

PLEASE NOTE VENUE AND TIME

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM AGENDA



Tuesday 19th December 2006

at 10.00 am

in Community Room, Central Library,
York Road, Hartlepool

MEMBERS: ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY
FORUM:

Councillors Barker, Akers-Belcher, Brash, Fleet, Griffin, Lauderdale, Liley, Rayner,
Wistow, Worthy and Young.

Resident Representatives: Mary Green, Jean Kennedy and Joan Norman

1. **APOLOGIES FOR ABSENCE**

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

3. **MINUTES**

3.1 The minutes of the meeting held on 14th November 2006 *(to follow)*

4. **RESPONSES FROM THE COUNCIL, THE EXECUTIVE OR COMMITTEES OF THE
COUNCIL TO FINAL REPORTS OF THIS FORUM**

No items.

5. **CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA
SCRUTINY CO-ORDINATING COMMITTEE**

No items.

PLEASE NOTE VENUE AND TIME

6. CONSIDERATION OF PROGRESS REPORTS / BUDGET AND POLICY FRAMEWORK DOCUMENTS

No items

7. ITEMS FOR DISCUSSION

7.1 Scrutiny Investigation into Social Prescribing:-

- (a) Evidence from Hartlepool PCT (HPCT) – *Scrutiny Support Officer*
- (b) Evidence from Hartlepool Mind – *Scrutiny Support Officer*
- (c) Evidence from Service Users and Interested Stakeholders – *Scrutiny Support Officer*
- (d) Carers and Social Prescribing – *Director of Adult and Community Services*

7.2 Consultation on Community Care Eligibility Criteria – *Director of Adult and Community Services*

8. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

ITEMS FOR INFORMATION

- i) **Date of Next Meeting Monday 29 January 2007 commencing at 2.00 pm in Conference Rooms 2 & 3, Belle Vue Community Sports and Youth Centre, Kendal Road - PLEASE NOTE CHANGE OF DATE AND TIME**

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

MINUTES

14 November 2006

Present:

Councillor: Gerald Wistow (In the Chair)

Councillors: Jonathan Brash, Mary Fleet, John Lauderdale,
Geoff Lilley, Pat Rayner and Gladys Worthy

Resident Representative:

Jean Kennedy

Also Present

Councillor Ray Waller – Portfolio Holder for Adult and
Community Services and Health
Julian Penton, Programme Manager for Community
Development and Inclusion, New Deal for Communities
Tracey Higgins, Bradford PCT
Simon White, Bradford PCT
Ian Caldwell, Strategy and Practice Manager, Hartlepool MIND

Officers:

Nicola Bailey, Director of Adult and Community Services
Alan Dobby, Assistant Director of Adult and Community
Services
Tony Brown, Chief Solicitor
John Mennear, Assistant Director of Community Services
Jeanette Willis, Principal Finance Manager
Peter Price, Joint Director, Public Health
Sajda Banaras, Scrutiny Support Officer
Denise Wimpenny, Principal Democratic Services Officer

61. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Stephen Akers-Belcher and Caroline Barker.

62. Declarations of interest by Members

Councillors Jonathan Brash and Mary Fleet declared personal and non-prejudicial interests in minute numbered 69.

63. Minutes of the meeting held on 19 September and 26 October 2006

Confirmed.

64. Responses from the Council, the Executive or Committees of the Council to final reports of this forum

None.

65. Consideration of request for Scrutiny Reviews referred via Scrutiny Co-ordinating Committee

None.

66. Adult and Community Services Department: Budget and Policy Framework Initial Consultation Proposals 2007/2008 (*Scrutiny Support Officer*)

At Scrutiny Co-ordinating Committee on 27th October 2006, it was agreed that Executive's Initial Budget and Policy Framework consultation proposals for 2007/08 be considered on a departmental basis by the appropriate Scrutiny Forum. The Director of Adult and Community Services was in attendance and presented the departmental pressures and priorities, grant terminations and proposed savings which were attached by way of appendix.

In addition, the Forum was provided with a detailed presentation which included an overview of the department's finances, Community Services service delivery direction and service delivery efficiencies, changes to Adult and Social Care and direction of travel in relation to Support Services.

Members discussed the timescale involved in relation to the proposed closure of Eldon Grove Community Sports Centre and expressed a need to ensure that alternative uses for the building were sought to prevent future problems of dereliction and vandalism.

Budget Pressures

The Director of Adult and Community Services informed Members that the pressures identified within Appendix B were unavoidable pressures for the next financial year. With regard to the People's Network PC's, Members considered that public access to pc's in libraries was a valuable public service and should not be withdrawn.

Budget Priorities

The Director of Adult and Community Services informed Members that top level priorities were identified as services that should be carried out, although not at the same level as a pressure. As part of the Connected Care Pilot, Housing Hartlepool had identified funding and the Tees Valley NHS Trust had indicated an interest in investing. The PCT were currently looking at this, however, this funding did not appear in the PCT's recovery plan. Members expressed the importance of funding being secured for the Connected Care Pilot which was to be discussed by the Health Care Group that week.

Proposed Savings – 3%

Members discussed the proposed budget savings in relation to Homecare including the reduction from three geographical areas to two and the reduction in home care service by 200 hours and considered that this would result in a loss of flexibility and present undue pressure on service users.

