained
- Responsive to the needs of the local community
- Patient centred services
- Clinically driven local NHS
- Modern up to date facilities
- Refinement of current pathways - GP led
- Costs for attending hospital services





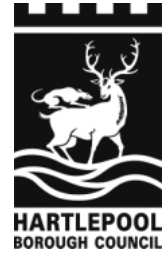
Conclusion

- OSC Engagement Activity ..
Help us decide what reasoning to use in service design, and how to prioritise things
- Overview and Scrutiny Committee further involvement Aug/September?
- Next steps and timescales



HEALTH SCRUTINY FORUM

28 June 2012



Report of: Scrutiny Support Officer

Subject: NORTH EAST AMBULANCE SERVICE – CHANGES TO AMBULANCE LOCATIONS - COVERING REPORT

1. PURPOSE OF THE REPORT

1.1 To introduce representatives from the North East Ambulance Service who will be present at today's meeting to provide information on the new arrangements for the location of ambulances and changes to resources.

2. BACKGROUND INFORMATION

2.1 The representatives in attendance today will provide information on changes to ambulance locations and changes to resources. A briefing is attached as **Appendix A**.

2.2 Subsequently representatives from the North East Ambulance Service will be present at today's meeting to outline proposals.

3. RECOMMENDATION

3.1 That Members note the content of this report and the briefing, seeking clarification on any issues from the North East Ambulance Service present at today's meeting.

Contact Officer:- Laura Stones – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523087
Email: laura.stones@hartlepool.gov.uk

BACKGROUND PAPERS

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



North East Ambulance Service



NHS Foundation Trust

A&E Review – Implementation Project Summary

Briefing Paper 01.02.12

Why has a review been carried out?

- Last full review of A&E ambulance provision completed in 2006. There have been changes to the healthcare environment and increasing demands on the service
- To support delivery of NEAS Mission – ‘Right Care, Right Place, Right Time’. We have both emergency and urgent patients that we provide services to within A&E and not all of these require paramedic attendance. Also the location and volume of calls is changing so we need our services to reflect new patterns of demand.
- To deliver the principle of a paramedic at every A&E Emergency (Category A call) to promote a paramedic (Clinician) led service
- To protect the high standards of service, patient care and patient safety that we currently provide for future years especially in the current economic climate

Proposed New Model

- Intermediate Tier – expansion of our existing urgent (non-emergency) provision. This accounts for the increase in vehicle numbers across the Trust. This tier will provide care and transport for GP urgent and appropriate category C calls. Will enable our front line A&E crews to focus on emergency calls by reducing the demand for them to transport urgent care patients.
- New staffing model for A&E Front line emergency vehicles to be staffed by a paramedic and an Ambulance Care Worker. A&E Intermediate Tier vehicles to be staffed by a new Technician-type role, with increased skill levels to reflect the levels of care these patients require, and an Ambulance Care Worker.

Key points – vehicle location and impact

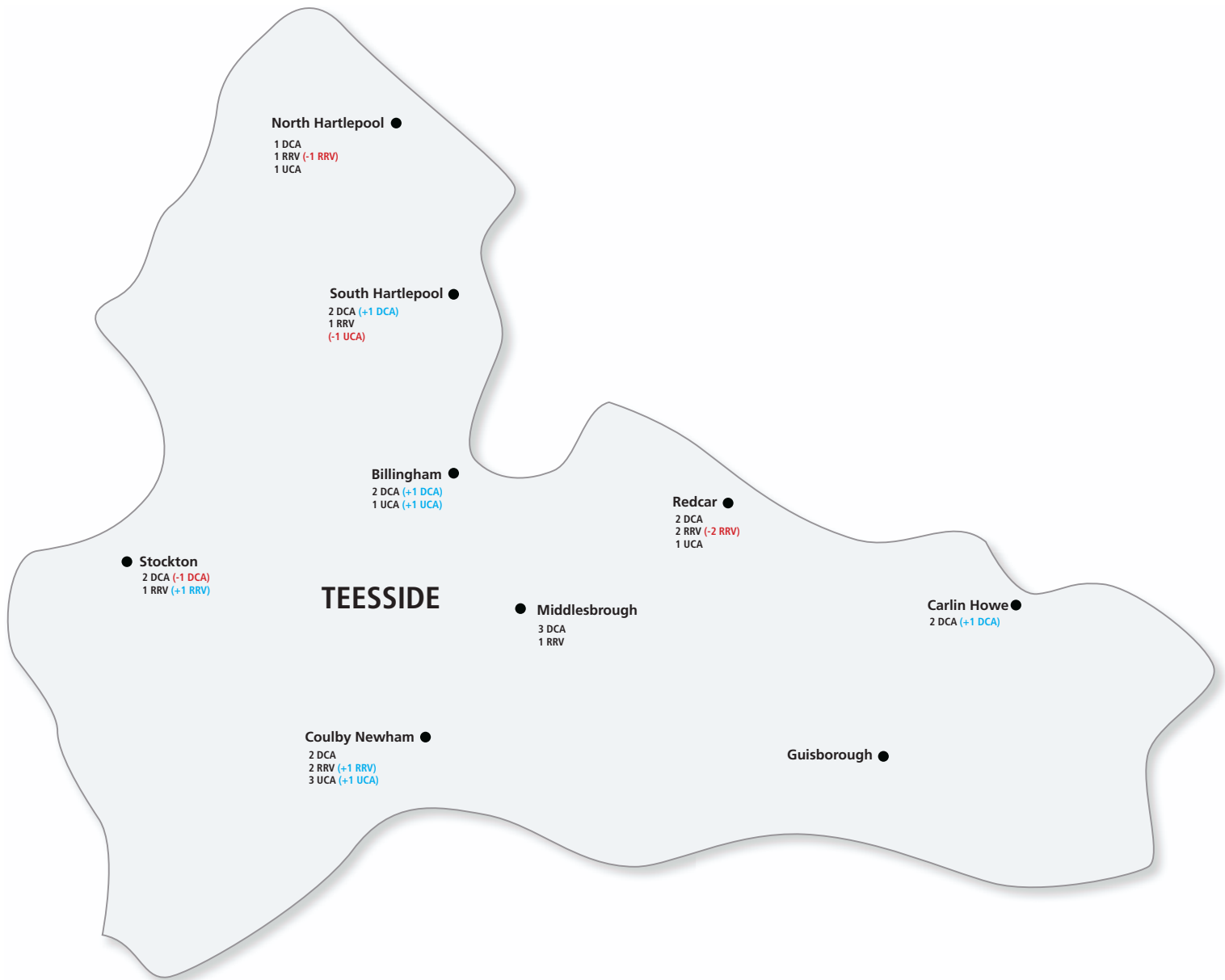
The attached maps detail the changes for each station. The figures in black indicate the proposed new ambulance establishment; the figures in red highlight a reduction in vehicle numbers from current establishment and the figures in blue indicate an increase in vehicle numbers from current establishment.

