PLEASE NOTE VENUE AND TIME

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM AGENDA

HARTLEPOOL
BOROUGH COUNCIL

Monday 29 January 2007

at 2.00 pm

in Conference Rooms 2 & 3,
Belle Vue Community Sports and Youth Centre,
Kendal Road, Hartlepool

MEMBERS: ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM:

Councillors Barker, Akers-Belcher, Brash, Fleet, Griffin, Lauderdale, Lilley, 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 To confirm the minutes of the meeting held on 19th December 2006 *(attached)*

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

   4.1 Response from Hartlepool NHS Primary Care Trust (HPCT) Board to the Interim Report by the Adult and Community Services and Health Scrutiny Forum proposed PCT management arrangements

PLEASE NOTE VENUE AND TIME

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

No items

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

No items

7. **ITEMS FOR DISCUSSION**

7.1 **Key Developments currently being considered by Hartlepool PCT – *Scrutiny Support Officer***

(i) Increasing Numbers of GP's and Reducing Health Inequalities - *Director of Primary Care Development & Modernisation*

(ii) Urgent Care Review – Presentation - *Director of Primary Care Development & Modernisation*

7.2 **Scrutiny Investigation into Social Prescribing:-**

(i) Evidence from Portfolio Holder and Director of Adult and Community Services – *Scrutiny Support Officer*

8. **ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT**

ITEMS FOR INFORMATION

i) Date of Next Meeting: Tuesday 27 February 2007 commencing at 2.00 pm, at the Central Library, York Road

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

MINUTES

19 December 2006

Present:

Councillor: Gerald Wistow (In the Chair)

Councillors: Jonathan Brash, Sheila Griffin, Geoff Lilley and Pat Rayner

Resident Representative:
Mary Green and Joan Norman

Also Present:
Keith Bayley, HVDA
Ian Caldwell, Strategy and Practice Manager, Hartlepool MIND
Julian Penton, Programme Manager for Community Development and Inclusion, New Deal for Communities
Susan Fisher, Hartlepool Mind
Elizabeth Henderson, Hartlepool Mind
Diane Kidd, Hartlepool Mind
Peter Pickens, Briarfields Allotments
Jane Swales, Hartlepool Mind
Pat Taylor, Hartlepool and East Durham Alzheimers Trust
Jean Wilson, Hartlepool Mind

Officers: Alan Dobby , Assistant Director of Adult and Community Services
Cath Adams, Principal Review Manager
Peter Price, Joint Director, Public Health
Janet Wistow, Planning Manager
Sajda Banaras, Scrutiny Support Officer
Denise Wimpenny, Principal Democratic Services Officer

72. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Caroline Barker and Gladys Worthy.

73. Declarations of interest by Members

Councillors Jonathan Brash declared a personal and non-prejudicial interest in minute numbered 74. Councillor Gerald Wistow declared a personal and non-prejudicial interest in minute numbered 77.

74. Scrutiny Investigation into Social Prescribing – Evidence from Hartlepool Mind *(Scrutiny Support Officer)*

As part of the Forum's ongoing inquiry into Social Prescribing, the Strategy and Practice Manager of Hartlepool Mind had been invited to attend the meeting to provide a presentation to Members in relation to the role of Hartlepool Mind. The Strategy and Practice Manager delivered a presentation in relation to the service provided and existing and former patients gave details of personal experiences and support received from the service.

Discussion ensued in which the following issues were raised:-

For those people who did not visit their GP regularly, how did they find out about the service? In response, a representative from Mind reported that the information was obtained from material which she had read.

Do you see the service offered by Mind as an alternative to medicine? A representative advised that she had felt abandoned and dismissed by the Mental Health Service. Mind had offered encouragement and support which was very different to traditional health methods. It was pointed out that due to limited resources it was not always possible to obtain an appointment. The Chair added that even if this support was complementary to medicine it represented an additional service that was not readily available in the town at present. The Strategy and Practice Manager stated that it was important to integrate the two services. Various mental health trusts and GP practices around the country had expressed an interest in the service and included elements of Mind's practices in their respective business plans, to which positive feedback had been received.

To what extent would the Forum be looking at examples of good practice. In response, the Chair advised that the Forum were keen to host a workshop supported by CSIP to bring stakeholders together in February or March 2007.

It was suggested to Mind that any information available relating to the level of service users as well as results, which would assist in the Forum's investigation, would be welcomed.

Pat Taylor of Hartlepool and East Durham Alzheimers Trust provided some examples of innovative good practice for carers provided by Easington PCT and suggested that a similar approach be adopted in Hartlepool. A Member felt that the ongoing work of Easington PCT be noted with a view to adopting

a similar approach in Hartlepool. The Chair suggested that the Scrutiny Support Officer should obtain further information about Easington PCT provision for carers for consideration in the final report.

In summary, the Chair advised that today's discussions had highlighted that this was a valued service by patients, was making a real difference to peoples' lives and had obtained the interest of people from all over the country. Members supported his view that it was a service of which the town should be proud and considered it regrettable that a national model such as this should not have a secure funding base. It was agreed that funding issues would need to be considered further to ensure the service was sustained. The Chair thanked the Strategy and Practice Manager and representatives of Mind for sharing their experiences which would be invaluable when finalising the report.

Decision

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

75. Scrutiny Investigation into Social Prescribing – Evidence from Service Users and Interested Stakeholders *(Scrutiny Support Officer)*

As part of the Forum's ongoing inquiry into Social Prescribing, service users and other interested stakeholders had been invited to attend the meeting to outline their views in relation to Social Prescribing. The Chair welcomed Dr Peter Pickens from Briarfields Allotments to the Forum.

Members were advised that although there was no rigorous scientific evidence of the benefits of allotment gardening and the links with social inclusion, it was believed this could improve peace and tranquility, mental well being and assist during stressful circumstances.