With regard to the proposal to close the art gallery and tourist information centres on Sundays and bank holidays, Members felt that this would have a detrimental impact on tourism in Hartlepool. It was therefore suggested that this be reviewed and alternative opening/closing times be considered.

Proposed Savings – 4% and 5%

Members commented that they did not consider the proposed level of savings, as outlined in the report, were appropriate or should be considered.

Following discussion in relation to the community pod, Members felt that a proposed saving was not a preferred option as this was an invaluable service provided by the voluntary and community sector.

Members discussed the proposed closure of St Cuthbert's Day Centre and recommended that this proposal be resisted as the day centre provided an invaluable service to the community.

Decision

The Budget and Policy Framework initial consultation proposals for 2007/08 were considered and the following proposals would be presented to Scrutiny Co-ordinating Committee on 17th November 2006:

a) Budget Pressures

It was proposed to accept the budget pressures as identified within Appendix B subject to consideration of the comments of the Forum.

b) Budget Priorities

It was proposed to accept the budget priorities as identified within Appendix C subject to consideration of the comments of the Forum.

c) Savings – 3%

Members supported the savings as identified within Appendix D subject to consideration of the comments of the Forum.

d) Savings – 4% and 5%

Members did not feel that the proposed savings identified at 4% and 5% were appropriate or should be considered.

67. Local Government (Access to Information) Act 1985

Under Section 100(A)(4) of the Local Government Act 1972, the press and public were excluded from the meeting for the following item of business on the grounds that it involved the likely disclosure of exempt information as defined in the paragraph detailed below in Part 1 of Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006.

Minute 68 – Any Other Business – Legal Advice re: Decision of the Secretary of State (Para 5 – namely, information in respect of which a claim to legal professional privilege could be maintained in legal proceedings).

68. Any Other Business - Legal Advice re: Decision of Secretary of State – (Chief Solicitor)

Members were asked to consider the Chief Solicitor's advice on whether the Secretary of State's decision to refer the issue of maternity and paediatric services to the Independent Reconfiguration Panel was open to challenge.

In line with the access to information rules, as the advice contained information in respect of which a claim to legal professional privilege could be maintained in legal proceedings, the advice of the Chief Solicitor was attached by way of a confidential appendix.

Decision

That the advice of the Chief Solicitor, as outlined by way of a confidential briefing note, be noted.

AT THIS POINT THE MEETING RETURNED TO OPEN SESSION AND THE PRESS AND PUBLIC REJOINED THE MEETING

69. Any Other Business – Initial Response to Interim Report – Response to Hartlepool PCT’s (HPCT) Consultation on its Proposed Management Arrangements *(Scrutiny Support Officer)*

Following a Joint Meeting of the Scrutiny Co-ordinating Committee and the Adult and Community Services and Health Scrutiny Forum on 29 September, Members approved the Scrutiny response for submission to HPCT in response to its consultation regarding its proposed management arrangements. This report was formally presented to both the Authority’s Cabinet and HPCT on 9 October 2006.

As HPCT had requested a response to the consultation within 3 weeks, the issue was accommodated within the Scrutiny work programme as a priority and a number of additional meetings were scheduled to expedite the issue. However, in the absence of fully developed proposals the Forum requested, as part of its recommendations, further information and clarification around a number of issues. In line with the Health Scrutiny Guidance a response was requested from HPCT within 28 days.

On 6 November a response was received from the Chair of HPCT which stated that the HPCT were unable to respond within the 28 day period, a copy of which was circulated at the meeting.

In light of the response, the Chief Solicitor was requested to provide advice on the most appropriate course of action. The Chief Solicitor referred to the fact that, so far as relevant, the regulations provided for two situations:-

- (i) Where there was an overview/scrutiny decision to scrutinise health activity. On issuing a report the Scrutiny Forum may ask the Health Trust to provide comments or respond to that report within 28 days.
- (ii) Where the health body was under a duty to consult the scrutiny body. If the scrutiny body were dissatisfied with the consultation time period or the content thereof there was a facility for the Scrutiny Committee to report this to the Secretary of State. Alternatively, if following proper consultation the Scrutiny Committee were dissatisfied with proposals they could make a referral to the Secretary of State. There were no time limits and no reference in the regulations to seeking a response from the PCT.

The Chief Solicitor added the Council’s position was that the nature of the health proposals was that the Health Trust was under an obligation to consult and therefore that the provisions of (ii) would apply ie there was no requirement for the health body to reply to the Scrutiny Committee within a specified period or at all. However, the guidance suggested that in the event that where the 28 day timescale applied as in (i) but could not be met there should be negotiations to establish an appropriate response time.

Members suggested that a timescale for a response be agreed with HPCT.

Decision

That the information given, be noted and a timescale for a response be agreed with HPCT.

70. Scrutiny Investigation into Social Prescribing – Evidence from Bradford PCT *(Scrutiny Support Officer)*

As part of the Forum's ongoing inquiry into Social Prescribing, representatives from Bradford PCT had been invited to attend to outline how Social Prescribing was being developed in Bradford. The Chair welcomed Tracey Higgins and Simon White to the Forum. A detailed presentation was provided by the representatives of the PCT as outlined in the appendices to the report. Members were requested to ask any appropriate questions to contribute to the evidence based final report.

