

HEALTH SCRUTINY FORUM AGENDA



13 December 2012

at 9.00 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 for item 7.1:-

The Mayor, Stuart Drummond
Councillors Ainslie, C Akers-Belcher, Atkinson, 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 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 29 November 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 Outpatient Services:-

- (a) Covering Report – *Scrutiny Support Officer*
- (b) Additional Information – *Representatives from Hartlepool and Stockton-on-Tees Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust*

8. ISSUES IDENTIFIED FROM FORWARD PLAN

9. MINUTES FROM THE RECENT MEETING OF THE SHADOW HEALTH AND WELLBEING BOARD

9.1 Minutes of the meeting held on 26 October 2012 (to follow).

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

10.1 Minutes of the meeting held on 5 November 2012.

11. REGIONAL HEALTH SCRUTINY UPDATE

No items

12. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

Date of Next Meeting – 10 January 2013, 9.00am in the Council Chamber, Civic Centre, Hartlepool

HEALTH SCRUTINY FORUM

MINUTES

29 November 2012

The meeting commenced at 9.00 a.m. in the Civic Centre, Hartlepool

Present:

Councillor Stephen Akers-Belcher (In the Chair)

Councillors: Keith Fisher, Ged Hall, Pamela Hargreaves, Geoff Lilley and Ray Wells.

Also Present: In accordance with Council Procedure Rule 4.2;
Councillor Kaylee Sirs as substitute for Councillor Jonathan Brash
Councillor John Lauderdale, Adult and Public Health Portfolio Holder.

David Brown, Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust
Dr Hashim Mohammed, Clinical Director, Tees, Esk and Wear Valleys NHS Foundation Trust
Christopher Akers-Belcher, LINKs Coordinator
Andy Facchini, Young Inspector and Youth Advisory Team Coordinator
Bianca Gascoigne, Kim Henry and Sam Holland, Young Inspector and Youth Advisory Team

Officers: Louise Wallace, Director of Public Health
Laura Stones, Scrutiny Support Officer
David Cosgrove, Democratic Services Team

73. Apologies for Absence

Councillor Brash

74. Declarations of Interest by Members

None.

75. Minutes of the meeting held on 18 October 2012

Confirmed.

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

No items.

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

No items.

76. Tees, Esk and Wear Valley – Mental Health Services for Older People and Adults *(Scrutiny Support Officer)*

The Representatives from Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) gave a presentation to the Forum outlining the mental health services for older people across the Trust's area. A reduced number of admissions and reduced length of stay had led to a reconfiguration of services across the area. The presentation outlined the reasons behind the reconfiguration and the process undertaken. Admissions to the Wingfield facility that served patients with dementia from the Easington and Hartlepool area had dropped significantly. There was a general acceptance that those with functional and organic conditions who required inpatient admission should not be expected to share the same inpatient facilities.

The Westerdale South facility in Stockton would be the dementia unit that all referrals north of the Tees would be referred to in future. The unit was a custom design unit with many special features specifically for dementia patients. The changes to the service were a response to both patient and carers feedback and significantly improved the inpatient environment for people with dementia. The number of Hartlepool people that would be affected by these changes was anticipated to be between 12 and 18 each year; the numbers were small.

An update report would be provided to the Forum in the future on the progress made. The representatives were keen to state that the changes would ensure that patients received the best care and were consultant led. It was stressed that the changes, while delivering budget savings due to the closure of the Lustrum Vale facility in Stockton, were not driven by budget reductions.

Members questioned the changes to the service in terms of the budget savings and queried the preposition that the savings were service driven and not due to reducing budgets. Assurance was given that the changes were an improvement to the service. The use of the Westerdale South unit would provide a better clinical service to inpatients. There was no pressure to reduce the length of inpatient stays in hospital. The reduction in numbers had led to the Lustrum Vale Unit no longer being viable and the closure of that unit had provided the savings.

The Links Coordinator commented that there was some concern that when dementia patients went into hospital they were often only treated for the primary reason for their admission; a fall for example. Their dementia was often ignored which brought the training staff received into question. The TEWV representatives indicated that the Commissioners had agreed to the implementation of Acute Hospital Liaison staff being embedded in hospitals to assist when wards had patients admitted that also had dementia.

Concern was expressed at the travel arrangements that the family of dementia patients admitted to Westerdale would now be required to make. Patients and family were very often not aware of the shuttle bus service. The TEWV representatives indicated that they were aware of transport issues that may affect patients' family and friends and utilised the shuttle bus service already. The numbers of patients was relatively low, so there was greater potential to ensure that travel arrangements were addressed. The shuttle bus was utilised and arrangements were also made for family between home and the shuttle bus collection points as well, where necessary.

Members commented that in light of the ageing demographic issues, the numbers of patients with dementia that would need inpatient services was so small. The TEWV representatives indicated that they had detailed projections based on demographics and the numbers referred to community services and the memory clinics for example to be sure that the service put in place would be adequate for the demand.

The Chair thanked the TEWV representatives for their presentation and response to Members questions and indicated that the forum would welcome an update on the progress of the service in eight months time.

Recommended

That the presentation and comments be noted.

77. Investigation into Sexual Health - Presentation by the Young Inspectors *(Scrutiny Support Officer)*

Members of the Young Inspectors and Youth Advisory Team (YIYAT) presented the Forum with their findings when acting as 'mystery shoppers' at the sexual health clinic at the One Life Centre. The feedback from the young inspectors was generally positive though they did raise some concerns in relation to confidentiality.

The young inspectors indicated that the previous appointment system where people were given a number to be called for their appointment had an element of confidentiality about it that was removed when patients' names were called out loud in the reception area. There was no disguising why people were there when their name was called out and they went into the sexual health clinic. The young inspector considered that this was an element of the service that could be easily addressed by the reinstatement of the number system or the implementation of a generic waiting area for the clinic. There were also some concerns around general confidentiality in the

clinic areas with staff openly discussing a patient's confidential information.

In general, the service was described as being good with good advice generally being given. The young inspectors did consider that making condoms more freely available at the clinic may be beneficial.

The Chair and Members thanked the young inspectors for their investigation and feedback to the forum. Members agreed that the confidentiality issues needed to be addressed and asked if they had been referred to the appropriate people. It was indicated that the comments had been passed on to the management at the One Life Centre.

Recommended

That the investigation undertaken by the Young Inspectors and Youth Advisory Team be welcomed and noted.

76. Portfolio Holder's response to the investigation into 'Cancer Awareness and Early Diagnosis' (*Joint Report of the Director of Public Health and the Portfolio Holder for Adult and Public Health Services*)

The final report of the Forum's investigation into Cancer Awareness and Early Diagnosis was considered by Cabinet at its meeting on 9 July 2012. Following consideration of the Final Report, Cabinet approved the recommendations in their entirety. Two of the recommendations, (c) and (d) fall under the remit of the Hartlepool and Stockton-on-Tees Clinical Commissioning Group and were due for consideration at a future Board meeting of the Clinical Commissioning Group. Following consideration of the Final Report by the Board, a report would be brought back to the Forum to inform Members of their decision. It was also reported that the final report had been shared with the Shadow Health and Wellbeing Board on 30 July 2012.

Details of each recommendation and proposed actions to be taken following approval by Cabinet are provided in the Action Plan which was submitted with the report to the Forum. The actions contained within the Action Plan would be monitored through Covalent; the Council's Performance Management System; with standardised six monthly monitoring reports to be presented to the Forum.

The Portfolio Holder commented that it is about getting the message across, especially to young people.

Recommended

That the report and action plan be noted and welcomed.

78. Hartlepool LINK Update and Presentation on Hartlepool's Local HealthWatch (*Scrutiny Support Officer*)

The Hartlepool Link Coordinator gave a presentation to the Forum outlining

the work of Link in the past twelve months. The presentation highlighted the role of Link, the work it undertook and the staff and volunteers involved. The continuous development of Link, embedding Patient Voice and the transition to Local Healthwatch were highlighted.

Members welcomed the presentation and role undertaken by Link. Members indicated that they were supportive of the retention of the experienced volunteers through the transition to Healthwatch. Concern was expressed at the Reablement services delivered to patients discharged from hospital who needed support in order to return home. The Links Coordinator indicated that the group had been involved in the specification setting for the contract and the expertise developed within the group was being utilised. It was highlighted that one of the significant changes that the implementation of the new Clinical Commissioning Group was bringing about was that doctors commissioning services were talking to doctors providing services.

It was indicated that there were concerns among local doctors at the standards of the out of hours GP service and it was hoped that the new CCG would bring improvements in this area.

Members questioned the delivery of services to people with drug and alcohol addiction problems. The Link coordinator commented that Link looked not to duplicate work being done elsewhere. When these services were looked at by this Forum it made sense not to duplicate that work.

Members questioned if inspections by Link were organised on a rolling programme or complaint led. The Link Coordinator indicated that the service had to have good reason to go and inspect a service. Visits could be undertaken on an announced or unannounced basis. Where elderly peoples residential homes were concerned for example, Link would liaise with the local authority before visiting. Any inspections did not, however, look at staffing levels or medication for example. They would look to the wider holistic care being provided to residents or patients.

Recommended

That the presentation and update report be welcomed and noted.

82. Investigation into Sexual Health - Evidence from the Portfolio Holder for Adult and Public Health Services (Scrutiny Support Officer)

The Portfolio Holder for Adult and Public Health Services commented on the investigation and the evidence presented to the forum. The Portfolio Holder particularly welcomed the evidence brought forward by the young inspectors and related a personal family situation highlighting similar concerns to those raised by the young inspectors.

The Portfolio Holder commented on the issue of appointments at the One Life Centre clinic and considered that people should have a choice of both bookable and walk-in appointments. Consideration should also be given to

holding clinics at venues that were particularly convenient to young people to avoid any issues attending the clinic at the One Life Centre may cause.

Members expressed their concerns at the standard of sexual health education provided in schools and the work undertaken to reduce teenage pregnancies which appeared to have achieved very little. The Chair considered that the work on teenage pregnancies may have actually achieved a great deal but without detailed analysis it was unwise to make assumptions on some of the statistics available. The Chair suggested that it would be appropriate for the coordinators of the teenage pregnancy work to attend a future meeting and give a briefing to the forum. The Director of Public Health indicated that she would coordinate such a presentation with the Scrutiny Support Officer. There was some detailed quantitative information that could be presented to Members.

Members commented that on the issue of sexual health education, the focus should not solely lay on young people. There were issues of STDs among the adult population as well that were just as significant a concern. How advice was delivered to people on this issue was a matter the Forum should look at. The Chair indicated that a presentation on the delivery of sexual health advice through local voluntary groups would form part of a future agenda.

The Link Coordinator also commented that as the council was reconfiguring its services to young people, the issue of sexual health advice should be built into that process. For example there was little point providing advice sessions between 6.00 and 8.00 in the evening when there was little or no public transport for young people to get to the venues.

Recommended

That the evidence from the Portfolio Holder for Adult and Public Health Services be noted.

84. Issues identified from the Forward Plan (*Scrutiny Support Officer*)

The Scrutiny Support Officer submitted details of the key decisions contained within the Executive's Forward Plan (December 2012 – March 2013) relating to the Health Scrutiny Forum for Members consideration.

Recommended

That the report be noted.

85. Minutes from the Recent Meetings Of The Shadow Health and Wellbeing Board

The minutes of the meetings of the Shadow Health and Wellbeing Board held on 10 September and 1 October 2012 were submitted for the Forum's information.

