HARTLEPOOL
BOROUGH COUNCIL

Chief Executive's Department
Civic Centre
HARTLEPOOL

27 August 2013

Councillors Ainslie, C Akers Belcher, S Akers Belcher, Atkinson, Barclay, Beck, Brash, Cook, Cranney, Dawkins, Fisher, Fleet, Gibbon, Griffin, Hall, Hargreaves, Hill, Jackson, James, Lauderdale, A E Lilley, G Lilley, Loynes, Dr. Morris, Payne, Richardson, Robinson, Shields, Simmons, Sirs, Tempest, Thompson and Wells

Madam or Sir,

You are hereby summoned to attend a meeting of the COUNCIL to be held on THURSDAY, 5th September at 7.00 p.m. in the Civic Centre, Hartlepool to consider the subjects set out in the attached agenda.

Yours faithfully

D Stubbs

D Stubbs
Chief Executive

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COUNCIL AGENDA

HARTLEPOOL
BOROUGH COUNCIL

Thursday 5 September 2013

at 7.00pm

**in the Council Chamber,
Civic Centre, Hartlepool.**

(1) To elect a person to preside if the Chair and Vice-Chair are not present;

(2) To receive apologies from absent Members;

(3) To receive any declarations of interest from Members;

(4) To deal with any business required by statute to be done before any other business;

(5) To receive questions from and provide answers to the public in relation to matters of which notice has been given under Rule 11;

(6) To approve the minutes of the last meeting of the Council held on 25 July 2013 as the correct record;

(7) To answer questions from Members of the Council on the minutes of the last meeting of Council;

(8) To answer questions of Members of the Council under Rule 12;

(a) Questions to the Chairs of Committees and Forums

(b) Questions on Police and Crime Panel and Fire Authority issues to the appropriate Members

(c) Minutes of the meeting of the Cleveland Fire Authority held on 7 June 2013 and the Police and Crime Panel held on 10 June 2013 are attached.

(9) To deal with any business required by statute to be done;

(10) To receive any announcements from the Chair, or the Head of Paid Service;

(11) To dispose of business (if any) remaining from the last meeting and to receive the report of any Committee to which such business was referred for consideration;

(12) To consider reports from the Council's Committees and to receive questions and answers on any of those reports;

(a) Consultation Regarding the Reconfiguration of Emergency Medical and Critical Care Services at North Tees and Hartlepool NHS Foundation Trust - Audit and Governance Committee

(13) To consider any other business specified in the summons to the meeting, and to receive questions and answers on any of those items;

(14) To consider reports from the Policy Committees:

(a) proposals in relation to the Council's approved budget and policy framework; and

(b) proposals for departures from the approved budget and policy framework;

(1) Seaton Carew Development Sites - Finance and Policy Committee
(2) Living Wage – Finance and Policy Committee
(3) Local Welfare Support – Finance and Policy Committee

(15) To consider motions in the order in which notice has been received;

None.

(16) To receive the Chief Executive's report and to pass such resolutions thereon as may be deemed necessary.

COUNCIL

MINUTES OF PROCEEDINGS

25 July 2013

The meeting commenced at 7.00 pm in the Civic Centre, Hartlepool

PRESENT:-

The Chairman, Councillor S Akers-Belcher, presiding:

COUNCILLORS:

Ainslie	C Akers-Belcher	Beck
Brash	Cook	Cranney
Dawkins	Fisher	Fleet
Griffin	Hargreaves	Hill
James	Lauderdale	A Lilley
G Lilley	Loynes	Dr Morris
Payne	Richardson	Robinson
Shields	Simmons	Sirs
Thompson	Wells	

Officers: Dave Stubbs, Chief Executive
Andrew Atkin, Assistant Chief Executive
Alyson Carman, Legal Services Manager/Deputy Monitoring Officer
Chris Little, Chief Finance Officer
Jill Harrison, Assistant Director (Adult Services)
Louise Wallace, Director of Public Health
Angela Armstrong and Amanda Whitaker, Democratic Services Team

Prior to the commencement of business, Members stood in silence as a mark of respect following the recent deaths of former Mayoress, Phyllis Lloyd and Sheila Tindall.

33. APOLOGIES FOR ABSENT MEMBERS

Councillors Atkinson, Gibbon, Hall, Jackson and Tempest

34. DECLARATIONS OF INTEREST FROM MEMBERS

Councillor Christopher Akers-Belcher declared an interest, applicable throughout the meeting, due to his work for Hartlepool Voluntary Development

Agency and his link to contracts through the Council's procurement process

Councillor Cook declared a personal interest as Director of West View Project and West View Resource Centre.

Councillor Thompson declared a personal and prejudicial interest in agenda item 14 as employee in voluntary sector and private sector. Councillor Thompson informed Council that in accordance with a letter he had received from the Chief Solicitor, he would be recording the proceedings of this Council meeting in spirit of broadening the transparency of the meeting.

At this point in the meeting the Deputy Monitoring Officer responded to a request for clarification whether a Councillor who had recently resigned as trustee of a voluntary sector organisation was required to declare an interest, as the Charity Commission could still seek financial recompense from them.

Councillor Hargreaves declared a prejudicial interest in agenda item 14 as business owner and advised that she would be leaving the meeting during consideration of that item.

Councillor Cranney declared an interest, applicable throughout the meeting, as Board member of several organisations.

Councillor Simmons declared an interest as Director of two voluntary organisations, West View Project and West View Advice and Resource Centre.

Councillor Griffin declared personal interest in view of her involvement in West View Project and West View Advice and Resource Centre.

Councillor Brash declared an interest as trustee of voluntary sector organisation and also acting Chair of Hartlepool Sixth Form College.

Councillor Fleet declared an interest as a Director of a Carers Association.

Councillor Shields declared a personal interest as Director of Skillshare and trustee of a charity.

Councillor Hargreaves declared an additional interest as chair of trustee Board of Hartlepool Families First.

Councillor S Akers-Belcher declared interest due to his links in voluntary capacity to various voluntary agencies in Hartlepool.

The Deputy Monitoring Officer responded to a request for guidance in relation to whether it was appropriate for a Member who had declared a prejudicial interest, in an item and advised that he would therefore be leaving the meeting during consideration of that item, to continue to record proceedings. The Deputy Monitoring Officer clarified that, as required by Council Rules of Procedure, the Member concerned had indicated that they intended to withdraw from the meeting while that item of business was being considered.

35. BUSINESS REQUIRED BY STATUTE TO BE DONE BEFORE ANY OTHER BUSINESS

None

36. PUBLIC QUESTIONS

The following questions had been submitted:-

From Mr Riddle to Councillor Christopher Akers-Belcher, Chair of Finance and Policy Committee:-

"Questions put to full Council in February centred around accountancy, funding and potential conflicts of interest within the Manor Residents Association and Who Cares North East organisations. In light of recent events surrounding those organisations, would councillors not agree that reinstating the public's right to ask supplementary questions is essential to local democracy?"

The Chair of Finance and Policy Committee responded that he could not see a link between organisations within the Voluntary and Community sector and the Council's new Constitution. The Chair advised that he did not agree that supplementary questions were essential to local democracy. The Chair considered that the new Constitution was working very well, given that members of the public were now embracing the new ability of asking two and not one public question within the increased public question time. It was highlighted that as previously reported the new constitution would be subject to an annual review and as such Members would await the Monitoring Officer presenting his report as part of that review.

Following the response, concerns were expressed regarding the removal of supplementary public questions from the Council's Constitution and it was moved that the Council reinstates supplementary public questions to allow the public the right to question local councillors. In response the Chairman referred to the Council Procedure Rules in terms of the options for dealing with public questions and also the six month timescale to amend or rescind a motion made at a meeting of Council. The Chairman of the Council requested, therefore, that the concerns which had been expressed be noted and included in the review of the Constitution to be conducted by the Monitoring Officer.

During the debate a number of Members expressed their concern at the implications of the withdrawal of supplementary public questions and their support for the reinstatement of supplementary public questions to promote local democracy. However, a number of other members expressed their views that the new Constitution was working well and referred to attendance of members of the public at Policy Committee meetings and the introduction of the opportunity for members of the public to ask questions of Policy Committee Chairs at meetings of Neighbourhood Forums where notice of questions was not required. Members referred also to other methods that were available for members of public to communicate with councillors.

From Mr Riddle to Councillor Stephen Akers-Belcher, Chair of Council:-

Given that, in the eyes of the law, a charities trustees must take ultimate responsibility for the actions of the charity, will Hartlepool Ceremonial Mayor Councillor Stephen Akers-Belcher be resigning his position on our council for his role in the Manor Residents Association scandal and, if not why not?

The Chair of Council responded that he had no intention of resigning as an elected member or as ceremonial mayor. For information, the Chair advised that he had not been appointed to Manor Residents Association through a Council appointment. The Chair acknowledged that during his engagement with people, some people were unhappy with the situation. However, generally he had received a warm welcome and received support in the manor house ward. In respect of his role of ceremonial mayor, there was no issue and he was continuing to receive invitations to events. The Chair concluded that he felt obliged to continue with his charity work and to continue to raise funds for local charities.

From Mr Corbett to Councillor Christopher Akers-Belcher, Chair of Finance and Policy Committee:-

"I understand that an organisation as large as HBC will have a reasonably large HR department but i would appreciate it if you can you inform me & the rest of the Public gallery exactly what the financial costs to HBC are, of having a Full Time union official who is an employee of HBC, & of any other seconded HBC staff, & the relevant costs of Office Space, IT support & any other ancilliary business support that is used by the union representatives.

I would appreciate it if the individual figures for each part of the question could be given when answering the question."

The Chair of Finance and Policy Committee commenced his reply by detailing the legal context and the rationale for supporting the costs associated with union facility time at Hartlepool Borough Council. In common with many other Local Authorities, there had been a long-standing arrangement for this Council to cover the associated salary costs of staff who took time off from their role within the Council to devote time to trade union duties via facility time. This arrangement had resulted in the Council having a strong working relationship with trade unions over the years and had helped to save money over time due to the regular dialogue and the ability to resolve any issues quickly. Further to this the ACAS Code of Practice covered entitlements for time off for trade union duties and activities which stated "There were positive benefits for employers, employees and for union members in encouraging the efficient performance of union representatives work, for example in adding the resolution of problems and conflicts at work". The Chair outlined other benefits afforded to this Council arising from current arrangements.

With regard to the particular items referred to in the question, the Chair advised that the number of employees within the Council (including schools) totalled

4,478, the number of employees within the Council (excluding schools) totalled 2382 and the number of trade union members who paid their union dues via payroll, broken down into individual unions, within the Council (including schools) was presented as follows:-

Union	Total
GMB	174
UCAT	2
Unison	1459
UNITE THE UNION	17
Grand Total	1652

It was noted that the above figures didn't include the majority of the teaching unions who paid their union subscriptions via direct debit. The Chair presented also information on costs of trade union branch officials on paid release excluding teacher unions and departmental stewards as follows:-

Union	£
Unison	46,743
GMB	4,786
All	51,529

With respect of Union Officials excluding teacher unions, the Chair advised that Unison union had 1.50 (full time equivalent) and the GMB union 0.17 (full time equivalent). It was highlighted that Unison had not taken up 0.5 FTE of agreed time off for Unison Branch Secretary.

In respect of the relevant costs of Office Space, IT support and other ancillary business support that was used by the union representatives, the Chair highlighted that the accommodation space used was paid for by the trade unions and the pcs used by union officials were included in the base contract for ICT, as part of the managed service the approximate cost of this was £1500 per annum. As far as the Chair could ascertain there were no other costs as printing costs were recharged as used, postage was at the cost of the union and the trade unions did not receive any administrative support from the Council for general activity.

During the debate which followed Members expressed their support of the work carried out by trade union officials and the constructive and productive nature of their work.

From Mr Patrick to Councillor Christopher Akers-Belcher, Chair of Finance and Policy Committee:-

"In the wake of the recent audits into Manor Residents Association and Who Cares (NE), would it not be appropriate to now increase the funding and widen the scope of the inquiry being undertaken by barrister Tom Mitchell?"

The Chair of Finance and Policy Committee responded that the scope of Mr Mitchell's public inquiry was already all encompassing covering contracts procured with the Voluntary and Community sector for the last five years. This

already included Manor Residents Association and Who Cares North East. It could also be damaging to the credibility of Mr Mitchell's report to predetermine the outcome of his inquiry.

From Mr Corbett to Councillor Christopher Akers-Belcher, Chair of Finance and Policy Committee:-

"In light of the recent controversies concerning the Manor Residents Asc, particularly the recent court cases in connection with them paying less than the National Minimum Wage & the subsequent resignation of Trustees, Cllrs S Akers Belcher & P Beck on the grounds of their not being kept informed about the decisions made by MRA Management, would it now be Prudent of HBC to withhold any further funding to Manor Residents"

The Chair of Finance and Policy Committee responded that there were two services delivered by Manor Residents Association that received Council funding and both were services for children, young people and their families. Activities for children aged 5-19 years were currently commissioned under the Early Intervention Strategy and following a full commissioning exercise in 2012, this contract had been awarded to a consortium of local voluntary organisations. Within this arrangement, Hartlepool Borough Council contract with the lead organisation (West View Project) who, in turn, subcontracted with 4 additional voluntary organisations including Manor Residents Association. This contract was due to expire on 30 September 2013 and substantial changes were likely to be made to the delivery of Early Intervention Services due to significant cuts in the grant from 2014/15 onwards. Until a decision could be taken on the future of early intervention services, which would take place in October 2013, Children's Services Committee would be considering a request to extend the activities contract for a period of 6 months to the end of the 2013/14 financial year.

It was highlighted that services commissioned by the Council under the activities contract were open to all children and young people and were targeted in the most deprived areas of the town offering a safe uncontested space for children to come together and engage in various activities such as youth clubs, holiday clubs and organised events. It was highlighted that the services subcontracted from Manor Residents Association by West View Project were well attended, popular with local children and young people and valued by families. Manor Residents Association operated in a community of high need and deprivation where there were a high proportion of children who were vulnerable to poor outcomes. If funding were to be withdrawn, this would impact significantly upon the children of the community as the services being delivered would cease immediately which would be detrimental to their welfare. Therefore, it was not recommended that funding cease at this time.

Members were advised that when Children's Services Committee considered the report to extend the activities contract to the end of the financial year, if the decision was taken to extend the contract, then a condition of the extension would be that anyone to whom the lead organisation subcontracts work should comply with the National Minimum Wage requirements.

Manor Residents Association also received funding to provide day care for 2, 3 and 4 year old children. This scheme provided day care of 15 hours per week to all three and four year olds and under the new government scheme for disadvantaged two year olds; Manor Residents Association offered places for 2 year old children who met the entitlement criteria.

It was noted that central government funding for this scheme was passed to local authorities in the Dedicated Schools Grant. The scheme was based on parental choice whereby the parent of a child who met the eligibility criteria selected the day care provider they wished to use and enrolled their child. The day care provider then claimed funding for the place on a termly basis via a return submitted to the local authority. Hartlepool Borough Council does not determine nor commission these nursery places, they were selected by parental choice and the local authority was obliged to passport the funding accordingly.

During the debate which followed the positive work carried out by Manor Residents Association was acknowledged together with existing contractual obligations. However concerns were expressed regarding the management of the organisation and the implications of recent resignations from the organisation. Reference was made also to a report considered at a recent meeting of the Audit and Governance Committee on the outcome of the audit reviews carried out at Manor Residents Association and Who Cares North East. At the conclusion of the debate, the Chair of the Audit and Governance Committee urged Members to advise the Council's auditors if they had any concerns regarding contracts relating to those organisations.

37. MINUTES OF PROCEEDINGS

The Minutes of Proceedings of the Council held on the 6 June 2013, having been laid before the Council.

RESOLVED - That the minutes be confirmed.

The minutes were thereupon signed by the Chairman.

38. QUESTIONS FROM MEMBERS OF THE COUNCIL ON THE MINUTES OF THE PREVIOUS MEETING OF THE COUNCIL

None

39. QUESTIONS FROM MEMBERS OF THE COUNCIL

(a) Questions to Chairs of Committees and Forums

Question from Cllr Fisher to Chair Finance and Policy Committee:-

"In order that we may formally clarify recent media reports that letters of support have been send to a Government minister from this Council in support of an

application to part finance the building of a new hospital may we have an open debate here, tonight, in order that the public may understand specifically which Councillors are for and which are against the building of a new hospital in Wynyard."

Councillor Fisher accepted a suggestion made by the Chair of Finance and Policy Committee that an open debate be held during consideration of an item on consultation regarding the reconfiguration of emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust which was included in the Chief Executive's business report to be considered later in the agenda.

(b) Questions to Police and Crime Panel and Fire Authority issues

Minutes of the meeting of the Cleveland Fire Authority held on 28 March 2013 and the Police and Crime Panel held on 5 February 2013 were noted.

40. BUSINESS REQUIRED BY STATUTE

None

41. ANNOUNCEMENTS

None

42. TO DISPOSE OF BUSINESS (IF ANY) REMAINING FROM THE LAST MEETING AND TO RECEIVE THE REPORT OF ANY COMMITTEE TO WHICH SUCH BUSINESS WAS REFERRED FOR CONSIDERATION.

None

43. TO RECEIVE REPORTS FROM THE COUNCIL'S COMMITTEES

None

44. TO CONSIDER ANY OTHER BUSINESS SPECIFIED IN THE SUMMONS OF THE MEETING

None

45. REPORT FROM THE POLICY COMMITTEES

(a) Proposal in relation to the Council's budget and policy framework

(1) Youth Justice Strategic Plan 2013-2014 – Report of Children's Services Committee.

The Chair of the Children's Services Committee presented the final draft of the Youth Justice Strategic Plan for 2013-2014, a copy of which was appended to the report, prior to submission to the National Youth Justice Board. The report provided the background to the primary functions of Youth Offending Services. The planning framework supported the development of the 2013/14 Youth Justice Strategic Plan which drew upon the appraisal of the Youth Justice Boards Regional Partnership Manager, the local Youth Offending Service Strategic Management Board alongside the views and opinions of service users, staff and key partners which were established during the recent Youth Justice Peer Review. The planning framework resulted in a number of priorities for 2013/14 which were detailed in the report. The Plan established responsibility across the Youth Offending Service and the Youth Offending Strategic Board for taking each improvement activity forward within agreed timescales.

RESOLVED - The Youth Justice Plan for 2013 – 2014 was approved for submission to the National Youth Justice Board.

(b) Proposal for Departure from the Budget and Policy Framework

(1) Acquisition of Jacksons Landing;

The Chair of Finance and Policy Committee outlined the background to the proposal to purchase Jackson's Landing. In order to minimise any risk to the Council a significant amount of work had been undertaken to identify a suitable residential developer who would be willing to undertake a quality scheme on a 'back to back' basis that would both complement the quality of design at the adjoining Historic Quay and provide a range of housing to add sustainability to the Marina. Although a suitable developer had been identified and a scheme prepared unfortunately, at a very late stage, they had decided to withdraw from the purchase. All other residential developers with north east land requirements both nationally and locally had been contacted to seek further interest but at this time they are unwilling to commit to buy due to other obligations. As such it is currently not possible to achieve a 'back to back' sale.

Members were advised that in order to secure the site it would be necessary to commit to a purchase without the comfort of an onward sale. Although this represented a risk, the benefit of having control of a strategic site critical to the long term sustainability of the Marina with the ability to address a large derelict building in a key location is fundamental to the implementation of the Councils Central Investment Framework. As the property market improved the value of the site and its desirability would increase and the Council would be able to

determine the type and form of development on the site that would add maximum economic development impact for the town. It was important for the town that the land was available for development and that it was not purchased and land banked by a third party which could create long term blight.

The options available to the Council were set out in the report and it was recommended that the site be purchased without the safety net of an immediate back to back sale but with the recommendation that if no alternative and financially viable use of the site for operation purposes was identified by December 2014 then the site should be disposed of for housing and or commercial development.

The report set out the financial risks to the authority and that there was a clear need for a strategy to be clearly identified for the site. It was anticipated that this project should be eligible for a 'Growing Places' loan and an application had been submitted to enable this process to commence, subject to a decision at this meeting. The Growing Place loan would be an interest free loan repayable no later than August 2015. A successful application for a Growing Places loan would mean that this project could proceed without an un-budgeted revenue cost to the Council for the period of the loan. Without this funding the Council would need to use traditional borrowing and over the period of the Growing Places loan (i.e. up to August 2015) this would have an un-budgeted revenue cost of approximately £45,000, based on current interest rates. In accordance with existing Local Authority financial regulations all borrowing, including a Growing Places loan, was classified as Prudential Borrowing. Therefore, to progress this issue and to draw down the Growing Places loan it had been recommended that Council approval was sought to increase the Prudential Borrowing Limits up to the maximum of the purchase price details in Appendix A which contained exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely, (paragraph 3) information relating to the financial or business affairs of any particular person (including the authority holding that information).

In the event that an alternative use, or onward sale of this site, is not achieved the Council would still have to repay the Growing Places funding. This would need to take the form of a new long term loan in August 2015 when the Growing Places loan becomes repayable, which would result in an ongoing unbudgeted loan repayment cost in 2015/16 of around £25,000 for the part year and a full year cost of £50,000 from 2016/17, based on forecast interest rates.

A further report would be submitted to a future Finance and Policy Committee meeting to address the implications of managing this longer term financial risk and the repayment of the Growing Places Loan if the redevelopment or onward sale is not completed within the timeframe detailed in this report.

Following presentation of the report, concerns were expressed by some Members regarding the potential financial risks for the Council associated with the proposal compared to the proposal which the Council had considered in August 2011. Concern was expressed also regarding the lack of vision associated with the proposal. However, Members highlighted also the

prominence of the location and that the building was having a blighting effect on the remainder of the marina.

Following a debate on the issues associated with the proposal and in accordance with Council Procedure Rule 17.5 of the Constitution, a recorded vote was taken on the Finance and Policy Committees proposals as follows:-

Those in favour:

Councillors Ainslie, C Akers-Belcher, S Akers-Belcher, Beck, Cook, Cranney, Dawkins, Fisher, Fleet, Griffin, Hargreaves, Hill, James, Lauderdale, Loynes, Morris, Payne, Richardson, Robinson, Shields, Simmons, Sirs and Wells

Those against:

Councillors Brash, A Lilley, G Lilley and Thompson

Those abstaining:

None.

The vote was carried.

RESOLVED –

(i) That the following Finance and Policy Committee proposals be approved:-

(a) That Jacksons Landing should be acquired on the terms as agreed and set out in confidential Appendix A which contained exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely, (paragraph 3) information relating to the financial or business affairs of any particular person (including the authority holding that information);

(b) That by December 2014 the Council will either have identified an alternative use for this site, or achieved an onward sale, and noted that if this is not achieved the Council will face unbudgeted revenue costs as detailed in paragraph 5.7 of the report.

(ii) That the approved Prudential Limits be updated accordingly.

(2) Highways Maintenance Programme

The Chair of Finance and Policy Committee presented a report which sought Council's consideration of the Committee's proposed variation to the approved 2013/2014 Budget and Policy Framework to allocate £0.2m from the forecast 2013/2014 General Fund budget under spend to support the 5 year Highway Maintenance Programme.

Members were advised that a report had been submitted to the Policy and Finance Committee on 31 May 2013 which provided an update on the Medium Term Financial Strategy and which included also details of the final outturn for 2012/13. The report provided also details relating to the funding available from a reduction in the Equal Pay Provision together with the financial risks and challenges facing the Council in 2014/15 and the following three years. Against this background the Committee had approved initial proposals for managing these issues which earmarked £2.44m of the forecast funding as detailed in the Council report. After reflecting those initial proposals, there was an uncommitted resource of £0.2m which the Committee had recommended be allocated towards the existing 5 year Highways Maintenance Plan. Subject to Council's approval of the proposal, the detailed schemes to be brought forward from year 2 of the existing Highways Maintenance Plan would be submitted to the Neighbourhood Services Committee for approval.

In accordance with Council Procedure Rule 17.5 of the Constitution a recorded vote was taken on the Finance and Policy Committees proposals:-

Those in favour:

Councillors Ainslie, C Akers-Belcher, S Akers-Belcher, Beck, Brash, Cook, Cranney, Dawkins, Fisher, Fleet, Griffin, Hargreaves, Hill, James, Lauderdale, A Lilley, G Lilley, Loynes, Morris, Payne, Richardson, Robinson, Shields, Simmons, Sirs, Thompson and Wells

Those against:

None

Those abstaining:

None.

The vote was carried.

> RESOLVED – That the Finance and Policy Committees proposal to allocate £0.2m on a one-off basis from the forecast 2013/14 General Fund outturn towards the existing 5 year Highway Maintenance Plan be approved.

Further to minute 34, Councillors Hargreaves and Thompson left the meeting during consideration of the following item only.

46. MOTIONS ON NOTICE

The following Motion had been received:-

> "This Council resolves that any contracts for works and services together with any associated payments made with Private Companies and

Voluntary/Community Sector Organisations, declared upon any elected members 'Register of Interests' forms must be endorsed and approved by full Council."

Signed by:
Councillor C Akers-Belcher
Councillor Richardson
Councillor Simmons
Councillor Jackson
Councillor Cranney

On moving the Motion, Councillor C Akers-Belcher presented the background to the Motion which he advised was not aimed at deviating from the Council's current, robust procurement procedures but to ensure the Council's procurement procedures had been followed. Reference was made to a concern which he had reported to the Monitoring Officer in August 2011. The concern related to a meeting of the Regeneration Portfolio Holder on 22nd July 2011 when the Portfolio Holder, Councillor Hargreaves, had requested information relating to financial assistance provided to businesses by the Economic Development team to be submitted to her Portfolio meetings detailing the nature of the grant, who they were provided to and who the provider would be. It was highlighted that Councillor Hargreaves had failed to declare an interest as she was the owner of a business which provided services to businesses. It was alleged that Councillor Hargreaves had failed to declare her interest also when working as the 'Business Manager' when she was dealing with Department Works and Pensions contracts that would directly benefit her employer. Reference was made to the subsequent change in Portfolios by the Elected Mayor.

Councillor Akers-Belcher referred to the ongoing Public Inquiry into the Voluntary and Community Sector and advised that he had become aware of 28 contracts which had been awarded to Councillor Hargreaves private company and that not one of those contracts had gone through the Council's procurement process. Also Members were informed that some of the contracts related to items for which the Council had a preferred contractors list and the company owned by Councillor Hargreaves was not on that list. The Chair concluded that the Motion should prevent a reoccurrence of the issues he had highlighted whilst also protecting the Council's staff.

The Motion was seconded subject to the words 'subject to procurement rules' being added to the end of the Motion.

The addendum was accepted by the mover of the Motion.

A Member responded to the issues which had been highlighted by the mover of the Motion and provided background to the request made by the Portfolio Holder which had resulted in information being available on businesses who had received grants. Serious concerns were expressed regarding a number of contracts which were currently in place and the implications if the Motion was passed which would provide the majority group of the Council with the decision making in letting contracts.

The following amendment was moved to address the concerns which had been highlighted:-

"That this Council resolves that any contract for work services together with any associated payments by companies and the voluntary sector declared on register of interest forms or from which Members receive any payments must be endorsed by an independent panel comprising independent persons"

In response to a request for legal advice, the Deputy Monitoring Officer advised that the Council's Contract Procedure Rules would be required to be amended if the Motion was agreed. However, Members would be advised not to decide against Officers evaluation of the determination of a successful tenderer.

Following further debate, the mover of the Motion reiterated that the Motion was not deviating from current Contract Procedure Rules; it was aimed to aid transparency. However, he advised that he was content to replace reference in the Motion from "endorsed and approved by full Council" to "noted by full Council".

As a result of the change to the Motion, the amendment was withdrawn.

In accordance with Council Procedure Rule 17.5 of the Constitution a recorded vote was taken on the amended Motion as follows:-

"This Council resolves that any contracts for works and services together with any associated payments made with Private Companies and Voluntary/Community Sector Organisations, declared upon any elected members 'Register of Interests' forms must be noted by full Council, subject to procurement rules."

Those in favour:

Councillors Ainslie, C Akers-Belcher, S Akers-Belcher, Beck, Brash, Cook, Cranney, Dawkins, Fisher, Fleet, Griffin, Hill, James, Lauderdale, A Lilley, G Lilley, Loynes, Morris, Payne, Richardson, Robinson, Shields, Simmons, Sirs and Wells

Those against:

None

Those abstaining:

None.

The vote was carried.

As a result of issues arising from the debate it was moved and seconded:-

"That this Council initiates a full investigation, to be reported to the Regeneration Services Policy Committee. This investigation must outline what amendments have indeed been made to the procedures, initiated by the then Regeneration Portfolio Holder Cllr Pamela Hargreaves on 22 July 2011, what changes were made to the panel composition that awards our business grants, why did the Council not procure these 28 contracts and why were our preferred service providers by-passed?

Interview all recipients of small business grants to ascertain what procurement alternatives they were presented with in the use of their small business grants?

Ensure we maintain the integrity of the Council and if there is any thing untoward is unearthed through the investigation that it is immediately referred to appropriate Authorities."
In accordance with Council Procedure Rule 17.5 of the Constitution a recorded vote was taken on the instigation of an investigation.

Those in favour:

Councillors Ainslie, C Akers-Belcher, S Akers-Belcher, Beck, Cook, Cranney, Fisher, Fleet, Griffin, James, Loynes, Morris, Payne, Richardson, Robinson, Shields, Simmons, Sirs and Wells

Those against:

Councillors Dawkins, Hill, A Lilley and G Lilley

Those abstaining:

Councillors Brash and Lauderdale,

The vote was carried.

47. APPOINTMENTS TO OUTSIDE ORGANISATIONS AND OTHER BODIES

Durham Tees Valley Airport Board

At the Extraordinary Council on 2 May 2013 the Leader, Councillor Christopher Akers-Belcher had been appointed to Durham Tees Valley Airport Board. The Leader had indicated that he was likely to be unable to attend future meetings of the Board and subsequently the Labour Group had nominated Councillor Cranny as a replacement appointment.

The Chair of Regeneration Services Committee expressed concerns that this Council had not been successful again in terms of a regional growth funding and highlighted consequent disadvantage for the region/sub region which in turn made Durham Tees Valley Airport unsustainable

RESOLVED – as follows: -

(i) That the appointment of Councillor Cranney be approved.

(ii) That a letter be sent to Vince Cable, Secretary of State for Business, Innovation and Skillsxpress the Council's disgust at the implications of the regional growth fund situation.

NuLeaf – The Nuclear Legacy Advisory Forum

It was noted that NuLeaf was a Special Interest Group established under the auspices of the Local Government Association. Under the previous governance arrangements, Member attendance at the Forum had been approved by the elected Mayor. Labour Group had nominated Councillor Payne, as Chair of the Regeneration Services Policy Committee as the nomination for this municipal year.

RESOLVED – That the appointment of the Chair of the Regeneration Services Committee be approved.

NDC Trust

The Chief Executive reported that Hartlepool NDC Trust was the successor body to the £53M Government funded New Deal for Communities Programme that had operated from 2001 until 2011 and had pledged to serve the same regeneration objectives as the programme, in particular with regard to housing/property regeneration. The Trust has requested representation from the Council and had suggested one Elected Member with responsibility for regeneration as well as an appropriate Senior Officer.

RESOLVED – That as no Member nominations were received at the meeting, no Member appointments be made on the NDC Trust.

48. CONSULTATION REGARDING THE RECONFIGURATION OF EMERGENCY MEDICAL AND CRITICAL CARE SERVICES AT NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST

The Chief Executive reported that as a result of concerns expressed by Doctors responsible for the provision of emergency medical and critical care, the Hartlepool and Stockton on Tees Clinical Commissioning Group had requested a visit by the National Clinical Advisory Team (NCAT) to clinically assure reconfiguration proposals for emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust. The report subsequently produced had recommended that Commissioners:-

i) Work with the trust to centralise emergency medical services and critical care to the University Hospital of North Tees as soon as possible;
ii) Explain to the public what this means for them; and

iii) Ask their views about the things that they are concerned about, especially how they and their relatives get to hospital.

In line with these recommendations, a public consultation was now being undertaken by the NHS Hartlepool and Stockton on Tees Clinical Commissioning Group, Durham Dales and Easington and Sedgefield Clinical Commissioning Group and North Tees and Hartlepool Foundation Trust. The consultation had commenced on the 20 May 2013 and would close on the 11 August 2013), with the aim of seeking views on the proposals and concerns about how the impact of the changes could be managed and implemented.

The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations required that where more than one local authority was consulted on proposals to make substantial variations or developments to services, a joint health scrutiny committee should be established. In line with these requirements, a joint committee had been established to formulate a formal response to the consultation, with the membership details set out in the report. The first meeting of the joint committee had taken place on the 11 July 2013 and a further meeting, to finalise a response to the consultation, would be held on the 29 July 2013. The outcome of the consultation process would be reported back to the Councils Audit and Governance Committee in due course.

Members who represented the Council on the Joint Committee updated Council on discussions which had occurred at the meeting on 11 July and their anticipation of the meeting to be held on 29 July. Discussion followed on the merits of the current consultation and previous consultations which had been conducted in relation to the hospital. Concerns were reiterated regarding the reconfiguration of services and the implications on the existing hospital in Hartlepool.

Referring to minute 39 the Chairman reminded Members that it had been agreed that Councillor Fisher's question be considered in conjunction with this item to allow an open debate in order that the public could understand specifically which Councillors were for and which were against the building of a new hospital in Wynyard. During the debate, further concerns were expressed. Members referred back to the Tees Service Review which commenced in 2003 and to the ongoing campaign for the current hospital in Hartlepool to remain open.

Referring to Council Procedure Rule 10, it was highlighted that the meeting had lasted until 9.30 p.m. It was agreed unanimously that the meeting should continue beyond that time.

Whilst expressing support for those Members who spoke in favour of the retention of the current hospital in Hartlepool, a number of Members also spoke on moving forward to build a new hospital in Hartlepool. The Chair of the Health and Wellbeing Board and the Leader of the Council outlined the contents of letters which had been sent to the Secretary of State for Health, via the Chief Executive of North Tees and Hartlepool NHS Foundation Trust, in support of the building of a new hospital in Hartlepool to provide the best possible health options for residents of the Borough.

RESOLVED – That the report and the views expressed by Councillors at the meeting be noted.

49. EMPTY PROPERTY REPORT

The Chief Executive had circulated the quarterly report which Council requested, at its meeting on the 19th October 2012, which outlined progress in implementing the Council's Empty Property Purchasing Scheme.

RESOLVED – That the report be noted.

50. BY-ELECTION

The Chief Executive reported that following the recent resignation of Councillor Wilcox, arrangements had been put in place for the resulting by-election on 15th August 2013. A number of vacancies had arisen as a consequence of the resignation as follows:-

Committees

- Finance and Policy Committee
- Civic Honours Committee

Outside Bodies

- Economic Regeneration Forum
- Safer Hartlepool Partnership

Members were requested to consider appointments to the vacancies following the by-election. In addition as a consequence of the resignation a vacancy existed for Vice Chair of South and Central Neighbourhood Forum.

RESOLVED - That all the vacancies outlined in the report be reviewed following the by-election. In the interim period, Councillor Cranney was appointed to the Finance and Policy Committee.

51. DIRECTOR OF CHILD AND ADULT SERVICES

The Chief Executive reported that at a meeting of the Appointments Panel held on 12 July 2013, it had been agreed unanimously that Gill Alexander be appointed to the post of Director of Child and Adult Services.

RESOLVED – That the appointment be noted.

A Member referred to Councillor Hall who was seriously ill in hospital. It was proposed that a card conveying the best wishes of the Council for a speedy recovery be forwarded to Councillor Hall, by the Chairman, on behalf of the Council. The Chairman advised Members that he had already made arrangements for a card to be sent to Councillor Hall.

The meeting concluded at 10.00 p.m.

CHAIR

CLEVELAND FIRE AUTHORITY

MINUTES OF ANNUAL MEETING

7 JUNE 2013

PRESENT: **CHAIR:-** Cllr Payne – Hartlepool Borough Council
HARTLEPOOL BOROUGH COUNCIL
Cllrs Akers-Belcher, Richardson, Wells
MIDDLESBROUGH COUNCIL
Cllrs Biswas, Brunton, Hussain, Pearson, Sanderson
REDCAR & CLEVELAND BOROUGH COUNCIL
Cllrs Briggs, Cooney, Dunning, Jeffrey, Moses, Ovens
STOCKTON ON TEES BOROUGH COUNCIL
Cllrs Corr, Cunningham, O'Donnell, Stoker, Walmsley, Woodhead
AUTHORISED OFFICERS
Chief Fire Officer, Director of Corporate Services, Legal Adviser/Monitoring Officer, Treasurer
BRIGADE OFFICERS
Head of Corporate Support

APOLOGIES FOR ABSENCE: Councillor Gardner – Stockton on Tees Borough Council
Councillor Clark – Middlesbrough Council

1. APPOINTMENT OF CHAIR FOR THE ENSUING YEAR

The Director of Corporate Services sought nominations for the position of Chair of Cleveland Fire Authority for 2013/2014. Councillor Robbie Payne was subsequently proposed and seconded whereupon nominations were closed.

RESOLVED – that Councillor Robbie Payne be appointed Chair of Cleveland Fire Authority for the ensuing year.

Councillor Payne in the Chair.

The Chairman welcomed new Members Councillors Akers-Belcher and Jeffrey to the Authority and also extended the Authority's thanks to Councillors James and Hannon for their commitment and support as Members of Cleveland Fire Authority.

2. DECLARATIONS OF MEMBERS INTEREST

It was noted no Declarations of Interests were submitted to the meeting.

3. APPOINTMENT OF VICE CHAIR FOR THE ENSUING YEAR

The Chairman sought nominations for the position of Vice Chair to Cleveland Fire Authority for 2013/2014. Councillor Brian Briggs was proposed and seconded whereupon nominations were closed.

RESOLVED – that Councillor Brian Briggs be appointed as Vice Chair of Cleveland Fire Authority for the ensuing year.

4. MINUTES

RESOLVED – that the Minutes of the Cleveland Fire Authority on 28 March 2013 be confirmed.

5. MINUTES OF COMMITTEES

RESOLVED – that the Minutes of the Standards Committee, 23 April 2013; Executive Committee, 17 May 2013; Executive (Appointments) Committee, 17 May 2013; Tender Committee, 10 & 24 May 2013 be confirmed.

6. COMMUNICATIONS RECEIVED BY THE CHAIR

The Chairman informed Members of the receipt of the following communications:-

- Letter from Anna Turley, Prospective Parliamentary Candidate for Redcar - Mutualisation.
- Letter from Chris Williamson MP (Derby North) - Best Practice in the Fire & Rescue Service.
- Letters from Brandon Lewis MP, DCLG - Assurance Statement, Guidance, Findings from Sir Ken Knight's Efficiency Review, Payment of Fire Revenue Grant 2014, Fire Procurement Pipelines and Local Public Service Transformation
- Letter from Neil O'Connor - Fire Procurement Pipelines

RESOLVED – that the communications be noted.

7. REPORT OF THE LEGAL ADVISER

7.1 Business Report 2012/13

The Legal Adviser/Monitoring Officer (LAMO) sought Members' views regarding the principles to the Corporate Governance framework outlined at paragraph 3 and the Corporate Governance Framework outlined at Appendix A which detailed the following:

- CFA Membership 2013/14
- Calendar of Meetings 2013/14
- Terms of Reference
- Committee Structure
- Delegation Scheme
- Financial Procedure Rules
- Standing Orders of the Authority
  - Standing Orders in Respect of Proceedings
  - Contract Procedure Rules
- Code of Corporate Governance
- Members Allowance Scheme

Members were asked to consider and comply with the Ethical Governance Framework outlined at Appendix B. This included the amended Code of Conduct adopted through the requirement for Cleveland Fire Authority to promote and maintain high standards of conduct by its Members, under Section 27 of the Localism Act, 2011. The LAMO reported that paragraphs 1 – 7 detailed the 'principles of public life' as specified under the Localism Act, 2011.

Members were also asked to consider the Member Development Framework 2013/14 at Appendix C.

The LAMO sought nominations for the ensuring year for Committees, Outside Bodies and Member Champions.

RESOLVED:-

(i) That the Corporate Governance Framework principles as outlined at paragraph 3 be approved.

(ii) That the Corporate Governance Framework as outlined at paragraph 4 and Appendix A be approved.

7.1 Business Report 2012/13 continued

(iii) That the Code of Conduct as outlined at paragraph 5.3, and Appendix B, be adopted and approved.

(iv) That the Ethical Governance Framework of the Authority as outlined at paragraph 5 and Appendix B be approved and complied with.

(v) That the Member Development Framework which includes the Role of Members outlined at paragraph 6 and Appendix C be approved.

(vi) That the Member attendance at the associated meetings as outlined at Paragraph 7 be noted.

(vii) That Members appointments to Committees and outside bodies as outlined at Paragraph 8 be approved as follows:

EXECUTIVE COMMITTEE 4-1-1-1

LAB	PAYNE	CHAIRMAN
LAB	BRIGGS	VICE CHAIR
LAB	O'DONNELL	STOCKTON ON TEES
LAB	BRUNTON	MIDDLESBROUGH
LD	OVENS	REDCAR & CLEVELAND
CONS	WOODHEAD	STOCKTON ON TEES
IND	CORR	STOCKTON ON TEES

TENDER COMMITTEE 2-1 (AD HOC)

LAB	PAYNE	CHAIR
LAB	BRIGGS	VICE CHAIR
CONS	PEARSON	MIDDLESBROUGH

OVERVIEW AND SCRUTINY COMMITTEE 4-1-1-1

LAB	JEFFREY	REDCAR & CLEVELAND
LAB	DUNNING	REDCAR & CLEVELAND
LAB	CUNNINGHAM	STOCKTON ON TEES
LAB	BISWAS	MIDDLESBROUGH
LD	VACANT	
CONS	COONEY	REDCAR & CLEVELAND
IND	SANDERSON	MIDDLESBROUGH

AUDIT AND GOVERNANCE COMMITTEE 4-1-1-1 PLUS 2 INDEPENDENT PERSONS

LAB	STOKER	STOCKTON ON TEES
LAB	HUSSAIN	MIDDLESBROUGH
LAB	AKERS-BELCHER	HARTLEPOOL
LAB	RICHARDSON	HARTLEPOOL
CONS	GARDNER	MIDDLESBROUGH
LD	MOSES	REDCAR & CLEVLEAND
IND	WALMSLEY	STOCKTON ON TEES

APPEALS COMMITTEE 4-1-1-1 (AD HOC)

LAB	HUSSAIN	MIDDLESBROUGH
LAB	BISWAS	MIDDLESBROUGH
LAB	RICHARDSON	HARTLEPOOL
LAB	JEFFREY	REDCAR & CLEVELAND
LD	MOSES	REDCAR & CLEVELAND
CONS	COONEY	REDCAR & CLEVELAND
IND	SANDERSON	MIDDLESBROUGH

JOINT CONSULTATIVE COMMITTEE 4-1-1-1

LAB	PAYNE	HARTLEPOOL
LAB	RICHARDSON	HARTLEPOOL
LAB	CLARK	MIDDLESBROUGH
LAB	DUNNING	REDCAR & CLEVELAND
LD	OVENS	REDCAR & CLEVELAND
CONS	PEARSON	MIDDLESBROUGH
IND	WALMSLEY	STOCKTON ON TEES

REPRESENTATIVES FOR OUTSIDE BODIES 2013/14

LGA FIRE COMMISION REPRESENTATIVE	Cllr PAYNE
Substitute	Cllr O'DONNELL / STOKER
SAFER HARTLEPOOL PARTNERSHIP EXECUTIVE REPN	Cllr RICHARDSON
MIDDLESBROUGH RESPONSIBLE AUTHORITIES GROUP REPN	Cllr BRUNTON
REDCAR & CLEVELAND COMMUNITY SAFETY PARTNERSHIP INITIATIVE	Cllr BRIGGS
STOCKTON SAFER PARTNERSHIP REPN	Cllr CUNNINGHAM
HARTLEPOOL STRATEGIC PARTNERSHIP GROUP	Cllr AKERS-BELCHER

MEMBER CHAMPIONS 2013/2014

SAFER COMMUNITIES CHAMPION	Cllr BISWAS
CHILDREN AND YOUNG PEOPLE CHAMPION	Cllr BRUNTON
HEALTHIER COMMUNITIES CHAMPION	Cllr COONEY
NEIGHBOURHOODS CHAMPION	Cllr HUSSAIN
EMPLOYER OF CHOICE CHAMPION	Cllr WELLS
PARTNERSHIP CHAMPION	Cllr WOODHEAD
DIVERSITY CHAMPION	Cllr BISWAS
IMPROVEMENT AND VALUE FOR MONEY CHAMPION	Cllr PAYNE

8. REPORTS OF THE CHIEF FIRE OFFICER

8.1 Year End Performance and Efficiency Report 2012/13

The Chief Fire Officer (CFO) gave a detailed presentation to Members outlining some of the key achievements against the Brigade's strategic priorities for 2012/13. These included the following performance achievements:

- 39.8% reduction in Deliberate Fires (arson
- 38% reduction in Fire Calls
- 24% reduction in Primary Fires
- 17% reduction in Accidental Home Fires
- 25% reduction in Accidental Home Fire Injuries

The CFO reported that the Authority had achieved its efficiency target of £1,417,000 and a cumulative efficiency savings of £14,286 since 2005/06.

The CFO concluded that the organisational performance status for 2012/13 was self-assessed as 'good' and the Brigade would be aiming for an overall self-assessment of 'excellent' for 2013/14.

Councillor Biswas referred to page 25 of Appendix 1 and queried why the number of calls handled within 2 minutes by control had dropped below the 98% target to 92%. The CFO

confirmed this was due to the initial embedding of the new control system SEED which replaced the old Remsdaq system.

8.1 Year End Performance and Efficiency Report 2012/13 continued

Councillor Briggs referred to page 38 of the report detailing the Equality and Diversity Profile and asked the CFO why he thought the Brigade's ethnic customers had not responded to the customer satisfaction survey. The CFO confirmed that the Brigade's advocates were looking into why there had been a zero return from people in these groups.

RESOLVED - that the Performance and Efficiency Report 2012/13 as detailed in Appendix 1 be noted.

8.2 Department of Communities and Local Government (DCLG) Guidance: Taxpayer funding of Trade Unions

The CFO referred to the DCLG document: Taxpayer funding of Trade Unions, as attached at Appendix 1, and noted that the guidance had been produced following the Government's publication of '50 Ways to Save'. In this publication, DCLG had recommended local authorities scrap trade union posts and remove all unnecessary non-jobs such as taxpayer-funded, full-time trade union 'pilgrim' posts.

The CFO outlined the trade union arrangements currently in place and reported that the Brigade had excellent industrial relations with both the FBU and Unison. He reported that the unparalleled period of change the Brigade was going through required significant consultation and negotiation with employee representatives and this was managed through two local agreements, as detailed at Appendices 2 & 3, and the arrangements were recorded and reviewed continuously.

RESOLVED:-

(i) That the content of the DCLG Guidance: Taxpayer Funding of Trade Unions as attached at Appendix 1 be noted.

(ii) That the continuation of the current arrangements associated with facility time for Cleveland Fire Brigade representatives of the Fire Brigades Union (FBU) and Unison, subject to continuous review as set out at Appendices 2 & 3 be noted.

8.3 Information Pack - June 2013

8.3.1 Fire and Rescue Service Monthly Bulletins
8.3.2 Employers Circulars
8.3.3 National Joint Circulars
8.3.4 2013/14 External Audit Fee

RESOLVED – that the Information Pack be noted.

9. REPORT OF THE CHAIR OF THE AUDIT & GOVERNANCE COMMITTEE

9.1 Information

9.1.1 Audit Progress Report – May 2013
9.1.2 Organisation Performance Report April 2012– March 2013
9.1.3 Target Setting 2012/13
9.1.4 Scrutiny of Internal Audit Reports 2012/13 – Year Ended 31 March 2013
9.1.5 Review of the Effectiveness of System of Internal Audit
9.1.6 Internal Audit Outturn Report 2011/12
9.1.7 Review of Authority's Annual Governance Statement
9.1.8 Audit 2012/13 – Understanding Management Processes and Arrangements
9.1.9 Review of the roles of Chief Financial Officer and Head of Internal Audit
9.2.0 Review of the Authority's Anti-Fraud and Anti-Corruption Strategy

RESOLVED – that the Information Pack be noted.

10. LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION ORDER) 2006
RESOLVED - "That under Section 100(A) (4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business, on the grounds that it involves the likely disclosure of exempt information as defined in the paragraph below of Part 1 Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006".

Minute No. 11 and 12 - Paragraph 3 - namely information relating to the financial or business affairs of any particular person (including the authority) holding that information.
Minute No. 11, 12 & 13.1 - Paragraph 1 – namely information relating to any individual
Minute No. 12 & 13.1 - Paragraph 2 – namely information which is likely to reveal the identity of an individual.
Minute No. 11 & 12 - Paragraphs 4 & 7 – namely information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority and information relating to any action taken to be taken in connection with the prevention, investigation or prosecution of crime.

11. CONFIDENTIAL MINUTES
RESOLVED – that the Confidential Minutes of the Cleveland Fire Authority Meeting held on 28 March 2013 be confirmed.

12. CONFIDENTIAL MINUTES OF COMMITTEES
RESOLVED – that the Confidential Minutes of the Standards Committee 23 April 2013; Tender Committee, 10 May & 24 May 2013; Executive (Appointments) Committee, 17 May 2013 be confirmed.

13. REPORT OF THE LEGAL ADVISER AND MONITORING OFFICER
13.1 APPOINTMENT OF INDEPENDENT PERSONS
The Legal Adviser and Monitoring Officer (LAMO) informed Members of the Executive Committee's recommendation to appoint two Independent Persons to the Audit & Governance Committee.

COUNCILLOR ROBBIE PAYNE
CHAIRMAN

Cleveland Police and Crime Panel

A meeting of Cleveland Police and Crime Panel was held on Monday, 10th June, 2013.

Present: Cllr Chris Abbott, Geoff Baines, Cllr Ken Dixon, Gwen Duncan, Cllr George Dunning, Cllr Ian Jeffrey, Cllr Hazel Pearson O.B.E, Cllr Charles Rooney, Cllr Norma Stephenson O.B.E, Cllr Steve Nelson, Cllr Carl Richardson, Cllr Bernie Taylor

Officers: David Bond, Mike Batty, Michael Henderson (Stockton on Tees Borough Council)

Also in attendance: Barry Coppinger (Commissioner), Michael Porter, Joanne Hodgkinson (Commissioner's Office), Chief Superintendent Ciaron Irvine (Cleveland Police)

Apologies: Cllr Christopher Akers-Belcher and Cllr Terry Laing

1 Welcome and Introduction

Those present were welcomed to the meeting and Members and Officers introduced themselves.

2 Appointment of Chairman 2013/14

Members considered the appointment of a Chairman for 2013/14.

RESOLVED that Councillor Norma Stephenson OBE be appointed Chairman for 2013/14.

3 Evacuation Procedure /Mobile Phones

The Chairman presented the Evacuation Procedures and reminded those present to turn off, or turn to silent, any mobile phone, or similar device, they might have with them.

4 Declarations of Interest

There were no declarations.

5 Appointment of Vice Chairman 2013/14

Members considered the appointment of a Vice Chairman for 2013/14.

RESOLVED that Councillor Charles Rooney be appointed Vice Chairman for 2013/14.

6 Minutes of the meeting and confirmation hearing held on 5 February 2013

The minutes of the meetings held on 5 February 2013 were confirmed as a correct record and were signed by the Chairman.

7 Police and Crime Commissioner - Annual Report 2012/13

The Panel was reminded that the Police Reform and Social Responsibility Act 2011 required the Police and Crime Commissioner to prepare an Annual Report.

The Commissioner provided the Panel with a copy of his Annual Report 2012/13. It was explained that whilst financial and performance information covered a full 12 month period (1 April 2012 - 31 March 2013) activities reported on focussed on the period from the date the Commissioner took up office to the end of the 12/13 financial year (22 November 2012 - 31 March 2013).

In presenting his report the Commissioner highlighted some of the significant events that had occurred during the period the report related to:

- Establishment of arrangements with the three north east Police and Crime Commissioners paving the way for even greater operational and 'back office' collaboration, and policy work.

- Establishment of an independent joint Audit Committee.

- Cleveland Community Safety Awards - The Commissioner made an invitation to Members of the Panel to attend on 15 July 2013.

- Commitment to supporting the Living Wage Campaign and ensuring that contractors did too.

- reviewing options with regard to a new Police Headquarters that would save money and stimulate the economy.

Members of the Panel asked a number of questions and received responses from the Commissioner. During this process the Commissioner indicated that

- with regard to the possible new Headquarters, he expected that money would be saved in terms of reduced debt and revenue costs.

- he was looking to work with North Yorkshire and, in particular, within the rural fringes of Cleveland in terms of Farming Issues and Rural Neighbourhoods.

- he recognised Domestic Violence as a considerable on-going problem and was looking at supporting prevention and creating an environment where victims were confident about coming forward. He had established a Victims Strategic Planning Group to bring together key agencies. It was early days but a positive start had been made.

RESOLVED that the Police and Crime Commissioner's Annual Report 2012/13 be supported.

8 Police and Crime Commissioner - Governance

The Panel considered a report that provided an update in relation to the House of Commons Home Affairs Committee report on PCC Register of Interests.

The Commissioner provided a copy of the Home Affairs Committee's published report and pointed out that it had suggested that Cleveland had not been particularly forthcoming in the provision of information. The Commissioner indicated that he was disappointed in this suggestion given his commitment to openness, honesty and integrity. He signposted Panel Members to his web site which demonstrated this commitment. The web site had been launched in November 2012 and this had continued to be developed. It provided a very wide range of financial and other information, and more than was required by law.

The Commissioner gave examples of errors within the Home Affairs Committee's report that he felt indicated its shortcomings.

The Commissioner restated his commitment to transparency and scrutiny and explained that he had appointed a wholly independent audit panel charged with scrutinising the Commission and the Force. External auditors had looked at the Commissioner's first few months in office and reported on 'Good Governance and Financial Management'. He suggested that the Police and Crime Panel could take substantial assurance that the controls upon which the organisation relied to manage this area were suitably designed, consistently applied and effective. A copy of the report was provided to members.

In conclusion the Commissioner indicated that, whilst welcoming the interest of the Home Affairs Committee he wished to counter any suggestion that he had not been willing to provide information to it. His web site contained all this and more, and was available for anyone to see. It had taken some time to populate but financial information had been on the site since 28 February.

The Panel noted the information provided to it and, in particular, the favourable audit report and considered that the Home Affairs Committee report had been hastily put together and more time should have been taken to ensure its accuracy.

RESOLVED that the information provided be noted.

9 Police and Crime Commissioner - Performance Update

The Panel was presented with a report that outlined:

- Cleveland Police crime performance data for the year 2012/13.
- A breakdown of crime performance in each of the Cleveland Districts.
- Most Similar Force and National Positions for all crime categories.
- Outcomes of the Force's Operational Policing Priorities 2012/13.

During consideration of the data, reference was made to the Chief Constable's

recent decision to disband the Force's mounted section.

The Commissioner explained that he had received a report on this matter from the Chief Constable. He was aware of the many concerns on this issue, which were being brought to the attention of the Chief Constable. He would report back to the Panel when he had had chance to fully review the Chief Constable's report and the concerns expressed and issues raised by the public and this Panel. Ultimately, however, this was an operational decision made by the Chief Constable.

Other discussion related to the following:

- The effect that Welfare Reform may have on crime and would figures begin to increase. Noted that crime had been reducing for a number of years and it was considered that it would be difficult to predict what effect the reforms may have. It was agreed that it would be important that all agencies associated with crime reduction continued to work together and considered all opportunities.

- Special Constables and Volunteers - A recruitment Fair had been organised and other initiatives. Numbers of volunteers currently stood at 120 and 300 was considered to be the desired number.

- Unreported Crime (and so, not reflected in statistics).

- the 1 million youngsters unemployed and the potential implications of this. It was noted that the Commissioner was working with young people and he indicated that he would bring a report back to the Panel on this matter.

- significant increase in Robbery of Businesses, and particularly in Hartlepool. Noted that the number of occurrences of this was low and, therefore, any increase had a great impact in percentage terms. Local teams worked on these matters and the arrest rate for these crimes was good.

- there was lots of good partnership work being done with regard to retail crime, bringing retailers together and sharing information. The Retailers' role in reducing crime in this area was crucial.

- Categories of violent crime and injury caused by violent crime. There was concern about mental injury being recognised and recorded. It was explained that psychological anguish could be recorded and if caused over an extended period of time could be classified as Grievous Bodily Harm.

- Noted that problems associated with the night time economy was reducing and was considered to be as a result of actions by the Police and partners.

RESOLVED that:

1. the data presented be noted.

2. the Commissioner brings reports to the Panel relating to:

- his scrutiny of the Chief Constable's decision to disband the mounted section.

- the work he was undertaking with young people.

10 Programme of engagement for the Police and Crime Commissioner

Members considered a report that provided a brief update in relation to meetings attended by the Police and Crime Commissioner from January 2013 - April 2013.

It was explained that since his election in November 2012 the Commissioner had attended well over 350 meetings with various partner organisations and residents across the Cleveland area.

Members were reminded that the Commissioner had pledged to visit all 82 wards across the Cleveland area and, so far, he had visited approximately 50. The Commissioner indicated that he would look to do this on an annual basis.

The Commissioner was congratulated for the commitment he had demonstrated in engaging with the public.

RESOLVED that the report be noted.

11 Decisions of the Police and Crime Commissioner (including forward plan of decisions)

Members considered a report that provided an update in relation to the decisions made by the Police and Crime Commissioner between January 2013 and 20 May 2013.

Members raised queries with regard to the following decisions:

- Agree the Provision of forensic services for seven police forces.

  It was explained that, as part of a Government Spending Review, the central forensic laboratory network had ceased to operate. All forces had been instructed to make their own arrangements with regard to forensic services and Cleveland had joined with 6 other police forces in the north east to procure these. A considerable saving had been achieved via this procurement.

- Purchase of a passive drugs dog.

  These dogs were used where the situation called for the dog to indicate the presence of drugs, to its handler, in a discreet manner.

- Agree that aid be provided for G8 Summit in Northern Ireland in line with appropriate legislation.

It was explained that Cleveland Police Force had provided 30 officers for this event. The Panel noted that the costs of this were paid by the Government. The Force considered that these occasions provided an opportunity for officers to be exposed to different situations and this was beneficial to those officers and the Force, as a whole, in terms of learning new skills.

Members noted that legislation sometimes compelled the Force to provide assistance at events. It was agreed that it would be useful if it could be indicated on decisions where the Commissioner's actions were dictated by legislation.

There was a limit on the number of officers the Force had to commit to such events (5% of total officers). Reimbursement of costs was usually received within a month.

- Response to Minimum Unit Alcohol Pricing

Noted that the Commissioner had supported the introduction of a minimum price. It was agreed that it was disappointing that this opportunity to introduce a minimum price appeared to have been missed.

RESOLVED that:

1. the report be noted.

2. the Commissioner be requested to indicate where legislation required him to make a particular decision e.g. provision of officers for certain events.

12 Confederation of Police and Crime Commissioners - Monthly Overview

Members considered a report that sought views on the value of the monthly reports prepared by the Confederation of Police and Crime Commissioners.

Members were also asked if, and how, they would like to receive the reports.

RESOLVED that the reports be forwarded to members electronically, or hard copy if preferred.

13 Scrutiny Work Programme

The Panel considered a report that proposed an approach to setting a scrutiny work programme.

When developing the work programme it was proposed that the Panel consult with:

- Panel Members
- The Police and Crime Commissioner
- other partners, including community safety partners

- Crime and Disorder Overview and Scrutiny Committees (OSCs) in the Cleveland area

It was proposed that, as a guide, the Panel should select no more than three topics for each year although the nature and extent of the work undertaken and its completion would depend on the complexity of the issues, the approach to the investigation and the resources available.

The Panel was invited to forward items in relation to priorities contained in the Police and Crime Panel, for inclusion in the Scrutiny Work Programme, to the Chairman by 30 June 2013, so that the Panel could set the 2013/14 work programme at its meeting on 18 July 2013.

RESOLVED that the suggested approach to the Panel's scrutiny role, as detailed in the report, be approved.

14 Police and Crime Panel - Member Development

The Panel considered a report that provided members with an opportunity to consider their own personal development requirements.

A model personal development plan was provided to members, together with a role guide which described the core role and responsibilities for Police and Crime Panel members.

Members were asked to return the personal development plan to the Head of Democratic Services, Stockton on Tees Borough Council by 24 June 2013 detailing their requirements.

RESOLVED that the report be noted and members consider their personal Learning and Development requirements and forward them to the Head of Democratic Services, Stockton on Tees Borough Council, by 24 June 2013.

15 Cleveland Police and Crime Panel - Expenditure Expenses

Members were provided with a report that detailed grant expenditure associated with the operation of the Cleveland Police and Crime Panel.

RESOLVED that the information be noted.

16 Local Government Association Conference - Feedback

Members considered a report that provided feedback from the Local Government Association Conference on Police and Crime Panels.

RESOLVED that the report be noted.

17 Forward Plan (including approval of a schedule of meetings)

The Panel received a draft Forward Plan and Schedule of meetings.

RESOLVED that the Plan and Schedule be approved.

18 Public Participation - Public Questions

Members considered a report that highlighted the Panel's agreed process for dealing with questions received, on notice, from members of the public.

It was proposed that this would be a standing item on the Panel's agenda.

Members noted that no public questions, on notice, had been submitted for this meeting.

RESOLVED that the report be noted and that Public Questions becomes a standing item on the Panel agenda.

COUNCIL

5 September 2013

Report of: Audit and Governance Committee

Subject: **CONSULTATION REGARDING THE RECONFIGURATION OF EMERGENCY MEDICAL AND CRITICAL CARE SERVICES AT NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST**

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1. PURPOSE OF REPORT

1.1 To inform Council of the Audit and Governance Committee's views and potential recommendations following consideration of the consultation outcome regarding the reconfiguration of Emergency Medical and Critical Care Services at North Tees and Hartlepool NHS Foundation Trust.

2. BACKGROUND

2.1 As Members are aware a consultation regarding the reconfiguration of Emergency Medical and Critical Care Services at North Tees and Hartlepool NHS Foundation Trust was undertaken by the NHS Hartlepool and Stockton on Tees Clinical Commissioning Group (CCG), Durham Dales and Easington and Sedgefield Clinical Commissioning Group and North Tees and Hartlepool Foundation Trust (FT). The consultation commenced on the 20 May 2013 and closed on the 11 August 2013. The aim was to seek views on the proposals and concerns about how the impact of the changes could be managed and implemented.

2.2 In accordance with the requirements of the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations, as they relate to consultations on proposals for substantial variations to or development of services, a Joint Health Scrutiny Committee was established to formulate a formal response to the consultation. Details of the composition of the Committee and the process undertaken were reported to Council on the 25 July 2013.

2.3 The joint committee finalised its response to the consultation at its meeting on the 29 July 2013, and this was submitted on the 5 August 2013 (copy attached at **Appendix A**). The outcome of the consultation is to be reported to a joint CCG/FT meeting on the 2 September 2013 and the outcome of discussions at this meeting, in relation to the implementation of the proposals, will be reported back to the Health Scrutiny Joint Committee (3

September 2013) and the Audit and Governance Committee (4 September 2013). Whilst this will complete the role of the Joint Scrutiny Health Committee, any potential further action will be at the discretion of each Authority. On this basis, the Audit and Governance Committee on 4 September 2013 will consider the outcome of the consultation process and at that time determine if any further action may be required.

2.5 In light of statutory requirements for the despatch of reports for today's meeting, it was not possible to the include details of the report considered by the joint CCG/FT meeting, or the Audit and Governance Committee's views / potential recommendations within this report. Arrangements have subsequently been made for a supplementary report to be circulated following the outcome of the Audit and Governance Committee on the 4 September 2013.

3. RECOMMENDATIONS

3.1 That Members note this report and await the supplementary report which will be circulated following the outcome of the Audit and Governance Committee on 4 September 2013.

4. REASONS FOR RECOMMENDATIONS

4.1 In light of statutory requirements for the despatch of reports for today's meeting, it was not possible to the include details of the Committee's views and potential recommendations within this report.

5. BACKGROUND PAPERS

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

(a) Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations

6. CONTACT OFFICER

Contact Officer:- Joan Stevens – Scrutiny Manager
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.stevens@hartlepool.gov.uk

Report of: HEALTH SCRUTINY JOINT COMMITTEE

Subject: Consultation Response to the Reconfiguration of Emergency Medical and Critical Care Services – North Tees and Hartlepool NHS Foundation Trust

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This includes the view of Durham County Council, Hartlepool Borough Council and Stockton Borough Council set out as paragraphs 8 -10

1. Background Information

1.1 A Joint Health Scrutiny Committee was formally established under The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations with representation from Durham County Council, Hartlepool Borough Council, Stockton-on-Tees Borough Council to consider the proposed changes to Emergency Medical and Critical Care Services at North Tees and Hartlepool NHS Foundation Trust (NTHFT).

1.2 At the request of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (HaST CCG), the National Clinical Advisory Team (NCAT) has undertaken a review of the provision of critical care and emergency medical services within North Tees and Hartlepool NHS Foundation Trust. The National Clinical Advisory Team provide independent clinical expertise to support and guide the local NHS on service reconfiguration proposals to ensure safe, effective and accessible services for patients. The team was lead by Dr Chris Clough from Kings College Hospital, London. The purpose of the visit being to, clinically assure reconfiguration proposals for emergency medical and critical care services at NTHFT.

1.3 The NCAT report, which was published on 15 May 2013, summarised views and provided recommendations for change, including that Commissioners:

- work with the Trust to centralise emergency medical services and critical care to the University Hospital of North Tees as soon as possible;
- explain to the public what this means for them; and
- ask their views about the things that they are concerned about, especially how they and their relatives get to hospital.

1.4 As a result of the NCAT review, HaST CCG, Durham, Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) and NTHFT launched a public consultation (running from 20 May to 11 August 2013) to ask for views on the proposals and concerns about how the impact of the changes can be managed and implemented.

2. Terms of Reference

2.1 To consider the proposals affecting the population covered by North Tees and Hartlepool NHS Foundation Trust, in particular:

(a) the proposed centralisation of emergency medical and critical care services at University Hospital of North Tees, as recommended by the National Clinical Advisory Team.

(b) the development of services at University Hospital of Hartlepool in the period leading up to the opening of the new hospital.

(c) any associated proposals for additional elective and rehabilitation services at the University Hospital of Hartlepool.

3. List of Participants

(a) Members of the Health Scrutiny Joint Committee:

- Durham County Council – Councillors L Pounder, W Stelling and R Todd
- Hartlepool Borough Council – Councillors J Ainslie, S Akers-Belcher and K Fisher
- Stockton-on-Tees Borough Council – Councillors M Javed, N Wilburn and M Womphrey

(b) Hartlepool and Stockton-on-Tees Clinical Commissioning Group:-

- Dr Boleslaw Posmyk – Chair
- Karen Hawkins – Head of Commissioning

(c) Durham, Dales, Easington and Sedgefield Clinical Commissioning Group:-

- Dr Stewart Findlay – Chief Clinical Officer

(d) North Tees and Hartlepool NHS Foundation Trust:-

- Julie Gillon – Chief Operating Officer / Deputy Chief Executive
- Dr Jean Macleod – Clinical Director for Medicine
- Dr Suresh Narayanan – Clinical Director for Anaesthetics and Critical Care
- Sue Piggott – General Manager, Medicine

(e) North of England Commissioning Support:-

- Mary Bewley – Head of Communications and Engagement

(f) Healthwatch:-

- Danielle Martin, Community Participation and Enagement Worker, Healthwatch County Durham
- Stephen Thomas, Healthwatch Development Officer, Healthwatch Hartlepool
- Heather Mclean, Healthwatch Co-ordinator, Healthwatch Stockton

(g) Stockton Borough Council:-

- Chris Renahan – Local Transport Plan Manager
- Liz Hanley – Adult Services Lead

4. Summary of the Evidence received / considered

4.1 The Joint Committee considered the following evidence:-

(a) Consultation presentation on the proposed changes to Emergency Medical and Critical Care Services in Hartlepool presented by representatives from HaSt CCG, DDES CCG and NTHFT covering:-

- the proposals for the reconfiguration of critical care and acute medicine (section 5.1)
- the medical guidelines and standards (sections 5.11 – 5.13)
- what will the proposed changes mean for you (section 5.9)
- the options considered (section 5.4)
- why not locate the combined services at the University Hospital of Hartlepool (sections 5.14 - 5.17)
- Proposal resulting from the options appraisal (section 5.5)
- Services provided in the University Hospital of Hartlepool – post proposed change(section 5.10)

- Likely numbers of patients affected by the proposed changes (sections 5.18 – 5.19)
- Impact on bed numbers (section 5.6)
- Main changes at University Hospital of North Tees site (section 5.2)
- The Financial context and impact (sections 5.20 – 5.21)
- Staffing (sections 6.10 – 6.11)
- Scope of the consultation and what has been learned so far (sections 6.12 -6.13)
- Transport (sections 6.1 – 6.9)

(b) Additional written information from HaSt CCG, DDES CCG and NTHFT covering:-

- Impact on Durham, Hartlepool and Stockton residents
- Assumptions
- Quality and safety
- Financial considerations
- Wider impact of the proposals
- Transport
- Staff ratios
- Impact on staff
- Development of services in Hartlepool area leading up to the opening of a new hospital
- Future developments

(c) Hartlepool and Stockton-on-Tees Clinical Commissioning Group Commissioning Plans

(d) Hartlepool and Stockton-on-Tees Consultation Plan – July 2013

(e) Written evidence from Hartlepool Borough Council's Adult Social Care Department

(f) Verbal evidence from Durham County Council's Adult Social Care Department

(g) Written evidence from Hartlepool Borough Council's Integrated Transport Unit

(h) Written evidence from Durham County Council's Sustainable Transport Team

(i) Verbal evidence from Healthwatch County Durham

(j) Verbal evidence from Healthwatch Hartlepool

(k) Verbal evidence from Healthwatch Stockton

(l) Written evidence from Dr Chris Clough, Chair of the National Clinical Advisory Team

5. Explanation of the issues addressed

The proposals for the reconfiguration of critical care and emergency medicine

5.1 The Joint Committee at its meeting of 11 July 2013 considered the consultation regarding the proposals to bring critical care and emergency medical services together at the University Hospital of North Tees (UHNT). Currently, acute medicine and critical care (intensive care and high dependency care) are provided on the two sites of University Hospital of Hartlepool (UHH) and UHNT.

Services proposed to be transferred to UHNT / Main changes at UHNT

5.2 The proposal is to transfer emergency medical and critical care services at the UHH to UHNT. This would mean a larger acute medical unit at UHNT, which would then be supported by a larger group of medical staff and other clinicians with specialist skills. Members were informed that 100 acute medical beds and 5 surgical beds would be transferred to UHNT along with the associated theatre capacity and clinical support. There would be 4 additional critical care beds with a potential 24 extra beds for the winter pressures. The Emergency Assessment Unit would be increased from 34 beds to 42 and spaces in the ambulatory care facility would be increased from 8 to 20 spaces.

Services proposed to be transferred to UHH / Main Changes at UHH

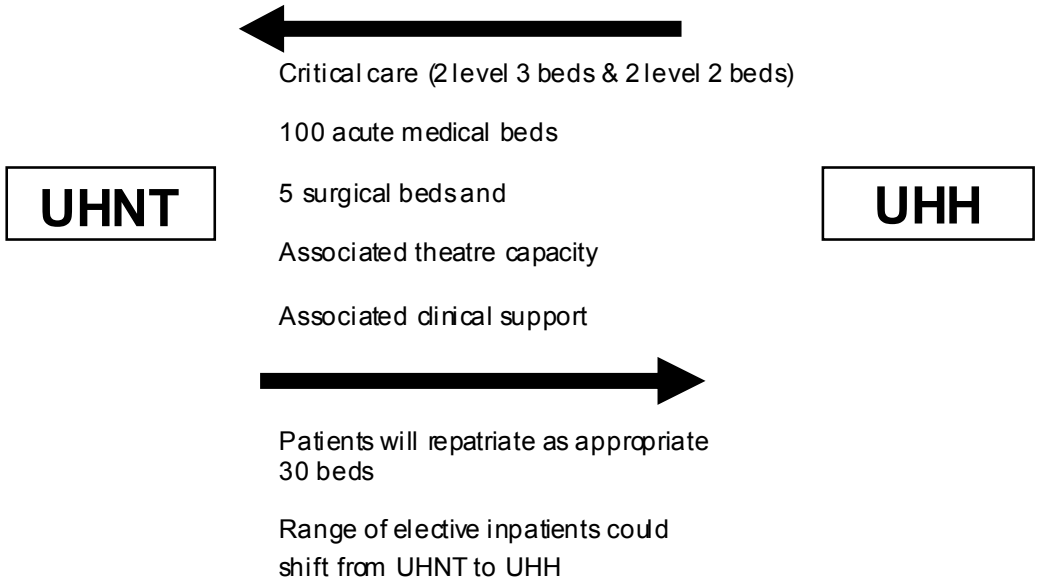
5.3 It is proposed that a 30 bed rehabilitation unit would be created at the UHH for patients to recover and a range of elective inpatients could move from UHNT to UHH. Some elective surgery may have to remain at UHNT for those patients considered to be high risk.

Options considered

5.4 A long list of options were considered including centralisation on the Hartlepool site before a short list of options were identified as potentially feasible. The short list of options was critical care; medicine; surgery and orthopaedics; and rheumatology and chemotherapy.

Proposal resulting from the options appraisal

5.5 The diagram below demonstrates the proposed changes:-



Impact on bed numbers

5.6 The following diagram illustrates the impact on bed numbers:

In-patient Bed numbers (does not include day case beds and pre-assessment beds)	***Current bed numbers***	***After proposed changes***
University Hospital of Hartlepool	*190*	*55*
University Hospital of North Tees	*408*	*530*
Trust total	*598*	*585*

Reasons for the changes

5.7 Representatives from the HaST CCG, DDES CCG and NTHFT provided information to Members on the proposed changes. Representatives explained that these changes need to be made because critical care at the UHH will not stay safe for much longer or be improved to a level of quality that local people should expect unless changes are made. Emergency medical services must have critical care to support it for patients who become seriously ill; this is why both services need to move together. NCAT provided clinical assurance that these proposals will help to improve clinical quality and safety resulting in better services. The

consultation proposes that leading up to the proposed changes Commissioners and the Trust would:-

- open 120 beds at the UHNT to make sure there are enough beds and staff to look after patients from right across our area;
- make extra space in critical care so they can look after critically ill patients;
- then, gradually, close the beds in medicine and critical care at the UHH;
- and transfer a number of staff from support services such as pharmacy, radiology and pharmacy and estates that need to come to the UHNT to support the new arrangements.

5.8 Representatives indicated that these changes need to be made as early as possible to ensure safe services are delivered.

What will the proposed changes mean for you?

5.9 Members were informed that people will not have to do anything different once these changes are put in place. People will still visit or call their GP, call 111 if they feel unwell or call 999 in an emergency as people do now. 97% of patients contacts with healthcare services will remain in Hartlepool.

Services provided in the UHH – post proposed change

5.10 The services that will be provided in the UHH after the proposed change are as follows:-

- Inpatient elective orthopaedic surgery
- Inpatient elective general surgery (low risk)
- 30 bed rehabilitation unit
- General surgery day case
- Gynaecology day case
- Paediatric day case surgery
- Orthopaedic day case
- Paediatric day unit
- Midwife led unit
- Planned endoscopy
- Cardiac investigations unit
- Chemotherapy day unit (non complex)
- Rheumatology day unit
- Elderly care day unit
- MIU from One Life Hartlepool
- Community dental
- Hand and foot surgery OLH

Supported by

- CT
- MRI
- Ultrasound scanning
- Pharmacy
- Pathology
- Nuclear medicine
- Plain film X-ray
- Therapy services
- Dietetics
- Community services
  - SPA
  - TAPs
  - Enhanced care model
  - Community respiratory service
  - Heart Failure Team
  - Podiatry
  - MSK

Quality and Safety

The medical guidelines and standards

5.11 Members of the Joint Committee were provided with evidence which explained why the changes had to take place on the grounds of clinical quality and safety. There are an increasing number of emerging guidelines and standards that services have to meet, but it is becoming increasingly difficult for the clinicians to keep pace with these requirements on two hospital sites. It is imperative to have the right skills at the right time. The way junior doctors are trained has changed and the deanery will not allow trainees to work in hospitals where they do not see enough patients to increase their learning and skills and services need to be brought together to ensure that the same standards of care are achieved for everyone living in the area served by the NTHFT.

5.12 Dr Clough from the NCAT Team submitted written evidence to the Joint Committee and he stated that both Dr Jones (another member of the NCAT team) and himself felt that there were "key clinical safety issues regarding the provision of critical care on the UHH site. This type of critical care service can no longer be supported, and the clinicians who supported that unit expressed the views that they no longer felt it was a safe unit". This is because of the following reasons:-

- the unit is small with only 2 Intensive Treatment Unit (ITU) beds and 2 high dependency beds
- the level of usage has been poor, 50% on average, most of the activity coming from the acute medical team
- the anaesthetsists are often doing other things within the hospital and although they are able to do a once daily ward round, they are not around most of the time and are not able to offer the full panoply of intensive care support
- procedures that are expected to be routine on an intensive care unit are difficult to provide, such as haemofitration and routine tracheostomy
- difficult to recruit and retain anaesthetists
- nurses expressed the view that they felt isolated in the unit, without the level of medical support they need to support the level of care they are practicing
- the acute medical unit, though appearing to run well with plenty of beds, is not supported by the modern full panoply of services, thus patients needed to be transferred to UHNT for endoscopy and other specialist opinions.

5.13 Members were informed that if the services stay as they are the services in Hartlepool would not have the expertise to deliver the full range of services, resulting in patients being transferred to NTHFT. Overall, it would result in a delayed diagnosis, delayed intervention and an increase in the number of patients having to be transferred. Over time the services will not be as good as the services offered at the UHNT. The representatives stated that this is not acceptable and there should not be a difference in services due to location.

Why not locate the combined services at the UHH

5.14 The representatives explained why it would not be possible to centralise critical care and acute medicine at the UHH. This is because there would be insufficient space to accommodate the full range of clinical and support services on that site; it would not offer the appropriate clinical adjacencies with other services and the UHNT is the site for complex and emergency care.

5.15 Dr Clough, in his written statement commented that "clearly you might argue that it would be possible to provide fully comprehensive intensive care and critical care services at UHH and the full panoply of acute medical services. To do this though would require significant expansion in numbers of staff on that site, and this would be at significant cost. We felt that not only would this plan be unaffordable, but that to secure the level of activity at UHH site (the 50% utilisation of ITU for example) would mean

that these staff and facilities would largely not be used. When activity is low, clinicians deskill and lose their expertise".

5.16 Members questioned staff recruitment and its difficulties. It was confirmed that a doctor with advanced training in intensive care would be more likely to seek to work in a large ITU where they could use and develop their skills.

5.17 It was confirmed by the representatives in attendance that these changes to critical care would be irreversible. If these services are transferred to the UHNT they cannot be returned to the UHH. This is because the changes are based on a clinical need to improve services now and for the future.

Likely numbers of patients affected by the proposed changes

5.18 Admission figures were presented to the Joint Committee which set out the likely numbers of patients that would be affected by the changes. The figures highlighted that 95% of emergency admissions would be affected by the proposals, equating to 7775 patients a year. 151 patients admitted for elective surgery would be affected by the proposals. Ambulatory care admissions would also be affected by the proposals with 100% of patients being admitted to UHNT.

5.19 A Member questioned whether these proposed changes would result in access to services 24 hours a day across weekends and bank holidays. It was confirmed that consultants worked 12 hour shifts and spent a period of time on call. If a patient needed a specialist that could not currently be offered 24 hours across the two sites. If the services were transferred to UHNT that level of service would not be available immediately but it would be easier to deliver 24 hour care with all specialists at one base.

Financial Context and Impact

5.20 The representatives indicated that there is a capital investment of £2.3 million to move critical care to UHNT and rehabilitation beds to UHH. This investment will have to be financed by NTHFT in addition to the required budgetary savings. These changes are not a major contributor to the '40 million' challenge. Some savings would be achieved through changes to staffing rotas.

5.21 Some Members raised concerns at the financial viability of the proposals and the longer term viability of NTHFT due to potential effect of elective patients choosing to go elsewhere.

6. Wider Impact of the proposals

Transport

6.1 Members across all three local authorities raised specific concerns around transport because access to services is a major issue. This proposal will impact on Hartlepool and Durham residents accessing UHNT and Stockton residents accessing elective care at UHH. Representatives confirmed that patients who would be accessing critical care services would be doing so via GPs or through calling 999 or 111. Some patients could be admitted to UHNT for care and transferred to UHH for rehabilitation.

6.2 Representatives confirmed that two 17 seater shuttle vehicles had been ordered and will operate 7 days per week and where demand requires at a frequency of every 20 minutes. The shuttles will be available to both the public and staff and will operate between the two sites.

6.3 A volunteer drivers scheme is due to commence shortly whereby patients who's medical condition does not warrant an ambulance but who do require assistance with transport may use this service. Volunteer drivers will collect patients from their home and they will be escorted to their ward or department of care and where appropriate return the patient home.

6.4 People accessing UHH from the East Durham area had reasonable transport links into Hartlepool but if services were relocated to Stockton, people from these areas may start choosing to go to Sunderland or Durham for treatment.

6.5 Representatives confirmed that they will be working in partnership with Local Authorities to look at solutions to public concern with regard to transport links. Work is ongoing with Hartlepool Borough Council to consider some of the potential outcomes of the consultation process and the impact on transport services if services are moved to UHNT.

6.6 In addition NTHFT has recognised the need for short, medium and long term strategic planning relating to the provision of transport. It is anticipated that working in collaboration with Hartlepool's Integrated Transport Unit, is an excellent opportunity to ensure the best possible future transport outcome.

6.7 A collaborative approach in managing future provision is necessary in order to ensure the engagement of all modes of transportation rather than simply focus on public provision. To date strategies are being considered in relation to:

- Cycle schemes to reduce parking congestion within North Tees facility
- Future staff and public shuttle service in order to demonstrate future viability and opportunities for further commercial services
- The evaluation of current facility transport in order to support the reduction of traffic congestion between sites
- The development of additional modes of transportation through Volunteer Schemes

6.8 This list does not reflect the full strategic stages of planning required, however it provides an opportunity to demonstrate the holistic overview being taken in order to address transport related matters.

6.9 A Member commented that there is potential that the road infrastructure would be impacted with any increase in traffic travelling to UHNT as problems on the road already exist.

Staffing Impact

6.10 Members questioned what impact the proposals would have on staff. The representatives indicated that a robust workforce modelling tool has been used to arrive at staff requirements for the revised services; engagement and communication events for staff have been undertaken to ensure that everyone understands the changes; there will be a full consultation process involving trade unions around planned changes and how staff consultation will be managed, which will involve consistent documentation, collective meetings with staff and 1 to 1 meetings as required.

6.11 To date in the region of 200 staff from the medical directorate have been identified as having to transfer from UHH to UHNT. Shuttle buses will be provided and a car sharing scheme will be introduced and means to increase car parks at UHNT is being explored.

Scope of Consultation and what has been learned so far

6.12 A wide range of communication channels have been utilised to seek views and comments including public meetings, media press releases, posters in a range of venues, social media.

