

ADDITIONAL MEETING – PLEASE NOTE VENUE

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM AGENDA



Thursday 29 March 2007

at 2.15 pm

**at Throston Grange Community Centre,
Glamorgan Grove, 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 Noman

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. MINUTES**
 - 3.1 To confirm the Minutes of the meetings held on 16th January 2007, 29th January 2007 (*attached*), 27 February 2007 and 6 March 2007 (*to follow*)
- 4. RESPONSES FROM THE COUNCIL, THE EXECUTIVE, COMMITTEES OF THE COUNCIL OR NHS TRUSTS TO FINAL REPORTS OF THIS FORUM**

No items.
- 5. CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA SCRUTINY CO-ORDINATING COMMITTEE**

No items.

ADDITIONAL MEETING – PLEASE NOTE VENUE

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

7. ITEMS FOR DISCUSSION

- 7.1 Fairness and Equity in Primary Care - Covering Report - *Scrutiny Support Officer*
- 7.2 Determining a Response' - Foundation Trust Status Consultation by North Tees and Hartlepool Trust – *Scrutiny Support Officer*
- 7.3 Social Prescribing – Draft Final Report – *Adult and Community Services and Health Scrutiny Forum*
- 7.4 Draft Final Report - Response to Hartlepool PCTs Consultation on its Proposed Management Arrangements – *Adult And Community Services and Health Scrutiny Forum*

8. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

ITEMS FOR INFORMATION

- i) Date of Next Meeting: Tuesday 10 April 2007 commencing at 10.00am at the Throston Grange Community Centre, Glamorgan Grove, Hartlepool**

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

MINUTES

16 January 2007

The meeting commenced at 10.00 a.m. in Throston Grange Community Centre, Hartlepool

Present:

Councillor: Councillors: Stephen Akers-Belcher, Jonathan Brash, Mary Fleet, Sheila Griffin, Geoff Lilley, Pat Rayner, Gladys Worthy and David Young

Also Present:

Councillor Ray Waller, Portfolio Holder for Adult and Public Health

Officers: Nicola Bailey, Director of Adult and Community Services
Alan Dobby, Assistant Director (Support Services)
John Mennear, Assistant Director (Community Services)
Ewan Weir, Assistant Director (Commissioning)
Sajda Banaras, Scrutiny Support Officer
Denise Wimpenny, Principal Democratic Services Officer

85. Appointment of Chair

In the absence of the Chair and Vice-Chair, Councillor Jonathan Brash was appointed as Chair for this meeting only.

86. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Caroline Barker, John Lauderdale and Gerald Wistow.

87. Declarations of interest by Members

None

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

None

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

None

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

At Scrutiny Co-ordinating Committee on 27 October 2006 it was agreed that the 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 Neighbourhood Services was in attendance at the last meeting of the Forum and presented the departmental pressures and priorities, grant terminations and proposed savings which were attached by way of appendix.

The comments/observations of each Forum were presented to Scrutiny Co-ordinating Committee on 17 November and were used to formulate the formal scrutiny response to Cabinet on 4 December 2006. Details of the comments/observations made by the Adult and Community Services and Health Scrutiny Forum were outlined in Appendix A to the report.

The comments/observations made by the Scrutiny Co-ordinating Committee were considered by Cabinet during the finalisation of its Budget and Policy Framework Proposals for 2007/08 on 18 December 2006. The Executive's finalised proposals were considered by the Scrutiny Co-ordinating Committee on 19 December 2006 and repeating the process previously implemented had again been referred to the appropriate Scrutiny Forum for consideration on a departmental basis.

The Scrutiny Support Officer referred Members to Appendices B to E of the report and sought comments and observations in relation to the Adult and Community Services and Health departmental pressures and priorities, grant terminations and proposed savings. Cabinet had not proposed any changes to the departmental grant terminations, pressures or priorities referred to Scrutiny in October. With regard to initial savings, Cabinet was now proposing to implement only the 3% items previously identified including the saving on the Homecare Service of £95,000 but not the £12,000 saving from freezing the Community Pool which the Forum had asked Cabinet to reconsider.

Cabinet considered the Forum's request to reconsider the proposed Homecare saving and had proposed that this measure should be implemented because the direction of travel for Adult Services included more use of direct payments, Telecare assistive technology and self directed care through individual budgets. The effective use of intermediate care had also meant the level of demand for home care was currently being managed and it was anticipated that the level of savings proposed would have minimal impact and could be achieved without redundancies. The situation, however, would be actively monitored.

Cabinet had also identified one-off proposals to be funded from the LPSA Reward Grant and capital resources, details of which were as follows:-

Proposals to be funded from LPSA Reward Grant

- (a) Allotment maintenance backlog £20,000
- (b) Headland paddling pool and adventure play area maintenance £8,000
- (c) Burn Valley drainage repairs £15,000
- (d) Carefirst upgrade to v6 web-based system £56,000
- (e) Outdoor play area maintenance and backlog £20,000

Proposals to be funded from Capital Resources

- (a) Refurbishment of Burbank Community Centre £120,000 and demolition of Bridge Community Centre £130,000
- (b) Demolition of Historic Quay toilets – cost not yet known
- (c) Demolition of Eldon Grove Sports Centre – cost not yet known

Proposed Closure of Eldon Grove Sports Centre

With regard to comments made by the Forum in relation to alternative uses for Eldon Grove Community Sports Centre, as outlined in Appendix A, Members were advised that staff were currently in the process of identifying alternative premises for all current users of the centre.

Members expressed concern that a number of existing users of the centre were not aware of the proposed closure or alternative premises available and highlighted a need to ensure that alternative venues for all existing users be secured in advance of the closure of the facility. In particular, Members requested that adequate time be allocated to reaching satisfactory agreements with neighbouring primary schools that used the facility.

Following further discussions in relation to the proposed closure, alternative uses of the building and how to accommodate users elsewhere, the Director of Adult and Community Services advised that in the short term there could be alternative uses for the building, however, in the longer term there were a number of options, one of which was demolition.

Budget Savings re: Homecare

The Director of Adult and Community Services reported that the reduction from three geographical areas to two, and the reduction in the service by 200 hours had been investigated further. Other local authorities currently operated efficiently with one business unit. A reduction from three geographical areas to two was proposed which would create efficiencies and facilitate early retirement requests. In relation to the reduction in service by 200 hours, Members were advised that this would not have any detrimental impacts on service provision.

Following discussion in relation to the reduction from three geographical areas to two and assurances that this reduction would not impact on service users, Members recommended that further consideration be given to restructuring the Homecare service to one geographical area.

With regard to the proposed reduction in the service by 200 hours, Members raised a number of concerns in relation to the affects on service provision and staff to which the Director of Adult and Community Services responded.

Proposed Closure of Art Gallery and Tourist Information Centre on Sundays and Bank Holidays

The Assistant Director (Community Services) advised that the closure of the art gallery and tourist information centre on Sundays and bank holidays had been proposed due to difficult budgetary decisions. Alternative opening hours and methods of funding had been considered following concerns raised by the Forum that closure would have an adverse impact on tourism in Hartlepool. It was acknowledged that as a growing tourist economy the town may benefit from opening, however, records confirmed that usage on previous bank holidays had been low. The Forum considered the costs involved with opening on four bank holidays and felt that there was a strong case to open due to the low level of costs involved. Members were advised that one of the main reasons for midweek opening was to facilitate school visits to which Members felt that this should not be withdrawn. Members also expressed a view that closure on Mondays, which included bank holidays, created confusion as the public were not aware if it was open or not. It was therefore suggested that future bank holiday openings be widely publicised.

Proposed Implementation of Fair Access to Care Services (FACS)

Members considered that the day care service was a valuable service and should be retained. The Director of Adult and Community Services advised that Members' views regarding fair access to care services had already been taken into consideration and would be considered by Cabinet on 9 February 2007.

Decision

1. That the Cabinet's decision to restrict the proposed savings as part of the Budget and Policy Framework for 2007/08 to 3% be welcomed.
2. That the Forum's comments and observations be presented by the Chair to the meeting of the Scrutiny Coordinating Committee on 19 January to enable a formal response to be made to Cabinet on 5 February 2007.

JONATHAN BRASH

CHAIRMAN

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

MINUTES

29 January 2007

The meeting commenced at 2.00 pm in the Belle Vue Community Sports and Youth Centre, Hartlepool

Present:

Councillor: Gerald Wistow (In the Chair)

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

In accordance with Council Procedure Rule 4.2 Councillor Rob Cook attended as a substitute for Councillor Stephen Akers-Belcher

Resident Representative:
Mary Green

Also Present::

Councillor Ray Waller, Portfolio Holder for Adult and Public Health
Councillor Gerard Hall
Steve Wallace, Chair of Hartlepool PCT
Ali Wilson, Hartlepool PCT

Officers: Nicola Bailey, Director of Adult and Community Services
Sajda Banaras, Scrutiny Support Officer
Denise Wimpenny, Principal Democratic Services Officer

91. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Stephen Akers-Belcher, Caroline Barker, Sheila Griffin, John Lauderdale and David Young.

92. Declarations of interest by Members

Councillors Jonathan Brash and Mary Fleet declared personal and non-prejudicial interests in minute numbered 95.

93. Any Other Business – Proposed Closure of Eldon Grove Community Sports Centre

A member of the public referred to a letter of response from the Mayor dated 8 September 2006 in relation to the future of Eldon Grove Community Sports Centre which stated that there had been no decisions made at that time and it would be considered as part of the following year's budget setting process.