Key points – staffing model

- Changes to staff rotas which introduce new shift patterns and different shift lengths
- Movement of staff to reflect where resources are required in line with new vehicle locations

We have begun a series of presentations on these proposals to our staff this week.

TEESSIDE; FUTURE VEHICLE LOCATIONS



KEY

DCA= Dual Crewed Ambulance

RRV= Rapid Response Vehicle

UCA= Urgent Care Ambulance

Vehicles in Black= future station establishment

Vehicles in Blue= movement to station

Vehicles in red= movement from station

TEESSIDE SUMMARY

8 RAPID RESPONSE VEHICLES

16 A&E AMBULANCES

6 URGENT CARE AMBULANCES



Accident & Emergency Review

Mark Cotton
Assistant Director of
Communications & Engagement



Introduction

- Overarching context of the A&E review
- Current performance
- Proposed future resources
- New model of delivery for emergency and urgent care patients



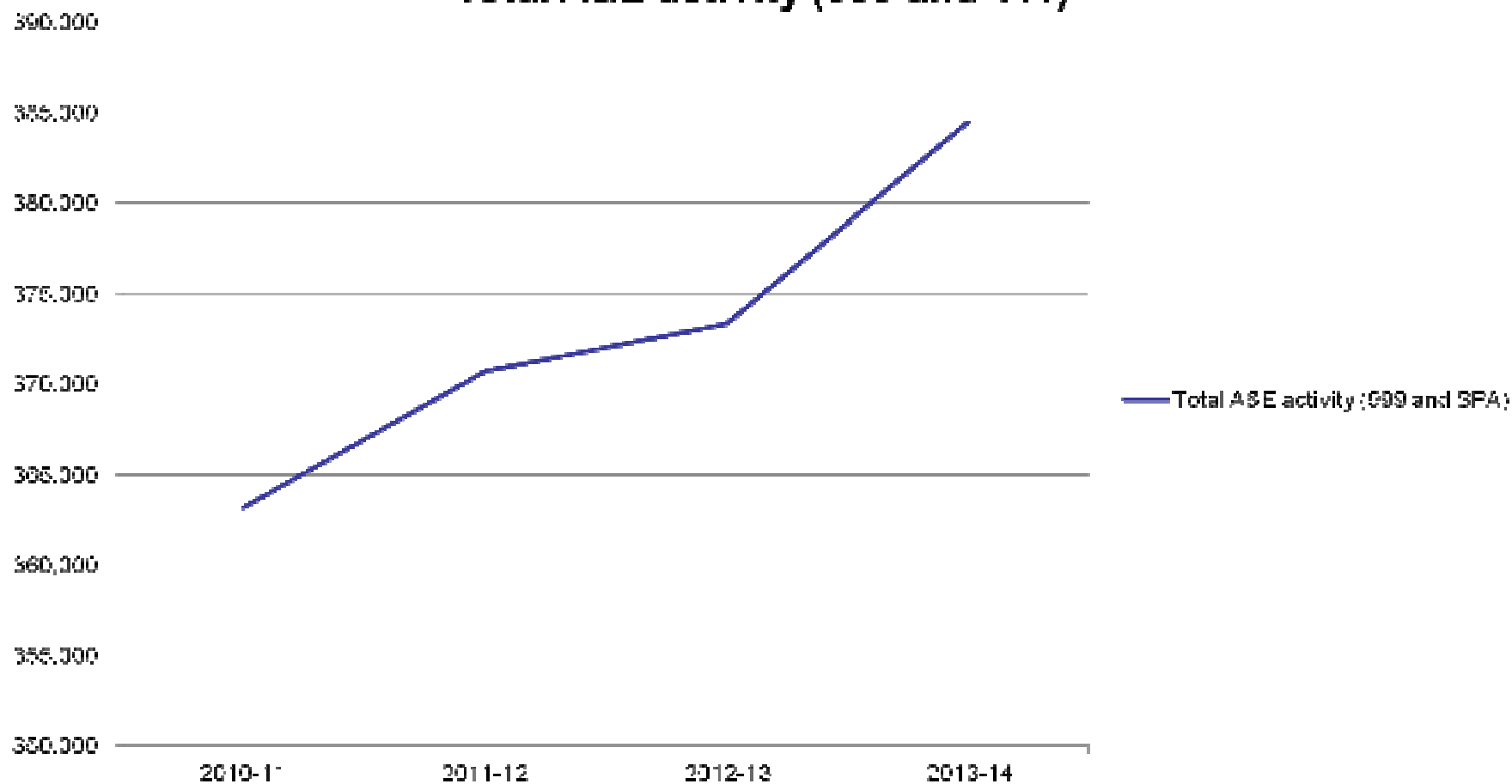
Why carry out a review?