6.13 Representatives informed Members that some patients have concerns about the planned changes to hospital services; the public are beginning to understand the clinical safety concerns and the requirement for change to sustain and improve quality and clinical outcomes; transport issues are a key factor for patients and their families and there is a need for continuing investment in community and integrated services and co-operation with social services will be key.

7. Views from Healthwatch and Social Care Representatives

Healthwatch County Durham

7.1 The representative from Healthwatch County Durham commented on the low usage of cars in East Durham and how welfare reform has had a major impact. Healthwatch County Durham has reports of people not knowing how to access transport and expressed concerns about the impact that travelling a greater distance would have. The NHS representatives indicated that ambulance journey time would not be seen as having an impact and the representatives felt that there would be a greater impact if changes were not made as the changes are clinically driven.

Healthwatch Hartlepool

7.2 The representative from Healthwatch Hartlepool commented that in the past there had been a number of short term transport solutions; however, this cannot be the case this time. Transport has to be available the breadth of the town, not only to patients but to visitors also, as visitors are a really important part of a patients recovery process. There are many residents in Hartlepool who are on low incomes and cannot afford bus fares and taxis and therefore something has to be put in place to fund these journeys before they take place rather than be reimbursed after.

Healthwatch Stockton

7.3 Healthwatch Stockton raised concerns about winter bed measures and the discharge arrangements / pathways for discharge to community care. Representatives confirmed that bed numbers had been changed in light of winter figures.

Social Care Representatives

7.4 Hartlepool Borough Council's Adult Social Care commented that there will be an impact on social workers who support discharges in terms of travel time to UHNT. It is anticipated that this can be managed through a change to the scheduling of their work.

7.5 There are some concerns around the development of rehabilitation beds and the need to have a robust model in place to manage urgent care out of hours, which would prevent admissions and readmissions and support people appropriately in their own homes. A proposal for an integrated urgent out of hours model was developed last year and supported in principle by a number of partners. The model is primarily about bringing together existing services and utilising existing resources and

infrastructure but there is some investment required in order to make it work. The proposed model has the potential to address some of the national priorities for working more effectively together across health and social care such as intervening early to prevent admissions and readmissions and delivering care that is centered on individual needs, as well as local priorities linked to the dementia collaborative and ongoing work with care homes. This is a real opportunity for us to improve services and outcomes for local people and early discussions with community services within NTHFT have been positive. We would welcome a commitment from health partners to develop a business case and take this forward.

7.6 The representative from Durham County Council's Social Care Team questioned whether County Durham residents would be able to access the rehabilitation Unit at the UHH. It was confirmed that this would be the case if DDES CCG commission that service.

Health Scrutiny Joint Committee meeting held on 29 July 2013

The Joint Committee at its meeting on 29 July 2013 approved its consultation response. There was no unanimous / majority view agreed by the Joint Committee in relation to the proposals, as such views and comments from each of the Local Authorities are outlined separately in sections 8 – 10 of this report.

8. Views of Hartlepool Borough Council

8.1 Based on the four consultation questions, Members of Hartlepool Borough Council's Audit and Governance Committee have expressed the following views and comments on the proposed changes:-

i) What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?

Difficulties / Disadvantages:-

- With regard to difficulties recruiting and retaining medical staff to support both sites, Members were concerned as to why such issues were not identified in the long term strategy to enable services to remain sustainable.

- There are risks associated with an increase in travel time for patients travelling to the UHNT as opposed to UHH.

ii) If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?

- Transport - there is serious concern that many people, who are already isolated within their communities in Hartlepool, will not be able to access the services at UHNT. Hartlepool Members request that representatives from NTHFT and HaST CCG join Councillors and residents on public transport from the Hartlepool estates to see how difficult it is to travel to UHNT.

- Members consider the reasons for the recommendation to transfer medical and critical care services to UHNT is as a result of lack of long term strategic planning by NTHFT.

- There is a lack of investment in UHH and if the current proposals are implemented how long will it be before the fact that UHH will only have 55 beds is quoted as being inefficient.

- Hartlepool demands our fair share and that would mean moving some services back to Hartlepool.

- Members questioned whether the executive management of NTHFT is competent given the indication in the presentation that clinicians had reported concerns in relation to safety of services and sought clarification as to how NTHFT had allowed services to reach an unsafe level.

- Concerns were raised about capacity at UHNT, as previous reports suggest that North Tees site does not have sufficient capacity to deal with changes in services therefore why is there not an option in the consultation to choose to have such services in Hartlepool.

- NTHFT seem to be underestimating the will of many people to simply use another Trust for the provision of elective surgery as they are becoming frustrated by NTHFT's attitude to the provision of all services in Hartlepool.

- Concern was expressed about why two buses had already been purchased as this appeared that a decision to move the services had already been made.

iii) What do you think are the main things we need to consider in putting the proposed changes in place?

- Hartlepool residents' needs are being forgotten with the continual transfer of services from their hospital. Members feel very strongly that these services are being transferred because NTHFT has relocated other services to UHNT and therefore destabilising other

services at UHH. The people of Hartlepool are being treated appallingly.

- Many of the key clinicians working at UHNT were forcibly/ contractually transferred from UHH, and to now hear representatives using against us the fact that UHNT has an Accident and Emergency Unit and a Maternity unit, which Hartlepool does not have is so unbelievably audacious and typical of the strategy being deployed.

- Members emphasise that location is paramount to any service provision - why is the location not Hartlepool as this is central to both Stockton and South East Durham. Hartlepool residents are trying to access services at Stockton which is very difficult to reach from Hartlepool.

- Transport – Short term transport arrangements are not acceptable. A Long term sustainable transport plan needs to be in place.

- The green footprint will be disproportionately damaged by many people travelling to and from a more remote location every time as opposed to moving the service to the people.

iv) Is there anything else you think we need to think about?

- Members do not support any further transfer of services from UHH and do not support these proposed changes.

- Members support the concerns of local people in Hartlepool and strongly encouraged Members of the public to participate in the consultation process.

- Hartlepool did have a three star rated hospital (the highest standard at the time) when it provided the full range of services. Why could this not be the case in the future?

- Members support a recommendation from the Leader of Hartlepool Borough Council which specified that following the completion of this consultation exercise Hartlepool's Health and Wellbeing Board and the Council as a whole should consider the working relationship with NTHFT. In addition it was suggested that opportunities to engage with others to achieve better clinical outcomes be explored as well as the need to examine quality surveillance groups and promote the choice agenda. It was also suggested that the Council explore the composition of the Health and Wellbeing Board to assist when formulating future commissioning intentions and that all possible

options be considered, including pooling resources with an alternative hospital trust to ensure aspirations for locally delivered services were accessible by all.

- In relation to the financial viability of the proposals and the longer term financial viability of NTHFT, there is a clear political will to look outside the NTHFT for provision of elective services which could force the issue of a merger onto the agenda.

- Members are concerned that the public consultation document does not facilitate patient choice - Why do the services have to be located at UHNT when facilities at UHH are state of the art yet those at UHNT are not. You cannot ignore what has been found but we are looking at consultation and we believe in different options. The continual transfer of services is, besides many things, simply unfair to our community (including Southeast Durham) and ignores the facts that Hartlepool's hospital is more modern (especially in the operating theatres) when compared with UHNT which was partially derelict and bankrupt when merged.

9. Views of Durham County Council

9.1 This response summarises the key issues and concerns of Durham County Council's Adults Wellbeing and Health Overview and Scrutiny Committee held in Committee Room 2, County Hall, Durham on Tuesday 23 July 2013 at 9.30 a.m.

9.2 The response has been formulated following consideration of the evidence provided to the members of the County Council's Adults Wellbeing and Health Overview and Scrutiny Committee by key stakeholders including:-

- Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG)
- North Tees and Hartlepool NHS Foundation Trust (NT&H NHS FT)
- Representatives from the Adult Social Care services from Durham County Council
- Representatives from Durham County Council's Sustainable Transport Unit
- HealthWatch County Durham
- The National Clinical Advisory Team.

The response is structured to answer the key questions identified within the consultation document namely,

1. What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?

Response

Both CCGs and the Trust have stated that the current provision of Emergency Medical and Critical Care services across the two Hospital sites are not sustainable up until 2017, when the new hospital site at Wynyard is planned to open. Clinicians base this assessment upon current inequities in the service provision at UHH and UHNT and the associated risks around service quality and clinical safety. The National Clinical Advisory Team supports the proposals based upon evidence gathered earlier in 2013 and identified within their report published in March 2013.

The proposals within the consultation document are to centralise Emergency Medical and Critical Care services at UHNT. This has been proposed in response to national and policy requirements and service standards within these disciplines which highlight the need for change to improve the quality and clinical safety of these services. This will allow the Trust to provide high quality, clinically safe Emergency Medical and Critical Care services up to 2017.

The proposals will allow the Trust to enhance teaching and training opportunities for staff within the Emergency Medical and Critical Care service specialism by ensuring a high throughput of casework within a larger "ITU" as recommended by national guidelines and best practice in these disciplines.

The issue facing Durham County Council is one of impact upon and accessibility by residents of East Durham and Sedgefield to both the new Emergency Medical and Critical Care services centralised at UHNT and those elective/ outpatient/day services that will transfer from UHNT to Hartlepool.

2. If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?

Response

Transport/Accessibility issues

Engagement with, and adequate resourcing of, the ambulance service will be critical to the success of the proposal since, as has been indicated on numerous occasions, care starts when the patient enters the ambulance. Entering the ambulance in a timely way depends on the resourcing, configuration and deployment of vehicles all of which may be subject to a need for change as a result of these proposals. It is essential that

adequate resourcing is available for ambulance services and, to this end, the Trust and Commissioners must ensure that this is agreed with NEAS.

Implementation of the proposals would result in longer journeys for patients, families and carers in East Durham in respect of accessing Emergency Medical and Critical Care services as they would have to travel to UHNT, Stockton rather than UHH.

There are also added concerns that public transport links between East Durham and Stockton are not as frequent and also would require multiple journeys between East Durham – Hartlepool – Stockton at a potentially significant extra cost.

For patients accessing elective/outpatient/day surgery at UHNT from the Sedgefield/Trimdon/Wingate Corridor, any transfer of these services to UHH would result in additional journeys due to the absence of direct public transport links to Hartlepool.

Alternative transport solutions exist for East Durham residents to access UHH and UHNT via the East Durham Hospital Link service which is a bookable "dial a ride" door to door service. This service is not available in the Sedgefield area.

A number of volunteer drivers schemes exist in County Durham to enable patients, carers and families to get to hospital appointments but are not well publicised or known within North Tees and Hartlepool NHS Trust. There are also concerns whether such volunteer drivers can undertake "out of area" journeys past the borders of County Durham which also may restrict the use of such a scheme in accessing UHH and UHNT. This needs to be clarified.

Low car ownerships levels in East Durham and high Indices of Multiple Deprivation mean that any transport solutions must be affordable. Concern has been expressed around patients being able to afford the cost of the extended journey. Whilst members appreciate that patients on low incomes can reclaim the cost of the journey, they may not have the money to pay any fare in the first instance. This might have a negative impact on patients whose relatives can't afford to access these transport solutions for visits.

The proposal stems from the need to ensure that Emergency Medical and Critical Care services remain clinically safe and of high quality up to the opening of the Wynyard hospital in 2017. To this end, we wish to highlight the importance of full and continuous dialogue between CCGs, North Tees and Hartlepool NHS FT and all local authorities regarding the

development of a sustainable, transport infrastructure servicing the site and which enables direct public transport access from all areas.

Intermediate/ "Step Down" services/Integration with Adult Social Care services

The Consultation and proposals detailed therein highlight the intention to centralise Emergency Medical and Critical Care services at UHNT and to ensure that appropriate "Step Down" provision is available at UHH which would enable rehabilitation care to take place at a more convenient location. The Adults Wellbeing and Health OSC would support this in principle but would invite the CCGs and Trust to go a step further and consider the development of such "Step Down" services at Sedgefield and Peterlee Community hospitals.

Durham County Council's Adult social Care service have expressed concerns at the increased travelling time and associated costs for DCC Staff who need to access UHNT rather than UHH. DCC suggest that discussions need to take place between CCGs, North Tees and Hartlepool NHS FT and all local authorities Adult Social care teams to ensure that the acute Emergency Medical and Critical Care services/ "Step Down" rehabilitation and community based care pathways are effectively managed and are safe.

Durham County Council's Adult social Care service would also seek ongoing dialogue with the Trust regarding the proposed development of the 30 bed rehabilitation unit at UHH to clarify the proposed arrangements for admission rights for County Durham residents to that facility. Clarification needed to be made also around the integration of the work of Acute staff in the Trust with the County Council's Adult Social Care/Integrated team.

Reference was also made to the need for detailed discussions around how discharge arrangements between the Trust/GP's and Community based health and social care staff were established and associated care pathways identified and agreed.

3. What do you think are the main things we need to consider in putting the proposed changes in place?

Response

In view of the potential impact of the proposals under consultation upon residents of Hartlepool, Stockton and County Durham, the CCGs and North Tees and Hartlepool NHS Foundation Trust must undertake a significant and extensive communications exercise in highlighting the

proposed changes to all service to all affected residents, including patients, families and carers. This should include a frequently asked questions section providing examples of health care scenarios/pathways highlighting how these services would be delivered.

In view of the significant impact upon residents of Hartlepool, Stockton and County Durham of the proposed service changes, the CCGs and North Tees and Hartlepool NHS Foundation Trust must ensure that services are accessible to all. To this end, any and all proposed transportations solutions must be sustainable, accessible, timely and affordable.

In order to develop these transport solutions, discussions must take place between the CCGs, North Tees and Hartlepool NHS Foundation Trust and the local authorities to ensure that such transport solutions are widely available to all and that they enable direct access to the services.

Ongoing discussions in respect of the proposed transport infrastructure required for the new Hospital at Wynyard must include all local authorities whose residents will access these services at the site.

Patients, carers and families must be provided with information which details the transportation solutions and options available to them when accessing the services affected within this consultation.

Subject to the above proposals being accepted by the CCGs/Trust and appropriate assurances given to this affect, Durham County Council's Adults Wellbeing and Health OSC would support the proposed service reconfigurations as set out in the Consultation document.

4. Is there anything else you think we need to think about?

Response

The Adults Wellbeing and Health OSC have examined previous implications around significant change to Acute Medical services when we were consulted upon the "Seizing the Future" proposals by NHS County Durham and Darlington and County Durham and Darlington NHS Foundation Trust.

Our experience of that process was that the establishment of an "Oversight Board" to monitor the implementation of proposed service changes and their subsequent impact upon the residents of County Durham and Darlington which involved and engaged local authority representatives was extremely well received and enabled a constructive dialogue to take place between all parties.

The Trust and CCG should give serious consideration to the establishment of such a body to allow this dialogue to take place and to ensure that the impact of these and any future service transformation proposals are monitored and any concerns addressed across the whole Healthcare pathway including NHS and Adult Social Care services

The Committee would also welcome continued dialogue with the Trust and CCGs around the Momentum/Service transformation process and any associated proposals.

10. Views of Stockton-on-Tees Borough Council

Quality and safety

10.1 It is accepted that the proposals to bring together critical care and emergency medicine on one site are clinically led, and have the potential to improve outcomes for patients from across the geographical area covered by the Trust. The preferred long term solution for hospital services in the North of Tees area remains the development of the new Wynyard hospital, however it is recognised that the Clinical Commissioning Group (CCG) and North Tees and Hartlepool NHS Foundation Trust must address the situation as it currently stands to ensure that services are safe and of high quality.

10.2 The main concerns are with the sustainability of the critical care unit at University Hospital of Hartlepool due to under-utilisation, difficulty in staffing, and its small size, which taken together mean that the unit is in danger of failing to meet the clinical standards required. These standards are continually developing, as critical care becomes a speciality in its own right, rather than a sub-set of anaesthetics. Emergency (or acute) medicine must be co-located with critical care and therefore the proposals have a wider impact. There are also opportunities to improve emergency medicine through a combined approach.

10.3 Continuing with the two site approach to critical care in particular raises a number of risks that will build over time. These include unnecessarily delayed diagnosis and therefore poorer outcomes, a detrimental effect on training opportunities, and an increasing need for transfers of critically ill patients.

10.4 A one site approach would mean patients have access to all the potential services they require at the first point of contact.

10.5 The different levels of service between the two sites are already apparent (for example routine tracheostomy can only be performed at certain times of the day at Hartlepool). This already creates an inequitable situation for patients, and the risk is that their outcomes become simply dependent on which hospital they are admitted to.

10.6 Due to the ever increasing specialisation of critical care, and the lower usage of the unit at Hartlepool, recruitment of anaesthetists is an issue. A combined critical care unit will be a more attractive option for trainees and provide a safer environment.

10.7 The centralisation of emergency medicine will enable the Trust to work towards having an increased range of specialists available around the clock, which will enable specialist input into a patient's care at an earlier stage than may be possible at present.

10.8 As the field of emergency medicine becomes increasingly specialised, Stockton representatives agree that there is a need to continually work towards having the right clinicians, in the right numbers, and in the right specialities, in order to cover the range of conditions that patients present with.

10.9 It is pleasing to note that recruitment in the emergency medicine department remains strong, and high quality candidates are seeking to work at the Trust, particularly in elderly care.

10.10 Ultimately, it would be unacceptable for a relatively small geographical area as covered by the Trust to have two units providing different levels of care. Therefore the proposal to concentrate these units on one site is strongly supported.

10.11 The proposals have been supported by the independent National Clinical Advisory Team (NCAT) following its review in January, and this was re-affirmed through its additional submission submitted to the Joint Committee.

10.12 The Joint Committee was informed that the Trust was being commissioned, separately to the proposals under consideration, to provide an additional 24 bed unit at North Tees to cope with winter pressures. This is to be welcomed in light of the recent experience of the NHS, and also due to the fact that, as a result of the proposals, the total number of beds at the Trust as a whole will go down from 598 to 585.

Location

10.13 The options process appraisal as described to the Joint Committee included consideration as to which site should be chosen, once the proposal to concentrate these services on one site had been agreed. North Tees was selected as it is the site for complex surgery and trauma, other related clinical and support facilities, and has the necessary space required.

10.14 It should also be noted that, even if it was possible to separate these services from those they inter-link with at North Tees and fit them into the current layout of the Hartlepool site (and Members were informed it was

not), this would have led to twice the disruption in terms of movement of beds and people, including staff.

10.15 There is also the issue of population and geography. North Tees Hospital is situated in the north of Stockton Borough, which has a population of c.192,406, compared to Hartlepool's population of 92,238 (ONS Mid-2012 population estimates). Therefore if the principle of combined units is accepted, it makes sense to locate them nearest to the greatest number of people. North Tees is also accessible for patients who are resident in the Sedgefield area of County Durham. Clearly transport is a key issue for all those affected, and this is addressed below.

Elective Care

10.16 The Joint Committee was reassured that the University Hospital of Hartlepool site will continue to be a centre for planned (elective) care, including orthopaedics and breast surgery for lower risk patients. This is crucial for the Trust as a whole as there is not enough capacity at the North Tees operating theatres to undertake all the surgical activity required.

10.17 On that basis it should be noted that already a number of Stockton Borough residents travel to Hartlepool, and there is the potential for this to increase once the detail of some shift in elective care from North Tees to Hartlepool is more fully described. Based on 2012-13 activity, 817 Stockton residents had elective care at Hartlepool (nb. it is assumed that of these 57 were higher risk patients who in future would be cared for at North Tees, as outlined above). Any increase in the number of Stockton residents having treatment at Hartlepool will need to be considered closely, including any impact on residents at risk of social exclusion through disability, those who require longer stays, and the consequent impact on visitors.

10.18 It will be key to the success of the elective centre at Hartlepool, and the safety of patients from all Boroughs, that the remaining clinical support team at that site is appropriately resourced (as noted by NCAT) and that the risk stratification process to determine whether a patient is low or high risk is as robust as possible.

Transport

10.19 Overall the proposals will mean 100 acute medical beds and 4 critical care beds will transfer to North Tees, which in terms of patient activity equates to 10,806 admissions a year (in total across all CCGs affected), based on 2012-13 activity levels. This means an additional 30 patients per day will receive their treatment at North Tees.

10.20 It should be noted that these figures include 284 emergency and ambulatory patients from Stockton who will be cared for at North Tees rather than Hartlepool in future.

10.21 In addition approximately 200 staff would be affected. Taken together with the numbers of visitors that can be expected, this clearly represents a significant number of people at the North Tees site.

10.22 Transport and access is a key concern in relation to any proposed change to health services, particularly for areas of low income and low car ownership. Visitors play a key part in the recovery of patients and will obviously be concerned about the condition of their relatives and friends.

10.23 The Joint Committee heard examples from Healthwatch of the stress placed on people in emergency situations when trying to visit relatives without access to cars. Examples were also provided of the difficulties in relation to attending early morning appointments that were difficult to attend using public transport, and also in some cases, using NHS Patient Transport due to its operating hours.

10.24 People with low incomes may qualify to claim back the costs of travel to health appointments, but this is on the basis of those people having had the money in the first place to spend; this is becoming increasingly hard for many people.

10.25 These are real concerns, and the CCG and Trust have both committed to working in partnership with local authorities, and Healthwatch, to tackle this issue which will affect patients from all areas, and this is to be welcomed.

10.26 In terms of initial patient access for emergency and urgent care, this will mainly continue as at present, with referrals via GPs, NHS111 or 999. The North East Ambulance Service was unable to be present at the Joint Committee but have indicated that they will work with the CCG and Trust to understand the impact on the overall capacity of the Service locally.

10.27 In terms of scheduled transport needs, the Trust has brought forward a number of suggestions. These include the provision of two 17-seater shuttle buses which will operate from summer 2013, on a seven-day a week basis, between 8am and 8pm. These will be operate between the two sites and will be available to the public and staff, free of charge. A staff car sharing scheme is also to be promoted in the summer, and the Trust retains its own 'same day' ambulances.

10.28 At the meeting, the Trust gave particular emphasis to the use of volunteer drivers. This would be a service delivered to patients that did not require an ambulance, but needed some assistance with transport. Volunteers are to be commended for their work and this scheme can play an important part in the mix of transport options. However, it is not

appropriate or sustainable to develop a major part of the transport solution on the basis of volunteer provision.

10.29 If this is a perception, it must be addressed. Patients, families and carers should be provided with the full range of transport options. Consideration could be given to building on the example of Durham County Council's Travel Response Centre; this is set up to manage bookings onto a variety of health transport options as part of its work, including Patient Transport, the East Durham Hospital Link Service, and in some cases taxis and volunteer drivers.

10.30 As was noted at the Joint Committee, there are congestion issues already between Stockton, Hartlepool and County Durham at peak times. Junction improvements are planned for the A19-A689 interchange, however these have not yet taken place and the proposals under consideration may come into force within months. Therefore it is understandable that this adds to residents' concerns, and transport issues need to be considered in the round by the Trust, all local authorities, and transport providers.

10.31 These issues will need addressing, although overall it is recognised that the major transport concerns lie with residents of Hartlepool and County Durham. However Stockton would need issues to be addressed in relation to the situation of North Tees and the Hardwick area. In particular, the impact of increased numbers of staff, patients and visitors to the University Hospital of North Tees site is a concern as the site and surrounding area currently experiences problems with car parking.

10.32 With this in mind we would be keen to work closely with the appropriate staff at the Trust to develop a realistic and meaningful travel plan and to encourage the use of sustainable modes of transport as an alternative to the private car where possible. This would ideally involve the introduction of appropriate infrastructure on the site. We would also like to understand the details of the various transport initiatives proposed as part of the changes including the shuttle bus service and car sharing scheme. The Trust has highlighted a potential planning application to increase car parking capacity at the North Tees site, and this should be progressed as a priority. If this cannot be brought forward to coincide with the transfer of services, then temporary solutions should be investigated.

10.33 It would also be appropriate to keep under review the facilities available for families, carers and other visitors at the North Tees site, given the increase in numbers that will ensue from these proposals.

11. Recommendations

11.1 There was no unanimous / majority view agreed by the Health Scrutiny Joint Committee in relation to the proposals, as such views and comments from each of the Local Authorities are outlined separately in sections 8 – 10 of this report.

11.2 The Health Scrutiny Joint Committee agreed to forward the report to the Hartlepool and Stockton-on-Tees Clinical Commissioning Group, Durham, Dales, Easington and Sedgefield Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust as its response to the consultation into the reconfiguration of emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust.

COUNCIL

5 September 2013

Report of: Audit and Governance Committee

Subject: **CONSULTATION REGARDING THE RECONFIGURATION OF EMERGENCY MEDICAL AND CRITICAL CARE SERVICES AT NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST**

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1. PURPOSE OF REPORT

1.1 To inform Council of the Audit and Governance Committee's views and recommendations following consideration of the consultation outcome regarding the reconfiguration of Emergency Medical and Critical Care Services at North Tees and Hartlepool NHS Foundation Trust.

2. BACKGROUND

2.1 Further to the report attached at item 12(a) of the Council agenda for the 5 September 2013, a 'Meeting in Common' of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) and Durham, Dales, Easington and Sedgefield CCG (agenda and papers attached at **Appendix A**) was held on 2 September 2013 to consider the outcome of the consultation. Following the 'Meeting in Common', individual decisions were taken as follows:-

Durham, Dales, Easington and Sedgefield CCG - Unanimously agreed to the implementation of the change with a recommendation to continue to address the issues discussed and to set up an oversight Board to oversee the delivery of the Implementation Plan.

Hartlepool and Stockton-on-Tees CCG - Unanimously agreed to the implementation of the change, with the following recommendations:

- That the Travel Plan be evaluated after 3 and 6 months and that health partners engage with local authority colleagues who are responsible for public transport in order to make the transport arrangements sustainable. Priority should be the most vulnerable groups.

- Communication and information needs to continue to be strengthened to the public (and staff including primary care colleagues) by working more closely with LA partners to do this together.

- Metrics for safety and quality to be agreed and monitored and oversight of performance targets to be maintained.

- Strengthening services in community – to continue where services can remain local when safe to do so.

2.2 Following the 'Meeting in Common', a meeting of the Audit and Governance Committee was held on the 4 September 2013 to consider the outcome of the consultation and whether any further action should be recommended. Representatives from the NHS Hartlepool and Stockton on Tees Clinical Commissioning Group (CCG) and North Tees and Hartlepool Foundation Trust (FT) attended the meeting and a copy of the briefing paper considered by the Committee is attached at **Appendix B** for Member's information.

2.3 The Audit and Governance Committee discussed in detail the outcome of the consultation and the decisions of the CCG's, and expressed extreme disappointment at their conclusions and recommendations. In considering further action, the Committee considered the potential for a recommendation to Full Council that the reconfiguration be referred to the Secretary of State. The Committee noted that the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny Regulations 2013 and accompanying guidance require an Authority to provide clear explanation, reasons and evidence for any referral. This should include an explanation of how it has considered the full context within which local health services are operating, including any clinical quality, safety or financial pressures. A local authority should not dispute proposals on the grounds that it believes additional financial resources should be allocated to the NHS, as this is not a recommendation on which the local NHS can act. The local authority is also required to set out the steps that it has taken with the consulting body to reach local resolution and, in relevant cases, evidence that the consulting body has failed to comply with its duty to seek local resolution.

2.4 The regulations also detail specific grounds for any referral and these are detailed as follows:-

(a) the authority is not satisfied that consultation on any proposal has been adequate in relation to content or time allowed;

(b) in a case where a decision has to be taken without allowing time for consultation because of a risk to safety or welfare of patients or staff, the authority is not satisfied that the reasons given adequate; or

(c) the authority considers that the proposal would not be in the interests of the health service in its area.

2.5 Following consideration of the requirements of the Regulations , the Committee determined that it could find no grounds or sufficient evidence to support a referral and as such are not recommending this course of action to Full Council. Members, however, continued to be extremely dissatisfied with

the outcome of the consultation, and the movement of services to North Tees University Hospital, and proposed the following:-

i) That in the absence of sufficient evidence to support a formal referral, a letter be sent to the Secretary of State outlining the authority's frustration and disagreement with the outcome of the consultation;

ii) That the Council should continue to work collaboratively with the commissioners and the Trust and all other interested parties, to ensure that the issues raised during the consultation (including specifically those detailed below) are appropriately addressed:

- Transport;
- Access to health care (with monitoring and review of the impact of changes over a 12/18 month period); and
- Communication with the public and all stakeholders.

iii) That whilst work continues with the CCG and Trusts, potential avenues to engage / work with other Trusts to achieve better clinical outcomes for residents be explored and that as the first stage of this process, the Leader of the Council and the Chair of the Health and Wellbeing Board be invited to a future meeting of the Audit and Governance Committee to outline and discuss proposals; and

iv) That the Trust be requested to delay the implementation of the decision to move the services to North Tees Hospital until the proposed transport plans have been put in place and are shown to be working effectively.

3. RECOMMENDATIONS

3.1 The Committee recommends to Council that:-

i) In the absence of sufficient evidence to support a formal referral, a letter be sent to the Secretary of State outlining the authority's frustration and disagreement with the outcome of the consultation;

ii) The Council should continue to work collaboratively with the commissioners and the Trust and other interested parties , to ensure that the issues raised during the consultation (including specifically those detailed below) are appropriately addressed:

- Transport;
- Access to health care (with monitoring and review of the impact of changes over a 12/18 month period); and
- Communication with the public and all stakeholders.

iii) Potential avenues to engage / work with other Trusts to achieve better clinical outcomes for residents be explored and that as the first stage of this process, the Leader of the Council and the Chair of the Health and

Wellbeing Board be invited to a future meeting of the Audit and Governance Committee to outline and discuss proposals; and

iv) The Trust be requested to delay the implementation of the decision to move the services to North Tees Hospital until the proposed transport plans have been put in place and are shown to be working effectively.

4. REASONS FOR RECOMMENDATIONS

4.1 To enable Council consideration of the Audit and Governance Committee's views and recommendations following consideration of the consultation outcome regarding the reconfiguration of Emergency Medical and Critical Care Services at North Tees and Hartlepool NHS Foundation Trust.

5. BACKGROUND PAPERS

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

(a) Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations

6. CONTACT OFFICER

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NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

NHS
Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

A Meeting in common of the NHS Hartlepool & Stockton-on-Tees Clinical Commissioning Group and NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group Governing Bodies will take place on

Monday, 2nd September 2013 at 1.30-3.00 pm
in Hartlepool College of Further Education, Conference Centre

AGENDA

Approx Timings				
		Section 1		
13:30	1.1	Welcome and Introductions from Joint Chairs of the Meeting		Joint Chairs
13:30	1.2	Declarations of Interest		Joint Chairs
13:30	1.3	Apologies for Absence		Joint Chairs
		Section 2 – Items for Decision		
13:35	2.1	Proposal to centralise emergency medical and critical care services at the University Hospital of North Tees. a) Presentation from North Tees and Hartlepool Foundation Trust on clinical case for change b) Overview Report	*Presentation* *Attached*	North Tees and Hartlepool Foundation Trust Ali Wilson, Chief Officer Mary Bewley, Head of Communications and Engagement
14:05	2.2	Opportunity for the Governing Body members to raise questions and issues	*Verbal*	All Members
14:30		Each Governing Body to consider received evidence and next steps required		
14:45	2.3	Next Steps	*Verbal*	Joint Chairs
		Section 3		
14:55	3.1	Any Other Business		
15:00		Close of Meeting		

NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

NHS
Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group and NHS Durham Dales, Easington and Sedgefield Governing Bodies

Agenda Item: 2.1b

Monday, 2nd September 2013

Title	Proposal to centralise Emergency Medical and Critical Care services at the University Hospital of North Tees - **Overview Report**
Responsible	Ali Wilson, Chief Officer and Stewart Findlay, Chief Clinical Officer
Required of the Governing Bodies	Each of the CCG Governing Bodies i.e. NHS Hartlepool and Stockton-on-Tees CCG and NHS Durham, Dales, Easington and Sedgefield CCG is required to consider the information presented in this report and the supporting evidence, in order to agree the next steps.
Summary	The purpose of the report is to bring together the information to be considered by NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) and NHS Durham Dales, Easington and Sedgefield CCG following proposals to centralise emergency medical services and critical care (intensive care and high dependency care) at the University Hospital of North Tees so that next steps can be agreed. This includes consideration of the recommendations by the National Clinical Advisory Team, feedback from the formal public consultation that took place from 20 May to 11 August 2013 and consideration of issues raised relating to the proposals. The report sets out the context to the proposals put forward by North Tees and Hartlepool NHS Foundation Trust and the clinical advice provided by the National Clinical Advisory Team (NCAT), and provides an overview of the subsequent consultation process and outcome. Appended to the report are a series of documents considered highly relevant to the discussion and decision making process of the Governing Bodies. This includes a report on the outcome of the public consultation that took place between 20th May and 11th August 2013. The overview report sets out a series of issues that have or are being addressed that are key to the consideration of the proposals for change.
Financial Implications	The CCGs have carried out a financial impact assessment on the potential financial impact of these proposals and have concluded that the overall financial impact on the CCG commissioning resources is minimal. This is addressed in section 2.5.2 of the report.
Legal/Regulatory Implications (e.g. Equality legislation, Human Rights Act, employment law, health and safety, information governance & data protection)	Legal advice has been sought and implemented prior to and throughout the consultation process to ensure compliance with all relevant legal requirements.

Assurance Framework/Risk Register Implications	All risks have been documented and are monitored during the Steering Group Meetings. These are included within organisational risk and assurance frameworks.
Details of relationship to the NHS Constitution	The consultation process and proposals put forward in this paper meet the rights of patients and the public as defined within the NHS Constitution and the seven key principles that guide the NHS in all it does. Should the proposed change be agreed, the relevant health service organisations must ensure that local people are fully informed of any change to the services available to them.
Details of Patient and Public Involvement and/or Implications	The report provides both a summary overview in section 2.4.2 and a full consultation report is included at Appendix C.
Details of Clinical Engagement and/or Implications	Details of clinical engagement are provided in section 2.4.1 and within the full consultation report.
Has an Equality Analysis been completed?	An equality analysis was carried out to inform the consultation process and to consider whether the proposals have any unintended consequences on the protected groups as set out in the Equality Act 2010 and also to consider if the changes would be fully effective for all target groups. Action plans have been completed to mitigate negative impacts. These are attached to Appendix G and within Appendix C.
Attachment	Overview Report and the following Appendices: Appendices A Option appraisal B Report of the National Clinical Advisory Team C Report on the outcome of public consultation with appendices: 1. Consultation document. 2. Schedule of events and meetings where the consultation was discussed. 3. Grid of comments received (by e-mail, letter and telephone from members of the public). 4. Independent evaluation of survey by Explain Research 5. Report of Health Scrutiny Joint Committee (including letter from Stockton-on-Tees Borough Council). 6. Response from Hartlepool MP Iain Wright 7. Responses from Healthwatch County Durham, Healthwatch Hartlepool and Healthwatch Stockton-on-Tees 8a. Equality analysis of the consultation process – HaST CCG 8b. Equality analysis of the consultation process – DDES CCG D Travel plan E Four tests evidence grid F Report following practice meetings in Hartlepool G1 Equality analysis of proposals (incl. action plan) – HaST CCG G2 Equality analysis of proposals (incl. action plan) – DDES CCG

NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

NHS
Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

Overview report on proposals to centralise emergency medical and critical care services at the University Hospital of North Tees

Executive summary

Doctors in critical care at North Tees and Hartlepool NHS Foundation Trust have raised concerns with the trust management that they cannot carry on providing emergency medical and critical care services safely and to the expected quality standards at both the University Hospital of Hartlepool and the University Hospital of North Tees until 2017 when, subject to necessary approvals, it is expected that the new hospital at Wynyard will open.

These concerns were discussed with NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) and NHS Durham Dales, Easington and Sedgefield CCG. The trust's doctors said that they wanted these services to be centralised at the University Hospital of North Tees. This followed an option appraisal by the trust.

As commissioners of healthcare, the CCGs could not ignore the concerns raised by the trust doctors and therefore asked the National Clinical Advisory Team (NCAT) for its views on the case for change.

NCAT strongly supported the case for change and recommended that public consultation take place on proposals to centralise these services at the University Hospital of North Tees. It recognised the impact of travelling for patients and recommended that there needed to be some explanation for the public about what the changes would mean for them, along with reassurances for the Hartlepool public that there is a continuing future for their hospital as a centre for elective (planned) care and other 'cold site' services, such as diagnostics and outpatients. It said that there was potential within the plans to develop intermediate care at the University Hospital of Hartlepool, which would ensure that once Hartlepool patients had been treated at the University Hospital of North Tees, they would be transferred to appropriate step down care facilities at the University Hospital of Hartlepool. It also said that capacity modelling for the new services at the University Hospital of North Tees needs to be robust and that the residual clinical support (including medical on call) needs to be described for the University Hospital of Hartlepool site.

Prior to the NCAT activity taking place the CCGs began early discussions with the local authority overview and scrutiny committees about the proposed changes.

A comprehensive process of public consultation on the proposals then followed from 20 May to 11 August 2013. A steering group was established to plan and monitor the consultation and this included representatives from the CCGs, the trust, the Durham, Darlington and Tees Area Team (part of NHS England) and from Healthwatch at Hartlepool, County Durham and Stockton-on-Tees. The group met fortnightly and during their discussions the process was shaped and adjusted to take into account comments received from the public and partner bodies about the proposals.

Understandably there were some strong comments received during the consultation process, including from Hartlepool Borough Council and others about the further loss of services from the University Hospital of Hartlepool. Another key theme was around transport and the difficulties for patients, carers and families travelling to the University Hospital of North Tees.

The steering group received updates on comments received during the consultation at its meetings and began work to address issues wherever possible, including the development of a transport plan.

In considering the way forward the CCGs need to focus on responding to issues raised by NCAT, including ensuring quality and safety on the University Hospital of North Tees and University Hospital of Hartlepool sites and the achievement of the four tests, as set out nationally, which must be complied with before any major service reconfiguration. The four tests are:

- support from GP commissioners
- strengthened patient and public involvement
- clarity of clinical evidence
- proposals should take into account the need to develop and support patient choice.

The CCGs also need to consider their requirements under the Health and Social Care Act 2012 ie that their governing bodies function in an efficient, effective and economic way.

Purpose of report

To bring together the information to be considered by NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) and NHS Durham Dales, Easington and Sedgefield CCG following proposals to centralise emergency medical services and critical care (intensive care and high dependency care) at the University Hospital of North Tees so that next steps can be agreed. This includes consideration of the recommendations by the National Clinical Advisory Team, feedback from the formal public consultation that took place from 20 May to 11 August 2013 and consideration of issues raised relating to the proposals.

1 Background

Doctors in critical care at North Tees and Hartlepool NHS Foundation Trust raised concerns with the trust management that they could not carry on providing emergency medical and critical care services safely and to the expected quality standards at both the University Hospital of Hartlepool and the University Hospital of North Tees until the new hospital at Wynyard opens in 2017.

Nationally, the specialties of anaesthetics and intensive care have been separated into two different training programmes designed to improve outcomes for patients. In order to provide sufficient medical staff in each specialty to run functional rotas the trust would need to centralise the two existing teams on each site in one location and realign the services.

Acute medical care cannot be provided without critical care backup so this too would have to be centralised.

The trust discussed these concerns with NHS Hartlepool and Stockton-on-Tees CCG and NHS Durham Dales, Easington and Sedgefield CCG.

The trust's doctors said they wished to centralise these services at the University Hospital of North Tees as an interim solution pending the opening of the new hospital, which was originally planned for 2014 but has been delayed following the withdrawal of public funding. The trust has recently submitted a revised outline business case for the scheme based on a PF2 funding model (a new approach to public private partnerships). Should approvals of the outline and full business case for the new hospital be achieved, which will include approval from the Department and Health and the trust's regulator Monitor, the new hospital would be expected to open in 2017.

In raising their concerns, the doctors said:

- The small critical care service at the University Hospital of Hartlepool is unsustainable
- The acute medical unit at the University Hospital of Hartlepool provides only a limited service due to the limited range of specialist support services on site, which means some patients need to be transferred to the University Hospital of North Tees for certain procedures
- Acute medical care cannot be provided without critical care
- It is difficult to recruit and retain required medical staff to the University Hospital of Hartlepool
- Nursing staff feel isolated and concerned about levels of care they can provide.

North Tees and Hartlepool NHS Foundation Trust had considered a number of options including the centralisation of these services on the University of Hartlepool Hospital site. However, this would not have been possible because there would be insufficient space to accommodate the full range of clinical and support services on that site. Also, the hospital would not offer the appropriate clinical adjacencies with

other services. The University Hospital of North Tees is already the site for complex and emergency care including trauma, cancer and haemofiltration. See Appendix A for the option appraisal report.

The CCGs are now responsible for buying these services from hospital trusts and they are also responsible for making sure that local people receive high quality and safe services. Their job is to look forward and try to prevent problems from happening so it was important they acted very quickly once these concerns had been raised by the hospital doctors.

In doing so, the CCGs sought advice from the National Clinical Advisory Team (NCAT), which provides independent clinical expertise to support and guide the local NHS on service reconfiguration proposals to ensure safe, effective and accessible services for patients. As a result there was a visit by NCAT on 29 January 2013, led by Dr Chris Clough from Kings College Hospital, London, who listened to doctors, nurses, managers, patient representatives, politicians and other stakeholders so that they could give an independent view of the situation and what should be done about it.

NHS Hartlepool and Stockton-on-Tees CCG published NCAT's findings on 15 May 2013. NCAT strongly supported the clinical case for change and recommended that consultation regarding the changes took place as soon as possible. The team recognised that while some local community representatives and members of the public agreed that some increased travelling time was a necessary price to pay for a better quality of care, it also recognised that for some local people travelling was an issue. It recommended that there needed to be some explanation for the public about what the changes would mean for them, along with reassurances for the Hartlepool public that there is a continuing future for their hospital as a centre for elective (planned) are and other 'cold site' services, such as diagnostics and outpatients. It said that there was potential within the plans to develop intermediate care at the University Hospital of Hartlepool, which would ensure that once Hartlepool patients had been treated at the University Hospital of North Tees, they would be transferred to appropriate step down care facilities at the University Hospital of Hartlepool. It also said that capacity modelling for the new services at the University Hospital of North Tees needs to be robust and that the residual clinical support (including medical on call) needs to be described for the University Hospital of Hartlepool site.

A copy of the NCAT report is attached at Appendix B.

Prior to the NCAT activity taking place, NHS Hartlepool and Stockton-on-Tees CCG began discussions with the local authority overview and scrutiny committees so that they were aware of the issues and the challenges posed to the health economy.

The two CCGs and the North Tees and Hartlepool NHS Foundation Trust then led a formal public consultation from 20 May to 11 August 2013 on a proposal to centralise emergency medical and critical care services at the University Hospital of North Tees.

A copy of the public consultation document is included in Appendix C (which sets out the consultation process and feedback).

During the consultation, key messages for patients and the public have been:

- The vast majority (97%) of the healthcare contacts currently taking place in Hartlepool remain in Hartlepool
- The proposal would affect 30 Hartlepool and Easington patients a day
- There is no change to point of access for patients, ie patients will still visit or call their GP, 111, or 999 if they feel unwell as they do now
- An extra 120 beds will be made available at the University Hospital of North Tees
- Emergency medical ward and critical care unit staff at the University Hospital of Hartlepool will transfer to the University Hospital of North Tees
- Some support services staff will be affected such as pathology, radiology, pharmacy and also some in facilities and catering
- The University Hospital of Hartlepool will become the centre for diagnostic tests, day case and low risk operations with additional medical rehabilitation (sub-acute) beds.

The consultation document set out what steps are currently being undertaken to improve transport for patients, visitors and staff.

People have also been reminded that due to advances in medicine many patients from the areas covered by the two CCGs already go past their local hospital for their emergency hospital care. For example, patients who have had a stroke are all taken to the University Hospital of North Tees where the latest treatments are available seven days a week, 365 days a year and patients who have had a heart attack are assessed at the scene and, if appropriate, taken to The James Cook University Hospital in Middlesbrough to have the affected artery unblocked.

In addition, in the consultation document people were reminded that most health service care is already provided in GP surgeries, local clinics and in people's homes and, under *momentum: pathways to healthcare* programme, this will continue.

As part of the consultation process people were asked for their views on the proposals, any concerns they had and also about how the impact of the changes could be managed and implemented.

2 Issues for the CCGs to consider

2.1 Quality and safety (capacity at North Tees and cover for residual clinical services at Hartlepool)

Ensuring quality and safety is the most important consideration for the NHS and it is essential that patients, the public and partner organisations are reassured on this point. As such NHS Hartlepool and Stockton-on-Tees CCG convened a specific clinical quality group to receive appropriate assurances from the trust in relation to the implementation of these proposed changes.

(Due to the timing of the preparation of this report, the outcome the clinical quality group will be provided at the Meeting in Common.)

North Tees and Hartlepool NHS Foundation Trust has already undertaken significant work in relation to ensuring maintenance of high quality, safe services. A review of capacity within the University Hospital of North Tees site has taken into consideration the requirements for additional beds, theatre, support services and staffing as a consequence of increased emergency activity.

Within the University Hospital of Hartlepool a review has been undertaken of the support requirements for services which will remain on site. This includes a review of:

- The cardiac arrest 24/7 response
- Escalation protocols for the deteriorating patient
- Accessibility of emergency transfusions
- Pathways for inappropriate attendances of patients at the Hartlepool site
- Security particularly for out of hours
- Out of hours site manager support.

2.2 Range of future services at Hartlepool

NCAT recommended that there needed to be some explanation for the public about what the changes would mean for them, along with reassurances for the Hartlepool public that there is a continuing future for their hospital as a centre for elective (planned) are and other 'cold site' services, such as diagnostics and outpatients. It also said that there was potential within the plans to develop intermediate care at the University Hospital of Hartlepool, so that once Hartlepool patients had been treated at the University Hospital of North Tees, they would be transferred to appropriate step down care facilities at the University Hospital of Hartlepool.

The following services will remain at the University Hospital of Hartlepool, including 'step down' or sub-acute services:

- Low risk inpatient elective orthopaedic surgery
- Low risk inpatient elective general surgery
- 30 bed sub-acute unit (a new development for patients who have been treated at the University Hospital of North Tees to continue their recovery closer to home)
- General surgery day case unit
- Gynaecology day case unit
- Paediatric day case unit
- Orthopaedic day case unit
- Midwife led maternity unit
- Planned endoscopy unit
- Cardiac investigations unit
- Non complex chemotherapy day unit

- Rheumatology day unit
- Elderly care day unit
- Outpatient services (in the hospital and some soon to be transferred to One Life Hartlepool)

They are supported by:

- Diagnostic imaging services – CT, MRI and ultrasound scanning and x-ray
- Nuclear medicine (for the diagnosis and treatment of disease)
- Pathology services
- Pharmacy

A range of other health services are available within the town:

- GP services (including out of hours services)
- Community services (podiatry, speech and language, musculo skeletal, hand and foot surgery, respiratory services etc)
- Integrated urgent care services at One Life Hartlepool

2.3 Transport

Issues surrounding transport and travelling to the University Hospital of North Tees were recognised by NCAT and have emerged as a key theme during the engagement activity which took place prior to formal public consultation and also during the consultation process. North Tees and Hartlepool NHS Foundation Trust, working with partner organisations, has developed a transport plan to address some of the questions and concerns raised (see attached Appendix D). All of the organisations mentioned in this plan have been working hard to ensure patients, visitors and staff needs are covered as far as they possibly can in terms of transport.

The transport plan covers:

Activity by CCGs
Both NHS Hartlepool and Stockton-on-Tees CCG and NHS Durham Dales, Easington and Sedgefield CCG are committed to providing high quality transport services to all patients at the point of need. For those who are medically unable to get to and from their hospital appointments/inpatient stays, the CCGs fund free patient transport from a host of organisations in order to provide a flexible service to those who need it. For patients living in the East Durham area, this includes the East Durham Hospital Link service.

In addition, funding is provided to North Tees and Hartlepool NHS Foundation Trust which allows the trust to plan transport provision for patients to ensure that all appropriate patients receive the required level of transport support.

As defined nationally, the CCGs will reimburse the costs of travel to hospital or other NHS-funded treatment or diagnostic tests for those patients who meet the qualifying criteria detailed on the NHS Choices website:

http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Travelcosts.aspx

The CCGs will continue to investigate alternative transport solutions that are appropriate to patients' needs with partner organisations.

Steps taken to ensure that North East Ambulance Service NHS Foundation Trust can cope with the impact of the changes.
People will be reminded that they should continue to call 999 for an ambulance if they or someone else they know is seriously ill or injured. This will not change, whatever the decision taken on the proposals being considered.

There is a national target which sets out that North East Ambulance Service must reach 75% of these types of emergencies in eight minutes. This is a trust-wide target which means it must be met for the area covered by the ambulance trust. In the Hartlepool and Stockton-on-Tees area, there have been 5,700 emergencies between April and July 2013. The ambulance service reached 4,500 of these incidents in eight minutes or faster. That is 78.95% of incidents reached in eight minutes which is above the national target of 75%.

Both the ambulance trust and the CCGs who are responsible for paying for ambulance services, are committed to ensuring that this 999 performance does not fall below the national 75% target.

In terms of available resources, there are currently 28 paramedics and a further 42 ambulance technicians, urgent care and support staff providing emergency care and urgent transport in the Hartlepool and Stockton-on-Tees area. In 2012, NEAS announced plans to introduce an additional double-crew paramedic ambulance to cover this area in response to existing demands and relocate some of the rapid response paramedic cars and urgent care transport ambulances. The change, due to be implemented later this year, will help to maintain response time standards across the area.

The ambulance service anticipates that if the hospital changes are agreed, a small number of patients previously taken to the University Hospital of Hartlepool will in the future be taken to the University Hospital of North Tees. On these occasions, when a slightly longer journey to hospital takes a paramedic crew out of the Hartlepool area, the nearest available ambulance will move to a standby point to maintain 999 cover. This already happens across the region, which is why ambulances can be seen parked in lay-bys, flyovers and beside roundabouts providing maximum medical cover when other crews are responding to 999 incidents.

A small number of patients in County Durham, for whom the University Hospital of Hartlepool was their nearest hospital, may also be affected if the changes are agreed. In such cases, the clinical decision of the paramedic will determine which hospital they are taken to in an emergency situation.

In addition, the ambulance service has agreed with the CCGs the impact of providing the additional resources required to maintain ambulance responses during the extended journey times to the University Hospital of North Tees.

Steps taken by North Tees and Hartlepool NHS Foundation Trust to improve access to the University Hospital of North Tees

It is recognised that providing appropriate transport services for patients, visitors and staff is vital to the success of centralising services. Extensive work has taken place and is on-going to ensure those affected by the service transfers have access to appropriate transport or car parking.

The trust set up a transportation sub-group including two governor representatives. The group has been working hard to improve transport arrangements which can be put into place if the proposals go ahead.

The trust has a policy of never leaving a patient stranded. So, for example, staff will always ask a patient brought in by ambulance how they are going to get home, especially in the later evening when transport is not available. If the patient has no way of getting home the trust will help with one of its transport schemes.

Ongoing activity includes:

- A patient journey exercise, led by Healthwatch, so that the trust and commissioners can understand the challenges of getting to hospital by public transport.
- An exercise to see what other transport is available that local people may not know about, including volunteer driver and community schemes.
- A phased implementation to minimise the inconvenience to patients and their relatives and make the transition smoother.
- Looking at appointment times to make them more convenient for patients. The committee is working with other people in the trust to look at appointment times and theatre sessions to see if these can be changed or patients offered times which are easier for them to get to.
- Providing additional shuttle buses running between the hospital sites. As well as the current eight-seater minibus the trust has ordered two 17-steater buses which will run regularly between the two hospitals. This service is free.
- Negotiation of a discount with the trust's taxi provider 23 Taxis for patients or relatives travelling to appointments or visiting relatives.
- Establishment of a volunteer driver scheme for people who need help getting to appointments. The first group of volunteers has now been trained.
- The trust has applied to Stockton Borough Council for additional temporary car parking space at the University Hospital of North Tees site.
- People receiving certain benefits may be able to get help with travel costs under the Department of Health's Help with Hospital Transport Costs scheme. More information is available at www.dh.gov.uk or by asking at the trust's cashier's offices.

Also, in relation to staff travelling the trust has reviewed its travel policy to be ready for the changes, should the proposals be accepted.

The trust has a duty to reduce carbon emissions, traffic congestion and parking requirements and would prefer staff who need to travel between sites to do so using the free shuttle buses. The trust is putting into place:

- A free *park and ride* facility for staff affected by the changes
- A car sharing scheme for staff with guaranteed reserved parking and discounted cost arrangements
- An enhanced car park management system to maximise car parking capacity
- Additional shuttle buses (detailed above)
- Different shift patterns for staff to enable them to get across sites in time for work.

2.4 National requirements around reconfiguration

The Secretary of State (Gateway 14335) identified four key areas in which reconfiguration processes need to improve as plans for significant service change are developed and consulted upon. Appendix E sets out evidence to support compliance with the four tests and the following provides further elaboration on steps taken to meet these tests, which are support from GP commissioners (2.4.1, page 10), strengthened patient and public engagement (2.4.2, page 12), clarity about the clinical evidence base (2.4.3, page 19) and proposals should take into account the need to develop and support patient choice (2.4.4, page 20).

2.4.1 Support from GP commissioners

The public consultation has been led by NHS Hartlepool and Stockton-on-Tees CCG and NHS Durham Dales, Easington and Sedgefield CCG who sought expert advice from NCAT after clinicians from North Tees and Hartlepool NHS Foundation Trust raised concerns with them.

Overall, the proposals have received substantial support from clinical members of the CCGs, whose patients are affected by the changes, both in their capacity as commissioners and as providers of GP services.

In the consultation document the chair of NHS Hartlepool and Stockton-on-Tees CCG, the chief clinical officer of NHS Durham Dales, Easington and Sedgefield CCG and the Hartlepool and Stockton-on-Tees locality leads of NHS Hartlepool and Stockton-on-Tees CCG explained why they were carrying out the consultation. They said that they had no choice but to take action after doctors who provide critical care and emergency medical services at the foundation trust told them that they could not carry on providing these services safely and to the expected quality standards on two new sites until the new hospital opens in 2017.

They explained that as commissioners they cannot wait for a problem to arise before action and that their job is to look forward and try to prevent problems from happening because this is in the best interests of patients.

The proposals have also been considered at a large number of meetings within primary care.

Such meetings included the Stockton locality group (of NHS Hartlepool and Stockton-on-Tees CCG) on 13 June 2013. The discussion included consideration of the impact on capacity of moving 100 beds from the University Hospital of Hartlepool

to the University Hospital of North Tees. Capacity issues were noted from the public's perspective, specifically during the winter months and there were comments that this could lead to early discharges, putting pressure on community services. The group was assured that the trust has a clear plan on how this shift will work.

There was a discussion on the clinical case for change at the Hartlepool locality group on 10 June 2013 (of NHS Hartlepool and Stockton-on-Tees CCG). The key issues raised were around ensuring as much information is made known to the public as soon as possible especially around the medical reasons for any changes being planned.

The chair of NHS Hartlepool and Stockton-on-Tees CCG visited the 14 GP practices in Hartlepool whose patients would be most affected by the proposals to ensure that clinical colleagues were aware of the proposals and that they understood the case for change, including the outcome of the NCAT review. These practice meetings were well attended – GPs working in the practices were present as well as most practice managers and some practice nurses. The views of all present were sought and there were opportunities for questions and answers. The report from that meeting is attached as Appendix F.

There were reservations from one GP who wished to examine the evidence in detail Another GP, while accepting the clinical case had some initial reservations that the population of Hartlepool was being hard done by again. A third GP did not accept the case for change. However, the consensus among those present was that the clinical rationale for change could be understood, that the proposed changes were logical and needed to happen.

A consistent theme among the GPs, practice managers and nurses was that transport would be a big issue for patients, visitors, particularly older people and those who are less well off financially. At a number of practices there were comments about the challenges of travelling by public transport to the University Hospital of North Tees, while some mentioned the potential difficulties for people visiting (within visiting hours) and others talked about the impact of costs associated with travelling for families on low income.

Some GPs recognised that the changes were likely to be viewed negatively by a number of patients who have a negative perception of care at the University Hospital of North Tees when compared to the University Hospital of Hartlepool. They said this perception is more likely to be held by older patients.

Also, many of the GPs suggested it would be worth looking into whether any ambulatory care could in the future be delivered from a Hartlepool setting.

Other comments included a suggestion that the proposed changes be made as soon as possible, confirmation of the need for 24 hour clinician support in hospital units, and that the changes will be a good preparation for the eventual shift of services to Wynyard.

Similarly, the Stockton-on-Tees locality lead for the CCG has visited a number of practices where he met with GPs and practice staff, again to ensure they understood the case for change and that they had the opportunity to comment. There were no major concerns raised.

The proposals were also discussed at the July board meeting of the Cleveland Local Medical Committee (LMC), which is the representative body for all NHS GPs in Cleveland. Following this discussion the board members requested assurance that there is adequate capacity available on the single site at the University Hospital of North Tees to accommodate the centralisation.

Other meetings involving primary care clinicians where the proposals have been discussed include the Easington Locality Commissioning Board on 20 June 2013 and the County Durham Local Medical Committee on 2 July 2013. There were no major concerns expressed.

2.4.2 Strengthened patient and public engagement

2.4.2.1 Consultation process

A process of engagement preceded the formal public consultation. This included discussions with the local authority overview and scrutiny committees. This helped shape the consultation process and also provided early information about emerging questions and concerns.

The formal process of public consultation, which was comprehensive, spanned 12 weeks from 20 May to 11 August and was in line with the statutory requirements for involvement and consultation as outlined in the Health and Social Care Act 2012 and also sections 242 and 244 of the NHS Act (2006). Comments received during the week following the closure of the consultation were accepted and included in the feedback.

Appendix C provides a detailed account of the consultation process and the feedback received.

A steering group was set up to plan and monitor consultation. This included representatives from the two CCGs, North Tees and Hartlepool NHS Foundation Trust, the North East Ambulance Service NHS Foundation Trust, Durham, Darlington and Tees Area Team (part of NHS England) and Healthwatch representatives from Hartlepool, County Durham and Stockton-on-Tees. This group met fortnightly and provided an opportunity for all present to comment on the process, receive updates on the consultation plan and to suggest any actions that might be need to be taken. As a result of discussions in these meetings, it was agreed that a leaflet about the consultation needed to be distributed to households. In a response following the consultation (available as part of Appendix C), Healthwatch Stockton-on-Tees commented on how welcome its involvement was in the steering group and referred to changes in the consultation process following its input. Healthwatch County Durham said its staff worked in partnership with the CCGs and trust to ‘promote, plan and develop’ the consultation.

Following discussions involving Healthwatch about the need to have a better understanding of the existing difficulties for patients in some parts of Hartlepool patients in accessing the University Hospital of Hartlepool and the University Hospital of North Tees, Healthwatch Hartlepool is leading on some work to map out patient journeys.

An important element of the process was working with the health scrutiny joint committees covering Durham County Council, Hartlepool Borough Council and Stockton-on-Tees Borough Council. This included presenting at their meetings and providing timely responses to key lines of inquiry. As a result of this involvement, the joint scrutiny committee which was set up to consider the proposals submitted a 27-page report which included the evidence they had considered as well as the comments of the individual local authorities (available as part of Appendix C). In addition, Stockton-on-Tees Borough Council also submitted its response separately.

The proposals were also discussed at a meeting of the Hartlepool Health & Well-being Board.

From the outset, there was a concerted effort to raise awareness of the consultation to give local people and organisations the opportunity to comment. This has included:

- Wide distribution of the full consultation document to local organisations and interested individuals. This has been available in hard copy and online, with copies in community and health settings. It has also been available in other formats on request.

- Information about the consultation and an online survey on the NHS Hartlepool and Stockton-on-Tees CCG website. There were links to this website on the NHS Durham Dales, Easington and Sedgefield CCG and North Tees and Hartlepool NHS Foundation Trust websites.

- Following feedback that the key messages were not reaching as many people as the NHS organisations would like within communities and particularly within Hartlepool and Easington, a leaflet which included some of the emerging themes from the consultation, a summary of the proposals and advice for people about how to comment was distributed to 45,000 households in Hartlepool and Easington, as well as in libraries and health centres in those areas. It was also made available in health centres and libraries in Stockton and Sedgefield.

- Ten consultation events and meetings for the public in accessible locations and at a range of times to take account of the public's preferences. These included five drop-in sessions in busy and accessible locations, four market place events and one event for governors and public members of the North Tees and Hartlepool NHS Foundation Trust. Information about the proposals and hard copies of the survey were available at these sessions. At these

meetings doctors, nurses and managers from the trust and CCGs were able to have face to face discussions with individual members of the public.

- Presentations to a wide range of groups and audiences including overview and scrutiny (both meetings of the health scrutiny joint committee and meetings of the individual scrutiny committee meetings), Healthwatch, patient groups, voluntary and community groups etc. This has included targeting those groups which may be easy to overlook, such as older people, those with disabilities and sensory difficulties, members of the black and minority ethnic groups and other bodies listed as protected groups under the Equality Act 2010.

- Staff briefings, newsletters and meetings to ensure staff were aware of the proposals and that they had the opportunity to comment.

- Media articles in the Hartlepool Mail and Evening Gazette.

- Posters in a range of community venues throughout the health economy including health settings, libraries etc.

An independent research company, Explain Research, was asked to analyse the surveys that were completed as part of the consultation process. A report from Explain Research is included as part of Appendix C.

It is important to note that all documents reviewed by NCAT and any subsequent documents have been made available on the CCGs' websites www.hartlepoolandstocktonccg.nhs.uk and www.durhamdaleseasingtonsedgefieldccg.nhs.uk .)

An equality analysis of the consultation process was undertaken to ensure that it complied with the requirements of the Equality Act 2010 (this is included as part of Appendix C).

2.4.2.2 Issues raised during the consultation

There were 85 emails/letters/telephone calls from members of the public and a number of formal responses including from the MP for Hartlepool, Iain Wright, Healthwatch County Durham, Healthwatch Hartlepool and a report from the health scrutiny joint committee which included responses from Durham County Council, Hartlepool Borough Council and Stockton-on-Tees Borough Council (which also submitted its response separately). Healthwatch Stockton-on-Tees is still recruiting to its board and therefore was not in a position to submit a formal response but instead sent in a letter outlining its involvement in the process and comments it had received. There were also 64 completed surveys submitted which, as indicated above, were evaluated independently by Explain Research, whose report is attached as part of Appendix C.

A small number of those commenting or responding indicated explicitly whether they supported or objected to the proposals, however, there were a number of consistent

themes across all of the comments received, including those made in meetings. The two main themes related to transport/travelling and loss of hospital services at Hartlepool.

- **Transport/travelling**

Overall, there were many comments, including in the survey which was independently evaluated, about the implications for patients, families and carers of the additional travelling from Hartlepool to the University Hospital of North Tees and these included concerns about public transport (in terms of availability and cost), car parking (in terms of cost), the stress of travelling to an unfamiliar area and the volume of traffic on the A19. While the provision of a shuttle bus service by the hospital trust was welcomed, including by Stockton-on- Tees Borough Council, there were questions from others about how the hospital shuttle bus service would operate.

There were a number of comments about how vehicles would need to be able to accommodate wheelchairs and a number of general comments about the implications of the travelling for people with disabilities. In particular, the Hartlepool Learning Disability Partnership Board asked if the shuttle bus drivers would receive any training around customer service for learning disabled patients.

MP for Hartlepool Iain Wright said his constituents find it difficult to access services out of the town and said the issues of transport and accessibility “need to be considered as a high priority during the reconfiguration of emergency and critical care services”.

Hartlepool Borough Council commented that people who are already ‘isolated within their communities’ will not be able to access the services at the University Hospital of North Tees.

Healthwatch Hartlepool said that from comments received, ‘high on the agenda of concern was the accessibility of North Tees hospital both from a safety perspective ie distance of travel as a critically ill patient both from Hartlepool and the east Durham area and also journey times for carers and visitors’. It is currently undertaking some work with the trust to understand patient experience of accessing public transport to the University Hospital of North Tees and early findings show that some patients have to leave Hartlepool at 5.50am to attend 8am appointments’.

Healthwatch Hartlepool also commented on the cost of transport to the University Hospital of North Tees.

Hartlepool Health & Wellbeing Board highlighted the importance of addressing transport issues and expressed their contentment that the options available in terms of transport were being considered by the trust.

Healthwatch County Durham said the main concerns expressed were around transport, particularly since East Durham has the lowest rate of car usage in the

county and many people rely on public transport – ‘the poorest people will suffer the most’.

However, there were positive comments about volunteer drivers although one person commented that there would need to be a back-up in case a volunteer wasn’t able to turn out as expected.

Some expressed concerns about the transfer of critically ill patients and they worried that the travelling would put them at risk.

There were specific comments about the implications of travelling for carers, including from the Stockton Over 50s Assembly.

A number of people talked about the importance of having a transport plan, including Hartlepool Borough Council who stressed that there is a need for a long term sustainable transport plan.

Stockton-on-Tees Borough Council said it would be keen to work closely with the appropriate staff at the hospital trust to develop a realistic and meaningful travel plan and to encourage the use of sustainable modes of transport as an alternative to the private car where possible.

Durham County Council said that there needed to be a significant public information exercise about transport arrangements.

Finally, in relation to concerns expressed about increased travelling times and costs for council staff who need to access the University Hospital of North Tees rather than the University Hospital of Hartlepool, Durham County Council suggested that all parties are involved in discussions to ensure that ‘step down rehabilitation and community based pathways are effectively managed and are safe’.

- **Loss of hospital services in Hartlepool**

It is clear from many people who sent comments, completed the survey, or who attended meetings that they would prefer to see as many hospital services as possible in Hartlepool and that they would not wish to see any further reduction in services at the hospital. Hartlepool Borough Council was clear in its response to the health scrutiny joint committee that they do not support any further transfer of services from the University Hospital of Hartlepool. It said that Hartlepool residents’ needs are being forgotten with ‘the continual transfer of services from their hospital’.

Healthwatch Hartlepool said among comments it received was the sustainability of the University Hospital of Hartlepool following the migration of any services.

While a number of members of the public commented favourably on care at the University Hospital of Hartlepool, there were less favourable comments about the care they or relatives had received at the University Hospital of North Tees.

Some, including Hartlepool MP Iain Wright referred to the continued uncertainty about the new hospital which meant that more services were going to the University Hospital of North Tees in the interim.

- **Ambulance provision**

There were comments by the public and by key stakeholders about the need to ensure that the ambulance service is able to cope with the changes. This was included in the response by Durham County Council which said that engaging with and adequate resourcing of the ambulance service would be vital. It was referred to by the MP for Hartlepool, Iain Wright and Healthwatch County Durham said people hoped that ambulance response times would not be affected.

- **Safety**

Many people attending meetings commented that if the transfer of services was the right thing to do (ie from a clinical point of view) then it should just happen.

Hartlepool MP Iain Wright said that the first priority in any consideration of health services should be clinical safety and that he would not wish to advocate any particular option which would compromise the safety of patients or lead to loss of life which could have been avoided.

Similarly there were comments from Durham County Council and Stockton-on-Tees Borough Council which acknowledged the clinical case for change (as an interim solution pending the development of the new hospital). Stockton-on-Tees Borough Council said: “A one site approach would mean patients have access to all the potential services they require at the first point of contact.” It also said: “Ultimately, it would be unacceptable for a relatively small geographical area as covered by the Trust to have two units providing different levels of care. Therefore the proposal is strongly supported.”

Healthwatch County Durham said people had commented that ‘safety is the most important thing’ and that ‘high quality care with all of the professionals in one place can only be a good thing’.

However, Hartlepool Borough Council said there are risks associated with an increase in travelling time for patients travelling to the University Hospital of North Tees rather than the University Hospital of Hartlepool.

- **Provision of services in the community**

There were comments made by members of the public and by partner organisations about the importance of having the right services to support people in the community.

In particular, Durham County Council said it would support in principle the proposal to ensure that ‘step down’ provision is available at the University

Hospital of Hartlepool but invite the CCGs and trust to go a step further and consider the development of 'step down' services at Sedgefield and Peterlee Community Hospitals.

The county council's adult social care service seeks ongoing dialogue with the trust regarding the proposed development of the 30-bed rehabilitation (sub acute) unit at the University Hospital of Hartlepool to clarify proposed arrangements for admission rights for County Durham residents to that facility. The council said detailed discussions are also needed around how discharge arrangements between the trust/GPs and community based health and social care staff are established and associated care pathways identified and agreed.

Hartlepool MP Iain Wright commented on his increasing concerns at the risk to constituents caused by the falling budgets in local authority care which he feels will "place growing pressure on health budgets, particularly in areas like emergency and critical care, as councils will not have the resources to ensure there is a safe move out of hospital and back into the community for often frail and vulnerable patients".

At the Easington Patients Reference Group some said they felt that the Peterlee Community Hospital is not used to its full extent and that the urgent care centres are not used efficiently.

There were a number of critical comments about the One Life Centre at Hartlepool (in terms of it not providing the level of service that some people would expect). This was also referenced in the response from Healthwatch Hartlepool which said it had received comments related to the 'lack of trust in the One Life centre with regards to delivering community based services'.

Healthwatch Stockton-on-Tees said that some of the comments it had received during the consultation were about the impact on other services, including community services.

- **Information**

Throughout the feedback, including in the survey, there were consistent references about the need for good information to be available for the public about what the changes meant for them and also about transport arrangements. In particular, as indicated above, Durham County Council said there needed to be a significant public information exercise about transport arrangements and the need was highlighted by Hartlepool Health & Wellbeing Board.

There were also references in the some of the comments received and in the survey evaluation about how future consultations should be carried out. The independent report by Explain Research said there was a call for clear, honest, timely communication and consultation, with an emphasis for the trust and the CCGs to inform, engage and listen to the views of the public, patients and stakeholders.

2.4.3 Clarity about the evidence base

The proposed changes have been driven by clinicians at North Tees and Hartlepool NHS Foundation Trust who were concerned about continued safety and quality under the current arrangements. As such there have been extensive discussions within the trust, with clinicians at the CCGs (including at governing body meetings), with GPs across the area concerned and with NCAT (some key points from the NCAT report are included below). The consensus has been that the changes are needed to ensure the best possible care can be provided for patients who need those services.

For the CCGs as commissioners of healthcare and the trust as the provider of services, the main concern has to be safety and quality and ensuring that services meet the increasing national standards and guidance. These were used extensively to inform the proposed changes and include:

- Effective Approaches in Urgent and Emergency Care – Priorities within Acute Hospitals (NHS Emergency Care Intensive Support Team – part of NHS Interim Management and Support)
- Acutely ill patients in hospital - Recognition of and response to acute illness in adults in hospital (National Institute for Health and Clinical Excellence)
- Levels of Critical Care for Adult Patients – Standards and Guidelines (The Intensive Care Society)
- Acute Care toolkit 2 – High quality acute care (Royal College of Physicians)

The proposals are also in line with the strategic priorities of both CCGs (which are outlined on the websites of both - www.hartlepoolandstocktonccg.nhs.uk and www.durhamdaleseasingtonsedgefieldccg.nhs.uk .)

Furthermore, the NCAT report was considered by the North of England Critical Care Network, which responded that they were aware of the challenges faced by North Tees and Hartlepool NHS Foundation Trust over the continued provision of two site critical care and acute medical services following a network peer review that was undertaken in April 2012. The network said that on that basis it would also support the clinical case for change and the reprovision of critical care and move of acute medical services to the University Hospital of North Tees.

It is also important to note that the proposals followed a comprehensive option appraisal, which is attached as Appendix A.

Report by the National Clinical Advisory Team (NCAT)

NCAT clinically assured the proposals following review of the clinical evidence, options considered by the trust and the views of stakeholders following their site visit. Its report (Appendix B) said the team 'strongly supported the clinical case for change' and that it had witnessed 'dedicated and hard-working clinical teams at both sites endeavouring to create a first class service but hampered by the present configuration'.

It said the provision of critical care is the key to what must happen: "The present critical care service at UHH is inadequate, poorly staffed and does not meet the

standards required for a modern intensive care unit. Its size and level of use mean it will never be able to achieve these standards, thus it is not surprising that anaesthetists feel uncomfortable about working there, and there are problems with recruitment of anaesthetists and support staff. We heard that at times the nursing staff, particularly at night, feel unsupported and concerned in case a clinical error occurs. Certain practices are unacceptable, for instance the ability to call on specialist services. It is difficult to envisage how these deficits may be corrected. Massive investment in the service is not justified on the level of patient use, and it would be unlikely to be supported by the local education and training board (previously deanery). Thus we can see no alternative other than to transfer this service to UNHT. We believe there is capacity at this site to accommodate the increasing activity, and there will be the opportunity to bring together all the available staff and develop a dedicated intensivist workforce at UHNT."

It continued that the inevitable consequence of decommissioning critical care at the University Hospital of Hartlepool is that acute medical care can no longer be provided. "Acutely sick patients need the availability of on-site resuscitation and critical care facilities. This must trigger the movement of acute medical care to UNHT. Not only that, the present service is relatively small and does not have the full panoply of acute specialist care that is required to deliver high quality acute medicine. The bringing together of the two units under a single roof will undoubtedly enhance the level of support required for acute medicine and ensure there are viable specialist rotas, for instance in gastroenterology, respiratory medicine etc. It should also enhance the ability of elderly medicine to play an important part in identifying the frail elderly who require a comprehensive geriatric assessment and subsequent multi-disciplinary management."

NCAT said that from a clinical standpoint, the potential for small increases in travel times does not pose a significant clinical risk.

2.4.4 Patient choice

In the NHS, in terms of elective or planned care, patients have choice over where they wish this to take place. This is set out in the NHS Constitution, which states: "If your GP refers you to see a consultant you may have a choice of a number of hospitals. You might want to choose a hospital that has better results for your treatment, or one near your place of work."

Choice over planned care will not change under these proposals as planned care will continue to take place at both the University Hospital of Hartlepool and the University Hospital of North Tees (although a small number of orthopaedic patients will not be able to choose to have their surgery at the University Hospital of Hartlepool due to other illnesses they may have or their general state of health which may mean they may need the back-up of intensive care services after their operation. Patients will also continue to be able to choose to have their elective care at a hospital outside their immediate area if that is their preference.

However, the proposals under discussion relate to emergency medical services and to critical care and on such occasions it is crucial that patients who are very ill are

referred to the nearest hospital that can provide the level of care that they require as soon as possible.

It should be noted that the NHS Constitution also points out that it is important that patients are involved in decisions about their treatment and are given information to help choose the right treatment. As patients sometimes need ongoing or further treatment following emergency care, this element of choice will still be available to them.

An important point is that 97% of the patient contacts that currently take place in Hartlepool will continue to do so, as set out in Section 2.2 .

2.5 Requirements under the Health and Social Care Act 2012

CCGs need to consider their requirements under the Health and Social Care Act 2012 which stipulates that "A clinical commissioning group must have a governing body. The main function of the governing body will be to ensure that CCGs have appropriate arrangements in place to ensure they exercise their functions ***effectively, efficiently and economically*** and in accordance with any generally accepted principles of good governance that are relevant to it".

2.5.1 Exercising functions effectively and efficiently

The proposals are aimed at a more effective and efficient use of resources. They will result in the creation of a larger acute medical unit at the University Hospital of North Tees, which will then be supported by a larger group of medical staff and other clinicians with specialist skills. The intensive care unit at the University Hospital of Hartlepool will then close and the capacity at the University Hospital of North Tees will be expanded to accommodate the increased activity. There are likely to be efficiencies and economies of scale and quality dividends by bringing all of the individuals with intensivists skills onto one site.

At the University Hospital of Hartlepool there are currently two ITU beds and two high dependency beds. Over recent years the occupancy has been 50% on average. This critical care service is supported by anaesthetists with intensive care skills who are able to do a daily ward round but are not able to offer the full panoply of intensive care support such as haemofiltration and routine tracheostomy can only be performed on mornings when the consultant is there. Such services are routinely available at the University Hospital of North Tees.

The current situation means that there is a growing disparity between the two sites because of the increasing isolation of the acute medical service and supportive critical care. This can lead to an unwillingness to transfer patients from the University Hospital of Hartlepool which may not be in the patients' best interests.

Also, at the University Hospital of Hartlepool there is difficulty in recruiting anaesthetists.

2.5.2 Exercising functions economically

The changes will be made within existing resources. The ambulance service has agreed with the CCGs the impact of providing the additional cover that will be required.

The CCGs have carried out a commissioning impact assessment on the potential financial impact of these proposals and have concluded that the overall financial impact on the CCG commissioning resources is minimal.

The key areas identified are as follows:

- Changes to activity levels – Payment by results means that the CCGs pay for activity on a cost per case basis and there should be no changes to the levels of activity being carried out as a result of this change
- Double running costs – As the changes are introduced and one site starts to receive new activity the remaining site will scale down. This means there will be a period of approximately three weeks where two sites will be running. The double running costs have been taken into account and non-recurrent support has been made available.
- Ambulance journey times - The ambulance service has agreed with the CCGs the resources required to maintain ambulance responses during the extended journey times to the University Hospital of North Tees.

3 Equality analysis of proposals

An equality analysis was carried out to consider whether the proposals would have any unintended consequences on the protected groups as set out in the Equality Act 2010 and also to consider if the changes would be fully effective for all target groups.

The analysis, which found that the travelling implications could result in a negative impact for older people, people with disabilities and carers is attached as Appendix G. It also outlines the actions being taken to minimise any negative impact relating to travelling and this is also discussed in greater detail in Section 2.3.

4 Conclusion

The provision of high quality and safe services must always remain a priority for the NHS. When doctors from the North Tees and Hartlepool NHS Foundation Trust raised concerns with the trust management and then with the CCGs about their ability to continue to provide safe emergency medical and critical care services at the University Hospital of Hartlepool they could not be ignored.

Following an option appraisal they suggested centralising these services on the University Hospital of North Tees site as an interim measure pending the development of the new hospital at Wynyard. The clinical case for change received strong support from the National Clinical Advisory Team which recommended that public consultation took place about the implementation of these changes. The proposals have also received substantial support from GPs both in their role as

commissioners and as providers of healthcare and the majority of key partner organisations recognised that patient safety could not be compromised.

The public consultation process (and the earlier period of engagement with overview and scrutiny committees) has enabled a thorough discussion of issues that need to be considered in implementing the proposals. It was stressed from the outset that the issue was one of safety and for this reason the consultation did not provide an option to 'do nothing' but rather people were asked for their views on implementation. The consultation process has been overseen by a steering group including representatives from the CCGs, the trust, the Durham, Darlington and Tees Area Team (part of NHS England) and Healthwatch from Hartlepool, County Durham and Stockton-on-Tees. The involvement of Healthwatch throughout this process has been very much appreciated as have the discussions that have taken place with the local authority overview and scrutiny committees.

Understandably, there have been concerns raised about the further loss of services from the University Hospital of Hartlepool, some of which referred to the continued uncertainty around the development of the new hospital at Wynyard (for which the trust has recently submitted a revised business case.

The other key issue was around the difficulties of travelling to the University Hospital of North Tees and a substantial amount of work has already taken place to introduce measures to minimise the difficulties for patients, carers, their families and staff. These are included in a transport plan which will be kept under regular review.

It is hoped that the development of a 30-bed sub-acute (step-down) ward at the University Hospital of Hartlepool will help to minimise the impact of travelling. The unit means that patients from Hartlepool and Easington who have been treated during the acute phase of their illness at the University Hospital of North Tees will be able to return to the University Hospital of Hartlepool to continue their recovery in the new sub-acute unit.

Clearly discussions will need to continue with the local authorities to ensure that appropriate pathways of care are developed for these patients.

Also, the CCGs remain committed to working with partner organisations to explore what further support can be provided closer to home for patients within available resources.

The CCGs have been reassured that appropriate steps have been taken by the trust to ensure safety and quality for the services being transferred to the University Hospital of North Tees and for the remaining services at Hartlepool. NHS Hartlepool and Stockton-on-Tees CCG has convened a clinical quality group to receive appropriate and ongoing assurances.

There have also been discussions with North East Ambulance Service NHS Foundation Trust and assurance sought that it is able to cope with the impact of the changes.

Finally, the CCGs and the trust fully accept that there is a need for a public information campaign to ensure people are aware of the services remaining at the University Hospital of Hartlepool, of how the changes regarding emergency medical and critical care services will affect them and about transport arrangements.

The CCGs and the trust would continue further close working with all partners over the implementation of the changes should the Governing Bodies agree to their implementation.

The table below summarises issues raised and how these are being addressed:

Issue	Response
Travelling/transport	Development of a comprehensive transport plan by North Tees and Hartlepool NHS Foundation Trust working with other partners. This includes a wide range of steps being taken to improve access to the University Hospital of North Tees. See Section 2.3 and Appendix D.
Loss of hospital services at Hartlepool	The vast majority (97%) of patient contacts currently taking place in Hartlepool will remain in Hartlepool. (See Section 2.2 for a list of services remaining in Hartlepool.) A public information campaign will include information about services remaining in Hartlepool. Both CCGs remain committed to ensuring that wherever possible, services are provided as close to home as possible. Associated with some of the comments about loss of services, were concerns about the continued uncertainty about the new hospital at Wynyard. The trust has recently submitted a revised outline business case for the scheme based on a PF2 funding model. Should approvals of the outline and full business case for the new hospital be achieved, which will include approval from the Department and Health and the trust's regulator Monitor, the new hospital would be expected to open in 2017.
Safety	The proposals have been clinically driven and follow concerns raised by hospital doctors that they can not continue to provide emergency medical and critical care services safely and to the expected quality standards on two hospital sites. The clinical case for change was strongly supported by the National Clinical Advisory Team. (See Section 2.4.3. NCAT report is attached as Appendix B.) It was also supported by the North of England Critical Care Network.

	The CCGs have been assured by the trust that appropriate steps are being taken to ensure quality and safety regarding the transfer of services to the University Hospital of North Tees and also for the remaining services at the University Hospital of Hartlepool. (See Section 2.1). The CCGs will continue to monitor clinical quality to receive appropriate and ongoing assurances through their relevant quality assurance mechanisms.
Ambulance provision	Development of a comprehensive transport plan by North Tees and Hartlepool NHS Foundation Trust working with partners. This includes assurances that from the North East Ambulance Service NHS Foundation Trust that it can cope with the impact of the changes without loss of performance against relevant national and local targets. (See Section 2.3 and Appendix D.)
Provision of services in the community	It is recognised that patients would prefer to see the majority of their healthcare provided as close to home as possible. The CCGs remain committed to ensuring that wherever possible services are available as close to home as possible. A 30-bed sub-acute (step-down) unit is being developed at the University Hospital of Hartlepool so that patients from Hartlepool and Easington can return there to continue their recovery after treatment for the acute phase of their illness at the University Hospital of North Tees. The CCGs and the trust will continue to work with the local authorities to ensure that appropriate pathways of care are developed. The CCGs will also continue to monitor patient satisfaction levels for services provided in the community.
Public information	The two CCGs and the trust have committed to work with partners to develop a public information campaign to ensure that people are aware of the new services, transport arrangements and what services remain at the University Hospital of Hartlepool.

5 Requirements of members of Meeting in Common

Each of the CCG Governing Bodies i.e. NHS Hartlepool and Stockton-on-Tees CCG and NHS Durham Dales, Easington and Sedgefield CCG is required to consider the information presented in this report and the supporting evidence, in order to agree the next steps.