In relation to whether a decision had been made to close Eldon Grove, a Member stated that it had been widely suggested that the decision to close Eldon Grove had been made as part of last year's budget process, including by the Mayor in answering a question at full Council in October 2006. However, in correspondence sent to Mrs Goulding one month earlier, the Mayor had stated that there had been no decisions made as yet with the future of Eldon Grove and would be considered as part of the following year's budget setting process. Members were advised that the decisions made the previous year had been made without all of the relevant facts, details of which were as follows:-

- **Eldon Grove is not under-used** - In 2001/2002 attendance figures were less than 40,000. In 2005/06 attendance figures had increased to almost 60,000. For the period 2006/07 attendance figures had also increased compared to the same period the previous year.
- **Building is not dilapidated** - In 2002 almost £60,000 had been spent on renovation work.
- **Council about to embark on Leisure Facilities Strategy** - To carry out this study after the closure of Eldon Grove was inappropriate.
- **Lack of consultation with users of the centre** – This had been clearly evidenced by the shock and anger that had been expressed through many letters to Councillors, a growing petition that currently had hundreds of names on it and many users were unaware of the closure.
- **Closure will cause significant problems for Eldon Grove Primary School** – Reference was made to a report which outlined the potential effects of closure on the school.

In light of the fact that it was considered that the decision had been taken without the above relevant facts. The Forum were requested to consider the facts provided and recommend a course of action.

A number of residents which included users of the centre had protested against plans to close the facility. The centre catered for a number of activities which included after school activities, dance schools, the Sportability Group for people with special needs, medical referrals from GPs, sport and exercise for the over 50's, art sessions, pilates, circuit training etc. It was considered that the alternative venues were poorly situated for people without

their own transport. There was also a lack of community rooms to accommodate special needs groups.

The Portfolio Holder for Adult and Public Health added that when the decision was taken at Cabinet to close Eldon Grove, a decision was also taken to reduce the Council Tax bill to lower than what was recommended. Whilst it was not possible to reduce the Council Tax bill and retain services at Eldon Grove it was considered more appropriate that the savings be achieved from the closure of Eldon Grove.

A lengthy discussion ensued in relation to the proposed closure of the centre and Members considered that the facility should be retained and upgraded. It was suggested that an immediate hold on closure be recommended by the Forum to facilitate a full consultation with service users where possible.

The Chair stated that this Forum were asked to consider the proposals being made and were unable to do any more than make recommendations to the Executive and were not in a position to reverse a decision of the executive. Whilst the Portfolio Holder for Adult and Public Health and the Director of Adult and Community Services were in attendance, this was not the opportunity to make a case to Executive.

The Scrutiny Support Officer advised that the comments of the Forum could be included in a supplementary report, as part of the budget process, for consideration by Cabinet on 5 February if Members were in agreement. Following further discussion it was agreed that a recommendation be made to Cabinet that the centre remained open for a further six months pending full consultation and to enable the additional information supplied to the Forum to be fully understood. It was further agreed that responsibility be delegated to the Chair of this Forum and the Chair of the Scrutiny Co-ordinating Committee to agree the contents of the report to Cabinet based on the discussions at today's meeting.

Decision

That a report be agreed by the Chair of this Forum and the Chair of Scrutiny Co-ordinating Committee for submission to Cabinet recommending that the centre remained open for a further six months pending full consultation and to enable the additional information supplied to the Forum to be fully understood.

94. Minutes of the meeting held on 19 December 2006

Confirmed.

95. Key Developments Currently Being Considered by Hartlepool PCT – Increasing numbers of GPS and Reducing Health Inequalities/Urgent Care Review (Director of Primary Care Development and Modernisation)

The Director of Primary Care Development and Modernisation was in attendance at the meeting to inform Members about the key developments being considered by the HPCT. The HPCT were facing considerable challenges in tackling health inequalities facing the Borough. In this regard HPCT were continuously reviewing services with a view to improving services for local residents. The Director of Primary Care Development and Modernisation provided a presentation which focused on the following key issues being considered by the HPCT:-

- Development of appropriate strategy for urgent care in Hartlepool and Stockton
- Objectives, demand, current provision, best practice, Government policy to bring services into Primary Care and determine appropriate level of clinical standard
- Model and pathway of care relevant to service users
- Data collection relating to emergency admissions, ambulance journeys, primary and community care, GP's, out of hours services
- Focus Groups to establish views on what urgent care should look like
- What had been learnt so far
- Next steps - results of Public Focus Groups
- Fairness and Equity in Primary Care – to ensure everyone has a right to access a GP and see them
- Improve Access in Primary Care
- How to attract GP's to the area

Members were advised of details of the proposed area models together with expected timetable and consultation process.

A Member queried if patients were ever refused treatment by Accident and Emergency Services. Members were advised that an assessment was made and advice provided. Treatment was not usually refused, however, in the event of long waiting times, people may be advised to consult their GP.

With regard to the Emergency Care Practice service in Wynyard Road, Members were advised that the PCT had indicated that this was a pilot to

identify how to manage the urgent care centre. It was subsequently decided to carry out an urgent care review. It had not yet been decided whether it should be reinstated as part of the review.

Members sought clarification in relation to the level of care provision and the future proposals for the centre to which the Director of Primary Care Development and Modernisation advised that a decision had not been taken in relation to the future of the centre.

Members raised a number of queries in relation to how the Rapid Response Team operated. It was reported that in the event of urgent care needs patients could be referred to the Rapid Response Service who worked alongside other health professionals ie GP's, nurses, Acute Trusts, Social Care providers, community matrons and emergency care practitioners.

A Member queried if the existing hospital site was the preferred location for the Urgent Care Centre. It was reported that the location would be based on a number of factors, ie safety issues, resources, area of need, financial considerations as well as the Forum's views and outcome of the ongoing public consultation exercise. The Forum requested details of the engagement process to which the Director of Primary Care Development and Modernisation agreed to provide.

Members were advised that details of what the Urgent Care Service might include were currently being examined and would be included in the consultation process. It was envisaged that the consultation process would be completed by May 2007 and the new services would be implemented in 2008. Reference was made to the health scrutiny guidance in relation to consultations and to the Cabinet Office Guidance on public consultation. Following discussion in relation to the public consultation, proposed location and proposed providers of services, Members requested that formal proposals be submitted to a future meeting of the Forum for consideration with adequate opportunities for scrutiny to feed into the process.

It was agreed that the Scrutiny Support Officer and the Director of Primary Care Development and Modernisation determine how the consultation process with the Forum should take place.

The Chair thanked the Director of Primary Care Development and Modernisation for a comprehensive presentation and for answering the Forum's questions in such detail.

Decision

That the information given, be noted and that formal proposals be submitted to the Forum by the HPCT for consideration.

96. **Scrutiny Investigation into Social Prescribing – Evidence from Portfolio Holder and Director of Adult and Community Services** *(Scrutiny Support Officer)*

As part of the Forum's ongoing inquiry into Social Prescribing, the Portfolio Holder for Adult and Public Health and the Director of Adult and Community Services had been invited to attend the meeting to provide evidence in relation to the Social Prescribing.

The Director of Adult and Community Services delivered a detailed presentation which focused on the following issues:-

- What is Social Prescribing
- Is it a new thing
- The Council's approach to Social Prescribing
- Key Drivers
- Local Government White Paper
- Our Health, Our Care, Our Say
- 3rd Sector Taskforce Report
- Increased expectations, demography and demand
- A need to look at services in broader way
- Less specialist services required if take control over own health
- Council's approach about supporting community
- Effective partnerships – not always well co-ordinated
- Short term funding
- Examples of schemes that fit definition of Social Prescribing
- What a well co-ordinated Social Prescribing Model could achieve
- What this means for Adult and Community Services
- What is already done
- Links to outcome of FACS consultation
- Current measures
- Funding
- Social Inclusion
- Work harder with local communities
- Ensure Social Prescribing is linked into future commissioning strategies
- Future issues – agree Social Prescribing priority
- Use evidence from Scrutiny to agree a model for Hartlepool
- Co-ordination eg referral routes, signposting, promote information etc
- Invest to Save approach
- Who will benefit and how
- Links to Public Health Strategy and outcomes

Members were advised that it had been agreed that the Director of Adult and Community Services and the Director of Regeneration and Planning Services would lead on the development of a voluntary sector strategy, which would examine the co-ordination with the voluntary sector including funding.

Discussion ensued in which the following issues were raised:-

The benefits that Social Prescribing can provide are vast. It is a major concern that if this is rolled out across the town the number of GP referrals could increase dramatically. The Director of Adult and Community Services stated that GP's were one of the key components to this. Evidence suggested that GP's should have less patient visits as a result of Social Prescribing.

How do you intend advising the public of the services available? The Director of Adult and Community Services advised that the Council already funded a range of voluntary sector providers, some of which were statutory services. There was a need to identify who would pay for these services.

Some people do not benefit from these types of services due to their financial circumstances and often utilise the private sector as opposed to the public sector. Members were advised that there were statutory services which were subject to a means tested financial assessment. Social Prescribing and voluntary sector services that people could access was not subject to means testing. It was therefore important to be clear on what was complementary.

The Forum considered that charging and Social Prescribing was an important issue which needed to be further considered.

The Scrutiny Support Officer advised that a report was awaited from CSIP in relation to the one day workshop to develop clarity around the Social Prescribing vision in Hartlepool. Notwithstanding this, the Chair expressed the view that the Forum's report should not be delayed beyond the end of the Municipal year that the Social Prescribing final report would still be produced.

The Chair thanked the Portfolio Holder for Adult and Public Health and the Director of Adult and Community Services for their attendance.