Recommended

That the minutes be noted.

86. Minutes of Meetings of Tees Valley Health Scrutiny Joint Committee

Minutes of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 8 October 2012 were submitted for the Forum's information. The Vice-Chair indicated that feedback on two Department of Health consultations which affected the role and function of Health Scrutiny were still awaited.

Recommended

That the minutes be noted.

87. North East Regional Health Scrutiny Committee Update

The minutes of the meeting of the North East Regional Health Scrutiny Committee held on 9 August were submitted for the Forum's information.

The Vice-Chair, Councillor Hall, gave an update to the forum of the issues discussed at the most recent meeting of the North East Regional Health Scrutiny Committee held on 20 November 2012. The issues discussed included the action plan following the investigation into Health Issues affecting Ex-Service Personnel; the North East Ambulance Service consultation feedback; an update on Children's Acute Heart Services and the 111 non-emergency call service.

The Chair indicated that it would be appropriate for the forum to submit a response to the consultation on Children's Acute Heart Services and requested the forum's approval to this being delegated to the Chair and Vice-Chair.

Recommended

1. That the minutes of the meeting held on 9 August 2012 be noted.
2. That the update report from the Vice-Chair be noted.
3. That a submission on Children's Acute Heart Services consultation be submitted by the Chair and Vice-Chair on behalf of the Forum.

The meeting concluded at 11.20 a.m.

CHAIR

HEALTH SCRUTINY FORUM

13 December 2012



Report of: Scrutiny Support Officer

Subject: OUTPATIENT SERVICES – ADDITIONAL
INFORMATION – COVERING REPORT

1. PURPOSE OF THE REPORT

- 1.1 To introduce representatives from Hartlepool and Stockton-on-Tees Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust who will be present at today's meeting to discuss the additional information, as requested by Members at the Health Scrutiny Forum of 18 October 2012, in relation to the proposal to relocate Outpatient Services from the University Hospital of Hartlepool to the One Life Centre.

2. BACKGROUND INFORMATION

- 2.1 At the meeting of the Health Scrutiny Forum held on 18 October 2012, Members received information in relation to the proposal to relocate Outpatient Services from the University Hospital of Hartlepool to the One Life Centre. During this meeting Members requested the following information:-
- (a) Statistical information on the viability of the hospital;
 - (b) List of current services provided in the hospital;
 - (c) A map detailing where each service is located in the hospital and where the Outpatients Clinics are located in the hospital;
 - (d) Plan detailing where the Outpatient Clinics will operate from in the One Life Centre;
 - (e) Transition to a new hospital and plans for the Holdforth Road site up until the new hospital is built and the timescale; and
 - (f) Results of the survey carried out at the One Life Centre.

- 2.2 Subsequently representatives from Hartlepool and Stockton-on-Tees Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust will be present at today's meeting to present and discuss the information with Members.

3. RECOMMENDATION

- 3.1 That Members note the content of this report, seeking clarification on any issues from the representatives 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 papers were used in the preparation of this report:-

- (i) Report of the Scrutiny Support Officer entitled 'Service Developments and Pathway Developments' – Covering Report – 18 October 2012
- (ii) Presentation to the Health Scrutiny Forum by Representatives from the Hartlepool and Stockton-on-Tees Clinical Commissioning Group and North Tees and Hartlepool Foundation Trust - NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust – October 2012'
- (iii) Minutes of the Health Scrutiny Forum – 18 October 2012

Momentum: Pathways to Healthcare



Outpatients

Background

The *momentum: pathways to healthcare* programme was established to transform the local healthcare system. The programme was established by North Tees and Hartlepool NHS Foundation Trust, Stockton Teaching Primary Care Trust and Hartlepool Primary Care Trust, closely aligned with County Durham Primary Care Trust and the North East Strategic Health Authority. The programme has three elements:

Element one Transforming services – came as a result of the White Paper *our health, our care, our say* where the outcome of a national consultation showed that people wanted:

- To be kept healthy
- The health service to intervene early when things go wrong
- To only come to hospital for things which can't safely be done locally.

Element two Primary and community care capital planning project – designed to create a network of enhanced and improved community facilities to support the above changes

Element three The hospital capital planning project – building a new hospital to serve the people of Hartlepool, Stockton and parts of Easington and Sedgefield.

A condition of the outline planning permission granted by Hartlepool Borough Council was that the community facilities and services had to be in place by the time the new hospital opens. This is to ensure that all three elements of the programme fit together and are right for the future needs of the changing population while also allowing for advances in medical and surgical care. It follows that services would be moving and transforming into the lead up to the new hospital opening to enable this condition to be met.

The hospital programme is also supported by a £10.5m transport plan to ensure the hospital is accessible to patients, visitors and staff. An accessible transport system – a section 106 agreement - was also a condition of the outline planning permission for the new hospital. In other words it was recognised at the beginning that *momentum* could not be a big bang process on the day the new hospital opens, rather a gradual process taking place

over the months and years leading up to the new hospital opening, now expected in 2017

What people expect

While this major change is underway the public, all partners in the health service – and those who scrutinise those services – quite rightly expect:

- the quality of services to continually improve
- patient satisfaction and experience to improve
- more lives to be saved and more people to make a better recovery from their illnesses
- more preventative and early intervention to prevent people from having to go into hospital
- that those organisations commissioning services and those providing them act in their best interests by either having a plan to meet or are actually meeting the requirements and guidelines from, among others, the Department of Health, the Care Quality Commission, the regulator of NHS foundation trusts Monitor and the royal colleges to ensure the (quite rightly) ever increasing standards for healthcare are met

The challenges which gave rise to *momentum*

The *momentum* programme was born out of the recognition that doing more of the same was not going to meet the changing need of the population and the availability and skills of those needs to provide services. It also recognised:

- People are, thankfully, living longer but their health and social care needs are increasing and becoming more complex
- Medicine and surgery is advancing at a pace it is difficult to keep up as new techniques and technologies become available. Some of these mean more treatment can be provided locally; some mean people need to travel to specialist centres for treatment because the specialists teams which carry out those procedures 365 days a year are concentrated in one place. This ensures patients will see someone who sees those particular illnesses or injuries often and works with a team of specialist who ensure they keep up with the highest standards of modern healthcare to give the patient the best chance of survival and recovery
- Recruiting and retaining staff is a challenge for some hospitals because doctors and other highly trained professionals prefer to work in specialist centres. The days of doctors being recruited to a hospital and staying for the whole of their career are becoming a thing of the past. However a new hospital with modern facilities in a central location will be attractive for a new generation of doctors and other health professionals
- Patients are better informed and can choose where they have their care
- While people do have to travel to specialise services it is much better to provide what can be done locally in people's own towns
- In the past a major criticism of the health service was that patients fell between the cracks of different services and organisations. Services are more efficient and better for patients if they are joined up

- Buildings are expensive to run so those who commission services as well as those who provide them must constantly look at ways to use what's available and bring separate services together

Constant principles in a changing world

While the three elements of the programme are still very crucial to the success of the programme and the challenges which resulted in the creation of the *momentum* programme are still relevant, other things in the world of healthcare have changed.

There are new and additional reasons why we need to make changes to services along the way, which have become more pressing over the last year, namely, the demand for specialist clinical care is increasing at a rate which no one could have foreseen. People are not only living longer but they are living with, commonly, five or six medical conditions. For example a person may have:

- chronic obstructive pulmonary disease
- be obese
- have type 2 diabetes
- have circulation problems
- have mobility problems

Royal Colleges issue new standards and guidelines on a regular basis as evidence emerges about patient safety and outcomes. In the current challenging economic environment the need to ensure that every pound spent will improve outcomes for patients is even greater. In addition to this, clinicians are passionate about delivering high quality, evidence based patient care in a safe environment to ensure patients achieve the best possible outcomes.

In the future the health service cannot continue to provide the type of care needed for these people with the system set up the way it is now. The health service must radically change the way it works to ensure it can meet the needs of the population both now and in the future.

Outpatients – a step on the way in the *momentum* journey

The *momentum* programme is a medium to long term programme but the principles of the three elements are still critical to its success. Outpatient services form part of the overall programme and currently the Acute Trust provides clinics in The University Hospital of Hartlepool (UHH) for the following specialties

- anaesthetics
- cardiology
- chemical pathology
- diabetes
- dietetics
- elderly care
- gastroenterology
- general medicine
- general surgery
- gynaecology
- haematology
- orthopaedics
- paediatrics
- physiotherapy
- rheumatology

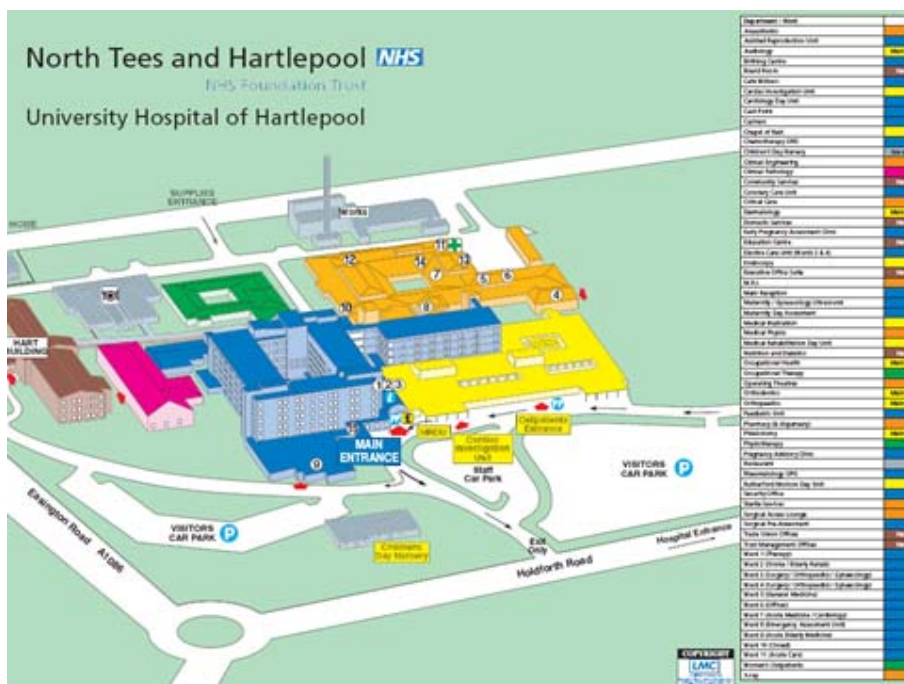
- thoracic medicine
- Urology

The plan is for outpatient services to continue to be provided in the Hospital where there is a complex nature to the pathway. The proposal is to move the outpatient clinics identified in the table below to One Life Hartlepool equating to approximately nine per cent of the total outpatient clinics currently commissioned by NHS Tees and provided in University Hospital Hartlepool. This is based upon current activity analysis. If these moves go ahead it is anticipated that 3 clinic rooms could be underutilised in Hartlepool Hospital and therefore available for use by other clinical specialties.