- Last full review completed in 2006.
- To support delivery of NEAS mission – ‘right care, right place, right time’.
- To deliver the principle of a paramedic at every 999 call that needs one.
- To protect the high standard of our service to patients by continuing to meet increasing activity.



Demand graph

Total A&E activity (999 and 111)



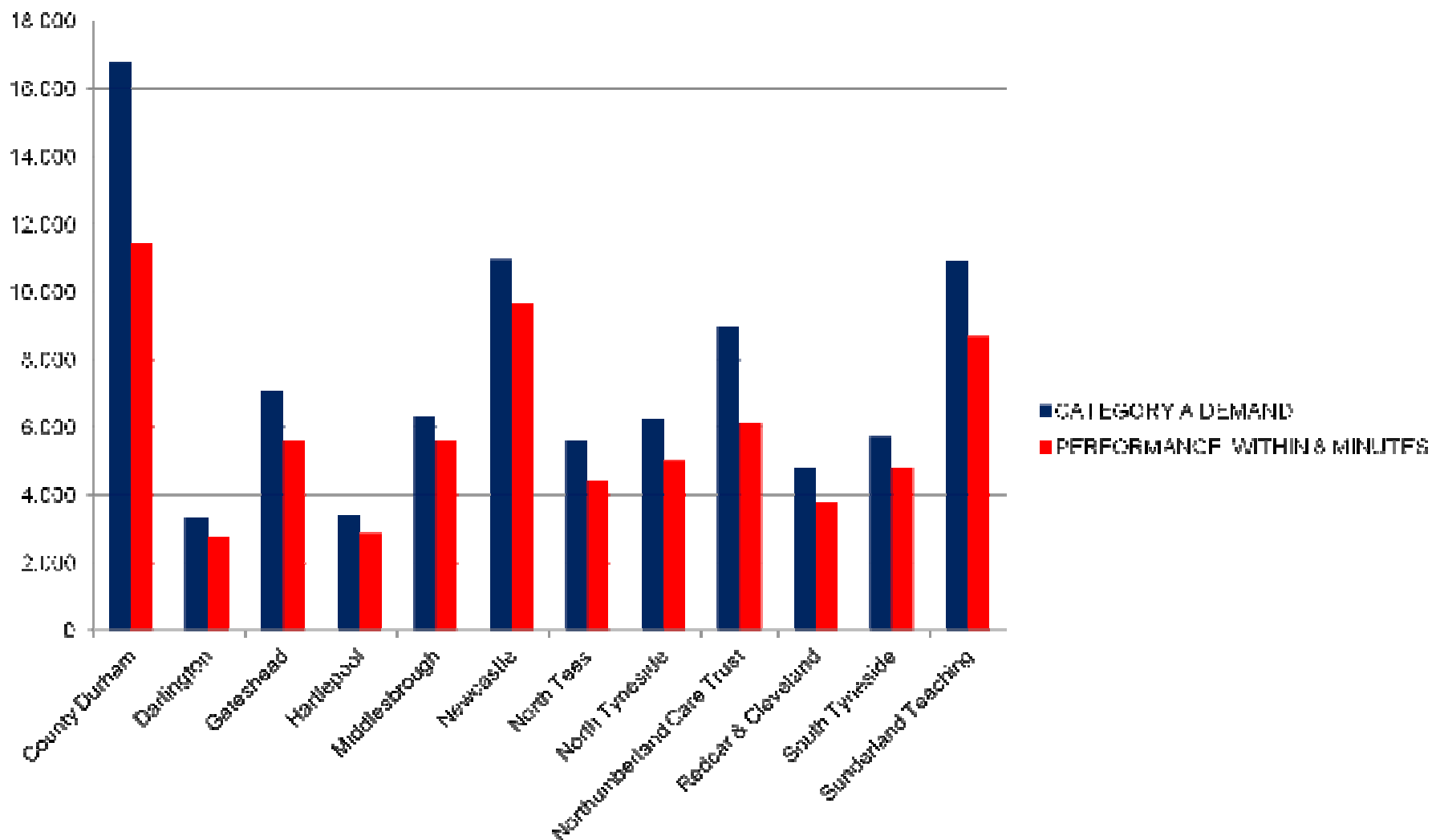


PCT Performance (Apr-Nov 2011)