Decision

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

97. 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

The Scrutiny Support Officer referred Members to a response from Hartlepool NHS Primary Care Trust relating to the proposed PCT management arrangements. Following a brief discussion in this regard it was agreed that a report /response be prepared by the Scrutiny Support Officer in relation to how the reconfiguration had been handled for

consideration at a future meeting of the Forum.

Decision

That a report be prepared by the Scrutiny Support Officer in relation to how the reconfiguration had been handled for consideration at the next meeting of the Forum.

98. Any Other Business – Maternity and Paediatric Services in North Tees and Hartlepool

Members were referred to a copy of a response from the Secretary of State for Health to the Chair of the Forum. The Chair advised that the response made no reference to assurances made by the Prime Minister that Hartlepool would not close and the comments made by John Reid and Peter Mandelson that there would be no downgrading of services in Hartlepool. This response did not take on board the comments made. It was pointed out that there had been no reference to financial issues. There were gaps in terms of the response and Members felt that this should be highlighted.

The Forum pointed out that there had never been any comments made in the past to the out of date hospital buildings which had been quoted on page 2 of the Secretary of State for Health's letter. Members expressed concern regarding the long term effects of closure and a need to identify the best way forward for the community particularly in relation to the proposed location of a new hospital. It was considered that Scrutiny had a role to play as there was a need to identify who would build the new hospital, the costs involved, when the new plans would be available, proposed location as well as a full consultation process. The Chair expressed concern that there were a number of single site hospitals that had been promised in other parts of the country which were no longer going to be built. Following further discussion it was suggested that the Chair formulate a response on behalf of the Forum outlining the above concerns.

Decision

That the information given, be noted and a response be prepared by the Chair on behalf of the Forum outlining the concerns expressed.

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

No items.

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

No items.

GERALD WISTOW

CHAIRMAN

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM REPORT

29 March 2007



Report of: Scrutiny Support Officer

**Subject: FAIRNESS AND EQUITY IN PRIMARY CARE –
COVERING REPORT**

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to introduce a consultation exercise being undertaken by Hartlepool PCT (HPCT) regarding fairness and equity in primary care.

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. In light of this review of services, HPCT sought to engage with the Adult and Community Services and Health Scrutiny Forum to keep Members fully informed of all developments in services.
- 2.2 At the Forums meeting on 29 January 2007, Members received a presentation from HPCTs' Director of Primary Care Development and Modernisation in relation to key developments being considered by the PCT. As a result, the Forum raised a number of queries and requested that the Director to return to the Forum will formal consultation proposals clarifying the role of the Overview and Scrutiny Forum.
- 2.3 In the interim, the Forum also received a referral from the South Neighbourhood Forum requesting that the Forum considers the service mix being proposed by the PCT, commencing with the Wynyard Road Centre. The Forum, with the agreement of Scrutiny Co-ordinating Committee agreed to encompass this referral within the consultation exercise.
- 2.4 Thus arrangements have been made for HPCTs' Director of Primary Care Development and Modernisation to make formal proposals to the Scrutiny Forum at today's meeting.

3. RECOMMENDATIONS

- 3.1 That Members of the Forum invite the Director of Primary Care Development and Modernisation to present the consultation proposals;
- 3.2 That the Forum considers the response it wishes to make to the consultation?

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BACKGROUND PAPERS

No background papers were referred to in the preparation of this report.

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM REPORT

29 March 2007



Report of: Scrutiny Support Officer

Subject: DETERMINING A RESPONSE - FOUNDATION
TRUST STATUS CONSULTATION - NORTH TEES
AND HARTLEPOOL TRUST

1. PURPOSE OF REPORT

- 1.1 To request the Forum to determine its response to North Tees and Hartlepool NHS Trust's (NTH) consultation in relation to its application for Foundation Status.

2. BACKGROUND

- 2.1 Members will recall that at the last meeting of the Adult and Community Services and Health Scrutiny Forum held on 27 February 2007 Members received a presentation from representatives of North Tees and Hartlepool NHS Trust in relation to its application for Foundation Status.
- 2.2 A number of issues were discussed at that meeting, however, the Forum did not express a final view in respect of the application. Key issues emerging from that meeting are outlined below to aid Members in determining their response.

3. CONSULTATION PROCESS

- 3.1 All applicants for Foundation Trust Status are obliged to undertake a consultation process. The duration of this consultation process is twelve weeks and will end on 16 April 2007. The Department of Health expects NHS Trusts to consult with local Overview and Scrutiny Committees prior to proceeding with foundation trust applications in order to ensure that there is a wide consultation with key stakeholders.
- 3.2 The Trust is not consulting on the future of hospital services but would like views on Foundation Status as a mechanism for increasing local control.

4. KEY ISSUES RAISED AT CONSULTATION MEETING

4.1 Members adopted a Select Committee style of operation at the meeting on 27 February 2007 with a questioning strategy developed as a result of an earlier training session and an informal meeting. Responses to key questions are outlined below to aid Members in determining their response to the consultation process:-

- (a) The Trust is requesting the Adult and Community Services and Health Scrutiny Forum to support its application for Foundation Status;
- (b) The Trust is consulting upon its 'Vision for the Future' and its proposed governance arrangements for the Board of Governors and the Board of Directors;
- (c) That in respect of the Board, the Trust is able to modify the numbers involved but not the proportionality as this is pre-determined on population size;
- (d) That by becoming a Foundation Trust, North Tees and Hartlepool NHS Trust will be able to become more responsive and flexible locally via the newly acquired freedoms.
- (e) That North Tees and Hartlepool NHS Trust will remain a clinically led Trust and will not be driven by business-like objectives.
- (f) The viability of the health economy as a whole will remain a key concern for NTH;
- (g) That if a Foundation Trust becomes financially unstable and thereby unviable the situation in respect of future action remains the same as that of an Acute Trust. i.e. that staff will be made redundant and turn-around teams will be brought in to address the situation.
- (h) That North-Tees and Hartlepool NHS Trust will seek to engage with the Neighbourhood Consultative Forums in Hartlepool;
- (i) That NTH will feedback results of the Consultation process to any groups that express an interest in receiving such information;
- (j) That the Trust's medium / long-term strategy for the future is in line with the Darzi Report and the subsequent direction from the Secretary of State;
- (k) In terms of reinvesting Capital Receipts accrued from the Sale of Land as a Foundation Trust, NTH confirmed that reinvestment would be made in line with the Trusts long-term strategy;
- (l) That NTH does not have any current plans to move services from Hartlepool Hospital if it is successful in its application to become a Foundation Trust;

- (m) North Tees and Hartlepool Trust own 70% of the Hartlepool Hospital site and have recently taken a decision to reclaim the remainder of the land from the Secretary of State.

5. RECOMMENDATIONS

5.1 That Members of the Forum agree the following recommendations:-

- (a) That the Forum determines a response in respect of the Consultation.
- (b) That (in light of timescales) authority to approve the Final Response of the Adult and Community Services and Health Scrutiny Forum be delegated to the Chairman of the Forum.

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BACKGROUND PAPERS

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

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

29 March 2007



**Report of: Adult and Community Services and Health
Scrutiny Forum**

Subject: SOCIAL PRESCRIBING – DRAFT FINAL REPORT

1. PURPOSE OF REPORT

- 1.1 To present the draft findings of the Adult and Community Services and Health Scrutiny Forum following its investigation into Social Prescribing.

2. SETTING THE SCENE

- 2.1 At a meeting of the Adult and Community Services and Health Scrutiny Forum on 13 June 2006 the Forum established its annual work programme which included an investigation into 'Social Prescribing.' Social Prescribing is an emerging field and is a mechanism for linking patients in primary care with non-medical sources of support within the community. It is widely accepted that 'the broader, holistic framework evident in Social Prescribing, with an emphasis on personal experiences, relationships and social conditions, is more compatible with lay understandings of mental well-being and mental distress than a medical model. (Rodgers and Pilgrim, 1997)
- 2.2 While Social Prescribing has been widely used for people with mild to moderate mental health problems with a range of positive outcomes, increasingly Social Prescribing is being used as a route to reduce social exclusion for disadvantaged, isolated and vulnerable populations. The aim of this investigation was essentially to explore the ways in which Social Prescribing can be further developed in Hartlepool.
- 2.3 The investigation explored a number of factors (outlined overleaf) with a view to understanding the link between primary care, the Local Authority, Voluntary and Community Sector (VCS) funding, and VCS services to identify how non-medical interventions can assist people with longer term or complex health and social care needs in maintaining their own independence and to live as fulfilling a life as possible.

3. OVERALL AIM OF THE SCRUTINY INVESTIGATION

- 3.1 The overall aim of the Scrutiny investigation was to explore the ways in which Social Prescribing is being developed in Hartlepool.

4. TERMS OF REFERENCE FOR THE SCRUTINY INVESTIGATION

- 4.1 The Terms of Reference for the Scrutiny investigation were as outlined below:-

- (a) To gain an understanding of national policy and practice in relation to 'Social Prescribing';
- (b) To seek evidence for the effectiveness of Social Prescribing;
- (c) To identify current provision of Social Prescribing in Hartlepool;
- (d) To identify challenges in integrating Social Prescribing within primary care practice and other areas;
- (e) To identify the funding streams that currently support and in future will support Social Prescribing and, to examine the long-term sustainability of these;
- (f) To compare what good practice exists in other Local Authorities in relation to Social Prescribing;
- (g) To seek the views of the service users and carers in relation to Social Prescribing initiatives; and
- (h) To seek the views of GPs and service providers in the statutory and non-statutory sectors.