Dr Pickens advised that, as an allotment holder, he would welcome another interested partner to take part in a pilot scheme for one year. There would be no cost implications and the outcome should result in improving mental well being.

A Member commented on his own personal experience and interest in allotment gardening. A representative commented on the state of disrepair of some of the allotment sites. A Member expressed a need for the sites to be more effectively managed and agreed to provide examples of good practice to the Scrutiny Support Officer for possible inclusion in the report of this enquiry.

Decision

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

76. Scrutiny Investigation into Social Prescribing – Evidence from Hartlepool PCT (HPCT) *(Scrutiny Support Officer)*

As part of the Forum's ongoing inquiry into Social Prescribing, a representative of HPCT had been invited to attend the meeting to provide a presentation to the Forum. The Chair welcomed Peter Price, Joint Director of Public Health. The key issues outlined in the presentation were as follows:-

- Brokerage service
- Holistic assessment of need
- Intervention – emotional/mental well-being, lifestyle change, motivational support
- Referral into services
- Commissioning of services
- Social Prescribing Model
- Possible Direct Referral Services
- Current Initiatives
- Role of Joint Working Development Group
- Future Issues
- Social Prescribing Network
- Developing Additional Providers
- Funding
- Links to developments in Primary Care
- Links to developments in Social Care

Members were advised that a working group has been established, chaired by the Director of Public Health, which brought together the leads of a number of existing projects that could be considered as part of a social prescribing network. The working group was currently considering the development of a specification defining the elements of a social prescribing service and standards. The group was being supported by a consultant, funded from NRF underspend on the health trainer project, in the development of the specification and a toolkit which could support other organisations who wish to develop such a service. The Forum requested that the outcome of this work be forwarded to the Scrutiny Support Officer to inform the final scrutiny report.

Discussion ensued in relation to the working group and it was suggested that the membership be reviewed to consider the inclusion of new providers. The Director of Public Health was also asked by Members to consider the inclusion of service users and carers in the Working Group. He agreed to do so.

The importance of clarifying what constituted a holistic assessment, how to assess changes in people's circumstances and how to record and measure outcomes were identified as important issues for the working group to address.

The issue of securing funding for a social prescribing network was discussed. The Director of Public Health informed members that a proposal had been submitted for inclusion in a regional bid to the Big Lottery Fund for well-being, the outcome of which was awaited. However, he highlighted the need for mainstream funding to sustain and further develop this work.

It was suggested that savings achieved from changes in the Social Care Eligibility Criteria, if agreed, could be considered to fund this type of initiative as part of preventative measures. The links with practice based commissioning were also highlighted as important to secure NHS funding.

The Forum requested that the Joint Director of Public Health, Programme Manager for Community Development and Inclusion and the Strategy and Practice Manager liaise with the Scrutiny Support Officer to provide up to date information for inclusion in the final report.

Decision

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

77. Carers and Social Prescribing *(Director of Adult and Community Services)*

The Planning Manager presented a report which outlined ways in which carers in Hartlepool might benefit from social prescribing. Members were asked to consider social prescribing as an effective way to enhance the provision of support services to family carers in Hartlepool.

It was reported that carers played a vital role in the community. The continued health and wellbeing of carers themselves was vital to the success of community care. Caring responsibilities could have an impact on all aspects of a carer's life. In 2001 questions concerning carers were included in the National Census which provided a numerical picture of carers in Hartlepool. 9853 (11.1%) people in Hartlepool provided unpaid care, 2,680 (3%) of which provided unpaid care for 50 or more hours per week. In light of these statistics, it was not difficult to imagine the impact that caring could have on people's lives, particularly in relation to health, social exclusion and life opportunities.

Details of current legislation of relevance to carers, social exclusion and the benefits of social prescribing for carers was included in the report together with an example of a situation where individualised social prescribing could help to alleviate a situation.

The Forum was advised that may carers remained unrecognised in the community and continued in their caring role without support and with increasing levels of emotional, physical and social needs. Carers made a valuable contribution to the local health and social care economy. It was estimated that nationally carers contributed the equivalent of NHS costs. It

was important to ensure that carers were recognised and appropriate services provided to meet assessed need. All agencies had a responsibility or duty to work together in partnership to ensure that carers received relevant information and support to enable them to continue caring for as long as they wished, whilst having access to opportunities for a good quality of life within their local community. Many of the kinds of support that carers valued fell within the remit of social prescribing. The responsibility to ex-carers was also highlighted.

In conclusion, the Planning Manager wished to emphasise the following three points:-

(i) the needs of the person cared for and the needs of the carer were interdependent and agencies needed to work closely together to ensure that both sets of needs were met appropriately.

(ii) the needs of ex-carers tended to be less well recognised and specifically that they may not only be dealing with the loss of the person they cared for but also with the loss of their caring role and the consequences of exclusion or job loss that may have accompanied it.

(iii) the requirement that GP's maintain carers' registers provided opportunities to identify carers who might benefit from social prescribing.

A representative from Hartlepool and East Durham Alzheimers Trust was in attendance at the meeting and gave details of the services provided. It was pointed out that there was a gap in services available for couples. To meet this need a dementia cafe had recently been launched in Easington which was user led and allowed patients and carers to access various activities together. The take up of the service had been surprisingly good. It was anticipated that this type of service would be available in Hartlepool the following year.

A Member queried whether any evidence had been collated in relation to ex-carers lifestyles and finances to which the Planning Manager advised she could not recall specific evidence, although national or local carers' organisations were likely to have collected evidence. Statutory organisations had limited statutory responsibility to support ex-carers. However, locally there was an awareness of need, which social prescribing might meet; for example bereavement counselling, support to work, resume or establish social contacts/community involvement.

The Chair thanked all attendees for the information provided and contribution to the meeting which would assist the Forum in finalising their recommendations.