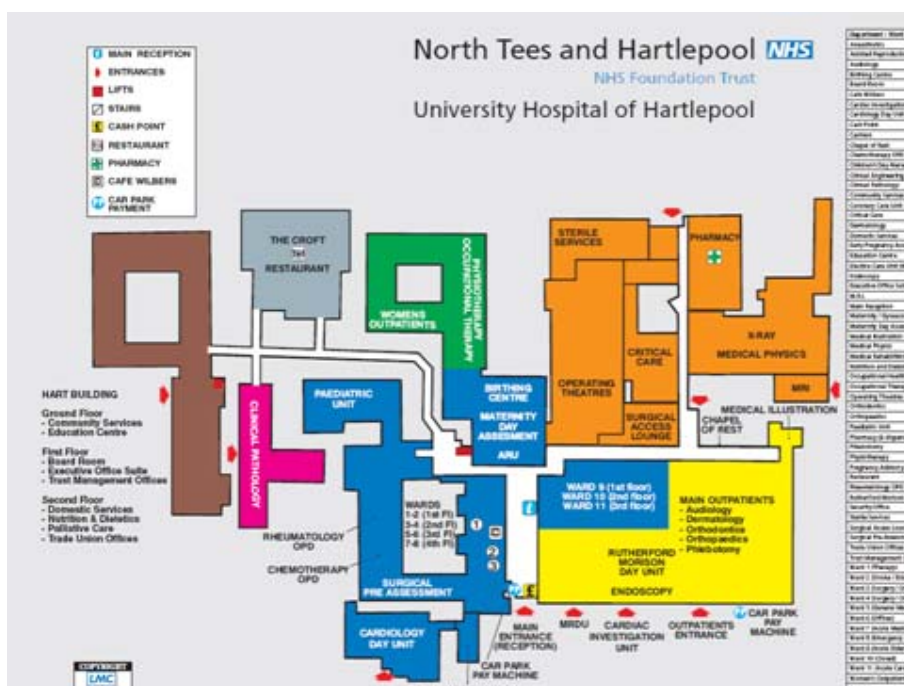
	New Total UHH	Review Total UHH	Total UHH	Total to OLH
Diabetic	200	1693	1893	1226
General Medicine	284	1293	1577	600
Haematology	376	2845	3221	1014
Pain Management	291	667	958	712
Rheumatology	331	4454	4785	1273
Thoracic Medicine	475	2190	2665	2339
Other	18030	46160	64190	
TRUST	19987	59302	79289	7164

This a modest beginning and reflects the fact highlighted in the *momentum* documents that, by the time the new hospital is open, we could expect approximately half of outpatient appointments to take place in the community and the remainder, more complex pathways in the hospital.

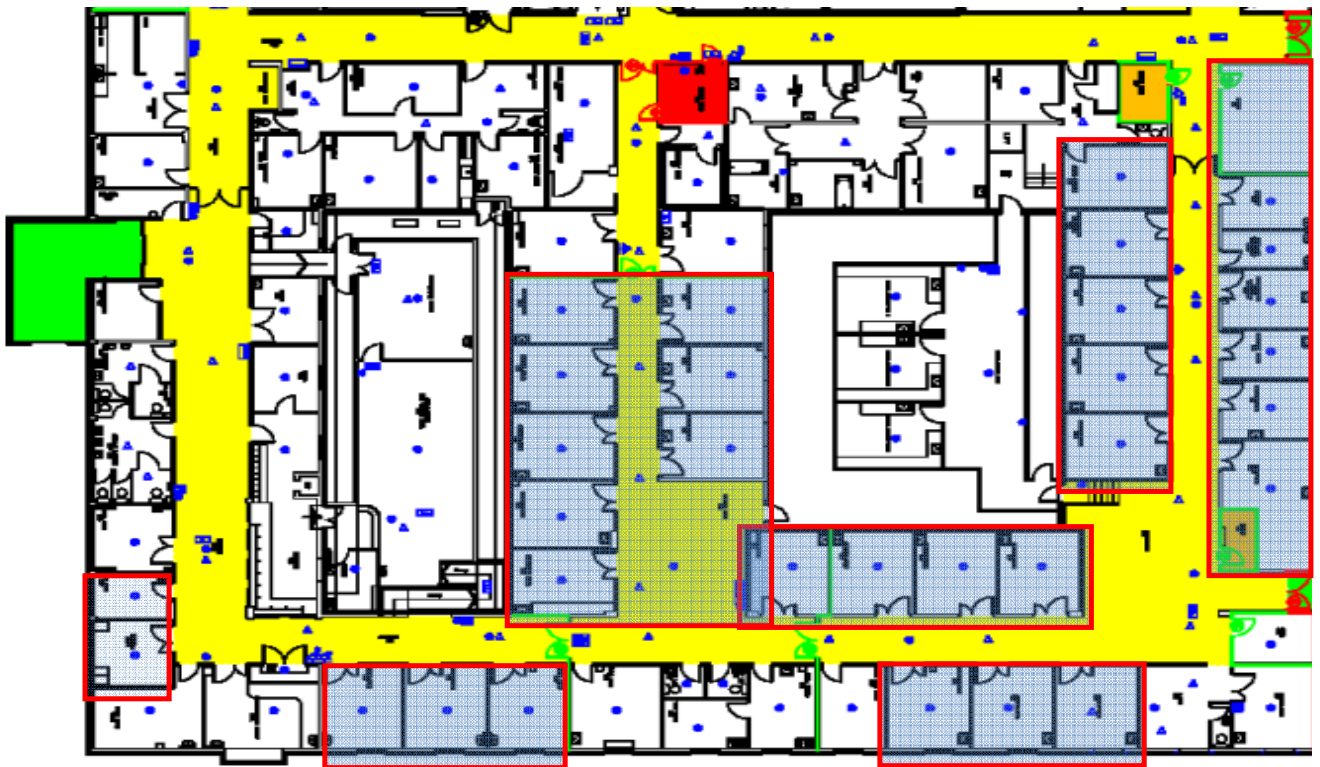
3 Dimensional Map of UHH



Internal floor map of the ground floor UHH



Floor plan of the general outpatient area UHH



Indicates clinic rooms

One Life Hartlepool following Outpatient moves

		Monday		Tuesday		Wednesday		Thursday		Friday	
Room Number	Room Type	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
10000 Room	Office										
10001	Class room										
10002	Class room										
10003	Class room										
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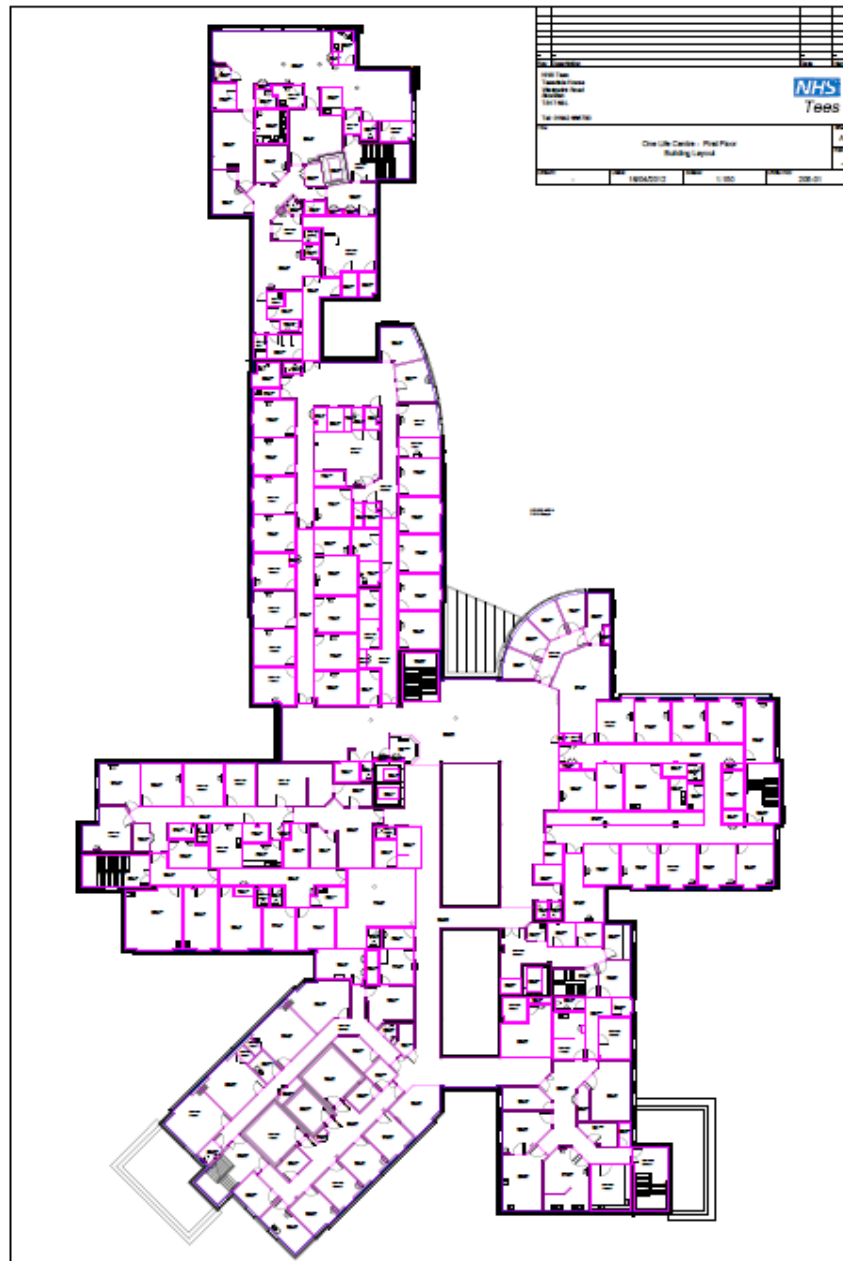
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	Maternal Screening
	Chronic Heart Disease
	Pediatric

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Floor plan of outpatients department in One Life Hartlepool



Floor plan of entire 1st Floor - One Life Hartlepool



One Life Hartlepool survey

Draft report
August 2012

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1. Background

One Life Hartlepool is part of the Momentum: Pathways to Healthcare programme and opened in May 2010. The programme aims to promote and achieve:

- Care closer to home;
- Services which are responsive to the needs of local community;
- Patient-centred services;
- Clinically-driven local NHS.

Some of the facilities available at One Life Hartlepool include a pharmacy, respiratory unit for chronic chest problems, three GP practices, and assessment area for back and leg problems, a podiatric unit, dedicated dental suites, an audiology clinic, walk-in centre, minor injuries unit, and a general clinic with day surgery facilities.

2. Methodology

Interviews were conducted during w/c 6 August 2012 at One Life Hartlepool as part of Life Store in a Box activity by NHS Tees staff.

The objective was to see how developing One Life Hartlepool as a new healthcare facility had made a difference to patients' experience of care.

The questions were designed to assist NHS Tees understand how patients use the venue and to see whether experiences can be improved in the future.

Questions included:

- How did you get to One Life Hartlepool today?
- How easy was it to get to One Life Hartlepool?
- What service(s) have you used at One Life Hartlepool today?
- Overall, what do you think about One Life Hartlepool?
- How would you rate your experience of visiting One Life Hartlepool?
- Have your previous experiences of visiting One Life Hartlepool been similar to today?
- In total, how many times have you visited One Life Hartlepool?
- We would like to put more services into One Life Hartlepool in future, what advice would you give us to maintain or improve your experience?
- Did you do anything else as part of your journey to One Life Hartlepool?
- Have you got any other comments or suggestions about One Life Hartlepool?

3. Summary

3.1. How did you get to One Life Hartlepool?

50% of the respondents travelled to One Life Hartlepool by car.

3.2. How easy was it to get to One Life Hartlepool?

90% of respondents stated that One Life Hartlepool is easy to get to. Respondents also commented that it was difficult to park and the inability to turn right from Park Road, which they felt caused problems.