5. MEMBERSHIP OF THE ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

- 5.1 The membership of the Scrutiny Forum was as detailed below:-

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

Resident Representatives: Mary Green, Jean Kennedy and Joan Noman

6. METHODS OF INVESTIGATION

- 6.1 Members of the Adult and Community Services and Health Scrutiny Forum met formally from 25 July 2006 to 29 March 2007 to discuss and receive

evidence relating to this investigation. A detailed record of the issues raised during these meetings is available from the Council's Democratic Services.

6.2 A brief summary of the methods of investigation are outlined below:-

- (a) Detailed Officer reports supplemented by verbal evidence;
- (b) Evidence from the Authority's Portfolio Holder for Adult and Public Health Services;
- (c) Examination of good practice that exists within a neighbouring Local Authority;
- (d) Evidence received from a representative of HVD A;
- (e) Evidence received from Hartlepool PCT;
- (f) Evidence received from Hartlepool MIND;
- (g) Evidence received from Hartlepool NDC, and
- (h) The views of local service users.

FINDINGS

7 NATIONAL POLICY AND PRACTICE IN RELATION TO SOCIAL PRESCRIBING;

7.1 Members of the Forum learned that a number of developments have created a potentially favourable policy environment for developing Social Prescribing. These factors are outlined below:-

- (i) Our Health, Our Care, Our Say

7.2 The Government White Paper, Our Health, Our Care, Our say states that People with longer-term or more complex health and social care needs want services that will help them to maintain their independence and wellbeing and to lead as fulfilling a life as possible. With over 17.5 million people in the Britain reporting a long-term condition such as diabetes, asthma or arthritis the White Paper recognises that discomfort and stress is an everyday occurrence.

7.3 The Government further acknowledges that care for many of these people has traditionally been reactive, unplanned and episodic. This resulted in a heavy use of secondary care services. Add to this, statistics such as only 50% of medicines are taken as prescribed, it was clear to Members that that improved support and a wholesale change in the delivery of health and social care services was essential.

- 7.4 Thus the Forum welcomed change in Government policy which is moving away from reactive based care in acute systems towards a systematic, patient centred approach with care rooted in primary care settings and the creation of new partnerships across the whole health and social care spectrum.

(ii) Local Involvement Networks (LINKs)

- 7.5 The Forum established that public participation and patient involvement are closely linked to a growing emphasis on the need to take account of consumer views in deciding how services are planned, delivered and evaluated. LINKs will provide flexible ways for individuals, organisations and communities to engage with health and social care organisations in ways that best suit the communities and the people in them. They will build on the best work of public and patient involvement forums creating a strengthened system of user involvement and will promote public accountability in health and social care through open and transparent communication with commissioners and providers.

(iii) Partnership with the Voluntary and Community Sectors

- 7.6 Also significant is the recent agreement between the Department of Health, the NHS and the Voluntary and Community Sector (VCS) to promote the latter's increasing role in contributing to health service delivery, as well as its complementary and distinct roles in relation to promoting health and health care. (Department of Health, 2003). At a national conference on Social Prescribing, the benefits for patients of greater involvement through partnerships between PCTs and the voluntary and community sectors were summarised as follows:-

- (a) Builds networks
- (b) Provides group support
- (c) Increases confidence
- (d) Develops transferable skills
- (e) Fosters feelings of control

[Cambridge Council for Voluntary Service 2003 –Community on Prescription Conference Report]

- 7.7 The Forum welcomed the expansion of the boundaries of primary care which is a recurring theme in a range of primary care guidelines and has led to stronger engagement with all sectors which is essential to tackle health issues in disadvantaged and deprived communities such as Hartlepool.
- 7.8 Members further welcomed initiatives such as the introduction of personal medical contracts which links primary care development to local health needs and thereby allows more flexible working patterns. In addition, Members recognised the need to link the outcome of the local Fair Access to Care Services Consultation to any future work in relation to Social Prescribing.

8 EVIDENCE FOR THE EFFECTIVENESS OF SOCIAL PRESCRIBING

- 8.1 The Forum learned that whilst the evidence base for Social Prescribing is still developing, it illustrates that benefits for both service users and practices can be expected.
- 8.2 In the way of statistical evidence, research has indicated that 75% of service users presenting in general practice have at least one psychosocial problem, and that these service users make up approximately 15% of the total primary care workload. It is also well known within primary care that around 30% of all consultations and 50% of consecutive attendances concern some form of psychiatric problems, predominantly depression or anxiety. (Kessler et al, 2001; NIMHE, 2003).
- 8.3 The Forum noted with concern that patients with psychosocial problems may present with physical symptoms to their GP rather than psychological symptoms which makes recognition extremely difficult. Furthermore, as the solution to their problems often lies outside the primary care arena, the ability of practice staff to respond is limited. This situation is further exacerbated if patients develop multiple long-term conditions as their care becomes disproportionately complex and it can be difficult for the individual and the health and social care system to manage given the intricate mix of health and social care difficulties.
- 8.4 The Forum was pleased to learn that a review of the literature by Sykes (2002) showed that some schemes can result in reduced workload for general practice in the order of one or two less consultations per annum (equivalent to a 1% reduction in workload). Furthermore, the research reported that most Social Prescribing projects identified the reduction in GP workload as a perceived benefit.
- 8.5 Also, potential benefits to service users highlighted included, improved general health and quality of life, improved functional ability and reduced anxiety. In light of this it was encouraging to note that Social Prescribing schemes are becoming increasingly common in primary care.
- 8.6 Whilst not always labelled as Social Prescribing, on-going and personalised care has been shown to improve both the quality of life and outcomes for patients. In addition, there is also growing interest in Social Prescribing as a route to reducing social exclusion, both for disadvantaged, isolated and vulnerable populations. (Bates, 2002, Gask et al 2000).
- 8.7 However, the National Institute for Mental Health in England notes that Social Prescribing sits within, and may also include, a range of emerging areas of service provision for which there is varying or limited high quality evidence of effectiveness. (E.g. telephone support / self help).
- 8.8 The development of an evidence base for Social Prescribing has been limited by wide variations in how the term is used and understood and considerable inconsistency in indicators used to measure success. (Friedli

and Watson, 2004). The small size of pilot trials and lack of independent evaluation make it difficult to draw robust conclusions about the health impact of Social Prescribing, particularly in comparison with usual GP care or in terms of cost effectiveness.

- 8.9 In many cases, including this study, project evaluations are confined to feedback from participants and/or health and other staff involved. This suggests that primary care needs to work more closely with agencies to develop alternative responses to and sources of support for mental and long-term illness. In spite of the weaknesses in the evidence base for Social Prescribing, Members considered that there is sufficient evidence of potential benefits to merit further investment.
- 8.10 The Forum learned that there are no general national guidelines on referrals to non-medical sources of support. Whilst there are some limited examples of national quality assurance frameworks for exercise referrals and the management of anxiety and depression, quality control largely is the responsibility of individual schemes. Whilst this does enable each primary based scheme to establish its own selection criteria tailored to the local population and the range of facilities available, there is clearly an issue of co-ordination to be addressed.

9 CURRENT PROVISION OF SOCIAL PRESCRIBING SERVICES IN HARTLEPOOL

- 9.1 In relation to the current provision of Social Prescribing services in Hartlepool, Members sought evidence from a variety of witnesses. An overall assessment of comments is outlined below:-

Evidence from Independent Consultant / Hartlepool Partnership & HVDA

- 9.2 The Forum benefited from having in attendance the author of the report 'Developing Social Prescribing in Hartlepool' which was commissioned by Hartlepool Partnership and HVDA. The consultant presented the findings from the study which considered current provision of Social Prescribing in Hartlepool, the findings of which have been reproduced below:-
- 9.3 The study considered two Social Prescribing schemes operating in Hartlepool:-
- (i). **The MIND scheme – providing support and services for people with mental health issues.**
- 9.4 The Forum learnt that Hartlepool MIND currently receives referrals from most of the 54 GP's in the town (estimate at between 60% to 70% of GPs' referring to MIND). Most GP's use a referral form supplied by MIND whereas others call direct. Other providers including some VCS groups also use the MIND referral form.

- 9.5 In relation to process, Members were informed that MIND carry out a 'holistic assessment' of anyone who is referred to them and then provide in house services or refer on to another service. In some cases direct support is provided by MIND staff to support the person so they can access services, this may include for instance, accompanying people to attend sessions.
- 9.6 Members were pleased to find that MIND estimate that 90% of people referred to them attend for the holistic assessment and that over 90% take up further sessions/activities following their assessment. During the past 12 months Hartlepool MIND have carried out 572 assessments. Table One below records the progress made by clients referred to them during the past 12 months. Members welcomed the work of Hartlepool MIND as being a valuable community resource which should be highly commended.

Table One

Accessed volunteering	70
Enrolled into Education	107
Medication has been reduced as a result of accessing Mind	61
Came off medication as a result of accessing Hartlepool Mind	19
Gained Employment	45
Returned to employment (came off benefits)	47

(ii). The Hartlepool Exercise for Life Programme (HELP) - providing a range of exercise sessions.