Full consideration should be given to the clinical case for change and the feedback from the public consultation process. This should include the evidence provided by the trust and by NCAT to ensure that standards of clinical care, quality and equity of

service provision will be met should the proposed change be approved and that the areas of concern identified by the public and stakeholders have been or will be appropriately mitigated. Any decision the Governing Bodies make must be in the best interest of their respective populations. The Governing Bodies may also wish to propose further recommendations that reflect the implementation of their decision.

Appendices

A Option appraisal

B Report of the National Clinical Advisory Team

C Report on the outcome of public consultation

D Travel plan

E Four tests evidence grid

F Report following practice meetings in Hartlepool

G1 Equality analysis of proposals (including action plan) for NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group

G2 Equality analysis of proposals (including action plan) for NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group

North Tees and Hartlepool NHS Foundation Trust

Strategic Options Paper for Service Transformation

The Options and Variations

North Tees and Hartlepool NHS Foundation Trust is working towards a new single site hospital that will open in the next five years, as part of the *momentum: pathways to healthcare* programme.

In the interim period, risks to service continuity have been highlighted from clinicians. Demand for specialist clinical care is increasing, and the case mix is becoming much more complex as a result of the increasing age of the population and the presence of multiple co-morbid conditions. Clinical standards are changing and improving and it is important that progress in safety and outcomes is sustained. Against this backdrop, options for service transformation, during the transition to the new hospital need to be considered.

The main options that represent what the future might look like have been identified, from maintaining the status quo through to centralisation of all services on one site through the systematic relocation of emergency medicine, elective inpatient activity, elective day case activity, elective endoscopy activity and outpatients. There are some variations within the twelve main options identified.

0) Maintain the status quo

1) Relocate acute medicine and critical care to UHNT

2) As 1) plus relocate elective inpatient surgery and orthopaedics to UHNT

3) As 2) plus relocate all elective

4) Day case surgery and orthopaedics to UHNT / community facilities

5) As 3) plus relocate all elective endoscopy to UHNT / community facilities

6) As 4) plus relocate all outpatient services to UHNT / community facilities

7) Reverse the status quo i.e. swap services between sites so that University Hospital of Hartlepool becomes the more acute / emergency focused site

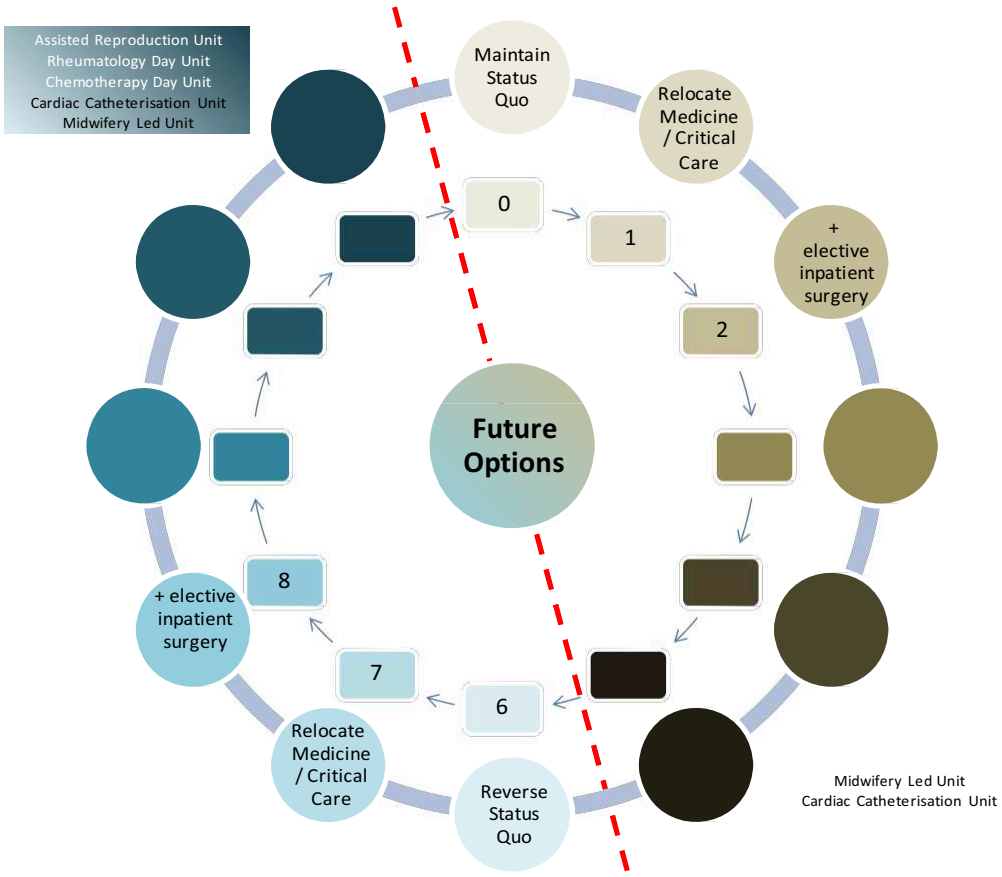
8) As 6) plus relocate emergency medicine and critical care to UHH

9) As 7) plus relocate elective inpatient surgery and orthopaedics to UHH

10) As 8) plus relocate all elective day case surgery and orthopaedics to UHH / community facilities

11) As 9) plus relocate all elective endoscopy to UHH / community facilities

12) As 10) plus relocate all outpatient services to UHH / community facilities



Chronology of internal debate and discussion

Executive team;

July 2011: Clinical case for change discussed

December 2011: Strategic options to take forward clinical case for change identified and discussed

June 2012: Strategic options discussed

July 2012: Options for rehabilitation provision at UHH discussed

August 2012: Strategic Options discussed further

Trust Board:

May 2012: Clinical case for change together with strategic options for the way forward discussed

September 2012: Implications and timescales associated with service transformation discussed

Trust Directors Group;

October 2012: The clinical evidence for change was presented to trust staff, followed with questions and debate

Workshop;

July 2012: The options for service transformation were debated and discussed with senior medical and nursing staff.

Option 0 - Maintain the Status Quo

The Trust maintains the status quo and continues to provide emergency medicine from UHH with the support of level 2 and 3 critical care, with the majority of the emergency work carried out at UHNT. This does not mean standing still, as professional standards and guidance changes all the time. Changes will be required going forward to enable the trust to maintain present standards.

This will mean the trust continues to provide the services below

UHH	UHNT
• Acute medicine • Elderly / stroke rehab • A full range of out patients • 2 x level 2 beds and 2 x 3 beds critical care support • General surgery elective inpatients • General surgery day case • Orthopaedic elective inpatients • Orthopaedic day case • Gynaecology day case • Cardiac catheterisation unit • Cardiac investigation unit • Planned Endoscopy • Chemotherapy day unit • Rheumatology day unit • Elderly Care Day Unit • Assisted Reproduction Unit • Mortuary Services • Midwife Led Unit • Community dental • Paediatric day unit • **Support Required** • A dedicated critical care area • CT, MRI, Ultrasound Scans and plain x-ray support from radiology • A ward base for emergency medical inpatients • A ward base for elective surgical and orthopaedic inpatients • A ward base for elderly / stroke rehabilitation inpatients • Access to main theatres • Access to endoscopy suite / day case theatre • Pharmacy • Outpatients department • Pathology • Fluoroscopy • Medical Illustration • Nuclear Medicine	• Emergency medicine • Elderly / Acute stroke / stroke rehab • A full range of out patients • 4 x level 2 beds and 8 x level 3 beds critical care support • Emergency general surgery • General surgery elective inpatients • General surgery day case • Emergency orthopaedic surgery • Orthopaedic elective inpatients • Orthopaedic day case • Gynaecology inpatients • Gynaecology day case • Cardiac investigation unit • Planned Endoscopy • Chemotherapy day unit • Rheumatology day unit • Elderly Care Day Unit • Mortuary Services • Full range of obstetric services • **Support Required** • A dedicated critical care area • CT, MRI, Ultrasound Scans and plain x-ray support from radiology • A ward base for emergency medical inpatients • A ward base for elective surgical and orthopaedic inpatients • A ward base for elderly/ acute stroke rehabilitation inpatients • Access to main theatres • Access to endoscopy suite / day case theatre • Pharmacy • Outpatients department • Pathology • Fluoroscopy • Medical Illustration • Nuclear Medicine

NB

- UHNT is a trauma unit and a cancer unit,
- JCUH is a trauma centre and cancer centre, as well as being a centre for vascular surgery, upper GI and neurology and other specialist services.
- Newcastle Freeman Hospital is a trauma centre, cancer centre, as well as being a centre for vascular surgery and neurology and other specialist services

Critique

Maintaining the status quo will mean there is no change to the way the local populations access services. However it can be argued that the status quo does not provide an equitable service on both sites. The Trust strives to provide high quality services to the population it serves. To facilitate this some services such as hyper acute stroke, have centralised to UHNT to ensure clinical guidelines and standards are met by making optimum use of specialist staff and equipment. Going forward patient safety has to be the utmost priority in service provision.

Maintaining clinical standards and patient safety is becoming increasingly difficult across two hospital sites as described. Looking to the future, further service changes will be required to meet more stringent standards as they are introduced if the Trust is to continue providing a safe, high quality service. These changes will need to be proactively managed.

There is a skilled and dedicated workforce, working at UHH and UHNT; however specialisation is increasing making it more difficult to provide an equitable service on both sites and to attract and retain medical and clinical staff across two hospital sites. This is exacerbated by the training requirements relating to the case mix of patients and conditions that trainees must have exposure to treating on a regular basis. There is a real threat that the Deanery will withdraw trainees in the future leaving the services non-viable if change is not proactively managed.

This configuration will result in the delivery of the current key performance measures; however it is questionable whether the configuration is future-proof in terms of sustainability of services.

Maintaining the status quo will not require any significant reconfiguration of estate, however it does not allow for economies of scale to be fully realised and will necessitate the maintenance and upkeep of two fully operational sites.

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Option 1 - Relocate emergency medicine and critical care to UHNT

This option considers the feasibility of centralising acute medicine and critical care on the UHNT site, which will complement existing emergency services at UHNT such as Accident and Emergency, 24 hour Surgical cover and a Gastro Intestinal Bleeding rota to support (and requiring support from) critical care. This will facilitate sub specialty medical rotas for specialist management of patients. The relocation of acute medicine to UHNT would require a further digital room to cope with the increase in demand for plain film X-Ray.

These changes could result in an "Elective Centre of Excellence" at UHH.

This would result in the service configuration detailed in the table below:

UHH	UHNT
• Elderly / stroke rehab medical beds for repatriation of Hartlepool patients (see variations below) • General surgery elective inpatients • Orthopaedic elective inpatients • General surgery day case • Orthopaedic day case • Gynaecology day case • Cardiac investigation unit • Planned Endoscopy • Outpatients department • Chemotherapy day unit • Rheumatology day unit • Elderly care day unit • Midwifery Led Unit • Assisted Reproduction unit • Rehabilitation unit **Support required** • CT, MRI, Ultrasound Scans and plain film X-Ray support from radiology • A ward base for surgical / orthopaedic in patients • Access to main theatres • Access to endoscopy suite / day case theatre • Pharmacy • Outpatients department • Nuclear Medicine • Rehabilitation facilities	• Emergency medicine including cardiac catheterisation • Elderly / acute stroke/ stroke rehab • A full range of out patients • 4 x level 2 beds and 8 x 3 beds critical care support • Emergency general surgery • General surgery elective inpatients -all ASA Grades • General surgery day case • Emergency orthopaedic surgery • Orthopaedic elective inpatients - all ASA Grades • Orthopaedic day case • Gynaecology inpatients • Gynaecology day case • Cardiac investigation unit • Planned Endoscopy • Chemotherapy day unit • Rheumatology day unit • Elderly Care Day Unit • Mortuary Services • Full range of obstetric services **Support Required** • A dedicated critical care area • CT, MRI, Ultrasound Scans and plain x-ray support from radiology (**1 additional digital room and 1 additional USS room)** • A ward base for emergency medical inpatients • A ward base for elective surgical and orthopaedic inpatients • A ward base for elderly /acute stroke rehabilitation inpatients • Access to main theatres

	• Access to endoscopy suite / day case theatre • Pharmacy • Outpatients department • Pathology • Fluoroscopy • Medical Illustration • Nuclear Medicine

Variations of this option would be

a) Relocate the elderly care / stroke rehabilitation in patients to UHNT to facilitate continued medical input to the care of these patients
b) Purchase community beds in an appropriate location, for example West View Lodge, with daily in reach from an elderly care physician
c) Have Nurse or therapy led beds at UHH with daily medical input

Critique

This option would result in a better critical care and acute medicine service as skilled staff will be concentrated on one site. The efficiencies gained would enable the services to attain and maintain latest best practice standards including 7 day cover on base wards in medicine and early specialist input. Training placements for junior staff would offer exposure to an unselected patient base thus meeting the requirements of the Deanery. This option is more future proof for service delivery than maintaining the status quo.

An improvement is expected on the delivery of key performance and clinical outcome measures, however, pressures on space will result in a reassessment of cleaning regimes and surge capacity availability. Some patients will have to travel to North Tees for their inpatient stay, as will their visitors. Conversely, some patients from the Stockton area may have to travel to UHH for their out patient diagnostic as well as elective care.

Some staff who have been based at UHH will have to be relocated to UHNT and vice versa. The

initial estimate of medical beds to transfer from UHH to UHNT is around 130 assuming the realisation of some economies of scale, 100 additional beds at North Tees are required to centralise the Medical directorate onto one site. There are a number of possible estate solutions.

Reducing any service currently provided from UHH will be politically contentious and will require relationship management and collaborative working.

N.B.

If elective inpatient general and orthopaedic surgery continues at UHH there is a need to review the 24 hour medical and nursing workforce cover to ensure safety and quality is paramount in service delivery. It would be possible to treat more elective day case and in patients at UHH from the surrounding area.

Option 2 - As 1) plus relocate elective inpatient surgery and orthopaedics to UHNT

This option entails relocating acute medicine, critical care, inpatient elective surgery and inpatient elective orthopaedic surgery to UHNT from UHH. This would allow elective day case

general surgery and orthopaedics to be delivered from UHH. The day case unit could run 7am until 10pm. This would result in the closure of UHH overnight, however there is a risk that patients may need to transfer to UHNT for overnight observation. There would need to be agreed criteria for patients who can be treated at UHH.

These changes could result in a "Diagnostic and Treatment Centre" at UHH.

Pursuing this option would result in the service configuration detailed in the table below

UHH	UHNT
• A full range of outpatients • General surgery day case • Orthopaedic day case • Gynaecology day case • Cardiac investigation (albeit with reduced activity and staff due to no inpatient work) • Planned Endoscopy • Outpatients department • Chemotherapy day unit • Rheumatology day unit • Elderly Care day Unit • Assisted reproduction Unit • Midwifery Led Unit **Support required** • CT, MRI, Ultrasound Scans and plain film X-ray support from radiology but only in extended office hours to support day case / 23 hour ward. • Access to endoscopy suite / day case theatre • Pharmacy • Day case suite	• Emergency medicine including cardiac catheterisation • Elderly / acute stroke/ stroke rehab • A full range of out patients • 4 x level 2 beds and 8 x level 3 beds critical care support • Emergency general surgery • General surgery elective inpatients • General surgery day case • Emergency orthopaedic surgery • Orthopaedic elective inpatients • Orthopaedic day case • Gynaecology inpatients • Gynaecology day case • Cardiac investigation unit • Planned Endoscopy • Chemotherapy day unit • Rheumatology day unit • Elderly Care Day Unit • Mortuary Services • Full range of obstetric services **Support Required** • A dedicated critical care area • CT, MRI, Ultrasound Scans and plain x-ray support from radiology (**additional upgrade of analogue room to digital and an image intensifier unless theatre adopts 3 session working)** • A ward base for emergency medical inpatients • A ward base for elective surgical and orthopaedic inpatients • A ward base for elderly/acute stroke rehabilitation inpatients • Access to main theatres • Access to endoscopy suite / day case theatre • Pharmacy • Outpatients department

	• Pathology • Fluoroscopy • Medical Illustration • Nuclear Medicine

NB

Further clinical risk scoping is required for the areas listed below

- Chemotherapy Day Unit
- Rheumatology day unit

A variation to this option is

a. All inpatient surgery transfers to UHNT requiring 45 inpatient beds
b. ASA grade 3&4 patients only transfer to UHNT requiring in the region of 10 inpatient beds (tbc)

Critique

If inpatient general surgery, gynaecology and orthopaedics are centralised to UHNT, either all ASA grades could be done there or just the more complex ASA grades 3 and 4. If only ASA grade 3 and 4 patients were operated upon at UHNT, this would require approximately 5 - 10 extra beds, if all inpatients were operated upon at UHNT this would require an extra 45 beds. There is an argument to maintain ASA grades 1 and 2 at UHH as the patients are low risk, with few associated complications, and it maintains services at UHH. There would need to be pathways in place to ensure patients had access to a surgical review out of hours if the need arises. This would also provide facilities for those “Day Case” patients who on rare occasions require an unplanned overnight stay. If some surgery is maintained at UHH it will relieve pressure on theatres at UHNT.

There is also an option to centralise all inpatient surgery to UHNT. This would facilitate efficiencies of medical and nursing staff by bringing the surgical specialty together on one site.

An improvement is expected on the delivery of key performance and clinical outcome measures, however, additional pressures on space will need reassessment of cleaning regimes and surge capacity availability. There would also be additional pressure on theatres and extended working would be required if all elective inpatient specialties transferred to UHNT. There could be a loss of activity through patient choice. There will be an impact upon CSSD at North Tees if there is significant shift in work from UHH to UHNT.

With regard to access, some patients and their relatives would have to travel to UHNT for their inpatient stay that would have previously been admitted to UHH. Some patients from the Stockton area will have to travel to UHH for their in patient stay or out-patient diagnostic, as happens now. Providing all inpatient general and orthopaedic surgery at UHNT would realise staffing efficiencies in main theatres, medical rotas and on the ward areas. Staff that have been based at UHH will have to be relocated to UHNT.

Providing all inpatient general and orthopaedic surgery at UHNT would realise staffing efficiencies in main theatres, medical rotas and on the wards staff and therefore should reduce the associated costs.

Reducing any service currently provided from UHH will be politically contentious and will require relationship management and collaborative working.

Option 3 - As 2) plus relocate all elective day case surgery and orthopaedics to UHNT / community facilities

This option explores the feasibility of providing of all acute medicine, elective surgical and elective orthopaedic services onto one site. This may be an opportunity to develop a "Diagnostic Centre of Excellence".

This would result in the service configuration detailed in the table below

UHH	UHNT
• A full range of outpatients • Cardiac investigation unit • Planned Endoscopy • Outpatients department • Chemotherapy day unit • Rheumatology day unit • Elderly care day unit • Assisted reproduction Unit • Midwife led unit **Support Required** • CT, MRI, Ultrasound Scans and plain film X-ray support from radiology but only in office hours. • Access to endoscopy suite • Pharmacy • Outpatients department	• Emergency medicine including cardiac catheterisation • Elderly / acute stroke / stroke rehab • A full range of out patients • 4 x level 2 beds and 8 x level 3 beds critical care support • Emergency general surgery • General surgery elective inpatients • General surgery day case • Emergency orthopaedic surgery • Orthopaedic elective inpatients • Orthopaedic day case • Gynaecology day case • Gynaecology inpatients - Cardiac investigation unit • Planned Endoscopy • Chemotherapy day unit • Rheumatology day unit • Elderly Care Day Unit • Mortuary Services • Full range of obstetric services • **Support Required** • A dedicated critical care area • CT, MRI, Ultrasound Scans and plain x-ray support from radiology **(relocate digital equipment from UHH)** • A ward base for emergency medical inpatients • A ward base for elective surgical and orthopaedic inpatients • A ward base for elderly / acute stroke rehabilitation inpatients • Access to main theatres • Access to endoscopy suite / day case theatre • Pharmacy • Outpatients department

	• Pathology • Fluoroscopy • Medical Illustration • Nuclear Medicine

NB

Further clinical risk scoping is required for the areas listed below

- Chemotherapy Day Unit
- Rheumatology day unit

This would result in the closure of UHH at around 8pm.

There is a variation of this option

a. Some additional day case procedures could be provided from a community location such as One Life Hartlepool (hand and foot surgery is already delivered from this site)

Critique

There are no quality, patient safety and experience arguments for moving day case surgery from UHH to UHNT. There is no clinical standard argument for moving day case surgery from UHH to UHNT. The Royal College of Surgeons (2007) and The British Association of Day Surgery / The Association of Anaesthetists of Great Britain & Ireland (2011) supports the use of day case facilities claiming it has significant benefits for patients including reduced risks of hospital acquired infection or having their operation postponed.

Plans will need to be in place to ensure demand does not negatively impact on the trusts elective waiting times and flexibility. Additional pressures on space may result in less robust cleaning regimes and surge capacity availability. There would also be additional pressure on theatres both main and day case and extended working would be required in all elective inpatient and day case specialties. This option would result in more patients travelling from the Hartlepool to Stockton areas for their surgery.

There would be efficiencies in staffing realised by centralising all day case surgery to UHNT, but staff who have been based at UHH will have to be relocated to UHNT.

The impact on estate would be the similar to option 2. If this option is to be pursued, further clarity on day case theatres and spaces will be sought.

Reducing any service currently provided from UHH will be politically contentious, requiring relationship management and collaborative working.

Option 4 - As 3) plus relocate all elective endoscopy to UHNT / community facilities

The provision of all elective surgical services and endoscopy services onto one site maximises efficiencies of staff but increases demand on the major site for appropriate estate, endoscopy and theatre capacity. The service configuration would be the same as the table above but there is a variation of this option

1. Provide some endoscopies and or day case surgery from a community location or locations, given that facilities meet the appropriate standards ie the Joint advisory group for accredited endoscopy units.

Critique

There are no quality, patient safety and experience arguments for moving endoscopy from UHH to UHNT. Anecdotally, concentrating endoscopy services in a self-contained endoscopy suite would improve patient experience, but this is already the case on both hospital sites. Any rooms used for endoscopy will need to meet JAG standards. This is currently achieved in the Rutherford Morrison Unit at UHH and the suite at UHNT.

There would be no impact expected on the delivery of key performance measures, however, there would need to be reassessment of cleaning regimes and surge capacity availability. There would also be additional pressure on theatres both main and day case and on the endoscopy suite and extended working would be required in all elective inpatient and day case specialties, this could be off set by the use of community facilities.. Further endoscopy suite developments would be required to maintain access and delivery performance. This option may mean that patients would be required to travel to UHNT for what is a relatively short and minor procedure.

Having all service on one site, with the exception of out patients increase staffing efficiencies and therefore should reduce the costs associated. Staff who have been based at UHH will have to be relocated to UHNT.

Currently there are 4 endoscopy examination rooms at UHNT and 2 at UHH (with proposals to expand to 3 at UHH).

Reducing any service currently provided from UHH will be politically contentious, requiring relationship management and collaborative working.

Option 5 - As 4) plus relocate all outpatient services to UHNT / community facilities

Centralising all services onto one hospital site is the most efficient configuration in terms of staff utilisation, however, it will likely lead to significant pressure on demand for estate
This would facilitate the closure of UHH. This is not the journey expected in the delivering

the new hospital

Critique

Having all service on one site, with the exception of out patients, and increase staffing efficiencies and therefore should reduce the costs associated. Staff who have been based at UHH will have to be relocated to UHNT. Centralising all services may realise staffing efficiencies but would exacerbate existing estate pressures. The resultant quality, patient safety and experience would suffer as a result of all services being located and vying for estate on a single site. Notwithstanding all of the access and delivery issues outlined in the previous options, key performance measures would likely deteriorate if all services from UHH were reprovided at UHNT.

With regard to estate cognisance should be given to the following:

- Community facilities should be considered for a proportion of the day case, endoscopy and outpatient activity

- The rheumatology day unit could be provided in an alternative manner, removing the need for provision of estate
- There are facilities for the provision of plain film X-Ray and Ultrasound Scans in the One Life Centre in Hartlepool which would result in the effective utilisation of One Life Hartlepool for adult and children's outpatient services
- There would need to be further clarification of what may be required from the estate to facilitate this.

Reducing any service currently provided from UHH will be politically contentious.

Option 6 - Reverse the status quo i.e. swap services between sites so that University Hospital of Hartlepool becomes the more acute / emergency focused site

It is necessary to consider the option of recreating UHH as the major site. Reversing the status quo would require reproviding all emergency services, including obstetrics at UHH, with emergency medicine at UHNT supported by level 2 and 3 critical care. The current capacity of the two hospital sites are different, with UHNT having a larger gross internal floor area and total footprint than UHH. Furthermore it should be noted that:

- There are presently
  - 6 main and 1 day case theatres at the University Hospital of Hartlepool and
  - 8 main theatres, including 2 obstetric theatres, 3 day case and 1 minor operations theatres at the University Hospital of North Tees,
  - There is space for 4 endoscopy rooms at UHNT and 3 at UHH.

- For critical care there are 15 bed spaces at UHNT and 6 bed spaces at UHH

The current internal floor space at UHNT is much greater than UHH and would therefore require a significant multi million pound investment to create the same space at UHH that UHNT has.

This will mean the trust continues to provide the services below from UHNT

UHH	UHNT
• Emergency medicine • Elderly / stroke rehab • A full range of out patients • 4 x level 2 beds and 8 x 3 beds critical care support • Emergency general surgery • General surgery elective inpatients • General surgery day case • Emergency orthopaedic surgery • Orthopaedic elective inpatients • Orthopaedic day case • Gynaecology elective inpatients • Gynaecology day case • Cardiac investigation unit • Planned Endoscopy • Chemotherapy day unit • Rheumatology day unit • Elderly Care Day Unit	• Acute medicine • Elderly / stroke rehab • A full range of out patients • Level 2 and 3 critical care support • General surgery inpatients • General surgery day case • Orthopaedic inpatients • Orthopaedic day case • Gynaecology Day case • Cardiac catheterisation unit • Cardiac investigation unit • Planned Endoscopy • Chemotherapy day unit • Rheumatology day unit • Elderly Care Day Unit • Mortuary Services • Midwife Led Unit

• Mortuary Services • Full range of obstetric services **Support Required** • A dedicated critical care area • CT, MRI, Ultrasound Scans and plain x-ray support from radiology • A ward base for emergency medical inpatients • A ward base for elective surgical and orthopaedic inpatients • A ward base for elderly / stroke rehabilitation inpatients • Access to main theatres • Access to endoscopy suite / day case theatre • Pharmacy • Outpatients department • Pathology • Fluoroscopy • Medical Illustration • Nuclear Medicine	(Note that the swapping of the reproduction units from UHH to UHNT have not been considered) **Support required** • A dedicated critical care area • CT, MRI, Ultrasound Scans and plain x-ray support from radiology • A ward base for emergency medical inpatients • A ward base for elective surgical and orthopaedic inpatients • A ward base for elderly / stroke rehabilitation inpatients • Access to main theatres • Access to endoscopy suite / day case theatre • Pharmacy • Outpatients department • Pathology • Fluoroscopy • Medical Illustration • Nuclear Medicine

Critique

Reversing the status quo will mean there will be changes to the way the local populations access services. It can be argued that the status quo does not provide an equitable service on both sites. An example of this is a lack of surgical input out of hours at UHNT. The Trust strives to provide high quality services to the population it serves. To facilitate this some services have centralised to UHNT to ensure clinical guidelines and standards are met by making optimum use of specialist staff and equipment. Going forward patient safety has to be the utmost priority in service provision, it could be argued that that with this configuration, patients at UHH and UHNT would not receive an equal service.

Maintaining clinical standards and patient safety is becoming increasingly difficult across two hospital sites. Looking to the future, service changes will be required to meet more stringent standards as they are introduced if the Trust is to continue providing a safe, high quality service. There is a skilled and dedicated workforce, working at UHH and UHNT; however specialisation is increasing making it more difficult to attract and retain medical and clinical staff across two hospital sites. This is exacerbated by the training requirements relating to the case mix of patients and conditions that trainees must have exposure to treating on a regular basis. Against this back drop it should be noted that more senior staff will be needed to cover rotas to enable standards to be maintained going forward. This would bridge the gap left in posts that would traditionally have been filled by trainees. There is a real threat that the Deanery will withdraw trainees in the future leaving the services non viable if change is not proactively managed.

The existing spare capacity in estate at Hartlepool offers the potential to provide 2 wards that are currently not used as patient accommodation. Thereafter requirements to increase capacity further would require either modular build as EAU solution, or more probably a new

building construction to house multiple wards and services. This would require a significant multi million pound investment. There would be no staffing efficiencies.

Reducing any service currently provided from UHNT will be politically contentious, requiring relationship management and collaborative working .

Options 7 - 11

From a start point of Reversing the Status Quo and with the exception of the Cardiac Catheterisation and Assisted Reproduction Units noted above, Options 7 – 11 are a reflection of options 1 – 5 with services systematically being relocated to UHH from UHNT. Each option therefore has the same implications for Quality, patient safety and experience, clinical standards, workforce and political implications as their reflected option 1-5.

7) As 6) plus relocate emergency medicine and critical care to UHH

See option 1

8) As 7) plus relocate elective inpatient surgery and orthopaedics to UHH

9) As 8) plus relocate all elective day case surgery and orthopaedics to UHH / community facilities

10) As 9) plus relocate all elective endoscopy to UHH / community facilities

11 As 10) plus relocate all outpatient services to UHH / community facilities

4.7 The Assessment Criteria

Initially it was proposed that the options appraisal is carried out in 2 stages. The first stage was to be a formal pass / fail stage, where each of the options is subject to 6 questions relating to each of the six assessment criteria categories. A “No” answer to any of the 6 questions rules the option out from further consideration. However, in the course of gathering the clinical evidence for change and exploring the options more rigorously, a more generic red / amber / green rating is suggested for the first pass against the six broad criteria:

Clinical Quality, Safety and Patient Experience
Access and Delivery
Workforce
Estate
Finance
Political

For each area, three key questions have been considered and rated on a three point scale of

- Red - does not meet the dimension / no
- Amber - partly meets fulfils the dimension / partly
- Green - fully meets the dimension / yes

[Ratings still to be constructed]

Clinical Quality, Safety and Patient Experience

This category focuses on the delivery of high quality clinical care which doesn't compromise patient safety and provides a positive patient experience. The three key dimensions are:

- Will the clinical quality of the service provided be improved?
- Is service likely to be safer?
- Will the patient have a better experience?

Access and Delivery

This is fundamentally about whether patients are able to access services in a convenient and timely fashion and that the Trust meets the range of regulatory frameworks and performance measures expected of it.

- Are services provided closer to the majority of users?
- Will the range of regulatory frameworks be adhered to?
- Will users receive treatment in a timely fashion?

Workforce

This is essentially around the ability to recruit and retain a suitably skilled and competent workforce paying attention to their health and wellbeing.

- Will recruitment and retention rates be improved?
- Will the Royal Colleges and Deanery support the model of care proposed?
- Will staff benefit from the changes with respect to their personal health and wellbeing?

Estate

Although related to geographical access to services this category also importantly recognises the physical condition of the current estate and the feasibility to modify estate to meet the service changes.

- Is there sufficient available estate?
- Can physical access issues be overcome in particular transport and parking?
- Can clinical adjacencies be optimised?

Finance

Primarily concerned with the cost effectiveness of each option when capital and revenue costs and savings are evaluated, primarily estate refurbishment, maintenance and running costs and staffing expenditure.

- Is the solution cost-effective from a capital spend / revenue savings perspective?
- Is the payback period acceptable?
- Can the Trust raise sufficient capital to deliver the changes?

Political

Consideration is given to the local political arena in the form of Health Overview and Scrutiny Committees and also national policy, in particular the changing shape of NHS commissioning and national drivers for centralisation and sub-specialisation

- Is the solution aligned to the national policy direction of travel?
- Is there buy-in from the local commissioners?

- Will it be acceptable to the Local Authority Health Overview and Scrutiny members?

Those options that remain following stage 1 will pass into a second stage and be subject to a weighted scoring system against more specific statements within each category. A complete assessment matrix will be developed if this approach is agreed.

A workshop will then be held with clinical staff to evaluate the options options.

Transition Workshop: Summary

Purpose

The purpose of the transition workshop was to inform and engage clinical staff in evaluating the options available to the Trust during the transition to the new hospital. An introduction was given, explaining events leading up to the workshop and why the Trust needs to look at alternative models for service provision in advance of the opening of a new hospital. The specialties discussed were critical care, medicine, general / orthopaedic inpatient surgery, cardiac catheterisation, rheumatology and chemotherapy. All Clinical directors, general managers, assistant directors, executive directors, matrons and service leads were invited to attend the workshop or to send a deputy on their behalf. There was representation from a wide range of clinical staff groups

Methodology

The attendees were seated in seven groups of three or four people. They were each given papers that detailed the options for each specialty together with a scoring matrix. The groups were encouraged to debate the pros and cons of each option and allocate the score they felt to be most appropriate (-1, 0, or +1) based on the six categories listed below.

Six categories to consider:
Clinical Quality, Safety and Patient Experience Access and Delivery Workforce Estate Finance Political

For each area, three key questions have been considered to be rated on a three point scale of:
SCORE = **-1** : does not meet the dimension / no SCORE = **0** : partly meets fulfils the dimension / partly SCORE = **1** : fully meets the dimension / yes

Results

The results for each specialty are captured below. The preferred option is coloured green.

Medicine and Critical Care

Option 1	Option 2	Option 3

The remaining 2 level 2 beds will be relocated from UHH to UHNT 2 additional level 2 bed spaces (to HBN standards), would be provided in a modular build adjacent to the unit on the flat roof	The remaining 2 level 2 beds will be relocated from UHH to UHNT 2 additional single rooms will be developed within the current unit to (HBN standards). And relocation of ancillary accommodation to an alternative location	Relocate 1 level 2 bed from UHH to UHNT critical care and the other to a main ward area in UHNT (1 critical care bed in a remote area)
Centralise all medicine to UHNT • This will require 130 beds at UHNT	Centralise Acute medicine to UHNT but maintain a rehabilitation unit at UHH • This will require an extra 100 beds at UHNT. This allows more scope for the provision of a decant ward and managing surge from an estate perspective. • This will maintain 30 beds at UHH	Centralise Acute medicine to UHNT but maintain a rehabilitation unit in a community location in Hartlepool • This will require an extra 100 beds at UHNT. This allows more scope for the provision of a decant ward and managing surge from an estate perspective. • This will maintain 30 beds in a community location in Hartlepool

Surgery

Option 1	Option 2
All elective surgical patients who have ASA grade 1 and 2 will have their operation at UHH • This will require a review of the workforce at UHH	All elective surgical patients will have their surgery at UHNT.

Cardiac Catheterisation, Rhuematology and Chemotherapy

Option 1	Option 2
Cardiac Catheterisation Unit remains at UHH	Cardiac Catheterisation centralises to UHNT in line with Acute medicine
Provide rheumatology outpatients from a community location and maintain day unit services at UHH	Provide rheumatology outpatients and day unit services from a community location .
Provide chemotherapy outpatients from a community location and maintain day unit services at UHH	Provide chemotherapy outpatients and day unit services from a community location .

Discussion

The workshop generated lively debate among the group members. The group members did find it difficult to score the finance sections, so they have been left blank in many cases. The results of the scoring exercise were fed back to the groups at the end of the session.

The group members were not surprised by the outcomes and reported they felt the results reflected the issues that need to be addressed.

Conclusion

- The group work from the transition work shop suggests
- Relocating the remaining 2 level beds from UHH to UHNT, utilising 2 additional single rooms within the current unit to (HBN standards).
- Centralise medicine to UHNT and maintain a rehabilitation / step up / step down unit in a community location in Hartlepool.
- There is not a clear preference around surgery and therefore more work is needed to agree on a model for this specialty
- Centralise cardiac catheterisation to UHNT in line with acute medicine
- Provide rheumatology out patient services in a community location but maintain day unit services at UHH
- Provide chemotherapy out patient services in a community location but maintain day unit services at UHH.

NCAT review

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North Tees & Hartlepool NHS Foundation Trust

Date of Visit: 29January 2013
Venue(s): Hartlepool and North Tees Hospitals

NCAT Visitors: Dr Chris Clough
Dr Mike Jones

1. Introduction

1.1. NCAT was asked to clinically assure reconfiguration proposals for North Tees and Hartlepool NHS Foundation Trust (NTHFT) involving the University Hospital of Hartlepool (UHH) and University Hospital of North Tees (UHNT). The request for clinical assurance was initiated by Hartlepool and Stockton-on-Tees Clinical Commissioning Group as part of their service change assurance process as the Trust and Clinical Commissioning Group move towards public consultation.

1.2. Information reviewed - list of information received is shown in Appendix 1

1.3. Agenda and list of people met is shown in Appendix 2

2. Background

2.1. The background to this reconfiguration is lengthy and complex starting with the Tees Service Review in 2003, followed by the acute services review for Hartlepool and Teeside in 2005, the recommendations of the Independent Reconfiguration Panel 2006 and the development of the strategic plan Momentum – pathways to healthcare 2007. The details of these various recommendations and strategic plans will not be summarised here, but the conclusion of the most recent Independent Review Panel (IRP) , the Momentum programme, is that there should be a single new hospital, built between Hartlepool and Stockton, to replace the current services provided at UHH and UHNT. Additionally there should be a number of other work-streams to ensure that health services were as near to patient homes as possible, with the development of community services.

2.2. As part of the health service reform/redesign in North of Tees and the shared vision originating from the recommendations of the IRP, the new hospital capital project was consulted on in late 2008, leading to a final draft of the outline business case. As part of the spending review undertaken by the new coalition government following the general election in May 2010, the approval for public dividend capital (£464m) was withdrawn in June 2010. The Trust, with support from the then PCT (NHS Tees) and now NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group, is exploring alternative options for securing the required finance and, by the end of 2013 hope to identify an appropriate financial partner. A new hospital at the Wynyard site is expected to be in service by 2017.

2.3. In advance of and as anticipated in the new NHS with a strive for greater quality and safety standards that move to the new hospital the Trust is experiencing clinical problems of sustainability to keep abreast of escalating standards with the continued provision of two site acute medical and critical care services. It is the case for change for these services that NCAT has examined, but we have also reviewed the overall strategic direction of the Trust plans. Within the accompanying paperwork, plans to close the stand alone midwife led birthing unit (MLBU) at UHH were advanced, but we understand these are being reconsidered in an overall assessment of the provision of midwife-led services that exist within the community, or are hospital based. Whilst NCAT can understand that there may be concerns about the affordability and sustainability of a small stand-alone MLBU (approximately 300 births per year) we have not addressed the issue of maternity services directly, and these are not further discussed within the following report.

3. Case for change

3.1. Presently acute medicine and critical care (intensive care and high dependency care) are provided on the two sites of UHH and UHNT. Whilst UHNT is the major provider of acute medical services and critical care, UHH continues to admit acutely ill medical patients. Patients suffering from a possible stroke are already taken to UHNT (patients identified by the FAST test are transferred by the ambulance services to UNHT, other patients can self-present or be referred by GPs), and secondly patients

with acute coronary syndromes (ie those so-called STEMI patients) are taken directly or transferred to James Cook University Hospital for percutaneous coronary intervention. About 30 patients a day present to the acute medical unit (emergency medical unit) at UHH and a significant proportion of these will be ambulatory.

3.2. UHH is supported by a small critical care service with two ITU beds and two high dependency beds. Over recent years the bed occupancy has been 50% on average. Most of the activity using this service is referred on by the acute medical team. It is supported by anaesthetists with intensive care skills who are able to do a once daily ward round but are not able to offer the full panoply of intensive care support such as haemofiltration and routine tracheostomy can only be performed on mornings when the consultant is there. Such services are available routinely on the UNHT site. Patients for surgical tracheostomy need to be transferred to UNHT. It has been difficult to recruit and retain anaesthetists and medical staff to the UHH. In addition the nurses feel isolated within the unit and insecure about the level of care they are practicing.

3.3. The acute medical unit does run well and there are plenty of beds to which patients may be admitted , but again is not supported by the full panoply of services one would expect in a modern AMU. Patients need to be transferred to UNHT for endoscopy or other specialist opinion or interventions.

3.4. Thus the case for change here is predominantly clinically based, driven by the need to close the critical care unit at UHH which may potentially be unsafe, and secondly to provide modern fully supported acute medical care which certainly could not function without on-site critical care facilities. In the present situation patients may be left at UHH following their admission when it would have been better to transfer them in the first place to UNHT.

3.5. The proposal is to create a larger acute medical unit at UHNT, which would then be supported by a larger group of medical staff and other clinicians with specialist skills. The intensive care/critical care unit at UHH would

close and the capacity at UHNT would be expanded to accommodate the increased activity. Again there are likely to be efficiencies of scale and quality dividends by bringing all the individuals with intensivists skills onto one site.

3.6. The proposal will mean that the number of beds at UHNT will need to be expanded, and the figure given was of 100 extra beds committed to acute medicine. Within this present move there would also be some movement of plain X ray and diagnostic services to support acute medicine and critical care but these services would also remain on the UHH site to support outpatient services. Patients requiring elective surgery on the UHH site would undergo appropriate assessment to ascertain their ASA grade. Low grade patients (ASA 1 and 2) would be deemed fit enough to undergo surgery at the elective care centre. Those with higher ASA grades would be treated at UNHT in case of the need for critical care.

4. Views expressed on the day

4.1. The Trust and the CCG both have clear and creditable plans to develop high quality care for the people of Stockton and Hartlepool. It is important that the plans that emerge are evidence based and can be supported by our clinicians.

4.2. The Trust took on community services some time ago and would like to deliver integrated care, but there has been less investment in the community services at the Stockton side to enable us to do this.

4.3. There are now three short-listed bidders which have emerged to compete for the development/funding of the new hospital, and we would expect a recommendation by the end of the year

4.4. There has been a renaissance in community services. The single point of access has been a great success with signposting of appropriate services for the first time. However staff working at the SPA centre can feel stressed when attempting to make a decision about what is the appropriate patient pathway to recommend, and the default position may well be to admit.

4.5. We need to plan for the future, particularly the management of the frail elderly. It will be important to have integrated services with social services. A large proportion of these patients will have dementia who require appropriate care.

4.6. These plans will mean that 97% of the healthcare contacts that occur presently will remain in Hartlepool. We recognise that transport needs to be a key project. We are suggesting there needs to be a shuttle bus between the two hospitals. We know the public is worried about transport and it will be important to enhance both public transport and ensure that the ambulance service has sufficient capacity to make swift transfers if need be.

4.7. We are an upper decile performer with regard to average length of stay (3.6 days) for the acute medical service. We are trying to run an 85% bed occupancy, but often the occupancy is over 90%, particularly at the Stockton end (UHNT). Surgery runs at much lower occupancy rates (77-78%). Overall there will be 100 extra beds at North Tees to accommodate the increase in medical activity and this can be provided by refurbishing wards as at present. Additionally it would be relatively easy to reprovide the intensive care beds by some creative utilisation of space within the present ITU.

4.8. We must try to concentrate our elective surgical activity on the UHH site. Out of hours there will be a resident medical officer supported by advanced care nurse practitioners.

4.9. There are problems treating patients safely in the present UHH ITU. The number of beds is small, with low bed occupancy, and the medical cover relies on general anaesthetists some with intensivist skills. There is no dedicated intensivist presence on the ITU.

4.10. There is a growing disparity between the two sites because of the increasing isolation of the acute medical service and supportive critical

care. This can lead to an unwillingness to transfer patients from UHH which may not be in the patients' best interests. It is difficult to get specialist advice re haemofiltration and other specialist interventions for the patients in ITU. We have difficulty recruiting anaesthetists because of the low ITU throughput and facilities at UHH.

4.11. It would be difficult to justify training of junior anaesthetists in the ITU, and it is unlikely that the Deanery would support this at the UHH site. Increasingly we rely on locums which are difficult to find, and locum behaviour is worrying. Whilst what we are doing is adequate, this is not the model of care we want to see in the future.

4.12. One of the biggest challenges we have is working with the social services. However we do think we can preserve the relationships that have developed at UHH with community and social services if the acute services were to transfer to UHNT.

4.13. We want to develop consultant-led surgical care and this plan would assist that direction of travel. In the main UHH, as a surgical elective centre, would be dealing with orthopaedics (lower limb arthroplasty, spinal anaesthesia), breast surgery and paediatric day case surgery. There have been rare occasions when it has been necessary to open up the theatre out of hours for a deteriorating surgical patient using the UHH team. In future this occurrence must be kept to a minimum but in an extreme case it may be necessary to stabilise patients on the UHH site before transfer to UHNT.

We must utilise the capacity at UHH because without those 3 operating theatres we would not have the capacity to deliver all the surgical activity at UHNT.

4.14. There are concerns about equipment transfer between the two sites, and this needs to be clarified. We also need to do further work about understanding what competencies the out of hours team must have to support the level of elective care we would predict.

4.15. The acute medical team is comfortable with the assumptions about the rising level of admissions. We would expect this to be no more than 1% per year if integrated care and management of the vulnerable patients is developed within the community. We have work streams in mental health, substance misuse which aim to look at those care pathways carefully to identify patients at risk and prevent them being admitted unless absolutely necessary.

4.16. The local GPs are happy with the quality of care presently delivered at the two hospitals. We recognise the challenges faced by the Trust and support the movement of acute care to one site at UHNT.

4.17. We are not happy with the numbers of patients presently attending the ambulatory care unit at the Trust, and think these numbers need to be reduced over time by better provision of primary and community care. We recognise that GP services need to be more accessible, with 7 day working and extended hours. Presently there are a lot of zero day admissions; these need to be prevented wherever possible.

4.18. We are not happy with the paediatric assessment unit at UHH. We expect our children who are identified as being sick to be assessed by a paediatrician, at best a consultant, and presently this is mainly being performed by a nurse practitioner. Hence many of us are diverting children to UHNT anyway.

4.19. Whilst we recognise that community care needs to be developed, we must accept there has never been sufficient investment in the community services. It is worrying that the Trust re-admission rate is high, better community provision would help improve that.

4.20. Transport issues are key factors for patients.

4.21. The local Hartlepool Council has passed a vote of no confidence in the Trust management. Many people in Hartlepool do not support the building of a new hospital at Wynyard.

4.22. We would like to challenge the logic of the Momentum proposals. Why it is necessarily Stockton is the acute site rather than Hartlepool?

4.23. Patients do have concerns about the interim plans. Many of us took some convincing about the Momentum plans but have come to the view that the plans are acceptable as long as we develop community plans, and we would strongly support all attempts to keep care close to home.

4.24. We think the staff on both sites are good, and when we access care it is generally of a good quality. There are problems with access to some of the GPs locally, with up to 48 hours wait for an urgent appointment.

5. Discussion

5.1. Prior to the NCAT visit, both visitors were provided with a good deal of information about the background to the reconfiguration and the considerable political and other difficulties that the Trust and Commissioners have had over the past few years in making change happen with the North East. Thus it wasn't always clear from the paperwork what the substance of the proposal was, and what operational steps had been taken to achieve that. We fully understand the political difficulties in making change happen. Nevertheless we think the supportive paperwork could be considerably simplified, and certainly this would be necessary for public consumption, so that everybody is clear exactly what the proposal is about, the clinical case for change and what are the objectives and hoped-for outcomes to be achieved.

5.2. The core of this reconfiguration proposal is relatively straight-forward and that is the consolidation of the acute medical service on one site at Stockton and the transfer of the critical care services (ITU and HDU) to the Stockton site. This is the proposal we have clinically assured. As above, we have not reviewed plans for any changes in maternity services but did express our concerns about the viability of small standalone midwife led birthing units. We have not clinically assured any plans for a single site for all services, as envisaged with the new hospital build. Nevertheless we would like to make some broad strategic comments about the movement to

a possible new hospital at Wynyard, as this needs to be seen in the context of a national movement to create hospitals able to deliver care 24/7 with round the clock working for the acute team and supportive diagnostics.

5.3. We recognise that the public see a linkage between the interim plans and the final plans, but we think there is a pressing need to do something about what is happening to the acute services presently, no matter what the plans are for the future. Thus we see no need to link our decision with the decision making processes required for the acute hospital.

5.4. The clinical case for change can be strongly supported. What we witnessed today was dedicated and hard-working clinical teams at both sites, endeavouring to create a first class service but hampered by the present configuration. The key to what must happen is the provision of critical care. The present critical care service at UHH is inadequate, poorly staffed and does not meet the standards required for a modern intensive care unit. Its size and level of use mean that it will never be able to achieve these standards, thus it is not surprising that anaesthetists feel uncomfortable about working there, and there are problems with recruitment of anaesthetists and support staff. We heard that at times the nursing staff, particularly at night, feel unsupported and concerned in case a clinical error occurs. Certain practices are unacceptable, for instance the level of support for tracheostomy, the lack of haemofiltration and the ability to call on other specialist services. It is difficult to envisage how these deficits may be corrected. Massive investment in the service is not justified on the level of patient use, and it would be unlikely to be supported by the local education and training board (previously deanery). Thus we can see no alternative other than to transfer this service to UNHT. We believe there is capacity at that site to accommodate the increasing activity, and there will be the opportunity to bring together all the available staff and develop a dedicated intensivist workforce at UHNT.

5.5. The inevitable consequence of decommissioning critical care at UHH is that acute medical care can no longer be provided. Acutely sick patients need the availability of on-site resuscitation and critical care facilities. This must trigger the movement of acute medical care to UNHT. Not only that,

the present service is relatively small and does not have the full panoply of acute specialist care that is required to deliver high quality acute medicine. The bringing together of the two units under a single roof will undoubtedly enhance the level of support required for acute medicine and ensure there are viable specialist rotas, for instance in gastroenterology, respiratory medicine etc. It should also enhance the ability of elderly medicine to play an important part in identifying the frail elderly who require a comprehensive geriatric assessment and subsequent multi-disciplinary management.

5.6. When we spoke to the public and to the Overview & Scrutiny Committee members there was a significant majority in favour of the clinical argument for reconfiguration of the service. Not surprisingly the strongest support did come from those members of the pubic residing within the Stockton end of the patch. Nevertheless there were others from Hartlepool who also supported the plans. Understandably there are great concerns from the Hartlepool population about any changes to the services at UHH. They had two main concerns; firstly, whilst recognising that only a small part of the hospital services were being transferred to UNHT, and that the majority of services were remaining, it was felt that this could be the beginning of the end for UHH. Secondly, there are considerable concerns about transport – this has two components, firstly the extra travelling that relatives and carers would have to make in order to see their loved ones at UNHT when they were admitted acutely, and secondly was there sufficient capacity within the ambulance services to absorb the increased activity that inevitably would result from this transfer. From a clinical standpoint, the potential for small increases in travel times does not pose a significant clinical risk.

5.7. The Trust and its partners need to explain clearly the clinical case for change here, which is strong and can be strongly supported, but also reassure the Hartlepool public in particular that there is a continuing future for their hospital as a centre for elective care and other cold site services such as diagnostics and outpatients. Indeed there is a potential within the plans to develop intermediate care at UHH which would improve the care pathway for patients and ensure that once Hartlepool patients in particular had been treated at UHNT, they would be rapidly stepped down to

appropriate intermediate care facilities at UHH. The development of intermediate care at UHH will be an important component in managing the throughput of patients at the acute end.

5.8. Not enough has been done to describe patient narratives which l tell the story of what happens now and what will happen in the future. Overall we would expect these changes to deliver better patient outcomes, and all the OSC representatives and members of the public we spoke to agreed that some increased travel times was a necessary price to pay for better quality of care.

5.9. We were concerned about the lack of clarity about capacity planning for the enlarged Stockton unit. The assumptions used to model the bed numbers need to be robustly challenged and risk-assessed. Whilst it is very commendable that the CCG is emphasising the importance of providing adequate community services, and are putting plans in place to enhance admissions avoidance, it would be unwise to make any great assumptions that this necessarily will result in lowering the rise in hospital admissions. The Trust does need to plan for worse-case scenarios and risk-assess appropriately. It is possible that levels of admissions continue to rise and the planned achievements or reduction in average length of stay are not realised. We think the public need to be reassured that capacity planning has been carried out rigorously and the new service will be able to run efficiently and provide beds when they are needed. It would be best practice for the acute medical unit to assume a bed occupancy of 75% rather than the higher levels it has been achieving presently. The proposed bed/ambulatory care spaces in the acute medical unit on the UHNT site must be carefully modelled on present numbers and the time of day when patents present to ensure that the high quality care provided at the moment will not be compromised by the introduction of patients queues

5.10. There is much to be gained by developing primary care services and utilising community care. A community approach that utilises case registers for elderly patients with multiple morbidities, who are then appropriately risk stratified, would hopefully identify those patients in danger of needing admission so that they can receive targeted care within the community. Whilst we cannot guarantee that this would drive down

hospital admissions, the health economy can only thrive in the future if it reduces the reliance on hospital services, where the majority of costs are; the approach must be to concentrate on provision of high value interventions and decommission those healthcare interventions that have low value.

5.11. Removal of the acute services and critical care services from UHH will mean the Trust is able to focus on the provision of elective care on the UHH site. This can have considerable advantages in improving efficiency , patient flows and lowering rates of hospital acquired infection. Elective sites should be run to maximally utilise those resources, ensuring high levels of bed occupancy and theatre utilisation with low rates of cancellation and short waiting times. Patients will need to be appropriately risk-stratified, we were pleased to hear that the surgeons and anaesthetists fully recognise this. Consideration should be given to all the specialties that could potentially provide services on the UHH site as part of an elective care centre to ensure maximal utility of this site.

5.12. So far there has been very little debate about what the clinical support will be like following reconfiguration, and the key clinical competencies that must be provided in and out of hours within the on-site clinical team. This will be an important issue to resolve in advance of the transfer, and will determine exactly what the case-mix of patients who will be treated at UHH should be. There are a number of modern practices which can significantly enhance post-operative care of patients within daytime and early evening hours to ensure safe post-operative recovery and identify those patients who need further care (ie if they deteriorate surgically or have medical complications). This will require that appropriate protocols are put in place with physiological tracking schemes which provide an early warning of those patients who might need further care or indeed transfer to UHNT.

5.13. We would suggest that the clinicians, i.e. the surgeons and anaesthetists, get together very quickly to discuss these issues and agree on what the protocols of care should be, and what this might mean for the design of the clinical services. A lot can be safely done out of hours with the provision of a clinical team consisting of advanced care nurse practitioners with

resuscitation skills (ALS) but we suspect, following the discussion of the proposed case-mix of patients, there will need to be a medical presence on site overnight. This was described as a resident medical officer, or alternatively as a surgical trainee. The key to unlocking this problem is to look at the competency base of the whole team required to be on site in and out of hours. This will identify the skills and competencies of the individuals required. For instance we have seen similar plans where it was thought the most appropriate individual was an anaesthetist in training. Senior level support can be via telephone, presumably the on-call team at UHNT. Further thought should be given to whether telemedicine connections have anything to offer; for instance a video link might enable a consultant at distance to see and evaluate a patient, and watch a clinical exam. Digital imaging information can be easily transferred between the two hospitals. Our conclusion was that more work needs to be done to define the level of clinical support which would reside in and out of hours at UHH.

5.14. Turning to the more strategic issue of the long-term future of acute hospital services within the North East. This is of course a very large question, but it is one we feel we must raise. Whilst we wouldn't want to hold up the planning that is moving at a pace for the new acute hospital at Wynyard, we would point out that, within the North East, there are probably too many small DGH style hospitals. It would be appropriate to consider the consequences of planning a new hospital as above, but also to recognise that there may be an opportunity to configure services advantageously for the North East which in this case we would define roughly as that area between the Tyne and the Tees. It is clear that the two fixed points for acute hospital services are the Royal Victoria Infirmary at Newcastle and the James Cook University Hospital Middlesbrough. These are both large tertiary and, secondary care style hospitals which provide most services. What then is the requirement for other acute care providers? Whilst we recognise that the Healthcare Act provides for more qualified providers coming into the marketplace, acute care is extremely complex and costly and requires a strategic plan with partnership working between commissioners and providers.

5.15. The challenges ahead are a health economy which will not be growing as in previous years, and a requirement for year on year significant efficiency

savings. The major brunt of this inevitably will fall on the acute services, especially as there is a drive to improve primary and community services and deliver more care closer to patients' homes. The inevitable result of this is that there will be a requirement for fewer acute hospitals, and that these will cater for larger populations. The other side of the coin is that clinical care is becoming increasingly specialised within the acute sector, and needs to be provided by larger teams of clinicians who are available around the clock to ensure that patients' conditions are diagnosed speedily, and that there is immediate access to diagnostics and treatment in order to improve clinical outcome and produce shorter stays in hospital. Other drivers to change include a coming together of more specific services, for instance paediatrics, with the drop in the need to admit children and a requirement to provide 24/7 high quality inpatient care from dedicated paediatricians. This inevitably means there will be fewer paediatric inpatient units in the North East. We are aware that there are discussions within the North East to determine where these may be placed. The inevitable consequence of fewer paediatric units is fewer neonatal intensive care units and that will define where obstetric units will be placed (unless the size of the maternity unit justifies having its own standalone NICU).

5.16. We raise these issues because we think that there needs to be a broader strategic assessment of the requirement for acute hospital services within this geographical area and that CCGs need to come together to future-proof any plans they may have for new capital investment in acute hospital services. In the case of the proposed new hospital at Wynyard for instance, there may be a critical cut-off level for the population catchment area which will mean that the business case is challenged. If for instance this geographic site means that more patients from Hartlepool, through choice, are drifting down to the James Cook University Hospital, that could reduce the patient catchment to about 300,000,which will lead to a potential fall in income to fund the complex acute hospital care we would envisage as above. We would estimate (and here the evidence base can be challenged) that a larger population base of 500,000 and above, would lead to a more sustainable and affordable model. Nevertheless there are many other factors to consider including geographical variation, population clusters, travel times and political factors. Despite this, we think that this issue must

be raised with the commissioners and addressed speedily prior to proceeding with the new hospital build.

6. Conclusions

6.1. The clinical case for change is accepted. NCAT can support the move of the acute medical services and critical care services to UHNT. The timescale, whilst challenging, is supported and necessary in view of the potential for clinical risk at the UHH site

6.2. Capacity modelling needs to be robust and ensure that the reconfigured acute medical service aims to operate with an average bed occupancy of 75%.

6.3. The Trust needs to describe clearly what these changes will mean for the public and what services can be expected on both sites. A number of clinical narratives describing patient journeys need to be put forward to explain the change.

6.4. The public needs to see action taken about their concerns regarding transport and availability of appropriate public services between the two sites. Additionally the North East ambulance service needs to ensure they have sufficient capacity to deliver the increased numbers of transfers that might arise.

6.5. The residual clinical support (including medical on call) needs to be described on the UHH site. The approach should be one whereby the clinical competencies for the out of hours and in hours teams are defined to support the acutely ill patient.

6.6. The CCG and Trust need to work together to define patient pathways which ensure the right patient is treated in the right place first time, the aim being to reduce the number of patients who are admitted to secondary care and to improve overall quality of care delivered to patients, particularly those with multiple morbidity and long-term care needs.

6.7. The bigger questions of acute hospital strategy for the North East need to be addressed (see above).

7. Recommendations

7.1. The Trust proceeds to public consultation regarding the changes described above as soon as possible.

7.2. The CCG and Trust working together to respond to the conclusions as above and gives a written response to NCAT and NHS North of England within 3 weeks.

7.3. The CCG and Trust consider the need for external clinical review of the plans for the new hospital beyond the element of review built into the next steps of commissioning the new hospital to ensure that the model of care and facilities proposed will meet the needs of the local population and wider strategic direction of healthcare in the North East.

Appendix 1 Documentation Received

1 Covering Letter

2 Strategic Options

2.1 Strategic Options – 4 May 2012
Previous versions available if required
2.2 Presentation Transition Plan Summary of Options 12 June 2012

3 Cases for Change

3.1 Transition Plan 17 October 2011
3.2 Transition Workshop outcomes

4 Project Management of Service Reconfiguration

4.1 Presentation Strategic Options for Future Configuration of Services – 24 April 2012

- Transition Board Agenda – 17 January 2012
- Transition Board Agenda – 17 October 2011
- Service Transformation Project Group – Agenda of 7 December 2012

4.2 Service Transformation Project Group – Terms of Reference
4.3 Service Transformation Project Group – Project Initiation Document
4.4 Service Transformation Project Plan
5 North of Tees Partnership Board Agenda 20 December 2012
4.5 North of Tees Partnership Board Terms of Reference
5 North of Tees Partnership Board Agenda 21 June 2012
4.6 Minutes of the North of Tees Partnership Board – 21 June 2012
4.7 Service Transformation Presentation to North of Tees Partnership Board – 21 June 2012

5 Communication and Stakeholder Engagement

5.1 Communications Strategy and Implementation Plan
5.2 £40 m Challenge / Transition Plan – Engagement Schedule
5.3 Report to Executive Team: future service model 28 August 2012
5.4 Report to Trust Board: future service model 13 September 2012
5.5 Presentation to Trust Directors Group 19 October 2012
Report to Trust Executive Team 27 November 2012
Audit Trail of Current Engagement relating to Service Transformation.

6 Overview and Scrutiny Committee

6.1` Presentation to demonstrate the Trusts' commitment to developing services in Hartlepool – February 2012
6,2 Presentation by NHS Hartlepool on the proposal to transfer Outpatient Services to One Life
Hartlepool – 23 August 2012
6.3 (a & b) Presentation by NHS Hartlepool and Stockton and Tees Clinical Commissioning
Group and North Tees & Hartlepool NHS Foundation Trust – October 2012
6.4 Report to outline the potential impact of Outpatient moves into Community settings –

December 2012

6.5 The Positive Moves discussed with Hartlepool OSC on 15 December 2011

7 Clinical Evidence

- Links to Clinical Evidence documents

8 Guidance and Service Reviews

8.1 Guide to Service Change – Incorporating the NHS Yorkshire and the Humber Service Change Assurance Process

8.2 Reconfiguration Proposals That Have Passed The Lansley Criteria (HSJ Online (19/11/10)

8.3 Tees Review Acute Services – Report by Professor Sir Ara Darzi 2005

8.4 Independent Reconfiguration Panel Report (IRP) – Advice of Proposals for changes to Maternity and Paediatric Services in North Tees and Hartlepool 2006

9 Clear and Credible Plans

9.1 NHS Hartlepool and Stockton-on-Tees CCG

9.2 NHS Durham Dales, Easington and Sedgefield CCG

10 Activity and Performance and Additional Information

10.1 Annual Report

10.2 Annual Plan

10.3 Operational Efficiencies Report 2011/12

10.4 Operational Efficiencies Report 2012/13 to date

10.5 Board of Directors Report – Operational Efficiencies – November 2012

10.6 Board of Directors - Winter Resilience Report – October 2012

Appendix 2

PROGRAMME FOR VISIT

Time	Subject	Venue
9.15 am 9.20 am 9.35 am 9.50 am	Introduction to NCAT by Dr Chris Clough Expectations of the Visit and NHS Hartlepool and Stockton-on-Tees Clear and Credible Plan – led by Dr Boleslaw Posmyk and Mrs Alison Wilson. Case for Change and the bigger picture – led by Trust Executive Team. Discussion	Board Room University Hospital of Hartlepool
10 am	Tour of facilities at the University Hospital of Hartlepool including ITU, Ward 7, EAU and Ambulatory Care	Visit General Medicine and Critical Care
11.45 am 12.15 am	Clinical Case for Change Discussion	Board Room University Hospital of Hartlepool
12.30 pm	**WORKING NETWORKING LUNCH** Trust consultants drop in	
1 pm	Meet with Local GPs and CCG Representatives	Board Room, University Hospital of Hartlepool
2pm	Meet with Representatives from Hartlepool, Durham and Stockton Overview and Scrutiny Committee	Board Room, University Hospital of Hartlepool
2.45pm	Meet with Representatives from Patient Carer Groups (LINKs, Hospital User Group)	Board Room, University Hospital of Hartlepool
3.15 pm	**TRAVEL TO UNIVERSITY HOSPITAL OF NORTH TEES**	
3.50 pm	Tour of facilities on the University Hospital of North Tees including EAU, Ambulatory Care, Short Stay Unit and Critical Care Unit.	Visit General Medicine and Critical Care
4.45 pm	Closing Session	Board Room, University Hospital of North Tees
5 pm	Depart the University Hospital of North Tees	

People Met

Julie Gillon	Chief Operation Officer/Deputy Chief Executive
David Emerton	Medical Director
Lynne Hodgson	Director of Finance & Information Management
Alan Foster	Chief Executive
Sue Smith	Director of Nursing and Patient Safety
Farooq Brohi	Consultant Anaesthetist & Critical Care
Kevin Oxley	Commercial Director
Narayanan Suresh	Clinical Director Anaesthetics
Cameron Ward	Acting CE NHS Tees Director (Durham, Darlington & Tees) Area Team of NHS Commissioning Board
Ben Clark	Assistant Director (Durham, Darlington & Tees) Area Team of NHS Commissioning Board
Katie Dixon	Strategic Planning Manager
Nick Roper	Clinical Lead, Acute Medicine and New Hospital
Jean Macleod	Clinical Director Medicine
Linda Watson	Clinical Director of Community Services
Peter Tindall	AD Strategic Planning & Development
Boleslaw Posmyk	Chair NHS Hartlepool and Stockton-on-Tees CCG
Ali Wilson	Chief Officer NHS Hartlepool and Stockton-on-Tees CCG
Paul Williams	Locality Lead (Stockton) NHS Hartlepool and Stockton-on-Tees CCG
Mike Smith	Locality Lead (Hartlepool) NHS Hartlepool and Stockton-on-Tees CCG
Paul Pagni	GP
Nick Timlin	GP
Paddy O'Neill	GP
S Findlay	GP, CCO DDES CCG
Graeme Niven	Chief Finance Officer, NHS Hartlepool and Stockton-on-Tees CCG
Jed Hall	Vice Chair, Hartlepool Health Scrutiny Forum
Louise Wallace	Director of Public Health, Hartlepool Borough Council/PCT
Keith Fisher	HBC – Member of Health Scrutiny Forum

G Lilley	HBC – Member of Health Scrutiny Forum
J Beall	Deputy Leader, Chair HWB Stockton Borough Council
M Javed	Chairman Health Committee Stockton Borough Council
Peter Kelly	Director of Public Health, Stockton Borough Council
Peter Meenear	Scrutiny Officer, Stockton Borough Council
Cllr Robin Todd	Chair, PWH OSC Durham County Council
Feizel Jassat	OSC Manager, Durham County Council
Chris Greaves	General Manager, Anaesthetics & Critical Care
Sue Piggott	General Manager Medicine & Emergency Care
Chris Tulloch	CD Trauma/orthopaedics
Pud Bhaskar	CD Surgery/urology

NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

NHS
Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

APPENDIX C

Report on outcome of public consultation - proposals to centralise emergency medical and critical care services at the University Hospital of North Tees

Purpose of report

To provide feedback to NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) and NHS Durham Dales, Easington and Sedgefield CCG following a public consultation from 20 May to 11 August 2013 on proposals to centralise emergency medical and critical care services at the University Hospital of North Tees. This means transferring those services from the University Hospital of Hartlepool to the University Hospital of North Tees.

1 Background

Doctors in critical care at North Tees and Hartlepool NHS Foundation Trust raised concerns with the trust management that they could not carry on providing emergency medical and critical care services safely and to the expected quality standards at both the University Hospital of Hartlepool and the University Hospital of North Tees until the new hospital at Wynyard opens in 2017.

The specialties of anaesthetics and intensive care have been separated and this has resulted in a need to centralise these two teams in one location and realign the services to reflect this change which is designed to improve outcomes for patients.

Acute medical care cannot be provided without critical care backup so this too would have to be centralised.

The trust discussed these concerns with NHS Hartlepool and Stockton-on-Tees CCG and NHS Durham Dales, Easington and Sedgefield CCG

The trust's doctors said they wished to centralise these services at the University Hospital of North Tees as an interim solution pending the opening of the new hospital, which was originally planned for 2014 but has been delayed following the withdrawal of public funding. The trust has recently submitted a revised outline business case for the scheme based on a PF2 funding model (a new approach to

public private partnerships). Should approvals of the outline and full business case for the new hospital be achieved, which will include approval from the Department and Health and the trust's regulator Monitor, the new hospital would be expected to open in 2017.

In raising their concerns, the doctors said:

- The small critical care service at the University Hospital of Hartlepool is unsustainable
- The acute medical unit at the University Hospital of Hartlepool provides only a limited service due to the limited range of specialist support services on site, which means some patients need to be transferred to the University Hospital of North Tees for certain procedures
- Acute medical care cannot be provided without critical care
- It is difficult to recruit and retain required medical staff to the University Hospital of Hartlepool
- Nursing staff feel isolated and concerned about levels of care they can provide.

The CCGs are now responsible for buying these services from hospital trusts and they are also responsible for making sure that local people receive high quality and safe services. Their job is to look forward and try to prevent problems from happening so it was important they acted very quickly once these concerns had been raised by the hospital doctors.

In doing so, the CCGs sought advice from the National Clinical Advisory Team (NCAT), which provides independent clinical expertise to support and guide the local NHS on service reconfiguration proposals to ensure safe, effective and accessible services for patients. As a result there was a visit by NCAT on 29 January 2013, led by Dr Chris Clough from Kings College Hospital, London, who listened to doctors, nurses, managers, patient representatives, politicians and other stakeholders so that they could give an independent view of the situation and what should be done about it.

The CCGs and the trust had already began engagement with the local authority overview and scrutiny committees to explain the situation and the challenges it posed for the health economy and these early discussions helped shaped the consultation process.

NHS Hartlepool and Stockton-on-Tees CCG then reported the NCAT findings on 15 May 2013. NCAT strongly supported the clinical case for change and recommended that consultation regarding the changes took place as soon as possible. It said that in doing so, the consultation should explain to the public what this would mean for them, as well as seek their views about the things they are concerned about, especially how they and their relatives get to hospital.

2 Public consultation process

The two CCGs and North Tees and Hartlepool NHS Foundation Trust then led a formal public consultation from 20 May to 11 August 2013 on a proposal to centralise emergency medical and critical care services at the University Hospital of North Tees.

A copy of the consultation document is attached at Appendix 1.

A steering group was set up to plan and monitor delivery of the consultation. This included representatives from the two CCGs, North Tees and Hartlepool NHS Foundation Trust, the North East Ambulance Service NHS Foundation Trust, Durham, Darlington and Tees Area Team (part of NHS England) and Healthwatch representatives from Hartlepool, Stockton-on-Tees and County Durham. This group met fortnightly.

During the consultation, key messages for patients and the public were:

- The vast majority (97%) of the healthcare contacts currently taking place in Hartlepool remain in Hartlepool
- The proposal would affect 30 Hartlepool and Easington patients a day
- There is no change to point of access for patients, ie patients will still visit or call their GP, 111, or 999 if they feel unwell as they do now
- An extra 120 beds will be made available at the University Hospital of North Tees
- Emergency medical ward and critical care unit staff at the University Hospital of Hartlepool will transfer to the University Hospital of North Tees
- Some support services staff will be affected such as pathology, radiology, pharmacy and also some in facilities and catering
- The University Hospital of Hartlepool will become the centre for diagnostic tests, day case and low risk operations with additional medical rehabilitation (sub-acute) beds.

In the consultation document people were also reminded that most of health service care is already provided in GP surgeries, local clinics and in people's homes and, under *momentum: pathways to healthcare* programme, this will continue and increase.

The consultation document set out what steps are currently being undertaken to improve transport for patients, visitors and staff.

People have also been reminded that, due to advances in medicine, many patients from the areas covered by the two CCGs already go past their local hospital for their emergency hospital care. For example, patients who have had a stroke are all taken to the University Hospital of North Tees where the latest treatments are available seven days a week, 365 days a year and patients who have had a heart attack are

assessed at the scene and, if appropriate, taken to The James Cook University Hospital in Middlesbrough to have the affected artery unblocked.

As part of the consultation process people were asked for their views on the proposals, any concerns they had and about how the impact of the changes could be managed and implemented. In particular, people were asked:

1 What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?
2 If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?
3 What do you think are the main things we need to consider in putting the proposed changes in place?
4 Is there anything else we need to think about?

These questions were outlined in the consultation document and were also available in an online survey.

People were able to submit comments by email to communications@tees.nhs.uk or mynhstees@nhs.net or by writing to:

Hartlepool and Stockton-on-Tees CCG
Freepost NEA9906
Middlesbrough
TS2 1BR

They could telephone their comments through to 0191 374 4143.

People could also attend one of the market place events organised to provide information and take comments about the proposals. Dates of meetings were available on line at www.hartlepoolandstocktonccg.nhs.uk and were well publicised in the press.

Community groups were approached to offer trust and CCG attendance at their meetings to explain the consultation and the changes proposed.

See Appendix 2 for a list of consultation meetings and events.

2.1 Raising awareness

From the outset, there was a concerted effort to raise awareness of the consultation to give local people and organisations the opportunity to comment. This has included:

- Widespread distribution of the full consultation document to local organisations and interested individuals (including more than 3,350 people through My NHS as well as public members of the hospital trust), which

included questions seeking views on the implementation of the proposals. Advice was also taken from NCAT to include patient stories in the consultation to help local people understand what the changes would mean. This document has been available in hard copy and online, with copies in community and health settings. It has also been available in other formats on request.

- Information about the consultation and an online survey on the NHS Hartlepool and Stockton-on-Tees CCG website. There were links to this website on the NHS Durham Dales, Easington and Sedgefield CCG and NHS North Tees NHS Foundation Trust websites.

- Following feedback that the key messages were not reaching as many people as the NHS organisations would like within their communities and particularly within Hartlepool and Easington, a leaflet which included some of the emerging themes from the consultation, a summary of the proposals and advice for people about how to comment was distributed to 45,000 households in Hartlepool and Easington, as well as in libraries and health centres in those areas. It was also made available in health centres and libraries in Stockton and Sedgefield.

- Five drop-in sessions in accessible locations, including Asda in Hartlepool and the One Life Centre in Hartlepool and four market place consultation events across Hartlepool, Peterlee, Stockton and Sedgefield held at a range of times. There was also an event in Hartlepool for governors and public members of North Tees and Hartlepool NHS Foundation Trust. Information about the proposals and hard copies of the survey were available at these sessions.

- Presentations to a range of groups and audiences including overview and scrutiny, Healthwatch, patient groups, residents associations, voluntary and community groups etc. This has included targeting those groups which may be easy to overlook, such as older people, those with disabilities and sensory difficulties, members of the black and minority ethnic groups and other bodies listed as protected groups under the Equality Act 2010.

- Staff briefings, newsletters and meetings.

- Media articles in the Hartlepool Mail and Evening Gazette.

- Posters in a range of community venues throughout the health economy including health settings, libraries etc.

It is also important to note that all documents reviewed by NCAT and any subsequent documents have been made available on the CCG websites www.hartlepoolandstocktonccg.nhs.uk and www.durhamdaleseasingtonsedgefieldccg.nhs.uk

for anyone interested in understanding the background and context to the consultation.

3 Feedback received

3.1 Comments made at public consultation events

There were five drop-in sessions in public areas in Hartlepool which were staffed by representatives from the hospital trust and CCGs. These took place at the Asda supermarket, the One Life Centre and the Central Library at York Road, which are all busy areas with a considerable throughput of members of the public, many of whom took the time to stop to find out more and to make their views known.

There was an event at the University Hospital of Hartlepool for trust members, which was attended by 35 governors, members and non-members.

There were also four market place consultation events at the Hartlepool Historic Quay (48 in attendance), Shotton Hall in Peterlee (36 in attendance), at the Norton Education Centre in Stockton (4 in attendance) and at Sedgefield Parish Hall (11 in attendance).

At these events information was available about the consultation and doctors, nurses and managers from the hospital trust and CCGs were on hand to explain the proposals, answer questions and take a note of comments made so that these could be fed into the process.

While some people said they would prefer services to remain in Hartlepool, others who took part in discussions at these events accepted the clinical reasons why change was needed and there were comments that if it was the right thing to do then just do it.

Transport and travelling to the University Hospital of North Tees for patients and for visitors was an issue for some and there were questions and concerns about car parking. There were concerns about the distance that critically ill patients would have to travel. One person who said she was a member of the Multiple Sclerosis Society had concerns over accessibility for people with this condition. Someone else commented that transport provided for people with physical disabilities needs to be able to accommodate heavy wheelchairs. There were comments that consideration had to be given not just to the transport needs of getting to the University Hospital of North Tees but also returning home. There were also comments about the difficulties of travelling from Hartlepool to the University Hospital North Tees at weekends (ie public transport availability). Some commented that any transport arrangements would need to be well publicised and clarification was sought over arrangements for a volunteer driver scheme ie around checking that their vehicles are properly maintained and insured. Some felt that the University Hospital of North Tees is not accessible including for cyclists and pedestrians.

There were also comments about ambulance provision in terms of avoiding any delays in getting people to hospital.

Some commented favourably about the care they had received at the University Hospital of Hartlepool and others implied that their perception was that the care at the University Hospital of North Tees would not be what they would expect, with some referring back to previous personal and family experiences. Some expressed concerns about all of the services moving to the University Hospital of North Tees and there were comments that the new hospital at Wynyard was not happening.

Someone asked whether if a patient died at the University Hospital of North Tees, would the funeral directors charge more to return to Hartlepool.

There were requests for information about more care closer to home and comments that it was important to get the right level of social care for people being cared for in the community.

Others sought more information and clarity about the actual proposals and what this meant in terms of bed numbers. There were questions about what would happen to the vacated wards at the University Hospital of Hartlepool.

A councillor who attended the Historic Quay event said his concerns were job losses, transport and the quality of care. He felt there should be a referendum on the proposals. He was concerned about knocking down buildings and wasting money.

A regional representative from the Royal College of Nursing who attended one of the events said she found the layout of the meeting very conducive for discussions.

At the meeting in the Norton Education Centre there were questions about the impact of the proposals on the University Hospital of North Tees site and that there was a need to ensure that the service provided for Stockton patients is not adversely affected.

At Sedgefield, a member of the public said that while she was in support of the proposals, she had concerns about the capacity of the community hospitals in Sedgefield and Bishop Auckland to cope with patients returning from acute care in the University Hospital of North Tees.

3.2 Comments made in community group meetings

3.2.1 Hartlepool Learning Disability Partnership Board

The proposals were discussed at a meeting of the Hartlepool Learning Disability Partnership Board on 12 July 2013. A number of issues were raised, several of which related to transport/travelling. Comments were made that transport is essential for carers and parents to visit along with good bus routes and also that appointment times need to consider those using public transport. There were questions about whether the proposed shuttle buses will be able to accommodate wheelchairs and

whether the shuttle bus drivers will receive any training around customer service for learning disabled patients.

3.2.2 Hardwick Residents Association

The proposals were discussed at a meeting of the Hardwick Residents Association on 25 June 2013. There were no concerns expressed about the clinical case but residents did ask about parking and it was explained that that a request for planning permission for car parking spaces had been lodged with Stockton Council.

3.2.3 Stockton Road residents meeting

The proposals were discussed at a Stockton Road residents meeting in Hartlepool on 2 July 2013. There were comments about transport and travelling implications and information was provided about the steps being taken to address these concerns.

When the clinical case for change was explained some of those present indicated that the issue of clinical safety was not coming across in some of the local discussions that were taking place and in the media coverage and that if this was made clearer then people would understand the need for change.

3.2.4 Stockton Over-50s Assembly

The Stockton Over-50s Assembly discussed the proposals at a meeting on 8 July 2013 and raised a number of issues including the importance of hospital patients having visitors and that many of the patients affected by the proposals will be elderly. There were comments that it is essential that additional transport is provided for visitors, many of whom could be elderly themselves and relying on public transport. Also, it was suggested that carers need to be allowed to travel and stay with patients throughout transfer and admission.

There were concerns relating to ambulances having to cross the A19 from Stockton to Hartlepool at peak times, increasing the time taken for the patient to arrive at the University Hospital of North Tees.

It was suggested that there should be a reduction in car parking charges at the University Hospital of North Tees.

There was a request for further explanation on how medical training impacts on the current service.

Comments were made that if people did not own a computer or have access to the internet they would not know about the consultation.

It was acknowledged that the proposals are an interim solution pending the development of the Wynyard hospital.

There were comments about the transfer of A&E to the University Hospital of North Tees and some said it would be useful to publish the results of this move so that the

public could see how such a service change can work. The group asked for reassurance that that the increase in patient flow in A&E would not result in patients being left on trolleys in corridors.

3.2.5 Easington Patients Reference Group

The proposals were discussed at two meetings of the Easington Patients Reference Group, one on 13 June 2013 and the other on 13 July 2013.

At the first meeting there were comments that they may impact on City Hospital Sunderland emergency and critical care intake.

One of the main concerns raised related to transport facilities and further information was sought about the qualifications and experience of paramedics. A question was also asked about the drugs that paramedics are trained to administer.

There were similar comments at the second meeting, by which time several members said they had attended consultation events. At this meeting there were comments that the transport for patients and visitors will be inadequate.

Members asked if it is possible that the impact on City Hospitals Sunderland is already happening and not yet planned for.

In supporting the transfer one person said he was very aware of transport issue. The buses available do not meet needs.

There was a comment that East Durham Link is a good service, but the uptake is low.

There were questions about whether the additional activity from the Peterlee district is different to that of previous years and whether ambulances find it easier to transport to Sunderland than Teesside.

Some said it is difficult for patients and visitors to find Sunderland hospitals and that there is a lack of adequate signposting on the A19.

Some felt that the Peterlee Community Hospital is not used to its full extent and that the urgent care centres are not used efficiently. Others said that since the Sunderland drop-in centres had closed this would be impacting on A&E.

3.2.6 Norton Medical Centre Patients' Group

The proposals were discussed at a meeting of the Norton Medical Centre Patients' Group on 8 August 2013. There were questions about the timescales and why they were tight and whether there would be any reductions in staff numbers. In response to questions an explanation was given on the case for change, on working with partner organisations and on the implications for Stockton patients who in future would go to Hartlepool for elective care. Reassurances were also given that the changes would not impact on waiting times.

3.3 Comments made in other meetings

3.3.1 Hartlepool Health & Wellbeing Board

There was a discussion about the proposals at a meeting of the Hartlepool Health & Wellbeing Board on 24 June 2013. The board received a report which provided an update on the consultation process and the rationale and implications of the proposed changes.

The minutes from this meeting state that members of the board highlighted the importance of addressing transport issues. They expressed their 'contentment that the options available in terms of transport were being considered by the Foundation Trust and that the Trust was committed to addressing these issues'.

Members also highlighted that it was essential to ensure effective public communication about the transport services available for patients and visitors.

3.4 Telephone calls/emails/letters from members of public

There were 85 responses from members of the public via telephone call, emails and letters. Of those responding, two people identified themselves as councillors. The vast majority of responses were by email and are attached at Appendix 3.

People were not asked whether or not they supported the proposals but rather for their concerns and thoughts on implementation. It was clear that many people were not happy with the proposals and while a number of issues were raised, there were two main themes – transport/travelling and loss of services from the University Hospital of Hartlepool.

Of those responding 59 referred to transport to the University Hospital of North Tees in terms of distance (including having to travel on a busy A19), lack of public transport, costs incurred when using buses (and what financial support might be possible ie subsidised fares) lack of car ownership and cost of car parking. Of those mentioning transport, a number said that they felt that transferring very sick people to the University Hospital of North Tees would put them at risk. Some asked for clarification about how any transport provided by the NHS would operate and one disabled member of staff said that any transport links to the University Hospital of North Tees should be suitable for wheelchair users. Others commented that the University Hospital of North Tees site is inaccessible for pedestrians and cyclists. There were suggestions that if volunteers are to be used for transport purposes, they should link up with other groups providing transport on a voluntary basis, particularly in County Durham. Some also commented that they felt access to the University Hospital of North Tees was not good, including for pedestrians and cyclists and that improvements could be made to address this.