Details of the scheme were provided which included the following:-

- aim of the scheme
- when/who/how to refer
- the Bradford picture
- how Chat operated
- the benefits of Chat for HCPs
- the benefits of CHAT for patients
- limitations of the scheme
- monitoring data figures on frequency of referrals, referral patterns, referrals by age band, referrals by age band and practice, reasons for referral and source of referral
- future challenges
- funding

A discussion followed in which the following issues were raised:-

A Member considered that some people may be reluctant to share their problems with a stranger. What qualifications, skills and qualities were required to undertake this role? The Forum was advised that the scheme was an extension of the GP practice and during the recruitment of project health development workers they looked to recruit candidates with softer caring skills, empathy as well as a good knowledge of health inequalities to encourage take-up of the scheme.

How confident are you in take up of the scheme? It was reported that during the initial meeting patients interests/needs were identified and, as a result, support was tailored to their own appropriate needs.

What was the relationship between the voluntary sector and Health Care

professionals? Members were advised that the main aim of the scheme was to broaden service provision for patients with non-clinical needs and to facilitate links between primary care and the voluntary sector.

Do you encounter opposition from some GP surgeries? In response, the representative advised that there were some GP practices who did not support the system. Some found it difficult to understand how social intervention may assist. The main reasons for opposition were as a result of a lack of understanding of how certain issues could have a detrimental effect on health. Details of Bradford's current methods of communication with GP practices were provided.

Members felt that that this was a worthy scheme and had provided useful practical information. The Chair thanked the representatives for an excellent presentation and their contribution to the meeting.

Decision

That the information given, be noted and discussions be used to assist the Forum in completing the scrutiny investigation.

71. Scrutiny Investigation into Social Prescribing – Evidence from Hartlepool PCT *(Presentation by Peter Price)*

Due to the timescale involved in considering the previous items of business, this item was deferred for consideration at the next meeting.

GERALD WISTOW

CHAIRMAN

**ADULT AND COMMUNITY SERVICES AND
HEALTH SCRUTINY FORUM REPORT**

19 December 2006



Report of: Scrutiny Support Officer

Subject: SCRUTINY INVESTIGATION INTO SOCIAL
PRESCRIBING – EVIDENCE FROM HARTLEPOOL
PCT (HPCT)

1. PURPOSE OF REPORT

1.1 To inform Members of the Adult and Community Services and Health Scrutiny Forum that a representative of HPCT has been invited to attend this meeting to provide evidence in relation to the Forum's on-going investigation into Social Prescribing.

2. BACKGROUND INFORMATION

2.1 Members will recall that at the last meeting of the Adult and Community Services and Health Scrutiny Forum held on 14 November 2006, consideration of HPCT's evidence in relation to the Social Prescribing investigation was deferred owing to lack of time. Consequently, HPCT have been invited to today's meeting to deliver that presentation.

2.2 Following the presentation Members are requested to ask any questions felt appropriate to gather sufficient evidence to assist in its production of a final report.

3. RECOMMENDATIONS

3.1 That Members note the content of this report and ask any questions felt appropriate in conducting the Scrutiny Review into Social Prescribing.

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**ADULT AND COMMUNITY SERVICES AND
HEALTH SCRUTINY FORUM REPORT**

19 December 2006



Report of: Scrutiny Support Officer

Subject SCRUTINY INVESTIGATION INTO SOCIAL
PRESCRIBING – EVIDENCE FROM HARTLEPOOL
MIND

1. PURPOSE OF REPORT

1.1 To inform Members of the Adult and Community Services and Health Scrutiny Forum that a representative of Hartlepool Mind has been invited to attend this meeting to provide evidence in relation to the Forum's on-going investigation into Social Prescribing.

2. BACKGROUND INFORMATION

2.1 As Members will be aware, part of the role of this Scrutiny Forum in conducting an in-depth investigation is to seek the views from all stakeholders in relation to the issue under investigation. It is by gathering evidence from a variety of sources that the Forum is able to build up a knowledge base to assist it in developing robust conclusions and recommendations.

2.2 Following the initial presentation by Hartlepool MIND, Members are requested to ask any questions felt appropriate to gather sufficient evidence to assist in its production of a final report.

3. RECOMMENDATIONS

3.1 Members are requested to note the content of this report, invite the representative of MIND to deliver the presentation and ask any questions felt appropriate in conducting the Scrutiny Review into Social Prescribing.

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**ADULT AND COMMUNITY SERVICES AND
HEALTH SCRUTINY FORUM REPORT**

19 December 2006



Report of: Scrutiny Support Officer

Subject SCRUTINY INVESTIGATION INTO SOCIAL
PRESCRIBING – EVIDENCE FROM SERVICE
USERS AND INTERESTED STAKEHOLDERS

1. PURPOSE OF REPORT

1.1 To inform Members of the Adult and Community Services and Health Scrutiny Forum that arrangements have been made for Forum Members to receive input from service users and other interested stakeholders in relation to the Forum's on-going investigation into Social Prescribing.

2. BACKGROUND INFORMATION

2.1 As Members will be aware, part of the role of this Scrutiny Forum in conducting an in-depth investigation is to seek the views from all stakeholders in relation to the issue under investigation. It is by gathering evidence from a variety of sources that the Forum is able to build up a knowledge base to assist it in developing robust conclusions and recommendations.