- 9.7 The Hartlepool Exercise for Life Programme is an exercise on prescription scheme operated by HBC and supported by the Hartlepool PCT. People who are referred receive an assessment to select the right activity. In terms of supporting and encouraging users, Members learnt that everyone referred onto the scheme is contacted by telephone by the HELP co-ordinator.
- 9.8 The Forum also learned that the HELP scheme is currently using a range of eight local authority and community venues throughout Hartlepool to offer 11 different activities. HELP has formed working partnerships with the PCT Health Development Team and Manor Residents Association to deliver some of the services. Some of the programme provides additional support alongside exercise sessions for example the 'Shapes and Sizes' weight loss support groups supplements one hour of exercise with an additional hour when Pharmacists, Community Nutritionists, MIND and a Diabetic Nurse talk to the group members. There is a small sessional charge for attending most sessions although one of the weight management and a men's health group are free.
- 9.9 The Forum found that the HELP Co-ordinator estimates that the scheme is currently receiving approximately 500 referrals a year. Of those 500, 40% do not turn up and 10% do not complete the programme, thus the programme has a completion rate of 50%.
- 9.10 A referral to the Hartlepool Exercise for Life Programme is for a limited time usually 10 sessions over a ten-week period. Although they do encourage

people to continue to exercise and are encouraged to take up offers linked to the venues. However to get back onto the HELP programme people would have to go back to their GP. HELP occasionally refers people onto MIND and refers to the HBC Walks for All programme.

- 9.11 Referrals to HELP are received from a range of health service settings including GP's, dieticians, nurses, health visitors, hospitals and various mental health organisations. HELP have referral forms in all 16 GP practices in Hartlepool and have received referrals from all, practices. HELP reported that they are working mainly, but not exclusively, with older people. Whilst Members welcomed the approach, some concern that referrals should not be limited to Health-care professionals and wished to explore further the possibility of self-referral.

Evidence from HBC, HPCT & VCS

- 9.12 Members also considered evidence from the Authority's Director for Adult and Community Services, Hartlepool PCT, and representatives from the VCS, all of whom highlighted the existence of a number of highly effective partnerships across all sectors. This has resulted in a number of initiatives that fit the definition of Social Prescribing, for instance initiatives such as books on prescription and allotments.
- 9.13 However, it was consistently highlighted to Members by all witnesses that the schemes are not always well co-ordinated which inevitably resulted in lost synergies. Further, Members considered that further work was necessary to assess the potential power of a well co-ordinated model of Social Prescribing, which have not been fully realised.

10 CHALLENGES IN INTEGRATING SOCIAL PRESCRIBING WITHIN PRIMARY CARE

- 10.1 Members learned that a key challenge in developing Social Prescribing is ensuring that it is appropriately integrated within the primary care model. A number of reviews have identified the following challenges in integrating Social Prescribing within primary care practice:-

- (a) Maintaining up to date information on sources of voluntary and community support;
- (b) Cultural differences between medical and community development models;
- (c) The need for a skilled link worker;
- (d) Concerns about voluntary sector capacity;
- (e) Concerns about increased GP workload, at least initially;
- (f) Agreeing referral criteria;
- (g) Recording and evaluating outcomes; and
- (h) Accountability and liability for referred patients.

(Sykes 2002)

- 10.2 The local study in relation to developing Social Prescribing in Hartlepool also found that there are a number of barriers that the design of a Social Prescribing scheme needs to consider:-

Gaining the Support of GP's and Health Care Professionals

- 10.3 The need to gain the support and trust of primary health care staff especially GP's. For a system to work it needs to be trusted by GP's and other key referrers.

Monitoring and Evaluation Methods

- 10.4 The need for common monitoring and evaluation methods with a Social Prescribing scheme. There needs to be robust systems in place to gather the monitoring data required to measure the impact of a social referring scheme. It is important that this information is fed back in an appropriate way to the people making referrals.

Funding - Community & Voluntary Sector

- 10.5 The voluntary sector is facing a funding crisis and many organisations are at threat of closure or are having to scale down their operations. While strategically the voluntary sector is being increasingly identified as an important deliverer of services their inclusion within the procurement process is not developing at the same pace, this is happening at a time when sources of funding (for example EU funds) used by the sector will not be available from 2006 onwards.

Funding for the service delivery

- 10.6. If there is not access to funds that 'follow' the person in receipt of a social prescription then the service delivers will be further stretched financially. While in theory this appears to fit with Practice Based Commissioning and Payment by Results it is yet to be explored in practice.

Waiting times for certain services.

- 10.7 Some of the key services delivered by the voluntary sector are working at capacity and have long waiting lists (for example up to 8 weeks for some Hartlepool MIND services). If further demand is put on these services without offering additional resources waiting times will increase.

Evidence from HBC, HPCT & CVS

- 10.8 During the collation of evidence, Members welcomed the establishment of a Joint Working Development Group 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 the Social Prescribing network. Members were

advised that the working group is considering the development of a specification defining the elements of a Social Prescribing service and standards. The group is being supported by a consultant, funded by NRF under-spends on health trainer projects, and it is anticipated that a toolkit will be developed to support other organisations that may wish to develop such a service. Whilst the outcome of this study would have usefully informed the Scrutiny review, Members considered the establishment of the group as a step in the right direction. Members also considered it important that the membership of the working group be reviewed to include new providers, service users and carers to ensure all stakeholders are represented at the formative stage.

- 10.9 Members further considered that the challenges raised above in relation to integrating Social Prescribing within primary care are important issues for the group to address. This was considered particularly important if individual groups began to target health care staff, each with individual referral criteria. Members welcomed the development a co-ordinated approach to maximise the potential of Social Prescribing.

11 EXAMINATION OF THE LONG TERM SUSTAINABILITY OF CURRENT FUNDING STREAMS FOR SOCIAL PRESCRIBING

- 11.1 Based on the evidence received below, Members noted that funding is a key debilitating factor that hampers the long-term development of Social Prescribing initiatives.

Evidence from NDC / Hartlepool MIND

- 11.2 Members were informed that Hartlepool NDC are funding a pilot Social Prescribing scheme in conjunction with Hartlepool Mind and a local GP surgery. The context for this support was established within research that highlighted the link between psychosocial problems and loneliness, whereby loneliness is considered a bigger risk than smoking for heart disease. Conversely, there is factual research that suggests that volunteers and people with meaningful occupations are healthier and live longer, thus NDC considered it important to recreate social connections for vulnerable people.
- 11.3 The Programme Manager for NDC advised that Hartlepool MIND would offer clients a holistic assessment considering the emotional as well as physical needs of individuals. MIND will then use skilled service navigators (or brokers) to refer patients to appropriate schemes based on the outcome of the assessment.
- 11.4 While the Forum welcomed the support from NDC, Members were keen to see the short-term / one-off funding situation addressed to enable Social Prescribing projects to be considered as a viable alternative to the traditional medical model.
- 11.5 The Programme Manager for NDC advised that if the relationship between the GP surgery becomes well-developed and effective, in theory it should lead to

a reduction in the practice's drug bill. It was highlighted to Members that long-term support for Social Prescribing will only be achieved if the pilot initiatives are able to demonstrate direct benefits accruing as a consequence of Social Prescribing initiatives – whilst a reduction in the practices drug bill is one mechanism of assessing effectiveness, Members acknowledged that quantifying psycho-social improvement is difficult to assess and that this situation inevitably needs to be clarified to attract funding.

Evidence from HVDA

- 11.3 HVDA informed Members about its brokerage role for people wishing to volunteer. This involves recruitment, interviewing, advice, guidance and placement of volunteers with VCS groups and the public sector. This role is particularly important for many people wanting to volunteer but who are unaware of available opportunities. The aim is to match the skills, interests and motivation to volunteer with available voluntary work opportunities.
- 11.4 In addition to the volunteer brokerage role, HVDA offer a Career Coaching Project which is another project facilitated by the Volunteer Centre at HVDA. Effective coaching methods will uncover underlying issues; examine the participants hidden abilities and motivations so they are empowered to take positive action towards achieving their goals. It enables people to accept responsibility for their lives by taking control and making necessary changes for life improvement.
- 11.5 The third part of HVDA's work is with young people under 25 known as Millennium Volunteers. Members were advised that since inception the project has encouraged over 1700 people from across Hartlepool to volunteer.
- 11.6 The Manager highlighted these key aspects of HVDA's work for two reasons:-
 - (i) The brokerage role is currently funded, but on a short-term basis;
 - (ii) HVDA receives many referrals from health care professionals.
- 11.7 Members were advised that the Government has committed to funding the work with young people from September 2007 for a further three year period. However, concern was expressed that no such funding is in place for the work with adults beyond March 2008. Given the importance of the volunteer brokerage role within any Social Prescribing model the manager of HVDA was keen to see this issue addressed through the Scrutiny Investigation.

12 BEST PRACTICE IN RELATION TO SOCIAL PRESCRIBING

- 12.1 The Forum received evidence from representatives of Bradford South and West Primary Care Trust at a meeting held on 14 November 2006. Members were advised that a pilot Social Prescribing scheme has been established in Bradford South and West Primary Care Trust.
- 12.2 The aims of the scheme, called CHAT (Community Health Advice Team), are to broaden service provision for patients with non-clinical needs and to

facilitate links between primary health care and the community and voluntary sector. The first pilot scheme in the PCT was started in 2004 through Healthy Lifestyle Healthy Living Centre at Highfield Health Centre. This has recently expanded to include Dr Mills and Partners. A second Social Prescribing pilot was started in 2005 within two general practices, The Ridge (in Great Horton and Wibsey) and Royds (in Buttershaw). A CHAT worker was appointed to develop and deliver the scheme in both practices.