Among the comments relating to travelling issues were a small number saying that the distance would increase pressure on the ambulance service.

A similar number of responses (60) included reference to keeping the University Hospital of Hartlepool open or to concerns about the further reduction of services there. It was clear that some did not support the proposals because they would result in more services moving out of the University Hospital of Hartlepool. There were comments about the transfer of A&E services and several negative references to the One Life centre (implying that the services there did not meet public expectations and that it is difficult to access). There were a number of comments about the uncertainty surrounding the development of the new hospital at Wynyard.

There were some very positive comments about the quality of care that is provided at the University Hospital of Hartlepool and a number of negative comments from people that they felt the quality of care and the facilities at the University Hospital of North Tees were not good (these included perceptions that staff were 'over-stretched').

A small number explicitly expressed their support for the proposals, or acknowledged that they recognised the reasons behind the changes with some outlining the pros and cons (the pros being the economies of scale and pooling expertise and the cons were usually transport/distance).

Several people suggested that the decision had already been made, some of whom were also were critical of the consultation process.

Several people referred to the implications for staff who would have to transfer to the University Hospital of North Tees ie in terms of travelling.

There were also a small number of comments that the changes were cost driven and were about saving money.

3.5 Analysis of completed surveys

There were 64 surveys, which included the four consultation questions, submitted. These were handed to Explain Research for independent evaluation.

A copy of Explain Research's report is available at Appendix 4.

The themes raised were similar to those that emerged during meetings and in other comments received.

3.6 Responses from local authorities

3.6.1 Response from overview and scrutiny committees

A joint health scrutiny committee was formally established under The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations with representation from Durham County Council, Hartlepool Borough Council and Stockton-on-Tees Borough Council to consider the proposals.

The terms of reference of the joint committee were:

To consider the proposals affecting the population covered by North Tees and Hartlepool NHS Foundation Trust, in particular:

- The proposed centralisation of emergency medical and critical care services at University Hospital of North Tees, as recommended by the National Clinical Advisory Team.

- The development of services at University Hospital of Hartlepool in the period leading up to the opening of the new hospital.

- Any associated proposals for additional elective and rehabilitation services at the University Hospital of Hartlepool.

A copy of the full 27 page report submitted by the joint committee is attached at Appendix 5. This includes all of the evidence considered and views from Healthwatch (County Durham, Hartlepool and Stockton) and from social care representatives.

At its meeting on 29 July 2013 the joint committee approved its consultation response. There was no unanimous/majority view agreed by the joint committee in relation to the proposals and as such views and comments from each of the local authorities are outlined in sections 8 to 10 of Appendix 5.

Views of Hartlepool Borough Council
Members of Hartlepool Borough Council's Audit and Governance Committee based its response on the four consultation questions. In doing so, it was clear that members did not support any further transfer of services from the University Hospital of Hartlepool and did not support these proposed changes.

Q1 – What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?

Members expressed concern that difficulties recruiting and retaining medical staff to support both sites had not been identified in the long term strategy to enable services to remain sustainable. They also said there are risks associated with an increase in travel time for patients travelling to the University Hospital of North Tees as opposed to the University Hospital of Hartlepool.

Q2 – If you still have concerns what are you most concerned about and how could we help to reduce your concerns?

The response listed:

- Transport – many people who are already isolated within their communities will not be able to access the services at the University Hospital of North Tees.
- Proposals are the result of a lack of long term planning by the trust.
- Lack of investment at the University Hospital of Hartlepool and how long will it be before it is said that 55 beds (ie at Hartlepool) is inefficient.
- Hartlepool demands a fair share and that would mean moving some services back to the University Hospital of Hartlepool.
- Competency of the executive management at the trust ie how the trust had allowed services to reach such an 'unsafe level'.
- Concerns about capacity at the University Hospital of North Tees – why was there not an option to have the services at the University Hospital of Hartlepool?
- Trust under-estimating the will of many people to use another trust for their elective surgery.
- Concern about why two buses had already been purchased as this appeared that a decision about services had already been made.

Q3 – What do you think are the main things to consider in putting the proposed changes in place?

The response listed:

- Hartlepool residents' needs are being forgotten with the continual transfer of services from their hospital – members feel that these services are being transferred because the trust has relocated other services to the University Hospital of North Tees and has therefore destabilised other services at the University Hospital of Hartlepool.
- Many of the key clinicians working at the University Hospital of North Tees were 'forcibly/contractually' transferred from the University Hospital of Hartlepool – 'and now to hear representatives using against us the fact that UHNT has an Accident and Emergency Unit and a Maternity unit which Hartlepool does not have is so unbelievably audacious…..'
- Why is the location not the University Hospital of Hartlepool – Hartlepool residents are trying to access services at Stockton which is very difficult to reach from Hartlepool.
- Transport – a long term sustainable transport plan needs to be put in place.
- The green footprint will be 'disproportionately damaged by many people travelling to and from a more remote location…'

Q4 – Is there anything else that you think we need to think about?

The response listed:

- Members do not support any further transfer of services from the University Hospital of Hartlepool and do not support these proposed changes.
- Members support the concerns of local people and strongly encouraged the public to participate in the consultation.
- Members supported a recommendation from the leader of the council which specified that following the completion of the consultation, Hartlepool's health and wellbeing board and the council should consider the working relationship with North Tees and Hartlepool NHS Foundation Trust. It was also suggested that 'opportunities to engage with others to achieve better clinical outcomes be explored as well as the need to examine quality surveillance groups and promote the choice agenda'.
- There is a clear political will to look outside the trust for the provision of elective services 'which could force the issue of a merger'.
- Members are concerned that the public consultation does not facilitate patient choice.

Views of Durham County Council
The response summarised the key issues and concerns of the council's adults wellbeing and health overview and scrutiny committee held on 23 July 2013. It was based on the four consultation questions.

Q1 – What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?

The response reflected the explanations provided by both the CCGs and the hospital trust around why the proposals were being made and also that the proposals were supported by the National Clinical Advisory Team. It said: 'This will allow the Trust to provide high quality, clinically safe Emergency Medical and Critical Care services up to 2017'.

The issue for members is about accessibility of both the University Hospital of North Tees and the University Hospital of Hartlepool for residents of East Durham and Sedgefield.

Q2 – If you still have concerns what are you most concerned about and how could we help to reduce your concerns?

The response stated that subject to proposals included (ie in the response) being accepted by the CCGs and the trust and appropriate assurances being given, the committee would support the proposed service reconfigurations as set out in the consultation document.

The response listed:

Transport/accessibility issues

- Engagement with, and adequate resourcing of, ambulance service will be critical to the success of the proposal – 'to this end the Trust and Commissioners mist ensure that this is agreed' with the ambulance trust.
- The proposals would result in longer journeys for patients, families and carers in East Durham when accessing emergency medical and critical care services.
- Concerns that public transport links between East Durham and Stockton are not as frequent and would require multiple journeys, at a potentially significant extra cost.
- For patients accessing elective/outpatient/day surgery at the University Hospital of Hartlepool from the Sedgefield/Trimdon/Wingate area would result in additional journeys due to the absence of direct public transport links to Hartlepool.
- A number of volunteer drivers' schemes exist in County Durham to enable people to get to hospital appointments but are not well publicised or known within the trust. Clarification is also needed over whether volunteer drivers can undertake 'out of area' journeys beyond the borders of County Durham.
- Low car ownership levels in East Durham and high indices of multiple deprivation mean that any transport solutions must be affordable.
- The importance of a full and continuous dialogue between the CCGs, the trust and the local authorities regarding the development of a sustainable transport infrastructure servicing the Wynyard site and which enables direct public transport access from all areas.

Intermediate/'step down' services/integration with adult social care services

- The overview and scrutiny committee would support in principle the proposal to ensure that 'step down' (sub-acute) provision is available at the University Hospital of Hartlepool but invite the CCGs and North Tees and Hartlepool NHS Foundation Trust to go a step further and consider the development of 'step down' services at Sedgefield and Peterlee Community Hospitals.
- In relation to concerns expressed about increased travelling times and costs for council staff who need to access the University Hospital of North Tees rather than the University Hospital of Hartlepool, the council suggests that all parties are involved in discussions to ensure that 'step down rehabilitation and community based pathways are effectively managed and are safe'.
- The council's adult social care service also seeks ongoing dialogue with the hospital trust regarding the proposed development of the 30-bed (sub-acute) rehabilitation unit at the University Hospital of Hartlepool to clarify proposed arrangements for admission rights for County Durham residents to that facility.
- Detailed discussions are also needed around how discharge arrangements between the hospital trust/GPs and community based health and social care staff are established and associated care pathways identified and agreed.

Q3 – What do you think are the main things to consider in putting the proposed changes in place?

The response listed:

- The CCGs and hospital trust must undertake a 'significant and extensive communications exercise' in highlighting the proposed changes to all affected residents, including patients, families and carers.
- The CCGs and the trust must ensure that services are accessible to all – 'any and all proposed transportations solutions must be sustainable, accessible, timely and affordable'. Ongoing discussions about transport infrastructure required for the new hospital must include all local authorities whose residents will access the site.
- Patients, carers and families must be provided with information which details the transportation solutions and options available to them when accessing services affected by the consultation.

Q4 – Is there anything else that you think we need to think about?

The response asked the trust and the CCGs to give serious consideration to the establishment of an 'oversight board' to monitor the implementation of proposed service changes on residents.

It added that the committee would welcome continued dialogue with the trust and CCGs around the Momentum/Service transformation process and any associated proposals.

Views of Stockton-on-Tees Borough Council

The views of the council were included in the joint response. However, its response, which included strong support for the proposals, was also submitted separately by the deputy leader and cabinet member for adult services and health who said that Stockton element of the joint committee's response was endorsed by the full council at its meeting on 17 July and was in line with his own views.

He said: "The clinical case for change cannot be ignored and it is paramount that all residents of the area that the Trust serves have access to the best possible emergency and intensive care. However, it is recognised that there are issues around transport, particularly in relation to the needs of visitors and family members. This applies equally to the associated increase in elective surgery for Stockton patients in Hartlepool Hospital."

The response was under a number of headings as follows:

Quality and safety
The response accepted that the proposals were clinically-led and had the potential to improve outcomes for patients from across the geographical area covered by the

hospital trust. While the preferred long-term solution remains the development of the new hospital at Wynyard, it is recognised that the CCGs and the hospital trust 'must address the situation as it currently stands to ensure that services are safe and of high quality'.

The response reflected on the explanations that had been provided by the hospital trust and CCGs. It said: "continuing with the two site approach to critical care in particular raises a number of risks that will build over time. These include unnecessarily delayed diagnosis and therefore poorer outcomes, a detrimental effect on training opportunities and an increasing need for transfers of critically ill patients. A one site approach would mean patients have access to all the potential services they require at the first point of contact."

It said: "As the field of emergency medicine becomes increasingly specialised, Stockton representatives agree that there is a need to continually work towards having the right clinicians, in the right numbers, and in the right specialities, in order to cover the range of conditions that patients present with."

It continued that the proposals were strongly supported. It also welcomed that separate to these proposals, that the hospital trust was being commissioned to provide an additional 24 bed unit at the University Hospital of North Tees to cope with winter pressures.

Location
The response reflected on options that had been considered prior to consultation and said that 'it makes sense' to locate the services nearest to the greatest number of people. It recognised that transport is a key issue for all those affected.

Elective care
The response said that the joint committee was reassured that the University Hospital of Hartlepool will continue to be a centre for planned care, including orthopaedics and breast surgery for lower risk patients.

It noted that already a number of Stockton residents travel to Hartlepool for hospital treatment and that this was likely to increase once the detail of the shift in elective care from the University Hospital of North Tees to the University Hospital of Hartlepool is more fully described. As such the impact on residents at risk of social exclusion through disability, those who require longer stays and the consequent impact on visitors would need to be considered.

Transport
It recognised that transport and access is a key concern for the public and for staff, particularly in areas of low income and low car ownership. It welcomed that the CCGs and the trust have committed to working in partnership with the local authorities and Healthwatch over transport solutions and commented on the provision of the two 17-seater shuttle buses and the staff car sharing scheme. While it commended the work of volunteers in supporting transport arrangements, it said it

would not be appropriate or sustainable to develop a major part of the transport solution on the basis of volunteer provision. It said patients, families and carers should be provided with the full range of transport options and that there should be consideration given to building on the example of Durham County Council's Travel Response Centre.

It recognised that road congestion issues added to residents' concerns and that transport issues need to be considered in the round by the trust, local authorities and transport providers.

While it recognised that the major transport concerns are with residents of Hartlepool and County Durham it said that said that the impact of increased numbers of staff, patients and visitors to the University Hospital of North Tees site is a concern as the site and surrounding area currently experiences problems with car parking. With this in mind the council would be keen to work closely with the appropriate staff at the hospital trust to develop a realistic and meaningful travel plan and to encourage the use of sustainable modes of transport as an alternative to private car use where possible.

It added that it would also be appropriate to keep under review the facilities available for families, carers and other visitors at the University Hospital of North Tees site, given the increase in numbers that will ensue from these proposals.

3.7 Response from MPs

3.7.1 Iain Wright MP for Hartlepool

A response was received from Iain Wright, MP for Hartlepool. A copy is attached at Appendix 6, which includes a copy of a speech he made in a debate in the House of Commons on accident and emergency care in February 2013.

In his response he said that the first priority in any consideration of health services should be clinical safety and that he would not wish to advocate any particular option which would compromise the safety of patients or lead to loss of life which could have been avoided. He said it would be "highly irresponsible for any elected representative to suggest such a course of action".

He said: "Thus the case for change here is predominantly clinically based, driven by the need to close the critical care unit at UHH which may potentially be unsafe, and secondly to provide modern fully supported acute medical care which certainly could not function without on-site critical care facilities."

He said he would wish to avoid 'the prospect of an occurrence of the Stafford hospital scandal, which saw higher than average death rates and incidences of negligence'.

However, he said his constituents will be understandably concerned at what appears to be another service moving away from the University Hospital of Hartlepool and

that “this makes it even more likely that we will see the closure of the hospital through a series of stealth cuts”.

He said he has always been opposed to the centralisation of health services at the University Hospital of North Tees, “which I think is wholly unsuitable for a centralised acute service, especially from Hartlepool’s perspective”. He repeated a quote he made in debates in the House of Commons on 14 September 2010 and again on 7 February 2013 that “moving more serious cases to North Tees is very unwelcome as it is detrimental to my constituents”.

He expressed concerns about the “continuing and growing uncertainty” over the new hospital at Wynyard: “Two procedures are running dangerously out of parallel. We have the Momentum programme, with the reconfiguration of services, and the funding programme for the new hospital. That is now three years out of date and there is no concrete indication that private funding is on the table.”

His other big concern regarding changes to hospital services is the issue of transport and accessibility. His constituents find it difficult to access services out of the town and no coordination between clinical and transport services takes place. He said the issues of transport and accessibility “need to be considered as a high priority during the reconfiguration of emergency and critical care services”.

He also commented on his increasing concerns at the risk to constituents caused by the falling budgets in local authority care which he feels will “place growing pressure on health budgets, particularly in areas like emergency and critical care, as councils will not have the resources to ensure there is a safe move out of hospital and back into the community for often frail and vulnerable patients”.

In his response he said that scrutiny had specifically asked him how many people had contacted him with concerns about the proposals. He had been contacted by one person in Hartlepool and by another in Billingham (which is outside his constituency).

He felt that the exercise had been wrongly described as consultation and that it should have been called something else because it did not meet the definition of consultation.

He also felt that the National Clinical Advisory Team had “overstepped its remit” in looking at broad configuration issues.

3.8 Responses from community and voluntary sector groups

3.8.1 Healthwatch Hartlepool

A response from Healthwatch Hartlepool (attached at Appendix 7) said that during the consultation they received 36 enquiries about the consultation from people who were encouraged to respond using the freepost address. There were a range of

comments from concerned residents ‘but high on the agenda of concern’ was the accessibility of North Tees hospital both from a safety perspective ie distance of travel as a critically ill patient both from Hartlepool and the east Durham area and also journey times for carers and visitors.

The response said that other comments related to the sustainability of the University Hospital of Hartlepool following the migration of any services and ‘lack of trust in the One Life centre with regards to delivering community based services’.

It continued that Healthwatch’s preliminary findings from their collaborative transport work indicates that some patients have to leave Hartlepool at 5.50am to attend 8am appointments at the University Hospital of North Tees and while using both bus and train may reduce travel time by 15 minutes the cost is an additional burden on the patient/carer/visitor of approximately £4. There have also been comments that the ‘time on the Grand Central train to London is shorter than a round trip from Hartlepool to North Tees hospital by public transport. Likewise journey time is far in excess of allocated visiting times’.

3.8.2 Healthwatch County Durham

A response from Healthwatch County Durham (attached at Appendix 7) said that they had worked in partnership with the CCGs and trust to ‘promote, plan and develop the consultation for the public’. They assisted with the development of a leaflet which was sent to residents in East Durham and Sedgefield.

They had gathered the views of members of the public and community groups including County Durham Residents Association and the East Durham Health Network. Healthwatch had also attended the Health Scrutiny Joint Committee and the National Clinical Advisory Team Consultation Steering Group to share their concerns. In addition, they attended two public events consultation events in Sedgefield and Peterlee where 43 people gave their views. They felt these meetings gave an indication of how people feel about the proposed changes and that their responses included the following:

What do you think are the advantages and difficulties (or disadvantages) of the proposed changes?

“High quality care with all of the professionals in one place can only be a good thing.”

“It is difficult to argue against the advantages where safety is concerned.”

“Safety is the most important thing.”

If you still have concerns, what are you most concerned about and how could we help reduce your concerns?

The main concern is around transport. East Durham has the lowest rate of car usage in the county and many people rely on public transport. It said: “The poorest people will suffer the most.”

People said that the transfer of services will have an impact on the mental health of family and carers when trying to use transport, since Stockton is “unfamiliar territory” for many people.

What do you think are the main things we need to consider in putting the proposed changes in place?
Comments included the need to consider the volunteer driver scheme, with a back-up plan in case needed – “They’re volunteers, they don’t necessarily have to turn up.”

There were also comments that people would hope that ambulance response times are not affected by the consequences of travelling further.

Is there anything else you think we need to think about?
The comments included: “It’s difficult for us to argue against what is safe for patients.”

There were also comments that services should be where the patients are and that better use should be made of Peterlee Community Hospital.

3.9 Healthwatch Stockton-on-Tees

The response from Healthwatch Stockton-on-Tees (attached at Appendix 7) explained that following its launch on 1 April 2013 it is still in the process of recruiting and appointing a Healthwatch board. Therefore it is not in a position to offer a formal Healthwatch response to the proposals but was keen to comment on the involvement of Healthwatch Stockton-on-Tees in the consultation process and comments that have been made directly to Healthwatch.

It said that the proactive involvement of Healthwatch in the consultation steering group was welcome and enabled them to make suggestions which have been taken up including:

- broadening the membership of the steering group to include Healthwatch County Durham
- giving the community an opportunity to speak to an independent organisation by providing Healthwatch details in information leaflets delivered to patients and residents
- having an input into the language, content and style of the consultation and information giving exercise which included presentations and a ‘frequently asked questions’ leaflet distributed to all residents of Hartlepool and GP practices and community organisations in Stockton-on-Tees.

Throughout the consultation period, Healthwatch Stockton-on-Tees encouraged its membership to submit their views directly to NHS Hartlepool and Stockton-on-Tees CCG. Details of how to do this were circulated through the Healthwatch e-bulletin, twitter and website to individuals and organisations across the borough with an approximate reach of 64,000.

Some feedback has also been submitted directly to Healthwatch Stockton-on-Tees which has been fed into the consultation steering group throughout the process. Such comments have included:

- accessibility and content of the web page dedicated to the consultation
- consideration for capacity at University Hospital of North Tees
- planning for impact of winter admissions
- how other services will be impacted including community services.

3.10 Responses from clinical groups

3.10.1 North of England Critical Care Network

There was a response from the North of England Critical Care Network which supported the proposals. It said that members had read the NCAT report thoroughly. They said they are aware of the challenges faced by North Tees and Hartlepool NHS Foundation Trust in the continued provision of two site critical care and acute medical services following a peer review in April 2012 by the network.

The response added: “On that basis we would also support the clinical case for change and support the reprovision of critical care and move of acute medical services to the UHNT site.”

4 Equality analysis of the consultation process

An equality analysis of the consultation process was undertaken to ensure that it complied with the requirements of the Equality Act 2010 (this is attached at Appendix 8).

5 Discussion

A small number of those commenting or responding indicated explicitly whether they supported or objected to the proposals. However, there were a number of consistent themes across all of the comments received, including those made in meetings. The two main themes related to transport/travelling and loss of hospital services at Hartlepool.

- **Transport/travelling**

  Overall, there were many comments, including in the survey which was independently evaluated, about the implications for patients, families and carers of the additional travelling from Hartlepool to the University Hospital of North Tees and these included concerns about public transport (in terms of availability and cost), car parking (in terms of cost), the stress of travelling to an unfamiliar area and the volume of traffic on the A19. While the provision of a shuttle bus service by the trust was welcomed, including by Stockton-on- Tees Borough

Council, there were questions from others about how the hospital shuttle bus service would operate.

There were a number of comments about how vehicles would need to be able to accommodate wheelchairs and a number of general comments about the implications of the travelling for people with disabilities. In particular, the Hartlepool Learning Disability Partnership Board asked if the shuttle bus drivers would receive any training around customer service for learning disabled patients.

MP for Hartlepool Iain Wright said his constituents find it difficult to access services out of the town and said the issues of transport and accessibility 'need to be considered as a high priority during the reconfiguration of emergency and critical care services'.

Hartlepool Borough Council commented that people who are already 'isolated within their communities' will not be able to access the services at the University Hospital of North Tees.

Healthwatch Hartlepool said that from comments received, 'high on the agenda of concern was the accessibility of North Tees hospital both from a safety perspective ie distance of travel as a critically ill patient both from Hartlepool and the east Durham area and also journey times for carers and visitors'. It is currently undertaking some work with the trust to understand patient experience of accessing public transport to the University Hospital of North Tees and early findings show that some patients have to leave Hartlepool at 5.50am to attend 8am appointments.

Healthwatch Hartlepool also commented on the cost of transport to the University Hospital of North Tees.

Hartlepool Health & Wellbeing Board highlighted the importance of addressing transport issues and expressed their contentment that the options available in terms of transport were being considered by the trust.

Healthwatch County Durham said the main concerns expressed were around transport, particularly since East Durham has the lowest rate of car usage in the county and many people rely on public transport – 'the poorest people will suffer the most'.

However, there were positive comments about volunteer drivers although it was commented that there would need to be a back-up in case a volunteer wasn't able to turn out as expected.

Some expressed concerns about the transfer of critically ill patients and they worried that the travelling would put them at risk.

There were specific comments about the implications of travelling for carers, including from the Stockton Over 50s Assembly.

A number of people talked about the importance of having a transport plan, including Hartlepool Borough Council who stressed that there is a need for a long term sustainable transport plan.

Stockton-on-Tees Borough Council said it would be keen to work closely with the appropriate staff at the hospital trust to develop a realistic and meaningful travel plan and to encourage the use of sustainable modes of transport as an alternative to the private car where possible.

Durham County Council said that there needed to be a significant public information exercise about transport arrangements.

Finally, in relation to concerns expressed about increased travelling times and costs for council staff who need to access the University Hospital of North Tees rather than the University Hospital of Hartlepool, Durham County Council suggested that all parties are involved in discussions to ensure that 'step down rehabilitation and community based pathways are effectively managed and are safe'.

- **Loss of hospital services in Hartlepool**

It is clear from many people who sent comments, completed the survey, or who attended meetings that they would prefer to see as many hospital services as possible in Hartlepool and that they would not wish to see any further reduction in services at the hospital. Hartlepool Borough Council was clear in its response to the health scrutiny joint committee that they do not support any further transfer of services from the University Hospital of Hartlepool. It said that Hartlepool residents' needs are being forgotten with 'the continual transfer of services from their hospital'.

Healthwatch Hartlepool said among comments it received was the sustainability of the University Hospital of Hartlepool following the migration of any services.

While a number of members of the public commented favourably on care at the University Hospital of Hartlepool, there were less favourable comments about the care they or relatives had received at the University Hospital of North Tees.

Some, including Hartlepool MP Iain Wright referred to the continued uncertainty about the new hospital which meant that more services were going to the University Hospital of North Tees in the interim.

- **Ambulance provision**

There were comments by the public and by key stakeholders about the need to ensure that the ambulance service is able to cope with the changes. This was included in the response by Durham County Council which said that engaging with and adequate resourcing of the ambulance service would be vital. It was referred to by the MP for Hartlepool, Iain Wright and Healthwatch County Durham said people hoped that ambulance response times would not be affected.

- **Safety**

Many people attending meetings commented that if the transfer of services was the right thing to do (ie from a clinical point of view) then it should just happen.

Hartlepool MP Iain Wright said that the first priority in any consideration of health services should be clinical safety and that he would not wish to advocate any particular option which would compromise the safety of patients or lead to loss of life which could have been avoided.

Similarly there were comments from Durham County Council and Stockton-on-Tees Borough Council which acknowledged the clinical case for change (as an interim solution pending the development of the new hospital). Stockton-on-Tees Borough Council said: "A one site approach would mean patients have access to all the potential services they require at the first point of contact." It also said: "Ultimately, it would be unacceptable for a relatively small geographical area as covered by the Trust to have two units providing different levels of care. Therefore the proposal is strongly supported."

However, Hartlepool Borough Council said there are risks associated with an increase in travelling time for patients travelling to North Tees rather than Hartlepool.

Healthwatch County Durham said people had commented that 'safety is the most important thing' and that 'high quality care with all of the professionals in one place can only be a good thing'.

The North of England Critical Care Network said it supported the clinical case for change.

- **Provision of services in the community**

There were comments made by members of the public and by partner organisations about the importance of having the right services to support people in the community.

In particular, Durham County Council said it would support in principle the proposal to ensure that 'step down' provision is available at the University Hospital of Hartlepool but invite the CCGs and hospital trust to go a step further

and consider the development of ‘step down’ services at Sedgefield and Peterlee Community Hospitals.

The county council’s adult social care service seeks ongoing dialogue with the hospital trust regarding the proposed development of the 30-bed rehabilitation (sub-acute) unit at Hartlepool to clarify proposed arrangements for admission rights for County Durham residents to that facility. The council said detailed discussions are also needed around how discharge arrangements between the hospital trust/GPs and community based health and social care staff are established and associated care pathways identified and agreed.

Hartlepool MP Iain Wright commented on his increasing concerns at the risk to constituents caused by the falling budgets in local authority care which he feels will “place growing pressure on health budgets, particularly in areas like emergency and critical care, as councils will not have the resources to ensure there is a safe move out of hospital and back into the community for often frail and vulnerable patients”.

At the Easington Patients Reference Group some said they felt that the Peterlee Community Hospital was not used to its full extent and that the urgent care centres are not used efficiently.

There were a number of critical comments about the One Life Centre at Hartlepool (in terms of it not providing the level of service that some people would expect). This was also referenced in the response from Healthwatch Hartlepool which said it had received comments related to the ‘lack of trust in the One Life centre with regards to delivering community based services’.

Healthwatch Stockton-on-Tees said that some of the comments it had received during the consultation were about the impact on other services, including community services.

- **Information**

Throughout the feedback, including in the survey, there were consistent references about the need for good information to be available for the public about what the changes meant for them and also about transport arrangements. In particular, as indicated above, Durham County Council said there needed to be a significant public information exercise about transport arrangements and the need was highlighted by Hartlepool Health & Wellbeing Board.

There were also references in the some of the comments received and in the survey evaluation about how future consultations should be carried out. The independent report by Explain Research said there was a call for clear, honest, timely communication and consultation, with an emphasis for the trust and the CCGs to inform, engage and listen to the views of the public, patients and stakeholders.

6 Conclusion

The process of consultation was comprehensive and provided numerous opportunities for members of the public to find out more about the proposals and to make their views known. It is clear that there has been considerable local discussion about these proposals.

In addition to the ten consultation events (five drop-in sessions, four meetings and one event for governors and public members of the trust), the proposals were discussed at seven community meetings (involving six groups). This was in addition to discussions locally involving Healthwatch in Hartlepool, County Durham and Stockton-on-Tees and to the meetings held with the local authority overview and scrutiny committees. There was also an opportunity for people to complete surveys which were independently evaluated.

It was stressed from the outset that the issue was one of safety and for this reason the consultation did not provide an option to 'do nothing' but rather for their comments on any concerns they may have around implementation so that steps could be taken to mitigate these.

In community meetings many people recognised that the proposals were clinically driven and could not be argued with on account of the need to ensure patient safety. This was recognised in several of the responses received, including from the MP for Hartlepool, Durham County Council, Stockton-on-Tees Borough Council and by Healthwatch County Durham, as well as by the North of England Critical Care Network.

Throughout the consultation, while a number of issues were raised, two main themes dominated ie travelling/transport and loss of services from Hartlepool.

Each of the three scrutiny committees, Healthwatch Hartlepool, Healthwatch County Durham, the MP for Hartlepool and Hartlepool Health & Wellbeing Board referred to transport issues and the need to have plans to address these. Similarly in the community meetings and in comments received it was a common theme with references about the importance of getting this right for older people, carers and for people with disabilities. Healthwatch Hartlepool is currently working with North Tees and Hartlepool NHS Foundation Trust to understand residents' experience of using public transport to attend the University Hospital of North Tees.

Related to transport issues were concerns and comments about the impact the proposals may have on ambulance services.

The other main theme was the loss of services from the University Hospital of Hartlepool. There were strong comments from Hartlepool Borough Council about this and it was also referred to by Healthwatch Hartlepool. Linked to such comments

there were references about the uncertainty surrounding the new hospital at Wynyard.

Finally, it was clear from the consultation that going forward there needs to be comprehensive public information about the changes to services and the range of services which will remain in Hartlepool but also about the transport arrangements. This was stressed by Durham County Council and the Hartlepool Health & Wellbeing Board said it was essential that there was effective public information about transport services for patients and visitors. Also, there is always an opportunity to improve on future engagement and consultations by building in learning to ensure processes are as robust as possible.

APPENDICES

1 Consultation document

2 Schedule of events and meetings where the consultation was discussed

3 Grid of comments received (by email, letter and telephone from members of the public)

4 Independent evaluation of survey by Explain Research

5 Report of Health Scrutiny Joint Committee (including letter from Stockton-on-Tees Borough Council)

6 Response from Hartlepool MP Iain Wright

7 Responses from Healthwatch County Durham, Healthwatch Hartlepool and Healthwatch Stockton-onTees

8a Equality analysis of the consultation process for NHS Hartlepool and Stockon-onTees Clinical Commissioning Group

8b Equality analysis of the consultation process for NHS Durham Dales, Easington and Sedgefield NHS Foundation Trust

Agenda Item 2.1-Appendix D
Tuesday, 2nd September 2013

NHS
Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

North Tees and Hartlepool NHS
NHS Foundation Trust

Transport Plan - August 2013

Introduction

When the issue of providing safe services leading up to the opening of the new hospital were raised we knew that centralising services on one hospital site could make travelling difficult for some patients and their families.

This was confirmed when the National Clinical Advisory Team visited our area in January and further reinforced throughout the public consultation which took place between 20 May and 11 August when we heard from a number of people how these proposed changes would cause a problem for them in terms of getting to hospital. We also heard this is a problem now with some people having difficulty getting to hospital for services as they are at present and this is a concern to us.

As health organisations our job is to buy and provide healthcare. Because health care is our core business we have to concentrate on that and not on either buying or providing transport. However because transport has been raised as an issue both before and during the consultation we want to do as much as we can to support local people to get to the health care they need.

This document outlines the actions which have been taken by your local health service to address the issues you have raised. Though the North East Ambulance Service was not one of the organisations holding the consultation they are clearly a vital part of your local health service so we have included a section on how the service is planning for these changes.

We have also included a section about the transport arrangements which are being put into place to support staff working at North Tees and Hartlepool NHS Foundation Trust because this was raised by some people during the consultation.

We would like to thank Healthwatch in Hartlepool, Stockton and Durham for their contribution to this work because they have represented patients and families throughout and worked with us to develop this plan.

Should the proposals be accepted, this plan will come into place straightaway. It will be reviewed after three months and will continue to be refined and developed as the new arrangements settle in.

Dr Boleslaw Posmyk
Chair Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Dr Stewart Findlay
Chief clinical officer Durham, Dales, Easington and Sedgefield Clinical Commissioning Group

Julie Gillon
Chief operating officer/ deputy chief executive North Tees and Hartlepool NHS Foundation Trust

Ambulance services

You should always call 999 for an ambulance if you or someone else you know is seriously ill or injured. This will not change, whatever the decision taken on the proposals being considered.

Examples of medical emergencies include, but are not limited to, chest pain, difficulty in breathing, unconsciousness or severe loss of blood. There are others and if you are in doubt, you should call 999.

The North East Ambulance Service (NEAS) aims to reach these types of emergencies in eight minutes in three-quarters of all incidents. This target of 75% in eight minutes Trust wide for the year is set by the Department of Health and it is the toughest response time standard of all ambulance services anywhere in the world.

In the Hartlepool and Stockton-on-Tees area, there have been 5,700 emergencies which fell within this standard, known as red calls, between April and July 2013. The ambulance service reached 4,500 of these incidents in eight minutes or faster. That is 78.95% of incidents reached in eight minutes compared to the national minimum standard of 75%.

Neither NEAS, nor the clinical commissioning groups who are responsible for paying for the ambulance service, will allow 999 performance to fall below the 75% standard set by the Department of Health.

There are currently 28 paramedics and a further 42 ambulance technicians, urgent care and support staff providing emergency care and urgent transport in the Hartlepool and Stockton-on-Tees area. In 2012, NEAS announced plans to introduce an additional double-crew paramedic ambulance to cover this area in response to existing demands and relocate some of the rapid response paramedic cars and urgent care transport ambulances. The change, due to be implemented later this year, will help to maintain response time standards across the area.

The ambulance service anticipates that a small number of patients previously taken to the University Hospital of Hartlepool will now be taken to the University Hospital of North Tees. On these occasions, when a slightly longer journey to hospital takes a paramedic crew out of the Hartlepool area, the nearest available ambulance will move to a standby point to maintain 999 cover. This already happens across the region, which is why you may have seen ambulances parked in lay-bys, flyovers and beside roundabouts providing maximum medical cover when other crews are responding to 999 incidents.

A small number of patients in County Durham may also be affected, if the changes are agreed, where Hartlepool was their nearest hospital. On these occasions, the clinical decision of the paramedic will determine which hospital they are taken to in an emergency situation.

NEAS has been working with its CCG partners about the impact of providing the additional cover. This is to ensure that the service is able to provide resources to cover the extended time that will be required of crews that would previously have gone to Hartlepool

Patients can help as well by not placing demand on ambulance services unnecessarily. When it's less urgent than 999, alternatives include visiting or calling your GP or talking to your local pharmacist. If you are not sure what help you need, there is also a new number 111, which is free to call – including mobiles - and open 24-hours a day, seven days a week. Callers to this number will be assessed and given advice or directed to the service that can best help them straightaway.

Hartlepool and Stockton-on-Tees CCG

Hartlepool and Stockton-on-Tees CCG is committed to provide high quality transport services to all patients at the point of need. To meet this need Hartlepool and Stockton-on-Tees CCG commissions a number of services.

999 blue light ambulances are provided by the North East Ambulance Service 24/7 for any patient requiring emergency medical care and who may require transportation to hospital for further treatment.

For those patients who are medically unable to get to and from their hospital appointments or inpatient stay, the CCG funds free patient transport from a host of organisations to provide a flexible service to those that need it. This transport is provided by a variety of providers including North East Ambulance Service and some private transport providers. We will review this provision to determine what is required by our patients and appropriate services will be commissioned.

In addition to this, funding is provided to North Tees and Hartlepool NHS Foundation Trust which allows the trust to strategically plan transport provision for patients to ensure that all appropriate patients receive the required level of transport support.

As defined nationally, Hartlepool and Stockton-on-Tees CCG will reimburse the costs of travel to hospital or other NHS-funded treatment or diagnostic tests for those patients who meet the qualifying criteria detailed on the NHS Choices website:

http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Travelcosts.aspx

Hartlepool and Stockton-on-Tees CCG is assured that this comprehensive transport provision offers a quality and effective service to all patients and will continue to do so following the changes within North Tees and Hartlepool NHS Foundation Trust.

Durham, Dales, Easington and Sedgefield CCG

In Durham Dales, Easington and Sedgefield the clinical commissioning group is talking to the council about whether we can improve bus routes and accessibility for patients and visitors. The East Durham link service continues to operate running pre-bookable services between hospitals and other destinations. This service is available for anyone to use. The CCG will continue to work with NEAS to ensure their response times for planned and unplanned journeys are within the contracted times and will continue to monitor the impact on patients.

North Tees and Hartlepool NHS Foundation Trust

Providing appropriate transport services for patients, visitors and staff is vital to the success of centralising services. Extensive work has taken place and is on-going to ensure those affected by the service transfers have access to appropriate transport or car parking.

The trust set up a transportation sub-group including two governor representatives. The group has been working hard to improve transport arrangements which can be put into place if the proposals go ahead.

The trust has a policy of never leaving a patient stranded. So, for example, staff will always ask a patient brought in by ambulance how they are going to get home, especially in the later evening when transport is not available. If the patient has no way of getting home the trust will help with one of its transport schemes.

Among the many pieces of work the committee and the foundation trust are working on are:

- a patient journey exercise, led by Healthwatch, so that the trust and commissioners can appreciate the challenges of getting to hospital by public transport.
- an exercise to see what other transport is available that local people may not know about. This includes volunteer driver and community schemes which already exist.
- a phased implementation to minimise the inconvenience to patients and their relatives and make the transition smoother. In other words, if the proposals are accepted, the changes will take place throughout October.

Patient journey - picture courtesy of the Hartlepool Mail

A planning meeting taking place with representatives of Healthwatch and North Tees and Hartlepool NHS Foundation Trust

This means, in October no more emergency medical patients will be admitted to the emergency assessment unit at the University Hospital of Hartlepool. Instead medical patients will be taken to the University Hospital of North Tees.

By the end of October there should be very few patients who need to be transferred by ambulance to the University Hospital of North Tees because the vast majority will have been treated and discharged during that time.

The sub-acute unit at the University Hospital of Hartlepool

Some patients from Hartlepool or Easington, who were admitted to the University Hospital of North Tees for assessment, tests and treatment could be transferred to the sub-acute unit at the University Hospital of Hartlepool.

This will make travelling easier for people who wish to visit loved ones. These patients will be people who are not yet well enough to go home but do not need to see a doctor every day or have any further tests or investigations such as CT scans.

Trust transport schemes

- The trust already has its own same day ambulance service to transport patients home after a stay in hospital. This service will be reviewed and revised alongside all transport arrangements.
- Additional shuttle buses running between the hospital sites. As well as the current eight-seater minibus the trust has ordered two 17-seater buses which will run regularly between the two hospitals. The buses are free and can be booked by phoning the trust's service desk on 01429 522550.
- Looking at appointment times to make them more convenient for patients. The committee is working with other people in the trust to look at appointment times and theatre sessions to see if these can be changed or patients offered times which are easier for them to get to. Patient should discuss any worries or concerns about transport at their pre-assessment visit so that staff can tell them about schemes such as the trust's volunteer driver scheme.

The team of volunteer drivers

- The trust has negotiated a discount with its taxi provider 23 Taxis for patients or relatives travelling to appointments or visiting relatives.
- The trust has set up a volunteer driver scheme for people who need help getting to appointments. The first group of volunteers has now been trained. People can find out more about the service by ring the trust's service desk on 01429 522550.
- The trust has applied to Stockton Borough Council for additional temporary car parking space at the University Hospital of North Tees site.
- People receiving certain welfare benefits may be able to get help with travel costs under the Department of Health's Help with Hospital Transport Costs scheme. More information is available at http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Travelcosts.aspx or by asking at the trust's cashier's offices.

Staff

North Tees and Hartlepool NHS Foundation Trust has reviewed its travel policy to be ready for the changes.

The trust has a duty to reduce carbon emissions, traffic congestion and parking requirements and would prefer staff who need to travel between sites to do so using the free shuttle buses. The trust is putting into place:

- a free park and ride facility for staff affected by the changes.
- a car sharing scheme for staff with guaranteed reserved parking and discounted cost arrangements.
- an enhanced car park management system to maximise car parking capacity.
- additional shuttle buses (detailed opposite).
- different shift patterns for staff to enable them to get across sites in time for work.

In summary

All of the organisations mentioned in this plan have been working hard to ensure patients, visits and staff need are covered as far as they possibly can in terms of transport.

Healthwatch have been working with our organisations to represent the views of patients. They are working with us to get an understanding of the challenges faced by some people when travelling for their health appointments. We are indebted to them for the work they have been doing.

In addition to the information above, there are some useful sites people can use when planning a journey, whether it is by private or public transport.

www.transportdirect.info

www.connectteesvalley.com

Agenda Item 2.1-Appendix D
Tuesday, 2nd September 2013

NHS
Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

North Tees and Hartlepool NHS
NHS Foundation Trust

APPENDIX E: Four Tests Evidence Grid

RECONFIGURATION OF CRITICAL CARE AND EMERGENCY MEDICAL SERVICES

SUMMARY OF EVIDENCE OF MEETING SECRETARY OF STATE'S FOUR TESTS

The following table summarises the evidence that the proposals and consultation have addressed the Secretary of State's four tests for service reconfiguration.

TEST	COMMENT	EVIDENCE
Support from GP commissioners	The proposals enjoy the support of the clinical members of the CCGs whose patients are impacted by the changes. Alongside the public engagement events, some of which have been attended by local GPs, extensive contact has been made with local practices in Stockton and Hartlepool, as well as with GPs in Easington through their Time Out events. There has also been attendance at LMC meetings to discuss the proposals and glean feedback. Each GP practice has been sent a letter summarising the proposals and offering them a further opportunity to comment on the proposals and their impact.	Record of meetings with individual GP practices by Drs Posmyk and Williams – HaST CCG Minutes of Easington Time Out events – DDES CCG Record of attendance at LMC meetings – HaST and DDES CCGs Copy of letter to GP practices and distribution list – BP/HaST CCG Summary of feedback from GPs and evidence of changes to consultation presentations and materials to reflect this – CY/KH/MB (this will mirror the similar evidence on public and patient engagement but provides the opportunity to reflect specific responses to GP feedback
Strengthened public and patient engagement	There has been extensive contact with local bodies, patient groups and the public throughout the pre-engagement and the formal consultation itself, alongside communication via the press and local radio. The NCAT review was used to provide representatives of the local scrutiny committees and patient groups (Links/Healthwatch), which is a wider representation than usual in such a review whose terms of reference would usually be limited to clinicians and other members of the provider and commissioner organisations. The consultation process has incorporated a wide range of public events, attendance at scrutiny committees and	Summary of pre-engagement and consultation meetings and events – CY/MB Record of invitation to and attendance at NCAT review – Agenda – PT/CY and NCAT Report – HaST CCG Summary of feedback from meetings and events and evidence of changes to consultation presentations and materials to reflect this – CY/MB (this will mirror the similar evidence on GP engagement but provides the opportunity to reflect specific responses to public feedback Copy of letters sent to local councils regarding public transport issues – HaST and DDES CCGs

	engagement with patient groups and representatives. Local Healthwatch representatives have been involved as members of the Consultation Steering Group. Specific attention has been given to frequent mention of transport as a key concern. Trust staff have attended the Hartlepool Council Transport Champions' Group, and the Trust is putting in place additional transport options and measures to take account of this. Of particular concern are the needs of individuals, particularly those wishing to visit their family members. The Trust has participated in the Healthwatch journey lapping exercise to inform the consideration of transport needs of the patients and their families, while it is noted that much of the requirement relates to public transport which is outwith the Trust's or CCGs' gift to resolve. This has been progressed through communications with the relevant councils. Robust communication has been maintained throughout with members of local Social Services.	Transport Strategy Document – Task and Finish Group Record of meetings with Social Services departments – HaST and DDES CCGs
Clarity on the clinical evidence base	The clinical basis of the proposals is documented in the consultation documents. The proposals were initiated by clinicians in the Trust on clinical safety grounds, and subsequently scrutinised by the wider clinical body within the Trust, by the clinicians in the CCGs, the wider GP body, the CCG governing bodies, and by the NCAT review itself. While robustly challenged at each step, the case has always been supported.	Documentation provided to NCAT review team (incorporated on consultation web site) including relevant national policies and guidelines – CY/MB NCAT report – HaST CCG Summary of clinical case from consultation documentation - MB Summary of 9 August discussion at clinicians' meeting in Trust – PT/CY
Consistency with current and prospective patient choice	This test relates to the impact of the proposals on patients' choice of service compared to that they had prior to the changes. As these proposals relate to emergency services, and as it is elective services where the greatest element of patient choice is present, the impact is minimal. The usual elements of choice in relation to emergency care remain, notably that of seeking a second opinion. The same degree of choice remains for non-emergency services.	Summary of guidance on applying the Patient Choice Test – attached List of services remaining at UHH following implementation of the proposals from consultation presentation/documentation – CY

Appendix F – Report following practice meetings in Hartlepool

Critical care and acute medicine reconfiguration – report following practice visits by Dr Boleslaw Posmyk, chair of NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group

14 GP practices in Hartlepool were visited. During visits either a majority of all GPs working in the practices were present plus most practice managers and some practice nurses.

Discussed clinical reasoning behind proposed changes and outcome of NCAT review at all practices. Views of all present were sought and there was an opportunity for questions and answers.

Summary of findings:

The consensus among nearly every GP, that the clinical rationale for change could be understood, that the proposed changes were logical and needed to happen.

Consensus among practice managers and nurses present was that changes were necessary.

Some reservations from a GP wanting to be able to examine the evidence in detail themselves.

Some initial reservations from a GP feeling that the population of Hartlepool was being hard done by again….with acceptance of the clinical case.

A GP not accepting the case for change.

Individual explicit GP suggestion of change being made as soon as possible.

Individual GP confirmation of need for 24hr senior clinician support on hospital units.

Individual GP reflection that proposed changes will result in service in Hartlepool that has for a long time successfully been in place at the Nuffield Hospital in Stockton.

Individual GP reflection that since these changes are necessary they will be good preparation for eventual shift of services to Wynyard.

A consistent theme among the GPs, practice managers and nurses that transport would be a big issue for patients, visitors, particularly older people and people on low incomes. Bus issues to North Tees were pointed out at several practices.

At individual practices, specific issues were highlighted regarding getting to visiting times and the impact of funding public transport on low income families.

Many GPs highlighted that the changes were likely to be viewed negatively by numbers of patients due to some patients having a negative perception of care at

North Tees compared to Hartlepool. This perception is likely to be held by elderly patients.

Many GPs suggested it would be worth looking into whether any ambulatory care could in the future be delivered from a Hartlepool setting.

Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

Good Health - Everybody's business

Equality Analysis

Reconfiguration Proposals for Emergency Medical and Critical Care Services in Hartlepool and North Tees.

July 2013

The Nine Protected Characteristics of the Equality Act 2010

The Equality Act 2010 applies to all organisations that provide a service to the public or a section of the public (service providers). It also applies to anyone who sells goods or provides facilities. It applies to all our services, whether or not a charge is made for them.

The Act protects people from discrimination on the basis of a 'protected characteristic'. The relevant characteristics for services and public functions are:

- disability
- gender reassignment
- pregnancy and maternity
- race
- religion or belief
- sex, and
- sexual orientation
- Marriage and Civil Partnership (named purposely in the equality act 2010. This protected characteristic was linked to the now retired sex discrimination act where people were protected on their marital status).
- Age (under the Equality Act from April 2012 until then The Employment Equality (Age) Regulations 2006 still applied)

The Equality Act General Duties

The general and specific duties are set out in Appendix 1 section 149 of the Act.

- A public authority must, in the exercise of its functions, have due regard (take seriously) to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act

- Advance equality of opportunity between people who share a protected characteristic and those who do not.

- Foster good relations between people who share a protected characteristic and those who do not

Public Sector Specific Equality Duties

The public sector equality duties are unique pieces of equality legislation. They give public bodies, including further and higher education institutions legal responsibilities to demonstrate that they are taking action on equality in policymaking, the delivery of services and public sector employment.

The duties require public bodies to take steps not just to eliminate unlawful discrimination and harassment, but also to actively promote equality.

The Equality Act and duties can be found at
http://www.legislation.gov.uk/ukpga/2010/15/contents

What is equality analysis?

Public authorities are responsible for making a wide range of decisions, from the contents of overarching policies and budget setting to day-to-day decisions which affect specific individuals.

Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act 2010, such as people of different ages. There are two reasons for this:

to consider if there are any unintended consequences for some groups
to consider if the policy will be fully effective for all target groups.

It involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions.

It can help you to identify practical steps to tackle any negative effects or discrimination, to advance equality and to foster good relations.

Not all policies can be expected to benefit all groups equally, particularly if they are targeted at addressing particular problems affecting one protected group.

An example would be a policy to improve the access of learning disabled women to cancer screening services.

Policies like this, that are specifically designed to advance equality, will, however, also need to be analysed for their effect on equality across all the protected groups. This is because any one group is likely to have several protected characteristics within it. For example, a policy on tackling gender based violence will need to analyse its potential effect on ethnic minority communities as well as gay and disabled people. An effective equality analysis will help to make sure that you are aware of any particular needs and the likely wider effects of implementing the policy.

The Equality Analysis process focuses on 6 Steps of activity:

1. Responsible Officer

2. Establishing relevance

3. Scoping the Analysis

4. Analysing the Equality information

5. Monitoring and review

6. Decision making and Publication

Equality Analysis Template- Screening Tool

Title of Policy/ Project/ Service:	**Reconfiguration proposals for emergency and critical care services in Hartlepool and North Tees Hospitals.**
Equality Analysis Lead Name/s:	**Ali Wilson – Chief Officer NHS Hartlepool and Stockton-on-Tees CCG** **Ben Murphy – Senior Governance Manager NECS** **Mary Bewley – Head of Communications and Engagement NECS**
Date Equality Analysis started:	**8th July 2013**
Date Equality Analysis completed:	**2nd August 2013**
Geographical Area covered by policy/ project/ service?	**NHS Durham Dales, Easington and Sedgefield CCG** **NHS Hartlepool and Stockton-on-Tees CCG** **North Tees and Hartlepool NHS Foundation Trust**
Is this a new or existing policy / project / service?	**This is a new project, this Equality Analysis will analyse the potential impact either positive or negative from the proposed relocation of emergency and critical care services from Hartlepool to North Tees Hospital.** **The project is however related to a broader programme of change in the area which has already and continues to be subject of public engagement and/or consultation.**
What is the purpose/aim of the proposed or existing policy / service / project?	**Hartlepool and Stockton-on-Tees CCG are carrying out this consultation because the doctors who provide emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust have told us they cannot carry on providing these services safely and to the expected quality standards on two sites until the new**

	hospital opens in 2017. This has been assured by an Independent Clinical Body (NCAT).
Who is intended to benefit from the policy / project / service and how?	**All members of the population accessing and using the emergency medical and critical care services at Hartlepool and North Tees Hospital.**
Is the responsibility for the policy / project / service shared with another directorate or organisation?	**Yes;** **NHS Durham Dales, Easington and Sedgefield CCG** **NHS Hartlepool and Stockton-on-Tees CCG** **North Tees and Hartlepool NHS Foundation Trust**
What other groups or organisations have an interest in the policy / project / service?	**Please see the consultation plan which identifies all stakeholders.**
What are the intended outcomes of the policy / project / service?	**To identify if any persons offered protection under the equality act 2010 will be adversely effected by this proposal and to ensure appropriate adjustments are made to address the issues.**
What engagement has been done regarding this policy / project / service, and the results of this? Please detail which individuals/ groups you have engaged with and when?	**Formal consultation lasting 12 weeks starting Monday 20th May 2013.** **NECS will commission independent specialist consultants to receive and independently analyse the responses. Respondents to the consultation will be able to feed back by email, freepost address, telephone or via the CCG website.** **Please see the communication and engagement plan for further details of activity.**

When will the policy / project / service be implemented?	**The change is proposed to take place from October 2013.**
When will the policy / project / service be reviewed?	**Thorough contact monitoring and annual reviews.**

Protected Characteristics

Please detail any positive, negative or neutral impacts that this policy/ service/ project may have for people from the below groups.			
Protected Characteristics	**Positive**	**Neutral**	**Negative**
Age	**The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.**		**Older people may find it difficult to travel longer distances when visiting relatives in North Tees.** **Actions are being taken to improve travel options for all groups.**
Disability	**The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate**		**Concern has been expressed re: transport for wheelchair users.** **Actions are being taken to ensure access to vehicles able to take wheelchairs, including extra large equipment.**

	skill levels to improve patient outcomes.		
Gender Reassignment	The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.	Will have no adverse effect.	
Pregnancy And Maternity	The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.	Services continue to be delivered on the Hartlepool site.	
Race	The proposed move of the Emergency Medical and Critical	Will have no adverse effect.	

	Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.		
Religion Or Belief	**The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.**	**Current chaplaincy services will be maintained across both sites (both in terms of services held, and chaplain and volunteer presence) and it is anticipated that the less complex case mix of patients remaining on the Hartlepool site will result in them gaining additional support from those services while patients in Stockton and the community will continue to receive the same support as at present.**	
Sex	**The proposed move of the Emergency Medical and Critical Care services to North Tees**	**Will have no adverse effect.**	

	Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.		
Sexual Orientation	**The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.**	**Will have no adverse effect.**	
Carers	**The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching**		**Concerns re: ability to access transport for visiting have been recognised.** **Actions are being taken to improve travel options for all groups.**

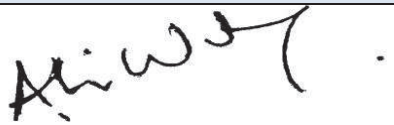
	service demand with appropriate skill levels to improve patient outcomes.		
Human Rights* *Please see appendix 1 for further information	**The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.**	**No adverse impacts.**	

Full Equality Analysis Template

You must complete a full assessment if your initial analysis you identify any negative impact on any of the protected characteristics groups. You should aim to reduce or remove any negative impact. Please note unlawful, discriminatory impacts must be removed completely. Use this action plan to evidence what needs to be addressed and what you have achieved, attaching any relevant evidence. Action Plan				
Protected Characteristics	**Action required to support the outcome of the initial equality analysis**	**Evidence used (including engagement/ consultation)**	**Responsible Person/s**	**Outcome* *Please refer to page 7 of Equality Analysis Toolkit**
Age	**Transport strategy being developed and actions being taken to improve travel options for all groups.**	**See attached travel plan slides.**	**North Tees and Hartlepool NHS Foundation Trust, NHS Hartlepool and Stockton-on-Tees CCG and NHS Durham, Dales, Easington and Sedgefield CCG**	
Disability	**As above. Also actions are being taken to ensure access to vehicles and that they are able to take wheelchairs, including**		**North Tees and Hartlepool NHS Foundation Trust, NHS Hartlepool and Stockton-on-Tees CCG and NHS Durham, Dales,**	

	extra large equipment.		**Easington and Sedgefield CCG**	
Gender Reassignment				
Pregnancy And Maternity				
Race				
Religion Or Belief				
Sex				
Sexual Orientation				
Carers	**Transport strategy being developed and actions being taken to improve travel options for all groups.**		**North Tees and Hartlepool NHS Foundation Trust, NHS Hartlepool and Stockton-on-Tees CCG and NHS Durham, Dales, Easington and Sedgefield CCG**	
Human Rights				

Please complete the section below and attach a copy of the policy/service/ project being analysed for approval and forward to the CCG Chief Officer on your organisations website.

Chief Officer	Signature	Organisation	Date
Ms. Ali Wilson		NHS Hartlepool and Stockton-on-Tees CCG	15th August 2013

Equality & Diversity Lead Name (please print)	Signature	Organisation	Date
Ben Murphy		North Of England Commissioning Support Unit (NECS)	15th August 2013

For more information or guidance on completing the Equality Analysis please contact Ben Murphy, email ben.murphy@tees.nhs.uk or call 01642 745071.

Appendix One- Human Rights

The Human Rights Act 1998 gives further legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights. These rights not only impact matters of life and death, they also affect the rights you have in your everyday life: what you can say and do your beliefs, your right to a fair trial and other similar basic entitlements.

Most rights have limits to ensure that they do not unfairly damage other people's rights. However, certain rights – such as the right not to be tortured – can never be limited by a court or anybody else.

You have the responsibility to respect other people's rights, and they must respect yours.

Your human rights are:

the right to life
freedom from torture and degrading treatment
freedom from slavery and forced labour
the right to liberty
the right to a fair trial
the right not to be punished for something that wasn't a crime when you did it
the right to respect for private and family life
freedom of thought, conscience and religion, and freedom to express your beliefs
freedom of expression
freedom of assembly and association
the right to marry and to start a family
the right not to be discriminated against in respect of these rights and freedoms
the right to peaceful enjoyment of your property
the right to an education
the right to participate in free elections
the right not to be subjected to the death penalty

If any of these rights and freedoms are breached, you have a right to an effective solution in law, even if the breach was by someone in authority, such as, for example, a police officer.

NHS
Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

Equality Analysis

Reconfiguration Proposals for Emergency Medical and Critical Care Services in Hartlepool and North Tees.

August 2013

The Nine Protected Characteristics of the Equality Act 2010

The Equality Act 2010 applies to all organisations that provide a service to the public or a section of the public (service providers). It also applies to anyone who sells goods or provides facilities. It applies to all our services, whether or not a charge is made for them.

The Act protects people from discrimination on the basis of a 'protected characteristic'. The relevant characteristics for services and public functions are:

- disability
- gender reassignment
- pregnancy and maternity
- race
- religion or belief
- sex, and
- sexual orientation
- Marriage and Civil Partnership (named purposely in the equality act 2010. This protected characteristic was linked to the now retired sex discrimination act where people were protected on their marital status).
- Age (under the Equality Act from April 2012 until then The Employment Equality (Age) Regulations 2006 still applied)

The Equality Act General Duties

The general and specific duties are set out in Appendix 1 section 149 of the Act.

- A public authority must, in the exercise of its functions, have due regard (take seriously) to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act

- Advance equality of opportunity between people who share a protected characteristic and those who do not.

- Foster good relations between people who share a protected characteristic and those who do not

Public Sector Specific Equality Duties

The public sector equality duties are unique pieces of equality legislation. They give public bodies, including further and higher education institutions legal responsibilities to demonstrate that they are taking action on equality in policymaking, the delivery of services and public sector employment.

The duties require public bodies to take steps not just to eliminate unlawful discrimination and harassment, but also to actively promote equality.

The Equality Act and duties can be found at
http://www.legislation.gov.uk/ukpga/2010/15/contents

What is equality analysis?

Public authorities are responsible for making a wide range of decisions, from the contents of overarching policies and budget setting to day-to-day decisions which affect specific individuals.

Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act 2010, such as people of different ages. There are two reasons for this:

to consider if there are any unintended consequences for some groups
to consider if the policy will be fully effective for all target groups.

It involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions.

It can help you to identify practical steps to tackle any negative effects or discrimination, to advance equality and to foster good relations.

Not all policies can be expected to benefit all groups equally, particularly if they are targeted at addressing particular problems affecting one protected group.

An example would be a policy to improve the access of learning disabled women to cancer screening services.

Policies like this, that are specifically designed to advance equality, will, however, also need to be analysed for their effect on equality across all the protected groups. This is because any one group is likely to have several protected characteristics within it. For example, a policy on tackling gender based violence will need to analyse its potential effect on ethnic minority communities as well as gay and disabled people. An effective equality analysis will help to make sure that you are aware of any particular needs and the likely wider effects of implementing the policy.

The Equality Analysis process focuses on 6 Steps of activity:

1. Responsible Officer

2. Establishing relevance

3. Scoping the Analysis

4. Analysing the Equality information

5. Monitoring and review

6. Decision making and Publication

Equality Analysis Template- Screening Tool

Title of Policy/ Project/ Service:	**Reconfiguration proposals for emergency and critical care services in Hartlepool and North Tees Hospitals.**
Equality Analysis Lead Name/s:	**Gill Findley – Director of Nursing Durham Dales, Easington and Sedgefield CCG** **Ben Murphy – Senior Governance Manager NECS** **Mary Bewley – Head of Communications and Engagement NECS**
Date Equality Analysis started:	**8th July 2013**
Date Equality Analysis completed:	**28th August 2013**
Geographical Area covered by policy/ project/ service?	**NHS Durham Dales, Easington and Sedgefield CCG** **NHS Hartlepool and Stockton-on-Tees CCG** **North Tees and Hartlepool NHS Foundation Trust**
Is this a new or existing policy / project / service?	**This is a new project, this Equality Analysis will analyse the potential impact either positive or negative from the proposed relocation of emergency and critical care services from Hartlepool to North Tees Hospital.** **The project is however related to a broader programme of change in the area which has already and continues to be subject of public engagement and/or consultation.**
What is the purpose/aim of the proposed or existing policy / service / project?	**Durham Dales, Easington and Sedgefield CCG is carrying out this consultation because the doctors who provide emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust have told us they cannot carry on providing these services safely and to the expected quality standards on two sites**

	until the new hospital opens in 2017. This has been reviewed by an Independent Clinical Body (NCAT).
Who is intended to benefit from the policy / project / service and how?	**All members of the population accessing and using the emergency medical and critical care services provided by North Tees and Hartlepool NHS Foundation Trust.**
Is the responsibility for the policy / project / service shared with another directorate or organisation?	**Yes, shared with;** **NHS Hartlepool and Stockton-on-Tees CCG** **North Tees and Hartlepool NHS Foundation Trust**
What other groups or organisations have an interest in the policy / project / service?	**Please see the consultation plan which identifies all stakeholders.**
What are the intended outcomes of the policy / project / service?	**The project aims to bring together 2 smaller facilities to provide safer and more effective services on one site. This will improve the healthcare outcomes for patients who access the facilities.** **This Equality Impact Assessment aims to identify if any persons offered protection under the equality act 2010 will be adversely effected by this proposal and to ensure appropriate adjustments are made to address the issues.**
What engagement has been done regarding this policy / project / service, and the results of this? Please detail which individuals/ groups you have engaged with	**Formal consultation lasting 12 weeks starting Monday 20th May 2013.** **North of England Commissioning Support unit has commissioned independent specialist consultants (Explain) to receive and independently analyse the responses from the consultation process. Respondents to the consultation have been able to feed back by email, freepost address, telephone or via the CCG website as well as at**

and when?	**face to face meetings.** **Please see the communication and engagement plan for further details of activity.**
When will the policy / project / service be implemented?	**The change is proposed to take place from October 2013.**
When will the policy / project / service be reviewed?	**Thorough contact monitoring and annual reviews.**

Protected Characteristics

Please detail any positive, negative or neutral impacts that this policy/ service/ project may have for people from the below groups.			
Protected Characteristics	**Positive**	**Neutral**	**Negative**
Age	**The proposal aims to improve the standards of clinical care being offered to all patients by pooling skills of specialist staff and providing treatment by more senior staff early in the patients admission** **Older people are more likely require admission to hospital and so are most likely to benefit from the changes**	**Services for children and young people are unaffected by the changes** **Outpatients and day case facilities will remain on the Hartlepool site**	**Older people may find it difficult to travel longer distances to get to services or when visiting relatives in North Tees.** **Actions:** **Transport plan has been developed for people of all ages including volunteer drives, increased shuttle buses and the East Durham Link service.** **Some patients in the Sedgefield area may now find that another hospital is closer than North Tees. Ambulance crews will take the patient to the nearest suitable facility for definitive care.**
Disability	**The proposal aims to improve the standards of clinical care being**	**Outpatient and day case services**	**Concern has been expressed about transport for wheelchair**

	offered to all patients by pooling skills of specialist staff and providing treatment by more senior staff early in the patient's admission. Some disabled people are more likely to need hospital admission and may therefore benefit from the changes	are unaffected by the proposals All services on North Tees site are accessible for people with disabilities including sight problems and wheelchair users.	users. Disabled people are more likely to need additional help from support workers and relatives Actions: Transport plan includes actions being taken to ensure access to vehicles able to take wheelchairs, including extra-large equipment. Transport for support workers and carers to be included in transport plans.
Gender Reassignment	The proposals will improve care for all patients who need access to acute medical services	Outpatient and day case services are unaffected by the proposals There is no indication that this patient group would be adversely affected by the changes	
Pregnancy And Maternity	Some women need access to intensive care during pregnancy, delivery or after delivery. The proposals will result in more specialist intensive care consultants being available and	Maternity services including antenatal and post natal clinics continue to be delivered on the Hartlepool site and in the community as they are currently	Some visitors (partners and children) will have to travel further to visit women in North Tees Actions: The transport plan will address

	therefore an improved level of care		**the needs of visitors including children**
Race	**The proposals will improve care for all patients who need access to acute medical services**	**The Trust will continue to offer all services to all races.**	
Religion Or Belief	**The proposals will improve care for all patients who need access to acute medical services**	**Current chaplaincy services will be maintained across both sites (both in terms of services held, and chaplain and volunteer presence) and it is anticipated that the less complex case mix of patients remaining on the Hartlepool site will result in them gaining additional support from those services while patients in Stockton and the community will continue to receive the same support as at present.**	
Sex	**The proposals will improve care for all patients who need access to acute medical services**	**The proposals will not have any adverse impact**	
Sexual Orientation	**The proposals will improve care for all patients who need access**	**The proposals will have no adverse effect.**	

	to acute medical services		
Carers		**Outpatients and day case services will not be affected and it is anticipated that 97% of care will continue to be in the local area.**	**Carers who accompany patients to appointments may have to travel further. If the patient remains in hospital the carer may not be allowed to stay** **Actions** **The transport plan will include carers as well as patient transport** **The CCG will review the provision of overnight accommodation for carers in North Tees hospital**
Human Rights* *Please see appendix 1 for further information	**The proposals affect the most seriously ill patients who need hospitalisation and in some cases intensive care to sustain life. The proposals will improve outcomes for patients and therefore reduce the risk of loss of life and a breach of article 1**	**No adverse impacts have been noted in respect of Human rights**	

Full Equality Analysis

Action Plan (Review three months after implementation and again after nine months.)				
Protected Characteristics	**Action required to support the outcome of the initial equality analysis**	**Evidence used (including engagement/ consultation)**	**Responsible Person/s**	**Outcome*** ***Please refer to page 7 of Equality Analysis Toolkit**
Age	**Transport plan being developed and actions being taken to improve travel options for all groups including patients and carers and visitors.**	**See attached transport plan**	**North Tees and Hartlepool NHS Foundation Trust, NHS Hartlepool and Stockton-on-Tees CCG and NHS Durham, Dales, Easington and Sedgefield CCG, working in partnership with the local authorities to improve access to public transport.**	**Improved access for all age groups.** **Increased confidence among partners and the public that key issues are being addressed.**
Disability	**As above. Also actions are being taken to ensure that there is access to vehicles for disabled patients and that they are able to take**	**Transport plan**	**North Tees and Hartlepool NHS Foundation Trust, NHS Hartlepool and Stockton-on-Tees CCG and NHS Durham, Dales,**	**Perceived barriers among people with disabilities over attendance at North Tees are minimised.**

	wheelchairs, including extra large equipment.		Easington and Sedgefield CCG, working in partnership with the local authorities.	
Gender Reassignment				
Pregnancy And Maternity	AS above, travel plans to include visitors and children.	Transport plan	CCG and North Tees and Hartlepool NHS Foundation Trust	There will be no barriers to visitors
Race				
Religion Or Belief				
Sex				
Sexual Orientation				
Carers	Transport plan being developed and actions being taken to improve travel options for all groups.		North Tees and Hartlepool NHS Foundation Trust, NHS Hartlepool and Stockton-on-Tees CCG and NHS Durham, Dales,	Improved access for all age groups, including carers. Increased confidence among partners and the public that key issues

			Easington and Sedgefield CCG, working in partnership with the local authorities.	**are being addressed.**
Human Rights				

Please complete the section below and attach a copy of the policy/service/ project being analysed for approval and forward to the CCG Chief Officer on your organisations website.

Chief Clinical Officer	Signature	Organisation	Date
Dr S Findlay		NHS Durham Dales Easington and Sedgefield CCG	15th August 2013

Equality & Diversity Lead Name (please print)	Signature	Organisation	Date
Ben Murphy		North Of England Commissioning Support Unit (NECS)	15th August 2013

Appendix One- Human Rights

The Human Rights Act 1998 gives further legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights. These rights not only impact matters of life and death, they also affect the rights you have in your everyday life: what you can say and do your beliefs, your right to a fair trial and other similar basic entitlements.

Most rights have limits to ensure that they do not unfairly damage other people's rights. However, certain rights – such as the right not to be tortured – can never be limited by a court or anybody else.

You have the responsibility to respect other people's rights, and they must respect yours.

Your human rights are:

the right to life
freedom from torture and degrading treatment
freedom from slavery and forced labour
the right to liberty
the right to a fair trial
the right not to be punished for something that wasn't a crime when you did it
the right to respect for private and family life
freedom of thought, conscience and religion, and freedom to express your beliefs
freedom of expression
freedom of assembly and association
the right to marry and to start a family
the right not to be discriminated against in respect of these rights and freedoms
the right to peaceful enjoyment of your property
the right to an education
the right to participate in free elections
the right not to be subjected to the death penalty

If any of these rights and freedoms are breached, you have a right to an effective solution in law, even if the breach was by someone in authority, such as, for example, a police officer.

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Durham Dales, Easington and Sedgefield Clinical Commissioning Group

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Providing safe and high quality care leading up to the opening of the new hospital

Providing safe and high quality care leading up to the opening of the new hospital

A consultation on how best to ensure people have access to the safest and best quality, acute medical and critical care they need, in the lead up to the opening of the new hospital by:

Hartlepool and Stockton-on-Tees Clinical Commissioning Group

Durham, Dales, Easington and Sedgefield Clinical Commissioning Group

North Tees and Hartlepool NHS Foundation Trust

Consultation begins 20 May and ends 11 August 2013

If you require this information in another language or format please contact us on 01642 666815

Arabic 01642 666815 إذا احتجت لهذه المعلومات بلغة أخرى أو تنسيق آخر، فالرجاء الاتصال بنا على

যদি আপনি এই তথ্য যে কোনো ভাষাতে বা ফর্মেটে চান তাহলে, অনুগ্রহ করে 01642 666815 নম্বরে আমাদের সাথে যোগাযোগ করুন। Bengali

若您需要本資料的其他語言版本或格式，請與我們聯絡，電話 01642 666815 Cantonese

यदि आपको यह जानकारी किसी अन्य भाषा अथवा फॉर्मेट में चाहिए तो कृपया 01642 666815 पर हमसे सम्पर्क करें। Hindi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਫ਼ਾਰਮੈਟ ਵਿਚ ਚਾਹੀਦੀ ਹੋਵੇ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਡੇ ਨਾਲ 01642 666815 'ਤੇ ਸੰਪਰਕ ਕਰੋ। Punjabi

Urdu اگر آپ کو یہ معلومات کسی دیگر زبان یا شکل میں چاہئیں تو برائے مہربانی ہم سے 01642 666815 پر رابطہ قائم کریں۔

Why are we carrying out this consultation?

The commissioners' view

Dr Boleslaw Posmyk
Chair, Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG)

Dr Paul Williams
Stockton-on-Tees locality lead, Hartlepool and Stockton-on-Tees CCG and governing body member

Dr Mike Smith
Hartlepool locality lead, Hartlepool and Stockton-on-Tees CCG

Dr Stewart Findlay
Chief clinical officer, Durham, Dales, Easington and Sedgefield Clinical Commissioning Group

We are carrying out this consultation because the doctors who provide emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust have told us they cannot carry on providing these services safely and to the expected quality standards on two sites until the new hospital opens in 2017.

We buy these services from the hospitals for local people and we are responsible for their safety and quality. As commissioners we cannot wait until a problem arises before acting. Our job is to look forward and try to prevent problems from happening because this is in the interest of patients and everyone we serve.

We asked the National Clinical Advisory Team to visit us to listen to the doctors, nurses and managers, patient representatives, politicians and other stakeholders so they could give us an independent view of the situation and what we should do about it.

The National Clinical Advisory Team provide independent clinical expertise to support and guide the local NHS on service reconfiguration proposals to ensure safe, effective and accessible services for patients. Our team was lead by Dr Chris Clough from Kings College Hospital, London.

We now have a copy of the National Clinical Advisory Team report and this is why we are now holding this consultation.

The report said we should:

- work with the trust to centralise emergency medical services and critical care to the University Hospital of North Tees as soon as possible
- explain to the public what this means for them, which is why we are including a number of examples later in this document
- ask their views about the things that they are concerned about, especially how they and their relatives get to hospital

The provider's view

Dr Suresh Narayanan
clinical director for anaesthetics and critical care

Dr Jean MacLeod
clinical director for medicine

North Tees and Hartlepool NHS Foundation Trust

As the doctors who lead medicine and critical care in the trust, we are becoming increasingly concerned about our ability to provide safe services across our two hospital sites until the new hospital opens.

We are passionate about providing the safest, highest quality care possible and to meeting or exceeding the standards expected by the Department of Health, professional organisations, the deanery (which is responsible for organising the training of tomorrow's doctors) and most of all our patients.

While our services are safe and good quality today we want to ensure they will continue to be in the years to come. We want to ensure we can continue to provide excellent care for all our patients in the short, medium and long term – the type of care we would want for ourselves and our loved ones - but when our medical and nursing colleagues tell us they are concerned, then we have to act.

We raised these concerns at the highest level in the trust and, quite correctly, the trust raised these concerns with our commissioners who buy this care from our trust.

Together, as commissioners and provider, we are totally committed to ensuring that patients from the area we serve - Hartlepool, Stockton and parts of Easington and Sedgefield – can rely on the same standard of service regardless of where they live.

Had the new hospital opened its doors in 2014 as originally planned then we would have been bringing medical and nursing teams together now to be ready for the move to the new hospital. As things stand the new hospital is now expected to open in 2017 and we know things cannot stay as they are until then because:

- quite rightly, safety and quality standards continue to rise, but it is becoming increasingly difficult for us to keep pace with these requirement on two sites
- the way junior doctors are trained has changed and the deanery will not allow trainees to work in hospitals where they do not see enough patients to increase their learning and skills
- like the rest of the NHS we need to bring services together to ensure we can achieve the same standards of care for everyone living in the area served by our trust

Already, because of advances in medicine many patients from our area already go past their local hospital for their emergency medical care. For example:

- patients who have had a stroke are all taken to the University Hospital of North Tees where we can offer the latest treatments seven days a week, 365 days a year. We used to provide these services seven days a week at the University Hospital of North Tees but were only able to provide them Monday to Friday, 9am until 5pm, at the University Hospital of Hartlepool which was unfair on people from Hartlepool and Easington because strokes don't just happen in working hours. Because we have brought the skilled doctors who can carry out these treatments together we can now provide these services for everyone we serve.
- patients who have had certain types of heart attack are assessed at the scene and taken to The James Cook University Hospital in Middlesbrough to have the affected artery unblocked.

Both of these advances in medicine give patients a better chance of survival and recovery. As doctors we want local people to have access to the very best care available. This does mean this care cannot always be on the doorstep but in the modern NHS we have to accept that, while we can have most of our straightforward care provided locally, we have to travel for more specialist care.

It's also important to remember that most of the care provided by the health service is already provided in GP surgeries, local clinics and in people's homes and, under the *momentum: pathways to healthcare* programme, this will continue. We are beginning to take advantage of new technologies like telehealth where people can monitor their own health at home supported by a highly skilled team of community nurses. We already have many excellent examples of where this is working well and preventing people from having to be admitted to hospital. Medicine is advancing all of the time and we want to ensure we can offer the latest and best services and technologies to local people.

We are working closely with our commissioners because they, as the people who buy your care, and we, as the people who provide your care, have the same aim; that is to make sure your care is of the very best standard, wherever you live in the area we serve.

The important thing for you to know is, once the changes have been made, you do not need to do anything different. If you are unwell you will either contact your doctor or ring 999, just as you would today. Ambulance paramedics will assess you when they arrive and, if appropriate, begin treating you. They will make sure you get to the right place and to the right experts for any further treatment and care you need.

This is why we are joining Hartlepool and Stockton-on-Tees Clinical Commissioning Group and Durham, Dales, Easington and Sedgefield Clinical Commissioning Group to explain why things need to change but also to listen to any concerns you may have so we can address them.

How did we get to where we are now?

In 2008 what were then Hartlepool Primary Care Trust and North Tees Primary Care Trust and North Tees and Hartlepool NHS Foundation Trust began the *momentum: pathways to healthcare* programme.

The programme came about because the then Secretary of State for Health carried out a large national public consultation to ask people how they would like health care to be in the future. The results of this large national consultation became the White Paper *Our health, our care, our say*

People said they wanted:

- to be kept fit and healthy and for the health service to step in early if people start to become ill
- care given close to or in their own homes
- a health service that fits in with their lives, not the needs of the health service
- only to go to hospital if they couldn't be looked after nearer home or at home

There were other reasons too:

- people are, fortunately, living longer but they are often living with a number of health problems and the local health service has to change the way it works to ensure it can provide the type of care local people need
- the doctors, nurses and other health professionals want to continually improve care and that means they have to change the way they work to do this by:
  - making waiting times shorter
  - providing more services in GP practices and town centre clinics
  - making services safer
  - working in increasingly specialised teams to make the best use of their skills and resources
- the way doctors are trained has changed and the organisation responsible for training will only send their doctors to work and train in areas where they will get the right experience to improve their skills

The *momentum: pathways to healthcare* programme is made up of three things:

- changing and transforming the way the local health service works to provide better, safer care for patients
- providing a network of community and town centre facilities
- building a new hospital to replace the University Hospital of Hartlepool and the University Hospital of North Tees

The new hospital

The new hospital is the final piece of the *momentum* jigsaw

The government offered public funding for the new hospital in March 2010. However the new government withdrew this funding in June 2010. The government said it realised there was a need to build the new hospital but the organisations who buy services on behalf of local people and the trust needed to find a different way to pay for it.

This means that, instead of the new hospital being open in 2014 as planned, it is now expected to open in 2017.

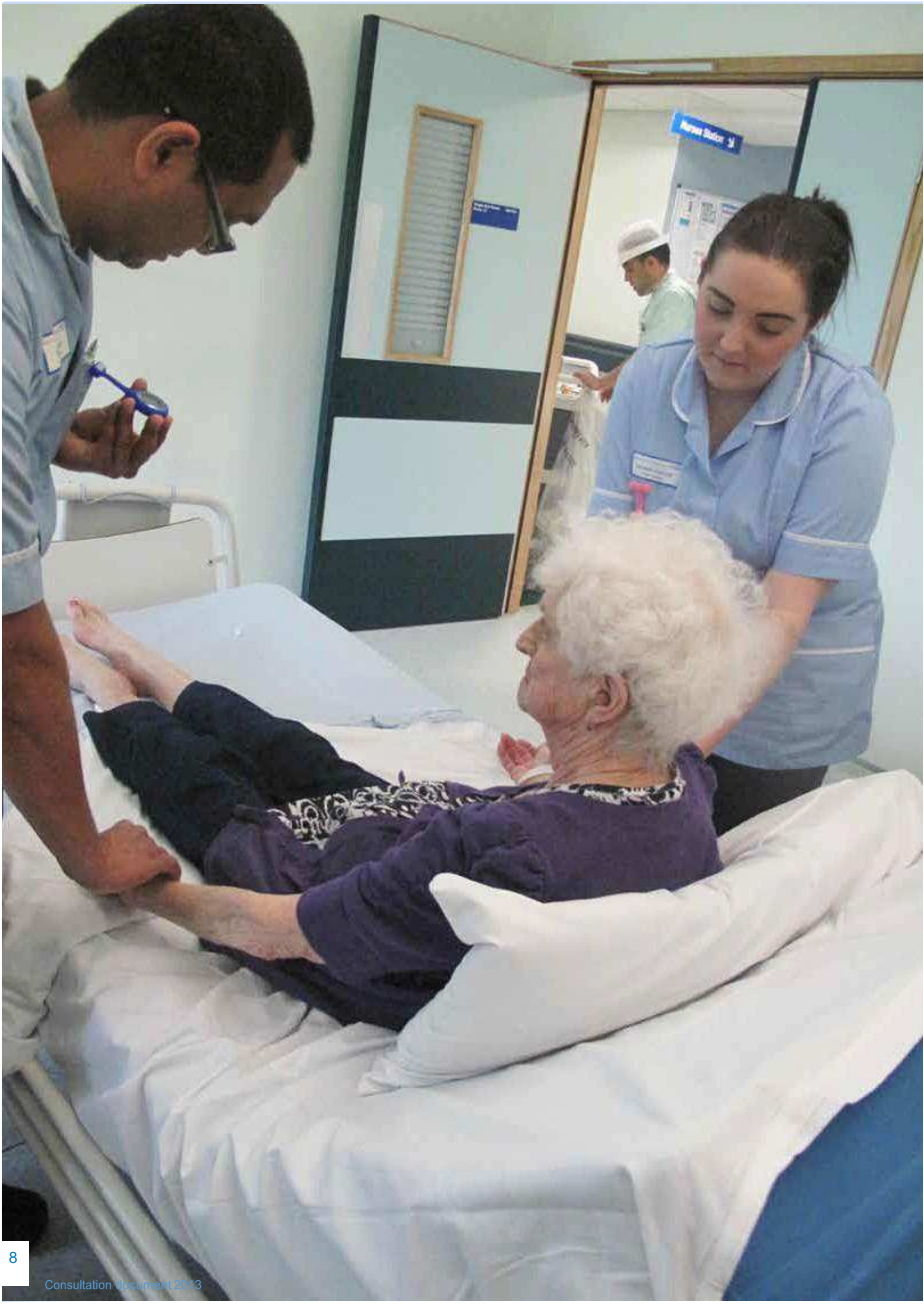
Doctors providing emergency medical and critical care at North Tees and Hartlepool NHS Foundation Trust told the commissioners that, while they could have made arrangements to keep the two hospitals' emergency medical wards and critical care open until 2014, they simply cannot do this until 2017. They said they want to take the interim step of centralising emergency medical wards and critical care at the University Hospital of North Tees until the new hospital opens to keep services to the high standards we all want and expect.

As commissioners and providers of care our main concern is safety and quality and we are becoming increasingly uncomfortable with the current situation because we know the services in the two hospitals are increasingly unequal. This is making it impossible to provide the levels of safety and quality we would all want in the longer term

We are doing our very best to minimise these inequalities but, because of the increasingly high standards of care required, this is becoming a major challenge and we all know we cannot keep providing the type of care patients deserve with things the way they are.

This is because:

- it is becoming more and more difficult to staff medical rotas on two sites
- the standards of care required are, quite rightly, rising continuously



What we are proposing to do

After much discussion with health professionals, a review of alternative options and receiving the report from the independent National Clinical Advisory Team, which agreed with us that there are no viable safe alternatives, we are now proposing to centralise emergency medical and critical care services at the University Hospital of North Tees from October 2013.

Bringing these services together would affect some other services such as other parts of the medical directorate, pathology, radiology, pharmacy and other support services such as facilities and catering. It would mean that patients with lots of medical problems will not be able to have planned operations like hip replacements at the University Hospital of Hartlepool but we do not expect this would affect very many patients because modern anaesthetics are safer. We want to ensure that most health care in Hartlepool continues to take place locally so we will be looking at ways to provide more low-risk operations and other treatments in the University Hospital of Hartlepool for local people. However we always have to assess if this will be safe and it will be for that reason and that reason alone, that we would transfer high risk planned operations to the University Hospital of North Tees.