Decision

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

78. Consultation of Community Care Eligibility Criteria

(Director of Adult and Community Services)

Members views were sought, as part of the consultation process, on the following 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

(b) what sort of community based services the Forum would like to see developed

Members initially considered the proposals around the community care eligibility criteria at the Forum's meeting on 26 October 2006. At this meeting Members requested further information on how much funding would be released as a result of this proposal, how the money would be re-invested together with information from other local authorities. This additional information was circulated to each Member of the Forum in advance of today's meeting.

The Assistant Director of Adult and Community Services advised that at any one time there were approximately 3000 people receiving regular social care support to live at home. Two thirds of these would be older people and would be reviewed at least once per year and assessed against the new Fair Access to Care Services (FACS) threshold ie the effect on current users of services would be cumulative over a period of twelve months. It was not possible to guess the results of these reviews. However, it was estimated that less than a third would be banded as moderate need, the remainder being substantial or critical. The assessing officer would then make a judgement on those assessed as moderate need and if they felt that withdrawing statutory services could de-stabilise their situation and lead to higher levels of risk, then services would be continued. The best estimate was therefore that several hundred people could be affected longer term. However, no one would lose a service if doing so added significantly to risk.

Other authorities who had raised their FACS threshold had reported savings well into six figures. However, as Hartlepool was a much smaller authority, savings were expected to be less substantial to reinvest in the type of services referred to today. Members were referred to a copy of Middlesbrough Borough Council's final report to Overview and Scrutiny which presented the findings of the Social Care and Adult Services Panels review of Fair Access to Care Services and terms of reference of the scrutiny investigation. This issue would be further considered by Cabinet in January 2007.

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

Would the change in the eligibility criteria largely affect new people joining the system? It was reported that eventually people would either move into higher level or lower level of care.

How and who will be responsible for monitoring and review of the system changes? The Assistant Director of Adult and Community Services advised that there were no detailed plans in place as a decision had yet to be taken. This information would be available for consideration by Cabinet. The input of scrutiny would be welcomed six to twelve months following implementation.

How do you intend to minimise the impact on individuals who lose their current level of care? It was explained that the service would not be removed immediately and people would be given notice to enable them to plan for the changes.

The Chair added that the final report, which would be available in March, would identify the kinds of social prescribing services that might be appropriate for the reinvestment of savings from the proposed change to eligibility criteria. As the Forum's work programme did not permit a full detailed investigation into individual issues of this type, it could only recommend that the additional information supplied to the Forum be considered by Cabinet in reaching a final decision. The Forum would, however, be happy to be involved in any partnership between the Executive and Scrutiny in relation to monitoring and review of the changes.

Decision

That the information given, be noted and Cabinet be advised of the additional information and considerations that the Forum recommended to be taken into account in reaching a final decision.

79. Minutes of the meeting held on 14 November 2006

Confirmed

80. Matters arising from the minutes – (**AOB – Initial Response to Interim Report – Response to Hartlepool PCT's (HPCT) Consultation on its Proposed Management Arrangements – Minute No 69 refers)**

The Chair advised that a response had been received from Hartlepool PCT, a copy of which would be circulated to each Member for consideration at a future meeting of the Forum.

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

No items.

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

No items.

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

No items.

84. Any Other Business

(i) Proposal from PCT to Contract Out Services to Independent Sector
(ii) Urgent Care Review
(iii) Letter from Ian Wright MP re: Rumours about Accident and Emergency Services at University Hospital of Hartlepool Increasing Numbers of GPs and Reducing Health Inequalities

The Chair had requested that the above items be considered under any other business, however, due to the limited time available they were deferred for consideration at January's meeting.

Decision

That the above items be deferred for consideration at January's meeting.

GERALD WISTOW

CHAIRMAN

Response from Hartlepool NHS Primary Care Trust (HPCT) Board to the Interim Report by the Adult and Community Services and Health Scrutiny Forum proposed PCT management arrangements

1. Introduction to response

1.1. The Board thank the Forum for the interest it has shown in this matter, and for the time it has taken to prepare and consider their report.

1.2. We also wish to apologise for the delay in providing this response, and acknowledge that it is outside the 28 day turnaround requested. We wish to assure Forum members that no disrespect is intended, and to ask that they recognise that this is a time of huge challenge for on the PCT, its management and its resources.

2. Format of response

2.1. Our aim is to begin with some general comments and observations, and from there to move into specific issues raised.

2.2. Many of the Forum's concerns and comments are reiterated throughout the report, and again in summings up. Our intention is to refer to individual concerns at what we hope is the most appropriate point in your report, identified by paragraph. We hope that this will adequately cover the points you raise.

2.3. We thank you for the spirit of candour which is evident throughout the report. We concur that honest and open debate is the way forward, and have tried to reflect this frankness here.

3. General Comments

3.1. Many references are made to the NE Strategic Health Authority (SHA) and their predecessor SHA. Many of these comments and criticisms are necessarily a matter for the SHA to respond to, not this PCT.

Hartlepool PCT firmly supported the maintenance of a PCT for Hartlepool, coterminous with Hartlepool Borough Council.

3.2. The Board agrees that several of its proposals are undefined and incomplete – especially with regard to joint working and joint commissioning with local partners, notably Hartlepool Borough Council (HBC). We feel strongly that such details need to be worked up jointly, with elected member and PCT Non-Executive Director (NED) input, from basics, identifying and retaining good current practice, looking to develop and expand from this.
So rather than bring forward a set of detailed proposals which may or

may not find favour, and may cause suspicion that the PCT has predetermined these matters, rather we have left gaps to be negotiated jointly, taking care that we retain local capacity to make these practical and meaningful.

3.3. We make several comments about commissioning in response to voiced concerns over the joint Tees commissioning proposals. It is important to clarify that joint Tees commissioning's focus is large-scale contracts with, for instance, secondary care providers such as NHS, Foundation and private organisations. This absolutely does not preclude HPCT from forming local commissioning partnerships, particularly with HBC and of course the recently developed practice based commissioning group. This is a priority area for us and is the reason why we highlighted these proposals at an early stage.