- 12.2 Members were informed that the Social Prescribing scheme in Bradford South and West PCT works by primary health care professionals referring patients with non-clinical needs to CHAT. The CHAT worker meets with the patient to discuss their needs and then identifies an appropriate source of support in the community. The CHAT worker facilitates access to community groups or courses and may accompany the patient on their first visit if required. Any member of the primary health care team, including GPs, nurses, health visitors, district nurses and receptionists, can refer patients to the scheme by completing a simple referral form. Alternatively, patients can self refer by completing the tear off slip included in a leaflet which is available from surgery receptions and local pharmacies.
- 12.3 Members noted that a key benefit of the scheme is that the CHAT worker is able to spend longer with a patient than primary care staff are often able to, offering up to three forty-minute appointments. This provides the patients with the opportunity to discuss any issues that they feel are affecting their health and the possibility of exploring a variety of solutions.
- 12.4 Based on the information shared with Members, it was found that:-
 - (a) That Bradford South and West PCT is facing the same challenges to their Social Prescribing Scheme as those documented within the national and local studies. (Section 10 Refers).
 - (b) That involving Health Care Professionals in the recruitment of the service navigator aided in gaining the trust of those bodies.
 - (c) That Bradford and South West PCT's funding of the CHAT scheme is time limited until March 2007. Funding options to extend the life of the project were at the time of writing being considered.
 - (d) That the PCT is exploring where Social Prescribing will sit in the future? The areas under consideration include; mental health, public health (via health trainers funding), primary care or social services?

13 VIEWS OF SERVICE USERS / CARERS AND INTERESTED STAKEHOLDERS

- 13.1 Members of the Forum were keen to engage with service users and carers and other interested stakeholders as part of this investigation.

- 13.2 Therefore, the Forum sought the views of a group of service users accessing services via Hartlepool MIND. The session was well attended and service users were given the opportunity to provide their views on the value of Social Prescribing initiatives based on their experience. The views of service users are outlined below:-

Views of Service Users

- (a) Service users felt abandoned and dismissed by the mental health service;
- (b) That the encouragement and support offered by Hartlepool MIND was very different to traditional health approaches;
- (c) That Hartlepool Mind deal with approximately 900 clients per year;
- (d) That Hartlepool MIND enable people to develop new skills and refine existing skills which build confidence and raise self esteem;
- (e) That Mind may direct service users to a range of projects based on their interests, including art classes and volunteering opportunities;
- (f) That limited resources result in a delay of 4-8 weeks before appointments are available;
- (g) That the Hartlepool MIND approach is held up as a beacon of best practice.

Views of Carers

- 13.3 The Forum also thought it was important to consider what impact Social Prescribing may have on carers. Thus the Authority's Planning Manager was invited to make proposals to the Forum identifying how carers in Hartlepool may benefit (if at all) from Social Prescribing. The views expressed are noted below:-

- (a) 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;
- (b) Carers make a valuable contribution to the local health and social care economy;
- (c) All stakeholders needs to ensure that carers are recognised and appropriate services provided to meet assessed need;
- (d) All agencies have a responsibility 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 the local community;

- (e) 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;
- (f) Existing examples of the types of support provided to carers falls within the remit of Social Prescribing;
- (g) The needs of the person cared for and the needs of the carer are interdependent and agencies need to work closely together to ensure that both sets of need are appropriately met;
- (h) That there is a gap in services available for couples in Hartlepool. Reference was made to a dementia café that has recently been launched in Easington that enables patients and carers to access activities together;
- (i) Care needs to be taken to ensure that the needs of ex-carers are recognised; and,
- (j) The requirement that GP's maintain a carers' register provides a real opportunity to identify target groups of individuals that may benefit from Social Prescribing.

View of Interested Stakeholders

- 13.4 The Forum was also approached by a representative of Briarfields Allotments Association who wished to highlight the benefits of allotment gardening which include social inclusion, and aids mental well-being during stressful circumstances.

14 VIEWS OF GP'S AND SERVICE PROVIDERS – STATUTORY AND NON-STATUTORY SECTORS

- 14.1 The Forum invited Dr Brash, a local GP who is involved in the pilot Social Prescribing project with NDC and Hartlepool MIND to outline a GP's perspective in relation to Social Prescribing. The views expressed at that meeting are summarised below:-

Evidence from Dr. Brash – The GP's Perspective

- (a) That Social Prescribing can be of enormous benefit to patients;
- (b) That the idea of holistic assessments and a service navigator to assist GP's/patients in identifying appropriate schemes is welcomed;
- (c) That consideration needs to be given to how and when the pilot will be rolled out across the Town;
- (d) That data protection issues need to be resolved to ensure that patients are fully aware and consent to their medical records being disclosed to a third party; and,

- (e) That an appropriate feedback mechanism needs to be developed to enable GP's to assess the effectiveness of the non-medical intervention.

Evidence from Service Providers- Statutory and Non-Statutory Sectors

- 14.2 Whilst evidence received from all service providers in the statutory and non-statutory sectors has been reflected throughout this report, Members welcomed the clear partnership working going on amongst all sectors in relation to Social Prescribing.
- 14.3 The Forum consistently received common messages from agencies from the statutory and non-statutory sector which supported the principles of Social Prescribing and highlighted areas for review and further development. Clearly the creation of the working group with representation from all bodies demonstrates a clear commitment to developing Social Prescribing in Hartlepool.
- 14.4 Members of the Forum particularly welcomed the presentation from the Director of Adult and Community Services which usefully established a possible way forward:-
 - (a) That the Council agrees that Social Prescribing is a priority;
 - (b) That the evidence from Scrutiny and Consultant be used to identify a way forward and agree a model for Hartlepool;
 - (c) That all stakeholders begin to focus on co-ordinating existing schemes. For example, referral routes, signposting, promotion of information etc
 - (d) That an invest to save approach be adopted across Health and Council be asked to agree a funding strategy;
 - (e) That agreement be sought as to the beneficiaries of Social Prescribing and a clear evidence and evaluation strategy be determined;
 - (f) That Social Prescribing be linked to the Public Health Strategy outcomes and;
 - (g) That Social Prescribing is incorporated within the Voluntary Sector Strategy Development.

15 CONCLUSIONS

- 15.1 The Adult and Community Services and Health Scrutiny Forum concluded:-
 - (a) That the evidence base for the effectiveness of non-medical responses is sufficiently robust to justify further investment and exploration;

- (b) That Social Prescribing is an effective mechanism to link patients in primary care with non-medical sources of support within the community, based on a holistic assessment of need;
- (c) That a number of Government policies have created a potentially favorable environment for developing Social Prescribing;
- (d) That there is no accepted model for Social Prescribing or any national guidelines for organizations interested in pursuing such a model;
- (e) That Hartlepool is considered as one of the best practice authorities in relation to work on Social Prescribing and the VCS, including HVDA, NDC and Hartlepool MIND should be commended for their efforts in relation to developing Social Prescribing;
- (f) That, Social Prescribing can be used as a tool to both improve health outcomes but also to improve community well-being and reduce social exclusion;
- (g) That there are a number of schemes that could be encompassed within the term 'Social Prescribing.' Consequently it has been stressed that a co-ordinated approach needs to be developed to ensure synergies are achieved and duplication is minimized;
- (h) That there needs to be a clear acceptance within the medical community of the influence of social and cultural factors on health outcomes, coupled with a commitment to consider alternative approaches to the traditional medical model;
- (i) That the development of an evidence base for Social Prescribing has been limited by wide variations in how the term is used and understood and considerable inconsistency in indicators used to measure success;
- (j) That the brokerage /referral facilitator role is vitally important within any Social Prescribing model to assist Health Care Professionals in assessing need and identifying appropriate support;
- (k) That training and support is required to develop indicators to measure the impact of Social Prescribing interventions;
- (l) That an appropriate feedback mechanism needs to be developed to enable GP's and other Health Care Professionals to assess the effectiveness of the non-medical intervention.
- (m) That under the current system, quality control of Social Prescribing projects is largely the responsibility of individual schemes. Whilst this enables each scheme to establish its own selection criteria Members recognized a need to standardize all quality and evaluation processes to support future bids for funding/mainstreaming;

- (n) That referrals should not be limited to HealthCare Professionals, and the possibility of self-referrals should be considered;
- (o) That the requirement that GP's maintain a carers' register provides a real opportunity to identify target groups of individuals that may benefit from Social Prescribing;
- (p) That Social Prescribing projects attract short-term / one-off funding which hampers the long-term development of future projects;
- (q) That data protection issues need to be resolved to ensure that patients are made fully aware and consent to aspects of their medical records being disclosed to a third party; and,
- (r) That the Local Authority needs to link the outcome of the local Fair Access to Care Services Consultation to any future work in relation to Social Prescribing and also use the potential of individualised budgets, self assessments and direct payments to develop projects;

16 RECOMMENDATIONS

10.1 The Adult and Community Services and Health Scrutiny Forum has taken evidence from a wide range of sources to assist in the formulation of a balanced range of recommendations. The Forum's key recommendations to Council and HPCT are as outlined below to be championed by both organisations for implementation / action via the Working Group:-

- (a) That the authority agrees that Social Prescribing is a priority and use the evidence gathered through this investigation, and other studies to agree a framework for Hartlepool;
- (b) That work is undertaken locally to standardise the definition of Social Prescribing;
- (c) That work is undertaken to establish a clear picture of Social Prescribing projects currently offered in Hartlepool or those that can be encompassed within the definition of Social Prescribing with a view to standardising issues such as the availability of information, data protection, referral routes and evaluation;
- (d) That Social Prescribing be linked to the Public Health Strategy outcomes;
- (e) That Social Prescribing be incorporated within the Voluntary Sector Strategy Development;
- (f) That Social Prescribing be linked to any future Commissioning strategies;
- (g) That funding streams to support Social Prescribing in the long-term be considered;

- (h) That the Council link the outcomes of the FACS consultation to developing Social Prescribing;
- (i) That work is undertaken by HBC and HPCT with the PBC Group in a bid to increase the level of support for Social Prescribing;
- (j) That work be undertaken to identify target groups who would benefit from Social Prescribing initiatives, including carers and hard to reach groups;
- (k) That capacity issues be considered within the VCS in conjunction with plans to develop Social Prescribing;

17 ACKNOWLEDGEMENTS

- 17.1 The Committee is grateful to all those who have presented evidence during the course of our investigation. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named:-

Hartlepool Borough Council:

Councillor Ray Waller – Cabinet Member Portfolio Holder for Adult and Public Health Services.