We know this proposal will worry and disappoint some people but as the organisations which are responsible for your services we cannot allow this situation to go on any longer and we know these changes should be made.

How it will work

Leading up to the proposed changes we would:

- open 120 beds at the University Hospital of North Tees to make sure we have enough beds and staff to look after patients from right across our area;
- make extra space in critical care so we can look after critically ill patients;
- we would then, gradually, close the beds in medicine and critical care at the University Hospital of Hartlepool and;
- transfer a number of staff from support services such as pharmacy, radiology and pharmacy and estates who need to come to the University Hospital of North Tees to support the new arrangements.

Patient stories

The National Clinical Advisory Team said we should set out how things would work in future if these proposals are implemented.

Here are some examples

Elsie's story

Elsie, 75, from Greatham is feeling unwell. She has had heart problems for a while but today she feels very short of breath, her daughter is worried about her and phones her GP. The GP calls at the house and decides Elsie needs to be in hospital. The GP tells the hospital he would like Elsie brought in during the next two hours. The ambulance arrives and takes Elsie to the emergency assessment unit at the University Hospital of North Tees where she is assessed by the doctor in charge. The doctors diagnosed an irregular heart beat and start Elsie on drugs to treat it. She is also put on a heart monitor and observed by nurses for the next 24 hours. The doctor says Elsie can go home and her daughter comes to collect her. The nurses make Elsie an appointment to see the heart specialist in outpatients at the University Hospital of Hartlepool the following week.

George's story

George, 80, from Hartlepool, has a painful swollen leg. He is worried about this and phones 999. The ambulance takes him to the ambulatory care unit which is part of the emergency assessment unit at the University Hospital of North Tees He is diagnosed with a deep vein thrombosis. While in the ambulatory care unit he is started on blood thinning drugs. A specialist nurse explains to George that he will have to take the drugs for several weeks. The doctor says George can go home. A nurse arranges for George to be taken home by ambulance. The district nurse visits George at home to see how is doing until he is fully recovered.

Jason's story

Jason, 45, from Easington, has diabetes had a fluttering feeling in his chest and was dizzy. He thought he was going to faint so he called 999. The ambulance paramedic carried out an ECG (a heart test) at Jason's house. The ECG showed that Jason wasn't having a heart attack but he did need medical attention so the ambulance brought him to the emergency assessment unit at the University Hospital of North Tees. Jason was put on heart monitoring equipment and was given drugs to stabilise his abnormal heart beat. The doctor said Jason could go home once he was stabilised on the treatment but he needed to see a heart specialist to get to the bottom of the problem so an appointment was made for him to see a heart specialist at the University Hospital of Hartlepool the following week.

John's story

John, 75, has diabetes. He was feeling ill because his diabetes was out of control and he phoned 999. The ambulance paramedic assessed him at home and then he was brought to the University Hospital of North Tees. A doctor specialising in diabetes was able to see him straightaway and he was given the appropriate drugs to stabilise his diabetes. He stayed in overnight for observation and was allowed home the next day. He saw the diabetes specialist in outpatients the following week to ensure his diabetes was stable.

Mary's story

Mary, 70, is taken ill and her son phones 999. The ambulance takes Mary to the University Hospital of North Tees where she is diagnosed with pneumonia. Mary becomes worse and she has to be transferred to critical care for intensive medical support. After two days Mary is improving and she is transferred back to the ward. After three days Mary is allowed to go home with support from the community team who give her intravenous (a drip) antibiotics every day for the next 10 days until she has fully recovered.

Sharon's story

Sharon, 47, from the Fens, Hartlepool, noticed her leg was red and sore. She also felt feverish. She went to her GP who said she needed to be seen by a hospital doctor. Her husband took her to the ambulatory care unit at the University Hospital of North Tees, part of the emergency assessment unit. A doctor assessed Sharon's leg and the soft tissue infection was diagnosed as cellulitis. She was started off on a drip of antibiotics while in the ambulatory care unit and after further observations she was allowed home four hours later. The unit arranged for the rapid response nurses to go to Sharon's home to give her intravenous antibiotics each day Three days later she came back to the ambulatory care unit to see the doctor who was happy with how the soft tissue infection was clearing up. He recommended intravenous antibiotics until the end of the week and the rapid response team came to Sharon's house daily to give the treatment until the infection cleared up. This saved Sharon and her husband several trips to hospital.

Betty's story

Betty, 90, from Easington ,was confused and unable to get out of bed and her son called the GP The GP thought Betty should be in hospital and asked for her to be admitted in the next two hours. The ambulance brought Betty to the emergency assessment unit at the University Hospital of North Tees where she was assessed by doctors. Betty had a urine infection which was making her confused so doctors started her on antibiotics. Doctors arranged for Betty to be transferred to the step down ward at the University Hospital of Hartlepool in a ward staffed by highly skilled nurses and therapists. It was becoming clear that Betty was having difficulty managing in her own home and discussions began so Betty could move to a home specially set up to meet her needs. Her family were pleased that they could visit her easily in the two weeks she stayed in hospital.

Transport

When the new hospital is built

Looking on a map, the new hospital (signified by the red dot) is centrally located in the area we serve. At the moment it is a green-field site on what we know is a very busy junction off the A19/A689. But the plans for the new hospital are supported by a comprehensive public and private transport plan and we are committed to ensure the new hospital is easily accessible for all.

As things are now

We know people may not find it easy to get to the University Hospital of North Tees for emergency care or to the University Hospital of Hartlepool for a planned operation. We know it can be difficult for people to visit their loved ones.

North Tees and Hartlepool NHS Foundation Trust's council of governors has a transport committee which is already working on improving transport for patients, visitors and staff.

So far the trust has:

- set up joint working with Hartlepool Borough Council to improve transport
- recruited a team of volunteer drivers to help people with transport problems to access hospital services
- ordered two 17-seater buses so it can increase the cross-site shuttle bus service

Please tell us about your concerns and if there's anything else we could be doing so we can try to address them.

Publishing the report

On 15 May we shared the report of the National Clinical Advisory Team with all the people the independent experts met when they visited the area in January.

At that meeting we listened to the questions and comments and we have added them to this document so we can ensure that we address all of these issues.

- People were disappointed that services could not stay in two separate sites and the doctors explained why this was the case. They also explained that they had done many things to try and preserve services on two sites but that was becoming increasingly difficult to do.
- The main concern was transport and people told us that it was very difficult for people to get to the University Hospital of Hartlepool from Stockton and to the University Hospital of North Tees from Hartlepool and Easington, especially by public transport. There were issues about the ambulance patient transport service which does not start until 8.30am. This is a problem for people who have early appointments and makes it impossible for people to get to hospital on time when they are already worried and distressed about their treatment. We promise we will look into this urgently.
- People wanted to know if we would scrap the plans if the public consultation resulted in local people being unhappy about the changes. We said we were going into the consultation with an open mind and we were not prepared to say what we would do until we had heard everyone's views at the end of the consultation.
- People thought we didn't try hard enough to put things right in Hartlepool. We explained that we had done as much as we possibly could to put things right and we were left with no option but to centralise services to keep them safe for the future.
- People thought the North Tees and Hartlepool NHS Foundation Trust paid different rates of pay and gave shorter contracts to doctors working at the University Hospital of Hartlepool. This is not true. All doctors working at the trust have a trust-wide contract and are expected to work at either hospital.
- People thought the people of Hartlepool were being let down. The doctors explained that they would be letting people down if they allowed the current situation to continue.
- People thought that no more joint replacements would be done at the University Hospital of Hartlepool. This is not correct. The trust's doctors explained that they intend to continue carrying out joint replacement at the University Hospital of Hartlepool with the only exception being where patients had many medical problems because those patients need the back up of critical care so the operation can be carried out safely.
- People thought that the people of Stockton might suffer if all of the services were brought together. The trust's doctors said things would actually improve for everyone if the services were brought together.
- People thought the consultation is a done deal. The clinical commissioning group explained that, while they believe the changes need to go ahead, they do want to listen to people's views.
- People thought the National Clinical Advisory Team were the hatchet men. The National Clinical Advisory Team is a team of independent medical experts who do not know the organisations and who come in, look at the evidence in front of them and speak to doctors, nurses, managers, patient representatives, politicians and other stakeholders. No health organisation can persuade the National Clinical Action Team to say anything it doesn't want to say.

What this consultation is about

We want to get your views on our proposals and understand your concerns about the proposed changes and we would particularly like you to answer the following questions for us:

1. What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?
2. If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?
3. What do you think are the main things we need to consider in putting the proposed changes in place?
4. Is there anything else you think we need to think about?

We know for example that people could be concerned about how they get to the hospital to visit their loved ones. We promise we will listen to these concerns and we will work with the local authorities and others to do whatever we can to help.

Please use the time in the 12 weeks of the consultation to tell us your views. You can do this by:

Writing us an email and send it to: **communications@tees.nhs.uk** or,

Writing to:

Hartlepool and Stockton-on-Tees CCG
FREEPOST NEA9906
Middlesbrough
TS2 1BR

or by coming to one of the meetings we have organised, see the website at:
www.hartlepoolandstocktonccg.nhs.uk for more details

Agenda Item 2.1-Appendix 1
Tuesday, 2nd September 2013

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Durham Dales, Easington and Sedgefield Clinical Commissioning Group

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Hartlepool and Stockton-on-Tees Clinical Commissioning Group

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Appendix 2

Schedule of public consultation meetings and events (from May 2013 to 11 August 2013)

15 May	NHS Hartlepool and Stockton-on-Tees CCG staff event
31 May	Hartlepool Borough Council's audit and governance meeting
5 June	Steering group meeting (inc Healthwatch)
12 June	Consultation event at Hartlepool Historic Quay
13 June	Easington Patients Reference Group
19 June	Consultation event at Stockton
21 June	Steering group meeting (inc Healthwatch)
24 June	Open event at Billingham Health Centre
25 June	Hardwick Residents Association
2 July	County Durham Scrutiny Committee
2 July	Stockton Road Residents Group, Hartlepool
3 July	Consultation event at Peterlee
5 July	Steering group meeting (inc Healthwatch)
8 July	Stockton Over-50s Assembly
9 July	Consultation event at Sedgefield
11 July	Joint health scrutiny committee
12 July	Learning Disabilities Partnership Board
13 July	Easington Patients Reference Group (second meeting)
17 July	County Durham Residents Association
17 July	Steering group meeting (in Healthwatch)
17 July	Transport champions meeting
18 July	Drop-in session at Hartlepool One Life Centre
19 July	Drop-in session at Hartlepool Library York Road
20 July	Event for members and governors of North Tees and Hartlepool NHS Foundation Trust
23 July	County Durham Scrutiny Committee
24 July	Drop-in session at Asda, Hartlepool
25 July	Drop-in session at Hartlepool One Life
26 July	Drop-in session at Hartlepool Library York Road
31 July	Manor Road Residents Association
2 August	Steering group meeting (inc Healthwatch)
8 August	Norton Medical Centre
15 August	Steering group meeting (inc Healthwatch)

(Please note that this schedule does not include a large number of meetings with GPs and other clinicians, which are referred to in the Overview Report on Proposals to Centralise Emergency Medical and Critical Care Services. In addition, the proposals were discussed at a series of 44 staff meetings held by the North Tees and Hartlepool NHS Foundation Trust between 10 June and 31 July 2013.)

Appendix 3 – Comments received

NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group
NHS
Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

	Name	Comments
1	JS	• Keep our local general hospital open and expand it into the acres of empty land in the grounds. • Reinstall the A&E unit and the wards you have closed. • Close the ridiculous facility known as 'One Life'. It is/was a waste of money. • We do not want a hospital at Wynyard, we can't afford it, we won't be able to get to it! • The NHS staff ie cleaners, nurses, porters, will have trouble getting there, listen to the public!
2	SF	• Advantages: Pooling together of resources, funding expertise, sharing best practice. • Disadvantages: Patients in rural areas of Hartlepool especially will struggle to get to North Tees on public transport. Redundancies at hospital. • What will happen to the Hartlepool site? Will equipment be utilised at North Tees? Will staff be tuped? The length of time it would take an ambulance to get to an emergency in the outskirts of Hartlepool from North Tees. • Transport issues, especially for the elderly and those in rural areas without decent public transport provisions. • The extra traffic that will be flowing into North Tees via the local roads, the effects this may have on residents. Reducing the parking charges, especially for those just needing a quick blood test etc. 30 mins free then charged hourly.
3	DA	• Centralising services will lead to economies of scale. • There is a major problem with recruiting junior doctors in the North East to training programmes, of the ones who are trained a lot of them leave the area. • There needs to be a transparent process, keeping stakeholders informed of progress and keeping the public informed and engaged.

4	AB	• Assuming all the consultants and doctors have gone to UHNT from UHH the advantages should be quicker, better diagnosis and quicker better treatment. Disadvantages would obviously be longer travel times and transport problems, possible waiting times due to all the patients having to go to one hospital. • My biggest concern is after reading the NCAT review paper, they did not give the impression that it was an absolute certainty that the new hospital would be built. So this would mean the people of Hartlepool and East Durham would have to suffer the travelling problems of getting to the UHNT indefinitely? • Loss of patients to other trusts, this would also loose clout to get the new hospital and loose revenue, the Trust has already lost the revenue of 30'000 patients since closing the A&E Department at UHH, can we afford this? • As a person who lives in Hartlepool care in the community seems to be a joke, as all people see are services in the NHS being removed and going further away.
5	Anon	I am writing in dismay at the proposed closure of North Tees and Hartlepool Hospital. It is disgraceful that a Petition signed by over 33,000 people should be disregarded. I have lived in West Hartlepool (now known as Hartlepool) all my life being born here and am now 89 years old. It is disgraceful that a town of our size of over 90, 000 plus the area of the once Collieries, should have only one hospital so far away. The combined number of beds from North Tees an Hartlepool would be over a 1,000 and the proposed new hospital would only, I believe cater for 500! Does the s-called Chief Executive who, I believe has no medical qualifications, able to do simple arithmatic as I am told that the hospital to be built is to have single en-suite rooms? My husband and I have both been in hospital in the last few years and we both found that to be in a ward with other people was a great help to recovery as if someone was not feeling very well and

		couldn't reach the bell one of the other patients would ring for help. Plus the fact also that, if you are well enough, you have someone to talk to and take the worry off your own illness. The One Life place in Park Road is in a most unacceptable position, difficult to get to and the car park is nearly always full, making it difficult for old people arriving for appointments. I think the Chief Executive should get his head out of the clouds, return his M.B.E and stop trying to make a name for himself It is obvious that the building of the new hospital is not wanted by the people of Hartlepool and the builders who have been asked to quote are not really interested when only one has volunteered an interest. The nursing staff at Hartlepool are a credit to their profession and the Cleaners do a really good job and each time we have visited it is always spotlessly clean which is more than North Tees always was. Keep up the pressure Mr. Fisher and maybe sense will prevail.
6	HF	• The reputation of North Tees is not good locally: Staff can be rude and dismissive and people think there are poor outcomes with more complications and poorer after care than is usual. if this is justified is not clear but people do not view NT with the same regard as James Cook Hospital. Perhaps work to ensure that standards are good and promotion of the actual outcomes at NT might ease concern at more services being run from North Tees. • Consider the cost of public transport to north Tees. The bus fares are very expensive from central Stockton and Hartlepool, could subsidised fares be offered for visitors?? • Improve cycle access. there is a good cycle path along the back of Hardwick but it is very poorly signed to North Tees, to get to the hospital there appears to be a bit missing. • The access to the hospital site, on a cycle, or foot is dangerous: I am a regular cyclist and walker and find that cars have the priority and dominance of the internal roads of North Tees site. This discourages access by bus, bike or foot and in turn makes access worse for none car users.

7	Anon	• An advantage would be to resource a system of multi-disciplinary teams able to initiate community-based networks and services in the interim period, 2014 to 2017, thus working to prevent crises, reduce the pressure on acute services and guide clear pathways to patients. This could be in place before the new hospital is operational and establish a local intelligence-based framework for NHS and Allied personnel. • I have no concerns about the proposal and think it is a very sensible relocation of resources. • I had a knee replacement at University Hospital of Hartlepool. I had very poor care and sought early discharge because the ward was run for the benefit of the staff not the patient. I was over 20years younger than any other patient on the ward but was treated as 'elderly' which in itself was degrading. I had a Blood Pressure cuff on my arm for 36hrs, considered a nuisance because I asked for it to be taken off. 1. Will Staff be transferred from University Hospital of Hartlepool to North Tees? 2. Will these Staff receive additional training to reduce the homogenisation of groups of patients to a label of condition and improve poor standards of care? • Ensure good, timely information about the relocation across a number of mediums, including GP surgeries.
8	JB	I am replying to the article in the Hartbeat Magazine inviting people to have their say on the Hospital. I think it is disgusting that a town this size cannot have its own Hospital. Hartlepool Hospital is a better Hospital than North Tees. We now have no A & E and will possibly lose the Hospital all together. I have also just found out that the One Life closes at 8pm, therefore we have no cover

		overnight! No wonder people are using Ambulances for non emergencies, it looks like this will be the "norm" when Wynyard opens. Our hospital should have stayed fully operational until at least Wynyard was up and running. Where is our MP in all of this. He promised to fight for our Hospital and we haven't heard anything from him!
9	Anon	• There are no advantages that I see. The difficulties/disadvantages involve: • Make it harder for people in Hartlepool to receive health care. • Discriminate against people in Hartlepool when it comes to health care • Ignoring the needs and desires of the voting public of Hartlepool • Make it harder for people in Hartlepool to receive health care. • Discriminate against people in Hartlepool when it comes to health care • Ignoring the needs and desires of the voting public of Hartlepool You need to consider the needs and desires of the people of Hartlepool instead of repeatedly ignoring them. Resignation. It seems that public consultation is purely lip service. Public opinion is ignored. Representatives of the public have no place in office if they consistently ignore strong public opinion.
10	MM	I wish to register my concerns over the loss of hospital services in Hartlepool. My particular concern is the lack of A and E facilities within the town. I have a family including 2 children who have previously had the need to visit A & E and will no doubt require such a facility in the future. I live approximately 1

		mile from the hospital. If I need urgent treatment for my family, I now have to travel either into the centre of town to the one life centre who will usually transfer to either Stockton or Middlesbrough, or go directly to one of those hospitals. WHY ?? there is a perfectly good hospital in the town - why can't it be A and E functioning ? It appears everyone involved will learn the hard way as usual when someone dies during the extra time in an ambulance from Hartlepool to somewhere else for treatment
11	Anon	• Because there has been no investment in the facilities & staffing in the areas under consultation it is obvious that the case for moving the EAU and critical care from Hartlepool is already a done deal. The proposals highlight the risks to patients of not making the changes so obviously many residents are going to agree that the changes should take place. Investment in Hartlepool Hospital should not have been reduced! The disadvantage is that a large number of elderly residents will now be taken to North Tees, away from their families who will find it difficult to travel to Stockton. • Improved transport links from all parts of the town and not just the hospital. Why would residents want to travel from the south of the town to the hospital to get a bus to the hospital?
12	MP	I WORK PART-TIME, AS A RECEPTIONIST AT H/POOL HOSP AND AM A FULL-TIME WHEELCHAIR USER. I HAVE BEEN EMPLOYED BY THE TRUST FOR ALMOST 17 YEARS. OBVIOUSLY IN THE NEAR FUTURE, THINGS ARE SET TO DRASTICALLY CHANGE. AS YOU ARE AWARE WE PROVIDE A SHUTTLE BUS SERVICE FROM MON TO FRIDAY ENABLING STAFF AND PATIENTS TO COMMUTE BETWEEN THE TWO SISTERING HOSPITALS. AS A MEMBER OF STAFF I HAVE FOUND IT VERY DISAPPOINTING THAT THE SERVICE DOES NOT ACCOMMODATE A WHEELCHAIR USER, THIS IN MY EYES IS NOT EQUAL OPPORTUNITIES FOR ALL STAFF. THAT BESIDES, I REALLY LOVE AND ENJOY MY POSITION AS

		RECEPTIONIST, I THOROUGHLY ENJOY COMING TO WORK AND THINK VERY HIGHLY OF ALL MY WORK COLLEGUES. I WAS MAINLY WONDERING AND WOULD STRONGLY SUGGEST THAT ANY FUTURE TRANSPORT, RE COMMUTING TO BOTH HOSP, SHOULD AND WOULD ACCOMMODATE A WHEELCHAIR, GIVING MYSELF OR OTHER FUTURE EMPLOYEES WHO ARE DISABLED AND DON'T DRIVE, THE OPTION TO COMMUTE WITHOUT INCURRING LARGE TAXI FEES, WHICH MOST PEOPLE (DISABLED OR NOT) WON'T AND CAN'T AFFORD. I WOULD WILILINGLY HELP OUT AT N.TEES, ON THE MAIN RECEPTION, BUT IT IS JUST THE GETTING THERE. AS I SAID I REALLY TREASURE MY JOB HERE, I'M GOOD AT WHAT I DO AND HOPE TO CONTINUE DEALING WITH THE PUBLIC IN ANY FUTURE WORK, I MUST SAY I'M SO SAD THAT THIS BEAUTIFUL FAMILY ATMOSPHERE HOSPITAL IS CLOSING.
13	RP	I think that it is worth trying to improve the provision of emergency and critical care services in Hartlepool before deciding to move them to North Tees Hospital. I recently started a petition to Jeremy Hunt calling for the reopening of Hartlepool University Hospital A&E unit. I think it would definitely improve the emergency and critical care provision in Hartlepool if this unit was reopened. Furthermore, whatever else people think about the relevant issue I think many would also agree that the unit should be reopened. I would therefore be grateful if you bring this petition to the attention of other 'My NHS' members.
14	RP	If critical care and emergency services are to be transferred to Stockton, the delay in treatment could be fatal. I travelled to James Cook hospital for some treatment today. The round trip by bus, the only option, took four hours. If the same treatment was available at Hartlepool it would have taken about ninety minutes. Luckily my treatment was basic medical care, but I was not given the option to visit my local hospital. Critical care and emergencies should be treated locally.

		Bearing in mind, the collieries and outlying areas rely on Hartlepool for medical treatment, the journey to Stockton would increase the length of time it would take for the patient to recieve vital treatment. Also, not everyone has the privilage of private transport and as bus services cease about six thirty, many people will not be able to visit relatives and friends on an evening. If a patient is very sick this would be very stressful for all concerned. I hope this letter goes some way to influence the decision to keep Hartlepool as a dependable hospital this town needs and deserves.
15	SD	My greatest concern is how long is it going to be before the hospital is built? Consultations have been going on for some time but we seem to be no nearer to having the building never mind all the 'specialties' that are supposed to be going to be in it. I note you are talking about upgrading the Wynyard/Billingham junction and perhaps that should also be a priority otherwise you will not get the 'patients'. In the meantime I would be glad to hear that you are not stripping any more facilities from Hartlepool and trying to force people to use the One Life Centre which unfortunately has a poor reputation. I still believe that a town of our size plus the outlying districts (which all used our hospital)l should be able to get good service in our own area and very much regret what you are doing to our town.
16	TW	• Advantages: The creation of a critical mass of expertise on a single site in line with national policy and the evidence base. • Enabling patient safety to be maximised. • Quality maximised. • Difficulties: Public knowledge and understanding of the changes particularly in terms of historic service delivery patterns. • How this current change fits with opening of the new hospital and other phases that may need

		to occur between now and then ie a phase two or three in terms of reshaping/redesigning the way current services are delivered. • It is not clear what the position is for *Momentum: Pathways to healthcare* in County Durham. Have DDES endorsed it and, if so, how is it being realised? Or is there a different programme? • Potential to contribute to widening health inequalities if access measures to hospital services are not appropriately addressed by being appropriate, equitable, joined up and at scale. • Main concerns are related to the document's omission of the position in County Durham eg in relation to Momentum, transport arrangements etc. From a County Durham perspective, as mentioned above, the role of momentum or similar in building the capacity of primary and community services including housing, children and adult services is far from clear. It is good to see a transport section within the document. Any health service de-commissioning/re-commissioning exercise will usually have transport and access raised by local residents. Historically, I believe the jury is still out on how effective measures that have been put into place are in meeting the transport needs of residents. Again what is encouraging is a recognition on page 13 that the NEAS delivered patient transport services is not always the most flexible in delivering patients to hospital appointments in a timely and effective manner and a pledge to investigate further. With reference to the transport section on page 12, it's good to know the Trust have a transport committee. However, how does this group work with any joint working arrangements with HBC? Again no mention of working with sustainable transport, Durham County Council. Excellent idea to use voluntary drivers but my questions are: Will that be a service that is delivered into County Durham. Are you aware that there are a number of voluntary organisations that coordinate volunteer car driving

		programmes? Without wanting to sound patronising, surely it would benefit the Trust to make links with these bodies and explore whether this may be a more effective way to build capacity. As a Public Health commissioner I currently commission two voluntary sector providers in County Durham to deliver such a service so would be willing to share those experiences with you as well as any data eg annual reports. In addition, you will be aware of DDES commissioning DDC's Sustainable Transport team to operate a one stop shop transport to health appointments booking service with two hospital link services covering the Dales and East Durham? Be clear and communicate if there is going to be a phased process to transforming health care in Teesside.
17	JR	Why more consultation, wasnt the decisions about the hospital made, long long ago by the people who are supposed to do the best for the people of Hartlepool, we pay for the services, we should make the final decision.. It would be very very sad if someone dies on the way to a hospital that is way out of town, over the other side of the a19, which at times is at a standstill.
18	AS	I am very concerned about the moving of services from University Hospital of Hartlepool. It would appear to me that our much loved hospital is being gradually eroded by stealth. It is obvious to me that staff recruitment will be a problem if medical professionals can see no future in a hospital that has had and is still having its services downgraded by Mr Foster and Co. I do not see why we can't have a local hospital for general procedures. We do after all have access if needs be to James cook and Newcastle and various other hospitals when specialisms are essential. Who in their right minds considers distancing a hospital from the very people who need it to a remote and inaccessible location. The A19 is extremely busy and notorious for stoppages. There is no public

		transport how are the general public supposed to get there. You say that this will be addressed but at what cost not only to patients and visitors but also the environment. My husband who sadly died last year was under the care of the critical care unit, where he had excellent care. I cannot imagine the stress and strain having to travel to North Tees and in the future Wynyard hospital this would have caused my family. I can foresee even more accidents happening as families become stressed and will find it difficult concentrating on the roads trying to rush to see their loved ones. I reiterate who has thought up this daft idea to move a hospital away from the very people who need it.
19	AC	The people of Hartlepool and S E Durham have a right to access high quality care at close proximity as is offered at present by having a 4 bed critical care unit at the University of Hartlepool. We have one trust therefore the staff in both hospitals should interchange on a regular basis in order to keep up with changes in managing very sick patients, learn about new techniques and ensure high quality care at both sites. Surely it's better for staff to move rather than very ill patients having to travel longer distances with inadequate transport facilities. Staff development will be enhanced and greater confidence in skills will result. However, very ill patients requiring specialist services like haemofiltration would by necessity access the North Tees site but many others would continue to access the Hartlepool site. Losing a 4 bed critical care unit also means losing 4 emergency wards which does not address the needs of the S E Durham and Hartlepool population.
20	Mrs I	It is proposed to close the critical care unit in Hartlepool and send the services to North Tees Hospital.

		It is not clear if the 4 beds in Hartlepool will be moved to North Tees making a total of 16 at North Tees or if the patient care will be transferred with no increase of bed availability. Can you clarify this for me please?
21	Email address only	I strongly object to any more removal of services from Hartlepool Hospital until the Wynyard debarcle is sorted out.
22	Mrs B	About moving to north tees hospital from Hartlepool. Hartlepool is far superior. North tees hospital looks scruffy inside and especially outside think it is a real shame all the people who have to travel far when we have a decent Hospital on the door step. Once again Hartlepool dips out, it seems like a done deal where the people don't count.
23	Email address only	I have today received your leaflet through the post re moving critical care in Hartlepool. I have lived in this town for 30 of my 33 years and am passionate about our hospital and its staff. I have on occasion had to visit north tees and James cook. Thank god not for myself, north tees is a complete dump I wouldn't let you treat a dog in myself and my family demanded my grandfather be moved from there the minute we saw the ward but it took the intervention of his surgeon in Hartlepool before this was done and then they moved him at 3am.... Really! James cook is a faceless beast with staff so stretched they can't remember their own names never mind anyone else's! I would rather risk my life and try a hospital north than these places. I have already refused treatment at these hospitals and will continue to do so. Hartlepool is a clean well equipt (until it was raped by you lot) hospital with caring staff. It is essential for the town's residents it is a typical northern poverty stricken town with residents who cannot afford to travel or pay extortionate parking prices. I work and I cannot afford this!!!! You say we still have urgent care in Hartlepool. Really the one life it's a waste of time and money. If you canvass the town you will find 99% of residents want a full functioning hospital with A&E and the one life you can keep I have been once waste of my time. I know my view is pointless because regardless of what everyone wants and thinks you will do what

		you want anyway, but you made the mistake of giving me an option. In my opinion you can stick north tees, James cook and you one life where the sun doesn't shine they would do more good there.
24	Email address only	I would like to remind you that the primary reason for a hospital is to look after the needs of sick people, and not how much profit the trust can make for themselves and shareholders. This can be the only reason these proposals are being made. Why are these changes even being considered when the powers involved seem hell bent on a new hospital at Wynyard. So that then would involve another move and at what cost. Keep the hospital at Hartlepool and all of its facilities, this is where they belong and more importantly this is where all the public in the surrounding areas want and need it.
25	EW	I can understand the reasons for having Critical Care at one facility but I object to it going to North Tees Hospital .In common with many people I have found the North Tees Hospital to be grim and foreboding compared to Hartlepool .There is also a terrible parking problem. If we are only talking about a difference of eight beds (12 to 4) surely it cannot be beyond the wit of Management to extend the facilities at Hartlepool .There is plenty of space available and there is a large capacity of parking. It appears that the Hartlepool site is being gradually "picked apart" to the detriment of patients and staff.
26	GT	You mention in your flyer headed...WHAT ABOUT TRANSPORT?...of increasing car parking spaces....surely this will only increase the already swollen profits of the private car parking company involved as I understand it not one penny is ploughed back into the already under fire NHS.
27	Mr & Mrs GJ	My wife and I are not what you would say all that educated no a levels or such all we know is we left school at 15 years old and have worked all our lives and are both retired having put in 94 years of none stop working. Now you say after working and paying our taxes you shutting down our hospital at a time in our lives that we would need it most and travel to Stockton to have any treatment (god forbid we will need it)

		and you say that is best thing for us traveling all the way through to Stockton you say that we will get better medical treatment there because they have 12 beds to our 4 beds easy build our hospital bigger also the intensive care provides a wider range so make ours the same and there's not enough room to do it all at Hartlepool so build it bigger and better have you thought about the people in Hartlepool I don't think so just let them travel to Stockton someone is going to die on the way there mark my words this will happen I have an idea why not make our hospital bigger and better and close down Stockton hospital and see what the people of Stockton say about that there would be hell on but then again who am I just a little fish with no brains or money don't listen to him what does he know he doesn't matter.
28	GH	My husband has just recently died of a brain tumour and the care he got from Hartlepool hospital was amazing. He was a patient there near the end for 11 weeks. He was diagnosed there and received his treatment form James Cook for 6 months. Both of these hospitals are excellent. However I must say the help he got from North Tees was abysmal. The staff are just too busy, there were 4 ambulances queuing one day with patients still in them unable to get into the hospital. My husband was 5 hours in accident and emergency when we all knew what was wrong with him??? Please think what you are doing? I understand the need for one hospital but please do not rush into this for the sake of future patients. All in a bit of a mess and getting worse?
29	GW	Why does this NHS trust NOT listen to what the people of Hartlepool WANT :- A working A&E at Hartlepool. All service available at a local hospital. Please do not tell me you do listen or take on board any ideas or criticism, YOU only listen to what you want to here and to who you want! as a Hartlepool resident I have yet to talk to someone in favour of your actions.

		Hartlepool hospital is slowly and systematically being closed by your NHS trust and I fear in a years time there will be nothing left at this site and I can see in the future serious financial problems for the North Tees and Hartlepool trust if your planned borrowing goes ahead to build a new hospital at the Wynyard site. I also think the Ambulance service is stretched past its limits with the constant need to transport patients between Hartlepool and Stockton sites, also the noise and danger involved of these constant high speed runs to Hartlepool residents.
30	JEN	I have received your leaflet outlining the proposals for the movement of critical care and emergency services from Hartlepool to North Tees. To say I am appalled, is an understatement. Once again the need to save money has over ridden the safety and wellbeing of the public. It is a known fact that North Tees is stretched to breaking point following the closure of Hartlepools, A & E department, how they are expected to cope, with the influx of additional services from Hartlepool Hospital, beggars belief. Hartlepool Hospital was proposed for closure, following the construction of a new hospital at Wynyard. As this was shelved, common sense would dictate the need to keep Hartlepool open, and reinstate the Accident and Emergency department. TRANSPORT. Surely transport should already be in place before this move is considered. As for patients and visitors, Hartlepool has a catchment area of several miles How are the aged and infirm going to cope with transport into Hartlepool, then again cope with another arduous journey to Stockton. Following the end of visiting hours some people could be faced with a journey of several hours.

		ONE LIFE. This is a disaster waiting to happen, the staff manning these premises even acknowledge this. There are insufficient facilities and expertise to operate this effectively. I send this email with little hope that common sense will prevail. I have never sent a reply before, but I am incensed by the crass stupidity of this proposal. Again I am strongly of the belief that the NEED TO SAVE MONEY COME BEFORE THE PUBLIC CARE AND SAFTEY. I am not hopeful of a reply.
31	JS	The leaflet is deliberately vague about changes and does not convince me that we will continue to have the best of health are in Hartlepool. The main points are:- • In order to generate experienced staff, personnel need to work in a larger unit. Surely this could happen by staff rotation between hospitals. • Because there is no critical acre other wards need to be closed. Surely a limited unit with 12 beds means that only 12 patients can be cared for at any one time. Therefore closing other medical wards is a knee jerk result. Will there be more wards to cope with extra patients from this catchment area? • there will be 12 critical care beds as opposed to the present 16 • Nearly all other health services provided will remain. Which exactly? More clarity needed. • Developing plans for free transport and looking into ways of increasing parking. Intangible phrases and not convincing nor comforting. • No compulsory redundancies can be read as no replacement for natural loss due to retirement

		etc The proposed changes only convince me that health care in this area is on a downward spiral , limiting the care available and endangering people' lives.
32	CJ	I have read your information leaflet about the above proposed changes, my comments are as follows: I do not agree that any further services should be transferred from Hartlepool to North Tees as even with the proposed changes North Tees will not have sufficient medical beds and critical care unit support services. Combining the current beds in both hospitals (12 beds North Tees) and (4 beds Hartlepool) as your leaflet states for 'critical care beds' potentially 27 patients will be affected. - a shortfall of 11 beds if all patients are medical emergencies/critical. It is obvious that North Tees provides a greater number of services, as you are deliberately moving existing specialist services from Hartlepool - even though the need exists for residents in Hartlepool and the neighbouring areas of Easington, Peterlee & Sedgefield to access these services locally. You state that 27 people may be affected, now multiply this by the numbers of family, friends and others who will need to make hospital visits. This will entail a long journey at busy peak traffic times while at the same time being stressed, worried and having to meet additional costs for fuel and public transport. Despite your assurances about availability of parking spaces and transport arrangements, I find it very hard to believe that you will be able to solve the problem. If you are to buy land for additional parking or provide transportation, the costs will rack up leaving a no net saving to public funds and hospital budgets.

		I understand that in terms of staff expertise the centralisation of services is the easiest way to cut overheads and staffing levels, but I do not accept that the trust has difficulty encouraging specialists, nurses and others to work in Hartlepool as the demise of specialist centres in this town is of your doing - not systematic of people not wanting to live or work in this town! Just this week my mother (82 yrs)was admitted to the emergency assessment unit at Hartlepool (ward 8) and she received the best possible care from local nursing staff who are well qualified and caring, she was moved to ward 7 the next day and the caring continues. I understand that it is proposed that this ward will close in October 2013, meaning in future in the same circumstances my mother would have had to go to North Tees, a forty minute car journey, I have no idea how long the journey takes by bus. During the 2 hours I was with my mother for admission a further 5 patients arrived - this certainly does not equate to 27 patients in a 24 hour day! Not one member of staff relishes moving to North Tees and I fear that the very best, experienced staff who are over 55 will elect to retire rather than move to other sites. A great pity given that there is no substitue for experience! Two years ago my father was critically ill and was admitted to James Cook hospital where three times he was moved out of critical care to make room for other patients, once on the high dependency ward he was not properly cared for by nursing staff who neglected to feed him or ensure that he had water. I eventually asked that he be transferred back to Hartlepool for rehabilitation, in no time he was back on his feet and at home with us. Earlier this year he had to go to A&E at North Tees, where he was admitted. We were assured by the nurse that food and drinks would be provided for him. The next day when he was discharged he was dehydrated and starving as no-one had bothered to check on his drinking/eating and no drinks or food had been provided. If this is the standard of care we can

		expect at other hospitals then I dread to get old or ill. North Tees Hospital is dirty, the public walkways and lifts are filthy. I do not think that by comparison this hospital is fit for purpose never mind extending services. Instead of moving ahead with plans to build a new hospital, with less beds that we have now between the 2 sites of North Tees and Hartlepool - spend £300million on upgrading both hospitals, afterall if tax payers were asked how monies were to be spent on health care I feel that they would support investment in our lovely hospital in Hartlepool. I know how difficult decisions on relocation of services are but please stop selling Hartlepool off by the pound - I do not recall having a lack of consultants, doctors or nursing staff willing to work here in the past. Only the most specialist of services should be centralised - we deserve to have critical care across both hospitals!
33	JW	You say we need to move critical care to North Tees which now has 12 beds. Hartlepool has 4 beds so does that mean when it is moved there will be 16 critical care beds in North Tees?
34	LG	Moving services to North Tees is shocking! Hartlepool is a growing town, the rate of building in this town is through the roof. I have a five year old who was ill at 9pm one night, took her to One Life, what a joke ,no doctors and to the receptionist we were a nuisance! If services had not been moved she would have been seen in the town. It is totally immoral that this town is to be left high and dry.

		The people of Hartlepool and surrounding areas have said time and time again they DO NOT want this!
35	LL	I have just received a leaflet outlining the moving of critical and emergency care from Hartlepool to North tees. I have to say this fills me with dread. Coming from a non driving household I feel i am being left high and dry. I have had reason to use these services in the past for asthma attacks and severe allergic reactions. With both of these conditions time is of the essence. The delay in getting to North Tees could literally be life threatening! Where does this proposed change leave me? I feel that the powers that be just assume everyone has their own transport. Needless to say i am angry and upset that my needs are not being taken into account. I have worked constantly since leaving school in 1986 paying my tax and N.I and soon i will not have proper access to a hospital in the event of a life threatening attack!!!! How can this be right!!!
36	MC	I have read with interest and concern the proposals to transfer critical care and emergency medical services from Hartlepool. Leaving orthopaedic and general surgery services without such back-up facilities is, in my opinion, dangerous. Immediate move to a CCU is required in the event of a surgical disaster and what will happen in Hartlepool when such an event takes place? Will the next step be to remove these two services from Hartlepool? On the third page of the pamphlet titled "What you need to know" it states that there is not enough

		room to bring all these services together at the Hartlepool hospital - surely, there are many acres of space on site previously used by the "old" buildings, now, it seems, a huge unsurfaced car park behind barriers. Plenty of space! As to the statement that there are only 4 beds at Hartlepool I recall not many years ago that there was a 6 bed coronary care unit on Ward 6 - this could surely be used for a CCU. What has happened to these beds since the removal of the general medical service? As you can guess I am against any further moves to Stockton, or indeed consultations, until such time as the decision about the new build at Wynyard is resolved.
37	MH	The Reason I am objecting to the proposal is for the rest of the county trying to get to north tees and what about people living further a field like in Peterlee or Durham at the moment transport is an issue and what about people who don`t have a car. The other reason I`m objecting Hartlepool hospital is very convenient for every one surrounding Hartlepool.
38	MJ	Do you care what we want in Hartlepool I don't think so or u would not be leaving us without critical emergency care. it takes 5 min 2 get 2 Hartlepool hospital now how long will it take 2 get me 2 North Tees all u care about is money not people who live in and around Hartlepool or u would not leave us in danger 5 minutes can save someone's life.
39	MOI	I am responding to the proposals to move 140 or more beds from Hartlepool hospital to Stockton, leaving us with only 55 beds in our hospital. This would deem the hospital "unfit for purpose" no doubt (how convenient for the Trust!!). I want to register my complete disagreement with these proposals. They are a disgrace and an insult

		to the people of Hartlepool. I share Wendy Batty's feelings of "utter disbelief, anger and frustration" at these unfair proposals. I empathise with her recent, stressful journey in the middle of the night, following an ambulance taking her desperately ill husband to N.Tees hospital. I am a pensioner with a serious heart condition and can't imagine having to do the same thing. This is a major cause of concern for a lot of people. No amount of hype and glossy PR will change my mind - we need Hartlepool hospital SAVE OUR HOSPITAL
40	CM	Whilst I have nothing new to add to the debate and no solution to diminishing funds, I felt I needed to add my name to the list of Hartlepool residents with serious issues in relation to the gradual mothballing of the University Hospital of Hartlepool. **A subject I am interested to know more about is the argument behind moving emergency and critical care to North Tees, and keeping the less response-time-critical services such as general surgery, outpatients and diabetes drop-in services in Hartlepool.** I am currently 7 months pregnant and decided a long time ago that despite the excellent midwife-led facilities in Hartlepool, the fact that any emergency would entail a transfer to North Tees meant that I wouldn't feel comfortable with a planned birth in Hartlepool. Having commuted the A19 for 7 years and experienced the increasing volume of traffic and serious road accidents, I expect best-case scenario transfer times are around 20 minutes (long enough) but on average are more likely to be 45 minutes or more bed-to-bed in rush hour. In my opinion, it's a risk not worth taking. As a realist, I think it's unlikely that any community feedback will make a difference to the consultation

		process, but nevertheless would appreciate it if my concerns were logged.
41	Cllr NT	I find it absurd that anyone in their right mind can justify moving Critical Care and Emergency Medical Services from Hartlepool General Hospital, Its strategic position is fundamental. With the heavy increase of housing, infrastructure, public services(Roads and Schools etc) running at capacity levels, this act is dangerous. In a Legal Sense or Text, those who work in this medical sector, and have full wilful knowledge to facts and figures, maybe more responsible for the dangers, that might be imposed. The principal of beneficence or the narrower view is compatible with paternalism, as I stress the liberty and autonomy of the individual should not be neglected, from those operating without a Duty Of Care. The International Framework states that the UK Government has committed itself under International Laws to the promotion of its citizens and the prevention of disease. The European Social Charter 1961(revised 1996) which is an offshoot from the scheme of political and civil rights found in the 1950 European Convention for the Protection of Human Rights and Fundamental Freedoms and is overseen by the same body, the Council of Europe, Articles 11 and 13 of the Social Charter provide as follows: Article 11- The right to protection of health Article 13- The right to social and medical assistance It may not be medical malpractice withdrawing a service out of reach of those with quantified social

		mobility “The Poor” however this is Racist, Discriminatory and more than boarders, Ethnic Cleansing. Negligence found in the ‘But for’ test rule (onus of proof) is appropriate treatment, for who do mock the Hippocratic Oath, by finding it fanciful to sanitize[2], than reflect in the : Pentateuch; the first five books of the bible attributed to Moses The Old Testament and Hebrew Scriptures (Genisis, Exodus, Levitus, Numbers and Deuteronomy) Those irresponsible persons to uncalculated risk may no doubt be dividing the spoils already.
42	NP	I must say what you are doing to Hartlepool hospital is a joke. A friend seen an accident right outside the hospital they got an ambulance for the injured to take them to North Tees. Talk about ridicules. It is now a 40 min journey for me to get to hospital. I was pregnant last year and suffered really badly with morning sickness. Four times I was hospitalised and each time I had to get checked out in the day unit at Hartlepool before being sent to north tees. I don't drive but lucky my boyfriend or parent were able to take my through. Otherwise I'm not sure how I would have afforded to get there and back. Also must say i think the way you have worded the what you need to know leaflet is very disrespectful to the staff of Hartlepool hospital. Saying they have to move to north tees to keep up with the standard of the critical is like say your not very good at your Job. The leaflet says it a proposal to move critical care and emergency medical services. Yet the staff have

		already been informed that they are moving!
43	PM	I would firstly like to state I have had so many bad experiences with local government and being stonewalled any time I wish to question anything regarding policy that I have with great expedience lost faith in my local community council and representatives thereof. It is good you have spent the money to publicise this to get public opinion, however how effectual are our comments really? If we state we want things to stay the same, things will change anyway. This is the way I feel about local issues. Personally I think patients should be sent where the best care is available and where the best service is fit for purpose; that stands to reason. The issue I have is the problems with transport to North Tees Hospital. As it stands a lot of people are claiming for taxi services to return home, where I feel a better use of funds would be to provide proper bus transfers to make it easier for visitors and the hospital alike. Patients can be given a bus ticket by the hospital where as visitors can buy a frequent user bus pass or a day ticket like any other bus service. Obviously visiting hours are fairly restricted so bus services would really only be needed at those times primarily. I also think there should be good literature to explain travel options when you go to places such as the One Life Centre which has adopted the role of A and E for non fatal but worrying conditions. I found the staff did not know about busses or how to get back if you are actually required to go to A and E. In essence the proposal of best treatment for patients is a good one, however transport and practicality for visitors and patients alike should be heavily considered. More so if someone is critical, because if someone is visiting someone who is critical they are not likely to be in a state of mind where they should be driving.

		I hope my views are met with the enthusiasm and passion with which I write them.
44	PA	I write with reference to a leaflet received outlining the proposals to move critical and emergency medical services from the University Hospital of Hartlepool to the University Hospital of North Tees. I am extremely concerned by such proposals. The very definition of 'emergency' is a situation requiring **immediate** action. The implication of the proposed change is that the delivery of emergency medical services will be delayed. The distance from Hartlepool to North Tees hospital is 14.5 miles with a journey time of 22 minutes assuming there are no issues on the A19. The leaflet states that 27 people per day (or 9,855 per year) will be affected by this change. Have any calculations been carried out to estimate how many of those 9,855 people will lose their lives as a result this change? I understand that there is a 'golden hour' defined as the time period of one hour in which the lives of the majority of critically injured trauma patients can be saved if definitive surgical intervention is provided. **The proposed changes take away 22 minutes, or 37% of that golden hour from all residents in the catchment area of Hartlepool Hospital.** On this basis alone, the cost savings that result from the change cannot be justified.
45	RO	In your leaflet you state that it isn't too late to have my say. I had my say at the marina consultation I was told you would not change your mind Nobody recorded my views I was told public opinion would be listened to but the changes would happen anyway and were for the

		better. I was told a Rolls Royce bought 30 years ago was not up to modern standards of air bags etc I replied that that was a stupid analogy as Rolls Royce have good management and are committed to the product and can update there old cars to modern standards. No wonder you put an exclamation mark after 'have your say' because you DO NOT MEAN IT I have referred you to Jeremy Hunt for publishing the results of the consultation before the consultation has ended. Do not forget you have a vote of no confidence against you from the local council Nobody wants you to move services away from Hartlepool Nobody wants a new hospital at wynyard NOBODY WANTS YOU Will you publish this and all other correspondence on your web site? I do not think so Will you resign and let a proper team in who will run our local hospitals for the benefit of the population and not the board.
46	S Hillyer	I have just received a completely useless and patronising piece of drivel in the post from yourselves about the above subject. Firstly, you do not care one jot about what the people of Hartlepool think about the dessimation of their health care services and it has already been decided whether we like it or not. Secondly, this just proves how money is wasted on pointless excercises when the money could better be spent on providing a DOCTOR for twenty four hours at the joke One Life Centre Thirdly, I worked at Hartlepool Hospital until three years ago, and all the staff knew once Women's

		Health and the majority of Maternity Services were transferred to North Tees that the writing was on the wall for Hartlepool Hosp. To say there is no room at Hartlepool to bring the services being transferred together is the most stupid statement i have ever read. It is a ghost building. I forecast that the new Hospital would never be built, and we all know it won't be, and that services would be dribbled through to North Tees bit by bit, with the usual platitudes that no more will be transferred, but they always are. Please don't say you can't get doctors to work at. Hartlepool as they are employed by the trust and will work where they are told to So save your silly leaflets and platitudes that you want to listen to our views. You simply don't.
47	RP	Providing transport isn't what the people of Hartlepool want for critical care. What is needed is access to a close hospital location for immediate treatment. Hartlepool hospital has been systematically drained of all its services. This has lead to deliberate poor availability of treatment for Hartlepool residents. It has been organised by people who have no intention of listening to the needs or welfare of patients. It has been stated, it will affect about 27 people every day. That is 27 patients every day put at risk because of delays of access to an immediate critical care unit. The delay in treatment to people with breathing and other serious problems could be fatal. The ambulance crews are well trained but there is only so much they can do with limited experience, equipment and an extended journey to an out of town hospital.

		It has also been stated there is no plan in place if the 'new' hospital does not get built. The idea of a new hospital has been badly concieved and seems to be about the egos of those in charge rather than the wishes of the people of the town. I remember an independent report once recommended Hartlepool Hospital should remain open and kept to a high standard of excellence as it had always been. A leaflet posted through the door states the views of the population of Hartlepool will be taken into consideration, but if all the people of the town objected to this so called proposal I think the results will be the same. The decisions have already been finalised and patient needs and views will be rejected out of hand.
48	R D	With reference to your proposals on moving critical care and medical emergency services from Hartlepool to North Tees I would like to comment on this. The main problem being access to North Tees Hospital. I regularly travel on the A19 and 2 hours on a morning/2 hours on an evening the A19 is grid locked between Wynyard roundabout and Portrack roundabout, Plus nearly every other week the A19 is closed due to road accidents thus making the Hospital not accessable. The alternate routes are just as bad.
49	SH	As a Hartlepool resident I am AGAINST the proposals to move MORE of our care units from Hartlepool to North Tees Hospital. North Tees Hospital is over stretched as it is without giving them more of our hospital units effecting

		the areas of Hartlepool, Horden, Peterlee, Blackhall, Sedgefield etc. Many of the nursing staff at North Tees are also against the move. Why is it that someone can make a decision and despite hundreds of protestors its moved regardless?? 100,000 people in Hartlepool (not including Blackhall, horden, et) Now have NO A&E they have no maternity unit no childrens ward. Surly its better to have 2 fully functioning units with staff to provide care in two separate places rather then having one over run unit?? 2 heads are better then 1 - 2 units are better than 1 The 4 beds that Hartlepool have already have saved 100's of lifes. I myself have been admitted to that unit. North Tees Hospital has one of the worst reputations that I know of regarding care, aftercare, waiting times and response times to urgent medical care. Back in February 2013 myself and 2 of my children were involved in a car accident and taken to North Tees A&E department. For 4 hours 6pm - 12am my daughters and I, were all left not having seen 1 single nursing staff/career in that time. I was strapped to a bed on a spinal board while one daughter was left in a dirty wheel chair and the other left to sleep on a dirty floor with blood on. (I have pictures of all of this too)

		None of us were offered pain relief, chairs to sit on or asked if we would like them to contact a family member or friend to let them know where we were. Family and friends thought we were all dead. Taking more units from Hartlepool is a joke. It's beyond reasonable. There's no reason why Hartlepool and surrounding areas should lose out on services essential to this town/area. Whoever is in charge of making these decisions should be sacked. Someone with some common sense needs to build these units back up. Staff on units in North Tees are told the day before inspections are due so they have time to clean units as they know themselves that its not up to standards. Inspections in North Tees should be random, undisclosed and without prior warning. Maybe then everyone would think twice about where units are moved to in future.
50	SF	Having just read your leaflet referring to the above I am yet again disgusted by the lack of thought and consideration given to the people of Hartlepool and surrounding areas. Your leaflet doesn't state how many of the people of Hartlepool and surrounding areas are expected to die due to these ridiculous changes. This yet again seems like a money saving issue. The lack of support from our spineless MP once more allows the financial machine to ride roughshod over the needs of the local people. When will somebody in our town stand up for what is right for our town and its people?

51	SD	I have written many times on our hospital closure and have just received this leaflet making further changes to our services! How you can say that North Tees is capable of coping with these critical care patients when we all know that ambulances are sometimes queueing up and waiting for some time before getting any attention, actually if we didn't have such good paramedics looking after people whilst waiting, the death rate would be much higher than it is. I am quite happy with Hartlepool Hospital unit taking care of more ordinary medical requirements as you state 'the unit in Hartlepool has been running to a good standard'. All we want is 'a good standard of care' – if we need super care then naturally we would be transferred to either James Cook or Newcastle. We don't want to be dragged from pillar to post in order to suit your plans. The services are stretched to the limit at North Tees and where will the people from the other 4 beds (in Hartlepool) go? I have read that if you have a stroke or heart attack, early attention if vital and can make the difference between recovery and death – what are going to be our chances of surviving? You say that 'Hartlepool will continue to be developed as a centre of excellence for these services 'meaning orthopaedic and general surgery, diagnostic services, outpatient appointments and diabetes drop in services' and where will these be? At the One Life Centre?? Why should a town of our size be without a general hospital as we were used to: we have more specialist care at Newcastle, Middlesbrough and Leeds if required. The number of people (27 each day) multiplied by 365 days amounts to 9,855 people which means that their relatives will have to struggle to reach North Tees to visit and not everyone has a car. It will possibly take half a day if you have to use our abominable public transport (greatly limited nowadays by cutbacks). I thought the idea was for the National Health to be available more or less on our doorstep not in a totally different town! By the way I also note that we can call 111 if we feel unwell and that has already been shown to be a useless service and is going to be scrapped. How on earth do you expect lay people to diagnose over the phone what is wrong? As regards looking at increasing parking spaces – North Tees for the last 10 years has been struggling with nowhere for people to park never mind the fact that it costs money!! You don't seem to listen to the people of this town – we want

		an ordinary local hospital near enough to reach within about 15 minutes although from the collieries it probably takes about half an hour. Apart from the above – you haven't got the money yet, you haven't even laid a brick, you are already saying it will be built by 2017 i.e. 3 years late!! and quite honestly nobody really wants it at Wynyard. If you are determined to build a 'specialist' hospital why on earth didn't you build it this side of the A19 nearer to Stockton rather than pick Wynyard. Originally Wynyard was supposed to be an elite area for executive housing for the more wealthy people in our area, instead it is becoming a ramshackle conglomerate of businesses and housing which will never be easily accessible from 'The North' or 'The South'! We, the people of Hartlepool, are treated as numbers rather than people and it is time for a change! We are individuals with feelings which are being totally ignored.
52	SE	In reply to your leaflet the people of H'pool don't want a new hospital forced on to them 99% of people don't want this new building. It goes to show that the people who want it can't get any funding for it but they persist in trying to build this hospital that people don't want. H'pool once had 4 hospitals and we managed alright and we can still manage, Just give us money to enlarge and tidy up our remaining hospital and we will be alright. This new hospital is too far away for us people who have no transport.
53	S & JM	I am contacting you to register our protest against your plans to move these or any other services from Hartlepool to North Tees. You have already proved that you ignore any protests against whatever you think, and show that NHS is uncaring from the top. 27 families from the areas that are currently served by Hartlepool are now asked to travel backwards and forwards to North Tees for visiting, along with the relatives visiting the patients that have already been transferred due to previous decisions by the uncaring Trust. Does anybody in authority consider the extra stress that all of these people now have to endure?

		Does anybody care? Do you really think that people are fooled by your "developing plans for free transport"? Why don't you just be honest and say "you will do what you can within your budget" and admit it is nowhere being even adequate"?
54	TW	I have just read the leaflet to has been sent to us regarding the movement of critical care and emergency medical services from Hartlepool to North Tees .I for one strongly disagree with this ,one of the points you make is there is no room to expand the wards for these services why not use some of the wards that have been closed already and are standing empty ,this would make more sense then uprooting the patients and the staff having to travel to North Tees not to mention the ambulance service that will have more pressure put on it ,where we live all we hear is ambulances going up to the A19 how much is this costing the N.H.S without this extra work .You also say that you are providing extra car parking places which no doubt will be as expensive as ever ,failing that you will have use the shuttle bus that you had to book the day before .I feel the same as a lot of other people the Tees NHS will not be happy till Hartlepool is closed all together ,which will be a terrible shame because I know that the staff at Hartlepool are dedicated ,because of the care they gave to my late daughter before she passed away in 1996 .So I will ask you to think again about this move and remember that you are dealing with people and not numbers on a spread sheet.
55	TS	I do not know why you ask us to have our say about the proposal to move critical care and emergency medical services. Have you ever listened to anything that the Hartlepool people have ever said about any of the moves from Hartlepool Hospital - no-one agreed with or wanted any of it and you are failing the people of this town by going against their wishes.

		You have already made your decision about what you going to do. This consultation is just so you can say to the Minister of Health we followed all the guidelines and carried out a consultation so everything is ok. It is a "covering your back" exercise.
56	WB	I feel i'm wasting my time writing because I feel you have already decided to move to Stockton. You say there is not enough room at Hartlepool to bring these services here. I feel there is ample room both in the hospital building and in the hospital grounds to house this department. You are going from 16 critical beds to 12-where is the sense in this. Transport of critical care patients is a big big risk due to grid locked A19/A689 during most mornings and afternoon. To risk patients to this delay is criminal. As I say at the start of this memo your mind is made up but I urge you to reconsider and keep critical care in Hartlepool until the new hospital is up and running. North Tees is a pain to get to and parking is almost impossible. Look after the people of Hartlepool and the colleries.
57	WB	I write it utter disbelief, anger and frustration at the leaflet which has greeted me as I come home from a stressful day working in a busy GP practice in East Durham!!! Why are we even having this debate after years and years of protesting against ANY change being made to our local hospital!!!! I neither believe nor find credible the statistics that are mentioned in the leaflet??? Nowhere does it mention that 140 plus beds that are proposed to be moved (this figure comes from The Trust /CCG) and if more services go it will then be deemed as unsafe to keep the hospital open which , of course, is exactly what The Trust are banking on!!!! Having had personal experience of having a close relative in ITU at Hartlepool I cannot praise or thank the wonderful staff at Hartlepool for the wonderful, professional and caring way my Dad and all of our family where treated, so much so that my Dad (once back to good health) made a large donation to the unit as a small way of saying "thank-you". It is an absolute disgrace to move this unit to North Tees!! Families in East Durham will find it impossible to visit critically ill patients as often as they can

		when its at Hartlepool due to the appalling lack of public transport to get them there, not to mention the gruelling time it will take them to get there on public transport!!! As for the statement regarding services that will remain at Hartlepool I notice that it doesn't exactly say the Hospital it says "the town" which is obviously the Trusts covert word for One Life?????!!!!! Several weeks ago I had the misfortune/terrifying anxiety of having to drive to North Tees in the early hours of the morning following an ambulance taking my extremely ill husband to A&E. He was dropping in and out of consciousness and I can only say that it was the longest, most stressful journey I have made in my entire life!!! I was fortunate enough to be able to drive there but what if I didn't drive? What if I was elderly? What if I didn't have any family who could take me or bring me home?? All these possibilities effect elderly/disabled/non-driving/destitute people in my area!!!! Please, please consider my points. I am just one of thousands of people who feel this way and we need people acting for our best interest and not invested interests!! SAVE HARTLEPOOL HOSPITAL IN ITS ENTIRITY!!!!!!
58	CS	Although a new hospital would be a great bonus I thought a 'critical care unit' needed to be as near to the patient as possible to save life. The travel time to reach the emergency treatment is the problem with ever increasing delays on the A19 the fact North Tees and James Cook can't cope with the amount of ambulance traffic now. Has anyone put any thought into what they are doing except how to cut costs and at what expence to the community.
59	Mrs FL	Thank you for your leaflet 'What you need to know'. The question I have is regarding the transport. Will it be on a registration format? Will this

		enable people who want to visit friends or relatives at the hospital during the day or on an evening? Presumably the patients who need this service will automatically be transported to hospital. It will be very difficult and time consuming not to mention expensive if a designated route applies each day. At the moment regarding public transport Seaton Carew (where I live) is seen to be an outpost with no buses available after approximately six o clock: to reach a designated pick up point which would probably be on a central route, unfortunately, I feel would not include Seaton Carew. I realise that at the moment it concerns only moving the critical care and emergency medical services but as a senior citizen with senior citizen relatives and friends it is a question that comes to mind.
60	JM	1. What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes? I can't see any advantage to the people of Hartlepool who yet again are having to travel to North Tees for treatment. 2. If you still have concerns, what are you most concerned about and how could we help to reduce your concerns? I am concerned about the standard of care and cleanliness in North Tees, the travelling involved and the cost. You could reduce my concerns by placing some services at Hartlepool Hospital instead of North Tees. 3. What do you think are the main things we need to consider in putting the proposed changes in place? Patients and their families.

		4. Is there anything else you think we need to think about? Patients and their families.
61	HF	Good clear document, Thank you. I am a local person and work in the NHS. I am in favour of the proposal though I have poor experience of care at North Tees. I appreciate the arguments put forward. Things to consider: 1. The reputation of North Tees is not good locally: Staff can be rude and dismissive and people think there are poor outcomes with more complications and poorer after care than is usual. If this is justified is not clear but people do not view NT with the same regard as James Cook Hospital. Perhaps work to ensure that standards are good and promotion of the actual outcomes at NT might ease concern at more services being run from North Tees. 2. Consider the cost of public transport to north Tees. The bus fares are very expensive from central Stockton and Hartlepool, could subsidised fares be offered for visitors?? 3. Improve cycle access. There is a good cycle path along the back of Hardwick but it is very poorly signed to North Tees, to get to the hospital there appears to be a bit missing. The access to the hospital site, on a cycle, or foot is dangerous: I am a regular cyclist and walker and find that cars have the priority and dominance of the internal roads of North Tees site. This discourages access by bus, bike or foot and in turn makes access worse for none car users.
62	JI	I received your leaflet through my door on the 30th July only 13 days before the closure of the consultation. Up to this point I knew nothing of the proposals. I understand that all you had to do was

		to issue a statutory notice of the changes, but I consider what you have done as totally indequate, especially for people like myself who do not take the Hartlepool Mail where, I assume, the proposals were published, and especially for such services. Finally it only takes me 5 minutes to drive to the University Hospital of Hartlepool whereas it takes 25 minutes to the University Hospital of North Tees. I feel sure that you appreciate the point I am making.
63	JR	Why more consultation, wasn't the decisions about the hospital made, long long ago by the people who are supposed to do the best for the people of Hartlepool, we pay for the services, we should make the final decision. It would be very very sad if someone dies on the way to a hospital that is way out of town, over the other side of the a19, which at times is at a standstill.
64	MSP	I am 79 years old. As you may notice by my writing, I have problems with arthritis, fibromyalgia being one of them. My appointments for therapy or see specialist have all been at Hartlepool General. The only one now is for eye problems. When I was young I had 3 hospitals on the headland. (some unreadable text). I have mobility problems. If I have to be hospitalised I would prefer to be where my disabled daughter could be seriously brought to see me. I strongly object to what you are doing. You are NOT listening to the people from not just Hartlepool but also as far away as Easington. I know I am probably wasting my time writing this letter, you won't listen to the people. You are depriving them of their right to have help in the place they live in. If you think One Life will help, you obviously haven't needed to use it.
	Mrs JAB	After reading in the Hartlepool Mail about even more services being moved to North Tees Hospital, I am very concerned about how we are supposed to get to North Tees from Hartlepool if we are neither car owners or drivers, have no family available to take us and are reliant on public transport, that involves 2 buses to get to North Tees and the same for the return journey, most bus transport stops

		from 6-6.30pm and to use a taxi is £12 one way – a cost of £24 for a return journey - is impossible when I am on a fixed income being the OAP state pension, and do not qualify for any other benefits. Luckily at the moment I do not need to go to North Tees for anything but at 70 years of age, that could change at any time! With regards to setting up a Volunteer Driver Scheme, how long can that be sustained? As usual those with the least resources will be left to fend for themselves. In my opinion this whole Hospital Saga is a sorry state of affairs, with Hartlepool's population of approx. 93,000 plus the East Durham population, the decision to close Hartlepool Hospital, most probably taken 10-15 years ago, was a bad one for the thousands it served, if a place is slowly run down to its knees, no wonder it cannot recover and doctors don't want to come to Hartlepool Hospital because they would know it was due for closure and they would need to think about their futures and now there's the situation of trying to find funding for a new hospital from anywhere possible. Whatever the situation is, transport, even if there is a fare to pay should be provided for Outpatient appointments and any other medical clinics/services and or scans etc which have to be carried out at North Tees Hospital.
66	Mrs WB	I write to protest against any closure of any department in Hartlepool hospital. Surely a town – size and population of Hartlepool merits a hospital to serve the town and outlying areas. Speaking on a personal level the treatment I and my family and friends etc have received at the hospital has been very good indeed giving no cause for concern. Please therefore get someone with a voice to stand up and protest vehemently about any closure plans. Our MP should of course take note, people who voted him in are awaiting much more support from him.
67	Anonymous	• Parking charges should be waived for those travelling to North Tees Hospital from Hartlepool to visit relatives who are patients there. • Services at Hartlepool are very good and a lot of money has been spent in recent years in

		developing and maintaining facilities there. • Elderly and disabled people will have difficulties accessing free transport to North Tees Hospital unless it is available "door to door" • He has tried to access the transport plan on the website as per the instructions on the leaflet but was unable to find any information.
68	Mrs JA	We have had need to use the unit you propose to move to North Tees and are very disappointed that you could even consider transferring it. We have had considerable experience of North Tees Hospital, over the last few years, and have been most disappointed with the service we have received there, especially in-patient. We have also found the hospital to be very disorganised and shabby. Although you say you are going to provide either transport to the hospital or more car parking, it is almost impossible to get to the hospital from Hartlepool. The ring road through Stockton is always a nightmare for drivers and parking at the hospital almost impossible. Then there is the long walk to the hospital and then the wards..... We suggest that the facility at Hartlepool remain open until the new hospital is built. We feel that it would be good experience for all nurses to receive training in both large and small units. Smaller units are often more personal and more effective for patients. We strongly object to services of any sort being transferred to North Tees. The hospital there is certainly no better than the hospital we have in Hartlepool and until the new hospital is built at Wynyard, it is better that we have local facilities for such an important area of health.

69	MA	I am writing to express my concerns about the proposals to move critical care and emergency medical services away from Hartlepool to North Tees hospital. My father is an 85 year old gentleman who has enjoyed pretty good health, until the past 4 years. He was diagnosed in Hartlepool Hospital with bowel cancer in 2010 and underwent surgery at North Tees Hospital to remove a contained tumour. Unfortunately he had to have a colostomy which, following an attempt to reverse it was unsuccessful. 3 months later was admitted to Hartlepool hospital with a bowel blockage and was transferred to North Tees to have emergency surgery and had to have an illiostomy. I can't thanks his surgeons and the intensive care team for the wonderful care he received in saving his life. Unfortunately I can't say the same about the after care and review appointments at outpatients and I feel I need to comment about the problems incurred since. Although your brochure states that in moving services to North Tees patients will receive better treatment by concentrating skills in one place I find that in my father's experience this has not been the case. My father has a number of conditions including atrial fibrillation, acute kidney injury, urinary retention, and is prescribed Warfarin. This year alone my father has had 6 admissions to various hospitals. Two in Hartlepool, two in North Tees and two in James Cook. The government speaks about Holistic Care however there appears to be little continuity when specific treatments are based across various sites and poor record sharing is evident. I also feel that in my

		father's case, the latest bout of hospital visits and admissions have been treating his symptoms without actually investigating the causes fully and sending him home too soon. I am well aware that longer stays in acute settings pose risks of hospital acquired infections and that acute beds are in high demand and very expensive. I would like to tell you about the problems we have had over the past two months. My father developed a chest infection in May this year. He was prescribed an anti biotic which caused his stoma to become hyperactive and caused him to dehydrate - resulting in a kidney injury. He was catheterised and sent home following catheter removal and developed a urinary tract infection. No review appointment was arranged. A further course of anti biotics for UTI affected his blood and he began to experience severe nose bleeds. After three visits to North Tees A&E he was told just to apply pressure and sent home, and I might add was spoken to in a very derogitary manner by the Duty consultant who seemed disinterested. It was also necessary to take him early one morning to the drop in clinic at one life and as told to contact the GP when the surgery opened- what a waste of time. The third visit to North Tees A&E , my brother took him, after losing well over a pint of blood and he was sent to James Cook,had an overnight stay when he received cauterisation. On returning home continued to have nose bleeds until he was admitted to James Cook where he stayed for 5 days and was discharged home. 3 weeks later and yet another UTI my father was admitted once again with urinary retention re catheterised and sent home on Friday evening and asked to attend North Tees again for blood tests the following Sunday and to return to the ward on Saturday 3rd August for trial without catheter. When

		we arrived the staff nursed stated that this procedure could have been carried out at Hartlepool Hospital. As my father's bladder was still retaining urine he needs to be re-catheterised and further course of antibiotic was needed. On Sunday he began to have nose bleeds again and we visited the Gp on Monday. Nose bleeds continued yesterday and he was ambulanced to A&E in North Tees today due to very severe nose bleed and chest pain . He had an EC in North Tees and was then sent by ambulance to James Cook where they cauterised his nasal passage again, and has to visit his GP tomorrow due address low blood count. When being transferred over to James Cook, my father was told by the ambulance crew that they had travelled up from just outside of BIRMINGHAM to do their shift. Surely this can't be right or cost effective and it would have been so much less traumatic if my father had been seen in just one hospital. I also wonder how cost effective transporting both patients and visitors from Hartlepool to North Tees will be, not to mention the inconvenience and extensive travel time especially for the Elderly or working population. As a Social Worker working with Older Persons and involved in discharging people back to the community, I am very much aware of the problems encountered by elderly people in Hartlepool when they need medical attention. So although my complaint appears to be very personal, and maybe somewhat long winded, I feel that the people of Hartlepool are getting a raw deal.
70	JI	1. I am fairly convinced of the need for improved critical and emergency care of patients in areas other than Stockton, and that the the best solution at the moment is to move critical and emergency care

		from UHH to UHNT. 2. I found the background part of the report very woolly with very many uncertainties. 3. It is clear from the discussion part of the document that NCAT also have considerable concerns about information for the public about the change envisaged, so that the public fully understand what the proposal is about, what are the objectives and the hoped-for outcomes to be acheived. For myself I do not think this has yet been acheived. 4. I do not agree that the potential increases in travel times will not increase clinical risk. 5. In 5.16 the NCAT consider that there needs to be a broader strategic assessment for acute hospital services in the North East. In the long term I believe that more patients from Hartlepool will choose to go James Cook, the regional specialist hospital. I personally might well do so and I know of others in the Hartlepool area who might also do this. 7. Overall the discussion section left a lot of questions to be answered and gave recommendations: 7.1 I consider, as I have said earlier, that, for myself, the consultation has been totally inadequate. 7.2 Did the CCG & Trust working together respond to the conclusions and give a written response to NCAT and NHS North of England with 3 weeks? If so would it be possible for me to see this? 7.3 Do you know if the CCG & Trust have considered the need for an external clinical review of the plans for the new hospital beyond the element of review built into the next steps of commissioning,

		and if so what has been the outcome? Please pass this e-mail on to those considering the responses to the consultation. I hope to hear from you soon on the questions raised and may want to communicate with you further on the subject.
71	Mrs S	• Main issue was transport – lives in Hesleden and relies on family members to take her for appointments. Wanted to be assured that consideration will be given to those patients/visitors that live in her catchment (Durham/Easington) when looking at transportation as there are very limited public transport services in the village. • Not happy with UHH being eroded, UHH is a gem for people in Hartlepool and surrounding areas • Is not convinced that the care provided at UHNT will be of quality and as good as UHH • Hopes that these changes won't affect her current outpatient appointments at UHH (for heart issues)
72	SJ	I disagree that it would be in patients best interests to move the Critical Care and Emergency Medical Services from Hartlepool to North Tees Hospital. I think that this is another thinly disguised step towards the closure of Hartlepool Hospital by gradually transferring services to North Tees. If staff experience and competence at Hartlepool are in question why not have them rotated around various hospitals instead of moving the patients? Surely they can ring each other up to ask for advice. It is really important when a family member is extremely ill not to have them in a hospital many miles away. Apart from the cost of travelling to Stockton it is really stressful having to drive that far.

		Unfortunately my family has had a lot of experience of having to make the journey to North Tees. Using public transport is very time consuming. You are obviously aware of the limited parking facilities at North Tees. A town the size of Hartlepool should keep it's own facilities. The best solution would be to regularly swap staff between Hartlepool and North Tees. Affecting 27 people everyday sounds like a lot of people to me.
73	GS	I received the flyer recently giving an overview of the proposed move to north tees etc. As a tax payer, a resident and a parent I am appalled at the idea of relocating critical services. It is a ridiculous, ill thought out, and ill advised affair with not a jot of consideration given to the citizen of Hartlepool and the nearby collier. Ultimately this will lead to potentially lives being lost, poor care and welfare of loved ones visiting patients etc. I'm sure the traffic and journey management planning has been looked at , but like everything it will be poor in implementation. Critical car , A&E needs to be as local as possible not involving protracted journeys involving public or private transport. I have over the past 18 months underwent 2 hernia operations , both unpleasant however one of the better aspects was the short journey home which was approx. 8 mins. I cannot imagine the personal trauma and hardship that senior citizen of indeed less abled users of medical services would feel if treatments was over months which can be highly likely. I am completely against the idea, North tees is a giant complex , the feeling the individual gets is one of being a number . It is Horrible

74	SK	Critical care units should remain at Hartlepool hospital as it has very good standard with safe high quality care and closer for Hartlepool, Peterlee, Easington and other colliery villages. It is also easier and quicker to get to. Further away such as North Tees hospital means very critical patients may not survive the journey. Everyone does not have own transport and have to rely on buses. To get North Tees hospital one has to change buses in Stockton to a bus for North Tees hospital and Stockton council say that services will be cut in 2014 due lack of funding and not able to meet the cost of many services to North Tees hospital. People will have more difficulty getting there than they already do . I feel everything being transferred to North Tees hospital benefits mainly Stockton and Middlesbrough areas not Hartlepool and colliery villages. Maybe all expertise in one area is good for the trust but not very easy for people who live very far away especially elderly and disabled without own transport. Calling 111 is not always good as they do not have expertise or knowledge as trained doctors and lot of medical staff have. Not enough leaflets or information sent to people as lots people have not received any and know nothing about the consultation, others received them only few days ago with not enough time to send any comments by letter as lots of people do not have computers and the internet.
75	JH	I would like to register my unhappiness at the movement of the critical care and emergency medical

		services from University Hospital of Hartlepool to North Tees. I think it is appalling that the services be transferred away from a town the size of Hartlepool and the neighbouring towns and villages. The distance to North Tees is too great, particularly in light of the emergency nature of critical care and the necessity of families to travel to visit such sick relatives. The region has a high rate of illnesses such as breathing problems, etc due to the lifestyles of many people, particularly the elderly. The comparison of 4 beds compared to 12 at North Tees is a very small difference. Around 27 people a day is the figure you quote that would be affected. That is around 190 people each week. Around 760 people per month. Plus the numbers this increases to when you factor in the impact on families visiting the critical care unit. This is not an insignificant number of people affected. The argument that the staff are unable to 'get the experience' therefore the whole service needs to move is also a flawed argument. As the Headteacher of two schools in Hartlepool do I close one of my schools to allow my staff to develop the experience needed to be effective? No, they develop that experience through working with more experienced professionals and visiting other schools, building up capacity, not reducing it. North Tees are ideally placed to partner with University Hospital of Hartlepool and help to develop this experience. This is a move designed to save money and I think that it is appalling that money is being put before the services of the NHS to it's customers, as it is intended to be a public service and I feel there are no convincing arguments given as to why this move should go ahead. I would like my views noted on this consultation.
76	DK	You've asked for comments about your removal of another service from the Hartlepool hospital. You don't have a Wynyard hospital or even a good plan as of yet and you're still stripping down what

		was the better hospital of the two that you say you'll replace. You can't get and we, the people certainly can't afford to fund this new dream. I appreciate that a newer, better facility will, in time, be needed but under the current financial era that we've been in for some time, I would urge you to hold back until we can afford it. Hartlepool hospital was made to fit an "UNFIT FOR PURPOSE MODEL", that you could have easily fixed if you chose to....you didn't. If you're so confident that you are correct in your thinking, put the vote to the people that you continuously ignore...the ones that put the trust in place.....build or make do for now, then build at the right time. You're mean't to act on the best interests of the people, a bit like politicians in that sense, but they did of course lie all the way to the top when they said that this fiasco would never get to the" loss of the Hartlepool hospital" Just to reiterate, when the time is right, I'm all for the rebuild but please listen to what thousands of people are still telling you, we're still very concerned. I spent a fair amount of time away from the town during the last thirty years and I remember the trusts gradually stripping down the various individual hospitals so that the general/ university could centralize all these various units....now you intend to remove the last option as well. Thank you for maybe listening

77	KW	Having read and discussed the contents of the Consultation Document, I wish to record my complete support for the proposed changes. I did attend the National Clinical Advisory Team meeting at Hartlepool, as a member of the Trust`s, Healthcare User Group, and could appreciate the need for the proposed changes. Previously, I have attended many Momentum Pathways development meetings. As an Elected Governor of North Tees & Hartlepool Foundation Trust (representing Stockton) I have heard many presentations and discussions, when all aspects of change have been addressed. Transport, has been high on the agenda and is a high priority. I do feel the changes are necessary for The Trust to maintain the high standards that it strives for.
78	JM	This type of exercise is undertaken when the decisions have all been made, and it only remains to tick the boxes for the less significant or patient-centred misgivings. I for one do not believe a word of the passage on Transport. It is another masterpiece, written by a policy civil servant... or more likely I suppose in this day and age, by a chief executive in between musical chairs moves around the hospitals. You develop the plans for transport AFTER you've taken the key decisions?? Yes, that sounds about right. You'll contract a service or two out, doubtless to one of the more prominent councillor's brother-in-laws, and then phase it out as being "uneconomic" after six months or so.

		This is being done to make money. Someone somewhere is making a killing on this. Just like all of the other projects in which persons in power can, and do.
79	SF	• The issue around the nos of critical care beds has been clarified and she understands we are not loosing 25% of our capacity but maintaining the same capacity. • Her experience and comments are based on her experience when her mam was a critical care patient at Middlesbrough and she was a carer for her father with dementia. She mentioned Dr Lawler and was clearly so impressed with Dr Lawler and the specialist care he provided. • Transport major worry – having being a carer for dementia patient and needing to go across to the icu Middlesbrough this was a significant issue. • We should maintain Hartlepool hospital – don't like the idea of going to Wynyard. • Major concerns around how in an emergency the ambulances and cars would get to North Tees via the A689 or A19 if there was congestion. • Concerned regarding the publication of the timings of the public meetings – she knows many people who have not received a leaflet and she has seen nothing whatsoever in relation to the timeframes and public meeting information.

80	Mr TB	• Am writing to supports the merger of critical care services within the Trust and on one site. • Along with other services, should have been merged 14 years ago for both financial and clinical reasons. Had this been done at the right time not only would the benefit have been considerable, but, by now we would hopefully be considering the next step on Teesside. In my view this is not to provide a new hospital at Wynyard which is a ridiculous compromise without any reasonable clinical base. • Includes a letter sent to Secretary of State in March which suggests placing all acute hospital services for Teesside and surrounding area at James Cook Hospital.
81	JM	These changes affect around 27 people from Hartlepool, Easington, Peterlee and Sedgefield areas according to your leaflet received entitled “What you need to know”. Now the plan is, for the future, that such patients are taken to North Tees University Hospital instead of Hartlepool University Hospital, despite them assessed as emergencies and needing intensive care previously provided at Hartlepool, which is an additional journey of at least 20-30 minutes! The area covered by 12 beds at North Tees is presumably because the area is larger than the four beds at Hartlepool University Hospital? So what is the gain going to be for their intensive care patients, if any? As you say, transport needs looking into, it is difficult getting buses from the Hartlepool area to North Tees, not only for patients but their visitors, not everyone has a car. Regarding staff, no compulsory redundancies are being made by the changes but they too will have a longer journey to North Tees which is an added strain on them.

		"Have your say" says views about the changes are not too late as part of your consultation but 11 August is only 2 weeks away so time is very short, only 2 weeks allowed.
82	VW	I wish to object in the strongest possible way to the proposal to move the services from Hartlepool to Stockton. We are a big enough town, plus surrounding area, to warrant a hospital of our own! There is no need to travel to Stockton to attend, or visit friends and relations who are in hospital. The parking at North Tees is dreadful and now you are proposing to add more cars. I hope I am one of many who have registered objections.
83	Cllr AS	I have for some time studied this matter and they seems to be two camps of thought on this matter, the trust and other who want to go to centralising and build bigger centre so one can get more highly trained staff, but the real reason is to cut the number of staff and cut costs. The other camp which is the general public who use the service which according to the latest news reports are on the verge of collapse, due to understaffing, I as a member of the public have used North Tees accident department and am applolied at the amount of time one has to wait, so the last thing I would want is the people from Hartlepool coming to Stockton making my waits even longer. I have gone to meeting in Hartlepool and the support for Hartlepool hospital is overwhelming, the people of Hartlepool want their hospital, not walk in centres, they want doctors on duty 24/7 not

		ambulance rides to the next town. The state took on the provision of health care through the N.H.S I do not want excuse why thing cannot be done, I want health care now and I want it local, I do not want to hear about funding, that's politicians' matter to sort out, if we can afford to keep an army in Afghanistan, if we can afford another hundred and one other things it is up to government to supply health care in Teesside in the local town, and up to world class standards. So I and I feel the residents of Teesside want to keep Hartlepool fully open and fully manned.
84	EW	He is very surprised to hear about the proposals and feels he is at an age that he will need to use the service and finds moving it to North Tees ' a long way to go' He takes critical care to mean "Heart and Stroke Victims" so why doesn't it mention this in the leaflet, if it was mentioned in the leaflet he feels more people would come forward with views against the proposal. Is there a deliberate intention not to mention Heart and Stroke victims. Ratio of beds – it mentions in the leaflet there is 12 beds at North Tees and only 4 beds at Hartlepool but what does these two figures mean, how do they equate to the population. It might be bigger at North Tees but by adding Hartlepool will this still be big enough to cope and is the population bigger in North Tees at present so there is a need for more beds. Mr Welch was concerned about patients being shunted around from one hospital to another. This was the experience of a friend who was critically ill.
85	AKJ	This seems another step towards the total closure of the University Hospital, Hartlepool and the transfer of all services to North Tees.

		How much extra work can North Tees take before it becomes inefficient – What has happened to the proposed Wynyard Hospital? Your independent report recommends the joining of the two critical care units. Unless you can advise me otherwise there were 12 beds (North Tees) and 4 in Hartlepool, a total of 16 beds. If this is reduced by 4 that leaves 12 beds in total, to me that is a reduction of services, not an improvement. Your so called independent experts keep telling us changes will make things better, note well the utter failure of the 111 service and the fiasco of the service now given by A & E. The changes I'm sure seemed a good idea at the time, let's hope the latest ones have been much better thought out.