<u>PCT</u>	<u>CATEGORY A DEMAND</u>	<u>CATEGORY A PERFORMANCE WITHIN 8 MINUTES</u>	<u>PERCENTAGE ACHIEVED</u>
County Durham	16,756	11,461	68.39%
Darlington	3,350	2,787	83.19%
Gateshead	7,081	5,635	79.57%
Hartlepool	3,424	2,879	84.05%
Middlesbrough	6,290	5,638	89.63%
Newcastle	10,970	9,674	88.18%
North Tees	5,622	4,412	78.47%
North Tyneside	6,231	5,019	80.54%
Northumberland Care Trust	8,959	6,104	68.13%
Redcar & Cleveland	4,799	3,820	79.59%
South Tyneside	5,712	4,825	84.47%
Sunderland Teaching	10,946	8,685	79.34%

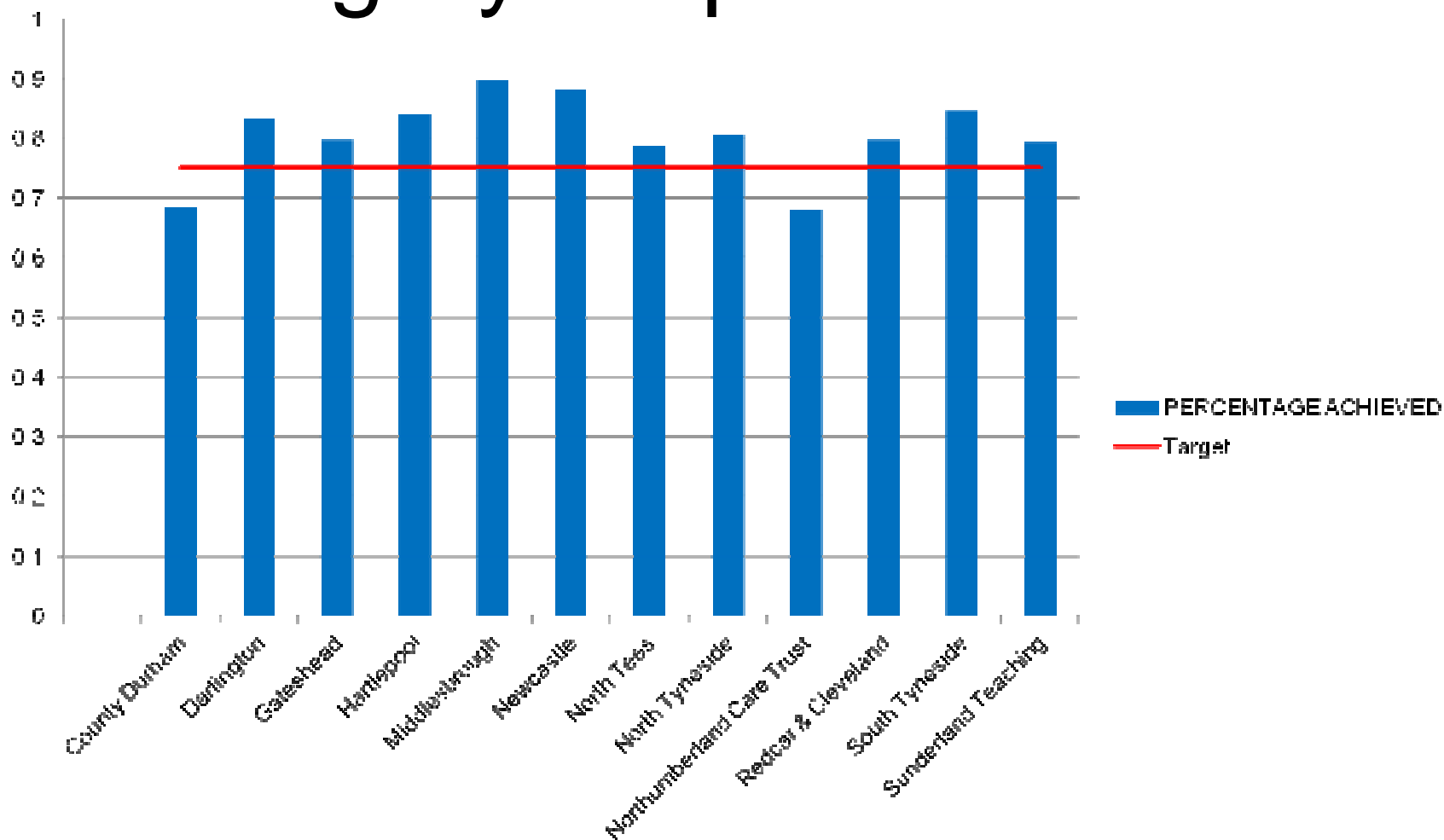


Category A8 demand





Category A8 performance





Performance

- Strong performance position overall
- Measured on overall Trust wide performance
 - Month, Quarter, Annual
- Challenges in Durham and Northumberland



Who have we worked with?

- External Consultants ORH have provided us with a vehicle deployment plan to meet future activity levels.
- External Consultants Process Evolution have provided the resource levels and example rotas required to run our day to day operation based on the ORH work.