2.2 Members are requested at this point on the agenda to invite service users and other interested stakeholders to submit their views in relation to Social Prescribing. Following this evidence, Members are requested to ask any questions felt appropriate to gather sufficient evidence to assist in its production of a final report.

3. RECOMMENDATIONS

3.1 Members are requested to note the content of this report and to invite service users and other stakeholders to submit their views in relation to the Scrutiny Review into Social Prescribing.

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**ADULT AND COMMUNITY SERVICES AND
HEALTH SCRUTINY FORUM REPORT**

19 December 2007



Report of: Director of Adult and Community Services

Subject: CAREERS AND SOCIAL PRESCRIBING

1. PURPOSE OF REPORT

1.1 To make proposals to Members of the Adult and Community Services and Health Scrutiny Forum concerning ways in which carers in Hartlepool might benefit from 'Social Prescribing'.

2. BACKGROUND

2.1 A carer is someone who looks after someone else, and who may or may not be living with the person for whom they are caring.

2.2 Carers play a vital role in the community – looking after those who are sick, disabled, vulnerable or frail. Carers can be any age and come from all backgrounds and communities.

2.3 Most carers are adults, family, friends and/ or neighbours, caring for another person but who are not paid to do this as their job.

2.4 There is also a significant number of children and young people who have taken on caring responsibilities within their families.

2.5 Carers are a valuable resource. Nationally, they save the country £57 billion per annum and their contribution to community care far exceeds the combined efforts of statutory and voluntary agencies. The continued health and well-being of carers themselves is, therefore, vital to the success of community care.

2.6 Caring responsibilities can have an impact on all aspects of a carer's life: employment, income, physical and emotional health and well-being, education, leisure and family contacts and commitments.

2.7 For the first time in 2001, questions concerning carers were included in the National Census, thus providing a numerical picture of carers in Hartlepool.

- 2.8 Questions were included in the 'Health' Section and concerned the number of people who provide unpaid care and the time spent caring each week.
- 2.9 9853 (11.1%) people in Hartlepool are providing unpaid care and 2,680 (3%) carers in Hartlepool provide unpaid care for 50 or more hours per week.
- 2.10 In light of these statistics it should not be difficult to imagine the impact that caring can have on people's lives, especially in relation to health, social exclusion and life opportunities.

3. LEGISLATION

3.1 There is a range of legislation of relevance to carers. The following are probably of most relevance to this investigation:

3.1.1 *The Carers and Disabled Children Act 2000 (CDCA)* expects agencies to consider the impact on carers' lives of their caring responsibilities. It gives the carer the right to an assessment even when the disabled person refuses an assessment. It also gives parents of children with disabilities the right to request an assessment and empowers local authorities to provide services.

3.1.2 *The Carers (Equal Opportunities) Act (2005)* - Under this new law, carers will have to be told about their rights; will have more opportunities for work, education and life-long learning; and greater collaboration between statutory services to help them in their caring roles.

3.1.3 '*Our health, our care, our say: a new direction for community services*'. *White Paper January 2006*

The White Paper states that 'carers are a vital part of the whole health and social care system – we will give them more support', and proposes to:

- Encourage councils and Primary Care Trusts to nominate leads for carers' services
- Establish an information service/ helpline for carers, perhaps run by a voluntary organisation.
- Ensure that short-term, home-based respite support is established for carers in crisis or emergency situations in each council area.
- Allocate specific funding for the creation of an Expert Carers Programme to provide training for carers to develop the skills they need to take greater control over their own health and the health of those in their care.

3.2 In summary: comprehensive recognition and assessment is crucial to identifying need and providing support; agencies must collaborate to ensure carers' needs are recognised and provided for; carers must be supported to

have greater opportunity for work, education, life-long learning and control over their own lives.

4. CARERS' SOCIAL EXCLUSION.

4.1 Caring responsibilities may take their toll in creating isolation and loneliness. The amount of care provided is considerable but this contribution is often hidden, which leads some carers to feel isolated.

4.2 In consultation with carers for 'A Sure Start to Later Life' (Social Exclusion Unit Final Report January 2006) they spoke about the physical and psychological difficulties of caring, particularly for those caring for a family member:

- *'I am stuck all the time with looking after my mother-in-law who only speaks Gujarati. I never get a break'* (Female carer, Mid 60's)
- *'Sometimes it's difficult to get any privacy as my husband seems to want me with him 24 hours a day'* (Female carer, early 70s)

4.3 Carers also speak of isolation resulting from a lack of understanding and the stigma of their loved one's condition, particularly in relation to dementia.

4.4 Particular concerns include:

- Transport- a lack of flexibility and recognition of the practicalities of travel with a person with any form of disability;
- Lack of access to leisure activities – lack of help with tasks such as changing, and lack of financial support to offset the costs faced by people with disabilities accessing private gyms
- Attitudes of some professionals, family and friends – fear of the condition and resulting isolation
- There is a need for pro-active information provision and training for carers.

5. THE BENEFITS OF SOCIAL PRESCRIBING FOR CARERS

5.1 The Scrutiny Support Officer report of 25 July 2006 states that 'increasingly social prescribing is being used as a route to reduce social exclusion for disadvantaged, isolated and vulnerable populations.'