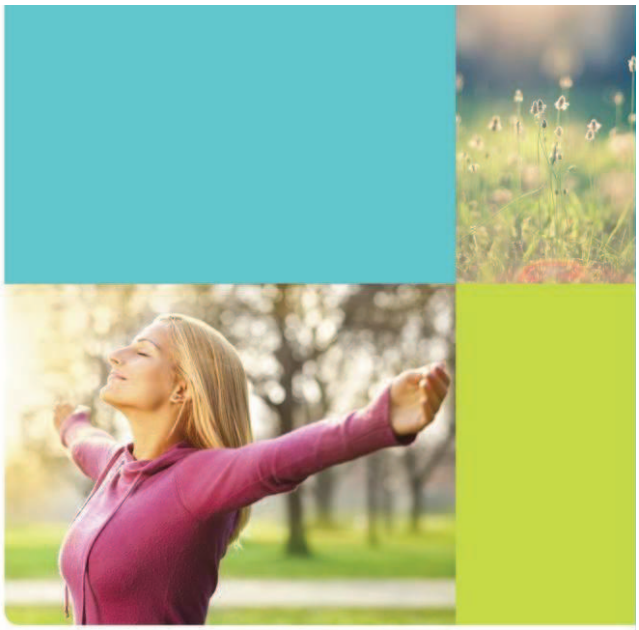
explain
market research

NHS Hartlepool and Stockton-on-Tees CCG
NHS Durham Dales, Easington and Sedgefield CCG
North Tees and Hartlepool NHS Foundation Trust

Transformation consultation questionnaire

Insight report

August 2013



Executive summary

A total of 64 responses have been gathered by the Trust and CCGs through the transformation consultation questionnaire

The vast majority of respondents were aged over 56 with significant proportions confirmed as having a long-term health condition or disability

The language used in some submissions suggests that the sample includes a proportion of people with knowledge of the health service, such as health care professionals either past or present, which cannot be verified as information relating to current or past professional was not captured in the questionnaire

The majority of responses indicated overall a strong ongoing concern in regards to accessibility to the University Hospital of North Tees (UHNT) with a focus on transportation in particular

A range of concerns relating to transportation have been evidenced including cost, a lack of direct access to UNHT by public transport, distance to travel in an emergency, as well as difficulties of distance for visitors and carers

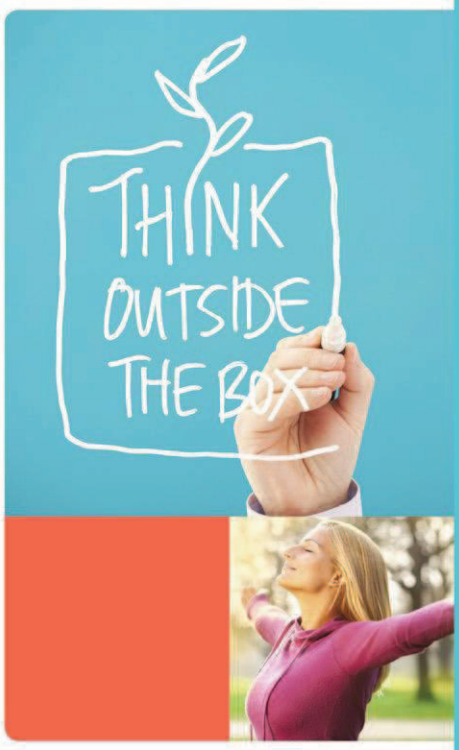
A request for clear, honest, timely communication and consultation has also been evidenced in responses, with an emphasis for the Trust and CCGs to inform, engage and listen to the views of the public, patients and stakeholders

The consultation approach has been to use multiple methods to gather public and stakeholder feedback. This report provides an analysis of the transformation consultation questionnaire provided for on-line feedback and by distribution at public events. As such, in itself, there are a number of limitations to the conclusions that can be drawn from this information. Whilst the analysis has highlighted consistency in the key concerns and considerations, the sample cannot be confirmed to be representative of the wider general public residing in the areas most likely to be impacted by the proposed changes to services

Content page

1.0 Introduction

This section of the report outlines the project background and chosen methodology.



Background

A public consultation began on 20th May 2013, running until 11th August 2013, in regards to proposals to centralise emergency medical and critical care services at the University Hospital of North Tees.

NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG), NHS Durham Easington and Sedgefield CCG, and North Tees and Hartlepool NHS Foundation Trust undertook the consultation.

Members of the public were encouraged to share their views on the proposals in a number of different ways, including five drop-in sessions as well as submission of comments by email and post. Plans also included promotion of a self-completion questionnaire entitled 'transformation consultation questionnaire,' with copies available online, at events and by request.

Explain was commissioned in August 2013 to complete thematic analysis of the responses to the 'transformation consultation questionnaire,' to provide an independent review of the qualitative data collected through four open questions (please see Appendix 1):

- What do you think are the advantaged and the difficulties (or disadvantages) of the proposed changes?
- If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?
- What do you think are the main things we need to consider in putting the proposed changes in place?
- Is there anything else that you think we need to consider?

Methodology

The CCGs and Foundation Trust in partnership designed the 'transformation consultation questionnaire.' A particular benefit to a self-completion design is that respondents can contribute anonymously and without the possibility of interviewer bias.

On the other hand, this approach offers little control of variables. For example, two of the 64 responses were blank with exception of the demographic questions, whilst a vast quantity of submissions were partially completed, with widely varying levels of detail.

One key limitation of this methodology is that a number of questionnaire responses include clinical language that may indicate health professionals have taken part, however as the survey did not request information on profession the views of 'professionals' cannot be separated out for analysis purposes, from the views of patients / general public. It is important to note that as a major employer in the local population, 'health professionals' may have responded to the questionnaire as members of the public.

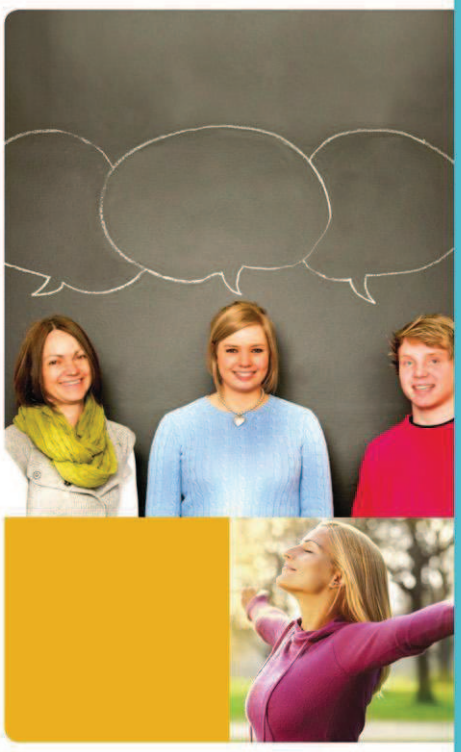
Furthermore, as a self-completion questionnaire generates a sample that is self-selected, those most likely to respond are typically 'passionate' about the subject matter at hand and their views are not likely representative therefore of the wider population.

As the core of the questionnaire consists of four open questions, the data gathered is quali tative and offers therefore a deep level of insight. However, the combination of the survey being self-completion the open style of questioning, has encouraged respondents to contribute feedback that does not directly relate to the questions posed, but to use this as an opportunity to provide unstructured feedback on the proposals for change more generally.

Explain received in total 64 questionnaire responses from which to complete thematic analysis. Overall 57 were submitted either at a drop-in session or by post, with the remaining seven collected by the CCGs and Foundation Trust via email.

2.0 Respondent profile

This section contains detail on the sample breakdown evidenced in the self-completion surveys collected.

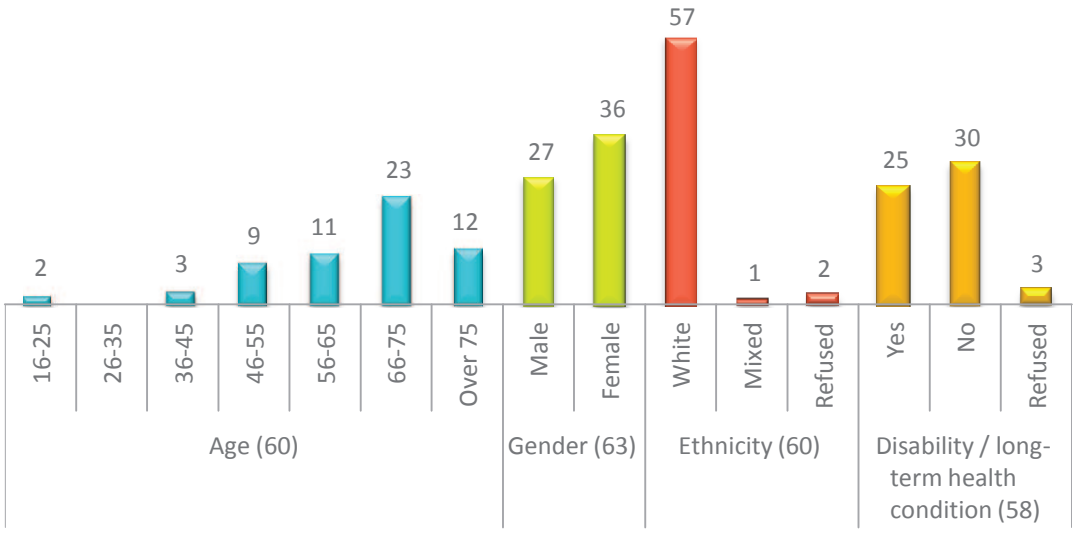


Sample overview

A small number of profiling questions were included in the 'transformation consultation questionnaire,' allowing the collection of basic demographic information.

Due to the nature of a self-completion survey however, a number of respondents have opted not to complete these questions.

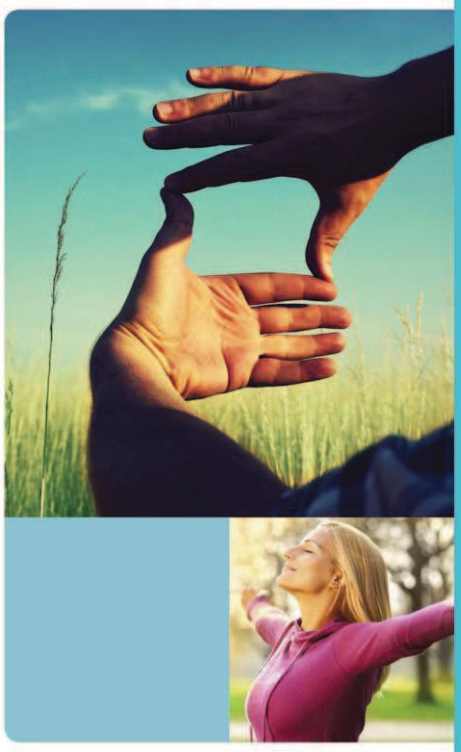
An overview as to the sample that took part and completed the profiling questions, follows below:



The vast majority of respondents that completed the self-completion questionnaire were aged over 56 (46), with over half of respondents female and the vast majority indicating they were 'white.' A high proportion of respondents also indicated that they had a disability or long-term health condition. This information gives context to the insight that follows within this report.

3.0 Results

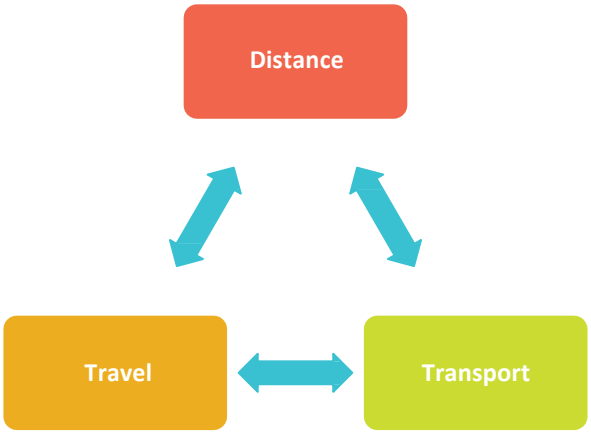
This section details full findings from the self-completion surveys analysed, highlighting themes most prominent.



Q1. Advantages and difficulties

What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?

The focus for the vast majority of respondents in response to this question was on perceived difficulties and disadvantages of the proposed changes. There were three interlinking themes by far the most prominent in responses analysed:



A majority highlighted in their response that the distance to the University Hospital of North Tees (UHNT) was a key disadvantage of the proposed changes for those who live outside of the area. This was both in regards to a patient in need of emergency care, as well as to friends and family members providing support to inpatients through visiting, as to the impact that the distance would have on both travel and transportation.

In regards to travel, many responses highlighted concerns as to travelling time specifically which revealed an underlying perception amongst many, that the proposed changes would produce inequality in terms of accessibility to emergency care.

As indicated transportation was also a key theme and whilst the level of detail varied considerably in responses, cost was noted to be a perceived disadvantage for some, and concerns regarding public transport another.

Please see below examples of the literal comments collected which indicated distance, travel and transport to be concerns:

- *'Creates difficulty of access for patients / carers'* (male, 66-75)
- *'Travel to the new hospital. Getting to the hospital quickly in an emergency'* (female, 46-55)
- *'This would result in the inpatient becoming more isolated because of difficulties for families (transport) to visit'* (female, aged 16-25)
- *'A large number of elderly residents will now be taken to North Tees, away from their families who will find it difficult to travel to Stockton'* (male aged 56-65)
- *'Location of services too far away from the nearest villages'* (no known demographics)
- *'You are taking critical care further from the patient'* (female, aged 46-55)
- *'Transport for those living on the periphery of the area'* (female, aged 66-75)
- *'Additional expenses for family travelling to North Tees from Hartlepool'* (female, aged 56-65)
- *'Patients in rural areas of Hartlepool especially will struggle to get to North Tees on public transport'* (female, age unknown)
- *'It is a serious disadvantage for patients needing emergency treatment to travel from Durham Dales, Easington and Hartlepool'* (female, aged over 70)
- *'No transport if required to attend North Tees. Consider the visitors who have to travel from Hartlepool and beyond'* (male, aged over 75)
- *'Inadequate replacement bus service'* (male, aged over 75)
- *'It makes it very difficult for people to get to the hospital either for visiting or as an outpatient'* (male, aged 36-45)
- *'The main disadvantage is getting there for patients and visitors'* (aged 56-65)
- *'Getting to North Tees, when you don't drive, is a nightmare and costly'* (female, aged 66-75)
- *'Removed accessibility for local people, transport issues, cost'* (female, aged over 75)
- *'I feel the main disadvantage would be travelling to the hospital by public transport. It would be very difficult'* (male, aged 46-55)
- *'Distance to travel and the cost of transport'* (female, aged 66-75)
- *'Distance to travel from Hartlepool to Stockton when people are critically ill'* (female, aged 66-75)
- *'Transport issues concern me especially from country districts if you have no car. A taxi service would be productive unless you provide buses 12 hours a day'* (female, aged 66-75)
- *'Access at unsociable hours, bus routes and cost'* (female, aged 56-65)
- *'North Tees hospital is too far away, no adequate transport facilities'* (male, aged 66-75)
- *'How many times we have been stuck on the A19 going to North Tees for appointments, ambulances can't even get through'* (male, aged 66-75)

A number of respondents highlighted some perceived advantages. A summary of the broad themes is detailed below, with supporting literal comments following:

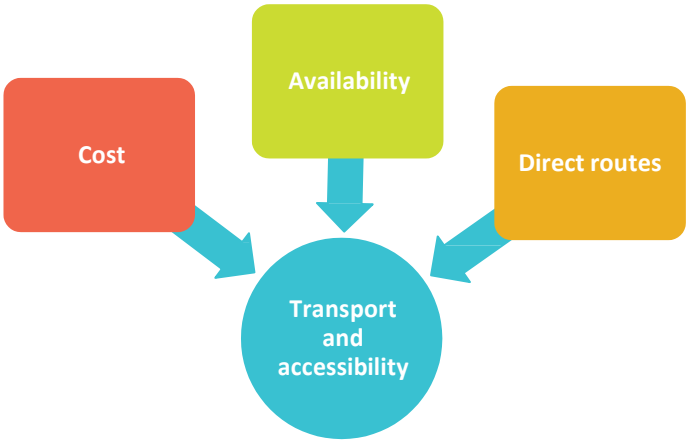
It is important to note that the language used in some of these responses would suggest that either some of this feedback has come from health care professionals, past or present, or wider stakeholders that are particularly informed. However, as this detail was not captured in the questionnaire this cannot be verified and the extent to which the public perceive of these advantages is therefore difficult to determine accurately. Please see examples of literal comments below:

- *'To resource a system of multi-disciplinary teams able to initiate community-based networks and services in the interim period 2014-2017, thus working to prevent crisis, reduce the pressure on services and clear pathways to patients'* (female, aged 56-65)
- *'Pooling together resources, funding, expertise, sharing best practice'* (female)
- *'Centralising services will lead to economies of scale'* (male, aged 36-45)
- *'Centralised emergency and critical care services onsite'* (male, aged 66-75)
- *'Making more efficient centres of excellence makes sense'* (male, aged 56-65)
- *'The document states categorically that the present situation is not sustainable until the building of the new hospital, therefore to centralise emergency, medical and critical care'* (female, aged 56-65)
- *'All emergency and critical care services are in one place'* (male, aged 56-65)
- *'It is an advantage having critical care expertise all in one place'* (female, aged 66-75)
- *'Centralised skills and single expense on equipment'* (male, aged 56-65)
- *'Advantages are saving money'* (gender unknown, aged 56-65)
- *'Being situated in one place for all care'* (female, aged 16-25)
- *'It will give a better quality service'* (female, aged 66-75)
- *'The creation of critical mass of expertise on a single site in line with national policy and the evidence base enabling patient safety to be maximised. Quality maximised'* (unknown)
- *'We think that all the plans will be an advantage to the Trust as an interim measure prior to the opening of the new hospital'* (unknown)
- *'The clinical case for the changes has been made to my satisfaction'* (male, aged over 75)
- *'The patients from all the areas involved will have to benefit more specialist treatments, more dedicated skills and nursing staff, providing the best and safest are under one roof. This has to be a very important step in saving people's lives'* (female, aged 66-75)

Q2. Concerns and reducing concerns

If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?

The theme of transportation and accessibility being a concern continued into this section as evidently that which was most widespread amongst respondents. More specifically, a large proportion of comments regarding transportation highlighted three key issues as follows:



Many of the responses regarding transport did not include sufficient detail to determine whether the main concern was in regards to patient's accessibility, or for carers and visitors to the hospital. A number of comments also indicated that some respondents had reviewed plans in regards to transportation, and that this had not appeased concerns with some suggestions made for further improvement.

In addition to these three issues, transportation was also discussed at an individual level in a number of different ways, e.g. the impact of travelling on staff and quality of care and the ability to transport different types of wheelchair.

Please see below some examples of literal comments collected:

- *'Improved transport links from all parts of the town and not just the hospital. Why would residents want to travel from the south of town to the hospital to get a bus to the hospital'* (male, aged 56-65)

- *'Consider the cost of public transport to North Tees. The bus fares are very expensive from central Stockton and Hartlepool, could subsided fares be offered for visitors'* (female, age unknown)
- *'Lack of public transport'* (male, aged 46-55)
- *'Transport for patients and families etc. Vision is one thing and practice another'* (male, aged 66-75)
- *'The NTUH NHS Trust cannot state that transport will be forthcoming and affordable to the public, and car parking will not be free at the new hospital'* (female, aged 56-65)
- *'Robust transport planning, dialogue with bus companies'* (male, aged 56-65)
- *'Location, location, location. How long before we are told the source is to be centralised in Leeds or Newcastle?'* (male, aged 56-65)
- *'Staff will have an extra two hours per day travelling as they need to get to Hartlepool first, then back out. This will mean exhausted staff'* (female, aged 46-55)
- *'Transport to appointments with transport also to take a carer or relative for support'* (female, aged 66-75)
- *'A volunteer run transport service, plus two mini buses will probably be inadequate'* (female, aged over 75)
- *'Getting to the hospital'* (female, aged 66-75)
- *'The bus should have a stop in the town centre in both directions, and the time before the booking should be reduced to 12 hours'* (male, aged over 75)
- *'Making sure visitors transport can take power and ordinary chairs'* (aged 56-65)
- *'Travelling'* (male, aged 66-75)
- *'Improve transport for the public'* (female, aged 56-65)
- *'Transport and having local services in Hartlepool'* (female, aged 56-65)
- *'Improve transport and keep costs low'* (female, aged over 75)
- *'Accessible and timely transport that is affordable'* (female, aged 66-75)
- *'Transport that is cost effective'* (female, aged 66-75)
- *'Discharging vulnerable people late at night leaving them to make their way home'* (female, aged 56-65)
- *'Transport, bus fares; would we be able to get a bus pass? Due to high bus fares, many patients won't have visitor; dark nights and road conditions'* (female, aged 66-75)

To confirm, there was very little suggestion made in responses as to how concerns held could be appeased, with a very small number of comments indicating communication to be important in regards to the proposed changes and wider impacts.

- *'Getting the information out to people who are not aware of the changes going on'* (male, aged 66-75)
- *'Too many services are being moved out of Hartlepool on the quiet without consultation'* (female, aged over 75)
- *'More information about the shuttle bus'* (female, aged 66-75)
- *'The terrible word – transparency, i.e. keeping people informed'* (male, aged over 75)

More widespread than this were comments made in regards to the future of the University Hospital of Hartlepool (UHH), with many indicating their disagreement with the proposals and feelings that further changes would likely follow to the detriment of Hartlepool residents:

- *'Nail in the coffin to close Hartlepool'* (unknown)
- *'Modernise the Hartlepool Hospital at the fraction of the cost of a new one'* (male, aged over 75)
- *'Quicker attention at A&E Hartlepool'* (male, aged over 75)
- *'I feel they're going to close all the services'* (female, aged 66-75)
- *'Keep local services for Hartlepool people'* (female, aged 56-65)
- *'What will happen to the Hartlepool site?'* (female)
- *'The loss of A&E at Hartlepool is the main concern I have'* (female, aged 66-75)
- *'Hartlepool surrounding districts need the hospital to stay where it is'* (male, aged 66-75)
- *'Local services for local people that meets people's needs'* (female, aged 66-75)
- *'No one wants to go to Stockton when we've been used to a hospital in Hartlepool. You listen but you ignore the public'* (female, aged 66-75)
- *'Keep Hartlepool open and reopen its emergency services'* (male, aged 46-55)

Q3. Main considerations

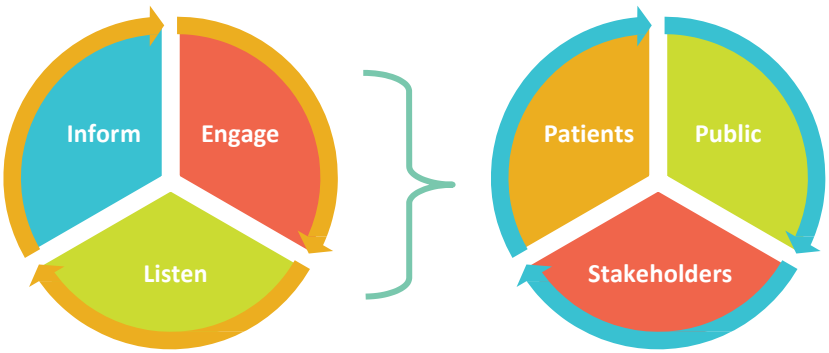
What do you think are the main things we need to consider in putting the proposed changes in place?

The most common theme evidenced in response to this question was again in relation to transportation and accessibility. Many of these responses were very brief and lacked sufficient detail in order to identify considerations that were very specific and so three broad topics were a focus:

An interesting thread in responses that spanned these topics was a focus on accessibility in regards to vulnerable groups, such as those with a low income, elderly people, and residents of rural districts. Please see below examples of literal comments relating to transportation:

- *'Transport issues, especially for the elderly and those in rural areas without decent public transport'* (female, age unknown)
- *'Improve cycle access. There is a good cycle path along the back of Hartlepool but it is very poorly signed to North Tees'* (female, age unknown)
- *'Transport for patients and families as well as a means of patients getting home following discharge'* (female, aged 16-25)
- *'Transport'* (female, aged 66-75)
- *'Transport'* (female, aged 56-65)
- *'Need transport for visitors (families etc.). A regular service to cover visitor times and emergencies'* (female, aged over 75)
- *'Transport, the time taken to travel during an emergency'* (male, aged 46-55)
- *'Transport and emergency travel time'* (female, aged 66-75)
- *'Transport for those patients / relatives reliant on public transport'* (male, aged over 75)
- *'Added cost to travel for people with a low income'* (female, aged 56-65)
- *'People receiving treatment having to hang around waiting for transport, when you're not feeling well, not turning up for treatment'* (female, aged 66-75)

Second to transportation and accessibility was a focus on communications and consultation. Many of these responses highlight the perceived responsibility of the health service to inform, engage, listen to and indeed deliver transparency, to three core groups of patients, public and stakeholders:



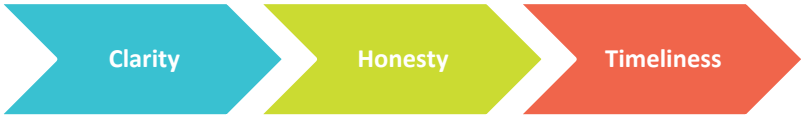
Please see below examples of literal comments:

- *'Clarity of information to patients and carers; robust sorting of new arrangement; regular feedback to patients, carers and the public'* (male, aged 56-65)
- *'You need to consider the needs and desires of the people of Hartlepool instead of repeatedly ignoring them'* (male, aged 46-55)
- *'A transparent process, keeping stakeholders informed of progress and keeping the public informed and engaged'* (male, aged 36-45)
- *'Informing the general public of the changes'* (female, aged 56-65)
- *'Fully consult with users and other support services, e.g. ambulance, primary care. And take on board and if needed, modify the plan'* (male, aged 66-75)
- *'Communication, particularly with older patients where change can erode confidence'* (male, aged 66-75)
- *'It is stated that it is vitally important to explain to the public, those most likely to need these services, how it will affect them. All staff should be made aware of the importance of their role in passing information to the public'* (female, aged 66-75)
- *'Ensuring patients know what to do and who to contact. There is too much change and bad press referring to the NHS breeding causing confusion and a lack of interest until people need help and it's not there where they thought it was / should be'* (female, aged 36-45)
- *'Convince local population of planned changes and benefits'* (male, aged 66-75)
- *'Better education to the general public'* (female, aged 66-75)
- *'Education of people and services'* (unknown)
- *'Listen to people and how they want care to be delivered, and clinicians that are accessible and can be understood'* (female, aged 66-75)

Q4. Anything else

Is there anything else you think we need to think about?

Communication continued as a key theme with many responses to Q4 focusing largely on the need for clarity, honesty and timeliness of information. Please note that the range of comments indicated the call for these communications at the present time of consultation, as well as in regards to patient choice, and following any changes to services to continue this engagement in the longer-term.



Please see below examples of literal comments:

- *'It seems that public consultation is purely lip service; public opinion is ignored. Representatives of the public have no place in office if they consistently ignore strong public opinion'* (male, aged 46-55)
- *'Ensure good, timely information about the relocation across a number of mediums including GP surgeries'* (female, aged 56-65)
- *'Patients are not NHS managers; they are people with diverse lives and differences in view of awareness, understanding and wellbeing. One size does not and cannot fit all'* (female, aged 36-45)
- *'Be clear and communicate if there is going to be a phased out process of transforming healthcare on Teeside'* (unknown)
- *'To be honest with the public'* (female, aged 56-65)
- *'When putting consultation documents out please use less abbreviations'* (female, aged 66-75)
- *'Suggest that information articles are placed in local newspapers outlining the wonderful developments in all aspects of patient treatment, each case rather than entering into relative dialogue to persuade people of the benefits, i.e. change emphasis of newspaper coverage'* (female, aged 66-75)
- *'Once the thing is up and running say in a year's time people need to be consulted yet again to ring out the effect on the general public'* (male, aged 66-75)
- *'Early information on which hospital site patients will be treated, especially at the 'choose and book' stage, more contrived emphasis on the clinical drips'* (unknown)
- *'Making sure that patients are informed at an early stage in the 'choose and book' process which site will be the site for their inpatient treatment'* (female, aged over 75)

Many respondents also used Q4 as an opportunity to express their lack of support for the proposals to change services, with a range of negative feedback collected. Tying these responses together was a call for services to remain unchanged and to provide residents of Hartlepool access to local care.

Retain local care in Hartlepool

It is also interesting to note that where detail was provided, several respondents, as indicated in the examples below, referred to finances as the rationale for their disagreement with proposals:

- *'Don't bother changing anything, spend our money on our hospital...make Hartlepool Hospita l a 3 star rating like it was in 2003 (for the third time). It was a brilliant hospital until it was salami sliced to North Tees'* (female, aged 66-75)
- *'Finding a new hospital the Trust needs to save millions per year. A mortgage for a new hospital will be well in excess of the amount needed to be saved. I think this funding will be unsustainable'* (male, aged 66-75)
- *'Stop the idiotic change...the NHS is supposed to be run for the benefit of patients, not the overpaid, incompetent managers and politicians'* (male, aged 46-55)
- *'Nobody wants it'* (unknown)
- *'Sack all directors of Hartlepool National Health Service Trust, they are not 'fit for purpose''* (male, aged 66-75)
- '*Keep the access to all NHS facilities local'* (male, aged 36-45)
- *'The public neither want nor need these changes! We own our Hartlepool Hospital but we will pay for these changes forever...North Tees is already full it can't cope with a deluge of more patients from Hartlepool'* (female, aged 56-65)
- '*Stop wasting money the way that they have in the past and make better use of it'* (female, aged 66-75)
- *'Why do local services have to be moved from Hartlepool'* (female, aged 66-75)

4.0 Conclusion

Within this section, a number of areas for key consideration are included, based on the thematic analysis completed.

Key considerations

From holistic analysis of the 64 responses to the transformation consultation questionnaire Explain recommend a number of key considerations for the CCGs and Trust:

- The lack of perceived advantages of the proposals which has been evidenced across the wider sample, has indicated that either the majority do not perceive of any advantages having reviewed the consultation documents, or that they have been overshadowed by the strength of ongoing concerns in regards to accessibility and transportation in particular. Indeed many of the more detailed responses indicated a lack of support for the proposals, however there was insufficient detail in many submissions which has limited Explain's analysis as to the main reasons underpinning public opposition

- The strength of concerns in regards to accessibility and transportation, has indicated that either the specific proposals in regards to transportation that have been shared as part of the consultation activity, have not been readily accessed by those that have taken part in the questionnaire, or that they have been reviewed and have not appeased concerns sufficiently

- Due to the limitations of the transformation consultation questionnaire that have been outlined, it is strongly advised that the insight detailed within this report is considered to be an indication only of the public perception as by its nature of design, a sel f-selected sample yields potential bias. The insight gathered within this report cannot be verified as representative of the public and should be carefully considered alongside the other data and insight gathered as part of wider consultation activities therefore

5.0 Appendices

A copy of the self-completion survey can be found within this section alongside literal comments from the questionnaires submitted, which have been anonymised to protect the identity of respondents.

Appendix 1 – Self-completion questionnaire

Hartlepool and Stockton-on-Tees Clinical Commissioning Group
Durham Dales, Easington and Sedgefield Clinical Commissioning Group
North Tees and Hartlepool NHS

Transformation Consultation Questionnaire

We want to get your views on our plans and understand your concerns about the proposed changes:

1. What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?

2. If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?

3. What do you think are the main things we need to consider in putting the proposed changes in place?

4. Is there anything else you think we need to think about?

Continued overleaf

Personal Details

Age - please choose the category which best describes you:

Under 16 years ○ 16-25 years ○ 26-35 years ○ 36-45 years ○ 46-55 years ○ 56-65 years ○ 66-75 years ○ Over 75 ○

Ethnicity

please choose the category which best describes you:

White ○ Mixed ○ Asian/ Asian British ○ Black/ Black British ○ Chinese ○ Other ethnic group ○ I do not wish to disclose my ethnicity ○

Gender

Male ○ Female ○

Disability - do you consider yourself to have a disability or a long-term health condition?

Yes ○ No ○ I do not wish to disclose ○

Name

Postal or email address:

You can email responses to the questions above to: mynhstees@nhs.net
Or send them to:
Communications and Engagement Team
Freepost NEA 9906
Middlesbrough
TS2 1BR

Appendix 2 – Literal comments

Q1. What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?

An advantage would be to resource a system of multi-disciplinary teams able to initiate community-based networks and services in the interim period, 2014 to 2017, thus working to prevent crisis, reduce the pressure on acute services and guide clear pathways to patients

Because there has been no investment in the facilities and staffing in the areas under consultation, it is obvious that the case for moving the EAU and critical care from Hartlepool is already a done deal. The proposals highlight the risks to patients of not making the changes so obviously many residents are going to agree that the changes should take place. Investment in Hartlepool Hospital should not have have been reduced! The disadvantage is that a large number of elderly residents will now be taken to North Tees, away from their families who will find it difficult to travel to Stockton

There are no advantages that I see. The difficulties/disadvantages involve: Make it harder for people in Hartlepool to receive healthcare. Discriminate against people in Hartlepool when it comes to health care. Ignoring the needs and desires of the voting public of Hartlepool

Advantages: Pooling together resources, funding and expertise, sharing best practice Disadvantages: Patients in rural areas of Hartlepool especially will struggle to get to North Tees on public transport. Redundancies at hospital

Centralising services will lead to economies of scale

The reputation of North Tees is not good locally. Staff can be rude and dismissive and people think there are poor outcomes with more complications and poorer aftercare than usual. If this is justified is not clear but people do not view North Tees with the same regard as James Cook Hospital. Perhaps work to ensure standards are good and promotion of an actual outcome at North Tees might ease concern at more services being run from North Tees

Advantages to residents of Sedgefield. Additional expenses for family travelling to North Tees from Hartlepool

Longer waiting times. These changes would result in patients having to wait longer for emergency care (due to distance) Also this would result in inpatient becoming more isolated because of difficulties for families (transport) to visit

There is no advantage whatsoever! It is dangerous and life threatening. 8 ambulances queuing to be received at North Tees is not acceptable. This is after our A&E was closed and it happens regularly

There is no viable financial plan. There is no viable architectural plan. The proposed new hospital is in the middle of no where

Travel to new hospital. Getting to the hospital quickly in an emergency

Centralised emergency and critical care services on one site. Some inequalities in provision may emerge

Making more efficient centres of excellence makes sense but creates difficulty of access for patients/carers

The document states categorically that the present situation is not sustainable until the building of the new hospital, therefore to centralise emergency, medical and critical care. The obvious disadvantage is transport for those living on the periphery of the area

It sounds effective and efficient. Potential to reduce duplicated costs but level of demand for service in current locations will not change. Need to think of ease of access (Transportation and flexibility) for patients and ensure transport distances do not hamper patients focused outcomes

The lack of health care in Hartlepool, cost and time in having to travel to Stockton for basic health care. There is no advantage to people in Hartlepool or outlining areas

Mainly financial (disadvantage) lenders want to make a profit

Safer, more effective care

The advantages are that all emergency and critical care services are in one place. The disadvantages are that all emergency and critical care services are based in one place

Location of services too far away from the nearest villages

1. Loss of existing Hartlepool Hospital

2. Should be democratic and not dictatorship, RE. Hospitals should be a referendum in Hartlepool and East Durham RE Closure of A&E in Hartlepool

It is an advantage having critical care expertise all in one place

(+) Centralised skills and single expense on equipment

(-) Location

You are taking critical care further from the patient, cramming the facility into an already overcrowded hospital

Better healthcare, which is an advantage. Poor communication between all areas of staff, patients, departments leads to bed blocking which is currently a disadvantage

It is only an advantage to the NHS, it is a serious disadvantage for patients needing emergency treatment to travel from Durham Dales, Easington and Hartlepool

It is difficult to judge at the moment but include no representation on the board of the guy on the street

How would you make the space for 120 extra beds

Travel infrastructure

There is no advantage at all, people in Hartlepool and the collieries want a hospital on their doorstep and we have a perfectly good one at Hartlepool

Transport of wheelchairs and mobility scooters

Transport for relatives and clients. There are extra pressures on existing services

There are no advantages at all, but many difficulties such as transport, no parking at North Tees, long waits are North Tees A&E

No transport if required to attend North Tees. Consider the visitors who have to travel from Hartlepool and beyond

Inadequate replacement bus service

For the better

It makes it very difficult for people to get to the hospital either for visiting or as an outpatient

Disadvantage would be transport

The main disadvantage is getting there for patients and visitors. Advantages are saving money

Doesn't want it to close which is a disadvantage

The advantage of moving hospitals is being situated in one place for all care however the disadvantage is the staffing levels and the high demand and patient care

Not a lot

No advantages for the majority of the population. It will make a fortune for those renting the services though

Emergencies 'Lack of transport'

Travelling

I can't see any advantage and the disadvantage are many getting to North Tees, when you don't drive is a nightmare and costly

There are no advantages. The disadvantages include removed accessibility for local people, transport issues, cost of transport, inadequately of new hospital. At the beginning they cut one floor off and if they left it with a floor it would have made a bigger hospital

The main advantage of relocating the hospital is a more modern hospital with more up to date facilities. I feel the main disadvantage would be travelling to the hospital by public transport, it would be very difficult

A disadvantage is the distance to travel and the cost of transport. An advantage would be if the transport were available and accessible and would be of benefit not a 2 hour journey

A disadvantage is the distance to travel from Hartlepool to Stockton when people are critically ill

Advantages are: The creation of a critical mass of expertise on a single site in line with nationa l policy and the evidence base enabling patient safety to be maximized Quality maximized. Difficulties are: Public knowledge and understanding of the changes particularly in terms of historic service delivery patterns How this current change fits with the opening of the new hospital and other phases that

need to occur between now and the i.e. Phase two or three in terms of reshaping/redesigning the way current services delivered It is not clear what the position is for 'momentum: pathways to healthcare' in County Durham. Have DDES endorsed it and, if so, how is it being realized? Or is there a different programme? Potential to contribute to widening health inequalities if access measures to hospital services are not appropriately addressed by being appropriate, equitable, joined up and at scale

The extra time taken to get to North Tees. These journeys must be an [illegible] for patients, and in emergency situations every minute counts (even seconds). Paramedics are good but they are not doctors, and delays [illegible] ... even death

We think that all the plans will be an advantage to the trust as an interim measure prior to the opening of the new hospital

The proposed changes will all be an advantage, can't see any disadvantages, there are strong clinical reasons

The clinical case for the changes has been made to my satisfaction, but there will be a (undisclosed) financial cost

The patients from all the areas involved will have to benefit more specialist treatments, more dedicated skilled surgeons and nursing staff, providing the best and safest are under one roof, this has to be a very important step in saving peoples life

Access at unsociable hours, bus routes and cost

No advantages to Hartlepool - north tees hospital is too far away, no adequate transport facilities, north tees hospital need more investment than Hartlepool would, if they calculated, deliberate and systematic running down of essential and extremely efficient departments, Hartlepool would still been a excellent hospital

No advantages, local people would like to have local services in the area, disadvantages, transport, how many times mentioned we have been stuck on the a19 going to north tees for appointments, ambulances can't even get through

We don't have a choice, because doctors won't work, I'm in Hartlepool and we hope it will have many qualified staff

Assuming all the consultants and doctors have gone to UHNT from UHH the advantages should be quicker, better diagnosis and quicker better treatment. Disadvantages would obviously be longer travel times and transport problems, possible waiting times due to all the patients having to go to one hospital

Q2. If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?

I have no concerns about the proposal and I think it is a very sensible relocation of resources

Improved transport links from all parts of the town and not just the hospital. Why would residents want to travel from the south of the town to the hospital to get a bus to the hospital

All of the above, the difficulties/disadvantages involve: Make it harder for people in Hartlepool to receive healthcare. Discriminate against people in Hartlepool when it comes to health care. Ignoring the needs and desires of the voting public of Hartlepool

What will happen to the Hartlepool Site? Will equipment be utilised at North Tees? Will staff be tuped? The length of time it would take an ambulance to get to an emergency in the outskirts of Hartlepool from North Tees

There is a major problem with recruiting junior doctors in the North East to training programmes, once trained a lot of them leave the area

Consider the cost of the public transport to North Tees. The bus fares are very expensive from central Stockton and Hartlepool, could subsidised fares be offered for visitors

No

I am concerned with the risks of an increase in mortality rates, either because people find it difficult to access the service or because people don't get the required care fast enough

No one wants to go to Stockton when we've been used to a hospital in Hartlepool. You listen but you ignore the public

Lack of public transport. Too much pressure on the ambulance service. Keep Hartlepool open and reopen its emergency services

Waiting time for surgery, late appointments, beds available at the one life rather than the new hospital

Transport for patients and families etc. Vision is one thing and practice another

The main concern is the transport services, the speed, reliability and trained paramedics for the immediate and critical care

Too much pressure on the community based services to meet current and future burdening demand. It doesn't look well for everyone now. How can concentration on this be an improved way forward

The NTUH NHS Trust cannot state that transport will be forthcoming and affordable to the public, and car parking will not be free at the new hospital. As there will be fewer beds, how will inpatients be accommodated?

That terrible word - transparency - i.e. keeping people informed

Robust transport planning, dialogue with bus companies

Divide the services between Hartlepool and North Tees

Nail in the coffin to close Hartlepool

Maintain local A&E facility until new Wynyard Hospital is in operation

No concerns at present

Location, location, location. How long before we are told the source is to be centralised in Leeds or Newcastle

Staff will have an extra 2 hours per day travelling, as they need to get to Hartlepool first them back out. This will mean exhausted staff

Public attitudes with lack of influenced politicians. Transport to appointments with transport also take a carer or relative for support

Local A&E services needed for those living a distance away

Getting the information out to people who are not aware of the changes going on

A volunteer run transport service, plus two mini buses will probably be inadequate

Getting to the hospital

Modernise the Hartlepool Hospital at the fraction of the cost of a new one

More information about the shuttle bus. I think North Tees wards are dirty

There are extra pressures, lack of space and staff in A&E

Transport, parking long, long waits at A&E. Reduce my concerns by reinstating the medical services taken from Hartlepool Hospital

Quick attention at A&E Hartlepool

The bus should have a stop in the town centre in both directions, and the time before booking should be reduced to 12 hours

By scrapping the proposal

I feel they're going to close all services

Making sure visitors transport can take power and ordinary chairs

Travelling

Patient centered care is this going to decrease in standards due to demand and staffing levels

Shorten the distances between hospitals, as with anesthetics, it is the distance from the hospitals that are the problem

Keep our hospital open in Hartlepool and the departments it contained. Improve transport for the public and improve GP access

Transport and having local services in Hartlepool

Keep local services for Hartlepool people

The loss of A&E at Hartlepool is the main concern I have, as the one life is absolutely useless, in the eyes of most people in Hartlepool who are concerned about all the things that have gone wrong there

Leaving things how they are. No nursing in Wynyard Hospital just in and out. They don't have the facilities for sterilisation at Wynyard. Too many services are being moved out of Hartlepool on the quiet without consultation. Improve transport and keep costs low. Improve polling at North Tees, I have concerns regarding the cost of the new hospital at Wynyard. It is too high and not viable

I am concerned at the critical care being removed from Hartlepool as I think this should be close by!

Critical care should be retained in Hartlepool

Accessible and timely transport that is affordable

Local services for local people that meets people's needs and transport that is cost effective

Main concerns are related to the document's omissions of the position in County Durham e.g. in relation to momentum, transport arrangements etc

I don't see how you can perform only operations at Hartlepool without I.T.U [illegible]. Planned operations can go wrong, so can treatment (i.e. allergic reaction to drugs). If emergency intervention is needed FAST it simply won't be available. Really, it would be safer to shift the lot to North Tees. I'm surprised you'd rather put patients at risk than so this

I fear that public opposition via the consultation system, may cause a delay or even a refusal of the plan

I have great faith in all the changes; this is the best way forward

Discharging venerable people late at night leaving them to make their way home

Hartlepool surrounding districts need the hospital to stay where it is

Improve Hartlepool hospital, forget Wynyard is too far away, from my recent experience conditions at north tees misdiagnosed, leaving general surgery in Hartlepool sometimes that could turn into the need for critical or emergency care, so next step is that the surgery is too far away

Transport, bus fares, would we be able to get a bus pass, due to high bus fares, many patients won't have visitors, dark nights and road conations

My biggest concern is after reading the NCAT review paper, they did not give the impression that it was an absolute certainty that the new hospital would be built. So this would mean the people of Hartlepool and East Durham would have to suffer the travelling problems of getting to the UHNT indefinitely

Q3. What do you think are the main things we need to consider in putting the proposed changes in place?

I have a knee replacement at University Hospital of Hartlepool. I had very poor care and sought early discharge because the ward was run for the benefit of the staff not the patient. I was over 20 years

younger than any other patient on the ward but was treat as 'elderly' which in itself was degrading. I had blood pressure cuff on my arm for 36 hours, considered a nuisance because I asked for it to b e taken of. 1. Will the staff be transferred from University Hospital of Hartlepool to North Tees? 2. Will these staff receive additional training to reduce to homogenisation of groups of patients to a label of condition and improve poor standards of care

Loss of patients to other trusts, this would also loose clout to get the new hospital and loose revenue, the Trust has already lost the revenue of 30,000 patients since closing the A&E Department at UHHH, can we afford this

You need to consider the needs and desires of the people of Hartlepool instead of repeatedly ignoring them

Transport issues, especially for the elderly and those in rural areas without decent public transport provisions

A transparent process, keeping stake holders informed of progress and keeping the public informed and engaged

Improve cycle access. There is a good cycle path along the back of Hardwick but it is very poorly signed to North Tees, to get to the hospital there appears to be a bit missing.

Informing the general public of the changes

Transport for patients and families as well as a means of patients getting home following discharge

Don't bother changing anything, spend our money on our hospital

Stop the idiotic change

Interim cover e.g. Doctor available at the life centre

Fully consults with users and other support services e.g. ambulance, primary care and take on board and if needed modify the plan

Communication, particularly with older patients where change can erode confidence

It is stated that it is vitally important to explain to the public, those most likely need these services, how it will affect them. All staff should be made aware of the importance of their role in passing information to the public

Sufficient community based support. Being responsible to and proactive about patients needs (especially in relation to chronic and serious emergency conditions). Ensuring patients know what to do and who to control or what. Too much change and bad press referring to the NHS breeding confusion and lack of interest until people need help and it’s not there where they thought it was/should be

The needs of the possible patients, not where the doctors live. Both sites to be kept open until the new hospital is built, increase the inpatients beds, increase of ambulance cover, it is very, very poor at the moment

Changing facilities at an existing hospital can be a lot cheaper than building a new facility or out sourcing service

Patient safety. Clarity of information to patients and carers. Robust sorting of new arrangements. Regular feedback to patients, carers and the public

Hartlepool Hospital is a new building than North Tees. Why develop North Tees

Nobody wants it

Convince local population of planned changes and benefits

Better education to the general public

Get the support services in place first

This will leave staff at Hartlepool without facilities to handle an emergency should it arise

All of the above

Transport

The big change in our local society will be the increase in the amount of elderly population

To reposition medical and surgical care into new locations will still be treating the same number of patients with the same number of staff, so how will this be an improvement

People

As Above

Staffing, patient safety, education of people and services

The needs and wants of the population of Hartlepool and South East Durham

To give people a choice of hospitals

Keep the access to all NHS facilities local

Transport

People that is all

Travelling

Patients and staff wellbeing and care needs what do they think about the change

Shorten distance between hospitals more ambulance in appropriate locations using better communications

That the public neither want not need these changes! We own our Hartlepool Hospital. But we will pay for these changes forever

Impact on choice for local people

Transport

Bringing a hospital back to Hartlepool

Need for single beds in isolation but not just for care. Need transport for visitors (families etc) A regular service to cover visitor times and emergencies

Transport, the time taken to travel during an emergency

Transport and the emergency travel time

To listen to people and how they want care to be delivered and clinicians that are accessible and can be understood

I think these changes are needed. It will give a better quality service. However transport issues concern me especially from country districts if you have no car. Taxi service will be productive unless you provide buses 12 hours a day

From a County Durham perspective, as mentioned above, the role of momentum or similar in building the capacity of primary and community services including housing, children and adult services is far from clear. It is good to see a transport section within this document. Any health service decommissioning/re-commissioning exercise will usually have transport and access raised by local residents. Historically, I believe the jury is still out on how effective measures that have been put into place are in meeting the transport needs of residents. Again encouraging is recognition on page 13 that the NEAS delivered Patient Transport Services is not always the most flexible in delivering patients to hospital appointments in a timely and effective manner and a pledge to investigate further. With reference to the transport section on page 12, it's good to know the Trust have a transport committee. However, how does this group work with any joint working arrangements with Hartlepool BC? Again no mention of working with Sustainable Transport, Durham County Council Excellent ideas to use volunteer drivers, but my questions are: Will that be a service that is delivered into County Durham? Are you aware that there are a number of voluntary organizations that coordinate volunteer car driving programmes? Without wanting to sound too patronizing, surely it would benefit the Trust to make links with these bodies and explore whether this may be a more effective way to build capacity. As a Public Health Commissioner to deliver such a service so would be willing share those experiences with you as well as any data, e.g. annual reports. In addition, you will be aware of DDES commissioning DCC's Sustainable Transport team to operate a one-stop shop transport to health appointments booking service with two hospital link services covering the Dales and East Durham

Patient safety!

The views of the residents of Hartlepool who will need convincing, the rehabilitation ward sounds an excellent idea for Hartlepool

Convincing residents in time to complete the transformation by the October deadline emphasise the clinical reasons

Transport for those patients/relatives reliant on public transport

Making sure the proposals regarding moving critical care and emergency services, some people accept changes some don't without knowing all the facts, especially the advantages, the literature provided explains everything clearly

Elderly people, people with learning disabilities, pregnant women, added cost of travel for people with a low income

The views on the "people" not the thoughts of quango operatives, who have no medical experience and unqualified

People, we seem to have forgotten management riding rough shots over us, forget proposed changes

People receiving treatment having to hang around waiting for transport, when you're not feeling well, not turning up for treatment

Q4. Is there anything else you think we need to think about?

As a person who lives in Hartlepool care in the community seems to be a joke, as all people see are services in the NHS being removed and going further away

Resignation. It seems that public consultation is purely lip service. Public opinion is ignored. Representatives of the public have no place in the office if they consistently ignore strong public opinion

The extra traffic that will be flowing from North Tees via local roads, the effect this may have on residents. Reducing the parking charges, especially for those just needing a quick blood test etc. 30 minutes free, then charge hourly

The access to the hospital site, on cycle, or foot is dangerous. I am a regular cyclist and walker and find that cars have the priority and dominance of the internal road of North Tees site. This discourages access by bus, bike or foot and in turn makes access worse for none car users

I think it would be helpful if a contact number was included on the letter for patients to contact if they have problems with transport

Changes in health services has a massive effect on the public's perception of the service. Chance can and does result in anxiety (particularly in those with pre-existing mental health problems

Yes, make Hartlepool Hospital a 3 star rating like it was in 2003 (for the third time). It was a brilliant hospital until it was salami sliced to North Tees

The NHS is supposed to be run for the benefit of the patients, not the overpaid, incompetent managers and politicians

Immediate impact on those living in East Durham coastal areas where statistically have significant health needs and may be disadvantaged

The devil is in the detail

Many members of staff, especially those affected by the changes, inevitably dislike the proposals. It is therefore essential that a positive attitude and promoting of the advantages are widely spread, through all avenues by the commissioning group

Patients are no NHS manager. They are people with diverse lives and differences in view of awareness, understanding and wellbeing. One size does not and cannot fit all

To be honest with the public. No change of any change in proposal. Why not close the Hartlepool Hospital, sell the land and use the money to equip the new hospital

Travel distance is not the problem; it is the cost of the travel. Clinical need comes before cost. I only knew about the meeting because I'm a member of the patient participant group

Ongoing engagement with the public on these changes and moves to hospital

The new hospital is not yet a 'done deal' why close Hartlepool through 'lack of use' and develop North Tees

New management with a will to make 'Darzi Recommendations' work

Do not dismiss views of the local population as lack of local hospital may have a profound effect on the population and house sales

When putting consultation documents out please use less abbreviations

Should you really be doing this when there is nowhere for the people of Hartlepool with anywhere to go

Suggest that information articles are placed in local newspapers outlining the wonderful developments in all aspects of patient treatment, each case rather than entering into relative dialogue to persuade people of the benefits i.e. change emphasis of newspaper coverage

Road Congestion

Once the thing is up and running say in a year's time people need to be consulted yet again to ring out the effect on the general public

Increase parking spaces at North Tees and reduce parking charges

Putting peoples welfare first instead of money

No

Sack all the directors of Hartlepool National Health Service Trust, they are not 'fit for purpose'

Yes, people who need hospital access at times of difficulty and stress

Nothing but transport

Patient transport; make sure everyone can take someone with them. The distance people have to travel for a visit

Travelling

Travel issues have been a concern for both patients and staff will the pilot scheme work with shuttle buses

The ethnicity you forgot Irish and Welsh

North tees is already full it can't cope with a deluge of more patients from Hartlepool and it shouldn't have

Why Hartlepool - 'visiting'

Stop wasting money, the way that they have in the past and make better use of it

Why do local services have to be moved from Hartlepool?

I am concerned for the elderly who have no family support and the issue with reduction to elderly care beds when Wynyard is built, also the proposal to not admit the elderly to the hospital. I really feel that the community beds should be provided. I cannot see how nurses in the community can provide the intensive care required for someone with pneumonia and dehydration. In the community I cannot see nurses could go into the home. I would hate to think that because the elderly had no support at home that they would be sent into a nursing home

Be clear and communicate if there is going to be a phased out process to transforming health care on Teesside

I am chronically ill and get home care and if I needed to go into North Tees in an emergency or otherwise, I don't know how I'd do it. I can't use busses and I'm very isolated - there is no one to give me lifts. I get travelsick very easily so taxi's wouldn't be an option as far as North Tees. If I was taken in an ambulance I don't know how I'd get home. It's a worry. The longer journey would be a nightmare for me, also the long waiting times in a strange place. We have [illegible] of the hospital, even if we do, transport would still be a problem

Early information on which hospital site patients will be treated especially at the "choose and book" stage, more contrived emphasis on the clinical drips

Making sure that patients are informed at an early stage in the “choose & book” process which site will be the site for their inpatient treatment

You have seem to thought of everything

The team has put many hours making these plans, everything should come together nice and smoothly, but are there any back up plans? Knowing all that you have done, I don’t think you can do any more than you have

Discharge planning, car parking costs, people with additional needs, mental health, physical difficulties, sensory loss, learning problems

Funding of a new hospital, the trust needs to save millions per year, a mortgage for a new hospital will be well in excess of amount needed to be saved, and I think this funding will be unsustainable

People not know what the majority of this area wants’ we want quick access to services, one line not always acceptable treatment

Ambulances men/women fully trains to be paramedics status, not just drivers transporting patients around, mobile phones taking presidents over patients on wards

Ensure good, timely information about the relocation across a number of mediums, including GP surgeries

Committed to creating insightful and dynamic partnerships that deliver powerful and intelligent results.

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Agenda Item 2.1-Appendix 5
Monday, 2nd September 2013

Report of: HEALTH SCRUTINY JOINT COMMITTEE

Subject: Consultation Response to the Reconfiguration of Emergency Medical and Critical Care Services – North Tees and Hartlepool NHS Foundation Trust

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This includes the view of Durham County Council, Hartlepool Borough Council and Stockton Borough Council set out as paragraphs 8 -10

1. Background Information

1.1 A Joint Health Scrutiny Committee was formally established under The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations with representation from Durham County Council, Hartlepool Borough Council, Stockton-on-Tees Borough Council to consider the proposed changes to Emergency Medical and Critical Care Services at North Tees and Hartlepool NHS Foundation Trust (NTHFT).

1.2 At the request of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (HaST CCG), the National Clinical Advisory Team (NCAT) has undertaken a review of the provision of critical care and emergency medical services within North Tees and Hartlepool NHS Foundation Trust. The National Clinical Advisory Team provide independent clinical expertise to support and guide the local NHS on service reconfiguration proposals to ensure safe, effective and accessible services for patients. The team was lead by Dr Chris Clough from Kings College Hospital, London. The purpose of the visit being to, clinically assure reconfiguration proposals for emergency medical and critical care services at NTHFT.

1.3 The NCAT report, which was published on 15 May 2013, summarised views and provided recommendations for change, including that Commissioners:

- work with the Trust to centralise emergency medical services and critical care to the University Hospital of North Tees as soon as possible;
- explain to the public what this means for them; and
- ask their views about the things that they are concerned about, especially how they and their relatives get to hospital.

1.4 As a result of the NCAT review, HaST CCG, Durham, Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) and NTHFT launched a public consultation (running from 20 May to 11 August 2013) to ask for views on the proposals and concerns about how the impact of the changes can be managed and implemented.

2. Terms of Reference

2.1 To consider the proposals affecting the population covered by North Tees and Hartlepool NHS Foundation Trust, in particular:

(a) the proposed centralisation of emergency medical and critical care services at University Hospital of North Tees, as recommended by the National Clinical Advisory Team.

(b) the development of services at University Hospital of Hartlepool in the period leading up to the opening of the new hospital.

(c) any associated proposals for additional elective and rehabilitation services at the University Hospital of Hartlepool.

3. List of Participants

(a) Members of the Health Scrutiny Joint Committee:

- Durham County Council – Councillors L Pounder, W Stelling and R Todd
- Hartlepool Borough Council – Councillors J Ainslie, S Akers-Belcher and K Fisher
- Stockton-on-Tees Borough Council – Councillors M Javed, N Wilburn and M Womphrey

(b) Hartlepool and Stockton-on-Tees Clinical Commissioning Group:-

- Dr Boleslaw Posmyk – Chair
- Karen Hawkins – Head of Commissioning

(c) Durham, Dales, Easington and Sedgefield Clinical Commissioning Group:-

- Dr Stewart Findlay – Chief Clinical Officer

(d) North Tees and Hartlepool NHS Foundation Trust:-

- Julie Gillon – Chief Operating Officer / Deputy Chief Executive
- Dr Jean Macleod – Clinical Director for Medicine
- Dr Suresh Narayanan – Clinical Director for Anaesthetics and Critical Care
- Sue Piggott – General Manager, Medicine

(e) North of England Commissioning Support:-

- Mary Bewley – Head of Communications and Engagement

(f) Healthwatch:-

- Danielle Martin, Community Participation and Enagement Worker, Healthwatch County Durham
- Stephen Thomas, Healthwatch Development Officer, Healthwatch Hartlepool
- Heather Mclean, Healthwatch Co-ordinator, Healthwatch Stockton

(g) Stockton Borough Council:-

- Chris Renahan – Local Transport Plan Manager
- Liz Hanley – Adult Services Lead

4. Summary of the Evidence received / considered

4.1 The Joint Committee considered the following evidence:-

(a) Consultation presentation on the proposed changes to Emergency Medical and Critical Care Services in Hartlepool presented by representatives from HaSt CCG, DDES CCG and NTHFT covering:-

- the proposals for the reconfiguration of critical care and acute medicine (section 5.1)
- the medical guidelines and standards (sections 5.11 – 5.13)
- what will the proposed changes mean for you (section 5.9)
- the options considered (section 5.4)
- why not locate the combined services at the University Hospital of Hartlepool (sections 5.14 - 5.17)
- Proposal resulting from the options appraisal (section 5.5)
- Services provided in the University Hospital of Hartlepool – post proposed change(section 5.10)

- Likely numbers of patients affected by the proposed changes (sections 5.18 – 5.19)
- Impact on bed numbers (section 5.6)
- Main changes at University Hospital of North Tees site (section 5.2)
- The Financial context and impact (sections 5.20 – 5.21)
- Staffing (sections 6.10 – 6.11)
- Scope of the consultation and what has been learned so far (sections 6.12 -6.13)
- Transport (sections 6.1 – 6.9)

(b) Additional written information from HaSt CCG, DDES CCG and NTHFT covering:-

- Impact on Durham, Hartlepool and Stockton residents
- Assumptions
- Quality and safety
- Financial considerations
- Wider impact of the proposals
- Transport
- Staff ratios
- Impact on staff
- Development of services in Hartlepool area leading up to the opening of a new hospital
- Future developments

(c) Hartlepool and Stockton-on-Tees Clinical Commissioning Group Commissioning Plans

(d) Hartlepool and Stockton-on-Tees Consultation Plan – July 2013

(e) Written evidence from Hartlepool Borough Council's Adult Social Care Department

(f) Verbal evidence from Durham County Council's Adult Social Care Department

(g) Written evidence from Hartlepool Borough Council's Integrated Transport Unit

(h) Written evidence from Durham County Council's Sustainable Transport Team

(i) Verbal evidence from Healthwatch County Durham

(j) Verbal evidence from Healthwatch Hartlepool

(k) Verbal evidence from Healthwatch Stockton

(l) Written evidence from Dr Chris Clough, Chair of the National Clinical Advisory Team

5. Explanation of the issues addressed

The proposals for the reconfiguration of critical care and emergency medicine

5.1 The Joint Committee at its meeting of 11 July 2013 considered the consultation regarding the proposals to bring critical care and emergency medical services together at the University Hospital of North Tees (UHNT). Currently, acute medicine and critical care (intensive care and high dependency care) are provided on the two sites of University Hospital of Hartlepool (UHH) and UHNT.

Services proposed to be transferred to UHNT / Main changes at UHNT

5.2 The proposal is to transfer emergency medical and critical care services at the UHH to UHNT. This would mean a larger acute medical unit at UHNT, which would then be supported by a larger group of medical staff and other clinicians with specialist skills. Members were informed that 100 acute medical beds and 5 surgical beds would be transferred to UHNT along with the associated theatre capacity and clinical support. There would be 4 additional critical care beds with a potential 24 extra beds for the winter pressures. The Emergency Assessment Unit would be increased from 34 beds to 42 and spaces in the ambulatory care facility would be increased from 8 to 20 spaces.

Services proposed to be transferred to UHH / Main Changes at UHH

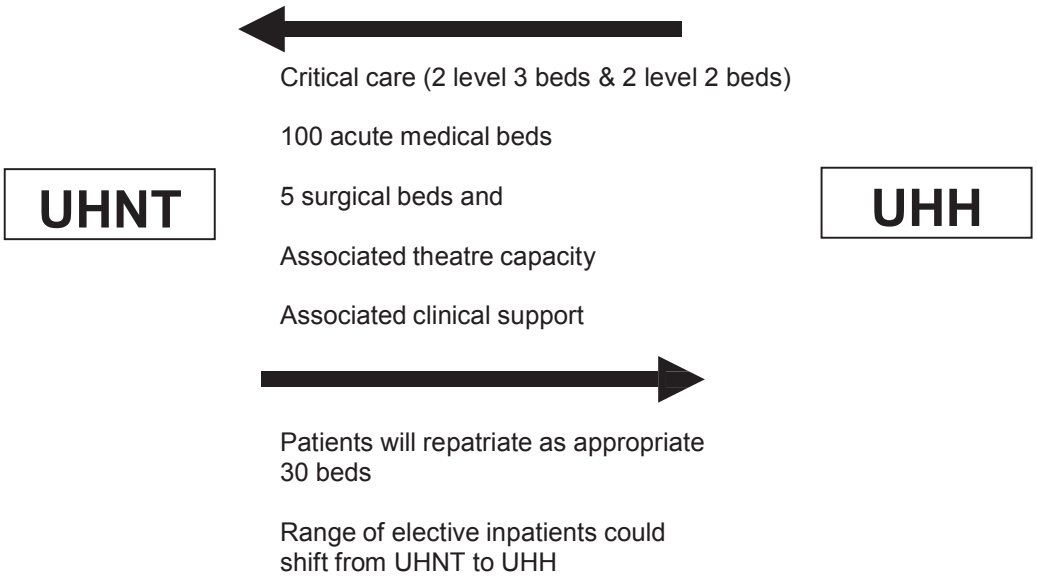
5.3 It is proposed that a 30 bed rehabilitation unit would be created at the UHH for patients to recover and a range of elective inpatients could move from UHNT to UHH. Some elective surgery may have to remain at UHNT for those patients considered to be high risk.

Options considered

5.4 A long list of options were considered including centralisation on the Hartlepool site before a short list of options were identified as potentially feasible. The short list of options was critical care; medicine; surgery and orthopaedics; and rheumatology and chemotherapy.

Proposal resulting from the options appraisal

5.5 The diagram below demonstrates the proposed changes:-



Impact on bed numbers

5.6 The following diagram illustrates the impact on bed numbers:

In-patient Bed numbers (does not include day case beds and pre-assessment beds)	***Current bed numbers***	***After proposed changes***
University Hospital of Hartlepool	*190*	*55*
University Hospital of North Tees	*408*	*530*
Trust total	*598*	*585*

Reasons for the changes

5.7 Representatives from the HaST CCG, DDES CCG and NTHFT provided information to Members on the proposed changes. Representatives explained that these changes need to be made because critical care at the UHH will not stay safe for much longer or be improved to a level of quality that local people should expect unless changes are made. Emergency medical services must have critical care to support it for patients who become seriously ill; this is why both services need to move together. NCAT provided clinical assurance that these proposals will help to

improve clinical quality and safety resulting in better services. The consultation proposes that leading up to the proposed changes Commissioners and the Trust would:-

open 120 beds at the UHNT to make sure there are enough beds and staff to look after patients from right across our area;
make extra space in critical care so they can look after critically ill patients;
then, gradually, close the beds in medicine and critical care at the UHH;
and transfer a number of staff from support services such as pharmacy, radiology and pharmacy and estates that need to come to the UHNT to support the new arrangements.

5.8 Representatives indicated that these changes need to be made as early as possible to ensure safe services are delivered.

What will the proposed changes mean for you?

5.9 Members were informed that people will not have to do anything different once these changes are put in place. People will still visit or call their GP, call 111 if they feel unwell or call 999 in an emergency as people do now. 97% of patients contacts with healthcare services will remain in Hartlepool.

Services provided in the UHH – post proposed change

5.10 The services that will be provided in the UHH after the proposed change are as follows:-

- Inpatient elective orthopaedic surgery
- Inpatient elective general surgery (low risk)
- 30 bed rehabilitation unit
- General surgery day case
- Gynaecology day case
- Paediatric day case surgery
- Orthopaedic day case
- Paediatric day unit
- Midwife led unit
- Planned endoscopy
- Cardiac investigations unit
- Chemotherapy day unit (non complex)
- Rheumatology day unit
- Elderly care day unit
- MIU from One Life Hartlepool
- Community dental
- Hand and foot surgery OLH

Supported by

- CT
- MRI
- Ultrasound scanning
- Pharmacy
- Pathology
- Nuclear medicine
- Plain film X-ray
- Therapy services
- Dietetics
- Community services
  - SPA
  - TAPs
  - Enhanced care model
  - Community respiratory service
  - Heart Failure Team
  - Podiatry
  - MSK

Quality and Safety

The medical guidelines and standards

5.11 Members of the Joint Committee were provided with evidence which explained why the changes had to take place on the grounds of clinical quality and safety. There are an increasing number of emerging guidelines and standards that services have to meet, but it is becoming increasingly difficult for the clinicians to keep pace with these requirements on two hospital sites. It is imperative to have the right skills at the right time. The way junior doctors are trained has changed and the deanery will not allow trainees to work in hospitals where they do not see enough patients to increase their learning and skills and services need to be brought together to ensure that the same standards of care are achieved for everyone living in the area served by the NTHFT.

5.12 Dr Clough from the NCAT Team submitted written evidence to the Joint Committee and he stated that both Dr Jones (another member of the NCAT team) and himself felt that there were “key clinical safety issues regarding the provision of critical care on the UHH site. This type of critical care service can no longer be supported, and the clinicians who supported that unit expressed the views that they no longer felt it was a safe unit”. This is because of the following reasons:-

- the unit is small with only 2 Intensive Treatment Unit (ITU) beds and 2 high dependency beds
- the level of usage has been poor, 50% on average, most of the activity coming from the acute medical team
- the anaesthetsists are often doing other things within the hospital and although they are able to do a once daily ward round, they are not around most of the time and are not able to offer the full panoply of intensive care support
- procedures that are expected to be routine on an intensive care unit are difficult to provide, such as haemofitration and routine tracheostomy
- difficult to recruit and retain anaesthetists
- nurses expressed the view that they felt isolated in the unit, without the level of medical support they need to support the level of care they are practicing
- the acute medical unit, though appearing to run well with plenty of beds, is not supported by the modern full panoply of services, thus patients needed to be transferred to UHNT for endoscopy and other specialist opinions.

5.13 Members were informed that if the services stay as they are the services in Hartlepool would not have the expertise to deliver the full range of services, resulting in patients being transferred to NTHFT. Overall, it would result in a delayed diagnosis, delayed intervention and an increase in the number of patients having to be transferred. Over time the services will not be as good as the services offered at the UHNT. The representatives stated that this is not acceptable and there should not be a difference in services due to location.

Why not locate the combined services at the UHH

5.14 The representatives explained why it would not be possible to centralise critical care and acute medicine at the UHH. This is because there would be insufficient space to accommodate the full range of clinical and support services on that site; it would not offer the appropriate clinical adjacencies with other services and the UHNT is the site for complex and emergency care.

5.15 Dr Clough, in his written statement commented that “clearly you might argue that it would be possible to provide fully comprehensive intensive care and critical care services at UHH and the full panoply of acute medical services. To do this though would require significant expansion in numbers of staff on that site, and this would be at significant cost. We felt that not only would this plan be unaffordable, but that to secure the level of activity at UHH site (the 50% utilisation of ITU for example) would mean

that these staff and facilities would largely not be used. When activity is low, clinicians deskill and lose their expertise".

5.16 Members questioned staff recruitment and its difficulties. It was confirmed that a doctor with advanced training in intensive care would be more likely to seek to work in a large ITU where they could use and develop their skills.

5.17 It was confirmed by the representatives in attendance that these changes to critical care would be irreversible. If these services are transferred to the UHNT they cannot be returned to the UHH. This is because the changes are based on a clinical need to improve services now and for the future.

Likely numbers of patients affected by the proposed changes

5.18 Admission figures were presented to the Joint Committee which set out the likely numbers of patients that would be affected by the changes. The figures highlighted that 95% of emergency admissions would be affected by the proposals, equating to 7775 patients a year. 151 patients admitted for elective surgery would be affected by the proposals. Ambulatory care admissions would also be affected by the proposals with 100% of patients being admitted to UHNT.

5.19 A Member questioned whether these proposed changes would result in access to services 24 hours a day across weekends and bank holidays. It was confirmed that consultants worked 12 hour shifts and spent a period of time on call. If a patient needed a specialist that could not currently be offered 24 hours across the two sites. If the services were transferred to UHNT that level of service would not be available immediately but it would be easier to deliver 24 hour care with all specialists at one base.

Financial Context and Impact

5.20 The representatives indicated that there is a capital investment of £2.3 million to move critical care to UHNT and rehabilitation beds to UHH. This investment will have to be financed by NTHFT in addition to the required budgetary savings. These changes are not a major contributor to the '40 million' challenge. Some savings would be achieved through changes to staffing rotas.

5.21 Some Members raised concerns at the financial viability of the proposals and the longer term viability of NTHFT due to potential effect of elective patients choosing to go elsewhere.

6. Wider Impact of the proposals

Transport

6.1 Members across all three local authorities raised specific concerns around transport because access to services is a major issue. This proposal will impact on Hartlepool and Durham residents accessing UHNT and Stockton residents accessing elective care at UHH. Representatives confirmed that patients who would be accessing critical care services would be doing so via GPs or through calling 999 or 111. Some patients could be admitted to UHNT for care and transferred to UHH for rehabilitation.

6.2 Representatives confirmed that two 17 seater shuttle vehicles had been ordered and will operate 7 days per week and where demand requires at a frequency of every 20 minutes. The shuttles will be available to both the public and staff and will operate between the two sites.

6.3 A volunteer drivers scheme is due to commence shortly whereby patients who's medical condition does not warrant an ambulance but who do require assistance with transport may use this service. Volunteer drivers will collect patients from their home and they will be escorted to their ward or department of care and where appropriate return the patient home.

6.4 People accessing UHH from the East Durham area had reasonable transport links into Hartlepool but if services were relocated to Stockton, people from these areas may start choosing to go to Sunderland or Durham for treatment.

6.5 Representatives confirmed that they will be working in partnership with Local Authorities to look at solutions to public concern with regard to transport links. Work is ongoing with Hartlepool Borough Council to consider some of the potential outcomes of the consultation process and the impact on transport services if services are moved to UHNT.

6.6 In addition NTHFT has recognised the need for short, medium and long term strategic planning relating to the provision of transport. It is anticipated that working in collaboration with Hartlepool's Integrated Transport Unit, is an excellent opportunity to ensure the best possible future transport outcome.

6.7 A collaborative approach in managing future provision is necessary in order to ensure the engagement of all modes of transportation rather than simply focus on public provision. To date strategies are being considered in relation to:

Cycle schemes to reduce parking congestion within North Tees facility
Future staff and public shuttle service in order to demonstrate future viability and opportunities for further commercial services
The evaluation of current facility transport in order to support the reduction of traffic congestion between sites
The development of additional modes of transportation through Volunteer Schemes

6.8 This list does not reflect the full strategic stages of planning required, however it provides an opportunity to demonstrate the holistic overview being taken in order to address transport related matters.

6.9 A Member commented that there is potential that the road infrastructure would be impacted with any increase in traffic travelling to UHNT as problems on the road already exist.

Staffing Impact

6.10 Members questioned what impact the proposals would have on staff. The representatives indicated that a robust workforce modelling tool has been used to arrive at staff requirements for the revised services; engagement and communication events for staff have been undertaken to ensure that everyone understands the changes; there will be a full consultation process involving trade unions around planned changes and how staff consultation will be managed, which will involve consistent documentation, collective meetings with staff and 1 to 1 meetings as required.

6.11 To date in the region of 200 staff from the medical directorate have been identified as having to transfer from UHH to UHNT. Shuttle buses will be provided and a car sharing scheme will be introduced and means to increase car parks at UHNT is being explored.

Scope of Consultation and what has been learned so far

6.12 A wide range of communication channels have been utilised to seek views and comments including public meetings, media press releases, posters in a range of venues, social media.

6.13 Representatives informed Members that some patients have concerns about the planned changes to hospital services; the public are beginning to understand the clinical safety concerns and the requirement for change to sustain and improve quality and clinical outcomes; transport issues are a key factor for patients and their families and there is a need for continuing investment in community and integrated services and co-operation with social services will be key.

7. Views from Healthwatch and Social Care Representatives

Healthwatch County Durham

7.1 The representative from Healthwatch County Durham commented on the low usage of cars in East Durham and how welfare reform has had a major impact. Healthwatch County Durham has reports of people not knowing how to access transport and expressed concerns about the impact that travelling a greater distance would have. The NHS representatives indicated that ambulance journey time would not be seen as having an impact and the representatives felt that there would be a greater impact if changes were not made as the changes are clinically driven.

Healthwatch Hartlepool

7.2 The representative from Healthwatch Hartlepool commented that in the past there had been a number of short term transport solutions; however, this cannot be the case this time. Transport has to be available the breadth of the town, not only to patients but to visitors also, as visitors are a really important part of a patients recovery process. There are many residents in Hartlepool who are on low incomes and cannot afford bus fares and taxis and therefore something has to be put in place to fund these journeys before they take place rather than be reimbursed after.

Healthwatch Stockton

7.3 Healthwatch Stockton raised concerns about winter bed measures and the discharge arrangements / pathways for discharge to community care. Representatives confirmed that bed numbers had been changed in light of winter figures.

Social Care Representatives

7.4 Hartlepool Borough Council's Adult Social Care commented that there will be an impact on social workers who support discharges in terms of travel time to UHNT. It is anticipated that this can be managed through a change to the scheduling of their work.

7.5 There are some concerns around the development of rehabilitation beds and the need to have a robust model in place to manage urgent care out of hours, which would prevent admissions and readmissions and support people appropriately in their own homes. A proposal for an integrated urgent out of hours model was developed last year and supported in principle by a number of partners. The model is primarily about bringing together existing services and utilising existing resources and

infrastructure but there is some investment required in order to make it work. The proposed model has the potential to address some of the national priorities for working more effectively together across health and social care such as intervening early to prevent admissions and readmissions and delivering care that is centered on individual needs, as well as local priorities linked to the dementia collaborative and ongoing work with care homes. This is a real opportunity for us to improve services and outcomes for local people and early discussions with community services within NTHFT have been positive. We would welcome a commitment from health partners to develop a business case and take this forward.

7.6 The representative from Durham County Council's Social Care Team questioned whether County Durham residents would be able to access the rehabilitation Unit at the UHH. It was confirmed that this would be the case if DDES CCG commission that service.

Health Scrutiny Joint Committee meeting held on 29 July 2013

The Joint Committee at its meeting on 29 July 2013 approved its consultation response. There was no unanimous / majority view agreed by the Joint Committee in relation to the proposals, as such views and comments from each of the Local Authorities are outlined separately in sections 8 – 10 of this report.

8. Views of Hartlepool Borough Council

8.1 Based on the four consultation questions, Members of Hartlepool Borough Council's Audit and Governance Committee have expressed the following views and comments on the proposed changes:-

i) What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?

Difficulties / Disadvantages:-

- With regard to difficulties recruiting and retaining medical staff to support both sites, Members were concerned as to why such issues were not identified in the long term strategy to enable services to remain sustainable.

- There are risks associated with an increase in travel time for patients travelling to the UHNT as opposed to UHH.

ii) If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?

- Transport - there is serious concern that many people, who are already isolated within their communities in Hartlepool, will not be able to access the services at UHNT. Hartlepool Members request that representatives from NTHFT and HaST CCG join Councillors and residents on public transport from the Hartlepool estates to see how difficult it is to travel to UHNT.

- Members consider the reasons for the recommendation to transfer medical and critical care services to UHNT is as a result of lack of long term strategic planning by NTHFT.

- There is a lack of investment in UHH and if the current proposals are implemented how long will it be before the fact that UHH will only have 55 beds is quoted as being inefficient.

- Hartlepool demands our fair share and that would mean moving some services back to Hartlepool.

- Members questioned whether the executive management of NTHFT is competent given the indication in the presentation that clinicians had reported concerns in relation to safety of services and sought clarification as to how NTHFT had allowed services to reach an unsafe level.

- Concerns were raised about capacity at UHNT, as previous reports suggest that North Tees site does not have sufficient capacity to deal with changes in services therefore why is there not an option in the consultation to choose to have such services in Hartlepool.

- NTHFT seem to be underestimating the will of many people to simply use another Trust for the provision of elective surgery as they are becoming frustrated by NTHFT's attitude to the provision of all services in Hartlepool.

- Concern was expressed about why two buses had already been purchased as this appeared that a decision to move the services had already been made.

iii) What do you think are the main things we need to consider in putting the proposed changes in place?

- Hartlepool residents' needs are being forgotten with the continual transfer of services from their hospital. Members feel very strongly that these services are being transferred because NTHFT has relocated other services to UHNT and therefore destabilising other

services at UHH. The people of Hartlepool are being treated appallingly.

- Many of the key clinicians working at UHNT were forcibly / contractually transferred from UHH, and to now hear representatives using against us the fact that UHNT has an Accident and Emergency Unit and a Maternity unit, which Hartlepool does not have is so unbelievably audacious and typical of the strategy being deployed.

- Members emphasise that location is paramount to any service provision - why is the location not Hartlepool as this is central to both Stockton and South East Durham. Hartlepool residents are trying to access services at Stockton which is very difficult to reach from Hartlepool.

- Transport – Short term transport arrangements are not acceptable. A Long term sustainable transport plan needs to be in place.

- The green footprint will be disproportionately damaged by many people travelling to and from a more remote location every time as opposed to moving the service to the people.

iv) Is there anything else you think we need to think about?

- Members do not support any further transfer of services from UHH and do not support these proposed changes.

- Members support the concerns of local people in Hartlepool and strongly encouraged Members of the public to participate in the consultation process.

- Hartlepool did have a three star rated hospital (the highest standard at the time) when it provided the full range of services. Why could this not be the case in the future?

- Members support a recommendation from the Leader of Hartlepool Borough Council which specified that following the completion of this consultation exercise Hartlepool's Health and Wellbeing Board and the Council as a whole should consider the working relationship with NTHFT. In addition it was suggested that opportunities to engage with others to achieve better clinical outcomes be explored as well as the need to examine quality surveillance groups and promote the choice agenda. It was also suggested that the Council explore the composition of the Health and Wellbeing Board to assist when formulating future commissioning intentions and that all possible

options be considered, including pooling resources with an alternative hospital trust to ensure aspirations for locally delivered services were accessible by all.

- In relation to the financial viability of the proposals and the longer term financial viability of NTHFT, there is a clear political will to look outside the NTHFT for provision of elective services which could force the issue of a merger onto the agenda.

- Members are concerned that the public consultation document does not facilitate patient choice - Why do the services have to be located at UHNT when facilities at UHH are state of the art yet those at UHNT are not. You cannot ignore what has been found but we are looking at consultation and we believe in different options. The continual transfer of services is, besides many things, simply unfair to our community (including Southeast Durham) and ignores the facts that Hartlepool's hospital is more modern (especially in the operating theatres) when compared with UHNT which was partially derelict and bankrupt when merged.

9. Views of Durham County Council

9.1 This response summarises the key issues and concerns of Durham County Council's Adults Wellbeing and Health Overview and Scrutiny Committee held in Committee Room 2, County Hall, Durham on Tuesday 23 July 2013 at 9.30 a.m.

9.2 The response has been formulated following consideration of the evidence provided to the members of the County Council's Adults Wellbeing and Health Overview and Scrutiny Committee by key stakeholders including:-

Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG)
North Tees and Hartlepool NHS Foundation Trust (NT&H NHS FT)
Representatives from the Adult Social Care services from Durham County Council
Representatives from Durham County Council's Sustainable Transport Unit
HealthWatch County Durham
The National Clinical Advisory Team.

The response is structured to answer the key questions identified within the consultation document namely,

1. What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?

Response

Both CCGs and the Trust have stated that the current provision of Emergency Medical and Critical Care services across the two Hospital sites are not sustainable up until 2017, when the new hospital site at Wynyard is planned to open. Clinicians base this assessment upon current inequities in the service provision at UHH and UHNT and the associated risks around service quality and clinical safety. The National Clinical Advisory Team supports the proposals based upon evidence gathered earlier in 2013 and identified within their report published in March 2013.

The proposals within the consultation document are to centralise Emergency Medical and Critical Care services at UHNT. This has been proposed in response to national and policy requirements and service standards within these disciplines which highlight the need for change to improve the quality and clinical safety of these services. This will allow the Trust to provide high quality, clinically safe Emergency Medical and Critical Care services up to 2017.

The proposals will allow the Trust to enhance teaching and training opportunities for staff within the Emergency Medical and Critical Care service specialism by ensuring a high throughput of casework within a larger "ITU" as recommended by national guidelines and best practice in these disciplines.

The issue facing Durham County Council is one of impact upon and accessibility by residents of East Durham and Sedgefield to both the new Emergency Medical and Critical Care services centralised at UHNT and those elective/ outpatient/day services that will transfer from UHNT to Hartlepool.

2. If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?

Response

Transport/Accessibility issues

Engagement with, and adequate resourcing of, the ambulance service will be critical to the success of the proposal since, as has been indicated on numerous occasions, care starts when the patient enters the ambulance. Entering the ambulance in a timely way depends on the resourcing, configuration and deployment of vehicles all of which may be subject to a need for change as a result of these proposals. It is essential that

adequate resourcing is available for ambulance services and, to this end, the Trust and Commissioners must ensure that this is agreed with NEAS.