3.3. What service(s) have you used at One Life Hartlepool?

55% of respondents used their GP Practice whilst at One Life Hartlepool. 26% of respondents used another service. The most popular alternative services used include family planning/sexual health followed by musculoskeletal.

3.4. Overall, what do you think about One Life Hartlepool?

36% of respondents felt that One Life Hartlepool is easy to use, 27% stated that is a nice building/venue, and 18% stated that it is easy to find where they need to be in the building.

3.5. How would you rate your experience of visiting One Life Hartlepool?

91% of respondents rated their experience of visiting One Life Hartlepool as good or above. This includes 43% of respondents who rated their experience as excellent.

3.6. Have your previous experiences of visiting One Life Hartlepool been similar?

76% of respondents felt that their previous experiences had been the same/very similar.

3.7. In total, how many times have you visited One Life Hartlepool?

47% of respondents had visited One Life Hartlepool more than four times. Only 6% of respondents said it was their first visit.

3.8. We would like to put more services into One Life Hartlepool in future, what advice would you give us to maintain or improve your experience?

The most common advice by respondents to maintain or improve experiences included:

- Everything has been fine/ok as it is;
- Improve parking;

- They would rather go to A&E/go to the hospital;
- Long waiting times.

3.9. Did you do anything else as part of your journey to One Life Hartlepool?

54% didn't do anything else as part of their journey to One Life Hartlepool. 32% of people went shopping as part of their journey.

3.10. Have you got other comments or suggestions about One Life Hartlepool?

The frequent comments and suggestions about One Life Hartlepool included:

- Feel satisfied/pleased;
- More parking;
- Prefer to use A&E/the hospital;
- Need to improve walk-in centre and urgent care.

4. Conclusion

A high proportion of respondents felt satisfied and pleased about the service they receive at One Life Hartlepool. Most notable, 91% of respondents rated their experiences of visiting One Life Hartlepool as good as above.

50% of respondents travel to One Life Hartlepool by car, and there was a high percentage stating that car parking was an issue.

Many people stated that they would rather go to A&E or the hospital. However, it should be noted that some of the negative comments around the urgent care/walk-in centre were because of what people had heard. Specific examples of comments include:

- "Not sure if using emergency would be happy because of bad publicity, need to promote themselves better and stop making mistakes. Feel much better going to A&E hospital."
- "Excellent, central, open. Heard bad comments about emergency so would use it."
- "Really concerned about urgent care not being able to deal with emergency and me being sent away. Many people have told me this has happened."

5. Recommendations

It is recommended that a review of parking arrangements at One Life Hartlepool is performed and also clarify what the current parking arrangements are. Recommendations from respondents for parking included:

- "Booking a disabled place in the car park."
- "Eden Street should having parking available for half an hour on the west side."

Additionally, the promotion of the services that are available at One Life Hartlepool should be undertaken along with some positive case studies (where available), in an attempt to overcome the negativity about the walk-in centre/urgent care.

6. Appendix

6.1. How did you get to One Life Hartlepool today?

Options	Nos	%
By car	160	50%
On foot	79	25%
By bus	51	16%
By taxi	22	7%
Another way	5	2%
TOTAL	317	100%

Another way

- Bike;
- Cycled;
- Dropped off;
- Mobility scooter;
- Motorcycle

6.2. How easy was it to get to One Life Hartlepool today?

Options	Nos	%
Very easy	172	55%
Quite easy	112	35%
Not very easy	16	5%
Very difficult	7	2%
Quite difficult	6	2%
Prefer not to say	4	1%
TOTAL	317	100%

6.2.1. Please let us know if you have any further comments about getting to One Life Hartlepool

- Bigger car park.
- Bit of a walk here from the bus stop.
- Bus stop around the corner.
- Can't turn right from Park Road.
- Car parking - lack of space/prices/personal mobility/shortage of time.
- Car parking needs to be improved.
- Crossings that need to use and multiple buses.
- Difficult from the town.
- Difficult if you do not have a car.
- Difficult to get parked. Can't turn right into here.
- Difficult when you are a bad walker.
- Don't have a bus service.
- Due to limited parking/disabled.
- Free parking.
- Had to park in shopping centre as there were no spaces in the disabled bays.
- Had to walk from the bus.
- Inability to turn right on road - traffic issues.

- It's central.
- Lack of parking spaces.
- Need to sort out the layout, car park and entrance.
- Need to use taxi's all the time.
- No free parking.
- No parking spaces available.
- No problem getting here.
- No right turn into building.
- One way only can cause problems.
- Parking a disgrace.
- Parking a nightmare and expensive.
- Parking can be an issue.
- Parking is rubbish and 70p is expensive.
- Parking is terrible.
- Parking is too busy.
- Parking not good.
- Parking not very good.
- Parking poor.
- Parking poor.
- Parking really bad, also entrance not good.
- Parking, everything is blocked up in terms of traffic.
- Personal reasons, suffer from acrophobia.
- Quite easy when the bus is on time.
- Road layout not good, have to double back.
- Road so busy, not very safe.
- Roads leading into hospital dangerous.
- Traffic lights cause problems/roundabouts from York Road.
- Traffic problems.
- Usually ok but trouble with bus as traffic is bad at Oxford Road due to road works.

6.3. What service(s) have you used at One Life Hartlepool today?

Options	Nos	%
GP Practice	174	55%
Another service, please state	84	26%
Walk-in Centre	28	9%
X-Ray/Ultrasound	19	6%
Minor Injuries Unit (MIU)	12	4%
TOTAL	317	100%

Other comments include:

- Also Walk-in Centre.
- Appointment cancelled.
- Audiology.
- Audiology.
- Blood pressure taken.
- Boots.
- Came with a friend.
- Came with a friend.

- Came with my mum.
- Came with my son.
- Came with my son.
- Came with my wife.
- CCG Meeting.
- Chemist.
- Chemist.
- Clinic.
- Diabetes.
- Diabetes.
- Diabetic check.
- Diabetic clinic.
- Diabetics.
- Ears.
- Family Planning Clinic.
- Family Planning.
- Family planning.
- Family Planning.
- Feet.
- Foot doctor.
- Hearing department.
- Hearing.
- Help desk.
- Made appointment.
- Musculoskeletal.
- Musculoskeletal.
- Musculoskeletal (came with my daughter).
- Musculoskeletal.
- Musculoskeletal.
- Musculoskeletal.
- Musculoskeletal.
- Musculoskeletal.
- Musculoskeletal.
- Musculoskeletal.
- Nurse.
- Nurse.
- Podiatry.
- Podiatry.
- Podiatry.
- Podiatry.
- Podiatry.
- Physio.
- Physio.
- Podiatry and musculoskeletal.
- Podiatry.
- Podiatry.
- Podiatry.
- Pregnancy test.

- Prescription/hearing batteries renewal.
- Prescription.
- Prescription.
- Prescription.
- Prescription.
- Prescription.
- Respiratory clinic long way to walk from car park.
- Respiratory clinic long way to walk from car park.
- Retinal.
- Sexual Health Clinic.
- Sexual Health Teesside.
- Sexual health.
- Sexual Health.
- Sexual Health.
- Sexual health.
- Sexual health.
- Sexual Health.
- Sexual health.
- Sexual health.
- Speech therapy.
- Speech therapy.
- Warfarin.
- With Mum.
- Work in respiratory service.

6.4. Overall, what do you think about One Life Hartlepool (multiple choice)?

Options	Nos	%
It is easy to use	229	36%
It is a nice building/venue	175	27%
It is easy to find where I need to be in the building	115	18%
Other, please state	55	9%
I would like to be able to use more services here	30	5%
I would prefer to be seen somewhere else	15	2%
It is difficult to use	7	1%
It is difficult to find where I need to be in the building	6	1%
I don't like the building/venue	5	1%
TOTAL	637	100%

Other comments include:

- 5 week wait, very hard to get appointments.
- Access really bad for drivers and pedestrians.
- Air-con issues as it's too warm.
- Appointment system.
- Bit too bright and open.
- Brilliant.
- Brilliant, nice atmosphere.
- Clean and tidy.

- Confusing as to what services offered here out of hours.
- Could be better. Daughter had to go to North Tees, why not Hartlepool?
- Difficult to get pre-booked appointment.
- Do not like it - like Victoria Road.
- Do not like it.
- Do not like it.
- Doctors good. Urgent Care not good.
- Don't like distances between facilities.
- Don't like it.
- Don't like Walk-in Centre.
- Everything under one roof.
- Expensive car parking.
- Fantastic idea. Appointment system hard.
- Few more doctors.
- Filthy outside.
- I do not like the Urgent Care Centre, prefer the Hospital.
- It's brilliant.
- It's good.
- It's ok, just a surgery.
- It's the first time I've been
- Layout is wrong. Disability access lacking.
- Layout is wrong. Disability access lacking.
- Makes you wait too long.
- Mixture of all sorts - not in the right place. Access is rubbish.
- Nice and clean.
- Nice that there is one but not much experience yet.
- Not as good as A & E at the hospital, but good enough.
- Not necessary, Victoria Road was good.
- Not signposted enough.
- Nothing wrong.
- Nurse very nice (Bank House Surgery).
- People in the building.
- Pharmacy close to doctors.
- Prefer A & E (hospital).
- Prefer A & E.
- Prefer the 'old way'.
- Prefer Victoria Road.
- Prefer Victoria Road.
- Rubbish - people have been sent away.
- Rubbish.
- Rubbish.
- See comments below.
- Should be more car parking spaces.
- The respiratory service has no windows.
- Upstairs it's too hot.
- Very pleasant.
- Vision not very good so find it difficult to access services without help.
- Waiting time is too long.

- Walk-in Centre difficult to use.
- Wonderful.

6.5. How would you rate your experience of visiting One Life Hartlepool today?

Options	Nos	%
Excellent	136	43%
Good	85	27%
Very good	68	21%
Fair	13	4%
Poor	9	3%
Prefer not to say	6	2%
TOTAL	317	100%

6.6. Have your previous experiences of visiting One Life Hartlepool been similar to today?

Options	Nos	%
Yes, the same/very similar	252	79%
This is my first visit	18	6%
They have been much worse	16	5%
They have been a bit better	12	4%
They have been much better	12	4%
They have not been as good	7	2%
TOTAL	317	100%

6.7. In total, how many times have you visit One Life Hartlepool?

Options	Nos	%
More than 10 times	149	47%
3-4 times	53	17%
5-6 times	40	13%
Twice	28	9%
6-10 times	27	9%
This is my first visit	20	6%
TOTAL	317	100%

6.8. We would like to put more services into One Life Hartlepool in future, what advice would you give us to maintain or improve your experience?

- A & E Service.
- A & E should be capable of dealing with issues.
- Able to get appointments as soon as possible. Shorter waiting times.
- Access availability needs to be clearly explained.
- All services we've been to are very good.
- Alright as is.