3.4. References are made in the report to bringing together PCT and HBC management as an alternative to joint management between the PCT and its partner organisations. The Board regards this as extremely high risk, second only to an attempt by the PCT to "go it alone".

- This proposal attempts to meld together two basically dissimilar organisations.
- It also creates significant risks for HBC – for instance that the PCT would cause instability by swallowing disproportionate amounts of management capacity.
- Both PCT and HBC management teams have severe reservations about the practicality of such an attempt, given the different responsibilities of both organisations.
- We would refer to the Forum's own report on the issue, presented by Nicola Bailey and contained within the 23 June 2006 minutes.

3.5. At the time of the Forum's meeting with the PCT, Non-Executive appointments had not been made. As mentioned in Scrutiny's report, four appointments were announced on 29 September, with one more decision to be made by the Appointments Commission. These are:

- Jeremy Boyd (Audit Chair): Jeremy is Finance Director with the local company Atkinson North, a business with £100m + turnover.
- John Bentley: John will be known to many as Chief Executive of Safe in Tees Valley, and worked in Hartlepool for many years before this.
- Malcolm Walker: Similarly, Malcolm is Programme Director for NDC, and has a deep grounding in the community sector, particularly in deprived areas of our town.
- Cath Purdy: Again, Cath has a high profile in many sectors of the town as Chief Executive of the Social Enterprise Company, Housing Hartlepool.
- Cath and Malcolm, along with Steve Wallace, sit on the Hartlepool Partnership.
- All live in Hartlepool and are registered with GP practices here.

4. Responses to specific points by paragraph

Para 3.5.
Some back office functions have long been merged or outsourced, payroll and estate maintenance for example. More backroom functions are being merged, notably HR. But these alone do not create £376K of savings: only the reduction of high salary posts – or the equivalent in lower payscales – achieves this.

Para 3.9
CEs were asked to develop proposals that would meet the conditions set out in the Acting Secretary's letter, this included the option of a 'stand alone' management team for HPCT.

Para 3.10.
HPCT's then Acting Chief Executive, John Roebuck, spent much time at this juncture seeking clarity and detail as to what lay within and without the definition of "management costs". It was entirely proper for him to do so, since at one point the sum approached £500K.

Para 3.11.
When the Department of Health calculated our management costs we were running with several vacancies as a result of our separate financial difficulties. These vacancies were unable to be counted as a saving.

On the general issue of double counting, HPCT needs to save two sums of money: One is £6m in two tranches to repay our accumulated deficit, the other is £376K to invest in front-line services. This £6,376,000 needs to be real monies, not accounting sleight-of-hand, and it follows that one saving can only be used once.

Paras 3.12. – 3.13.
The proposals shared with various colleagues between June and September were for discussion and set out a framework:

- Teeswide functions (x1)
- North of Tees and South of Tees (x2)
- PCT Functions (x4)

The proposals brought to Scrutiny in September reflected discussions about what functions/posts we felt to be best to meet the required conditions of PCTs.

As is apparent, the proposals brought to Scrutiny differ markedly from each of the original options, each of which was considered either to be unworkable or unacceptable to the relevant Boards.

Para 4.1.
While HPCT noted the advice of HBC's legal Counsel, HPCT decided against seeking its own legal advice and instead sought this through the SHA.

The SHA has indicated that its own legal advice very strongly contradicts that given to HBC and that management arrangements are not subject to formal consultation. Now withstanding this we have raised awareness of the process to develop new structures over the summer for consideration by the new PCT Boards in October 2006. The Chairman, Chief Executive and Directors have discussed this with many partners/stakeholders during this time. We prefer to remain aloof from this approach for as long as we are able: We consider the only winners in such scenarios are the lawyers themselves.

The PCT Board's view is that this process is not a statutory one, but rather conducted in a spirit of co-operation and indeed much informal consultation was undertaken.

Paras 4.2. – 4.3.
HPCT notes the disappointment expressed by Health OSC over the fact that we took the decision to proceed with the proposals at our Board meeting of October 2. We do though make the following observations:

- Our Chair, Steve Wallace, made it entirely clear from the outset that, although he did not regard the timetable as ideal, to defer the decision would put HPCT's schedule behind every other PCT in the region, severely disadvantaging the organisation with regard to joint working arrangements and recruitment. It would also reduce the time available to make the necessary savings alluded to earlier. Because of this, he would not and could not delay.
- While the decision was regrettably and unavoidably taken ahead of a response from Scrutiny, HPCT had received valuable responses from the Hartlepool Partnership, our PPI Forum, from the local Trades Union Council and from our Staff. An approach was made to the voluntary sector via HVDA, which responded that the matter seemed an internal management one to them. While support for the reconfiguration fell somewhat short of enthusiastic, in each case there was an acceptance that HPCT, in partnership with its Tees Valley neighbours, had arrived at a viable solution.
- At our Board meeting of October 2, NEDs acknowledged the short amount of time available to consider the issue. However they were settled in their view that the matter could not be delayed. Executive and Professional members of the Board declared an interest in the matter and stood back from the decision. The Chair and NEDs, being the only voters, were unanimous in their view that the risks to the PCT of not taking an affirmative decision were too high to be acceptable and unanimously voted to progress the proposals.

Para 8.2.
HPCT Board notes the Forum minutes of 23 June, and that contained within them at Item 7.1, from paras 3.2.1 and 3.2.5, details of the Board's dilemma over achieving management savings are clearly set out. We are unsure what extra detail the Forum might wish for.

This paragraph also states that the Forum: "considered that there is an overemphasis on meeting the 15% management savings criteria …" We would make the following comments:

- The Board is extremely alarmed at this view, since this target, set by the Secretary of State for Health following a manifesto commitment, is not merely a priority but an imperative.
- We feel strongly that the Forum should recognise that meeting Government targets is as important for NHS Trusts as for Local Authorities.