Implementation of the proposals would result in longer journeys for patients, families and carers in East Durham in respect of accessing Emergency Medical and Critical Care services as they would have to travel to UHNT, Stockton rather than UHH.

There are also added concerns that public transport links between East Durham and Stockton are not as frequent and also would require multiple journeys between East Durham – Hartlepool – Stockton at a potentially significant extra cost.

For patients accessing elective/outpatient/day surgery at UHNT from the Sedgefield/Trimdon/Wingate Corridor, any transfer of these services to UHH would result in additional journeys due to the absence of direct public transport links to Hartlepool.

Alternative transport solutions exist for East Durham residents to access UHH and UHNT via the East Durham Hospital Link service which is a bookable “dial a ride” door to door service. This service is not available in the Sedgefield area.

A number of volunteer drivers schemes exist in County Durham to enable patients, carers and families to get to hospital appointments but are not well publicised or known within North Tees and Hartlepool NHS Trust. There are also concerns whether such volunteer drivers can undertake “out of area” journeys past the borders of County Durham which also may restrict the use of such a scheme in accessing UHH and UHNT. This needs to be clarified.

Low car ownerships levels in East Durham and high Indices of Multiple Deprivation mean that any transport solutions must be affordable. Concern has been expressed around patients being able to afford the cost of the extended journey. Whilst members appreciate that patients on low incomes can reclaim the cost of the journey, they may not have the money to pay any fare in the first instance. This might have a negative impact on patients whose relatives can’t afford to access these transport solutions for visits.

The proposal stems from the need to ensure that Emergency Medical and Critical Care services remain clinically safe and of high quality up to the opening of the Wynyard hospital in 2017. To this end, we wish to highlight the importance of full and continuous dialogue between CCGs, North Tees and Hartlepool NHS FT and all local authorities regarding the

development of a sustainable, transport infrastructure servicing the site and which enables direct public transport access from all areas.

Intermediate/ "Step Down" services/Integration with Adult Social Care services

The Consultation and proposals detailed therein highlight the intention to centralise Emergency Medical and Critical Care services at UHNT and to ensure that appropriate "Step Down" provision is available at UHH which would enable rehabilitation care to take place at a more convenient location. The Adults Wellbeing and Health OSC would support this in principle but would invite the CCGs and Trust to go a step further and consider the development of such "Step Down" services at Sedgefield and Peterlee Community hospitals.

Durham County Council's Adult social Care service have expressed concerns at the increased travelling time and associated costs for DCC Staff who need to access UHNT rather than UHH. DCC suggest that discussions need to take place between CCGs, North Tees and Hartlepool NHS FT and all local authorities Adult Social care teams to ensure that the acute Emergency Medical and Critical Care services/ "Step Down" rehabilitation and community based care pathways are effectively managed and are safe.

Durham County Council's Adult social Care service would also seek ongoing dialogue with the Trust regarding the proposed development of the 30 bed rehabilitation unit at UHH to clarify the proposed arrangements for admission rights for County Durham residents to that facility. Clarification needed to be made also around the integration of the work of Acute staff in the Trust with the County Council's Adult Social Care/Integrated team.

Reference was also made to the need for detailed discussions around how discharge arrangements between the Trust/GP's and Community based health and social care staff were established and associated care pathways identified and agreed.

3. What do you think are the main things we need to consider in putting the proposed changes in place?

Response

In view of the potential impact of the proposals under consultation upon residents of Hartlepool, Stockton and County Durham, the CCGs and North Tees and Hartlepool NHS Foundation Trust must undertake a significant and extensive communications exercise in highlighting the

proposed changes to all service to all affected residents, including patients, families and carers. This should include a frequently asked questions section providing examples of health care scenarios/pathways highlighting how these services would be delivered.

In view of the significant impact upon residents of Hartlepool, Stockton and County Durham of the proposed service changes, the CCGs and North Tees and Hartlepool NHS Foundation Trust must ensure that services are accessible to all. To this end, any and all proposed transportations solutions must be sustainable, accessible, timely and affordable.

In order to develop these transport solutions, discussions must take place between the CCGs, North Tees and Hartlepool NHS Foundation Trust and the local authorities to ensure that such transport solutions are widely available to all and that they enable direct access to the services.

Ongoing discussions in respect of the proposed transport infrastructure required for the new Hospital at Wynyard must include all local authorities whose residents will access these services at the site.

Patients, carers and families must be provided with information which details the transportation solutions and options available to them when accessing the services affected within this consultation.

Subject to the above proposals being accepted by the CCGs/Trust and appropriate assurances given to this affect, Durham County Council's Adults Wellbeing and Health OSC would support the proposed service reconfigurations as set out in the Consultation document.

4. Is there anything else you think we need to think about?

Response

The Adults Wellbeing and Health OSC have examined previous implications around significant change to Acute Medical services when we were consulted upon the "Seizing the Future" proposals by NHS County Durham and Darlington and County Durham and Darlington NHS Foundation Trust.

Our experience of that process was that the establishment of an "Oversight Board" to monitor the implementation of proposed service changes and their subsequent impact upon the residents of County Durham and Darlington which involved and engaged local authority representatives was extremely well received and enabled a constructive dialogue to take place between all parties.

The Trust and CCG should give serious consideration to the establishment of such a body to allow this dialogue to take place and to ensure that the impact of these and any future service transformation proposals are monitored and any concerns addressed across the whole Healthcare pathway including NHS and Adult Social Care services

The Committee would also welcome continued dialogue with the Trust and CCGs around the Momentum/Service transformation process and any associated proposals.

10. Views of Stockton-on-Tees Borough Council

Quality and safety

10.1 It is accepted that the proposals to bring together critical care and emergency medicine on one site are clinically led, and have the potential to improve outcomes for patients from across the geographical area covered by the Trust. The preferred long term solution for hospital services in the North of Tees area remains the development of the new Wynyard hospital, however it is recognised that the Clinical Commissioning Group (CCG) and North Tees and Hartlepool NHS Foundation Trust must address the situation as it currently stands to ensure that services are safe and of high quality.

10.2 The main concerns are with the sustainability of the critical care unit at University Hospital of Hartlepool due to under-utilisation, difficulty in staffing, and its small size, which taken together mean that the unit is in danger of failing to meet the clinical standards required. These standards are continually developing, as critical care becomes a speciality in its own right, rather than a sub-set of anaesthetics. Emergency (or acute) medicine must be co-located with critical care and therefore the proposals have a wider impact. There are also opportunities to improve emergency medicine through a combined approach.

10.3 Continuing with the two site approach to critical care in particular raises a number of risks that will build over time. These include unnecessarily delayed diagnosis and therefore poorer outcomes, a detrimental effect on training opportunities, and an increasing need for transfers of critically ill patients.

10.4 A one site approach would mean patients have access to all the potential services they require at the first point of contact.

10.5 The different levels of service between the two sites are already apparent (for example routine tracheostomy can only be performed at certain times of the day at Hartlepool). This already creates an inequitable situation for patients, and the risk is that their outcomes become simply dependent on which hospital they are admitted to.

10.6 Due to the ever increasing specialisation of critical care, and the lower usage of the unit at Hartlepool, recruitment of anaesthetists is an issue. A combined critical care unit will be a more attractive option for trainees and provide a safer environment.

10.7 The centralisation of emergency medicine will enable the Trust to work towards having an increased range of specialists available around the clock, which will enable specialist input into a patient's care at an earlier stage than may be possible at present.

10.8 As the field of emergency medicine becomes increasingly specialised, Stockton representatives agree that there is a need to continually work towards having the right clinicians, in the right numbers, and in the right specialities, in order to cover the range of conditions that patients present with.

10.9 It is pleasing to note that recruitment in the emergency medicine department remains strong, and high quality candidates are seeking to work at the Trust, particularly in elderly care.

10.10 Ultimately, it would be unacceptable for a relatively small geographical area as covered by the Trust to have two units providing different levels of care. Therefore the proposal to concentrate these units on one site is strongly supported.

10.11 The proposals have been supported by the independent National Clinical Advisory Team (NCAT) following its review in January, and this was re-affirmed through its additional submission submitted to the Joint Committee.

10.12 The Joint Committee was informed that the Trust was being commissioned, separately to the proposals under consideration, to provide an additional 24 bed unit at North Tees to cope with winter pressures. This is to be welcomed in light of the recent experience of the NHS, and also due to the fact that, as a result of the proposals, the total number of beds at the Trust as a whole will go down from 598 to 585.

Location

10.13 The options process appraisal as described to the Joint Committee included consideration as to which site should be chosen, once the proposal to concentrate these services on one site had been agreed. North Tees was selected as it is the site for complex surgery and trauma, other related clinical and support facilities, and has the necessary space required.

10.14 It should also be noted that, even if it was possible to separate these services from those they inter-link with at North Tees and fit them into the current layout of the Hartlepool site (and Members were informed it was

not), this would have led to twice the disruption in terms of movement of beds and people, including staff.

10.15 There is also the issue of population and geography. North Tees Hospital is situated in the north of Stockton Borough, which has a population of c.192,406, compared to Hartlepool's population of 92,238 (ONS Mid-2012 population estimates). Therefore if the principle of combined units is accepted, it makes sense to locate them nearest to the greatest number of people. North Tees is also accessible for patients who are resident in the Sedgefield area of County Durham. Clearly transport is a key issue for all those affected, and this is addressed below.

Elective Care

10.16 The Joint Committee was reassured that the University Hospital of Hartlepool site will continue to be a centre for planned (elective) care, including orthopaedics and breast surgery for lower risk patients. This is crucial for the Trust as a whole as there is not enough capacity at the North Tees operating theatres to undertake all the surgical activity required.

10.17 On that basis it should be noted that already a number of Stockton Borough residents travel to Hartlepool, and there is the potential for this to increase once the detail of some shift in elective care from North Tees to Hartlepool is more fully described. Based on 2012-13 activity, 817 Stockton residents had elective care at Hartlepool (nb. it is assumed that of these 57 were higher risk patients who in future would be cared for at North Tees, as outlined above). Any increase in the number of Stockton residents having treatment at Hartlepool will need to be considered closely, including any impact on residents at risk of social exclusion through disability, those who require longer stays, and the consequent impact on visitors.

10.18 It will be key to the success of the elective centre at Hartlepool, and the safety of patients from all Boroughs, that the remaining clinical support team at that site is appropriately resourced (as noted by NCAT) and that the risk stratification process to determine whether a patient is low or high risk is as robust as possible.

Transport

10.19 Overall the proposals will mean 100 acute medical beds and 4 critical care beds will transfer to North Tees, which in terms of patient activity equates to 10,806 admissions a year (in total across all CCGs affected), based on 2012-13 activity levels. This means an additional 30 patients per day will receive their treatment at North Tees.

10.20 It should be noted that these figures include 284 emergency and ambulatory patients from Stockton who will be cared for at North Tees rather than Hartlepool in future.

10.21 In addition approximately 200 staff would be affected. Taken together with the numbers of visitors that can be expected, this clearly represents a significant number of people at the North Tees site.

10.22 Transport and access is a key concern in relation to any proposed change to health services, particularly for areas of low income and low car ownership. Visitors play a key part in the recovery of patients and will obviously be concerned about the condition of their relatives and friends.

10.23 The Joint Committee heard examples from Healthwatch of the stress placed on people in emergency situations when trying to visit relatives without access to cars. Examples were also provided of the difficulties in relation to attending early morning appointments that were difficult to attend using public transport, and also in some cases, using NHS Patient Transport due to its operating hours.

10.24 People with low incomes may qualify to claim back the costs of travel to health appointments, but this is on the basis of those people having had the money in the first place to spend; this is becoming increasingly hard for many people.

10.25 These are real concerns, and the CCG and Trust have both committed to working in partnership with local authorities, and Healthwatch, to tackle this issue which will affect patients from all areas, and this is to be welcomed.

10.26 In terms of initial patient access for emergency and urgent care, this will mainly continue as at present, with referrals via GPs, NHS111 or 999. The North East Ambulance Service was unable to be present at the Joint Committee but have indicated that they will work with the CCG and Trust to understand the impact on the overall capacity of the Service locally.

10.27 In terms of scheduled transport needs, the Trust has brought forward a number of suggestions. These include the provision of two 17-seater shuttle buses which will operate from summer 2013, on a seven-day a week basis, between 8am and 8pm. These will be operate between the two sites and will be available to the public and staff, free of charge. A staff car sharing scheme is also to be promoted in the summer, and the Trust retains its own ‘same day’ ambulances.

10.28 At the meeting, the Trust gave particular emphasis to the use of volunteer drivers. This would be a service delivered to patients that did not require an ambulance, but needed some assistance with transport. Volunteers are to be commended for their work and this scheme can play an important part in the mix of transport options. However, it is not

appropriate or sustainable to develop a major part of the transport solution on the basis of volunteer provision.

10.29 If this is a perception, it must be addressed. Patients, families and carers should be provided with the full range of transport options. Consideration could be given to building on the example of Durham County Council's Travel Response Centre; this is set up to manage bookings onto a variety of health transport options as part of its work, including Patient Transport, the East Durham Hospital Link Service, and in some cases taxis and volunteer drivers.

10.30 As was noted at the Joint Committee, there are congestion issues already between Stockton, Hartlepool and County Durham at peak times. Junction improvements are planned for the A19-A689 interchange, however these have not yet taken place and the proposals under consideration may come into force within months. Therefore it is understandable that this adds to residents' concerns, and transport issues need to be considered in the round by the Trust, all local authorities, and transport providers.

10.31 These issues will need addressing, although overall it is recognised that the major transport concerns lie with residents of Hartlepool and County Durham. However Stockton would need issues to be addressed in relation to the situation of North Tees and the Hardwick area. In particular, the impact of increased numbers of staff, patients and visitors to the University Hospital of North Tees site is a concern as the site and surrounding area currently experiences problems with car parking.

10.32 With this in mind we would be keen to work closely with the appropriate staff at the Trust to develop a realistic and meaningful travel plan and to encourage the use of sustainable modes of transport as an alternative to the private car where possible. This would ideally involve the introduction of appropriate infrastructure on the site. We would also like to understand the details of the various transport initiatives proposed as part of the changes including the shuttle bus service and car sharing scheme. The Trust has highlighted a potential planning application to increase car parking capacity at the North Tees site, and this should be progressed as a priority. If this cannot be brought forward to coincide with the transfer of services, then temporary solutions should be investigated.

10.33 It would also be appropriate to keep under review the facilities available for families, carers and other visitors at the North Tees site, given the increase in numbers that will ensue from these proposals.

11. Recommendations

11.1 There was no unanimous / majority view agreed by the Health Scrutiny Joint Committee in relation to the proposals, as such views and comments from each of the Local Authorities are outlined separately in sections 8 – 10 of this report.

11.2 The Health Scrutiny Joint Committee agreed to forward the report to the Hartlepool and Stockton-on-Tees Clinical Commissioning Group, Durham, Dales, Easington and Sedgefield Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust as its response to the consultation into the reconfiguration of emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust.

Response to Consultation on Reconfiguration of Critical Care and Emergency Medicine

Stockton submission to Health Joint Scrutiny Committee

Quality and safety

1. It is accepted that the proposals to bring together critical care and emergency medicine on one site are clinically led, and have the potential to improve outcomes for patients from across the geographical area covered by the Trust. The preferred long term solution for hospital services in the North of Tees area remains the development of the new Wynyard hospital, however it is recognised that the Clinical Commissioning Group (CCG) and North Tees and Hartlepool NHS Foundation Trust must address the situation as it currently stands to ensure that services are safe and of high quality.

2. The main concerns are with the sustainability of the critical care unit at University Hospital of Hartlepool due to under-utilisation, difficulty in staffing, and its small size, which taken together mean that the unit is in danger of failing to meet the clinical standards required. These standards are continually developing, as critical care becomes a speciality in its own right, rather than a sub-set of anaesthetics. Emergency (or acute) medicine must be co-located with critical care and therefore the proposals have a wider impact. There are also opportunities to improve emergency medicine through a combined approach.

3. Continuing with the two site approach to critical care in particular raises a number of risks that will build over time. These include unnecessarily delayed diagnosis and therefore poorer outcomes, a detrimental effect on training opportunities, and an increasing need for transfers of critically ill patients.

4. A one site approach would mean patients have access to all the potential services they require at the first point of contact.

5. The different levels of service between the two sites are already apparent (for example routine tracheostomy can only be performed at certain times of the day at Hartlepool). This already creates an inequitable situation for patients, and the risk is that their outcomes become simply dependent on which hospital they are admitted to.

6. Due to the ever increasing specialisation of critical care, and the lower usage of the unit at Hartlepool, recruitment of anaesthetists is an issue. A combined critical care unit will be a more attractive option for trainees and provide a safer environment.

7. The centralisation of emergency medicine will enable the Trust to work towards having an increased range of specialists available around the clock, which will enable specialist input into a patient's care at an earlier stage than may be possible at present.

8. As the field of emergency medicine becomes increasingly specialised, Stockton representatives agree that there is a need to continually work towards having the

right clinicians, in the right numbers, and in the right specialities, in order to cover the range of conditions that patients present with.

9. It is pleasing to note that recruitment in the emergency medicine department remains strong, and high quality candidates are seeking to work at the Trust, particularly in elderly care.

10. Ultimately, it would be unacceptable for a relatively small geographical area as covered by the Trust to have two units providing different levels of care. Therefore the proposal to concentrate these units on one site is strongly supported.

11. The proposals have been supported by the independent National Clinical Advisory Team (NCAT) following its review in January, and this was re-affirmed through its additional submission submitted to the Joint Committee.

12. The Joint Committee was informed that the Trust was being commissioned, separately to the proposals under consideration, to provide an additional 24 bed unit at North Tees to cope with winter pressures. This is to be welcomed in light of the recent experience of the NHS, and also due to the fact that, as a result of the proposals, the total number of beds at the Trust as a whole will go down from 598 to 585.

Location

13. The options process appraisal as described to the Joint Committee included consideration as to which site should be chosen, once the proposal to concentrate these services on one site had been agreed. North Tees was selected as it is the site for complex surgery and trauma, other related clinical and support facilities, and has the necessary space required.

14. It should also be noted that, even if it was possible to separate these services from those they inter-link with at North Tees and fit them into the current layout of the Hartlepool site (and Members were informed it was not), this would have led to twice the disruption in terms of movement of beds and people, including staff.

15. There is also the issue of population and geography. North Tees Hospital is situated in the north of Stockton Borough, which has a population of c.192,406, compared to Hartlepool's population of 92,238 (ONS Mid-2012 population estimates). Therefore if the principle of combined units is accepted, it makes sense to locate them nearest to the greatest number of people. North Tees is also accessible for patients who are resident in the Sedgefield area of County Durham. Clearly transport is a key issue for all those affected, and this is addressed below.

Elective Care

16. The Joint Committee was reassured that the University Hospital of Hartlepool site will continue to be a centre for planned (elective) care, including orthopaedics and breast surgery for lower risk patients. This is crucial for the Trust as a whole as there is not

enough capacity at the North Tees operating theatres to undertake all the surgical activity required.

17. On that basis it should be noted that already a number of Stockton Borough residents travel to Hartlepool, and there is the potential for this to increase once the detail of some shift in elective care from North Tees to Hartlepool is more fully described. Based on 2012-13 activity, 817 Stockton residents had elective care at Hartlepool (nb. it is assumed that of these 57 were higher risk patients who in future would be cared for at North Tees, as outlined above). Any increase in the number of Stockton residents having treatment at Hartlepool will need to be considered closely, including any impact on residents at risk of social exclusion through disability, those who require longer stays, and the consequent impact on visitors.

18. It will be key to the success of the elective centre at Hartlepool, and the safety of patients from all Boroughs, that the remaining clinical support team at that site is appropriately resourced (as noted by NCAT) and that the risk stratification process to determine whether a patient is low or high risk is as robust as possible.

Transport

19. Overall the proposals will mean 100 acute medical beds and 4 critical care beds will transfer to North Tees, which in terms of patient activity equates to 10,806 admissions a year (in total across all CCGs affected), based on 2012-13 activity levels. This means an additional 30 patients per day will receive their treatment at North Tees.

20. It should be noted that these figures include 284 emergency and ambulatory patients from Stockton who will be cared for at North Tees rather than Hartlepool in future.

21. In addition approximately 200 staff would be affected. Taken together with the numbers of visitors that can be expected, this clearly represents a significant number of people at the North Tees site.

22. Transport and access is a key concern in relation to any proposed change to health services, particularly for areas of low income and low car ownership. Visitors play a key part in the recovery of patients and will obviously be concerned about the condition of their relatives and friends.

23. The Joint Committee heard examples from Healthwatch of the stress placed on people in emergency situations when trying to visit relatives without access to cars. Examples were also provided of the difficulties in relation to attending early morning appointments that were difficult to attend using public transport, and also in some cases, using NHS Patient Transport due to its operating hours.

24. People with low incomes may qualify to claim back the costs of travel to health appointments, but this is on the basis of those people having had the money in the first place to spend; this is becoming increasingly hard for many people.

25. These are real concerns, and the CCG and Trust have both committed to working in partnership with local authorities, and Healthwatch, to tackle this issue which will affect patients from all areas, and this is to be welcomed.

26. In terms of initial patient access for emergency and urgent care, this will mainly continue as at present, with referrals via GPs, NHS111 or 999. The North East Ambulance Service was unable to be present at the Joint Committee but have indicated that they will work with the CCG and Trust to understand the impact on the overall capacity of the Service locally.

27. In terms of scheduled transport needs, the Trust has brought forward a number of suggestions. These include the provision of two 17-seater shuttle buses which will operate from summer 2013, on a seven-day a week basis, between 8am and 8pm. These will be operate between the two sites and will be available to the public and staff, free of charge. A staff car sharing scheme is also to be promoted in the summer, and the Trust retains its own 'same day' ambulances.

28. At the meeting, the Trust gave particular emphasis to the use of volunteer drivers. This would be a service delivered to patients that did not require an ambulance, but needed some assistance with transport. Volunteers are to be commended for their work and this scheme can play an important part in the mix of transport options. However, it is not appropriate or sustainable to develop a major part of the transport solution on the basis of volunteer provision.

29. If this is a perception, it must be addressed. Patients, families and carers should be provided with the full range of transport options. Consideration could be given to building on the example of Durham County Council's Travel Response Centre; this is set up to manage bookings onto a variety of health transport options as part of its work, including Patient Transport, the East Durham Hospital Link Service, and in some cases taxis and volunteer drivers.

30. As was noted at the Joint Committee, there are congestion issues already between Stockton, Hartlepool and County Durham at peak times. Junction improvements are planned for the A19-A689 interchange, however these have not yet taken place and the proposals under consideration may come into force within months. Therefore it is understandable that this adds to residents' concerns, and transport issues need to be considered in the round by the Trust, all local authorities, and transport providers.

31. These issues will need addressing, although overall it is recognised that the major transport concerns lie with residents of Hartlepool and County Durham. However Stockton would need issues to be addressed in relation to the situation of North Tees and the Hardwick area. In particular, the impact of increased numbers of staff, patients and visitors to the University Hospital of North Tees site is a concern as the site and surrounding area currently experiences problems with car parking.

32. With this in mind we would be keen to work closely with the appropriate staff at the Trust to develop a realistic and meaningful travel plan and to encourage the use of sustainable modes of transport as an alternative to the private car where possible. This would ideally involve the introduction of appropriate infrastructure on the site. We would also like to understand the details of the various transport initiatives proposed as part of the changes including the shuttle bus service and car sharing scheme. The Trust has highlighted a potential planning application to increase car parking capacity at the North Tees site, and this should be progressed as a priority.

If this cannot be brought forward to coincide with the transfer of services, then temporary solutions should be investigated.

33. It would also be appropriate to keep under review the facilities available for families, carers and other visitors at the North Tees site, given the increase in numbers that will ensue from these proposals.

Stockton-on-Tees
BOROUGH COUNCIL

Big plans, bright future

Councillor Jim Beall
Deputy Leader &
Cabinet Member for Adult Services and Health
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1 August 2013

Dear Sir/Madam,

Reconfiguration of critical care and emergency medicine – North Tees and Hartlepool NHS Foundation Trust

As the Deputy Leader of Stockton-on-Tees Council, and Cabinet Member for Adult Services and Health, I wish to submit the Council's views to the ongoing consultation process.

Members of Stockton Council have participated in the Joint Scrutiny Committee set up to consider the proposals in conjunction with Hartlepool Borough Council and Durham County Council. The Joint Committee's response has been agreed and will be submitted separately.

I wish to highlight that Stockton's element of the Joint Committee's response was endorsed and agreed by the full Council at its meeting of 17 July and, indeed, is in line with my own views. I have included Stockton's views with this letter.

The clinical case for change cannot be ignored and it is paramount that all residents of the area that the Trust serves have access to the best possible emergency and intensive care. However, it is recognised that there are issues around transport, particularly in relation to the needs of visitors and family members. This applies equally to the associated increase in elective surgery for Stockton patients in Hartlepool Hospital.

I do hope that you find these comments helpful to your deliberations.

Yours faithfully,

Councillor Jim Beall

Hartlepool and Stockton-on-Tees CCG
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Consultation on the proposed reconfiguration of Emergency and Critical Care Services

Response by Iain Wright, Member of Parliament for Hartlepool

1. Scrutiny has specifically asked me how many people have contacted me with concerns around the proposals. One person from Hartlepool has contacted me about the proposal, with another person from Billingham, which is not in my Parliamentary constituency, also contacting me.

2. I am concerned about the fact that this exercise is being described as a consultation. The definition of "consultation" is "*the action or process of formally consulting or discussing*" prior to an action taking place. I think there is an inference within that definition that people's views will be taken on board before a decision is made and that decision will be influenced by the views and opinions expressed through the consultation. It is clear from the report that this will not take place, the clinical decision has been made and so I would suggest that an alternative word to "consultation" should have been used.

3. I also think that the National Clinical Advisory Team massively overstepped its remit. It was tasked to clinically assure reconfiguration proposals for Emergency and Critical Care Services. In paragraph 5.14 of the report, however, it states "*we would point out that, within the North East, there are probably too many [District General Hospital] style hospitals*" and suggests reconfiguring services around two hospitals in the North East, based upon the Tyne and the Tees, namely the Royal Victoria Infirmary at Newcastle and James Cook University Hospital in Middlesbrough. Consideration of this matter was not in the Team's remit.

4. The first priority in any consideration of health services should be clinical safety, and I would not wish to advocate any particular option which would compromise the safety of patients or lead to the loss of life which could have been avoided. I think it is highly irresponsible for any elected representative to suggest such a course of action. Advancing medical technology and innovative specialist surgical procedures mean that patients who might have died in intensive care only a few years ago can now be saved and have an extended satisfactory quality of life; this is obviously a cause for celebration. I understand the clinical logic of increased specialisation, which in turn means co-ordination of medical teams and concentration of acute services. I would also wish to avoid the prospect of an occurrence of the Stafford Hospital scandal, which saw higher-than-average death rates and incidences of negligence, happening in our area.

5. I appreciate from the report the fact that the critical care service at the University Hospital of Hartlepool is under-occupied, at 50 per cent occupancy as opposed to a nationally-agreed standard of 75 per cent. I also acknowledge the findings in the report that anaesthetists with intensive care skills are unable to provide the "*full panoply of intensive care support*" such as

haemofiltration and the prospect of round-the-clock routine tracheostomy. I was particularly concerned to read in the report that: "*the nurses feel isolated within the unit and insecure about the level of care they are practicing*" and recruitment and retention of anaesthetists and medical staff to the University Hospital of Hartlepool has proved to be problematic. I think the wider issue of recruitment and retention in Hartlepool could be explored by Scrutiny: why has it proven difficult to recruit and retain appropriate clinical skills? Is this a reflection of the uncertainty regarding the future of hospital services for many years?

6. Given the above, I am very mindful of the Report's conclusion that:

7. "*Thus the case for change here is predominantly clinically based, driven by the need to close the critical care unit at UHH which may potentially be unsafe, and secondly to provide modern fully supported acute medical care which certainly could not function without on-site critical care facilities*."

8. I reiterate my earlier point that I am sure that no elected representative would wish to pursue a course of action which could lead to a compromise in patient safety and a situation in which people could lose their lives that could otherwise have been saved. I certainly do not wish to advocate such a course of action, as I think such an approach would be irresponsible. Nevertheless, my constituents will understandably be concerned at what appears to be yet another service moving away from the University Hospital of Hartlepool. This makes it even more likely that we will see the closure of the hospital through a series of stealth cuts. I always have been opposed to the centralisation of health services at North Tees Hospital, which I think is wholly unsuitable for a centralised acute service, especially from Hartlepool's perspective. As I stated in the House of Commons during a debate on 14 September 2010, and reiterated in a debate in Parliament on 7 February of this year: "*Moving more serious cases to North Tees is very unwelcome as it is detrimental to my constituents.*" Advancing technology, different surgical methods, increased specialisation and – it now has to be said – declining budgets for the NHS will mean that more services will be centralised. I worry that this will mean concentration of services on one site at North Tees.

9. This situation is taking place in the context of continuing and growing uncertainty over the financing of the new hospital at Wynyard; since the decision from the incoming Coalition Government to withdraw public funding for the new hospital in June 2010, we have seen no tangible progress towards the securing of suitable and affordable finance. We have seen potential financiers withdraw from the project, meaning that there is a huge risk that either no finance will be available, or that the one party still at the table will demand prohibitive interest rate charges and other conditions that may compromise the financial viability of the local health trust. I mentioned my concerns about this in the debate in the House of Commons on 7 February:

10. *"Two procedures are running dangerously out of parallel. We have the Momentum programme, with the reconfiguration of services, and the funding programme for the new hospital. That is now three years out of date and there*

is no concrete indication that private funding is on the table. Services have been moved without any clarification about the endgame. My big fear is that my constituents will have the worst of all possible worlds with services moving to North Tees and no new hospital."

11. The PowerPoint presentation provided by the CCG and the NHS Foundation Trust does state clearly that "*had the new hospital been due to open in 2014 as originally planned [the reconfiguration of emergency and critical care services] may not have had to happen.*"

12. My other big concern regarding changes to hospital services is the issue of transport and accessibility. This has rightly been highlighted to Scrutiny by Durham County Council and, to be fair, is mentioned in the report by the National Clinical Advisory Team. My constituents find it difficult to access services out of the town and no co-ordination between clinical and transport services takes place. I have been told of patients having appointments at 8.30 am when there is no available public transport at that time. The NHS in the configuration of health services culturally places priority to clinical safety and consideration – quite rightly – but fails to give proper consideration to the question as to how the patient will get to and from those services. This has not been properly addressed through the moving of services from Hartlepool to North Tees. It needs to be considered as a high priority during the reconfiguration of emergency and critical care services. It may be that most patients accessing this service may require ambulance services – the report refers in paragraph 4.6 to ensuring that the ambulance services has sufficient capacity – but further work needs to be undertaken to see how this can be fitted into a wider and more co-ordinated transport plan.

13. I am growing increasingly concerned at the risk to constituents caused by the falling budgets in local authority social care. This is something I have raised with Ministers in the Government, but the present administration appears hellbent on reducing local authority budgets. I think this will place growing pressure on health budgets, particularly in areas like emergency and critical care, as local councils will not have the resources to ensure there is a safe move out of hospital and back into the community for often frail and vulnerable patients.

14. Although it is slightly outside Scrutiny's current investigation, I have provided a copy of my speech in the debate in the House of Commons on Accident & Emergency in February 2013, as I think some of the issues may be pertinent.

15. I thank Scrutiny for investigating this issue and hope that you will engage with me and fellow MPs in the future.

Iain Wright
Member of Parliament for Hartlepool
July 2013

Mr Iain Wright (Hartlepool) (Lab): The A and E department at the University hospital of Hartlepool closed in August 2011. I want to raise five points relating to the experience of the 18 months since.

First, clinical safety is paramount in all health reconfigurations. There was clear consensus among senior medical staff that there were significant safety issues with the A and E at Hartlepool. The number of medical staff was insufficient to cover two rotas at Stockton and Hartlepool, and the supervision of junior medical staff was inadequate and did not meet modern guidance criteria. When senior clinical staff say that lives will be saved if changes are made, it is irresponsible for anybody, whether elected representatives or others, not to listen to those expert voices.

Despite the paramount importance of clinical safety, however, it is clear that people of Hartlepool did not and do not want the closure of their A and E department—no community does. More provision can be made outside the hospital setting and in the local community to make services closer and more convenient to where people live. A One Life centre—a minor injury unit—has been built in the heart of the town centre and should be more easily accessible to a greater number of the town's population. That is a welcome step. During a debate on A and E in September 2010, I said:

"Moving more serious cases to North Tees is very unwelcome as it is detrimental to my constituents".—[*Official Report,* 14 September 2010; Vol. 515, c. 202WH.]

I stand by that.

My area has seen bitter disputes about the reconfiguration of acute services for the best part of 20 years. There is real tension between the views of professionals, who are best placed to consider the safest and most clinically effective means of providing a service, including in specialist concentrated centres, and the general public who will be the recipients and beneficiaries of that service, and who will pay for it through general taxation, even though they may often disagree with the means and location of that service. Successive Governments over two or three decades have failed to reconcile that basic tension. The concept of "No decision about me, without me" and the four tests of reconfiguration that are often bandied about are a fallacy. It is an understatement to say that Hartlepool would have preferred to maintain a full A and E service. People do not feel as if they have had a proper say in the matter.

Safety, changing medical practices and, increasingly, financial considerations, will play the decisive role in where A and E and other health services are located, and invariably it will be against the general wishes of the local population. I would be interested in the Minister's views about how that tension between clinicians and the public can best be resolved.

That was my second point. My third point concerns communication about where a patient should go. If a child bangs his or head in Hartlepool tonight, where should their parent take them? Previously, it was a relatively simple choice—they went to A and E. Now, a parent is confronted with going perhaps to the A and E at North Tees hospital, perhaps the One Life minor injuries unit and urgent care centre, or even the university hospital of Hartlepool. The

new arrangement seems more complex and fragmented, and surely if the system contains greater complexity and fragmentation, there is greater risk.

Some 18 months after the A and E closure, the system is bedding down; it was not perfect from day one, although that is another matter. However, I am not convinced that the risk is being adequately managed. There is inadequate communication and subsequent misdiagnosis, leading to obvious and understandable alarm among my constituents. What will the Minister do about that?

My fourth point concerns the pressing and persistent need to link reconfiguration of health services with transport policy. Such is link is just not there at the moment. How on earth will my constituents be able to travel to North Tees hospital 13 miles away? The hospital is long way from many of them and difficult to get to. Hartlepool has low rates of car ownership and poor public transport links, and bus services are virtually non-existent, certainly at weekends and evenings. I would not have thought that the Government or local NHS trust would want the public to rely solely on ambulance services. The point I wish to stress, and which I hope the Minister will address, is that any reconfiguration of services requires transport and accessibility at its heart. At the moment, transport policy is merely being paid lip service. What will the Minister do about that?

My final point is about the wider reconfiguration of health services north of the Tees. Although, as I said earlier, much of the decision to close Hartlepool A and E was based on immediate clinical safety grounds, it is fair to see that decision in the context of the Momentum programme, which is designed to move health services out of the hospital setting and into the community. The Momentum programme culminates in the building and opening of a new hospital in Wynyard, which is designed to incorporate the most advanced equipment and medical and surgical practices and serve the acute health needs of the populations of Hartlepool, Stockton, Sedgefield and Easington. The original plan was for construction to start last year and for the first patients to be admitted by 2014-15. Soon after taking office, however, the Government withdrew public funding for that hospital, and despite warm words and a series of announcements from the Foundation Trust Network, no alternative source of private funding has been approved. We do not appear to be any further forward.

Two procedures are running dangerously out of parallel. We have the Momentum programme, with the reconfiguration of services, and the funding programme for the new hospital. That is now three years out of date and there is no concrete indication that private funding is on the table. Services have been moved without any clarification about the endgame. My big fear is that my constituents will have the worst of all possible worlds with services moving to North Tees and no new hospital. Something must be done.

healthwatch County Durham

Response to the consultation on the proposal to centralise all emergency medical and critical care services at the University Hospital of North Tees

Healthwatch County Durham gives people a voice in how health and social care services are planned and delivered. We work to help local people get the best out of health and social care services.

The consultation was carried out by Durham Dales, Easington and Sedgefield Clinical Commissioning Group, Hartlepool and Stockton on Tees Clinical Commissioning Group and North Tees and Hartlepool NHS Foundation Trust.

They anticipated that the changes to move emergency services will affect around 27 people each day from Hartlepool, Easington, Peterlee and Sedgefield therefore it was important for Healthwatch County Durham to be involved in the consultation. We spoke independently to our own Healthwatch members and to the public to find out their views on the consultation.

Healthwatch County Durham staff worked in partnership with Durham Dales, Easington and Sedgefield CCG, Hartlepool and Stockton on Tees CCG and North Tees and Hartlepool NHS Foundation Trust to promote, plan and develop the consultation for the public. The staff assisted the Clinical Commissioning Groups and the Foundation Trust to produce a 'key messages' leaflet which was sent to residents of East Durham and Sedgefield. This leaflet provided the public with the Healthwatch Freephone number to offer an independent route to comment on the consultation.

The staff also attended the Health Scrutiny Joint Committee and the National

Clinical Advisory Team Consultation Steering Group to share the views and comments that have been collected by Healthwatch County Durham.

Comments and views of the public were collected from the County Durham Residents Association, East Durham Health Network and from two public events held by the CCG in Sedgefield and Peterlee where 43 people gave their views. This is not representative of the whole of East Durham and Sedgefield but does give an indication of how some people feel about the proposed changes.

Their responses to the questions are shown below.

Transformation Consultation Questions

1. What do you think are the advantages and the difficulties (or disadvantages) of the proposed changes?

Advantages:

> *'High quality care with all of the professionals in one place can only be a good thing'*

Disadvantages:

> *'It's difficult to argue against the advantages where safety is concerned'*

General comment:

> *'Safety is the most important thing'*

2. If you still have concerns, what are you most concerned about and how could we help to reduce your concerns?

Comments:

> *'We have the lowest rate of car usage in the County'*
> *'Many people rely on public transport'*
> *'The poorest people will suffer the most'*

'We would still have to go to Hartlepool to access public transport to Stockton'

'Having to travel to Stockton is going to have a big impact on the mental health of family and carers'

'Stockton is unfamiliar territory for us'

'The prospect of it is distressing, especially when travelling in an emergency situation'

3. What do you think are the main things we need to consider in putting the proposed changes in place?

Comments:

'There will need to be back up plan for Volunteer Drivers who don't arrive'

'They're volunteers, they don't necessarily have to turn up'

'What are the consequences of travelling further for emergency care patients?'

'We would hope that ambulance times would not be affected'

4. Is there anything else you think we need to think about?

Comments:

'It's difficult for us to argue against what is safe for patients'

'Services should be where the patients are'

'Make better use of Peterlee Community Hospital'

healthwatch
County Durham

Contact us

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healthwatch Hartlepool

Ali Wilson
Chief Officer
NHS Hartlepool & Stockton-on-Tees Clinical Commissioning Group
Billingham Health Centre
Queensway
Billingham
TS23 2LA

Dear Ali, **21st August 2013**

RE: HealthWatch Consultation
Proposals on moving critical care and emergency medical services

Thank you for including HealthWatch Hartlepool in the above consultation, which closed 11th August 2011.

As per previous conversation HealthWatch Hartlepool are also working closely with North Tees & Hartlepool NHS Foundation Trust to highlight resident experience of accessing public transport in order to attend North Tees hospital for appointments and/or visiting friends/family.

During the consultation period Healthwatch Hartlepool received 36 enquiries albeit those who made contact were encouraged to document their comments in writing to the freepost address offered on the consultation leaflet. There were a range of comments from concerned residents but high on the agenda of concern was the accessibility of North Tees hospital both from a safety perspective i.e. distance of travel as a critically ill patient both from Hartlepool and the east Durham area and also journey times for carers and visitors.

Other comments related to the sustainability of Hartlepool hospital upon the migration of any services and lack of trust in the One Life centre with regards to delivering community based services. Our preliminary findings from our collaborative Transport work indicates some patients have to leave Hartlepool at 5:50am to attend 8am appointments at North Tees hospital and whilst utilising both bus and train as part of their journey may reduce travel time by some 15 minutes the cost is an additional burden on the patient/carer/visitor of approximately £4. Overall comments also have come forward that the journey

time on the Grand Central train to London is shorter than a round trip from Hartlepool to North Tees hospital by public transport. Likewise journey time is far in excess of allocated visiting times.

I sincerely hope these comments are helpful and may be utilised as part of the consultation deliberations.

Yours sincerely,

Christopher Akers-Belcher
HealthWatch Manager

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Mrs A Wilson
Hartlepool and Stockton-on-Tees CCG
FREEPOST NEA9906
Middlesbrough
TS2 1BR

20th August 2013

Dear Mrs Wilson,

Healthwatch Stockton-on-Tees response: Proposals to centralise critical care and emergency medicine

Healthwatch Stockton-on-Tees was launched on 1st April 2013 and we are currently in the process of recruiting and appointing a Healthwatch Board. We are therefore not in a position to offer a formal Healthwatch response to the proposals. However, we are keen to comment on the involvement of Healthwatch Stockton-on-Tees in the consultation process and comments that have been made directly to Healthwatch.

Healthwatch involvement in the consultation process

The proactive involvement of Healthwatch in the consultation steering group is welcome and enabled us to make suggestions which have been taken up including:

-broadening the membership of the steering group to include Healthwatch County Durham
-giving the community an opportunity to speak to an independent organisation by providing Healthwatch details in information leaflets delivered to patients and residents
-having an input into the language, content and style of the consultation and information giving exercise which included presentations and a 'frequently asked questions' leaflet distributed to all residents of Hartlepool and GP practices and community organisations in Stockton-on-Tees

Feedback to Healthwatch regarding proposals

Throughout the consultation period, Healthwatch Stockton-on-Tees encouraged its membership to submit their views directly to Hartlepool and Stockton Clinical Commissioning Group. Details of how to do this were circulated through the Healthwatch e-bulletin, twitter and website to individuals and organisations across the Borough with an approximate reach of 64,000.

Some feedback has also been submitted directly to Healthwatch Stockton-on-Tees which has been fed into the consultation steering group throughout the process. These have included:

-comments on the accessibility and content of the web page dedicated to the consultation
-consideration for capacity at University Hospital of North Tees
-planning for impact of winter admissions
-how other services will be impacted including community services

If you have any questions or would like to discuss this response please contact me on 01642 688312 or email heather.mclean@pcp.uk.net.

Yours sincerely

Heather McLean
Healthwatch Co-ordinator
Stockton-on-Tees, Redcar & Cleveland and Middlesbrough

Cc Liz Greer Programme Manager

Good Health - Everybody's business

NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

Equality Analysis

Consultation Process for; Reconfiguration Proposals for Emergency Medical and Critical Care Services in Hartlepool and North Tees.

July 2013

The Nine Protected Characteristics of the Equality Act 2010

The Equality Act 2010 applies to all organisations that provide a service to the public or a section of the public (service providers). It also applies to anyone who sells goods or provides facilities. It applies to all our services, whether or not a charge is made for them.

The Act protects people from discrimination on the basis of a 'protected characteristic'. The relevant characteristics for services and public functions are:

- disability
- gender reassignment
- pregnancy and maternity
- race
- religion or belief
- sex, and
- sexual orientation
- Marriage and Civil Partnership (named purposely in the equality act 2010. This protected characteristic was linked to the now retired sex discrimination act where people were protected on their marital status).
- Age (under the Equality Act from April 2012 until then The Employment Equality (Age) Regulations 2006 still applied)

The Equality Act General Duties

The general and specific duties are set out in Appendix 1 section 149 of the Act.

- A public authority must, in the exercise of its functions, have due regard (take seriously) to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act

- Advance equality of opportunity between people who share a protected characteristic and those who do not.

- Foster good relations between people who share a protected characteristic and those who do not

Public Sector Specific Equality Duties

The public sector equality duties are unique pieces of equality legislation. They give public bodies, including further and higher education institutions legal responsibilities to demonstrate that they are taking action on equality in policymaking, the delivery of services and public sector employment.

The duties require public bodies to take steps not just to eliminate unlawful discrimination and harassment, but also to actively promote equality.

The Equality Act and duties can be found at
http://www.legislation.gov.uk/ukpga/2010/15/contents

What is equality analysis?

Public authorities are responsible for making a wide range of decisions, from the contents of overarching policies and budget setting to day-to-day decisions which affect specific individuals.

Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act 2010, such as people of different ages. There are two reasons for this:

to consider if there are any unintended consequences for some groups
to consider if the policy will be fully effective for all target groups.

It involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions.

It can help you to identify practical steps to tackle any negative effects or discrimination, to advance equality and to foster good relations.

Not all policies can be expected to benefit all groups equally, particularly if they are targeted at addressing particular problems affecting one protected group.

An example would be a policy to improve the access of learning disabled women to cancer screening services.

Policies like this, that are specifically designed to advance equality, will, however, also need to be analysed for their effect on equality across all the protected groups. This is because any one group is likely to have several protected characteristics within it. For example, a policy on tackling gender based violence will need to analyse its potential effect on ethnic minority communities as well as gay and disabled people. An effective equality analysis will help to make sure that you are aware of any particular needs and the likely wider effects of implementing the policy.

The Equality Analysis process focuses on 6 Steps of activity:

1. Responsible Officer

2. Establishing relevance

3. Scoping the Analysis

4. Analysing the Equality information

5. Monitoring and review

6. Decision making and Publication

Equality Analysis Template - Screening Tool

Title of Policy/ Project/ Service:	**Consultation process for; Reconfiguration proposals for emergency and critical care services in Hartlepool and North Tees Hospitals.**
Equality Analysis Lead Name/s:	**Ali Wilson – Chief Officer NHS Hartlepool and Stockton-on-Tees CCG** **Ben Murphy – Senior Governance Manager NECS** **Mary Bewley – Head of Communications and Engagement NECS**
Date Equality Analysis started:	**8th July 2013**
Date Equality Analysis completed:	**2nd August 2013**
Geographical Area covered by policy/ project/ service?	**NHS Durham Dales, Easington and Sedgefield CCG** **NHS Hartlepool and Stockton-on-Tees CCG** **North Tees and Hartlepool NHS Foundation Trust**
Is this a new or existing policy / project / service?	**This is a new project, this Equality Analysis will analyse the potential impact either positive or negative from the proposed relocation of emergency and critical care services from Hartlepool to North Tees Hospital.** **The project is however related to a broader programme of change in the area which has already and continues to be subject of public engagement and/or consultation.**
What is the purpose/aim of the proposed or existing policy / service / project?	**Hartlepool and Stockton-on-Tees CCG are carrying out this consultation because the doctors who provide emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust have told us they cannot carry on providing these services safely and to the expected quality standards on two sites until the new**

	hospital opens in 2017. This has been ensured by an Independent Clinical Body (NCAT).
Who is intended to benefit from the policy / project / service and how?	**All members of the population accessing and using the emergency medical and critical care services at Hartlepool and North Tees Hospital.**
Is the responsibility for the policy / project / service shared with another directorate or organisation?	**Yes;** **NHS Durham Dales, Easington and Sedgefield CCG** **NHS Hartlepool and Stockton-on-Tees CCG** **North Tees and Hartlepool NHS Foundation Trust**
What other groups or organisations have an interest in the policy / project / service?	**Please see the consultation plan which identifies all stakeholders.**
What are the intended outcomes of the policy / project / service?	**To identify if any persons offered protection under the equality act 2010 will be adversely effected by this proposal, and to ensure appropriate adjustments are made to address the issues.**
What engagement has been done regarding this policy / project / service, and the results of this? Please detail which individuals/ groups you have engaged with and when?	**Formal consultation lasting 12 weeks starting Monday 20th May 2013.** **NECS will commission independent specialist consultants to receive and independently analyse the responses. Respondents to the consultation will be able to feed back by email, freepost address, telephone or via the CCG website.** **Please see the communication and engagement plan for further details of activity.**

When will the policy / project / service be implemented?	**The change is proposed to take place from October 2013.**
When will the policy / project / service be reviewed?	**Thorough contact monitoring and annual reviews.**

Protected Characteristics

		Please detail any positive, negative or neutral impacts that this policy/ service/ project may have for people from the below groups.		
Protected Characteristics	**Positive**	**Neutral**	**Negative**	**Comments**
Age	A comprehensive consultation plan has been produced ensuring persons offered protection under the equality act 2010 have the opportunity to have their say. Information is available in other languages, large print, easy read and audio on request. Accessible community venues have been chosen across the area concerned. Please see the Consultation Plan for a full list of stakeholders. The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole			A full consultation document which includes questions seeking views on the proposals to be distributed widely across the district, available online and on request. Public meetings in appropriate and accessible locations across the district and at a range of times to take account of the public's preferences. Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, Healthwatch, patient groups, voluntary and community groups etc. Staff briefings and meetings as required. Information in prime community and health settings. The main website will be that of NHS Hartlepool and Stockton-on-Tees CCG. It will signpost people to online information/opportunities to comment, etc. There will be a link from NHS DDES CCG and North Tees and Hartlepool NHS Foundation Trust websites. Media – press release and paid-for advertorials and adverts. Posters in a range of community venues throughout the health economy including health settings, libraries etc. Information distributed and shared through public partners' publications and information points.

	population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.			Feedback forms and questionnaires. Local foundation trust members. Social media will be an important part of the process but there will need to be clear and robust mechanisms for monitoring, recording and responding to messages sent via social media. Appropriate commissioner and NTHFT representatives will meet with Overview and Scrutiny Committees, HealthWatch and any other appropriate groups identified to discuss the consultation document, respond to questions and facilitate consultation responses. Internal communications mechanisms such as staff newsletter and intranets will be used to ensure information is communicated to key staff groups. Opportunities for hard to reach, protected and under-represented groups, and all literature will be offered in alternative languages and formats. Third party distribution will be used where possible for economy, to encourage better dissemination and to demonstrate independent support e.g. articles for voluntary sector and local authority magazines. Consultations documents will meet accessibility guidelines. Web and online communication will provide access to all the information quickly and easily and enable people to have their say, and will meet accessibility guidelines. Please refer to Consultation Plan for a full list of stakeholders
Disability	A comprehensive consultation plan has been produced ensuring persons offered protection under the equality act 2010 have the			Extra steps will be taken to: make documents available in audio, large print, Braille, one of seven non-English locally spoken languages, on request hold public meetings in central, accessible venues that are Disability Discrimination Act compliant the provision of hearing loops, interpreters etc. is made available on

	opportunity to have their say. Information is available in other languages, large print, easy read and audio on request. Accessible community venues have been chosen across the area concerned. Please see the Consultation Plan for a full list of stakeholders. The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.			request offer dedicated consultation sessions for groups and organisations which represent the interests of people with a sensory or learning disability A full consultation document which includes questions seeking views on the proposals to be distributed widely across the district, available online and on request. Public meetings in appropriate and accessible locations across the district and at a range of times to take account of the public's preferences. Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, Healthwatch, patient groups, voluntary and community groups etc. Staff briefings and meetings as required. Information in prime community and health settings. The main website will be that of NHS Hartlepool and Stockton-on-Tees CCG. It will signpost people to online information/opportunities to comment, etc. There will be a link from NHS DDES CCG and North Tees and Hartlepool NHS Foundation Trust websites. Media – press release and paid-for advertorials and adverts. Posters in a range of community venues throughout the health economy including health settings, libraries etc. Information distributed and shared through public partners' publications and information points. Feedback forms and questionnaires. Local foundation trust members. Social media will be an important part of the process but there will need to be clear and robust mechanisms for monitoring, recording and responding

				to messages sent via social media. Appropriate commissioner and NTHFT representatives will meet with Overview and Scrutiny Committees, HealthWatch and any other appropriate groups identified to discuss the consultation document, respond to questions and facilitate consultation responses. Internal communications mechanisms such as staff newsletter and intranets will be used to ensure information is communicated to key staff groups. Opportunities for hard to reach, protected and under-represented groups, and all literature will be offered in alternative languages and formats. Third party distribution will be used where possible for economy, to encourage better dissemination and to demonstrate independent support e.g. articles for voluntary sector and local authority magazines. Consultations documents will meet accessibility guidelines. Web and online communication will provide access to all the information quickly and easily and enable people to have their say, and will meet accessibility guidelines. Please refer to Consultation Plan for a full list of stakeholders
Gender Reassignment	A comprehensive consultation plan has been produced ensuring persons offered protection under the equality act 2010 have the opportunity to have their say. Information is available in other languages, large print, easy read and audio on request. Accessible community venues have			There are no specific implications of the consultation process on this client group. Attempts will be made to identify any local groups/organisations which represent this community group to ensure they are included on all relevant mailing lists. A full consultation document which includes questions seeking views on the proposals to be distributed widely across the district, available online and on request. Public meetings in appropriate and accessible locations across the district and at a range of times to take account of the public's preferences.

	been chosen across the area concerned. Please see the Consultation Plan for a full list of stakeholders. The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.			Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, HealthWatch, patient groups, voluntary and community groups etc. Staff briefings and meetings as required. Information in prime community and health settings. The main website will be that of NHS Hartlepool and Stockton-on-Tees CCG. It will signpost people to online information/opportunities to comment, etc. There will be a link from NHS DDES CCG and North Tees and Hartlepool NHS Foundation Trust websites. Media – press release and paid-for advertorials and adverts. Posters in a range of community venues throughout the health economy including health settings, libraries etc. Information distributed and shared through public partners' publications and information points. Feedback forms and questionnaires. Local foundation trust members. Social media will be an important part of the process but there will need to be clear and robust mechanisms for monitoring, recording and responding to messages sent via social media. Appropriate commissioner and NTHFT representatives will meet with Overview and Scrutiny Committees, HealthWatch and any other appropriate groups identified to discuss the consultation document, respond to questions and facilitate consultation responses. Internal communications mechanisms such as staff newsletter and intranets will be used to ensure information is communicated to key staff groups.

				Opportunities for hard to reach, protected and under-represented groups, and all literature will be offered in alternative languages and formats. Third party distribution will be used where possible for economy, to encourage better dissemination and to demonstrate independent support e.g. articles for voluntary sector and local authority magazines. Consultations documents will meet accessibility guidelines. Web and online communication will provide access to all the information quickly and easily and enable people to have their say, and will meet accessibility guidelines. Please refer to Consultation Plan for a full list of stakeholders
Pregnancy And Maternity	A comprehensive consultation plan has been produced ensuring persons offered protection under the equality act 2010 have the opportunity to have their say. Information is available in other languages, large print, easy read and audio on request. Accessible community venues have been chosen across the area concerned. Please see the Consultation Plan for a full list of stakeholders. The proposed move of the Emergency Medical and Critical Care services to			There are no specific implications for this community group. Organisations supporting pregnancy and maternity will be included in the mailing list for the consultation in recognition of the wide range of potentially interested parties. A full consultation document which includes questions seeking views on the proposals to be distributed widely across the district, available online and on request. Public meetings in appropriate and accessible locations across the district and at a range of times to take account of the public's preferences. Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, Healthwatch, patient groups, voluntary and community groups etc. Staff briefings and meetings as required. Information in prime community and health settings. The main website will be that of NHS Hartlepool and Stockton-on-Tees CCG. It will signpost people to online information/opportunities to comment, etc. There will be a link from NHS DDES CCG and North Tees

	North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.			and Hartlepool NHS Foundation Trust websites. Media – press release and paid-for advertorials and adverts. Posters in a range of community venues throughout the health economy including health settings, libraries etc. Information distributed and shared through public partners' publications and information points. Feedback forms and questionnaires. Local foundation trust members. Social media will be an important part of the process but there will need to be clear and robust mechanisms for monitoring, recording and responding to messages sent via social media. Appropriate commissioner and NTHFT representatives will meet with Overview and Scrutiny Committees, HealthWatch and any other appropriate groups identified to discuss the consultation document, respond to questions and facilitate consultation responses. Internal communications mechanisms such as staff newsletter and intranets will be used to ensure information is communicated to key staff groups. Opportunities for hard to reach, protected and under-represented groups, and all literature will be offered in alternative languages and formats. Third party distribution will be used where possible for economy, to encourage better dissemination and to demonstrate independent support e.g. articles for voluntary sector and local authority magazines. Consultations documents will meet accessibility guidelines. Web and online communication will provide access to all the information quickly and easily and enable people to have their say, and will meet

				accessibility guidelines. Please refer to Consultation Plan for a full list of stakeholders *
Race	A comprehensive consultation plan has been produced ensuring persons offered protection under the equality act 2010 have the opportunity to have their say. Information is available in other languages, large print, easy read and audio on request. Accessible community venues have been chosen across the area concerned. Please see the Consultation Plan for a full list of stakeholders. The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels			A full consultation document which includes questions seeking views on the proposals to be distributed widely across the district, available online and on request. Public meetings in appropriate and accessible locations across the district and at a range of times to take account of the public's preferences. Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, Healthwatch, patient groups, voluntary and community groups etc. Staff briefings and meetings as required. Information in prime community and health settings. The main website will be that of NHS Hartlepool and Stockton-on-Tees CCG. It will signpost people to online information/opportunities to comment, etc. There will be a link from NHS DDES CCG and North Tees and Hartlepool NHS Foundation Trust websites. Media – press release and paid-for advertorials and adverts. Posters in a range of community venues throughout the health economy including health settings, libraries etc. Information distributed and shared through public partners' publications and information points. Feedback forms and questionnaires. Local foundation trust members.

	to improve patient outcomes.			Social media will be an important part of the process but there will need to be clear and robust mechanisms for monitoring, recording and responding to messages sent via social media. Appropriate commissioner and NTHFT representatives will meet with Overview and Scrutiny Committees, HealthWatch and any other appropriate groups identified to discuss the consultation document, respond to questions and facilitate consultation responses. Internal communications mechanisms such as staff newsletter and intranets will be used to ensure information is communicated to key staff groups. Opportunities for hard to reach, protected and under-represented groups, and all literature will be offered in alternative languages and formats. Third party distribution will be used where possible for economy, to encourage better dissemination and to demonstrate independent support e.g. articles for voluntary sector and local authority magazines. Consultations documents will meet accessibility guidelines. Web and online communication will provide access to all the information quickly and easily and enable people to have their say, and will meet accessibility guidelines. Please refer to Consultation Plan for a full list of stakeholders
Religion Or Belief	A comprehensive consultation plan has been produced ensuring persons offered protection under the equality act 2010 have the opportunity to have their say. Information is available in other languages, large print, easy read and audio on			There are no specific implications for this community group. Any specific faith organisations will be included in the mailing list for the consultation in recognition of the wide range of potentially interested parties. A full consultation document which includes questions seeking views on the proposals to be distributed widely across the district, available online and on request. Public meetings in appropriate and accessible locations across the district and at a range of times to take account of the public's preferences.

	request. Accessible community venues have been chosen across the area concerned. Please see the Consultation Plan for a full list of stakeholders. The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes. Current chaplaincy services will be maintained across both sites (both in terms of services held, and chaplain and volunteer presence) and it is anticipated that the less complex case mix of patients remaining on the Hartlepool site will result in them gaining additional support from those services while patients in Stockton and the			Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, Healthwatch, patient groups, voluntary and community groups etc. Staff briefings and meetings as required. Information in prime community and health settings. The main website will be that of NHS Hartlepool and Stockton-on-Tees CCG. It will signpost people to online information/opportunities to comment, etc. There will be a link from NHS DDES CCG and North Tees and Hartlepool NHS Foundation Trust websites. Media – press release and paid-for advertorials and adverts. Posters in a range of community venues throughout the health economy including health settings, libraries etc. Information distributed and shared through public partners' publications and information points. Feedback forms and questionnaires. Local foundation trust members. Social media will be an important part of the process but there will need to be clear and robust mechanisms for monitoring, recording and responding to messages sent via social media. Appropriate commissioner and NTHFT representatives will meet with Overview and Scrutiny Committees, HealthWatch and any other appropriate groups identified to discuss the consultation document, respond to questions and facilitate consultation responses. Internal communications mechanisms such as staff newsletter and intranets will be used to ensure information is communicated to key staff groups.

	community will continue to receive the same support as at present.			Opportunities for hard to reach, protected and under-represented groups, and all literature will be offered in alternative languages and formats. Third party distribution will be used where possible for economy, to encourage better dissemination and to demonstrate independent support e.g. articles for voluntary sector and local authority magazines. Consultations documents will meet accessibility guidelines. Web and online communication will provide access to all the information quickly and easily and enable people to have their say, and will meet accessibility guidelines. Please refer to Consultation Plan for a full list of stakeholders
Sex	A comprehensive consultation plan has been produced ensuring persons offered protection under the equality act 2010 have the opportunity to have their say. Information is available in other languages, large print, easy read and audio on request. Accessible community venues have been chosen across the area concerned. Please see the Consultation Plan for a full list of stakeholders. The proposed move of the Emergency Medical and			A full consultation document which includes questions seeking views on the proposals to be distributed widely across the district, available online and on request. Public meetings in appropriate and accessible locations across the district and at a range of times to take account of the public's preferences. Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, Healthwatch, patient groups, voluntary and community groups etc. Staff briefings and meetings as required. Information in prime community and health settings. The main website will be that of NHS Hartlepool and Stockton-on-Tees CCG. It will signpost people to online information/opportunities to comment, etc. There will be a link from NHS DDES CCG and North Tees and Hartlepool NHS Foundation Trust websites. Media – press release and paid-for advertorials and adverts.

	Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.			Posters in a range of community venues throughout the health economy including health settings, libraries etc. Information distributed and shared through public partners' publications and information points. Feedback forms and questionnaires. Local foundation trust members. Social media will be an important part of the process but there will need to be clear and robust mechanisms for monitoring, recording and responding to messages sent via social media. Appropriate commissioner and NTHFT representatives will meet with Overview and Scrutiny Committees, HealthWatch and any other appropriate groups identified to discuss the consultation document, respond to questions and facilitate consultation responses. Internal communications mechanisms such as staff newsletter and intranets will be used to ensure information is communicated to key staff groups. Opportunities for hard to reach, protected and under-represented groups, and all literature will be offered in alternative languages and formats. Third party distribution will be used where possible for economy, to encourage better dissemination and to demonstrate independent support e.g. articles for voluntary sector and local authority magazines. Consultations documents will meet accessibility guidelines. Web and online communication will provide access to all the information quickly and easily and enable people to have their say, and will meet accessibility guidelines. Please refer to Consultation Plan for a full list of stakeholders

Sexual Orientation	A comprehensive consultation plan has been produced ensuring persons offered protection under the equality act 2010 have the opportunity to have their say. Information is available in other languages, large print, easy read and audio on request. Accessible community venues have been chosen across the area concerned. Please see the Consultation Plan for a full list of stakeholders. The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.			There are no specific implications for this community group. Any relevant groups and organisations representing the interests of gay, lesbian, and bisexual residents will be identified and will be notified of the consultation. A full consultation document which includes questions seeking views on the proposals to be distributed widely across the district, available online and on request. Public meetings in appropriate and accessible locations across the district and at a range of times to take account of the public's preferences. Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, Healthwatch, patient groups, voluntary and community groups etc. Staff briefings and meetings as required. Information in prime community and health settings. The main website will be that of NHS Hartlepool and Stockton-on-Tees CCG. It will signpost people to online information/opportunities to comment, etc. There will be a link from NHS DDES CCG and North Tees and Hartlepool NHS Foundation Trust websites. Media – press release and paid-for advertorials and adverts. Posters in a range of community venues throughout the health economy including health settings, libraries etc. Information distributed and shared through public partners' publications and information points. Feedback forms and questionnaires. Local foundation trust members. Social media will be an important part of the process but there will need to

				be clear and robust mechanisms for monitoring, recording and responding to messages sent via social media. Appropriate commissioner and NTHFT representatives will meet with Overview and Scrutiny Committees, HealthWatch and any other appropriate groups identified to discuss the consultation document, respond to questions and facilitate consultation responses. Internal communications mechanisms such as staff newsletter and intranets will be used to ensure information is communicated to key staff groups. Opportunities for hard to reach, protected and under-represented groups, and all literature will be offered in alternative languages and formats. Third party distribution will be used where possible for economy, to encourage better dissemination and to demonstrate independent support e.g. articles for voluntary sector and local authority magazines. Consultations documents will meet accessibility guidelines. Web and online communication will provide access to all the information quickly and easily and enable people to have their say, and will meet accessibility guidelines. Please refer to Consultation Plan for a full list of stakeholders
Carers	A comprehensive consultation plan has been produced ensuring persons offered protection under the equality act 2010 have the opportunity to have their say. Information is available in other languages, large print, easy read and audio on request. Accessible			A full consultation document which includes questions seeking views on the proposals to be distributed widely across the district, available online and on request. Public meetings in appropriate and accessible locations across the district and at a range of times to take account of the public's preferences. Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, Healthwatch, patient groups, voluntary and community groups etc.

	community venues have been chosen across the area concerned. Please see the Consultation Plan for a full list of stakeholders. The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.			Staff briefings and meetings as required. Information in prime community and health settings. The main website will be that of NHS Hartlepool and Stockton-on-Tees CCG. It will signpost people to online information/opportunities to comment, etc. There will be a link from NHS DDES CCG and North Tees and Hartlepool NHS Foundation Trust websites. Media – press release and paid-for advertorials and adverts. Posters in a range of community venues throughout the health economy including health settings, libraries etc. Information distributed and shared through public partners' publications and information points. Feedback forms and questionnaires. Local foundation trust members. Social media will be an important part of the process but there will need to be clear and robust mechanisms for monitoring, recording and responding to messages sent via social media. Appropriate commissioner and NTHFT representatives will meet with Overview and Scrutiny Committees, HealthWatch and any other appropriate groups identified to discuss the consultation document, respond to questions and facilitate consultation responses. Internal communications mechanisms such as staff newsletter and intranets will be used to ensure information is communicated to key staff groups. Opportunities for hard to reach, protected and under-represented groups, and all literature will be offered in alternative languages and formats. Third party distribution will be used where possible for economy, to

				encourage better dissemination and to demonstrate independent support e.g. articles for voluntary sector and local authority magazines. Consultations documents will meet accessibility guidelines. Web and online communication will provide access to all the information quickly and easily and enable people to have their say, and will meet accessibility guidelines. Please refer to Consultation Plan for a full list of stakeholders
Human Rights* *Please see appendix 1 for further information	A comprehensive consultation plan has been produced ensuring persons offered protection under the equality act 2010 have the opportunity to have their say. Information is available in other languages, large print, easy read and audio on request. Accessible community venues have been chosen across the area concerned. Please see the Consultation Plan for a full list of stakeholders. The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole			A full consultation document which includes questions seeking views on the proposals to be distributed widely across the district, available online and on request. Public meetings in appropriate and accessible locations across the district and at a range of times to take account of the public's preferences. Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, Healthwatch, patient groups, voluntary and community groups etc. Staff briefings and meetings as required. Information in prime community and health settings. The main website will be that of NHS Hartlepool and Stockton-on-Tees CCG. It will signpost people to online information/opportunities to comment, etc. There will be a link from NHS DDES CCG and North Tees and Hartlepool NHS Foundation Trust websites. Media – press release and paid-for advertorials and adverts. Posters in a range of community venues throughout the health economy including health settings, libraries etc. Information distributed and shared through public partners' publications and information points.

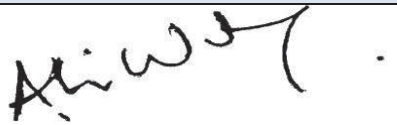
	population that Hartlepool and North Tees serves. Improving quality and access by matching service demand with appropriate skill levels to improve patient outcomes.			Feedback forms and questionnaires. Local foundation trust members. Social media will be an important part of the process but there will need to be clear and robust mechanisms for monitoring, recording and responding to messages sent via social media. Appropriate commissioner and NTHFT representatives will meet with Overview and Scrutiny Committees, HealthWatch and any other appropriate groups identified to discuss the consultation document, respond to questions and facilitate consultation responses. Internal communications mechanisms such as staff newsletter and intranets will be used to ensure information is communicated to key staff groups. Opportunities for hard to reach, protected and under-represented groups, and all literature will be offered in alternative languages and formats. Third party distribution will be used where possible for economy, to encourage better dissemination and to demonstrate independent support e.g. articles for voluntary sector and local authority magazines. Consultations documents will meet accessibility guidelines. Web and online communication will provide access to all the information quickly and easily and enable people to have their say, and will meet accessibility guidelines. Please refer to Consultation Plan for a full list of stakeholders

Full Equality Analysis Template

You must complete a full assessment if your initial analysis you identify any negative impact on any of the protected characteristics groups. You should aim to reduce or remove any negative impact. Please note unlawful, discriminatory impacts must be removed completely. Use this action plan to evidence what needs to be addressed and what you have achieved, attaching any relevant evidence. Action Plan				
Protected Characteristics	**Action required to support the outcome of the initial equality analysis**	**Evidence used (including engagement/ consultation)**	**Responsible Person/s**	**Outcome* *Please refer to page 7 of Equality Analysis Toolkit**
Age				
Disability				
Gender Reassignment				
Pregnancy And Maternity				
Race				
Religion Or Belief				

Sex				
Sexual Orientation				
Carers				
Human Rights				

Please complete the section below and attach a copy of the policy/service/ project being analysed for approval and forward to the CCG Chief Officer on your organisations website.

Chief Officer	Signature	Organisation	Date
Ms. Ali Wilson		NHS Hartlepool and Stockton-on-Tees CCG	15th August 2013

Equality & Diversity Lead Name (please print)	Signature	Organisation	Date
Ben Murphy		North Of England Commissioning Support Unit (NECS)	15th August 2013

For more information or guidance on completing the Equality Analysis please contact Ben Murphy, email ben.murphy@tees.nhs.uk or call 01642 745071.

Appendix One- Human Rights

The Human Rights Act 1998 gives further legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights. These rights not only impact matters of life and death, they also affect the rights you have in your everyday life: what you can say and do your beliefs, your right to a fair trial and other similar basic entitlements.

Most rights have limits to ensure that they do not unfairly damage other people's rights. However, certain rights – such as the right not to be tortured – can never be limited by a court or anybody else.

You have the responsibility to respect other people's rights, and they must respect yours.

Your human rights are:

the right to life
freedom from torture and degrading treatment
freedom from slavery and forced labour
the right to liberty
the right to a fair trial
the right not to be punished for something that wasn't a crime when you did it
the right to respect for private and family life
freedom of thought, conscience and religion, and freedom to express your beliefs
freedom of expression
freedom of assembly and association
the right to marry and to start a family
the right not to be discriminated against in respect of these rights and freedoms
the right to peaceful enjoyment of your property
the right to an education
the right to participate in free elections
the right not to be subjected to the death penalty

If any of these rights and freedoms are breached, you have a right to an effective solution in law, even if the breach was by someone in authority, such as, for example, a police officer.

NHS
Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

Equality Analysis

Consultation Process for; Reconfiguration Proposals for Emergency Medical and Critical Care Services in Hartlepool and North Tees.

August 2013

The Nine Protected Characteristics of the Equality Act 2010

The Equality Act 2010 applies to all organisations that provide a service to the public or a section of the public (service providers). It also applies to anyone who sells goods or provides facilities. It applies to all our services, whether or not a charge is made for them.

The Act protects people from discrimination on the basis of a 'protected characteristic'. The relevant characteristics for services and public functions are:

- disability
- gender reassignment
- pregnancy and maternity
- race
- religion or belief
- sex, and
- sexual orientation
- Marriage and Civil Partnership (named purposely in the equality act 2010. This protected characteristic was linked to the now retired sex discrimination act where people were protected on their marital status).
- Age (under the Equality Act from April 2012 until then The Employment Equality (Age) Regulations 2006 still applied)

The Equality Act General Duties

The general and specific duties are set out in Appendix 1 section 149 of the Act.

- A public authority must, in the exercise of its functions, have due regard (take seriously) to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act

- Advance equality of opportunity between people who share a protected characteristic and those who do not.

- Foster good relations between people who share a protected characteristic and those who do not

Public Sector Specific Equality Duties

The public sector equality duties are unique pieces of equality legislation. They give public bodies, including further and higher education institutions legal responsibilities to demonstrate that they are taking action on equality in policymaking, the delivery of services and public sector employment.

The duties require public bodies to take steps not just to eliminate unlawful discrimination and harassment, but also to actively promote equality.

The Equality Act and duties can be found at
http://www.legislation.gov.uk/ukpga/2010/15/contents

What is equality analysis?

Public authorities are responsible for making a wide range of decisions, from the contents of overarching policies and budget setting to day-to-day decisions which affect specific individuals.

Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act 2010, such as people of different ages. There are two reasons for this:

to consider if there are any unintended consequences for some groups
to consider if the policy will be fully effective for all target groups.

It involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions.

It can help you to identify practical steps to tackle any negative effects or discrimination, to advance equality and to foster good relations.

Not all policies can be expected to benefit all groups equally, particularly if they are targeted at addressing particular problems affecting one protected group.

An example would be a policy to improve the access of learning disabled women to cancer screening services.

Policies like this, that are specifically designed to advance equality, will, however, also need to be analysed for their effect on equality across all the protected groups. This is because any one group is likely to have several protected characteristics within it. For example, a policy on tackling gender based violence will need to analyse its potential effect on ethnic minority communities as well as gay and disabled people. An effective equality analysis will help to make sure that you are aware of any particular needs and the likely wider effects of implementing the policy.

The Equality Analysis process focuses on 6 Steps of activity:

1. Responsible Officer

2. Establishing relevance

3. Scoping the Analysis

4. Analysing the Equality information

5. Monitoring and review

6. Decision making and Publication

Equality Analysis Template- Screening Tool

Title of Policy/ Project/ Service:	**Consultation process for; Reconfiguration proposals for emergency and critical care services in Hartlepool and North Tees Hospitals.**
Equality Analysis Lead Name/s:	**Gill Findley- Director of Nursing DDES CCG** **Ben Murphy – Senior Governance Manager NECS** **Mary Bewley – Head of Communications and Engagement NECS**
Date Equality Analysis started:	**8th July 2013**
Date Equality Analysis completed:	**28th August 2013**
Geographical Area covered by policy/ project/ service?	**NHS Durham Dales, Easington and Sedgefield CCG** **NHS Hartlepool and Stockton-on-Tees CCG** **North Tees and Hartlepool NHS Foundation Trust**
Is this a new or existing policy / project / service?	**This is a new project, this Equality Analysis will analyse the potential impact either positive or negative from the proposed relocation of emergency and critical care services from Hartlepool to North Tees Hospital.** **The project is however related to a broader programme of change in the area which has already and continues to be subject of public engagement and/or consultation.**
What is the purpose/aim of the proposed or existing policy / service / project?	**Hartlepool and Stockton-on-Tees CCG are carrying out this consultation because the doctors who provide emergency medical and critical care services at North Tees and Hartlepool NHS Foundation Trust have told us they cannot carry on providing these services safely and to the expected quality standards on two sites until the new**

	hospital opens in 2017. This has been reviewed by an Independent Clinical Body (NCAT).
Who is intended to benefit from the policy / project / service and how?	**All members of the population accessing and using the emergency medical and critical care services at Hartlepool and North Tees Hospitals.**
Is the responsibility for the policy / project / service shared with another directorate or organisation?	**Yes, shared with;** **NHS Hartlepool and Stockton-on-Tees CCG** **North Tees and Hartlepool NHS Foundation Trust**
What other groups or organisations have an interest in the policy / project / service?	**Please see the consultation plan which identifies all stakeholders.**
What are the intended outcomes of the policy / project / service?	**The consultation aims to inform members of the public of the proposals and to seek their views.** **This equality impact analysis aims to identify if any persons offered protection under the equality act 2010 will be adversely effected by this proposal, and to ensure appropriate adjustments are made to address the issues.**
What engagement has been done regarding this policy / project / service, and the results of this? Please detail which individuals/ groups you have engaged with and when?	**Formal consultation lasting 12 weeks starting Monday 20th May 2013.** **North of England Commissioning Support unit has commissioned independent specialist consultants (Explain) to receive and independently analyse the responses. Respondents to the consultation will be able to feed back by email, freepost address, telephone or via the CCG website as well as at various face to face meetings.**

	Please see the communication and engagement plan for further details of activity.
When will the policy / project / service be implemented?	**The change is proposed to take place from October 2013.**
When will the policy / project / service be reviewed?	**Thorough contact monitoring and annual reviews.**

Protected Characteristics

		Please detail any positive, negative or neutral impacts that this policy/ service/ project may have for people from the below groups.		
Protected Characteristics	**Positive**	**Neutral**	**Negative**	**Comments**
Age	A comprehensive consultation plan has been produced ensuring persons offered protection under the equality act 2010 have the opportunity to have their say. Information is available in other languages, large print, easy read and audio on request. Accessible community venues have been chosen across the area concerned. Please see the Consultation Plan for a full list of stakeholders. The proposed move of the Emergency Medical and Critical Care services to North Tees Hospital sets out to improve access to the service for the whole			A full consultation document which includes questions seeking views on the proposals was distributed widely across the district, and was available online and on request. Public meetings were held in appropriate and accessible locations across the district and at a range of times to take account of the public's preferences. Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, Healthwatch, patient groups, voluntary and community groups etc. Staff briefings and meetings as required. Information in prime community and health settings. The main website was that of NHS Hartlepool and Stockton-on-Tees CCG. It signposts people to online information/opportunities to comment, etc. There is a link from NHS DDES CCG and North Tees and Hartlepool NHS Foundation Trust websites. Media – press release and paid-for advertorials and adverts. Posters in a range of community venues throughout the health economy including health settings, libraries etc. Information distributed and shared through public partners' publications

	population that Hartlepool and North Tees serves. It brings together 2 small teams of staff and resources to a more specialist unit thereby improving outcomes for patients.			and information points. Feedback forms and questionnaires. Local foundation trust members. Social media was an important part of the process Appropriate commissioner and NTHFT representatives met with Overview and Scrutiny Committees, HealthWatch and any other appropriate groups identified to discuss the consultation document, respond to questions and facilitate consultation responses. Internal communications mechanisms such as staff newsletter and intranets will be used to ensure information is communicated to key staff groups. Opportunities were sought for consultation with hard to reach, protected and under-represented groups, and all literature was offered in alternative languages and formats. Third party distribution was used where possible for economy, to encourage better dissemination and to demonstrate independent support e.g. articles for voluntary sector and local authority magazines. Consultations documents met accessibility guidelines. Web and online communication provided access to all the information quickly and easily and enable people to have their say, and met accessibility guidelines.
Disability	As above. Careful consideration was given to venues for public meetings to ensure accessibility.			documents were made available in audio, large print, Braille, one of seven non-English locally spoken languages, on request public meetings were held in central, accessible venues that are Disability Discrimination Act compliant across the region affected the provision of hearing loops, interpreters etc was made available on request

	All documentation was available in other formats on request. Additional information as made available in public places such as supermarkets and health centres as well as leaflets to people's homes			dedicated consultation sessions for groups and organisations which represent the interests of people with a sensory or learning disability were offered A full consultation document which includes questions seeking views on the proposals was distributed widely across the district and was available online and on request. Presentations to a wide range of groups and audiences (pro-active and on request) including OSC, Healthwatch, patient groups, voluntary and community groups etc. Information in prime community and health settings. Posters in a range of community venues throughout the health economy including health settings, libraries etc. Information distributed and shared through public partners' publications and information points. Consultations documents met accessibility guidelines. Web and online communication provided access to all the information quickly and easily and enable people to have their say, and met accessibility guidelines.
Gender Reassignment	.			The consultation process and documents were fully accessible to people in this category
Pregnancy And Maternity	A variety of methods were used to ensure that people in all categories were consulted.			There are no specific implications for this community group. Organisations supporting pregnancy and maternity were included in the mailing list for the consultation in recognition of the wide range of potentially interested parties. Staff briefings and meetings as required.

				Information in prime community and health settings. Media – press release and paid-for advertorials and adverts. Posters in a range of community venues throughout the health economy including health settings, libraries etc. Social media will be an important part of the process Internal communications mechanisms such as staff newsletter and intranets were used to ensure information is communicated to key staff groups including those on maternity leave. Web and online communication provided access to all the information quickly and easily and enable people to have their say, and met accessibility guidelines.
Race	As above.			There are no specific implications for this group
Religion Or Belief	As above			There are no specific implications for this community group. Any specific faith organisations will be included in the mailing list for the consultation in recognition of the wide range of potentially interested parties.
Sex	As above.			There are no specific implication for this group
Sexual Orientation	As above.			There are no specific implications for this community group. Any relevant groups and organisations representing the interests of gay, lesbian, and bisexual residents will be identified and were notified of the consultation.
Carers	As above. A range of resources were used to ensure that people with caring responsibilities			Information in prime community and health settings. Media – press release and paid-for advertorials and adverts.

	who may not be able to leave their relative/patient were able gain information about the consultation. This included leaflets delivered to local homes, information in GP surgeries and electronic media			Posters in a range of community venues throughout the health economy including health settings, libraries etc. Information distributed and shared through public partners' publications and information points. Social media Web and online communication provided access to all the information quickly and easily and enable people to have their say, met accessibility guidelines.
Human Rights* *Please see appendix 1 for further information	As above.			No specific issues in relation to human rights

Full Equality Analysis Template

You must complete a full assessment if your initial analysis you identify any negative impact on any of the protected characteristics groups. You should aim to reduce or remove any negative impact. Please note unlawful, discriminatory impacts must be removed completely. Use this action plan to evidence what needs to be addressed and what you have achieved, attaching any relevant evidence. Action Plan				
Protected Characteristics	**Action required to support the outcome of the initial equality analysis**	**Evidence used (including engagement/ consultation)**	**Responsible Person/s**	**Outcome* *Please refer to page 7 of Equality Analysis Toolkit**
There were no negative impacts noted from the consultation process as information was provided in a variety of formats, electronic and widely distributed hard copy. The steering group adapted the consultation in response to feedback from various parties and more information was developed as required by any groups that requested it.				

Please complete the section below and attach a copy of the policy/service/ project being analysed for approval and forward to the CCG Chief Officer on your organisations website.

Chief Clinical Officer	Signature	Organisation	Date
Dr Stewart Findlay		NHS Durham Dales, Easington and Sedgefield CCG	15th August 2013

Equality & Diversity Lead Name (please print)	Signature	Organisation	Date
Ben Murphy		North Of England Commissioning Support Unit (NECS)	15th August 2013

For more information or guidance on completing the Equality Analysis please contact Ben Murphy, email ben.murphy@tees.nhs.uk or call 01642 745071.

Appendix One- Human Rights

The Human Rights Act 1998 gives further legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights. These rights not only impact matters of life and death, they also affect the rights you have in your everyday life: what you can say and do your beliefs, your right to a fair trial and other similar basic entitlements.

Most rights have limits to ensure that they do not unfairly damage other people's rights. However, certain rights – such as the right not to be tortured – can never be limited by a court or anybody else.

You have the responsibility to respect other people's rights, and they must respect yours.

Your human rights are:

the right to life
freedom from torture and degrading treatment
freedom from slavery and forced labour
the right to liberty
the right to a fair trial
the right not to be punished for something that wasn't a crime when you did it
the right to respect for private and family life
freedom of thought, conscience and religion, and freedom to express your beliefs
freedom of expression
freedom of assembly and association
the right to marry and to start a family
the right not to be discriminated against in respect of these rights and freedoms
the right to peaceful enjoyment of your property
the right to an education
the right to participate in free elections
the right not to be subjected to the death penalty

If any of these rights and freedoms are breached, you have a right to an effective solution in law, even if the breach was by someone in authority, such as, for example, a police officer.