5.2 Carers in Hartlepool already benefit from a range of support services provided through voluntary sector agencies such as Hartlepool Carers, Hartlepool MIND and Hartlepool and East Durham Alzheimer's Trust.

5.3 Examples of support include:

- Advice & information, telephone Information Service, help with welfare benefits – DLA & AA forms & reviews, information that will benefit the cared person i.e. equipment / services, leaflets & advice on illnesses
 - Volunteer support, sitting service, practical help, social activities, peer support, carers' drop-ins, counselling support; bereavement support; mental health support;
 - Representation, training to care, support to learn and access employment
 - Day care for people who suffer from Alzheimer's / dementia, transport.
 - Complementary therapies.
- 5.4 Evidence is collected on the benefits to carers of this range of services, which could be provided through social prescribing.
- 5.5 Recent feedback from carers in Hartlepool on the effects of receiving a carer's assessment demonstrate the benefits of support and services which could come under the remit of social prescribing:
- 'I lost my freedom when I had to care for my husband but with him going to Gretton Court day centre for 2 days I regained some time to myself which I greatly appreciate'
 - 'Things I needed to help round the home were very helpful to me, without them I could not get on with my life and not really on there's (sic). People with disabilities need support I got none. This service is great I wish we had it years ago, then I would not have had a mental breakdown after looking after my disabled child.'
 - 'It helped me in a big way. With Social Services and the help and advices of the staff at Gretton Court a joint effort enabled my father to enjoy the day centre and allows me a bit of a break for the two days he attends.'
 - 'Various equipment has made a real difference'
 - 'Helping with housework. Shopping. Trips down to Marina'
 - 'It has made a difference in that it has helped secure a sitting service for my wife whom I am a full-time carer for. This has enabled me to have some timeout to do shopping, pay bills and other necessary things, as well as giving me some time to myself – which is so important for my own well-being.'
 - 'It has given advice and support which I find invaluable to a full-time carer, making life more bearable and easier to manage'

- 'The assessment was very recent but it has eased my mind and given me a greater sense of freedom by putting in place a care package for my mother taking some of the strain from me. The fact that I can get some respite throughout the year is cheering.'

5.6 The following feedback provides an example of a situation where individualised social prescribing could help to alleviate the situation:

- 'Husband needs mental stimulation all the time – need break where carer and 'client' could go together in order to continue same level of stimulation! 'Outside' carers involve fairly strict timing and our situation, taking bowels and other things into consideration needs to be spontaneous not tied to visiting assistance. Don't think there is an answer for us at the moment but when I am less able, then will need more support.'

6. SUMMARY

- 6.1 Many carers remain unrecognised in the community and continue in their caring roles without support and with increasing levels of emotional, physical and social needs.
- 6.2 Carers make a valuable contribution to the local health and social care economy. It is estimated that, nationally, carers contribute the equivalent of NHS costs.
- 6.3 It is in all our interests to ensure that carers are recognised and appropriate services provided to meet assessed need.
- 6.4 All agencies have a responsibility or duty to work together in partnership to ensure that carers receive relevant information and support to enable them to continue caring for as long as they wish, whilst also having access to opportunities for a quality of life within their local community.
- 6.5 Many of the kinds of support that carers value fall within the remit of social prescribing.

7. RECOMMENDATIONS

- 7.1 Members are recommended to consider social prescribing as an effective way to enhance the provision of support services to family carers in Hartlepool.

CONTACT OFFICER

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**ADULT AND COMMUNITY SERVICES AND
HEALTH SCRUTINY FORUM**

19 December 2006



Report of: Director of Adult and Community Services

Subject: CONSULTATION ON COMMUNITY CARE
ELIGIBILITY CRITERIA

1. PURPOSE OF REPORT

1.1 To seek Members' views, as part of a consultation process on proposals to change the Fair Access to Care Services eligibility criteria.

2. BACKGROUND INFORMATION

2.1 In January 2006 Cabinet agreed to consult on raising the Fair Access to Care Services eligibility criteria to "substantial" needs.

2.2 The Council currently provides statutory Social Care services such as home care or day care to those people who needs are moderate, critical or substantial. Those people with lower level needs are given advice and information on other help which may be available to them in the community. These are services like Age Concern, Hartlepool Carers, Shopmobility and social groups.

2.3 Council's are expected to review their access criteria in each year's budget cycle. The Council is thinking about changing the eligibility criteria so that in the future people assessed as having moderate care needs may not receive statutory social care services. This means that those with moderate needs would be given advice and information like those with lower level needs.

2.4 The proposed changes would help the Council to free up resources to develop preventative community service open to all. Also, to better support those people in need of high levels of statutory care.

3. SCRUTINY CONSULTATION PROCESS

3.1 The consultation period is October to December 2006. The process will look at whether or not people agree with the proposed change and what

community services they would most like to see developed or supported. People's views will be presented to Cabinet Members in January 2007.

- 3.2 Members were first invited to consider the proposals around the community care eligibility criteria at the Forum's meeting on 26 October 2006. At this meeting Members requested further information and agreed to revisit the issue at today's meeting for determination.