Para 8.4.
The Board is pleased to note the Forum's wish that all conditions set out in the Acting Permanent Secretary's letter of May 16 should be met. This matches our own resolve, especially with regard to increased co-operation between co-terminous PCTs and Local Authorities, for the benefit of our two organisations and also on behalf of those in our town who depend on each of us.
As we have previously said, we look forward to working together to develop and create excellent joint services.

Scrutiny's report quotes at some length from Health Minister Andy Burnham. We refer to his first paragraph, and submit that our reconfiguration will retain a locality focus, especially via the Chair and NED team, but that by working jointly with our PCT partners – who share many of our problems – on commissioning, we will avoid the lack of commissioning power that would inevitably ensue in the smallest PCT in the country.

The proposals seek to ensure balance between local working in Hartlepool, complemented by joint working with other PCTs.

Para 8.5.
This history of this deficit is of course at the heart of our concerns. HPCT will not go into further detail since the Audit Commissions Public Interest Report reflects the issues accurately. We would of course be happy to contribute to a review of the financial deficit of HPCT with the Forum. Indeed that may be highly appropriate.
However, while we welcome the Forum's concern over the £4m + underfunding which afflicts the PCT, and further welcome any measures the Council might take to bring pressure to bear to add to our own continuing campaign, we do believe it is wrong to infer that this is a valid excuse for the PCT's deficit.

- Many other PCTs share our own predicament, yet manage to balance their books.
- Whatever the injustice of this matter, the PCT Board's clear duty is to perform to the maximum of its ability and to manage its finances prudently.
- We note parallels with HBC, which can itself prove a case for underfunding. Yet members have taken hard and unpopular decisions – but right decisions – to ensure the Authority remains financially sound (and legal).

Para 8.7.
HPCT has now received feedback from the Fitness for Purpose review, which basically confirms our predictions and underlines that the PCT needs to take urgent and sustainable action to become fit for purpose.

Para 8.9.
The Forum voices concern over the potential for joint commissioning to be privatised. We put it to the Forum that the highest risk of all would be to attempt to "go it alone". As mentioned earlier, the small size of HPCT precludes this on grounds of effectiveness and of affordability. Even a partnership across Teesside provides a population significantly below many newly merged organisations. We and our PCT partners agree that the success or failure of joint commissioning will determine our own fate as statutory bodies. The best and only way forward is for it to succeed and all 4 PCTs are committed to making this successful.

Para 8.10.
Any joint working arrangement entails continuing cooperation and dialogue among partners. HPCT will be one of four equal partners, with common issues and aims. Joint Commissioning is ideal for a productive joint-working arrangement that is equitable to all parties.

It could easily be argued that, with 16% of the Tees population, HPCT shoud have a 16% say – as in the old Cleveland County days, not the 25% say that will be the case. In any event, we do not frankly foresee the scale of disagreement that the Forum fears. Neither do we foresee arrangements going forward that do not have unanimous backing. Further we would remind the forum that where there are any major issues that effect more than 1 PCT, the PCTs are required to establish a Joint Committee to make decisions.

Para 8.12.
We put it to Scrutiny that it should be borne in mind that NHS Trusts are not political or partisan in the way an elected Council is, where members are elected after strenuous, adversarial campaigns on a range of issues, and who then organise into groups opposed to each other on ideological grounds: It is the doom of NHS Trusts that politicians fight over us and because of us, not that we fight among ourselves.

Because of this, we do not see the scope for arguments and conflict that the Forum fears. HPCT's relationships with its partner PCTs are good and improving without any question that it is giving way on issues. Both Chairs and NED teams across the patch are keen to develop these relationships.

An excellent example which illustrates this is the issue Scrutiny refers to in this paragraph – maternity and paediatric services. While Hartlepool and Stockton Councils are in extreme conflict over the issue, Hartlepool and North Tees PCTs are in full agreement. We agree that the Darzi report should continue to be implemented in full, and oppose attempts to selectively unpick

it. Further, our view is on record with the Independent Review Panel and transcripts will become available on their website in due course.

Para 8.13.
HPCT notes the concerns of the Forum over the ability of the Board to challenge effectively in a Tees-wide setting. We do not though concur with this view: we believe that a Board strongly steered by an able Chair and NED team will be at the core of its effectiveness.

We hope that the appointment of a high-profile and able NED team, none of whom have a reputation for backing away from a just cause, will go some way to allaying the Forum's fears. We further point out that our Chair, Steve Wallace, has a proven track record of effective and vocal opposition when required, within the NHS, within Cleveland Police Authority and within HBC, even when this brings him into direct conflict with Government.

By developing effective partnerships across the 4 Tees PCTs, HPCT will ensure that it is a full and active partner on all issues.

Paras 9.3 & 9.4
HPCT is confident that they will not be at risk and HPCT will continue to seek to work innovatively with all partners.

Para 9.5
High level details were given but we have only detailed 3rd tier posts in each PCT area to demonstrate our commitment to joint working with LAs – we haven't given details of other 3rd tier posts.

Para 9.7.
HPCT supports the Forum's view that the joint public health role should satisfy HBC's requirements as well as HPCT's, and look forward to working jointly to achieve this outcome.

Para 9.8.
Practice-Based Commissioning (PBC) is, as the title suggests, driven by individual GPs and practices – the Hartlepool model brings all GP practices together in one group, which is the model they have chosen – and facilitated by the PCT. Through this group, GP's feed their patients' requirements into the PCT and thus into the joint commissioning process. The PCT also needs to identify communities' views via public consultation. The model is driven from the bottom-up.
This is quite an involved topic and work is ongoing. It could be that a presentation to the Forum at a future meeting might help.