APPENDIX B

NHS
Hartlepool and Stockton-on-Tees
Clinical Commissioning Group

Proposals to centralise Emergency Medical and Critical Care Services at the University Hospital of North Tees

Outcome of Consultation Process and Meeting of NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group and NHS Durham, Dales, Easington and Sedgefield Clinical Commissioning Group

1 Background

Following proposals to improve clinical safety and quality of care in Acute Medical Services and Critical Care in North Tees and Hartlepool NHS Foundation Trust (NTHFT), which would result in the centralisation of these services on the University Hospital of North Tees site, a public consultation was carried out by NHS Hartlepool and Stockton-on-Tees (HaST) CCG and Durham, Dales, Easington and Sedgefield (DDES) CCG in collaboration with the Foundation Trust. The consultation commenced on 20th May and concluded on 11th August 2013, and a 'Meeting in Common' was held by the two CCGs to consider next steps. This was to consider the outcome of the consultation, work that had taken place to mitigate issues and concerns raised through the consultation and how assurances had been received in respect of the impact of the proposed changes on quality, medical cover, workforce planning and capacity with North Tees Hospital and services remaining in Hartlepool.

2 Meeting in Common

The meeting was held in public at Hartlepool College of Further Education. Governing Body Members of the two CCGs, NTHFT representative, and a representative from North East Ambulance Service (NEAS) were in attendance at the meeting.

During the meeting NTHFT re-iterated the clinical case for change. It was stressed that delays in progressing the change would have an impact on the Trusts ability to maintain clinical safety and would continue to perpetuate current inequalities in service provision.

The Chief Officer of HaST CCG provided an overview of considerations the CCGs would need to take into account as part of the decision making process, referring to the overview paper and the consultation report which had been made available to the public via the CCG websites prior to the meeting. Copies of the papers were made available at the meeting as well.

3 Consultation Outcome and Report

The outcome of the public consultation was described to the Governing Body Members. The process included:

- 32 public and community meetings.
- Opportunity to provide questionnaire feedback by post or electronically.
- Presentation at formal Scrutiny Forums/Committees.
- Individual letters and e-mails etc.
- Independent analysis of questions.
- Triangulation of public and clinical meeting responses.

The key issues noted were:

- The input of Healthwatch in the development of the consultation process.
- The on-going improvements made to the process during the 12 week programme to reflect feedback from the public and Healthwatch.
- The development of an extensive travel plan given the strength of public concern about travelling to North Tees (See Travel Plan in Papers).
- The importance of developing local, community based services to support local need and the need to ensure the public better understands what services are available locally.
- The provision of sufficient ambulance capacity to meet the additional journey times.

4 Governing Body Deliberations and Next Steps Agreed

Following a comprehensive questioning process, each of the Governing Bodies considered the information they had received on the clinical case for change, the process and outcome of the consultation and that legal responsibilities CCGs must consider in agreeing to implement reconfigured services had been met. This includes the 'Four Tests':

- Strengthening Patient and Public Engagement
- Clarity about the evidence base
- Support from GP commissioners
- Developing and Supporting patient choice

and the duty to act effectively, efficiently, economically and CCG equality duty.

They received assurance as to how key areas have and continue to be addressed.

DDES CCG unanimously agreed to the implementation of the change with a recommendation to continue to address the issues discussed and to set up an oversight Board to oversee the delivery of the Implementation Plan.

HaST CCG unanimously agreed to the implementation of the change, with the following recommendations:

- That the Travel Plan be evaluated after 3 and 6 months and that health partners engage with local authority colleagues who are responsible for public transport in order to make the transport arrangements sustainable. Priority should be the most vulnerable groups.
- Communication and information needs to continue to be strengthened to the public (and staff including primary care colleagues) by working more closely with LA partners to do this together.

- Metrics for safety and quality to be agreed and monitored and oversight of performance targets to be maintained.
- Strengthening services in community – to continue where services can remain local when safe to do so.

5 Requested of the Audit and Governance Committee

To receive the update and to support on-going collaborative working with commissioners and the Trust; to ensure the issues raised during consultation are appropriately addressed; and to support improvement in communication with the public and stakeholders.

COUNCIL

5th September 2013

Report of: Finance and Policy Committee

Subject: SEATON CAREW DEVELOPMENT SITES

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1. PURPOSE OF REPORT

1.1 To enable Council to consider the Finance and Policy Committees proposed variation to the approved 2013/2014 Budget and Policy Framework and Prudential Limits to allocate of part of the capital receipt from the land sale of Elizabeth Way to purchase and demolish the Longscar building as detailed in **Confidential Appendix 1. This item contains exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely, (paragraph 3) information relating to the financial or business affairs of any particular person (including the authority holding that information).** To note these costs will not be incurred until the capital receipt is received by the Council.

2. BACKGROUND

2.1 In accordance with the constitution the Finance and Policy Committee is responsible for proposing changes to the approved Budget and Policy Framework, which are then referred to Council for consideration. Details of the Committees proposal are set out in the following paragraphs.

3. PROPOSALS

3.1 A report to the previous Cabinet on 15th April 2013 set out the progress made in relation to the Seaton Carew Development sites and made recommendations to enable the project to be progressed. An up date was reported to the Finance and Policy Committee on 28th June 2013 which advised Members the development is based on using the Council's own assets and land holdings in Seaton Carew to release the funds to help deliver a regeneration scheme in Seaton Carew.

3.2 The development will take a number of years to implement and will be dependent upon the achievement of capital receipts from the sale of three land sites. These resources will be used to fund a range of projects, including property acquisition.

3.3 Following a competitive selection process, the Esh Group was selected as the preferred developer with the proposal for residential development on three Council owned sites that would release capital receipts to deliver the range of priorities that have been identified in Seaton Carew. This would include a comprehensive redevelopment scheme for The Front, including the redevelopment of the Longscar Building.

3.4 Officers have been working jointly with the developer to produce draft development proposals and layouts for the sites. To date this has included public consultation for the Elizabeth Way site and an assessment of the commercial market to help formulate proposals for The Front with the aim of stimulating visitor interest and opportunities for business and commercial activity in Seaton Carew. Improved play facilities are also proposed in this area along with improvements to landscaping and events space.

3.5 The overall development approach consists of a number of phases over a period of years, linked to the capital receipts from the sale of land. The first receipt is expected to be received following the satisfactory planning permission upon the expiry of the Judicial Review period for the proposed residential development scheme. The value of later capital receipts will reflect the prevailing market conditions at the time as detailed in the agreed Heads of Terms between the Council and the Esh Group.

3.6 The Longscar building is a key element of the overall proposals and in response to the public consultation this has been included in the first phase of any improvements. Therefore the proceeds from the first phase of the residential development at Elizabeth Way will in part be used to fund the cost of purchase and demolition of the building. Approaches and negotiations are ongoing with the current owners to purchase by agreement before any other means of acquisition are considered.

3.7 The other sites that form part of the masterplan include Coronation Drive/Warrior Drive and the Old Fairground Site. The developers want to progress the first site, Elizabeth Way as soon as possible, and a planning application has been approved. A public consultation exercise was held in June 2012 which helped inform the layout of the Elizabeth Way site. Further public consultations will be held as the wider masterplan is developed. Work is also underway with the relevant Council departments to look at the improvement to community facilities in Seaton Carew.

4. FINANCIAL CONSIDERATIONS

4.1 Following the agreement of the Heads of Terms a more detailed Development Agreement is currently being produced. The developer is keen to proceed quickly with negotiations over the purchase of the Longscar building and the development of the overall scheme. The Heads of Terms requires that funding for this is to be met from the capital receipt from the sale of Site A, Elizabeth Way.

4.2 At the time the 2013/14 budget was approved by full Council in February 2013 this project was not included as the necessary detailed development work and financial assessment was not yet at a stage where full Council could make a decision. This work has now been progressed and as this is a departure from the current Budget and Policy framework it is necessary to seek approval from full Council for the budgets needed to progress the first phase of this project.

4.3 As these details relate to land/property acquisitions by the Council which is subject to ongoing negotiations this information is detailed in **Confidential Appendix 1. This item contains exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely, (paragraph 3) information relating to the financial or business affairs of any particular person (including the authority holding that information).**

4.4 Assuming this proposal is approved Members will be updated as this project progresses. In addition, further reports will be submitted to the Regeneration Services Committee for later phases of this project to enable Members to consider and approve these proposals, prior to referral to full Council either within the annual Medium Term Financial Strategy, or as separate reports if this is necessary.

5. PROPOSAL

5.1 Council is requested to approve the following proposals:

(a) The allocation of part of the capital receipt from the land sale of Elizabeth Way to purchase and demolish the Longscar building as detailed in confidential Appendix 1 which **contains exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely information relating to the financial or business affairs of any particular person (including the authority holding that information) para 3.** These costs will not be incurred until the capital receipt is received by the Council.

(b) The balance of the capital receipt to be set aside towards the overall Seaton Carew regeneration scheme including the development of community facilities within Seaton subject to future costed proposals being approved by the Finance and Policy Committee and full Council.

(c) If the value of capital receipts needed to fund items (a) and (b) was less than the actual capital receipt from the sale of land at Elizabeth Way the remaining amount be held as an earmarked Unused Capital Receipt, which can only be released if approved by the Finance and Policy Committee and full Council.

(d) To note that if recommendation (a) is agreed the approved Prudential Limits will up dated accordingly.

6. BACKGROUND PAPERS

Cabinet Report 15th April 2013
Finance and Policy Committee Report 28th June 2013
Finance and Policy Committee Report 26th July 2013

7. CONTACT OFFICERS

Director of Regeneration and Neighbourhoods,
Denise.Ogden@hartlepool.gov.uk, 01429 523301 or
Chief Finance Officer
Chris.Little@hartlepool.gov.uk, 01429 523002

COUNCIL

5 September 2013

Report of: Finance and Policy Committee

Subject: LIVING WAGE

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1. PURPOSE OF REPORT

1.1 To enable Council to consider the Finance and Policy Committees proposed variation to the approved 2013/2014 Budget and Policy Framework to implement a Living Wage with effective from 1 September 2013 and to approve the funding arrangements for this proposal.

2. BACKGROUND

2.1 In accordance with the constitution the Finance and Policy Committee is responsible for proposing changes to the approved Budget and Policy Framework, which are then referred to Council for consideration.

2.2 At its meeting on 23 August 2013 the Finance and Policy Committee considered the proposed introduction of a Living Wage and funding arrangements for this proposal.

3. PROPOSALS AND FINANCIAL CONSIDERATIONS

3.1 The Finance and Policy Committee considered a range of issues and proposals in relation to the introduction of a Hartlepool Living Wage and approved the introduction of a Living Wage of £7.26, with effect from 1 September 2013.

3.2 As this proposal will increase costs the Finance and Policy Committee is seeking Council approval to fund the additional costs as detailed in the following paragraphs.

3.3 The part year cost of implementing a Hartlepool Living Wage in 2013/14 is £90,000. The Finance and Policy Committee is seeking Council approval to release £90,000 of the Living Wage reserve previously set up from savings in Members Allowances to fund the additional costs in 2103/14.

3.4 The full year cost of implementing the Living Wage will be £155,000 from 2014/15 onwards. The Finance and Policy Committee is proposing that part

of this cost will be funded from the ongoing savings in Members Allowances (£131,000) with the residual shortfall of £24,000 funded from the review of Workforce Arrangements, or if savings in this area are not achieved the residual cost will be a budget pressure for 2014/15.

4. PROPOSAL

4.1 Council is requested to approve the following proposals;

a) to release £90,000 of the Living Wage reserve previously set up from savings in Members Allowances to fund the additional costs of implementing a Living Wage in 2103/14.

b) to note the full year cost of implementing the Living Wage will be £155,000 from 2014/15 onwards and will be funded from the ongoing savings in Members Allowances (£131,000) with the residual shortfall of £24,000 being funded from the review of Workforce Arrangements, or if savings in this area are not achieved the residual cost will be a budget pressure for 2014/15.

5. APPENDICES AVAILABLE ON REQUEST, IN THE MEMBERS LIBRARY AND ON-LINE

None

6. BACKGROUND PAPERS

Finance and Policy Committee report 23 August 2013

7. CONTACT OFFICERS

Dave Stubbs
Chief Executive
E-mail: dave.stubbs@hartlepool.gov.uk
Tel No: 01429 523001

Chris Little
Chief Finance Officer
E-mail: Chris.Little@hartlepool.gov.uk
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FINANCE AND POLICY COMMITTEE

23 August 2013

Report of: Chief Executive

Subject: LIVING WAGE

1. TYPE OF DECISION/APPLICABLE CATEGORY

Key Decision (test (i) Forward Plan Reference No. CE58/13 – Living Wage

2. PURPOSE OF REPORT

2.1 To obtain Finance and Policy Committee approval to implement a Living Wage for low paid employees in the Council

3. BACKGROUND

3.1 Over recent months there has been a growing campaign, led by the Living Wage Foundation, to persuade employers throughout the UK to adopt the Living Wage.

3.2 The Living Wage is an hourly rate, set independently, every year (by the GLC in London and the Centre for Research in Social Policy outside London). It is calculated according to the cost of living and gives the minimum pay rate required for a worker to provide an acceptable standard of living to ensure good health, adequate child development and inclusion.

3.3 The current Living Wage in London is £8.55p per hour and outside London is £7.45p. The Living Wage is uprated every November and has to be implemented within 6 months by employers accredited as 'Living Wage Employers' by the Living Wage Foundation. By comparison the national minimum wage for 21 year olds is currently £6.19p per hour, rising to £6.31p per hour in October 2013 and the lowest spinal column point used for 'Green Book' employees in the Council and schools is SCP 5 (equivalent to £6.45 per hour from 1 April 2013 following a 1% pay award). There are a small number of employees (referred to as the 'TUPE employees' in the remainder of this report) who TUPE transferred to the Council and who are paid the national minimum wage (or slightly above) as a result of them retaining their pre transfer conditions of service and pay rates. Consideration is currently

being given to assimilating the employees onto Green Book conditions of service and pay rates which are generally more beneficial. TUPE generally provides legal protection of conditions of service and/or contractual pay rates to employees who transfer from one employer to another. However TUPE allows agreed changes where these are either unconnected with the transfer or connected to the transfer but are being made for an economic, technical or organizational (ETO) reason. Case law has established that a desire to achieve harmonisation will be by reason for the transfer itself and cannot constitute an ETO reason.

3.4 Living Wage employers report improved morale, lower turn over of staff, reduced absenteeism, increased productivity and improved customer service.

3.5 The Living Wage Foundation indicate they are not aware of anyone being worse off due to the implementation of the Living Wage. This may be because some benefits are tapered and employees may be able to adjust their working arrangements if their benefits are reduced.

3.6 Nationally, accredited "Living Wage" employers include KPMG, Aviva, Birmingham City Council, London Boroughs of Lambeth, Camden, Ealing, Hounslow, Islington, Lewisham and Southwark who pay the national Living Wage.

3.7 Non Accredited Living Wage Employers include Newcastle City Council who pay the Newcastle Living Wage of £7.20p per hour and Manchester City Council – pay the Manchester Living Wage of £7.15p per hour (no commitment is made by non accredited Living Wage employers to apply any changes to the national Living Wage and they set and review their Living Wage as they see fit).

3.8 Sub-regionally,

- Middlesbrough Council have recently committed themselves in principle to a Living Wage for their employees but will thoroughly investigate issues, costs and benefits before making any firm proposals
- Redcar and Cleveland Council are introducing a Living Wage of £7.04 for employees on 1 October 2013
- Stockton Council are considering options for introducing a Living Wage for their employees and are due to report soon to members
- Darlington Council are considering whether to introduce a Living Wage for their employees and will be exploring options in the Autumn.

3.9 General Purposes Committee considered a Pay Policy report on 18 March 2013 which made reference to the Living Wage. Extracts from the minute include

"*During the discussion that followed, Members were supportive of the exploration of the inclusion of a living wage in Hartlepool within the Pay Policy, which they highlighted should be undertaken in consultation with Trades Unions and employees when the Policy was reviewed early in the new municipal year. A Member raised a number of concerns in relation to the*

impact on the level of benefit entitlement for individuals as a result of the introduction of a living wage. The Chief Executive added that a full analysis would be undertaken to identify the effects on individuals and this will form part of the discussions. The potential impact to school employees was highlighted. It was recognised that some employees in schools work directly for the school whereas others work in schools through the purchase of Council services. Generally, however, it was considered that the implementation of a living wage would have a positive impact on the majority of individuals as the aim would be to uplift the lowest paid individuals, which in turn may produce savings through the resulting reduction in the level of council tax benefits paid out by the Council. Members considered that the implementation of a living wage for Council employees would set an example and influence other employers who may come to appreciate that individuals need to receive a living wage."

3.10 At Council on 15 April 2013 a reserve in 2013/14 of £131k for the Living Wage was established. The MTFS makes provision for an equivalent permanent saving from the Members allowances budget from 2014/15 onwards which members have indicated they wish to use to fund the Living Wage.

3.11 The following motion was unanimously agreed at Council on 13 June 2013

Since its inception in 1999 the minimum wage has become a cornerstone of our social democracy. It defends working people from exploitation at the hands of greedy, negligent employers.

Overnight it raised the pay of over 1 million workers in the UK by around 15% and despite the doom-laden predictions of some, it has not resulted in mass unemployment.

As Tony Blair once said: The absence of a minimum wage would mean "building a workforce where fear is the spur and insecurity the incentive".

Today it acts as vital safeguard in our society, which promotes dignity for hard-working men and women across Hartlepool and the UK as a whole.

Therefore, we, the Council, condemn any responsible individual (be they manager, director or trustee) who fails to pay the National Minimum Wage. Such abuses are an a front to justice, both legal and moral, and those individuals should be prosecuted to the fullest extent of the law.

As the largest contractor of services in Hartlepool, we recognise our responsibility to protect all workers, including those undertaking comparable work under the 'Back to work' programme. Therefore we propose the introduction of a 'Living Wage Guarantee', in line with our aim to be a Living Wage Council. This must be signed by every beneficiary who receives a grant or commissioned contract by this Council. Should the Council fail to adopt the Living Wage all organisations would be required to sign a National Minimum Wage Guarantee.

If an organisation fails to live up to this agreement, then this must be reported to Full Council and a decision about the future of that contract taken by the appropriate committee.

3.12 A national pay award of 1% on all pay points has recently been agreed with effect from 1 April 2013. Provision of 1% has been built into the 2013/14 budget to cover pay awards. The impact on hourly rates is detailed in Table 1

Table 1 – Impact of 1% pay offer on Bands 1-4

Pay Band	Spinal Column Point	Whole Time Substantive Hourly Rate prior to the 1% pay increase at 1.4.13 (£)	Whole Time Substantive Hourly Rate following the 1% pay increase at 1.4.13 (£)
Band 1	5	6.38	6.44
	6	6.47	6.54
Band 2	7	6.62	6.69
	8	6.84	6.90
Band 3	9	7.04	7.11
	10	7.19	7.26
Band 4	11	7.64	7.71
	12	7.80	7.87

Members attention is drawn to the change for SC P 10 from £7.19 per hour to £7.26 per hour as financial information based on £7.20 per hour has previously been provided to General Purposes Committee.

3.13 By law, the Council is the employer of Community and Voluntary Controlled school employees whereas the Governing Body is the employer of Academy, Aided and Foundation school employees.

3.14 Headteachers and Hartlepool Joint Trade Union Committee have been formally consulted and their views are detailed in the appropriate sections below. The full response from the Hartlepool Joint Trade Union Committee is attached at Appendix 1.

3.15 The Council currently has a Child Poverty Strategy which has recently been updated and approved at Childrens Services Committee.

4. PROPOSALS

4.1 **Justification for Introducing a Living Wage for Council Employees**– Low paid employees who currently earn less that the level set for a Living Wage would benefit from the introduction of a Living Wage. Paying a Living Wage is an investment in people and families and would contribute to tackling inequality and poverty. A Living Wage makes sense in relation to the potential impact on the local economy too, as those on low incomes are more

likely to spend their money locally which can help to safeguard and create jobs in Hartlepool. Over 95% of employees in the Council and schools who could benefit from a Living Wage live in Hartlepool. In addition, lower paid employees are more likely to be claiming benefits and any increase in their pay may reduce the amount of benefit they receive which will create a saving on the Council's benefits budget which, in turn, can be used to support other Hartlepool residents. Due to the tapering nature of some benefits it is unlikely that employees will be worse off as a result of receiving a Living Wage (see 4.32 below for more details). Headteachers and the Hartlepool Joint Trade Union Committee are supportive of implementing a Living Wage for Council employees. If members agree that a Living Wage should be implemented for Council employees then a number of issues need to be considered, as detailed in 4.2 – 4.44 and summarized in 4.45 below.

4.2 **Accreditation** – If the Council wishes to become a Living Wage Foundation Accredited employer it will need to

- pay the UK Living Wage as determined by the Centre for Research in Social Policy (currently £7.45 per hour)
- implement any changes in the UK Living Wage rate within 6 months of new rates being determined in November each year
- ensure contracted workers over 18 (but excluding apprentices) are paid the UK Living Wage where the worker is on the employer's premises for two or more hours per week, for eight or more consecutive weeks in the year.

4.3 Unless significant savings from changes in employees terms and conditions can be achieved there is insufficient funding within existing staffing budgets to fund the UK Living Wage of £7.45 per hour and this would represent an additional pressure on the MTFS. In addition, the Council will have little, if any, influence over the level of the UK Living Wage set each year. The main benefit of accreditation, from a budget perspective, is that the UK Living Wage is set in November each year and therefore the additional costs can be built into the budget process before the budget is set in the following February. There is no linkage between the UK Living Wage and the national pay spine for Green Book employees. Becoming an accredited Living Wage employer severely restricts/removes local flexibility.

4.4 As it is not proposed to seek accreditation no analysis has been undertaken to determine whether employees of contractors who spend two or more hours per week, for eight or more consecutive weeks on Council premises are paid the national Living Wage rate of £7.45 per hours. If accreditation is to be sought it will be necessary to investigate this more fully. Whilst the Living Wage Foundation encourage Living Wage employers to send out a communication to all their suppliers letting them know they have gone Living Wage and encouraging them to consider doing the same there is no requirement under the accreditation for suppliers to pay the Living Wage. This is considered later in the report in paragraphs 4.38 – 4.41.

4.5 Headteachers have indicated that they do not support accreditation. The Hartlepool Joint Trade Union Committee has indicated "*Full accreditation should remain as aspirational in the current economic climate. However if implementing a 'Hartlepool' Living Wage there is a need to ensure contracted workers are paid the 'Hartlepool' Living Wage where the worker is on the employer's premises for two or more hours per week, for eight or more consecutive weeks in the year".* It is proposed that the Council does not seek to be an accredited Living Wage employer.

4.6 **Rate for a Living Wage** – If it wished the Council could agree to a rate of £7.45 per hour which is equivalent to the UK Living Wage if it does not seek to be an accredited Living Wage employer. However the funding issue remains and it is important that all current and future costs can be contained within existing staffing budgets to ensure that additional financial pressures are not created. In theory it would be possible to set a Hartlepool Living Wage rate at any level above £6.45 per hour).

4.7 The estimated costs and number of employees potentially affected by a Living Wage of £7.45 per hour and £7.26 per hour (updated to reflect the costs of casual workers, the proposed transfer of cleaners from Manor College to the Council on 1 September 2013, the inclusion of the 'TUPE employees and the impact of the 1% pay award') is detailed in Table 2.

Table 2 – Implications of a Living Wage

Living Wage	Council				Schools			
	Number of employees	Additional Costs (£)			Number of Employees	Additional Costs (£)		
		Employees	Casual Cover	Total		Employees	Casual Cover	Total
£7.26	351	145	10	155	54	15	0	15
£7.45	531	227	15	242	237	44	0	44

The types of jobs which would benefit from a Living Wage at £7.26 per hour include Band 1 and 2 employees e.g. Cleaners and Band 3 employees in their first year only e.g. Supervisory Assistants and at £7.45 per hour would include all Band 1-3 employees. The pension costs reflect current membership of the Local Government Pension Scheme (LGPS). There is a low risk that membership of the LGPS may increase the above costs. If all eligible employees were to join the LGPS then the costs would increase by a further £10,000 for £7.26 per hour and a further £14,000 for £7.45 per hour.

4.8 As indicated in Table 2 the costs to the Council of a Living Wage of £7.26 is £155,000 and at £7.45 is £242,000. These figures exclude the potential additional employers pension costs if membership of the LGPS increases. This is assessed as low risk and it is not recommended that funding is provided for this risk.

4.9 In terms of funding the additional cost of implementing a Living Wage Members have previously indicated that they wish to allocate the saving in the Members Allowances budget towards this cost. The available ongoing

funding from this saving in the 2014/15 base budget is £131,000 and the saving in 2013/14 is held in an earmarked one off reserve.

4.10 If Members adopt a Living Wage of £7.26 there will be a residual permanent budget pressures of £24,000 in 2014/15 (i.e. cost of Living Wage of £155,000 less ongoing saving in Members allowances budget of £131,000). This shortfall will need to be addressed from the review of Workforce Arrangements, which seeks to achieve savings from a range of proposals, including removing/reducing premium payments and reducing car allowances to HMRC tax free levels. If savings in these areas are not achieved the residual budget pressure will need to be addressed within the overall budget process and alternative budget savings identified for 2014/15. It would not be appropriate to fund an ongoing cost from the residual balance of the one-off Living Wage Reserve, as this would not be sustainable. Members will need to determine a strategy for using the residual Living Wage Reserve balance as part of the 2013/14 Outturn Strategy.

4.11 If a Living Wage of £7.45 is adopted the residual budget pressure will be £111,000. This is a more significant funding shortfall and will be more difficult to address as part of the 2014/15 budget process.

4.12 Headteachers have indicated that the Living Wage rate should be £7.26 per hour. The Hartlepool Joint Trade Union Committee have indicated "*Significant progress can be made towards the introduction of the Living Wage by linking the introduction of a 'Hartlepool' Living Wage to a current NJC SCP (SCP 10)*" It is recommended that a Hartlepool Living Wage be set at £7.26 per hour subject to either additional funding of £24,000 being identified or the shortfall being addressed as part of the overall budget process for 2014/15.

4.13 **Flexibility to change the rate of a Living Wage** – the amount of flexibility to change the rate of the Living Wage will depend upon how it is implemented. There are 2 main options as follows

a) Agree a rate each year in light of the Council's financial situation
b) Link the rate to a specific spinal column point

4.14 Agreeing a rate each year in light of the Council's financial situation gives the opportunity for free standing decisions to be made in relation to the rate in any given year. By definition the rate will need to be considered each year, presumably as part of the budget considerations as specific provision for any increase will need to be made.

4.15 Linking the rate to a specific spinal column point would ensure that the rate changes automatically in line with national pay awards and would mean that the pay inflation provision in the budget would cover any additional costs. Headteachers and the Hartlepool Joint Trade Union Committee have indicated that the Living Wage should be linked to SCP 10 and this is recommended.

4.16 **Contractual status** – The Living Wage can be paid in a number of ways including as a contractual supplement to pay, a permanent variation to the employees contract of employment or as a non contractual supplement to pay. If the Living Wage is contractual it will be very difficult to vary this without the employees consent or a collective agreement with the trade unions. A contractual supplement to pay would be where the employee continues to be paid in accordance with their contractual basic rate of pay but will receive a contractual supplement to bring their basic rate of pay up to the Living Wage rate.

4.17 A permanent variation to employees contracts of employment would be for the Living Wage to be the employees basic pay. If the Living Wage is set at £7.26 per hour this would require the merging of the bottom 3 pay bands in the pay and grading structure into a single pay band with a single spinal point. The current pay and grading structure is detailed in Table 3.

Table 3 – Current Pay and Grading Structure

	Job Evaluation Points		Spinal Column Points	
Pay Band	**JE Points Minimum**	**JE Points Maximum**	**SCP Minimum**	**SCP Maximum**
Band 1	0	269	5	6
Band 2	270	279	7	8
Band 3	280	289	9	10
Band 4	290	299	11	12
Band 5	300	327	13	15
Band 6	328	355	16	18
Band 7	356	383	19	21
Band 8	384	411	22	24
Band 9	412	446	25	28
Band 10	447	481	29	32
Band 11	482	516	33	36
Band 12	517	551	37	40
Band 13	552	606	41	45
Band 14	607	661	46	50
Band 15	662	1000	51	55

4.18 The pay and grading structure with the bottom 3 pay bands merged into a single pay band (Band 1 - 3) comprising spinal column point 10 only is detailed in Table 4.

Table 4 – Pay and Grading Structure with the bottom 3 pay bands merged into a single pay band (Band 1-3) comprising spinal column point 10 only

Pay Band	Job Evaluation (JE) Points		Spinal Column Points	
	JE Points Minimum	JE Points Maximum	SCP Minimum	SCP Maximum
Band 1-3	0	289	10	10
Band 4	290	299	11	12
Band 5	300	327	13	15
Band 6	328	355	16	18
Band 7	356	383	19	21
Band 8	384	411	22	24
Band 9	412	446	25	28
Band 10	447	481	29	32
Band 11	482	516	33	36
Band 12	517	551	37	40
Band 13	552	606	41	45
Band 14	607	661	46	50
Band 15	662	1000	51	55

4.19 Implementing the pay and grading structure in Table 4 would mean that jobs which had previously been evaluated as being of different worth would be paid the same at spinal column point 10 and the Living Wage would be contractual. The job evaluation (JE) points difference at the bottom end of the current pay and grading structure is small and a change of one level in one of the factors in the job evaluation scheme can result in a change of 2 pay bands.

4.20 A non contractual supplement to pay would involve the Council agreeing to pay a supplement to bring the employees earnings up to the Living Wage rate but the employees would have no contractual right to receive the payment. On this basis it would be relatively straightforward, from a legal perspective, to remove the supplement but may be more difficult from an industrial relations perspective as employees will, over time, have become used to receiving it.

4.21 If the final level to be set for the Living Wage is greater than can be immediately funded it would be appropriate for either the whole of the payment or the unfunded element to be non contractual until sufficient permanent funding has been identified to fund the whole of the cost.

4.22 Headteachers have indicated that the Living Wage should be contractual and support the merging of Bands 1-3 into a single pay band (Band 1-3) comprising spinal column point 10 only. The Hartlepool Joint Trade Union Committee have indicated "*The Hartlepool Living wage should be a contractual payment. All SCPs below SCP 10 should be removed from the NJC Pay Scale used by Hartlepool Borough Council and all relevant pay band/s merged to create one (1) band with 1 SCP band width of SCP 10".*

4.23 The introduction of a Living Wage is not connected to TUPE transfer and there is therefore no legal impediment to agreeing a contractual change with the employees.

4.24 It is proposed that

a) the Living Wage be contractual for 'Green Book' and TUPE employees and
b) Bands 1-3 be merged into a single pay band (Band 1-3) comprising spinal column point 10 only.

4.25 **Impact on Trading Accounts and other services competing for work**– The main group of employees who would benefit from the introduction of a Living Wage would be cleaners some of whom work in Council buildings and some of whom work in schools and other non Council premises under service level agreements (SLA). There would be a significant impact on the Cleaning Trading Account if the costs of cleaners increased but were not funded. The Chief Finance Officer has indicated that client budgets for Council buildings would initially be provided with additional funding of £47,000 so that they are able to pay any increase in cleaning costs as a result of the Living Wage. This amount is included in the additional costs detailed earlier in the report.

4.26 The situation in respect of cleaners who work in schools and other non Council premises under an SLA is more complicated. In the short term the SLA price will have been set and there is no real justification for varying the price simply because the Council makes a decision to increase its own costs. In the medium to long term the SLA price will come up for renewal. If the renewal prices are based on the additional costs of a Living Wage it is possible that some of the SLA's will not be renewed. Agreement to a Living Wage would also potentially be detrimental to all those Council services which may be striving to compete for external work. Similar concerns exist with other trading accounts e.g. it may be difficult to pass on any additional cost of school meals. The desire to support low paid employees by paying a living wage is important but it is also difficult to reconcile this with being competitive in the market.

4.27 The Chief Solicitor has advised that whilst trading accounts could be funded for the Living Wage, the Council will need to ensure it does not distort, or potentially distort competition, wherein there could be state aid ramifications. Hartlepool Joint Trade Union Committee have indicated that "It is essential that introducing a Living Wage does not result in job losses, particularly where services are competing with the private and voluntary sectors". The cost of funding the trading accounts would be £86,000 (including casuals and Manor College). If the trading accounts are funded there will not be an adverse impact on the Building Cleaning and other DSO trading accounts with the full impact being on the General Fund. It is therefore recommended that the trading accounts be funded for the impact of the Living Wage.

4.28 **Impact on Differentials** – Introducing a Living Wage for some employees will reduce the differential between supervisors/other employees and employees

who receive the Living Wage. However this will not impact on the pay of the supervisors and will therefore be more of a status issue. A similar issue arose when the Single Status Agreement and new pay and grading structure was introduced.

4.29 Differentials will also be eroded between employees who receive the Living Wage as all will be paid the same. No Green Book employees who will receive the Living Wage are supervising other employees who will also receive the Living Wage although this will apply to one of the 'TUPE employees' (options to address this are currently being considered by officers). Employees in some jobs which are perceived as being bigger jobs than others in the same service will be paid the same for example directly supervised cleaners in the Civic Centre will be paid the same as cleaners who work unsupervised and have some responsibility for the security of the building they clean.

4.30 Headteachers have indicated that the number of employees affected in each school at a Living Wage rate of £7.26 per hour is likely to be very low (1 or 2) unless the school employs its own cleaners. Schools would deal with any issues that arise in a sympathetic manner whilst needing to maintain services. The Hartlepool Joint Trade Union Committee have indicated "*With the introduction of a Living Wage at SCP10 maintains a clear recognition that the responsibility factor/s included in Job Evaluation start to make a clear difference, given the limited band widths at Band 1 to Band 3, at Band 4 to Band 5 and above, particularly in schools, and as such will not make a significant problem regarding differentials albeit as has been recognised some employees may feel aggrieved that others are receiving a 'pay rise' whilst they are not but this would be the case irrespective of the level set for a living wage and as and when NJC pay awards have been bottom loaded".*

4.31 **Impact on other terms and conditions** – some terms and conditions are linked to basic pay e.g. weekend enhancements, overtime pay etc. In order to simplify payroll processes it is proposed that all associated payments in accordance with contracts of employment are based on the Living Wage rate rather than basic pay. This will ensure, for example, that a part time employee who undertakes additional hours up to 37 hours will be paid the Living Wage hourly rate rather than their basic rate (where this is lower) although there may be a marginal increase in costs. In addition it is suggested that redundancy payments be calculated on the Living Wage rate. If it is agreed that the Living Wage is contractual and that Bands 1-3 be merged immediately into a single pay band (Band 1-3) with only one spinal point (SCP 10) then all aspects of the Single Status Agreement would apply and there would be no discretion to not link other payments to basic pay without renegotiating the Single Status Agreement. Headteachers have indicated that all payments should be based on the Living Wage. The Hartlepool Joint Trade Union Committee have indicated *"As Living Wage is linked to NJC SCP 10, and contractual, all terms and associated NJC conditions of service (as local amended) should be linked automatically".*

4.32 **Pension implications** – If the Living Wage is regarded as pay it is pensionable under the current LGPS scheme. However if it is regarded as a 'supplement' it might be considered to be non pensionable, although this could be challenged in an Employment Tribunal. If it is agreed that the Living Wage for Green Book employees is contractual and that Bands 1-3 be merged immediately into a single pay band (Band 1-3) with only one spinal point (SCP 10) then there is no discretion for it to be non pensionable**.** It is proposed that the payment be pensionable for the 'TUPE employees'. The costings make provision for the payments to be pensionable where employees are currently members of the pension fund. Headteachers have indicated the Living Wage should be pensionable. The Hartlepool Joint Trade Union Committees have indicated *"As with all relevant pay this should be pensionable".* The costs of pension are relatively low and it is proposed that the payments be pensionable.

4.33 **Possible impact on benefit entitlement** – The Director of the Living Wage Foundation has verbally indicated that he is not aware of any employees being worse off due to the increase in pay from the Living Wage leading to a greater decrease in benefit entitlement, the reason being that some benefits are tapered. The Chief Finance Officer has indicated that it is not feasible for Officers to assess, in advance, whether any employees will be worse off as a result of implementing a Living Wage. However it is possible that some employees may be worse off and in these circumstances it is proposed that managers be sympathetic (wherever possible) to any requests to reduce hours. It may be appropriate to set up drop in surgeries so employees can discuss the potential impact on benefits. However there was very little take up of similar surgeries by Newcastle employees when they were working towards implementing a Living Wage. Alternatively employees could be signposted to West View Advice and Resource Centre, Hartlepool Citizens Advice Bureau or other appropriate advice centres. It may be appropriate to release and/or pay employees to receive the advice. Headteachers have indicated that benefit advice should be made available but not necessarily via specific surgeries. The Secondary Headteachers would be willing to pay employees when they are provided with advice whereas Primary Headteachers felt that employees could attend in their own time as they are typically part time. The Hartlepool Joint Trade Union Committee have indicated "Work would need to be undertaken with individual employees/schools/department to ensure there is not detriment following the introduction of a Living Wage. Advice should be provided to employees using benefit experts. Relevant sessions if requested, could be arranged at staggered times / dates to ensure all relevant employees have an opportunity to receive advice with release/pay as appropriate." It is proposed that managers be sympathetic (wherever possible) if employees wish to change hours and employees be referred to appropriate advice centres e.g. West View Advice and Resource Centre, Hartlepool Citizens Advice Bureau outside of working hours if they require advice about benefit entitlement.

4.34 **Date of Implementation** – The date of implementation could be

- 1 September 2013 as this is the start of the next academic year

- 1 November 2013 to give employees time to obtain benefit advice and change their working hours if needed
- 1 April 2014 as this is the start of the next financial year
- Some other date as determined by members

4.35 If a Living Wage is implemented from 1st September 2013 then £90,000 of the one-off reserve would be required for a rate of £7.26 per hour with £41,000 being unallocated and the whole of the one-off reserve would be needed, plus additional funding of £10,000 for a rate of £7.45 per hour. If a Living Wage is implemented from 1 April 2014 the whole of the one-off reserve would not be required. The Payroll section would be able to implement a Living Wage effective from 1 September 2013 in October's pay for Council and school employees. An earlier date would not be appropriate as

- Aided and Foundation schools and Academies will need to confirm that they wish to implement the Council's Living Wage
- some employees may be entitled to receive the Living Wage in more than one job (school and Council) and it would be beneficial if they receive the new rate of pay at the same time

4.36 Secondary Headteachers have indicated that, ideally the implementation date would be 1 April 2014 as this would enable the costs to be built into next years budget. However they have no objection to an implementation date of 1 September 2013 as costs are likely to be low (and can therefore be managed within the 2013/14 budget) unless the school employs its own cleaners. Primary Headteachers support an implementation date of 1 September 2013. The Hartlepool Joint Trade Union Committee have indicated that they *" support an implementation date of September 1st 2013 as start of school academic year or 1st October 2013 as half way through 'financial year' and NJC relevant pay cycle. Thought may be given on ensuring employees have an opportunity to receive relevant advice prior to the introduction of the Living Wage! The payroll section need to be able to implement a Living Wage quickly and efficiently."* It is proposed that a Living Wage be implemented in full from 1 September 2013. However it is necessary for all changes to be made to the payroll system for over 400 Council and school employees at the same time and it is highly unlikely that all schools will have confirmed that they intend to implement the Living Wage by the September 2013 payroll deadline as the Autumn term typically does not start until the week commencing 2 September 2013. As a result the Living Wage will be included in employees October pay, backdated to 1 September 2013. Employees will be notified of this when they are notified of the change in their contract of employment to the Living Wage in September.

4.37 **Sleeping in Duty –** Case law has established that the hours undertaking sleeping in duty on works premises are to be taken into account when determining whether an employee is receiving at least the national minimum wage. The Council currently has a small requirement for sleeping in duty at Exmoor Grove and this is expected to increase when the new children's home opens later this year. It is envisaged that no employees at these establishments will benefit directly from the introduction a Living Wage. However it is possible that some employees would receive less than a Living

Wage if the methodology for determining compliance with the national minimum wage is applied to those employees who undertake sleeping in duty. The Hartlepool Joint Trade Union Committee have indicated "*The national minimum wage regulations require time spent on sleeping in duties to be taken into account when determining whether employees are receiving at least the minimum wage. In future time spent on sleeping in duties should be taken into account when determining whether employees are receiving at least the Council's Living Wage*". It is proposed that the national minimum wage methodology be applied when determining compliance with the Council's Living Wage. There will be no additional budget required for this as the risk of non compliance is in respect of posts at the lower end of Bands 7-9 and budget is currently provided at the maximum of Band 9.

4.38 **Equality Considerations** – Over 90% of the employees who will benefit from a Living Wage are female.

4.39 **Equal Pay Risks** - Any failure by a Community School to pay the Council's Living Wage to its employees would expose the school to an equal pay risk equivalent to the difference between the Council's Living Wage and the school pay levels for each employee paid less than the Council's Living Wage. There would be no equal pay risk to the Council if Academies, Aided schools or Foundation schools did not pay the Council's Living Wage as such an entity has the status of 'employer' in their own right. There would therefore be no equal pay risks for the Council if any schools did not pay the Council's Living Wage. If a Community school set a Living Wage higher than the Council is paying some of its employees then the Council and other Community schools would be exposed to a significant equal pay risk. There would be no equal pay risk to the Council or Community schools if Academies, Aided schools or Foundation schools set a Living Wage rate higher than the Council's.

4.40 **Contractors and Suppliers** – As indicated in 4.2 and 4.4 above accredited employers have to ensure contracted workers over 18 (but excluding apprentices) are paid the UK Living Wage where the worker is on the employer's premises for two or more hours per week, for eight or more consecutive weeks in the year and are encouraged to send out a communication to all their suppliers letting them know they have gone Living Wage and encouraging them to consider doing the same there is no requirement under the accreditation for suppliers to pay the Living Wage.

4.41 If accreditation is not sought then there is no requirement to do anything about contractors and suppliers in relation to a Living Wage. However Council unanimously passed a motion on 13 June 2013 including the following

"As the largest contractor of services in Hartlepool, we recognise our responsibility to protect all workers, including those undertaking comparable work under the 'Back to work' programme. Therefore we propose the introduction of a 'Living Wage Guarantee', in line with our aim to be a Living Wage Council. This must be signed by every beneficiary who receives a grant or commissioned contract by this Council. Should the Council fail to

adopt the Living Wage all organisations would be required to sign a National Minimum Wage Guarantee".

4.42 The Hartlepool Joint Trade Union Committee have commented "*We should ensure all new contracts procured by HBC should include a Hartlepool Living Wage' clause and that on conclusion of current contracts any renewed contracts should include a 'living wage' clause*".

4.43 The potential impact on commissioning arrangements of the decision of Council is currently being investigated and a further report will be submitted to Finance and Policy Committee by the Director of Child and Adults and the Director of Regeneration and Neighbourhoods should it be required.

4.44 **Other Hartlepool employers** – Members may wish, as civic leaders and in support of the Council's anti poverty strategies, to consider encouraging other Hartlepool employers to adopt a Living Wage for their employees with a view to Hartlepool becoming a Living Wage town over time. If members support this a further report will be submitted to Finance and Policy Committee in due course.

4.45 **Summary of Proposals with Alternatives** – A summary of the proposals and alternatives for a Living Wage for Council employees on Green Book conditions of service is set out in Table 5

Table 5 - Summary of Proposals with Alternatives for Green Book employees

Paragraph Number	Issue	Proposal	Alternatives
4.2-4.5	Accreditation	No accreditation	Accreditation
4.6-4.12	Rate for a Living Wage	£7.26 funded from the one off Living Wage reserve in 2013/14 (subject to Council release of funding) and, from 2014/15 onwards the ongoing funding from savings in Members Allowances in the base budget of £131,000 with the shortfall of £24,000 being met from the review of Workforce Arrangements. If savings in these areas are not achieved the residual budget pressure will need to be addressed within the overall budget process and alternative budget savings identified for 2014/15	A level which can be wholly funded from the savings in members allowances in 2014/15 £7.45 (UK Living Wage) Any other amount over £6.44
4.13-4.15	Flexibility to	Formally link to SCP 10	Rate set each year

	change the rate of a Living Wage		
4.16-4.24	Contractual Status	Contractual payment. Merge Bands 1-3 into single pay band comprising SCP10 only	Non contractual supplement to pay No merger of bands 1-3 Non contractual supplement to pay until additional funding has been identified if a Living Wage is set at a higher level than that which can be funded from the Living Wage reserve in 2013/14 and available ongoing funding

Table 5 - Summary of Proposals with Alternatives for Green Book employees (cont)

Paragraph Number	Issue	Proposal	Alternatives
4.25 -4.27	Impact on Trading Accounts and other services competing for work	Funding provided to client officers and trading accounts	Funding not provided to the trading accounts and the costs of the Living Wage are passed on to schools and owners of other non Council premises
4.31	Impact on other terms and conditions	All other payments based on Living Wage rather than basic pay	Mix of arrangements All other payments based on basic pay
4.32	Pension Implications	Pensionable	Non Pensionable
4.33	Possible impact on benefit entitlement	Managers be sympathetic if employees wish to change hours. Refer employees to appropriate advice centres e.g. West View Advice and Resource Centre, Hartlepool Citizens Advice Bureau outside of working hours	No flexibility for employees to change hours. Specific surgeries set up for employees
4.34-4.36	Date of Implementation	1 September 2013	1 April 2014 Some other date as determined by members A date which allows employees to obtain benefits advice in advance of implementation
4.37	Sleeping in Duty	Apply the national	Exclude hours on sleeping

		minimum wage methodology (i.e. including hours on sleeping in duty) when determining compliance with the Council's Living Wage.	in duty when determining compliance with the Council's Living Wage.

5. RECOMMENDATIONS

5.1 That a Living Wage equivalent to Spinal Column Point 10 (currently £7.26 per hour) and uprated as and when the value of Spinal Column Point 10 increases be introduced for Council employees with effect from 1 September 2013.

5.2 That Bands 1 – 3 be merged into a single pay band (Band 1-3) comprising Spinal Column Point 10 only with effect from 1 September 2013.

5.3 That the national minimum wage methodology (i.e. including hours on sleeping in duty) be applied when determining compliance with the Council's Living Wage for employees

5.4 That employees be referred to appropriate agencies outside of working hours if they wish to receive advice on the possible impact on benefit entitlement.

5.5 That members note the intention of the Director of Child and Adults and the Director of Regeneration and Neighbourhoods to submit a further report on a Living Wage in respect of the potential impact on commissioning arrangements to Finance and Policy Committee in should this be required.

5.6 That members indicate whether they wish to encourage other Hartlepool employers to pay a Living Wage to their employees and if so note the intention to submit a further report to Finance and Policy Committee in due course.

5.7 That Council be requested to release £90,000 from the Living Wage reserve to fund a Living Wage of £7.26 per hour in 2013/14

5.8 That the cost of implementing the Living Wage of £155,000 be funded from 2014/15 onwards from the ongoing savings in Members Allowances (£131,000) with the residual shortfall of £24,000 being funded from the review of Workforce Arrangements, or if savings in this area are not achieved the residual cost will be a budget pressure for 2014/15.

5.9 That client budgets and trading accounts be funded for the Living Wage.

5.10 That a strategy for using the unused element of the Living Wage reserve be developed as part of the 2013/14 Outturn Strategy.

6. REASONS FOR RECOMMENDATIONS

To provide an affordable increase in pay for the Council's lowest paid employees to help address inequality and poverty within Hartlepool.

7. BACKGROUND PAPERS

General Purposes Committee report 18 March 2013

8. CONTACT OFFICER

Dave Stubbs
Chief Executive
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Appendix 1

Response from the Hartlepool Joint Trade Union Committee

HARTLEPOOL JOINT TRADES UNION COMMITTEE

Chair:- SJ Williams

Secretary:- E Jeffries
Union Suite
Carnegie Buildings
Northgate, Headland
Hartlepool
TS24 0LT

Tel:- 01429 523868
Fax:- 01429 523869
e.mail:- Edwin.jeffries@hartlepool.gov.uk

Wally Stagg
Organisational Development Manager
Hartlepool Borough Council

5th July 2013 (by email)

Dear Wally,

HJTUC response to Living Wage consultation

Answers collated to appropriate section in consultation document:-

Introducing a Living Wage - HJTUC support the introduction of a Living Wage.

Accreditation - Full accreditation should remain as aspirational in the current economic climate. However if implementing a 'Hartlepool' Living Wage there is a need to ensure contracted workers are paid the 'Hartlepool' Living Wage where the worker is on the employer's premises for two or more hours per week, for eight or more consecutive weeks in the year

Contractors and Suppliers - We should ensure all new contracts procured by HBC should include a Hartlepool Living Wage' clause and that on conclusion of current contracts any renewed contracts should include a 'living wage' clause

Rate for a Living Wage - Significant progress can be made towards the introduction of the Living Wage by linking the introduction of a 'Hartlepool' Living Wage to a current NJC SCP (SCP 10)

Flexibility to change a Living Wage - The introduction of a 'Hartlepool' Living Wage to be linked to a current NJC SCP (SCP 10)

Contractual Status – The Hartlepool Living wage should be a contractual payment. All SCPs below SCP 10 should be removed from the NJC Pay Scale used by Hartlepool Borough Council and all relevant pay band/s merged to create one (1) band with 1 SCP band width of SCP 10.

Impact on Differential - With the introduction of a Living Wage at SCP10 maintains a clear recognition that the responsibility factor/s included in Job Evaluation start to make a clear difference, given the limited band widths at Band 1 to Band 3, at Band 4 to Band 5 and above, particularly in schools, and

as such will not make a significant problem regarding differentials albeit as has been recognised some employees may feel aggrieved that others are receiving a 'pay rise' whilst they are not but this would be the case irrespective of the level set for a living wage and as and when NJC pay awards have been bottom loaded.

Impact on other terms and conditions - As Living Wage is linked to NJC SCP 10, and contractual, all terms and associated NJC conditions of service (as local amended) should be linked automatically

Pension Implications – As with all relevant pay this should be pensionable

Impact on Benefit entitlement – Work would need to be undertaken with individual employees/schools/department to ensure there is not detriment following the introduction of a Living Wage. Advice should be provided to employees using benefit experts. Relevant sessions if requested, could be arranged at staggered times / dates to ensure all relevant employees have an opportunity to receive advice with release/pay as appropriate.

Date of implementation – The Trade Unions support an implementation date of September 1st 2013 as start of school academic year or 1st October 2013 as half way through 'financial year' and NJC relevant pay cycle. Thought may be given on ensuring employees have an opportunity to receive relevant advice prior to the introduction of the Living Wage! The payroll section need to be able to implement a Living Wage quickly and efficiently.

Impact on Trading Accounts and other services competing for work – It is essential that introducing a Living Wage does not result in job losses, particularly where services are competing with the private and voluntary sectors.

Sleeping in duties – The national minimum wage regulations require time spent on sleeping in duties to be taken into account when determining whether employees are receiving at least the minimum wage. In future time spent on sleeping in duties should be taken into account when determining whether employees are receiving at least the Council's Living Wage

General

Further work will need to be undertaken on the above including potential impact and any equal pay issues with regards to Job Evaluation but the Trade Unions support progress being made on the implementation of a 'Hartlepool' Living Wage in 2013.

Yours,

Edwin Jeffries
Secretary
HJTUC.

COUNCIL

5 September 2013

Report of: Finance and Policy Committee

Subject: LOCAL WELFARE SUPPORT

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1. PURPOSE OF REPORT

1.1 To enable Council to consider the Finance and Policy Committee's proposed variation to the approved 2013/2014 Budget and Policy Framework to apply a forecast uncommitted Local Welfare Support scheme underspend.

2. BACKGROUND

2.1 In accordance with the constitution, the Finance and Policy Committee is responsible for proposing changes to the approved Budget and Policy Framework, which are then referred to Council for consideration.

2.2 At its meeting on 23 August 2013 the Finance and Policy Committee considered proposals to apply the forecast underspend of £400,000 on the Council's Local Welfare Reform scheme budget.

3. PROPOSALS AND FINANCIAL CONSIDERATIONS

3.1 The level of expenditure associated with the Council's Local Welfare Support Scheme is proving to be both consistently and significantly lower than forecast. This position is similar to the experiences of other councils both locally and nationally. Finance and Policy Committee has agreed to proactively apply the forecast 2013/14 underspend to help mitigate the effects of the wider welfare reforms, in particular the Bedroom Tax. Full details of the proposals are set out in the table below:

Bedroom Tax			**Food Bank Initiatives**	**Contingency**	**Total**
No of weeks Support	Help per household	Cost	Cost		
£	£	£	£	£	£
16	218	346,000	4,000	50,000	400,000

1,581 households affected by the Bedroom Tax changes in Hartlepool have been losing on average £13.67 per week since April 2013, which equates to a full year average loss of £710..

3.2 The proposals include retaining a contingency sum of £50,000 to deal with unforeseen increases in demand for Local Welfare Support (LWS) and that the LWS scheme budget position should be subject to review by Finance & Policy Committee in January 2014, when options can be considered to apply any uncommitted resources.

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4. PROPOSALS

4.1 Council is requested to approve the following proposals:

a) Approve the retention of a contingency amount of £50,000 from the forecast Local Welfare Support Scheme underspend to manage any increase in demand for support in the current year.

b) Approve the commitment of £346,000 from the forecast Local Welfare Support Scheme underspend to provide 16 weeks support on housing benefit loss to those households affected by the Bedroom Tax.

c) Approve the commitment of £4,000 from the forecast Local Welfare Support Scheme underspend to assist with the development of Food Bank initiatives in the Borough.

d) Approve delegated authority to Finance & Policy Committee to determine the application of any underspend of the contingency sum of £50,000 following a review of the Local Welfare Support Scheme in January 2014.

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5. APPENDICES AVAILABLE ON REQUEST, IN THE MEMBERS LIBRARY AND ON-LINE

None

6. BACKGROUND PAPERS

Finance and Policy Committee report 23 August 2013

7. CONTACT OFFICER

Chris Little
Chief Finance Officer
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Tel No: 01429 523002

Finance and Policy Committee

23 August 2013

Report of: **Chief Finance Officer**

Subject: **WELFARE REFORM IMPACTS**

1. TYPE OF DECISION/APPLICABLE CATEGORY

Key Decision – Test (i) and (ii) apply – General Exception Notice.

2. PURPOSE OF REPORT

2.1 The purposes of the report are to:

i) To set out for information the range of welfare reforms, their associated implementation timescales / impacts and update members on the Council's arrangements for dealing with these challenges;

ii) To enable Members to approve revised proposals for using the Local Welfare Support funding in 2013/14.

3. BACKGROUND

3.1 Previous reports provided details of the Government's Welfare Reforms which are wide ranging and represent a major element of Government policy. The Government's stated intentions include:

- Encouraging people back into work
- Reducing Welfare Dependency by ensuring that "work pays" – that people are better off in work than on benefits
- Delivering significant savings – a commitment to save over £18bn from the Welfare Budget by March 2015 and an announcement in the 2012 budget to reduce welfare spending by a further £10bn.
- Simplifying benefits administration by combining several existing benefits into a single payment of Universal Credit.

3.2 The Government is implementing welfare reforms that will apply to all parts of the Country, however the impact of the reforms will vary from place to place because benefit claimants are unevenly spread across the Country. Some of the reforms will have more regional impacts e.g. the Social Rented Sector Under - occupancy charge or Bedroom

Tax will have the greatest impact on those parts of the Country with the greatest levels of social housing i.e. those Councils in the northern part of the Country. Conversely, the Benefit Cap will have the greatest effect in London and the South East of England where housing benefit payments are highest.

Another key aspect is that the welfare reforms extend beyond those that are out of work, to also include large numbers of those in work. The overall impact of the welfare reforms by 2014/15 is estimated in the following table:

National Impact of Welfare Reforms by 2014/15

	Number of households / individuals affected	Estimated govt saving £m pa	Average loss per affected household / individual £ pa
Incapacity Benefits / Employment and Support Allowance	1,250,000	4,350	3,480
Tax Credits	4,500,000	3,660	810
1% Uprating	n/a	3,430	n/a
Child Benefit	7,600,000	2,845	370
Housing Benefit / Local Housing Allowance	1,350,000	1,645	1,220
Disability Living Allowance / Personal Independence Payments	500,000	1,500	3,000
Housing Benefit / Bedroom Tax	660,000	490	740
Non Dependant Deductions	300,000	340	1,130
Council Tax Benefit	2,450,000	340	140
Benefit Cap	56,000	270	4,820

Source: Sheffield Hallam University

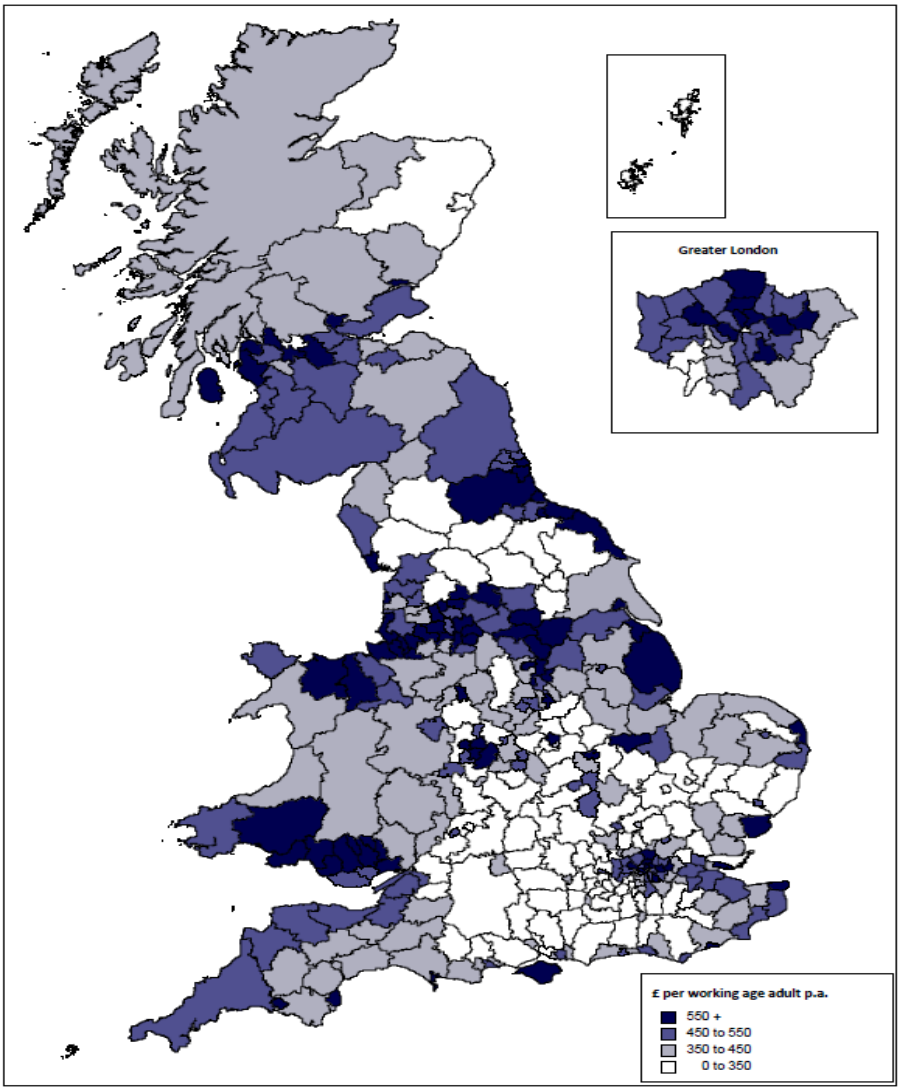
The individual welfare reforms vary significantly in the scale of their impact, in the number of individuals or households affected and also in the level of financial loss imposed on those affected. Whilst media coverage has focussed on the "bedroom Tax" and the overall household Benefit Cap, the biggest financial impact comes from the reform of incapacity benefits, changes to Tax credits and the restriction to 1% uprating of most working age benefits.

3.3. Some households and individuals will be hit by several different elements of the reforms, notably those who received incapacity benefit (now Employment and Support Allowance) and disability living allowance (now Personal Independence Payments). The compounding

effect of the reforms will have significant financial implications for particular households.

3.4. The financial impact of the reforms varies greatly as shown by the following heat map. Previous reports on the impact of cuts in funding for Council services showed a similar pattern of distribution.

Figure 1: Overall financial loss arising from welfare reform by 2014/15[(1)], by local authority



[(1)]Except DLA by 2017/18, incapacity benefits and 1% uprating by 2015/16
Source: Sheffield Hallam estimates based on official data

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3.5. At the extremes, the worst hit Local Authority areas lose around four times as much per adult of working age as the Authorities least affected by the reforms, as shown in the following tables. Britain's older industrial areas and a number of seaside towns are hit hardest by the changes. Much of the south and east of England outside London are impacted comparatively lightly. This position is highlighted in the following tables:

Worst Hit Councils

Rank	Council	Loss per working age adult £pa
1	Blackpool	910
2	Westminster **	820
3	Knowsley	800
4	Merthyr Tydfil	720
5	Middlesbrough	710
6	Hartlepool	700
7	Torbay	700
8	Liverpool	700
9	Blaenau Gwent	700
10	Neath Port Talbot	700

** Westminster has high rents which means the housing benefit reforms and the Benefit Cap will have a significant impact.

Hartlepool ranks 6th out of all Councils nationally in terms of estimated loss per working age adult.

Least Hit Councils

Rank	Council	Loss per working age adult £pa
370	Chiltern	270
371	South Bucks	260
372	Guildford	260
373	South Northamptonshire	260
374	South Oxfordshire	260
375	Rutland	260
376	Wokingham	250
377	Cambridge	250
378	Hart	240
379	City of London	180

Source: Sheffield Hallam University

4. LOCAL IMPACT OF THE WELFARE REFORMS

The following paragraphs provide more detailed information of the local impact of Welfare Reforms covering:

- Local Council Tax Support Scheme (LCTS)
- Bedroom Tax / Social Rented Sector Under occupancy Charge
- Local Welfare Support / Social Fund
- Benefit Cap
- Local Housing Allowance Rates

Local Council Tax Support Scheme (LCTS)

4.1 In response to the Government funding cut for Council Tax Support and the requirement to protect low income pensioners from this cut, Councils were required to develop their own Local Council Tax Support schemes. In January 2013, the Council approved a 2013/14 LCTS scheme which limited the cut in financial support for working age households to 8.5%. This decision enabled the Council to secure a one – off Government Grant for limiting the cut to 8.5% of £0.26m. This policy decision placed Hartlepool within a group of about 190 Councils nationally that implemented schemes involving cuts of 8.5% or less. Locally the other 4 Tees Valley Councils implemented cuts in support of 20%

To limit the cut to 8.5% for 2013/14, the Council had to bridge a net funding shortfall of £0.5m from its own resources and also agree to commit the forecast extra Council Tax yield from making a number of changes to Council Tax charges covering exemptions, second homes etc.

4.2 The effect of the 8.5% cut in LCTS support was an increase in the amount of Council Tax to be collected in 2013/14 of about £0.65m, which is due from those that are financially less well off. As part of the Council's proactive strategy for informing the public of the changes, each of the households affected received a letter in early February 2013, explaining the changes were the result of national Government policy reforms, gave an indicative financial impact and encouraged the public to contact the Council to set up arrangements to pay the amount due.

4.3. The Council has sought to make it as easy as possible to pay the extra amounts by allowing the public to choose their preferred frequency of payment i.e. weekly, fortnightly, monthly and also whether they wish to pay by Direct Debit or via the Paypoint network which covers post offices and shops (the Council will arrange for the issue of a Paypoint card in such circumstances). The response to these awareness letters was positive and a significant number of advance payment arrangements were set up on the Council Tax system.

4.4 The Council has over the period January 2013 to June 2013 successfully implemented an integrated strategy covering the Council's Revenues and Benefits Services and Hartlepool Connect, for communicating and dealing with associated enquiries arising from the welfare reform changes. In addition to specific letters to those households affected by the changes, information has been provided within Hartbeat and on the Council's web site and the Council have commissioned additional advice services from West View Advice and Resource Centre at a community level across the Borough. These advice sessions cover financial health checks/ benefits maximisation support, money management advice and debt advice. In the first quarter of 2013/14, West View have conducted 218 advice sessions with the public, of which 126 have been complex debt management sessions. These additional West View advice arrangements have resulted in welfare benefits awarded or expected to be awarded of £79,000 and assisting individuals to more effectively manage their debts totalling £512,000.

4.5. A monitoring framework has also been established covering those Hartlepool Council Tax payers affected by the LCTS changes to complement the Council's historical Council Tax collection performance monitoring arrangements. This collection monitoring framework covers 2 distinct groups affected by the LCTS scheme:

- Passported Cases ie. those households that in 2012/13 previously received full Council Tax Benefit ie. no Council Tax to pay;
- Non Passported cases covers households that received partial Council Tax benefit support in 2012/13 and who face a higher Council Tax bill in 2013/14.

4.6. As at the end of June 2013, the recovery status of Council Tax accounts affected by the LCTS scheme is shown in the table below:

Progress on collection of Council Tax under LCTS scheme

	Passported Cases (previously paid no Council Tax)	Non Passported Cases (previously paid some Council Tax)	Total
Number Paid 13/14 Council Tax in Full	407	153	560
Number paying by regular instalments	2951	1579	4530
Number who have had a Court Liability Order issued	990	156	1146

Number progressing to Magistrates Court - July13	1648	613	2261
TOTAL	5996	2501	8497

4.7. Overall Council Tax collection remains positive and at the end of June 2013, it was down 0.45% on the equivalent period in 2012/13. For the Passported case group, the primary measure for collecting outstanding Council Tax after obtaining a Liability Order from the court is likely to be by the Council requesting the Department for Work and Pensions (DWP) to deduct an amount at source (maximum of £3.60 per week) from other welfare benefits and paying the sums to the Council. Requests were issued to the DWP in July to commence deductions for the first block of affected households in Hartlepool.

4.8. However, DWP rules only permit one deduction from welfare benefits (attachment of benefit) to discharge statutory Council Tax debt to be active at any one time. About 25% of the Passported case group have an existing attachment of benefit arrangement already in place. For these cases, a new attachment of benefit request for 2013/14 Council Tax will have to be queued. Under such circumstances, whilst it is highly likely that the Council will eventually recover the debt, the time taken to secure recovery will be extended into future financial years.

4.9. Close monitoring of Council Tax collection performance will continue during 2013/14 and regular updates will be provided to future meetings. A separate future report will also be provided on the development of the 2014/15 Local Council Tax Support scheme, which will build on the information reported on 31st May 2013 as part of the MTFS.

Bedroom Tax / Social Rented Sector Under occupancy Charge

4.10. The Government has introduced new rules governing housing benefit entitlements in the social rented sector from 1st April 2013. Working age housing benefit claimants of registered housing associations or other registered social landlords now have their housing benefit calculated based on new Government rules covering the number of bedrooms a household is deemed to need. The Council wrote to those households at risk from national changes in January 2013 outlining whether the household under the new rules had 1 or 2 surplus bedrooms resulting in a reduction in housing benefit of 14% or 25% respectively. These local arrangements built on the engagement and awareness raising amongst the affected households undertaken by registered social landlords in Hartlepool.

4.11. Recent analysis (July 2013) indicates that in Hartlepool 1,581 households are being impacted by this change, the average weekly

loss of housing benefit is £13.67 per week and the annual value of housing benefit reductions associated with the Bedroom Tax in Hartlepool is £1.123m. These figures are broadly in line with the initial analysis reported previously. Details by Ward are shown in the following table:

Properties affected by new Bedroom Criteria rules by Ward

Ward	1 surplus bedroom 14% reduction	2 surplus bedrooms 25% reduction	Total properties subject to a reduction	Average weekly reduction £ per week	Annual Loss of Housing Benefit £'000
Burn Valley	26	2	28	14.33	21
De Bruce	204	47	251	13.40	175
Fens and Rossmere	52	13	65	13.36	45
Foggy Furze	124	26	150	13.90	108
Hart	35	4	39	16.15	33
Headland and Harbour	205	51	256	13.53	180
Jesmond	158	39	197	13.75	141
Manor House	273	61	334	13.33	231
Rural West	12	1	13	12.14	8
Seaton	86	22	108	13.88	78
Victoria	115	25	140	14.19	103
	Total	291	15816		1,123

4.12 One of the direct impacts of the bedroom Tax changes is the increased level of demand for housing advice services as individuals seek alternative accommodation in either the social or private rented sector. This position has been experienced in Hartlepool, where enquiries at the Housing Options Centre have increased by almost a third from the previous year. In response Finance & Policy Committee agreed in June to apply £26,442 of temporary one off impacts funding received from the DWP in April 2013 (totalling £55,812), to the appointment of an additional Housing Advice Officer on a 12 month fixed term contract. .

4.13 The Government have recently issued correspondence covering the Bedroom Tax and the re-designation of properties. This communication is in response to a number of Local Authority and Housing Association landlords either carrying out or actively considering, the re-designation of properties occupied by tenants subject to a spare room deduction, in

order to reduce the number of rooms described as bedrooms and therefore to avoid the housing benefit deduction.

4.14. Minister for Welfare Reform, Lord Freud has written to all Local Authorities setting out that if Local Authority benefits services accept a re- designation and remove the deduction, where there is no associated rent reduction by the landlord to reflect the loss of a bedroom, this may result in a loss of Housing Benefit subsidy. The Council has written formally to all registered social landlords informing them of this position. Furthermore, the Council will challenge any in appropriate re – designation requests it receives. This will ensure the Council does not carry any financial risk to the subsidy associated with the £48m of housing benefit awards made each year. It is expected that this area will be closely scrutinised when the annual audit of the Housing Benefit Claim is completed by the Council's external auditors.

Local Welfare Support / Social Fund

4.15. Responsibility for some elements of the DWP's Discretionary Social Fund were transferred to local authorities on 1st April 2013. It was widely recognised that the DWP were not managing the previous system effectively.

4.16. As part of the preparations for this transfer, the Council recognised the financial and reputational risks if there was not an effective system model for providing this type of financial support.

4.17. The Council has minimised administration costs and facilitated holistic support by integrating this responsibility within the Benefits Services, pending the outcome of the Corporate Advice and Guidance Review. The Council's arrangements also seek to secure best value by ensuring the provision of white goods, furniture etc is via a joint Tees Valley procurement. In addition, wherever possible emergency support is provided without making cash payments to applicants by directly topping up gas /electricity prepayment cards, providing supermarket and clothing vouchers, providing meals via an arrangement with a local charity and signposting to foodbanks.

4.18. There are effective and established protocols within the Council for determining whether individuals who contact the Council to access LWS support need to be signposted to the DWP for a short term benefit advance. Alternatively, where cases relate to family issues, these are seamlessly passed at the Civic Centre to the First Contact Support Hub (FCSH). FCSH have a small one off budget provision for 2013/14 of about £7,000 (separate to the S17 budget) that can be used to support children and families where this is more appropriate than LWS support.

4.19. Data on LWS awards in Hartlepool during Quarter 1 indicates a significant under – spend, as summarised in the following table which

shows the budget position at the end of the first quarter for both Crisis and Non Crisis scenario's. This position is consistent with experience at a national level and across all North East Councils which are experiencing significant LWS underspends.

Hartlepool Local Welfare Support Budget / Expenditure Quarter 1 - 2013/14

	Number of applications received	Number of awards made Quarter 1	Budget Quarter 1 £'000	Expenditure Quarter 1 £'000	Underspend £'000
Crisis	579	323	49	14	35
Non Crisis	241	36	90	15	75
Total	820	359	139	29	110

There have been no significant changes in the value and awards made in July.

(Analysis of Qu1 spend across the North East is being collated by Newcastle City Council and will be reported to Members when this is available)

4.20 This above position seems to support previous criticisms of the former DWP arrangements for delivering this type of help and supports the view that Local Authorities are better placed to manage this type of support, both in terms of achieving the best use of limited resources and targeting support to people in need. Significant work has been undertaken locally to ensure people and relevant organisations are aware of the new system. Individual application decisions are subject to review by supervisory officers as part of the administration control arrangements in operation to ensure that decisions are both consistent and fair. Whilst, the Council has only been operating the system since April it is anticipated that these trends will continue. Whilst, this position cannot be guaranteed it is recommended that a strategy for using these monies is developed to assist Hartlepool households affected by the Welfare Reforms.

4.21 LWS funding allocations are not ring fenced and can be applied flexibly by Local Authorities. However, the DWP have not yet confirmed LWS allocations for 2014/15 and there remains a significant financial risk that if Councils effectively manage these resources during 2013/14, that future years LWS allocations may be reduced by Central Government.

4.22. If current trends continue, the Council may potentially underspend in the current year by up to £400,000. The Council will need to develop

and agree a strategy for applying the available LWS resources in 2013/14. Members may wish to support the following areas:

Bedroom Tax Changes

The welfare reform that has had the greatest impact and profile locally has been the Bedroom Tax changes. It would be possible to support every household affected by the Bedroom Tax with a credit to their rent account. A future report on potential changes to Discretionary Housing Payment (DHP) arrangements is scheduled to be submitted to a future meeting and this aspect will be considered further as part of that report.

Food Bank

The Council has already supported the establishment of a food bank within the Borough and a potential option would be to consider what additional financial support may be given from the LWS budget to further develop this important type of community support that is accessed by those most in need.

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4.23. The Local Welfare Support allocation is un ringfenced. However the Council remains accountable to the DWP for how the available resources have been deployed. Given the pressures on individual households associated with the impacts of the welfare reforms, the Council has the opportunity to consider how best to proactively apply the forecast LWS underspend as detailed in the previous section.

4.24. Should Members determine to commit resources to address the effects of the Bedroom Tax they would be making additional discretionary housing support payments, in addition to the DWP discretionary housing payment allocation paid to the Council. There are overall financial limits set by the DWP each year on the value of each Council's discretionary housing payments expenditure, including locally funded 'top ups'. The total "headroom" for topping up the 2013/14 Discretionary Housing Payment allocation is £475,000. The resources Members are being asked to consider is within this headroom value and therefore this technical aspect is not an issue.

4.25 2013/14 is the first year under which the Council has had responsibility for Local Welfare Support and it would be prudent to maintain an appropriate contingency should demand over the remainder of the financial year increase to avoid any potential general fund pressure. The current LWS budget has been profiled for forecast increases in applications for crisis support in December and January and for some increased demand for non crisis help. Nevertheless, it is suggested that a contingency of £50,000 should be retained but that the position should be subject to review by Finance & Policy Committee in January 2014, when consideration can be given to options for allocating any

uncommitted resources, either to provide further support in the current year or carry forward amounts to 2014/15. The following table sets out the proposal for applying the current forecast LWS underspend:

Proposal for application of forecast LWS underspend.

Bedroom Tax			Food Bank Initiatives	Contingency	Total
No of weeks Support	Help per household	Cost to LWS budget			
£	£	£	£	£	£
16	218	346,000	4,000	50,000	400,000

Households affected by the Bedroom Tax changes have been losing on average £13.67 per week since April 2013, which equates to a full year average loss of £710.

4.26. Previous reports advised Members that additional funding was being provided by the DWP to cover administration costs of the LWS. Members previously approved the creation of fixed term posts for 12 months. LWS and Discretionary Housing Payment's are administered by a generic team within the Benefits service. As the volume of LWS applications being received has been lower than anticipated, it has not been necessary to back fill a seconded Benefits Assessment Officer post. As a result there will be an uncommitted budget underspend within the Benefits Service 2013/14 salaries budget of £21,750. This will be included in the quarterly financial management report.

Benefit Cap

4.27 New rules covering the amount of state benefits a working-age household can receive have been introduced. The Cap level is set at £500 per week for couples and single parents, or £350 per week for single people. Any excess income above the Cap level is "clawed back" by the DWP requiring Local Authorities to reduce weekly housing benefit entitlements.

4.28 The Benefit Cap arrangements are currently live as a pilot in four London boroughs - Bromley, Croydon, Enfield and Haringey. The DWP have now confirmed that the national roll out of the benefit cap will start Mid July in two phases and Hartlepool is in phase 1. Earlier information from the DWP suggested that about 140 households in Hartlepool were potentially at risk from the Benefit Cap. The most recent DWP data now indicates that the number affected is likely to be about 75 households and latest information is that all these households will have been capped by the end of August 2013.

4.29. The impacts of the Benefit Cap on these individual households is financially significant with the average loss of housing benefit estimated at £68 per week, but , 12 households stand to lose all their housing benefit entitlement (except 50p, which allows the Council to award a Discretionary Housing Payment).

4.30 The Council has been proactively engaging with those households at risk from the Benefit Cap since summer 2012 providing advice and guidance on personal actions that the individual can take to exclude themselves from the Cap eg. signposting to DWP Work Programme providers with a view to securing paid employment or encouraging the individual to secure additional working hours to access Tax Credits. Information has also been given by Officers about how to apply for a discretionary housing payment or secure alternative cheaper rented accommodation.

4.31. The Council's 2013/14 Discretionary Housing Payment framework was predicated on earlier data provided by the DWP that suggested that 140 households would be subject to the Benefit Cap. That framework provides that the Council would provide tapered Discretionary Support for benefit Cap cases over 18 weeks, 8 weeks at 100% 6 at 50% and 4 at 25%. As the number of cases are likely to be much lower than forecast, and as the DWP have not indicated that DHP allocations will be reduced, the Council will be in a position to extend and increase the support to those affected by the Benefit Cap. This will be covered in a future report on proposed amendments to the DHP framework.

Local Housing Allowance Rates

4.32 The Government has determined that Local Housing Allowance Rates (which dictate housing benefit entitlements in the private rented sector) will be increased in line with the Consumer Price Index instead of actual local market rents from April 2013 (2.2%) and subsequently only by 1%, in April 2014 and April 2015. This measure is designed to assist in controlling the national cost of housing benefit in the private rented sector. Potentially the linkages between housing benefit entitlements and 'asking' rents in the private rented sector can be lost through this measure which could through time push housing benefit claimants into the poorest quality housing.

4.33. Hartlepool, for local housing allowance purposes is included as part of a Tees Valley group. On a monthly basis, each Tees Valley Authority submits data on asking rents in the private rented sector for properties with different numbers of bedrooms which is collated by the Government's Rent Officer Service who notify Council's of the LHA rates they must use for housing benefit entitlements.

4.34. There are about 3,600 private rented sector housing benefit claimants in Hartlepool. The published LHA rates to apply from April 2013 and the former rates are set out in the following table which suggests that local private sector landlords have not been generally increasing rent levels, therefore LHA rates have in general not been increased by the Government up to the 2.2% ceiling:

Private Rented Sector Local Housing Allowance Rates

Property	Old Rate Pre April 13 £	April 13 £	% Change
1 Bed Shared	55.00	56.21	2.2
1 Bed	80.55	80.55	0
2 Bed	95.56	96.71	1.2
3 Bed	114.23	114.23	0
4 Bed	150.00	150.00	0

5. FUTURE WELFARE REFORM - UNIVERSAL CREDIT

5.1. The current system of working-age benefits and Tax Credits is to be replaced by Universal Credit. The Government aim is to ensure that people are better off in work than on benefits. Universal Credit will involve the bulking together of six benefits in one block payment:

- Job Seekers Allowance (income based) - JSA
- Employment and Support Allowance (former Incapacity Benefit) - ESA
- Income Support – I S
- Working Tax Credits
- Child Tax Credits
- Housing Benefit – HB

5.2. The Chancellor of the Exchequer's Autumn statement assumes the following timetable for Universal Credit:

- October 2013 - new claims to Universal Credit in place of Job Seekers allowance applicants
- May 2014 - new claims to Universal Credit in place of Tax Credits and Income Support applicants
- October 2014 - new claims to Universal Credit in place of Employment and Support Allowance and Housing Benefit applications

There remains significant ongoing speculation regarding the deliverability of this timetable and the state of readiness of DWP IT systems therefore this proposed timetable may well alter moving forward.

5.3. The managed transition of existing Housing Benefit claims to Universal Credit on the latest available timetable will not start at the earliest until September 2014, and then initially only for a limited type of claimant. The migration of all current Housing Benefit claimants to Universal Credit, on the latest project timetable (potentially subject to change) will not be complete until late 2017/18. Until the migration process is fully completed the Council will continue to process and award Housing Benefit payments.

5.4. Universal Credit will create immense challenges for sections of the public in terms of budgeting and money management especially as it will be paid monthly in one single payment and will include housing benefit monies, which historically for registered social landlord cases will have been paid direct to the landlord.. The financial risk of rent arrears is one of the most significant risks that registered social landlords face under the new arrangements.

5.5. The DWP issued a paper "Local Support Services Framework" Feb 2013 which sets out a key role for Local Authorities in assisting claimants to access Universal Credit by providing advice and guidance support and also with assisting individuals on budgeting.
In Hartlepool, the implications of the future "Local Support Services Framework" responsibilities is being considered as part of the corporate review of Advice and Guidance services project.

6. RECOMMENDATIONS

6.1 It is recommended that Members:

i) Note the report.

ii) Approve the retention of a contingency amount of £50,000 from the forecast LWS underspend to manage any increase in demand for support in the current year.

iii) Approve the proposals for applying the forecast uncommitted LWS underspend as set out below and refer this proposal to full Council as a departure from the approved Budget and Policy Framework:

Bedroom Tax			Food Bank Initiatives	Contingency	Total
No of weeks Support	Help per household	Cost to LWS budget			
£	£	£	£	£	£
16	218	346,000	4,000	50,000	400,000

iv) To note that a further report on the development of the 2014/15 Local Welfare Support arrangements will be submitted when the 2014/15 funding allocation is confirmed.

v) Council be requested to approve that delegated authority be given to Finance & Policy Committee, to determine the application of any underspend of the contingency sum of £50,000 following a Local Welfare Support scheme review in January 2014.

7. REASONS FOR RECOMMENDATION

To appraise Members of the impacts of the welfare reform programme and to enable a strategy for using the forecast uncommitted LWS funding to be developed and referred to full Council for approval.

8. BACKGROUND PAPERS

None.

9. CONTACT OFFICER

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COUNCIL

5 September 2013

Report of: Chief Executive

Subject: BUSINESS REPORT

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1. SPECIAL URGENCY DECISION

Council is informed that there were no special urgency decisions taken by any Policy Committees in the last quarter, May to July 2013.

2. BY-ELECTION AND APPOINTMENTS TO COMMITTEES AND OUTSIDE BODIES

Members are informed that following the by-election on 15th August 2013, Alan Barclay was duly elected as a Councillor for the Manor House Ward.

At the meeting of Council on 25 July, a number of committee and outside body vacancies were reported as a consequence of vacancy arising from former Councillor Wilcox's resignation.

I have been informed by the Labour Group that they wish to make the following appointments/changes to membership in light of the election of Councillor Barclay.

Committees: -

Finance and Policy Committee: - Council made an interim appointment on 25 July of Councillor Cranney. Councillor Cook is now to take the substantive position on the Committee.

Neighbourhood Services Committee – Councillor Barclay to replace Councillor Cook.

Civic Honours Committee – Councillor Barday appointed to the vacancy.

South and Central Neighbourhood Forum – Councillor James nominated as vice-chair.

Outside Bodies nominations: -

Economic Regeneration Forum – Councillor Payne with Councillor Barclay as nominated substitute.

Safer Hartlepool Partnership – Councillor Barclay.

Council is requested to approve / note the above nominations and appointments.

3. COUNCILLOR HALL

In the continued absence of Councillor Hall due to ill-health, the Labour Group have informed me of the following substitute arrangements to be put in place until his return.

Adult Services Committee – Councillor Barclay
Licensing Committee – Councillor Barclay
Health and Wellbeing Board – Councillor Sirs

Council is requested to note the substitute appointments.

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