Progress to date

Over the past few months we've been working to identify what needs to change to put the new plans in place including:

- The location of vehicles
- Mix of vehicles at each station
- The location of staff
- Example rotas



Vehicle Changes Trust Wide

	CURRENT			FUTURE			CHANGE		
	RRV	DCA	UCA	RRV	DCA	UCA	RRV	DCA	UCA
NORTH TYNE	12	25	5	13	25	12	+1	0	+7
SOUTH TYNE	8	16	3	9	14	5	+1	-2	+2
DURHAM	10	20	6	9	19	5	-1	-1	-1
TEES	9	14	5	8	16	6	-1	+2	+1
TRUST TOTALS	39	75	19	39	74	28	0	-1	+9



Staff hours cover Trust Wide

Changes in Staffing Hours

	RRV	DCA	Intermediate Tier
NORTH TYNE	141	-320	1026
SOUTH TYNE	84	-692	370
DURHAM	57	-40	58
TEES	108	202	40
TRUST TOTALS	390	-850	1494



Intermediate tier

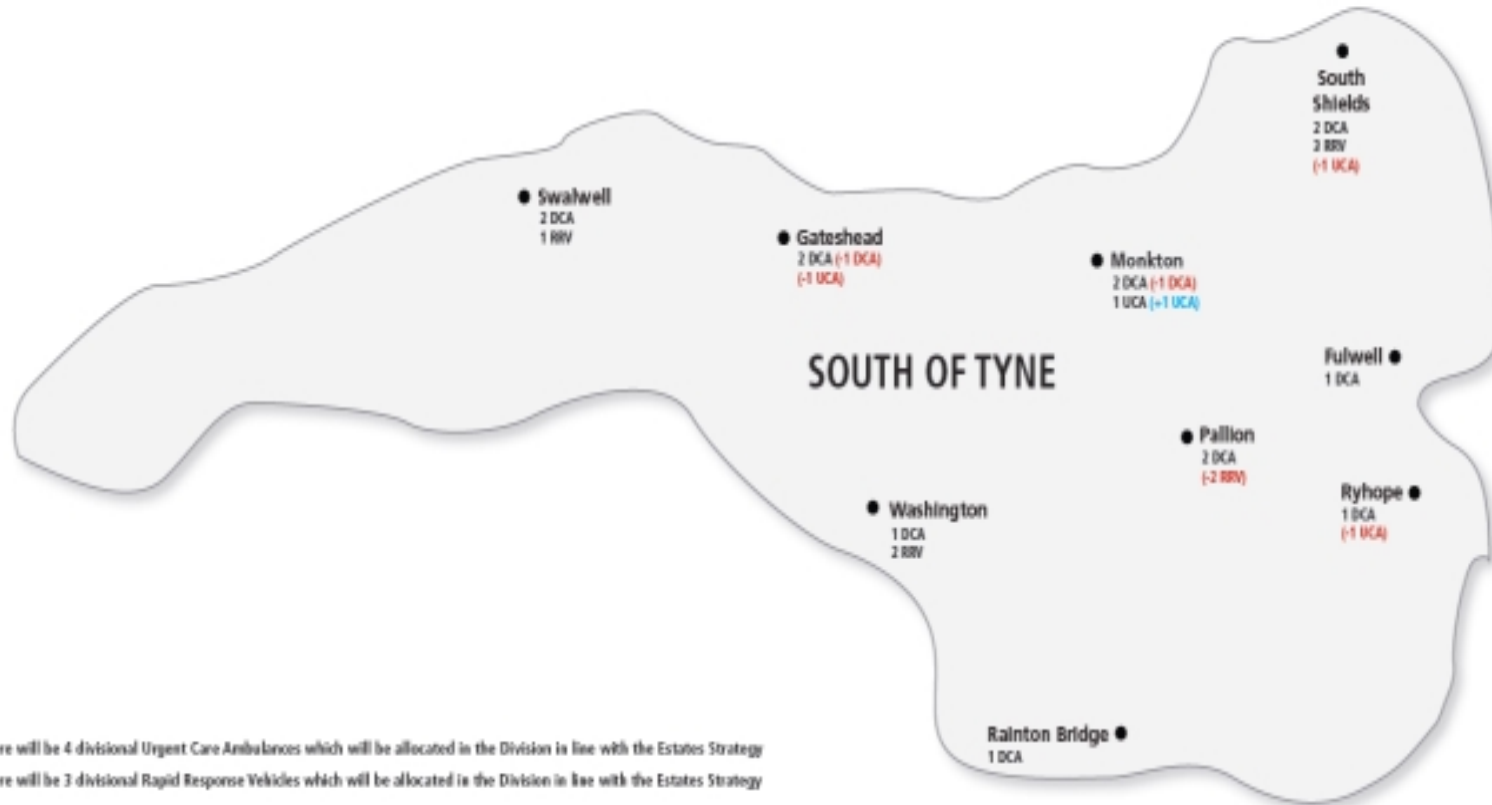
- Provides the patient with an appropriate and safe response where an emergency paramedic is not required
- Is aimed at handling most GP urgent calls, clinician referrals and appropriate category C calls
- Will enable front line A&E crews to concentrate on category A calls, reducing the percentage of urgent calls they handle and providing non-emergency transport
- First response role maintained