Nicola Bailey – Director of Adult and Community Services

Janet Wistow – Panning Manager- Adult and Community Services

External Representatives:

Paul Hyde – Independent Consultant

Julian Penton – Programme Manager for Community Development & Inclusion - NDC

Iain Caldwell – Manager of Hartlepool MIND

Dr Brash – Brash Medical Practice

Members of the Public (Including Resident Representatives)

COUNCILLOR GERALD WISTOW

**CHAIR OF THE ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY
FORUM**

March 2007

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BACKGROUND PAPERS

The following background papers were consulted or referred to in the preparation of this report:-

- (i). Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Social Prescribing' – Scoping Report, presented to the Adult and Community Services Scrutiny Forum of 25 July 2006.
- (ii). Report of the Scrutiny Support Officer entitled 'National Perspective / Social Prescribing' presented to the Adult and Community Services and Health Scrutiny Forum on 26 October 2006.
- (iii). Report of the Scrutiny Support Officer entitled 'Evidence from HVDA & Author of Report Commissioned by Hartlepool Partnership & HVDA in relation to 'Developing Social Prescribing in Hartlepool'', presented to the Adult and Community Services and Health Scrutiny Forum on 26 October 2006.
- (iv). Report of the Scrutiny Support Officer entitled 'Introduction of New Deal in the Community Social Prescribing Project' presented to the Adult and Community Services and Health Scrutiny Forum on 26 October 2006.
- (v). Report of the Scrutiny Support Officer entitled 'Written submission from Hartlepool MIND in relation to Social Prescribing in Hartlepool' presented to the Adult and Community Services and Health Scrutiny Forum on 26 October 2006.
- (vi). Presentation from Dr Brash to the Adult and Community Services and Health Scrutiny Forum of 26 October 2006.
- (vii). Report of the Scrutiny Support Officer entitled 'Evidence from Bradford PCT – Covering Report' presented to the Adult and Community Services and Health Scrutiny Forum on 14 November 2006.
- (viii). Presentation from Director of Public Health & Well-being entitled 'Scrutiny Investigation into Social Prescribing' to the Adult and Community Services and Health Scrutiny Forum of 19 December 2006.
- (ix). Report of Director of Adult and Community Services entitled 'Carers and Social Prescribing' presented to the Adult and Community Services and Health Scrutiny Forum of 19 December 2006.

- (x). Report of the Scrutiny Support Officer entitled 'Evidence from Service Users and Interested Stakeholders' presented to the Adult and Community Services and Health Scrutiny Forum of 19 December 2006.
- (xi). Report of the Scrutiny Support Officer entitled 'Evidence from Hartlepool MIND' presented to the Adult and Community Services and Health Scrutiny Forum of 19 December 2006.
- (xii). Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into Social Prescribing – Evidence Gathering Session presented to the Adult and Community Services and Health Scrutiny Forum of 29 January 2007.
- (xiii). Presentation from Director of Adult and Community Services entitled 'Social Prescribing' presented to the Adult and Community Services and Health Scrutiny Forum of 29 January 2007.
- (xiv). Developing Social Prescribing in Hartlepool, Commissioned by Hartlepool Partnership and Hartlepool Voluntary Development Agency – February 2006.
- (xv). Solutions not medication – Hartlepool NDC 2004
- (xvi). Social Prescribing for Mental Health, Northern Centre for Mental Health – February 2004.
- (xvii). Sign Posting Evaluation Report – March 2005
- (xviii). The Evaluation of the CHAT Social Prescribing Scheme in Bradford South & West PCT – November 2005
- (xix). Department of Health - Our health, Our care, Our say: A New Direction for Community Services.

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- (i). Kessler D, Lloyd K And Lewis G (1999) 'Cross sectional study of symptom attribution and recognition of depression and anxiety in primary care' -British Medical Journal 318:436-39
- (ii). Gask L, Rogers A, Roland M, Morris D (2000) 'Improving quality in primary care: a practical guide to the national service framework for mental health' National Primary Care Research and Development Centre: University of Manchester
- (iii). BATES P (EDITOR) (2002) 'Working for Inclusion: making social inclusion a reality for people with severe mental health problems' London: Sainsbury Centre for Mental Health.
- (iv). Sykes S (2002) Literature Review (Conducted for Penge Social Prescribing Scheme)

- (v). Department of Health (2003) 'Making partnership work for patients, carers and service users a proposed strategic partnership agreement between the Department of Health, the NHS and the voluntary and community sector.'

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

29 March 2007



**Report of: Adult and Community Services and Health
Scrutiny Forum**

**Subject: DRAFT FINAL REPORT - RESPONSE TO
HARTLEPOOL PCTS CONSULTATION ON ITS
PROPOSED MANAGEMENT ARRANGEMENTS -**

1. PURPOSE OF REPORT

- 1.1 To present the Adult and Community Services and Health Scrutiny Forum's draft response to Hartlepool PCT's consultation in relation to its proposed management structure.

2. SETTING THE SCENE

- 2.1 Hartlepool PCT was confirmed as a separate statutory body following the Department of Health exercise, "Commissioning a Patient-Led NHS". In determining its future management arrangements Hartlepool PCT consulted key stakeholders including this Overview and Scrutiny Committee to seek views in relation to its proposed management structure.
- 2.2 The Adult and Community Services and Health Scrutiny Forum met on September 19 2006 to receive from the PCT a presentation of its proposals. This meeting followed the Forum's previous submission to the Strategic Health Authority (SHA) in March 2006, recommending the continuance of one to one coterminosity between the PCT and the Borough Council. The same view was unanimously supported by the Borough Council at its meeting on 16 February 2006 and Hartlepool Partnership (of which Hartlepool PCT is a core Member) at its meeting on 4 November 2005. In addition, each body supported the concept of an independent Board for the PCT rather than one incorporating shared management arrangements with other PCTs.
- 2.3 The Forum submitted an interim report to Cabinet and HPCT on 9 October 2006 in response to the PCT's consultation on its proposed management arrangements. A formal response to this report was received by the Authority on the 18 December 2006 (outside of the 28 days within which the Forum had requested a response and within which health bodies are expected to reply to OSC reports). Members considered the response at the Forum's meeting on 29 January 2007 and agreed the approach to be adopted in this final report. In

particular, Members endorsed their previous findings and conclusions within the context of both bodies having now placed their considered views on the public record. Members also concluded that local residents were better served by a focus on securing more effective working relationships rather than a further point by point account of what is now an historical decision making process.

3. OVERALL AIM OF THE SCRUTINY INVESTIGATION

- 3.1 The overall aim of the Scrutiny Inquiry was to provide a response to Hartlepool PCT's consultation on its proposed management structure. This focus was of particular significance because:

3.1.1 The PCT had proposed to initiate a form of shared management arrangements under which the Executive Director posts would be joint appointments with North Tees PCT;

3.1.2 The PCT had previously supported the case put forward in an independent report it had jointly commissioned with the council and other members of the LSP. This position was endorsed unanimously at the LSP meeting of 4 November 2005 and the report submitted to the Strategic Health Authority;

3.1.3 The Executive of the Council had obtained advice from leading counsel in the Chambers of the former Lord Chancellor that the NHS was obliged to conduct a formal statutory consultation on its proposals for management re-structuring.

4. MEMBERSHIP OF THE ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

- 4.1 The membership of the Adult and Community Services and Health Scrutiny Forum 2006/07 Municipal Year was as detailed below:-

Councillors: Barker (Vice-Chair), Akers-Belcher, Brash, Fleet, Griffin, Lauderdale, Lilley, Rayner, Wistow (Chair), Worthy and Young.

Resident Representatives: Mary Green, Jean Kennedy and Joan Noman

5. METHODS OF INVESTIGATION

- 5.1 Members of the Scrutiny Forum met on 19 September 2006 to receive and discuss evidence in relation to this inquiry. A detailed record of the issues raised during this meeting is available from the Council's Democratic Services.
- 5.2 Due to the limited time available during which to undertake this inquiry, the key method of investigation involved detailed reports supplemented by verbal evidence by representatives of Hartlepool Primary Care Trust.

SCRUTINY FINDINGS

6. HARTLEPOOL PCT MANAGEMENT PROPOSALS

- 6.1 The Forum was advised that under the proposals presented to the SHA:-
- (a) Hartlepool PCT will be a statutory body with its own Board with a Chairman and Non Executive Directors appointed by the Appointments Commission.
 - (b) HPCT will receive its own financial allocations to meet the health care needs of its population and will need to meet its statutory duties to achieve financial balance and the re-payment of previous deficits.
 - (c) HPCT Board will consider how it can best meet its duties and responsibilities, and, where appropriate, may decide to work collaboratively with other organisations, including other PCTs or Local Authorities.
- 6.2 The PCT informed Members that after careful consideration involving discussions with a range of stakeholders and the initial feedback following the Fitness for Purpose Review, Hartlepool PCT proposed to create a joint management team with North Tees PCT together with a range of Tees wide functions including commissioning. In further developing these arrangements, the PCT chairman stated that his 'bottom line' was that decision making in the joint committee would be on the basis of unanimity rather than majority voting.
- 6.3 The PCT advised Members that the proposal demonstrated a significant presence at a senior level north of Tees, supported by some Tees wide functions where this is the most effective way to undertake these. Further, the PCT informed the Forum that several areas must have senior local leaders in each PCT/LA area and may lead to the creation of joint posts, subject to further discussion and agreement over governance and funding arrangements. In summary the PCT stated that for Hartlepool this option would enable the PCT to create senior posts focussed on areas of work with direct relevance to Hartlepool Borough Council. However, no detail of these proposals was then available to enable the Forum to form a view on whether they might meet the conditions in the letter from the Acting Permanent Secretary and Ministers statement to Parliament both of 16 May 2006.
- 6.4 In light of all these issues, the Forum considered that the proposals needed to be developed further to demonstrate clearly how local responsiveness will be maintained to deal with differing local needs. The Forum was pleased to note that HPCT and HBC had begun to work together to address this requirement. However, Members maintained that the loss of a locally-focussed PCT in favour of a Joint Management Structure would make health improvement in Hartlepool and joint commissioning more difficult to achieve.