4. RECOMMENDATIONS

- 4.1 That Members of the Forum participate in the consultation process and express their views on the proposed changes in relation to:-
- (a) The proposal to change the eligibility criteria and re-invest some of the savings in support to community based services for all; and
 - (b) Should the Council agree the proposed changes, what sort of community based services would the Forum like to see developed?

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BACKGROUND PAPERS

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

- (i) Cabinet Report 14 August 2006 – Consultation on Community Care Eligibility Criteria.
- (ii) Scrutiny Co-ordinating Committee 15 September 2006 - Consultation on Community Care Eligibility Criteria.
- (iii) Adult and Community Services and Health Scrutiny Forum Report – 26 October 2006 – Consultation on Community Care Eligibility Criteria.

Our Ref: AW/PP/182

1 December 2006

Prof G Wistow
Chair of Adult & Health Scrutiny Committee
2 Hblymount
The Parade
Hartlepool
TS26 0LY

Dear Prof Wistow

Increasing numbers of GPs and reducing health inequalities

As you are aware, Hartlepool PCT have been identified in *Our Health, Our Care, Our Say* as one of the PCTs in the bottom thirty for numbers of GPs per 100,000 weighted population. As a result of our consideration of the significant access issues highlighted during the year by patients and the Scrutiny Committee, we have also developed a plan to address this problem.

I am writing to let you know that we are currently working with the Department of Health to procure additional GPs for the town whilst in addition attempting to reduce health inequalities and improve the services we provide particularly to vulnerable people.

I have endorsed a copy of a report going to our Board for discussion in December which describes the draft proposal for the procurement and our plans for public engagement intended to help us develop the plans further and to clarify the criteria by which we should evaluate any bids

I will be very pleased to discuss these plans in greater detail should you wish and in whatever forum you consider most appropriate.

Please do not hesitate to contact me or my secretary Paula Preece on 01429-285789 or email paula.preece@hartlepoolpct.nhs.uk

With kind regards.

Yours sincerely

Ali Wilson
Director of Primary Care Development & Modernisation

Copy: Councillor Ray Waller, Executive Member Adult & Public Health Services, HBC
Sajda Banaras, Scrutiny Support Officer, HBC

Enc

Update on proposals for the procurement of additional Primary Medical Services

1. Purpose of the report

The purpose of the report is to update the Board on progress with plans to increase primary medical services provision within the Hartlepool area through the engagement with the Department of Health national procurement exercise and to agree the public and stakeholder engagement process.

2. Background

Whilst Hartlepool PCT continues to progressively modernise and develop primary care services¹ we remain amongst the thirty under doctored areas in the country and experience levels of mortality and morbidity amongst the highest in the country. Recently identified as a 'spearhead PCT' there is a 10-fold difference in mortality between some wards. The health care challenges in the area are significant with high levels of CHD and cancer mortality, teenage pregnancy, smoking and substance misuse.

The PCT aims to improve choice and increase the provision and diversity of current primary medical services, whilst addressing the policy direction set out in *Our Health, Our Care, Our Say*,² recognising the need to work effectively across health and social care.

This includes the continued support for initiatives that improve access to and capacity of health care services across the locality, but will also require the provision of services to meet specific health care needs of some of our most vulnerable local people.

We have made significant progress in the last 2 years in improving the number of GPs working in the area from 47.5 wte GPs in 2004 to a current 51.4 wte GPs/100K weighted population. However we recognise that there remains a risk that current plans may not realise the number of additional GPs we require to meet national targets as well as provide the significant improvement in services needed to dramatically change the health outcomes currently experienced by the people of Hartlepool. Whilst we have been able to maintain achievement of primary care access targets at 100% for the last 2 years, we continue to receive significant pressure from local people to improve patient experience and accessibility to GPs. Indeed this was the subject of a recent local adult and health scrutiny review and a report from the Patient and Public Involvement Forum discussed at the Board in April 2006. Local practices are working to capacity and many manage patient list sizes well above the national average, with patients who have significant long term and complex medical needs. Whilst there have been significant improvements in practices ability to recruit new GPs the PCT has limited leverage with practices with high list sizes to encourage them to take on additional GPs

¹ Strategy for the Modernisation and Development of Primary Care Services, Hartlepool PCT, 2005

² Our Health, Our Care Our Say, A new direction for community services, Department of health, 2006

other than providing targeted additional funding, and perpetuating the inequalities in funding across practices.

The PCT has over the past year maintained an interest in the national procurement arrangements developed by the Department of Health's Commercial Directorate to support PCT's in increasing primary care medical provision. There are increasingly compelling reasons to participate in this procurement process to deliver services that will support improvements in patient access and health outcomes and reduce the inequality experienced between some wards in the town.

The Commercial Directorate functions as the central point in securing best value as well as achieving greater levels of effectiveness for the Department of Health (DH) and the NHS through the use of best commercial practices and better commercial relationships.

3. Strategic Drivers

There are a number of key strategic drivers that support the case for this initiative and the particular focus of the proposals. These have been summarised below.