Establishment changes

- A small increase in overall staffing numbers.
- Increase in vehicle numbers for Intermediate Tier.
- Retention of our existing support role to paramedics on front line A&E Ambulances
- New staffing model reflects where resources are required

SOUTH OF TYNE; FUTURE VEHICLE LOCATIONS



- There will be 4 divisional Urgent Care Ambulances which will be allocated in the Division in line with the Estates Strategy
- There will be 3 divisional Rapid Response Vehicles which will be allocated in the Division in line with the Estates Strategy

KEY

- DCA= Dual Crewed Ambulance
- RRV= Rapid Response Vehicle
- UCA= Urgent Care Ambulance
- Vehicles in Black= future station establishment
- Vehicles in Blue= movement to station
- Vehicles in red= movement from station

SOUTH OF TYNE SUMMARY

- 9 RAPID RESPONSE VEHICLES
- 14 A&E AMBULANCES
- 5 URGENT CARE AMBULANCES

DURHAM; FUTURE VEHICLE LOCATIONS



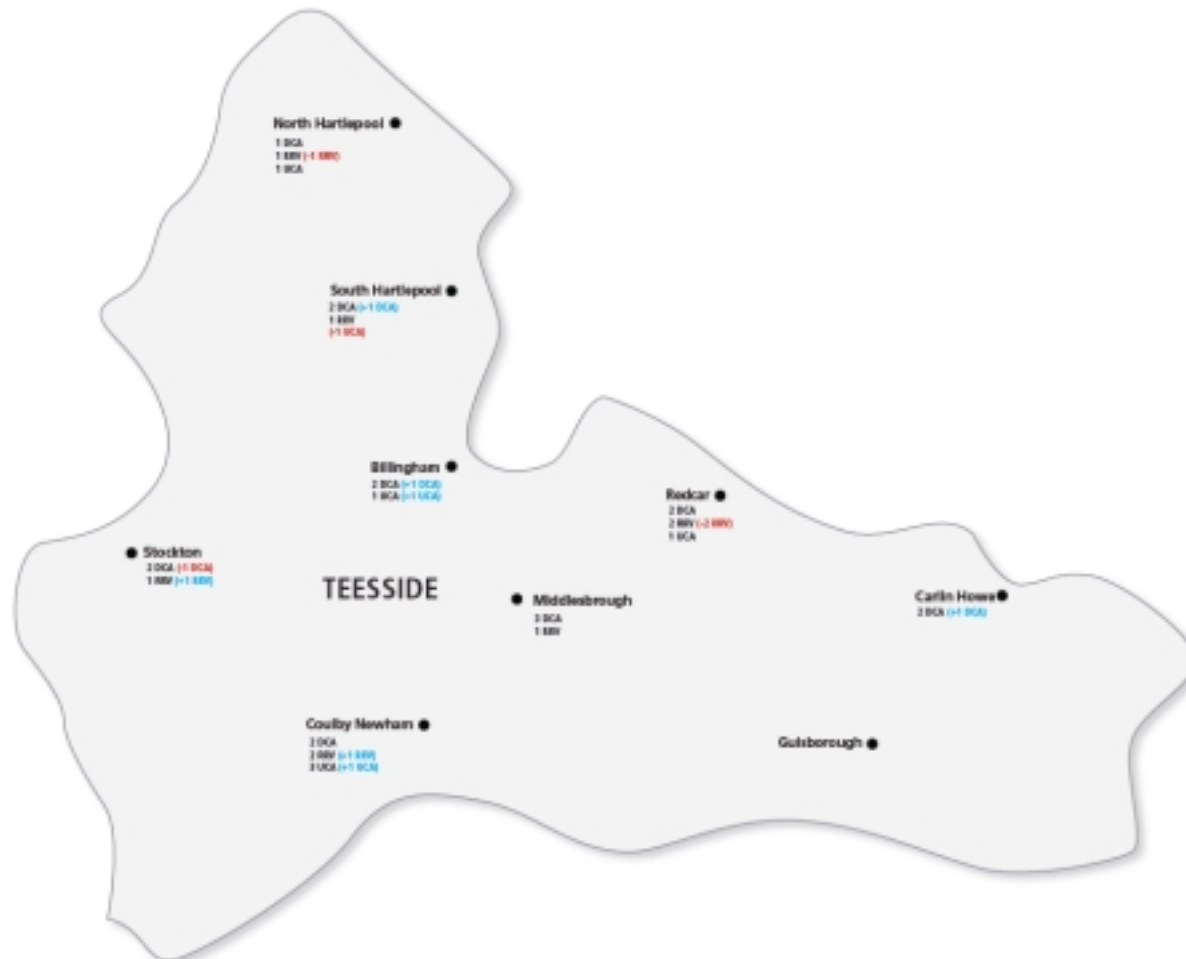
KEY

- OCV - Dual Crown Ambulance
- OCV - Rigid Response Vehicle
- OCV - Light Car Ambulance
- Wicket in Black - Train station establishment
- Wicket in Black - movement to station
- Wicket in red - movement from station