- 6.5 Members considered it vital to preserve joint working in Hartlepool to reinforce the community and public health agenda. Members also continued to support the direction in 'Delivering the NHS Improvement Plan' [2005] which refers to the relationship with local authorities as being crucial and states: "*all PCTs need to play strongly into LSPs and where applicable LAAs*" (para 5.11 refers) and hoped to see clear evidence of Hartlepool PCT remaining integrated within the local governance structures.
- 6.6 Additionally, the Forum learned via Hartlepool PCTs response to its interim report that HPCT has affirmed its own commitment to ensuring that these conditions be met, especially with regard to increased co-operation between co-terminous PCTs and local Authorities. Whilst the Forum welcomes HPCTs resolve to ensure that all the conditions set out in the Acting Permanent Secretary's letter are met, the Forum has yet to see robust evidence demonstrating how the PCT intend on achieving this beyond a reference to the Chair and NED team.
- 6.7 While acknowledging that the Chair and NED team will play a central role in ensuring that the needs of Hartlepool are realised, Members consider that further work still remains to ensure that partnership working is maintained and enhanced in Hartlepool.

7. CONSULTATIVE BASIS

- 7.1 The Forum learned that Hartlepool Council has obtained legal advice from leading counsel on the duties of the SHA and PCT to consult under the terms of the Health & Social Care Act 2003 and Health Scrutiny Regulations. This advice was communicated to these bodies by the Chief Executive of Hartlepool Borough Council in letters dated 28 July 2006 and 11 August 2006.
- 7.2 Consequently, the Adult and Community Services and Health Scrutiny Forum conducted this enquiry in line with the legal advice received by the Council that the PCT Consultation in relation to the proposed management structure comprised a substantial change in the provision of health services which necessitated a formal consultation process involving local authorities and the Patients and Public Involvement Forums. The requirement for such consultation enables a Health Scrutiny Committee to refer disputed matters to the Secretary of State for consideration before any changes can be implemented. In practice, Hartlepool PCT made a decision to implement its management changes within three weeks of submitting them to the Forum and before even an interim report could be completed and approved.(see below).
- 7.3 The SHA rejected the view that it had a legal duty to consult and Hartlepool PCT did not accept that changes in management arrangements were subject to formal statutory consultation processes. While Members of the Adult and Community Services and Health Scrutiny Forum considered that the timetable proposed by HPCT (3 weeks) was too short to allow due process, they nevertheless wished to interpret their statutory duty as flexibly as possible in the circumstances. Consequently, the Forum agreed to consider its response

to the PCT's proposals at a joint meeting with the, Scrutiny Co-ordinating Committee on September 29 2006. The normal process would be for the Forum to conclude its enquiry and submit its report to the next meeting of Scrutiny Coordinating within the normal meetings cycle. The special joint meeting was arranged with the minimum notice that could be given to comply with Scrutiny process. The Forum's aim was that at least an interim report could be submitted to the authority's Cabinet at its scheduled meeting on 9th October. The Forum was however disappointed to learn that, despite its best efforts to respond as rapidly as possible, the HPCT Board made a decision on October 2 2006 to implement the proposals presented to the Forum. Thus, it made a decision on the outcome of its consultation in the absence of a response from Scrutiny.

- 7.4 The Forum readily understands why the SHA and PCT might wish to question the advice which leading counsel supplied to the Local Authority. Its content apparently challenges assumptions on which the NHS and local government have generally operated in terms of what constitutes substantial changes in the provision of health services. The Forum does not believe that the interests of local residents would be served by placing the Council and PCT in a position of legal conflict or delaying the implementation of new arrangements for effective joint working. Legal action by the Council and a formal report to the Secretary of State by this Forum would be likely to have those serious disadvantages even if justified by the advice received.
- 7.5 Nonetheless, the Executive has commissioned a legal opinion and the nature of the advice it received is such that it may be of wider regional and national significance. Consequently, the Forum considers that the Executive would be serving the wider public interest, and potentially securing fuller value for money, if the Executive were to draw to the attention of other relevant bodies the nature of the advice it commissioned., Members of the Forum also considered that they could contribute to this process by publicising this report to other local Authority Overview and Scrutiny Committees through the Centre for Public Scrutiny in the normal way.

8. CABINET OFFICE CODE OF PRACTICE ON CONSULTATION

- 8.1 Whilst the nature of the consultation exercise (statutory or not) remains unresolved between the PCT and the Borough Council the Forum notes that the consultation process adopted by HPCT did not comply with the Cabinet Office, Code of Practice on written consultations. The code of practice clearly outlines that one of the main purposes of consultation is to "improve decision making by ensuring that decisions are soundly based on evidence, that they take into account the views and experience of those affected by them, that innovative and creative options are considered and that new arrangements are workable." In addition the code of practice outlines that sufficient time should be allowed for considered responses from all groups with an interest, and twelve weeks is considered as a standard minimum.
- 8.2 In light of this advice the Forum does not consider that HPCT has consulted in a proper or effective manner irrespective of whether the consultation required

was of a statutory nature. This is an unfortunate start for the new PCT in a context where the need for the public to have greater confidence in consultation processes conducted by the NHS has received growing attention (as in for example the White Paper 'Our Health, Our Care, Our Say').

9. CONCLUSIONS

9.1 The Adult and Community Services and Health Scrutiny Forum concluded:-

- (a) That the consultation process adopted by HPCT did not comply with the Cabinet Office, Code of Practice on written consultations. Consequently the Forum was not provided with sufficient time to "improve decision making by ensuring that decisions are soundly based on evidence, that they take into account the views and experience of those affected by them, that innovative and creative options are considered and that new arrangements are workable."
- (b) That the consultation process did not comply with the legal requirements placed on it to conduct a statutory consultation, though it recognizes that the Council and PCT have received different advice on the relevance of these requirements to this case.;
- (c) That the Forum considers that there is limited value in pursuing the advice of leading counsel as this will un-necessarily hamper relations between the Council and the Trust.
- (d) That the Forum is aware, informally that that progress has been made in establishing joint arrangements between HPCT and this Local Authority.

10. RECOMMENDATIONS

10.1 Based on the evidence considered during the undertaking of this Scrutiny investigation, the Adult and Community Services and Health Scrutiny Forum recommends:-

Hartlepool PCT

- (a) That future consultation/engagement exercises undertaken by Hartlepool PCT comply at a minimum with the Cabinet Office Code of Practice on written consultations;
- (b) That consultation processes are planned clearly with identifiable markers identifying where Scrutiny can input into the process;
- (c) That the PCT submit an update report to this Forum on the development of the management structure including plans for Joint Commissioning with the Council together with the terms of reference for any Tees and North wide Joint Committees.

Hartlepool Borough Council

- (d) That the Executive draws to the attention of national and regional organisations, such as the LGA and ANEC, the nature of the legal advice received by this Local Authority, namely that consultation on proposed management arrangements are subject to a formal statutory consultation processes.

11. ACKNOWLEDGEMENTS

- 11.1 The Committee is grateful to all those who have presented evidence during the course of our investigation. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named:-

Chairman of Hartlepool PCT;

Officers representing Hartlepool PCT;

Hartlepool Borough Council's Chief Executive;

Hartlepool Borough Council's Director of Adult and Community Services; and

Hartlepool Borough Council's Chief Solicitor.

COUNCILLOR GERALD WISTOW

CHAIR OF THE ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

March 2007

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BACKGROUND PAPERS

The following background papers were consulted or referred to in the preparation of this report:-

- (i). Report of Hartlepool Partnership entitled 'Locality Plus – Retaining a Coteminus PCT in Hartlepool';

- (ii) "Locality Plus" - Hartlepool Borough Council's Health Scrutiny response to the County Durham and Tees Valley Strategic Health Authorities consultation document on new Primary Care Trust arrangements in County Durham and the Tees Valley.
- (iii) Letter from Acting Permanent Secretary Hugh Taylor to David Flory –Dated 16 May 2006.
- (iv) Letter from SHA to PCT Chairs and Chief Executives – Dated 23 May 2006.
- (v) Letter from David Flory SHA Chief Executive to Local Authority Chief Executives - Dated 30 May 2006
- (vi) Report of the Director of Adult and Community Services entitled 'PCT Reconfiguration – Tees Valley' presented to the Adult and Community Services and Health Scrutiny Forum held on 23 June 2006.
- (vii) Report of the Chairman of Hartlepool PCT entitled 'Hartlepool PCT – Future Board and Management Arrangements' presented to the Adult and Community Services and Health Scrutiny Forum held on 19 September 2006.
- (viii) Statement by Andy Burnham MP to the House of Commons on 16 May 2006.