- Better appointment system.
- Better Audiology department. C a drop in system not appointments.
- Better car parking facilities.
- Better car parking.
- Better car parking.
- Better care in Urgent Care Centre and free parking.
- Better parking if moving other services here.
- Better website.
- Bigger car park, amenities, cafe.
- Booking a disabled place in the car park.
- Bring A & E back, knew that you could be treated there.
- Building and service is pretty good. Fantastic that everything is under one roof.
- Cafe area/coffee shop.
- Cafe facilities.
- Can't get into doctors until 8.30am and there isn't enough seating.
- Car parking an issue.
- Car parking.
- Car parking.
- Carry on as normal.
- Change traffic light system and need arrow to turn right safely.
- Chemist doesn't have medication needed.
- Close this down put money back into the hospital.
- Coffee shop would be good.
- Cup of tea.
- Customer service skills training for Receptionists (attitude not always good).
- Dental services, sedation like Billingham.
- Dental services.
- Depends what you're coming for. Upstairs notices need to improve for where to go.
- Do not give patient doctors number to ring - small children hanging around in early hours.
- Doctors to listen more and not miss diagnosing patients.
- Doesn't need improving. Waiting times need to be quicker.
- Don't know.
- Don't put anymore services into here.
- Don't take services away from Hartlepool General.
- Don't think you can, you do a good job.
- Drop-in chiropody.
- Easier booking system to make an appointment.
- Easier to get here than hospital. Many services no longer at the hospital.
- Everything has been fine.
- Everything is ok, haven't had any problems.
- Everything is ok.
- Everything is ok.
- Everything is ok/very good. Coffee machine.
- Everything ok as it is.

- Everything still new.
- Everything to be back at hospital as it is more accessible.
- Exercising room.
- Exit out not very good, traffic light systems not right.
- Faster Chemist system.
- Fine as it is.
- Found it quite easy.
- Free parking.
- Free parking/free coffee/free biscuits.
- Get looked after well.
- Get more in here instead of services being dotted about.
- Get rid of it.
- Get services in as quickly as possible at it might stop people worrying about losing the hospital.
- Happy to go to my GP.
- If services from the hospital do not agree with it, keep hospital open.
- Improve car park.
- Improve Walk-in Centre, waiting times, treatments (have to go to North Tees) easier when we had Hartlepool A & E.
- Improving waiting times. Additional staff required in Walk-in Centre.
- In A & E should have facilities to treat people e.g. asthma attacks. Help people straight away.
- In doctors a quicker service.
- Issues with going to North Tees instead of using A & E at hospital. Expense of getting to visit relative.
- It's handy having it in the town.
- It's ok as it is.
- It's ok as it is.
- It's ok.
- Just don't like the place.
- Keep as you are.
- Keep doing the same.
- Keep doing what you are doing.
- Keep it as it is.
- Keep it as it is.
- Keep it as it is.
- Keep it the same.
- Keep it the same.
- Keep it the same.
- Keep it the same.
- Keep it the same.
- Keep it the same.
- Keep the Hospital open.
- Keep up the good work.
- Keep up the good work.
- Keep up what you're doing. Want more services here.
- Leave in hospital.
- Leave services at hospital.

- Let the general public know about services still in hospital and in here.
- Like to see the hospital back.
- Long time waiting. More staff required.
- Maintain. Coffee shop and car park needs to be bigger.
- Make it bigger like the hospital.
- MIS - nose bleed and couldn't do anything. No hospital A & E.
- More car parking, better access and better appointment system.
- More clarity on which service that you should use. More so since A & E closed.
- More parking spaces.
- More parking. Can't turn right from Park Road, traffic is a problem.
- More services should be here. good location and new build. Congestion can be bad for urgent care.
- More staff as waiting times are ridiculous.
- More staff in the Walk-in Centre.
- Move emergency centre back to the hospital.
- Move it to a more accessible place with parking!
- Need more staff. Waiting times are too long. Better appointment system.
- Need the A & E back where you know you would get seen.
- Needed x-ray department, now installed.
- New staff. Don't get notice when appointments are cancelled/moved. Appointment but no time available.
- No children ward here.
- No improvement.
- No more services needed.
- No more, leave them in the hospital.
- No, leave it as it is, keep hospital open.
- None - am satisfied.
- None.
- Not fully aware of what other services are on offer.
- Not very happy with MIU. Waiting time seemed to be better at the hospital A & E.
- Nothing.
- Nothing.
- Open the hospital again. Phone issues when cancelling, can't get through.
- Opposed to transferring services here from hospital.
- Ophthalmic Optician.
- Optician.
- Optician.
- Parking - more spaces needed and free parking.
- Parking (need change, needs to be prepared).
- Parking and walking if people have difficulties.
- Parking facilities and improve disabled parking.
- Parking is already really bad. If more services were here, it would make it even worse.
- Parking is difficult.
- Parking needs to be improved.

- Parking.
- Parking.
- Podiatry is rubbish.
- Physios would be a good idea.
- Pretty good anyway.
- Question 6 - excellent for the main part, poor for the walk-in centre. A & E in hospital.
- Quicker/better service.
- Quite happy with services.
- Quite helpful.
- Quite satisfied.
- Rather go to the hospital.
- Reduce the waiting time.
- Refreshments, e.g. water coolers.
- Safe, being easy to talk to.
- Satisfied with services.
- See people quicker.
- Services have been there that I've needed.
- Shops.
- Shorter waiting time, more experienced staff.
- Some services would be handy here. Parking in Hartlepool Hospitals is very expensive.
- Sufficient services.
- Surgeries open on Saturday and longer opening hours.
- They've got enough in there. Parking an issue.
- Think its ok.
- To find places in building needs to be permanent member of staff.
- To get into appointments on time.
- To get referred here and not somewhere else.
- Wait times for emergency needs to be improved.
- Waiting times to be improved.
- Walk-in Centre needs doctors, not just nurses, especially on an evening.
- Want to keep hospital open and not move services here.
- Was informed that the Urgent Care Centre had no trained doctors.
- Where is there room for new services?
- Why can't we use podiatry here in OLH - have to go to Stockton.
- Would like to see heart scans.
- You seem to know what you are doing.

6.9. Did you do anything else as part of your journey to One Life Hartlepool?

Options	Nos	%
No	169	54%
Shopping	101	32%
Something else, please state	19	6%
Visited friends/family	17	5%

Used another health service	5	3%
TOTAL	311	100%

Something else:

- Back to work.
- Changing marital name.
- College.
- College.
- Dentist.
- Going for a meal.
- Had my lunch.
- Library.
- Pick up prescription.
- Prescription.
- Prescription.
- Something to eat.
- Sort rent out.
- Visited Job Centre.
- With partner to doctors at Hart Lodge.
- Work.
- Work.
- Work.

6.10. Have you got any other comments or suggestions about One Life Hartlepool

- A long wait for appointment - had to queue for an appointment.
- Air conditioning needed. Kids play area in waiting room.
- All fine.
- All of the staff are nice and you are treat well.
- Appointment system for booking needs to be improved.
- Appointment system needs to be looked at, Car parking facility very poor.
- Appointment system not good.
- Bad experience in Urgent Care Centre told to go away - said go to GP.
- Bankhouse Surgery first class service.
- Better appointment system. Urgent Care Centre not good - prefer the hospital.
- Bit more information on the website about the services.
- Brilliant.
- Bring A & E and other services back to general. People do not always have transport to get to North Tees or South Tees. Wynyard not a good location and only major road to get there.
- Car parking spaces limited. Would rather visit hospital which is just round the corner from where I live.
- Car parking spaces.
- Car parking, there's not enough. Can't turn right, 4 way lights.
- Close it. Open the hospital back up.

- Confusing still about which bit to go to for emergency/walk-in.
- Cost of parking is very expensive. The litter is also an issue.
- Didn't like it when it first opened, but opinion changed because of services. Hates decor.
- Difficult parking - disabled bays limited.
- Do not rate the Urgent Care Centre. Turned away, could not help. Not long before there will be a serious incident/death because of it.
- Drs part is really good. Parking is bad. Don't like emergency part at One Life.
- Easy to find, great service, helpful staff.
- Eden Street should have parking available for half an hour on the west side.
- Equal treatment for all. Down to earth staff needed. When came to Urgent Care they have not been able to deal with the problem and have sent me to the hospital.
- Everything fine - no complaints.
- Everything fine.
- Everything marvellous - spot on.
- Everything seems ok - compact.
- Everything seems ok/fine.
- Every time I come here, they send me somewhere else.
- Excellent GP - Havelock Surgery. New building at One Life, good for staff but care just as good as old building.
- Excellent service.
- Excellent, central, open. Heard bad comments about emergency so wouldn't use it.
- Excellent.
- Experiences really good.
- Feels homely/welcoming - good place.
- Find it excellent for me.
- For A & E over at the general hospital to open up again.
- Free parking.
- Free parking/more parking.
- Friendly staff.
- Happy with it.
- Happy with it.
- Happy with One Life.
- Happy with the service.
- Hartlepool One Life is part of the right way forward for NHS provision.
- Have a self-referral service.
- Have another pharmacy instead of just Boots.
- Have to phone Stockton for an appointment for Chiropody at Hartlepool - why?
- Haven't had any problems but the parking is terrible.
- Hospital better, long waiting times.
- How much do the GP's pay to rent the spaces here?
- I find everything fine in my experience.
- I prefer the hospital.
- I think the doctors need to listen more, sometimes patients have history of medical problems and that is not taken into consideration at times.

- I'm satisfied.
- Improving the emergency side.
- Improving the Urgent Care Centre. If haven't got an A & E then we need to do something.
- It was built in the wrong location. Bring back A & E. Traffic is a major problem.
- It will never replace the A & E.
- It's a decent place.
- It's a good centre, happy with it.
- It's alright.
- It's been fine for me.
- Its better doctors.
- It's doing a good job. We've always been satisfied.
- It's fine for everything I've wanted.
- It's good as it is.
- It's good.
- It's good.
- It's great, fit for purpose. As times goes on I think it will be accepted by the town's people.
- It's ok.
- It's ok/good.
- I've had no problems, it's nice.
- Keep our own hospital - not fair that people have to travel to other hospitals (costly).
- Keep up the good work.
- Like it as it is so close.
- Like it but wish the A & E (hospital) hadn't closed. Good idea to have A & E.
- Limited time with the doctor. Find it very good/had no trouble yet.
- Lovely place got everything you need. Clean atmosphere. Centre of town.
- MIU - ok but outside political issue is a different ball game. By bringing services together don't have the car parking. Should have A & E. Not better than the hospital and never will be.
- Mixed feelings. Waiting times can be too long.
- Money wasted here, should have been used to save our hospital.
- More car parking spaces.
- More disabled parking bays and more parking bays generally.
- More parking and free parking. Feel we have been mis-lead as when we told the GP was moving, he said that there would be ample parking. Seriously thinking about moving GP practice because of it.
- More shops/cafe/place for the children to go.
- More than satisfied with what I've seen. Waiting rooms are really nice, better than we've had before.
- Music, magazines needed more friendly approach.
- Need hospital back running again.
- Nice place.
- No faith or trust in place. Granddaughter came with chest pains, no facility to check them here, sent to North Tees.
- No, carry on as you are.
- No, could not care less about the place.
- No, could not care less about the place.
- No, just keep up the good work.