Para 10.4.
A national consultation is currently underway on the role of PECs.

Para 10.5.

The Board notes Forum concerns that the joint management structure is unwieldy and complex, but suggest that the reality is less complicated that portrayed.

- Hartlepool's PBC model is the simplest possible, with all GPs part of a town-wide group. In any case, PBC is non-optional.
- We would suggest that, whatever the views of members, the continued existence of the SHA is also beyond our powers to vary.
- Given our significantly increased responsibility regarding commissioning, this also is an element not of our making. The requirements of making this work, as mentioned earlier, strongly support a Tees-wide model.
- Substantively, this leaves the North of Tees management team. The reduction of high salary posts is the backbone of the 15% savings plan; it both protects local jobs at the "coal-face" of the PCT together with the services they provide, and enables the transferring of £376,000 from paying managers to providing more and better front-line services.

Para 10.6

- Discussions with officers of HBC have been very supportive of the creation of joint posts and the ability of HPCT to develop more focussed posts (i.e. the adults/children portfolio) will meet the needs of HBC far more effectively than our current capacity enables.

Para 12

(a) We hope that you are now assured that HPCT has taken the required conditions into full account in developing the proposed management structures.

(b) We believe that the proposal is the best way forward and that CE/Directors can work across 2 organisations. We are putting arrangements in place to facilitate this.

(c) The ways that commissioning will work will be developed over the next few months.

(d) Terms of Reference/roles of committees etc will be public documents once agreed and will be shared.

(e) Clearly reviews will be undertaken of how we work but the new arrangements will not all have been in place for 6 months by 1 April. We will seek to agree a work programme with the forum for 2007/08 and include this within that, though clearly there will also be many other service issues the forum also wishes to review.

(f) Outsourcing of Commissioning is led by DH.

(g) Response – we have not responded within the 28 day request and apologise for this.

5. Conclusion

5.1. The Board is solely responsible for the PCT's management performance: this is ultimately why we consider that internal management changes are not a matter for statutory consultation though we are happy to share plans with our partners and to listen carefully to feedback.

This is also why we took the decision to press ahead with the management changes – had we paused, and because of this failed, it would have been exclusively our fault. We do not expect Scrutiny to endorse this decision, but we hope you understand our position.

5.2. Contained within our report are instances where we strongly refute assertions made by the Forum – especially with regard to financial rigour. We do not mean these to exacerbate friction, or raise the temperature of debate. Rather, we see it as a frank and honest airing of issues that might fester if swept under the carpet, and reiterate our comments made at para. 2.3.

5.3. Overarchingly, we hope you do perceive that the PCT Board, to a man and a woman, see joint working and cooperation as self-evidently the best way forward for our service users. The development of the close relationship between the PCT and the Council is vital to both our successes.

We look forward to working together to make it happen.

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM REPORT

29 January 2007

Report of: Scrutiny Support Officer

Subject: **KEY DEVELOPMENTS CURRENTLY BEING CONSIDERED BY HARTLEPOOL PCT**

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1. PURPOSE OF REPORT

1.1 To inform Members of the Forum that the Director of Primary Care Development & Modernisation has been invited to attend this meeting to inform Members about key developments being considered by HPCT.

2. BACKGROUND

2.1 Members are aware that HPCT is facing considerable challenges in tackling health inequalities facing the Borough. In this regard HPCT are continuously reviewing services with a view to improving services for local residents. Two key developments are presently being considered by HPCT which the Director of Primary Care Development & Modernisation wishes to make this Forum aware of, and these are:-

(i) Increasing Numbers of GP's and Reducing Health Inequalities

(ii) Urgent Care Review

3. RECOMMENDATIONS

3.1 That Members of the Forum invite the Director of Primary Care Development & Modernisation to present to Members key developments being considered by the PCT.

Contact Officer:- Sajda Banaras – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523 647
Email: Sajda.banaras@hartlepool.gov.uk

Our Ref: AW/PP/182

1 December 2006

Prof G Wistow
Chair of Adult & Health Scrutiny Committee
2 Holymount
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 on 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 enclosed 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 services[1] 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**
'Our health, our care, our say': a new direction for community services	**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 **3.42** This will be done by ensuring that PCT's actively commission additional practices, reflecting the needs and expectations of their local populations Hartlepool PCT is listed in the 30 most under doctored areas in the country at 51.4 wte per 100,000 weighted population
Adult and Health Scrutiny Committee	**Findings** 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 **Recommendations** An action-plan is devised to address the short-fall in the number of GPs in Hartlepool
Recommendations from the Fitness for Purpose review	PCT should begin to work more proactively to develop the provider market The requirement of significant additional investment in

	primary care in next financial year
Hartlepool and Teesside Acute Services Review Report by Professor Ara Darzi	**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 **Paragraph 10.1 -** Shifting services from a secondary to a primary care setting **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'**
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	• 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 which 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.