DURHAM SUMMARY

- 9 RAMP RESPONSE VEHICLES
- 79 AMBULANCES
- 5 URGENT CARE AMBULANCES

TEESSIDE; FUTURE VEHICLE LOCATIONS



KEY

DCA= Dual Crewed Ambulance
RRV= Rapid Response Vehicle
UCA= Urgent Care Ambulance
Vehicles in Black= future station establishment
Vehicles in Blue= movement to station
Vehicles in red= movement from station

TEESSIDE SUMMARY

8 RAPID RESPONSE VEHICLES
16 A&E AMBULANCES
6 URGENT CARE AMBULANCES



Summary of changes

- Staff are in the right place at the right time in the right numbers with the right skill
 - Introduction of new rotas to reflect vehicle and location changes
 - Review of rest break policy
 - Unsocial hours enhancement to reflect hours worked



Comms & Engagement

- Presentation to staff just started on 30 Jan
- Discussions with Unions on-going
- Programme of listening events and feedback from communities underway



Engagement programme

- Berwick
- Gateshead
- South Shields
- Sunderland city
- Hartlepool
- Redcar
- Haltwhistle
- North Tyneside
- Stanley
- Bishop Auckland
- Peterlee
- West Newcastle



Timescales

- We are working towards an implementation date of April 2013 however some changes may be in place by October 2012.

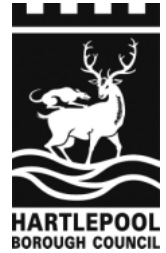


North East Ambulance Service **NHS**
NHS Foundation Trust

ANY QUESTIONS?

HEALTH SCRUTINY FORUM

28 June 2012



Report of: Scrutiny Support Officer

Subject: THE EXECUTIVE'S FORWARD PLAN

1. PURPOSE OF REPORT

1.1 To provide the opportunity for the Health Scrutiny Forum to consider whether any item within the Executive's Forward Plan should be considered by this Forum.

2. BACKGROUND INFORMATION

2.1 One of the main duties of Scrutiny is to hold the Executive to account by considering the forthcoming decisions of the Executive (as outlined in the Executive's Forward Plan) and to decide whether value can be added to the decision by the Scrutiny process in advance of the decision being made.

2.2 This would not negate Non-Executive Members ability to call-in a decision after it has been made.

2.3 As Members will be aware, the Scrutiny Co-ordinating Committee has delegated powers to manage the work of Scrutiny, as it thinks fit, and if appropriate can exercise or delegate to individual Scrutiny Forums. Consequently, Scrutiny Co-ordinating Committee monitors the Executive's Forward Plan and delegates decisions to individual Forums where it feels appropriate.

2.4 In addition to this, the key decisions contained within the Executive's Forward Plan (July 2012 – October 2012) relating to the Health Scrutiny Forum are shown below for Members consideration:-

DECISION REFERENCE: CE46/11 – Review of Community Involvement & Engagement (Including LSP Review): Update on decisions taken 'in principle'

Nature of the decision

Key Decision - Test (ii) applies

Background

Following a review Cabinet has agreed the future approach of the Local Authority to community and stakeholder involvement and engagement and the Local Strategic Partnership, including theme partnerships at their meeting on 18th July 2011. This was previously in the Forward Plan as decision reference CE43/11.

At the end of June the Government responded to the NHS Future Forum report. In their response they outlined that as the statutory Health and Wellbeing Board “discharges executive functions of local authorities” it should operate as equivalent executive bodies do in local government. At the time of Cabinet agreeing the future approach it was unclear exactly what this meant and the implications that this would have on the structure proposed. In response some decisions were requested to be made ‘in principle’ and that these would be confirmed once guidance was issued on the implementation of the statutory Health and Wellbeing Board.

At their meeting on 15th August 2011 Cabinet agreed for a shadow Health and Wellbeing Board to be established by the end of September 2011. This shadow Board will develop into the statutory Health and Wellbeing Board which is expected to be established by April 2013.

The Health and Social Care Bill, which sets out the statutory requirement to introduce a Health and Wellbeing Board, has now completed its passage through Parliament. It received Royal Assent on 27th March 2012 and has now become an Act of Parliament i.e. the proposals of the Bill have become law. The publication of the Statutory Guidance on Health and Wellbeing Boards is therefore expected in the near future.

The ‘in principle’ decisions related to the structure of community involvement and engagement and the development of a Strategic Partners Group and its membership. It is these decisions that are the subject of this Forward Plan entry. They will be confirmed or reviewed dependent upon the guidance issued for the statutory Health and Wellbeing Board.

Who will make the decision?

The decision will be made by Cabinet however some elements will require Council agreement for changes to the Constitution.

Ward(s) affected

The proposals will affect all wards within the Borough.

Timing of the decision

At the Cabinet meeting on 18th July 2011 it was agreed that a further report would be brought to Cabinet once the statutory Health & Wellbeing Board

guidance had been issued. If the 'in principle' decisions that Cabinet have taken are unaffected then they will be agreed for implementation. If those 'in principle' decisions are affected then Cabinet will be asked to consider alternative proposals which reflect the new position. It is expected that the guidance will be published in the near future and a report will be taken to Cabinet following the publication date. This is not expected to be until September 2012. The detailed timescales for this are currently unclear and may be subject to change.

Who will be consulted and how?

Cabinet will be asked to consider the implications of guidance on the development of the statutory Health and Wellbeing Board on the 'in principle' decisions relating to the structure of community involvement and engagement and the development of a Strategic Partners Group and its membership.