- No.
- Nobody wanted it in the first place, the hospital is closer.
- None.
- Not enough car parking for disabled. A lot of walking is required and husband has problems walking.
- Not enough car parking spaces.
- Not enough parking.
- Not happy with the length of time you have to wait.
- Not sure if using emergency would be happy, because of bad publicity need to promote themselves and stop making mistakes. Feel much better going to A & E Hospital
- Not sure what services are in here and what services remain in the hospital. Bad experience with Audiology.
- Nothing wrong with it.
- OK for minor injuries, but should have hospital with A & E.
- Only the parking. Excellent that Chemist on site.
- Parking a nightmare.
- Parking better here than at the hospital as have a blue badge.
- Parking is an issue but got no criticism.
- Parking is an issue.
- Parking is an issue.
- Parking needs improving.
- Parking needs improving.
- Parking not very good. Brought granddaughter late one night - no space available. Granddaughter had to wait on own in dark while I found somewhere else to park.
- Parking spaces limited.
- Parking spaces limited.
- Perfectly satisfied.
- Poor parking, not enough spaces especially for disabled people. Good x-ray department.
- Potential parking issues.
- Prefer the general hospital, should improve it. Do not have to pay using blue badge here but do elsewhere.
- Prefer the hospital - why should people (especially children) have to travel to North Tees.
- Prefer the hospital.
- Preferred where the GP (Victoria Road Centre) used to be.
- Prescription not ready when stated. Car parking limited.
- Quality.
- Quite happy with experience.
- Quite happy.
- Quite like it, it's ok.
- Quite pleased.
- Quite satisfied, pleasant surroundings.
- Really concerned about urgent care not being able to deal with an emergency and me being sent away. Many people have told me this has happened.
- Really good with elderly mother when she needed an x-ray. Staff are brilliant. It's a lovely centre.

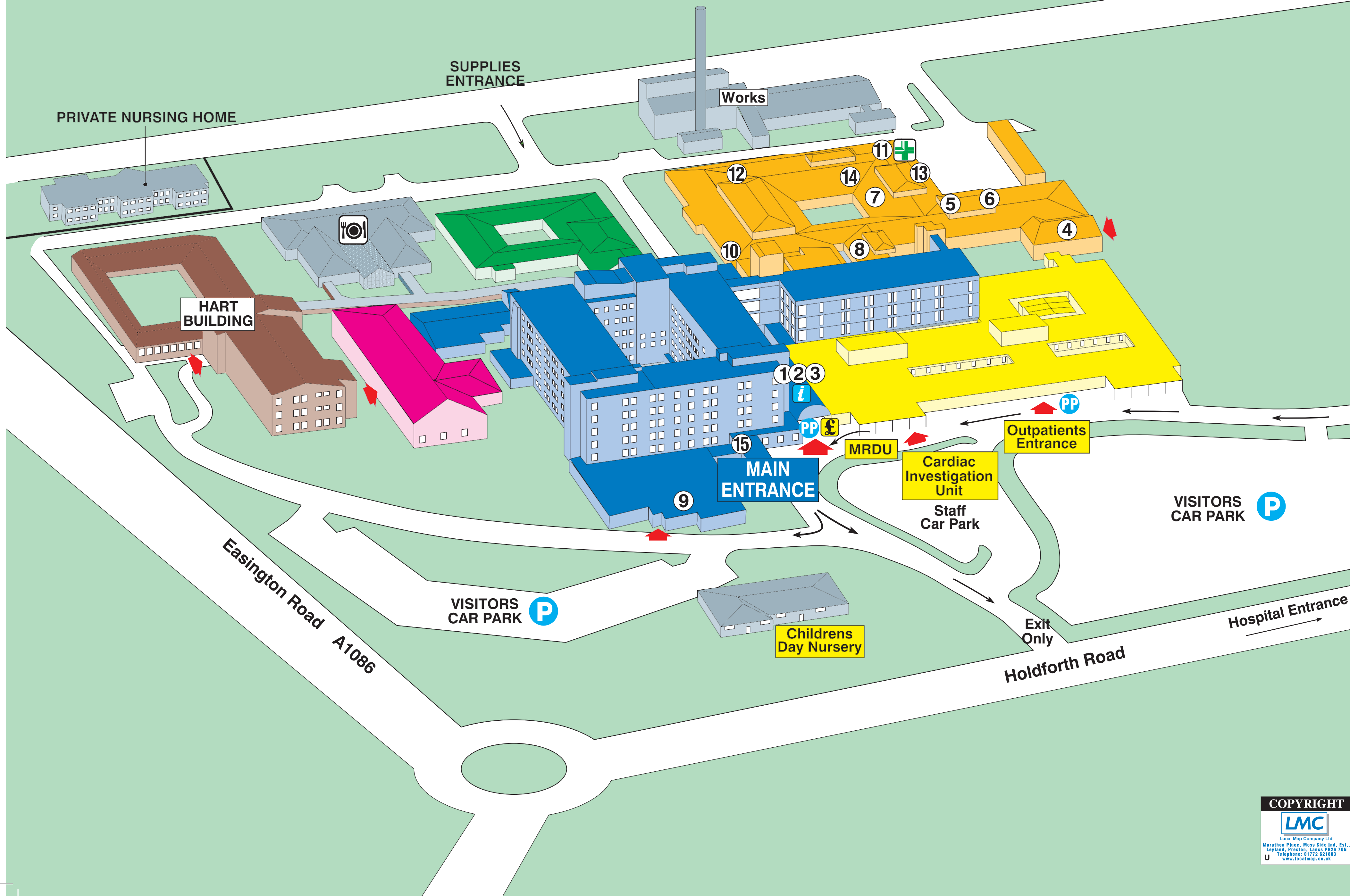
- Really good.
- Really like it.
- Reception staff are pleasant in the doctors side.
- Reduce waiting time.
- Respiratory clinic needs to be improved. Signage. Think it's brilliant.
- Response time is poor e.g. x-ray results took 3 weeks. Pretty ok.
- Rubbish (Urgent Care Centre). Doctors really good.
- Rubbish outside is awful.
- Saying that nothing wrong but later found out there was.
- See comment above, people are worried about losing the hospital.
- Service is first class, very quick.
- Service is good.
- Service is good. Ridiculous that the hospital is being closed.
- Services from hospital here instead of out of town.
- Should have an open day and take people round so they know what's there.
- Should have built it somewhere else.
- Should never have been built. Not easy to get to. Even people who work here agree with me and it's not easy to park.
- Should never have been built.
- Something I just don't like about it - put a bomb under it.
- Spent ages on phone to get an appointment, but then they said there was not any.
- Staff are fantastic, great with children.
- Staff very helpful and pleasant.
- Staff very lackadaisical. Waiting in urgent care too long and sometimes no other people being seen or waiting.
- The £20m that has been spent on this could have been spent on the hospital. Have the space to upgrade it. Cost of artwork is unknown and probably expensive.
- The mess outside.
- The waiting times could do with being shorter.
- There needs to be more parking spaces.
- Thought One Life Hartlepool was the Urgent Care side, not GP side.
- Time to see doctor (10 minutes) is not enough.
- To make it more knowledgeable that you can get hearing aid batteries from information desk on ground floor.
- Urgent Care Centre should not have been built, should have kept A & E at hospital.
- Very good, everything in the same building, not doctors in one place and other staff elsewhere.
- Very good.
- Very happy with services.
- Waiting time. Some of the staff's attitude.
- Walk-in Centre is a shambles. Seen the doctor 4 times (only used for emergency) for walk-in.
- We are ok, but if there's anything serious we are not sure what would happen.

- We should still have the A & E. More experienced doctors.
- Why waste money on this and new hospital when have a perfectly good hospital in Hartlepool?
- Wish you would leave the hospital alone. Prefer Hartlepool Hospital over the others in the area.
- Would prefer A & E in hospital. Not clear which part of building.
- Would prefer Consultant to have clinic here rather than in hospital.
- Would prefer to be seen at local hospital.
- X-rays longer service and available at weekends.

North Tees and Hartlepool NHS

NHS Foundation Trust

University Hospital of Hartlepool



Department / Ward	Zone	Floor
Anaesthetics	14	Ground
Assisted Reproduction Unit	ARU	Ground
Audiology	Main Outpatients	Ground
Birthing Centre		Ground
Board Room	Hart Building	First
Cafe Wilbers		Ground
Cardiac Investigation Unit		Ground
Cardiology Day Unit	9	Ground
Cash Point		Ground
Cashiers	3	Ground
Chapel of Rest		Ground
Chemotherapy OPD		Ground
Children's Day Nursery	See external map	
Clinical Engineering	11	Ground
Clinical Pathology		Ground
Community Services	Hart Building	Ground
Coronary Care Unit		Fourth
Critical Care	7	Ground
Dermatology	Main Outpatients	Ground
Domestic Services	Hart Building	Second
Early Pregnancy Assessment Clinic		Second
Education Centre	Hart Building	Ground
Elective Care Unit (Wards 3 & 4)		Second
Endoscopy		Ground
Executive Office Suite	Hart Building	First
M.R.I.	4	Ground
Main Reception		Ground
Maternity / Gynaecology Ultrasound	1	Ground
Maternity Day Assessment		Ground
Medical Illustration		Ground
Medical Physics	6	Ground
Medical Rehabilitation Day Unit		Ground
Nutrition and Dietetics	Hart Building	Second
Occupational Health	Main Outpatients	Ground
Occupational Therapy		Ground
Operating Theatres	10	Ground
Orthodontics	Main Outpatients	Ground
Orthopaedics	Main Outpatients	Ground
Paediatric Unit		Ground
Pharmacy (& dispensary)	13	Ground
Phlebotomy	Main Outpatients	Ground
Physiotherapy		Ground
Pregnancy Advisory Clinic		Second
Restaurant		Ground
Rheumatology OPD		Ground
Rutherford Morison Day Unit		Ground
Security Office	2	Ground
Sterile Services	12	Ground
Surgical Access Lounge	8	Ground
Surgical Pre-Assessment	15	Ground
Trade Union Offices	Hart Building	Second
Trust Management Offices	Hart Building	First
Ward 1 (Therapy)		First
Ward 2 (Stroke / Elderly Rehab)		First
Ward 3 (Surgery / Orthopaedics / Gynaecology)		Second
Ward 4 (Surgery / Orthopaedics / Gynaecology)		Second
Ward 5 (General Medicine)		Third
Ward 6 (Offices)		Third
Ward 7 (Acute Medicine / Cardiology)		Fourth
Ward 8 (Emergency Assessment Unit)		Fourth
Ward 9 (Acute Elderly Medicine)		First
Ward 10 (Closed)		Second
Ward 11 (Acute Care)		Third
Women's Outpatients		Ground
X-ray	5	Ground