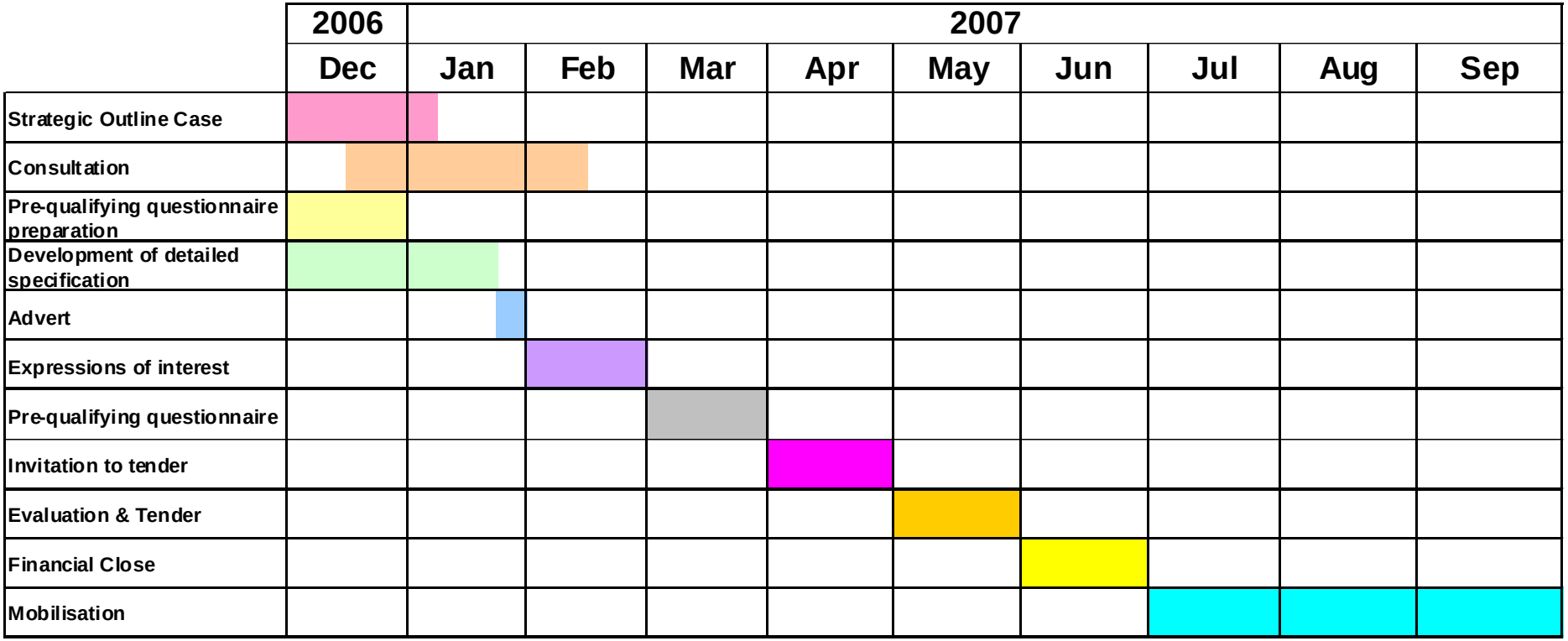
8.Timescale
The PCT is required to work to a challenging timetable in order to meet the DH procurement requirements. See Appendix 1.

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

7.1 (i)


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 24hours 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.

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM REPORT

29 January 2007

Report of: Scrutiny Support Officer

Subject: SCRUTINY INVESTIGATION INTO SOCIAL PRESCRIBING – EVIDENCE GATHERING SESSSION

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1. PURPOSE OF REPORT

1.1 To inform Members of the Forum that the Portfolio Holder for Adult and Public Health Services and the Director for Adult and Community Services have been invited to attend this meeting to provide evidence in relation to the ongoing investigation into Social Prescribing.

2. BACKGROUND

2.1 Members will recall that at the meeting of this Forum on 25 July 2006, the Terms of Reference and Potential Areas of Inquiry/Sources of Evidence were approved by the Forum for this scrutiny investigation.

2.2 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. Consequently, the Authority's Portfolio Holder for Adult and Public Health Services and the Director of Adult and Community Services have been invited to attend this meeting to submit evidence to the Forum. 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 of the Forum consider the views of the Portfolio Holder for Adult and Public Health Services and the Director in relation to the investigation.

Contact Officer:- Sajda Banaras – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523 647
Email: Sajda.banaras@hartlepool.gov.uk

From the Rt Hon Patricia Hewitt MP
Secretary of State for Health

Department of Health

Richmond House
79 Whitehall
London
SW1A 2NS
Tel: 020 7210 3000

SofS45049

Councillor Gerald Wistow
Hartlepool Borough Council
Civic Centre
Hartlepool
TS 24 8AY

18 JAN 2007

Dear Councillor Wistow,

Maternity and Paediatric Services in North Tees and Hartlepool

I asked the Independent Reconfiguration Panel (IRP) to review the proposals for the reconfiguration of maternity services in North Tees and Hartlepool, in response to the referral of the Overview and Scrutiny Committee (OSC) of 31 July 2006.

The Panel has now completed its review, and has shared their draft report with me. The report will be published on their website on 19 January 2007 (www.irpanel.org.uk) and includes details of their terms of reference, methodology and all stakeholders consulted.

The IRP has undertaken a very thorough review, and has considered a great deal of evidence in reaching its conclusions. I am sure you will join with me in thanking them for their efforts, on behalf of the people of Teesside.

I have considered the specific concerns raised by local OSCs and have based my decisions on the IRP's advice.

The conclusions of the IRP represent the most appropriate way to deliver safe, effective and accessible maternity and paediatric services for the 21st century.

In addition, the IRP, in line with its terms of reference, has provided a number of recommendations, which, I would like the local NHS to take into account when considering with local stakeholders the details of implementation of the changes to maternity and paediatric services.

Specific concerns of the OSC

- ***The forum requests that you reject the Joint Committee's referral in favour of a full and funded commitment to implement in full the Darzi proposals for maternity and paediatric services in order to secure a robust and sustainable future for all local hospitals. In addition, the forum hopes that, in your consideration of this referral you will both provide Hartlepool with the same reassurances given by the former Health Secretary and the Prime Minister and endorse the proposals presented by Professor Sir Ara Darzi***

Department of Health

Whilst I understand the recommendations of Professor Darzi's proposals to have consultant led maternity and paediatric services centralised at Hartlepool, the IRP raised concerns that siting consultant-led maternity and paediatric services at Hartlepool carries with it a number of disadvantages as follows:

- the separation of emergency paediatric surgery from paediatric medicine;
- the sustainability of services. The IRP has heard much evidence about the likely patient flows should maternity and paediatric services be centre at Hartlepool. It is clear from their findings that if services were organised in this way, a significant proportion of residents from Stockton-on-Tees would be unwilling to travel to Hartlepool and would instead opt to use services at James Cook University Hospitals. Under the new system of payment by results, the long-term sustainability of services north of Tees would be severely affected by such a movement. It would also have a significant impact on capacity and planning at the James Cook University Hospitals; and
- the high capital outlay to convert old buildings at Hartlepool to accommodate consultant-led maternity and paediatric services and the time it would take for work to be completed.