Figure1 Strategic Drivers

Policies/Strategies	Principles
<p>'Our health, our care, our say': a new direction for community services</p>	<p>3.41 Help will be provided to all PCT's in under-served areas to draw upon national expertise to attract new providers of sufficient size to fill these gaps in provision</p> <p>3.42 This will be done by ensuring that PCT's actively commission additional practices, reflecting the needs and expectations of their local populations</p> <p>Hartlepool PCT is listed in the 30 most under doctored areas in the country at 51.4 w te per 100,000 weighted population</p>
<p>Adult and Health Scrutiny Committee</p>	<p>Findings Local practices working to capacity and managing patient list sizes above national average</p> <p>Local demand to improve patient experience and accessibility to GPs specifically for vulnerable people</p> <p>Recommendations An action-plan is devised to address the short-fall in the number of GPs in Hartlepool</p>
<p>Recommendations from the Fitness for Purpose review</p>	<p>PCT should begin to work more proactively to develop the provider market</p> <p>The requirement of significant additional investment in</p>

	primary care in next financial year
Hartlepool and Teesside Acute Services Review Report by Professor Ara Darzi	<p>Paragraph 9.17 - As the planned investment in and strengthening of primary care in Hartlepool and the surrounding area starts to be realised, it should increasingly play a significant role in the provision of local A&E services</p> <p>Paragraph 10.1 - Shifting services from a secondary to a primary care setting</p> <p>Paragraph 10.2 - A range of initiatives are already under way, led by PCTs and primary care practitioners, to support such developments. In Hartlepool and Stockton, for example, work is under way to develop new town centre health developments, opening in 2005, which will bring together a number of GP practices and community nurses and offer a wider range of services, reducing patients' reliance on hospitals. The review strongly supports such developments and recommends that the acute Trusts and PCTs continue to explore the scope for joint initiatives, including sharing of premises and staff'</p>
Vision for Care	Care will be provided as near to home as possible, whilst ensuring safety and effectiveness. Hartlepool PCT is committed to developing modern neighbourhood centres where people can have easy access to most services
Public Health Information	<ul style="list-style-type: none"> • Levels of mortality are 25% higher than the national rate • Male life expectancy is 2.78 years less than nationally • Female life expectancy is 2.85 years less than nationally • Variation in life expectancy of approximately 13 years between wards for male life expectancy • Variation in life expectancy of approximately 11 years between wards for female life expectancy • High levels of teenage pregnancy • High levels of problematic drug users • A&E attendance as high as 500 per year per thousand population in some areas (PCT average of 375 per year per thousand population) • OOH contacts/attendances as high as ### per year per thousand population in some areas (PCT average of 122 per year per thousand population)

4. Project Purpose

The purpose of the project is therefore to:

- To increase the number of WTE GP's per 100,000 population from 51.4 to 56.5 by 2008. This would reduce average GP list from 1,945 to 1,769 patients per WTE GP (a reduction of approximately 10% in GP lists).
- The longer term aim is to achieve and maintain the national average of WTE GP's per 100,000 population (taking into account deprivation and prevailing disease prevalence).
- To identify opportunities to increase and improve the provision of primary medical services to the Hartlepool population and in particular to address the needs of the most vulnerable groups supporting a reduction in inequality in access, provision and health outcomes.

5. Proposals

Consideration has been given to a number of options that have the potential to meet the overarching aim of increasing numbers of GPs, whilst addressing local need, public expectations and the prevailing strategic drivers. An assessment is currently underway to identify the most appropriate models of care, the cost and potential added value of each proposal. This process includes consultation with staff and current service providers.

A full appraisal of the options including benefits, disadvantages and costs will be brought to the next Board meeting for approval.

The project team is currently exploring the potential of the following service model which is divided into 3 areas. Each element could be held within one individual contract although there would be considerable advantages (including financial) in commissioning from one contractor who could provide the full service.

All three areas would provide essential and additional services during core hours (8am-6pm Monday – Friday) as well as the following essential services:

- Childhood Immunisations
- Influenza Imms
- Minor Surgery
- Intra-uterine contraceptive device fittings
- Access to Primary Care
- IM&T
- Health promotion campaigns
- Partnership with connected care model and or other developing services within specific areas of the town.

In addition to the core services each area would provide the following specialist services;

Area 1 – New GP practice providing specialist substance misuse services and shared care arrangements

Re-commission the current substance misuse service and extend the service to provide alcohol misuse (this would provide initial and follow-up assessment, provision of detoxification regime, and working with joint providers (counselling and social care) and core primary medical services for patients receiving treatment and dependants' of these patients during core hours.

Area 2 – Re-commission existing PCT practice

The Wynyard road primary medical centre contract is currently held by the PCT (PCTMS contract). This service would provide core primary medical services during core hours for 4,500 patients. This practice would also work in partnership with the connected care model to provide an interlocking, bespoke range of services which directly reflect and respond to the needs of the individuals and community that the practice would serve.

Area 3 – New GP practice situated within A&E also providing urgent care within extended hours and OOH's provision

This service would provide core primary medical services during core hours for 4,500 patients. It would also deal with all minor A&E attendances (a recent audit highlight that more than 36% of all A&E attendances could be treated in a primary care setting.) This service would provide, for all Hartlepool patients, 24 hour access to urgent care within a primary care setting also including the clinical element provided by OOH's. It is envisaged that all telephony and triage would continue to be commissioned with Primecare to ensure compliance with the Carson standards however this could be included within the procurement.