North Tees and Hartlepool

NHS

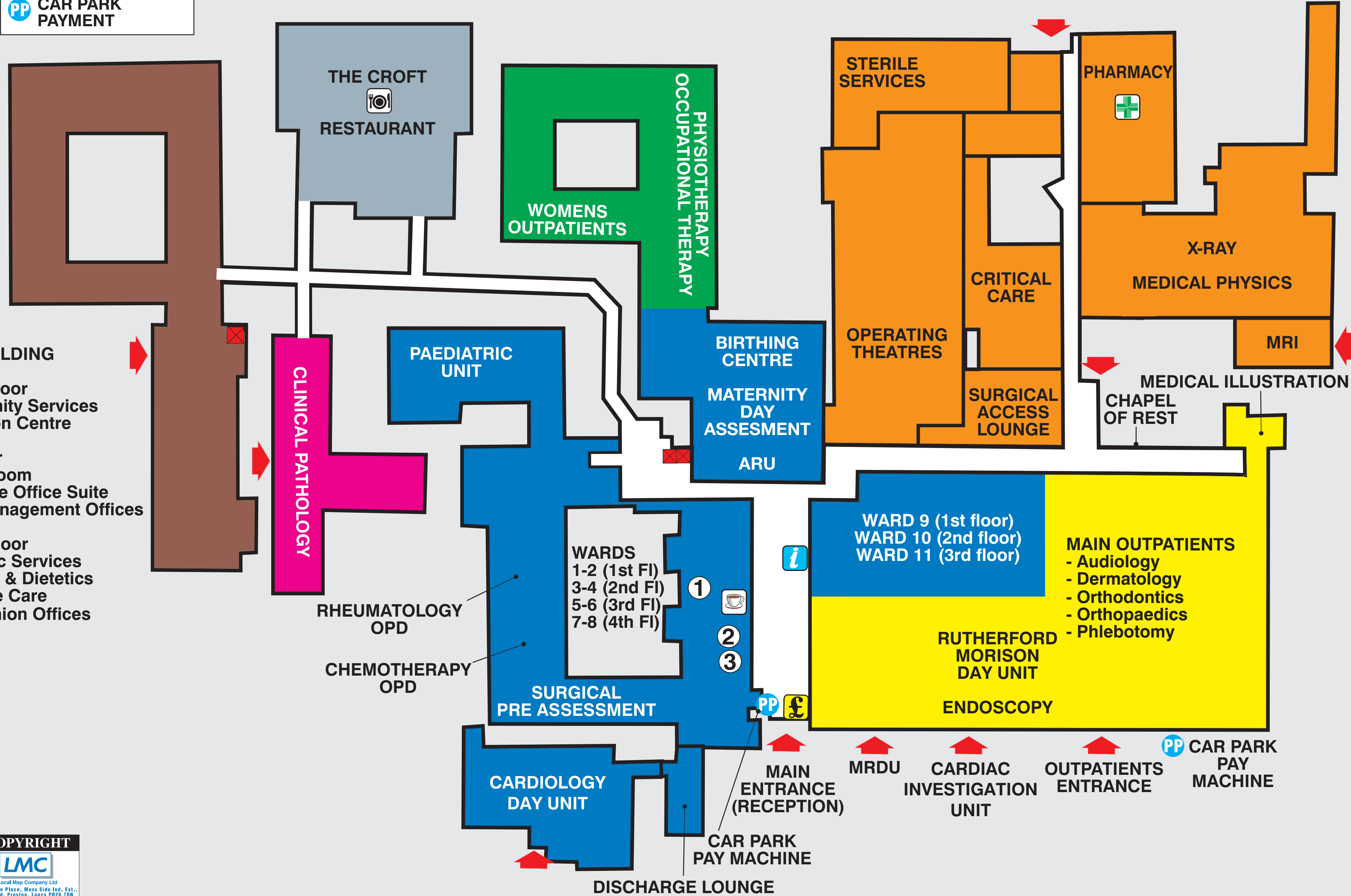
NHS Foundation Trust

University Hospital of Hartlepool

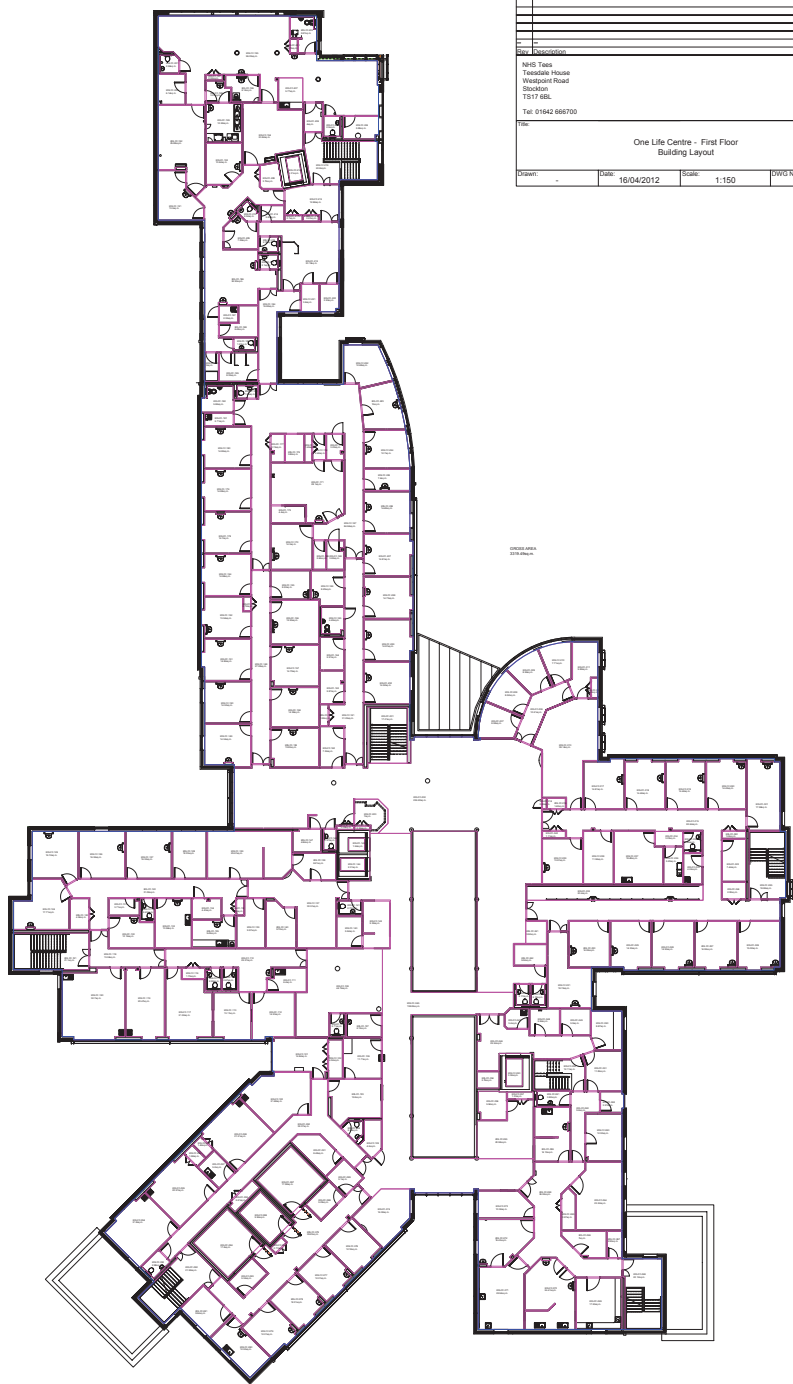
- MAIN RECEPTION
- ENTRANCES
- LIFTS
- STAIRS
- CASH POINT
- RESTAURANT
- PHARMACY
- CAFE WILBERS
- CAR PARK PAYMENT

HART BUILDING

- Ground Floor
- Community Services
- Education Centre
- First Floor
- Board Room
- Executive Office Suite
- Trust Management Offices
- Second Floor
- Domestic Services
- Nutrition & Dietetics
- Palliative Care
- Trade Union Offices



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Ward 11 (Acute Care)		Third
Women's Outpatients		Ground
X-ray		Ground



NHS Tees Teesdale House Westport Road Stockton TS17 6BL Tel: 01642 666700		NHS Tees	
One Life Centre - First Floor Building Layout		Sheet A1	
Drawn:	16/04/2012	Scale:	1:150
		DWG No:	205-01

SHADOW HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

26 OCTOBER 2012

The meeting commenced at 11.30 am in the Civic Centre, Hartlepool

Present:

The Mayor, Stuart Drummond - In the Chair

Statutory Members: -

Councillor John Lauderdale, Adult and Public Health Services Portfolio Holder
Dave Stubbs, Director of Regeneration and Neighbourhoods
Louise Wallace, Director of Public Health
Ali Wilson, Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Non Statutory Members: -

Alan Foster, Chief Exec, North Tees and Hartlepool NHS Foundation Trust
Chris Willis, Chief Exec, NHS Hartlepool
David Brown, Tees and Esk Valley NHS Trust

Also Present:

Tracy Woodall, VCS Representative
Mary Edwards, Programme Manager Alcohol Treatment, Balance
Andy Graham, Public Health Registrar
Sally Johnston, Emergency Planning Manager, NHS Tees

Officers:

Phil Hornsby, Head of Service
Richard Starrs, Strategy and Performance Officer
Julian Heward, Public Relations Officer
David Cosgrove, Democratic Services Team

100. Apologies for Absence

Councillor Cath Hill (Deputy Mayor) (Children's and Community Services Portfolio Holder), Councillor Paul Thompson (Finance and Corporate Services Portfolio Holder), Nicola Bailey, Acting Chief Executive, Jill Harrison, Assistant Director, Adult Social Care, Sally Robinson,

Assistant Director, Prevention, Safeguarding and Specialist Services, Christopher Akers-Belcher, Hartlepool LINK Co-ordinator, Margaret Wrenn, Hartlepool LINK Chair, Martin Barkley, Chief Exec, Tees and Esk Valley NHS Trust, Simon Featherstone, Chief Exec, North East Ambulance Service, Dr Pagni, Clinical Commissioning Group.

101. Declarations of interest by Members

None.

102. Minutes of the meetings held on 10 September and 1 October 2012

Confirmed.

103. Update on Health Watch (*Head of Service*)

The Head of Services reported that the tender process had commenced with the advertised tender deadline of 16 November 2012. Tenders would be opened on 19 November and then would be subject to assessment. This assessment would include some interviews with tenderers. It was expected that the contract would be awarded on 1 December after which there would be a 'standstill' period of two weeks before confirmation of the contract on 14 December 2012. There would then be the transition period before the new contractor took over the role in April 2013.

Health Watch would provide a complaints advocacy process. The contract was being let on a collaborative regional basis involving all the authorities in the North East from the Tees Valley northwards. Gateshead are the lead authority on the contract. It was understood that there was more than one party bidding for the contractor.

Decision

That the report be noted.

104. NHS Emergency Planning Arrangements – post 2013 (*Director of Public Health*)

The Emergency Planning Manager, NHS Tees gave a presentation on the Local Health Resilience Partnerships (LHRPs) due to be established by April 2013 to deliver the national Emergency Preparedness, Resilience and Response (EPRR) for health sector organisations. The Emergency Planning Manager outlined the role of the LHRP and its relationship with the Local Resilience Forum (LRF) and Public Health England. The LHRP for this area was based on the Tees Valley and Durham area and the Hartlepool Director of Public Health was the Co-Chair of the group. The presentation set out the various roles and responsibilities of the LHRP in terms of the Local Area Teams, Public Health England and the constituent local authorities.

The new LHRPs had been established but like the Board were working as a shadow arrangement until 1 April 2013. Until that date the existing arrangements for EPRR remained with the PCTs. A multi-agency exercise had been organised to test the new command structure in November.

The Chief Executive NTHNFT commented that there were currently excellent arrangements in place for EPRR and he had no doubt these would continue under the new arrangement. The Board welcomed the appointment of the Hartlepool Director of Public Health as co-chair of the LHRP. The Director of Regeneration and Neighbourhoods commented that the interaction with the local LRF had gone well and he considered that the arrangements here were well ahead of other areas around the country.

Decision

That the report be noted.

105. Clear and Credible Plan (*Hartlepool and Stockton-on-Tees Clinical Commissioning Group*)

The Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group updated the Board on the work undertaken on the CCGs Clear and Credible plan. The plan was taking into account the work undertaken so far with local authorities on the development of the JSNA. The work was however was being done at a time of transition with appointments still being made at the CCG. The plan was available on the CCG website together with a shorter easy to read version. At this time the financial allocation from the government was still unknown.

Decision

That the report be noted.