I am satisfied that having given careful consideration to the recommendations laid out in the IRP's report, it is not an option for the location of maternity and paediatric services to stay the same, nor for them to be sited at Hartlepool. People north of the Tees deserve access to maternity and paediatric services of at least comparable quality and safety to those provided south of the Tees.

Consultant-led services for both maternity and paediatrics should be centralised on one site to improve patient safety and make the most effective use of scarce clinical staff and meet all the training and European Working Time Directive requirements.

Regarding your point, that the then Secretary of State for Health, John Reid said publicly on 8 June 2004 "Hartlepool will still have a full and proper hospital service after the (Tees Services) Review has taken place, I am satisfied with the IRP's recommendation that "a modern hospital to replace the existing out of date hospital buildings should be provided on a new site in a well situated location accessible to the people of Hartlepool, Stockton-on-Tees, Easington and Sedgefield."

The establishment of Hartlepool University Hospital as a centre for elective surgery and retention of emergency treatment will help ensure its survival, but this must be linked to improvements in transport covering the four areas across Teesside mentioned above. This new facility will provide effective, accessible, safe and sustainable services with the capacity to adapt to future healthcare needs for all the people of Teesside.

Whilst a new hospital and primary care services are being planned, the integrity of current services must be maintained.

I am satisfied that until a new hospital facility is open, consultant-led maternity and paediatric services should be centralised at the University Hospital of North Tees to ensure their continued safety and sustainability.

Department of Health

I am also satisfied that until a new hospital facility is open, a midwife-led maternity and a paediatric assessment unit should be provided at the University of Hartlepool in addition to elective surgery and emergency medical services, taking into account best practice.

I am confident that throughout the consideration of the proposals put forward by the IRP, their aim has been to consider the needs of patients, public and staff taking into account the issues of safety, access and effectiveness as set out in their terms of reference.

With the North Tees and Hartlepool Trust moving towards Foundation Trust status, key community leaders and stakeholders should all give their support to the successful implementation of these proposals for the benefit of local people and bring years of uncertainty to an end.

Finally, I would like to thank the members of Hartlepool Borough Council's Adult and Community Services and Health Scrutiny Forum for bringing their concerns to my attention. I hope that they will be reassured that my decision to allow the reconfiguration to proceed is made on the basis of the unequivocal conclusion of a detailed, independent review: that the proposed model of maternity and paediatric services for the people of North Tees and Hartlepool is the most appropriate, and will be safe, effective and accessible.

Yours sincerely,

PATRICIA HEWITT

Cc: Mr Peter Carr – Chair – NHS North East
Mr David Flory, Chief Executive NHS North East
Mr Simon Featherstone – Chief Executive, North East Ambulance Service
Mr Chris Willis, Chief Executive, North Tees and Hartlepool PCT
Mr Colin McLeod, Chief Executive, Middlesbrough, Redcar and Cleveland PCT
Mr Ian Dalton, Chief Executive, North Tees and Hartlepool NHS Trust
Mr E Dryden, Chair, Joint Consultation Committee, Middlesbrough Council
Mrs W B Womphrey, Chair, Stockton-on-Tees Borough Council

4 Tyncbrooke Ave
Hartlepool
TS25 5 JG
Jan 12th 2007

Prof. G. Wislow
Chair
Health Overview Scrutiny Forum
Civic Centre
Victoria Road
Hartlepool

Dear Sir

Re. The proposed closure of Eldon Grove Community Sports Centre.

The above centre, which has been functioning since August 1989, contributes in a most holistic way to the physical mental and social well being of Hartlepool people of all age groups including people with disabilities.
It is essential that the health and social well being of the people of Hartlepool should be continuous, as the statistical evidence of deprivation, health inequalities and a poor life expectancy in our area is well below the national average.

The Eldon Centre provides

For the young
Activities for children after school hours and during the school holidays and under school age
Eldon Grove School pupils also use the hall.
A dance school uses the hall for teaching children.

For people with special needs
The Sportability Group (approx75 members) meets every Tuesday evening. Some of the members have represented Great Britain in the Para-Olympics at Glasgow.

Medical Referrals
These are G.P.referrals, after medical conditions being assessed the people are given the appropriate exercises to improve their condition.

Physical Fifties
This session provides the opportunity for the over 50s, some of whom are recovering from strokes, heart conditions and limb replacements to take part in physical exercise and sports, under supervision.

As well as providing for health needs, it also includes social wellbeing. People who live alone or have lost a loved one have been made to feel very welcome, and many long lasting friendships have been formed.

Other Sessions Available
Sessions in Art, Pilates, Circuit Training, Tai Chi, Table Tennis and Dancing are also held for teenagers and adults.

Alternative Accommodation
Suggestions have been put forward that if this closure takes place, alternative accommodation could be at Summer Hill or The Headland Sports Centre.

The general consensus of users of Eldon Grove Centre, especially mothers with young children and the elderly is that these suggested new venues are very poorly situated for people without their own transport.

The location of Eldon Grove Centre is central, near to a bus route, also providing adequate parking facilities. It is also affordable to all income groups.

The closing of Eldon Grove Centre would be a retrograde step for the people from all area's of the town who regularly attend these very enjoyable and worthwhile sessions, which contribute to their healthy life style.

Yours Sincerely

M Goulding

M Goulding

Mrs.. M.Goulding, R.G.N. S.C.M. HV (retired)
Mr.H.Goulding