However, this element of the proposals would need to reflect the outcome of the current Urgent Care Review which is due to report mid December.

Given the complexity of this part of the proposed model it would be expected to phase the introduction of the service in **several** stages.

6. Governance/Performance

The PCT needs to consider the criteria by which it would judge any tender proposals in due course. It may for example wish to encourage application from 'Third Sector' organisations or partnerships with third sector and/or local organisations and request evidence of successful delivery of similar core and specialist services.

Further performance measures will also be included within the contract to provide added benefit by targeting specific areas, for example, Standards for Better Health or sensitivity to minority groups.

The contract would include a population target clause to ensure activity is commensurate to funding and an 'additionality' clause to ensure that additional GPs are in fact brought to the town.

7. Public Engagement and Stakeholder consultation

The PCT has taken guidance on the appropriate consultation requirements and a statement has been prepared by the DH following discussion with DH legal advisors and the DH Patient and Public Involvement policy team.

Legal guidance following the Derbyshire PCT case states:

"Changes in the personnel providing existing services...

A change in the identity of the service provider of a health service (such as a local GP service) does not normally attract a duty to consult. However if the issue is the subject of substantial local controversy where, for example, a GP practice is being replaced by a private company, then a duty under section 11 to consult the public may arise"

Section 11 of the Health & Social Care Act is a duty owed by the PCT to consult patients – directly or through representatives on the development and consideration of changes. There is not a requirement for a formal 12 week consultation.

The DH suggests that the consultation could cover the service specification, the approach to selecting the successful bidder and the conduct of the tender. A draft consultation document has been attached at Appendix 3.

Early discussions have taken place with the PPI forum, Acute Trust and Safer Hartlepool Partnership (joint commissioning group) and are generally positive about the initiative although further detailed work will be carried out in relation to the exact service requirements and possible risks.

There is also a requirement to consult affected staff and Trade Unions regarding the principles of the procurement and possible options for staff employment within the service. Meetings are already being arranged.

8. Timescale

The PCT is required to work to a challenging timetable in order to meet the DH procurement requirements. See Appendix 1.

9. Required of the Board

The Board is requested to:

1. Receive the update on the development of the proposals for the procurement of additional Primary Medical Services.
2. Agree the public engagement process under Section 11 of the Health and Social Care Act

	2006	2007								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Strategic Outline Case	■	■								
Consultation	■	■	■							
Pre-qualifying questionnaire preparation	■									
Development of detailed specification	■	■								
Advert		■								
Expressions of interest			■							
Pre-qualifying questionnaire				■						
Invitation to tender					■					
Evaluation & Tender						■				
Financial Close							■			
Mobilisation								■	■	■

Appendix 2 Consultation Document

Consultation for the procurement of primary medical Services

Over the past four years, Hartlepool Primary Care Trust (PCT) has, through a variety of methods, asked local people what they think about their health services and how they could be improved in the future.

As a result, the PCT has introduced a range of initiatives to respond to the priorities identified by Hartlepool residents in order to ensure that patients are treated by the right people, with the right skills at the right time and in the right place.

- Hartlepool is one of the most 'under-doctored' PCTs in the country and we need to reach national average
- We need to improve access to primary care services

Following the biggest public consultation exercise ever undertaken in the UK, the Government has recognised the particular difficulties faced in Hartlepool and we have the opportunity to improve access to mainstream primary care services and specialist provision to address the specific health needs of local people.

We know that, in Hartlepool at the moment;

- Levels of mortality are 25% higher than the national rate.
- Male life expectancy is 2.78 years less than nationally.
- Female life expectancy is 2.85 years less than nationally.
- Variation in life expectancy of approximately 13 years between wards for male life expectancy.
- Variation in life expectancy of approximately 11 years between wards for female life expectancy.
- High levels of teenage pregnancy.
- High levels of problematic drug users.
- Local practices working to capacity and managing patient list sizes above national average
- Local demand to improve patient experience and accessibility to GPs specifically for vulnerable people

The PCT has now been asked to provide details on how it would like to make best use of between 4 and 6 additional GPs in the town and from what local residents have already told us, we have identified three service models to address the priorities identified above:

- 1 A new GP practice to provide additional substance misuse services
- 2 A new GP practice (approx 4,500 patient list size) to provide essential, additional and enhanced services, with extended opening hours and improved links to service for vulnerable groups including for example

Children's services, Learning Disability Services, Mental Health Services, Connected Care and in an area of the town that currently doesn't have as many GPs as required such as Owton.

- 3 A new GP practice (approx 4,500 patient list size) to provide essential, additional and enhanced services with extended opening hours, possibly 24 hours per day and act as an urgent care centre for the town, probably based within the A&E area at University Hospital of Hartlepool.

We have a lot of information already about how patients think GP and community based health services can be improved but we would like to hear from more people to find out what local residents think about bringing extra doctors into the town, where they might best be based and what kind of services they should offer to enhance those already in place.

How will people be involved?

In the next few weeks, the PCT will offer the opportunity for all Hartlepool residents and key stakeholders in particular to discuss the best way forward whilst we are still in the formative stages. This will involve raising awareness and gathering initial views, making suggestions for detailed proposals through a range of methods and consideration of the approach to selecting the successful bidder.