Information to be considered by the decision makers

Cabinet will be presented with detail from the guidance on the development of the statutory Health and Wellbeing Board and how this will impact, if at all, on the 'in principle' decisions that they made on 18th July 2011.

How to make representation

Representation should be made to:

Andrew Atkin, Assistant Chief Executive, Civic Centre, Hartlepool TS24 8AY.
Telephone: (01429) 523003.
Email: Andrew.atkin@hartlepool.gov.uk

Catherine Frank, Local Strategic Partnership Manager, Civic Centre, Hartlepool TS24 8AY.
Telephone: (01429) 284322.
Email: catherine.frank@hartlepool.gov.uk

Further Information

Further information can be obtained from Catherine Frank, as above.

- 2.5 A summary of all key decisions is attached as **APPENDIX A** to this report.
- 2.6 Copies of the Executive's Forward Plan will be available at the meeting and are also available on request from the Scrutiny Team (01429 5236437) prior to the meeting.

3. RECOMMENDATIONS

- 3.1 It is recommended that the Health Scrutiny Forum:-
 - (a) considers the Executive's Forward Plan; and
 - (b) decides whether there are any items where value can be added to the decision by the Health Scrutiny Forum in advance of the decision being made.

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BACKGROUND PAPERS

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

- (a) The Forward Plan – July 2012 – October 2012

TIMETABLE OF KEY DECISIONS

Decisions are shown on the timetable at the earliest date at which they may be expected to be made.

1. DECISIONS EXPECTED TO BE MADE IN JULY 2012

CE 44/11 (page 6)	Workforce Arrangements	Cabinet
CE 50/11 (page 10)	Options in Relation to ICT Support Arrangements	Cabinet / Council
CE 52/12 (page 12)	Models of Senior Management Officer Structure for the Authority	Council / Cabinet
CAS 106/11 (page 15)	Priority Schools Building Programme	Cabinet
CAS 123/12 (page 17)	Schools' Capital Works Programme 2012/13 (Phase 2)	Portfolio Holder
CAS 124/12 (page 18)	Adult Education Fees	Portfolio
CAS 125/12 (page 19)	Tees Valley Times: Art and Archaeology Explored Heritage Lottery Bid	Portfolio Holder
CAS 126/12 (page 20)	The Hartlepool Youth Contract	Cabinet
CAS 129/12 (page 23)	Collaboration in Child and Adult Services	Cabinet / Council
CAS 130/12 (page 25)	Business Case for the Establishment of a Children's Home	Cabinet
RN 13/09 (page 30)	Disposal of Surplus Assets	Cabinet
RN 70/11 (page 34)	Innovation Fund	Cabinet
RN 74/11 (page 35)	Former Leathers Chemical Site	Cabinet
RN 89/11 (page 37)	Former Brierton School Site	Cabinet / Council
RN 96/11 (page 41)	Hartlepool Voluntary & Community Sector Strategy	Cabinet
RN 98/11 (page 43)	Acquisition of Assets	Cabinet / Portfolio Holder / Council
RN 100/11 (page 47)	Raby Road Corridor Development Agreement	Cabinet
RN 5/12 (page 51)	Seaton Carew Development Sites – Results of Joint Working Arrangement with Preferred Developer	Cabinet
RN 10/12 (page 53)	Acquisition of the Longscar Building, Seaton Carew	Portfolio Holder
RN 14/12 (page 59)	Furniture Solutions Project	Cabinet
RN 17/12 (page 65)	High Street Innovation Fund	Portfolio Holder
RN 18/12 (page 67)	Leasing of Land to a Wind Turbine Developer for the Erection of Wind Turbines on Land at Brenda Road	Cabinet
RN 21/12 (page 71)	Longhill and Sandgate Business Improvement District	Council / Cabinet

2. DECISIONS EXPECTED TO BE MADE IN AUGUST 2012

RN 68/11 (page 32)	Community Cohesion Framework	Portfolio Holder
RN 90/11 (page 39)	Mill House Site Development and Victoria Park	Council
RN 99/11 (page 45)	Community Infrastructure Levy	Cabinet
RN 11/12 (page 55)	Public Lighting Strategy	Portfolio Holder
RN 12/12 (page 57)	Coastal Communities Fund Application	Portfolio Holder
RN 15/12 (page 61)	Brenda Road Bridge	Portfolio Holder
RN 23/12 (page 75)	HCA Cluster of Empty Homes Funding Outcome	Cabinet

3. DECISIONS EXPECTED TO BE MADE IN SEPTEMBER 2012

CE 46/11 (page 8)	Review of Community Involvement & Engagement (Including LSP Review): Update on decisions taken 'in principle'	Cabinet / Council
CAS 127/12 (page 22)	Hartlepool School Admission Arrangements for 2014/15	Portfolio Holder
RN 3/12 (page 49)	Review of Community Safety CCTV Provision	Cabinet
RN 16/12 (page 63)	Sub Regional Tenancy Strategy	Cabinet
RN 20/12 (page 69)	Selective Licensing	Cabinet

4. DECISIONS EXPECTED TO BE MADE IN OCTOBER 2012

RN 22/12 (page 73)	Choice Based Lettings Policy review 2012	Cabinet
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