106. CCG Authorisation (*Hartlepool and Stockton-on-Tees Clinical Commissioning Group*)

The Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group reported that stakeholder feedback had been received with good feedback from the GP Practices. Thirty-nine key documents had been completed for NHS Commissioning Board assessment. Following a desk top review there were twenty five areas that the NHS indicated couldn't be signed off. However, following the NHS Commissioning Board's visit last week, all the 'red flagged' areas were turned green and the Board's report on the visit was excellent with no specific areas being highlighted for action. This essentially completed the authorisation for the CCG to move forward as a statutory body. Work would now commence on the movement from the current structures to the new CCG.

Decision

That the report be noted.

107. Deciding Priorities for Health and Wellbeing in Hartlepool *(Specialty Registrar in Public Health, NHS Tees)*

The report regarding prioritisation of the Health and Wellbeing Strategy was discussed. The Director of Public Health reported that, as had been discussed at previous meetings, consultation has been ongoing in determining the priorities for the Hartlepool Joint Health and Wellbeing Strategy. The report submitted to the meeting set out the feedback obtained through the consultation process and the proposed prioritisation process. There was a discussion regarding how best to progress the prioritisation process and it was agreed that Board members who had already been assigned policy lead areas should lead this work. The policy lead areas in the context of the Marmot report had been agreed at a previous meeting. It was agreed that policy leads should undertake work before the next meeting to consider the issues that fall into their policy area and create a long list of priorities. The policy lead was then expected to consider the rationale for each priority and attempt to create a prioritised list in the light of the Marmot report and the responses to consultation.

The Strategy and Performance Officer indicated that 365 people had taken part in the consultation exercise with a further 175 responding to an online survey. Further consultation would be undertaken at the forthcoming Neighbourhood Forums. Once completed the performance against the priorities would be monitored and report through the Covalent performance monitoring system.

The Director reported that how a number of other authorities had completed their prioritisation process had been assessed and consideration was being given to an approach developed in Bath where a 'task and finish group' had been set up to complete the work on the JSNA. The Director reported that the strategy document, once this work had been completed, would be forwarded to Cabinet and subsequently Council for approval and adoption and then into the other partner agencies for their adoption.

The Director indicated that the document was now up-to-date within the process for partner agencies to review.

Decision

That the report be noted.

108. Cold Kills presentation *(Director of Public Health and Head of Public Health Intelligence)*

The Director of Public Health gave a presentation on the impact on health and death rates of cold weather. The Excess Winter Death rate for Hartlepool was second only to Lung Cancer in the number of deaths attributed each year. There was obvious concern at the potential for fuel poverty to have an adverse impact on these numbers.

The meeting discussed the pros and cons of front line staff receiving a flu jab each year. It was understood that for these inoculations to have a major affect at least 70% of the organisations' front line staff needed to volunteer for the flu jab. The Director of Regeneration and Neighbourhoods indicated that within the local authority those front line staff that would be going into peoples homes, particularly the elderly, were offered the flu jab. There was, however, a cost for the authority. There were also concerns as to whether an employer could insist that all staff had the inoculation.

In terms of preventing people falling into fuel poverty, the Director of Regeneration and Neighbourhoods commented that the authority was looking into the potential of collective supplier switching to gain the best fuel tariffs for large a group of residents. The Mayor asked for an update on the issue of collective switching at a future meeting. It was also indicated that there was an intention to use Welfare Notices to a greater level where there were concerns about elderly or vulnerable people not keeping warm during the winter.

The Board considered that there was still a need to get the message across to people that influenza could kill and that for 'at risk' groups, the flu jab had to be seen as an essential protection. There were concerns that many were put off by the often-reported view that people would feel ill after having the flu jab.

Decision

That the report be noted.

109. Minimum Unit Pricing for Alcohol Presentation (*Director of BALANCE*)

The Programme Manager Alcohol Treatment, Balance North East gave a presentation to the Board on the campaign for a minimum price per unit for alcohol in England and Wales. The presentation outlined the concerns around cheap alcohol particularly its availability to young people. The Programme Manager outlined the recently launched campaign by Balance for a minimum price per unit of 50p and the many concerns surrounding alcohol consumption and some of the cultural issues that the campaign faced.

The Mayor commented that many of the issues surrounding sport were cultural and therefore difficult to change. It was indicated that alcohol advertising during sport and its sponsorship by alcohol companies did make the two difficult to separate but the campaign for minimum pricing was aimed at the costs to society in terms of health and crime. The Mayor welcomed the campaign and indicated that the Council had voiced its support in the past and endorsed the postcard campaign linked to the recently launched Balance campaign.

Decision

That the report be noted and the campaign recently launched by Balance be supported.

The meeting concluded at 1.20 p.m.

CHAIR

ITEM 4**TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**5th November, 2012**PRESENT:-****Representing Darlington Borough Council:**

Councillors Newall (in the Chair) and J. Taylor.

Representing Hartlepool Borough Council:

Councillors Fisher and Hall.

Representing Redcar and Cleveland Borough Council:

Councillors Carling, Goddard (as Substitute for Councillor Mrs Wall) and Kay.

Representing Stockton-On-Tees Borough Council:

Councillors Cunningham (as substitute for Councillor Wilburn), Javed and Mrs M. Womphrey.

APOLOGIES – Councillor H. Scott (Darlington Borough Council), Councillor S. Akers - Belcher (Hartlepool Borough Council), Councillor Dryden (Middlesbrough Council), Mrs Wall (Redcar and Cleveland Borough Council) and Councillor Wilburn (Stockton-On-Tees Borough Council).

OFFICERS IN ATTENDANCE – A. Metcalfe (Darlington Borough Council), L. Stones (Hartlepool Borough Council), M. Ameen (Redcar and Cleveland Council) and P. Mennear (Stockton-On-Tees Borough Council).

EXTERNAL REPRESENTATIVES –

Miriam Davidson, Director of Public Health for Darlington;
Edward Kunonga, Director of Public Health for Middlesbrough; and
Louise Wallace, Director of Public Health for Hartlepool.

Due to there not being a representative present from each of the Tees Valley Local Authorities, the meeting was inquorate and an informal meeting was held.

20. DECLARATIONS OF INTEREST – There were no declarations of interest reported at the meeting.

21. NOTES – Submitted – The Notes (previously circulated) of the informal meeting of the Tees Valley Health Scrutiny Joint Committee held on 8th October 2012.

AGREED – That the Notes be approved as a correct record.

22. DIRECTORS OF PUBLIC HEALTH FROM ACROSS THE TEES VALLEY - The Directors of Public Health from across the Tees Valley submitted information (previously circulated) in respect of Public Health Transition Self-Assessment Documents, Health and Well Being Strategies and Annual Reports. Three Directors of Public Health from Darlington, Hartlepool and Middlesbrough attended the meeting and

provided Members with assurance of the Public Health Transition period, an update on the respective Health and Well Being Strategies and Annual Reports.

Miriam Davidson, Director of Public Health for Darlington reported that the Darlington Transitional Plan details the intention to work collaboratively across the Local Authority and describes the process of moving responsibilities and staff into the Local Authority and includes indicators monitoring the progression of change. The self-assessment document is based on the Local Government Authority model and is also being led by them. It was acknowledged that the biggest challenge was that there are still some uncertainties such as public health grant, HR guidance and staff accommodation. Other challenges include compatibility of IT systems, sharing data and ensuring the Caldecott principles are adhered too. Ms Davidson advised that she was confident that the partnerships arrangements in place and work streams described within the self-assessment would ensure smooth transitional arrangements.

Louise Wallace, Director of Public Health for Hartlepool acknowledged that it will be helpful for public health teams to sit within the Local Authority and commented that it was nothing new as Local Authorities and NHS colleagues have been working together for a number of years, although, by public health coming into the Local Authority this would enable relationships to strengthen and build upon a strong foundation. Ms Wallace reported that the Directors are committed to commissioning across the Tees Valley and have taken a pragmatic approach to considering what could be commissioned jointly. For example, there is a Tees Valley shared public health service which should be cost effective and hosted by Redcar and Cleveland.

Edward Kunonga, Director of Public Health for Middlesbrough added that there has been lots of shared transactional work and that the move into the Local Authority should be seen as an opportunity to work closer with departments such as children, housing and adult social care, in order to influence the wider determinates of health.

Understanding the relationship between the Local Authority and the Clinical Commissioning Groups (CCG) and the process they are undertaking is key for public health teams together with quality improvements, maintaining safe services, prevention and other commissioning relationships with the NHS Commissioning Board. There needs to be a strong relationship with the Health and Well Being Boards and strong networks to share the responsibility for commissioning services.

Raising the profile of health inequalities would be more easily achieved through public health becoming into the Local Authority it will enable focus to be around basic human needs. Support from Councillors will be welcomed, together with the services required to support those needs and reduce the gap in health inequality. Mr Kunonga reported that the change presented a number of opportunities and welcomed the Health and Well Being Board as a formal forum to bring the right people together in one place. He believed that there was greater influence by working together to tackle health inequalities and look to building and local system and develop crucial relationships to achieve the same goal.

Members expressed concerns about the limited funding available, expressing that funds were not going to be increased. Ms Wallace advised that the research and evidence

will be crucial to ascertain how funding will be spent. Directors must ensure that there is a sound evidence base to prepare a case for the Local Authority to decide what to spend the ring fenced budget on. Directors are keen to take a systematic approach to invest in a whole system project to address a multitude of needs for example, fuel poverty. Developing emerging Health and Well Being Strategies will detail what can be delivered under the current constraints and the Joint Strategic Needs Assessment will be key to all of this. Mr Kunonga expressed his gratitude to Members for responding to the consultation in respect of the formula used for the public health funding.

Particular reference was made to the take up of the whooping cough vaccination and whether there has been a decline in recent years. Ms Davidson reported that she had not seen any evidence to suggest that there was community resistance to immunisations for whooping cough specifically. She added that it was crucial that such schemes including immunisations and vaccinations continue through the transition together with emergency planning and infection control initiatives. She stressed it is imperative to continue to make progress against the National and North East averages as rates vary across the Tees Valley. Mr Kunonga echoed the sentiments suggesting that it is the people that need the immunisations the most who don't take them up, further advised the work must continue to increase uptake and for uptake to be focused around engagement programme and not an attempt to allay myths.

It was noted that individual Health and Well Being Strategies are at different stages but all will be in place by the 2013 deadline. Ms Wallace updated the meeting on emergency planning procedures in place advising that as Category one responders the NHS would continue to respond until public health has completely transferred to the Local Authority and provide resilience assurance. Ms Wallace reported that Local Health Resilience Partnerships (LHRP) have been established as she was Co-chair of the Group, alongside Cameron Ward in his position as Director of Local Area Team (LAT). The LAT covers Durham, Darlington and Tees Valley and the LHRP brings all the right partners together to establish a firm emergency response plan.

Ms Davidson introduced the final Joint Annual Report of the Directors of Public Health for County Durham and Darlington 'Back to the Future'. Members were intrigued about the comparisons made when public health was previously a Local Authority responsibility and were pleased that report looks forward identifying the further work needed to continue to improve the health and wellbeing of people in Darlington. It was noted that the final NHS Tees Joint Directors of Public Health Annual Report would be produced towards the end of March 2013 and be shared with Members in due course.

Councillor Newall added that Darlington Borough Council were making public health training mandatory for all Members of Council to ensure that all Members understand and are aware of the public health issues that need to be addressed.

AGREED – (a) That the Directors of Public Health be thanked for their attendance at the meeting;

(b) That the update and discussion be noted; and

(c) That Members give some thought to how the Joint Committee might want to scrutinise Directors of Public Health in the future and feedback their thoughts via individual Scrutiny Officers.