

**THE MINUTES OF THE MEETING OF THE
REGENERATION SERVICES SCRUTINY COMMITTEE
HELD ON MONDAY, 10TH MARCH, 2008**

Present: Councillor D. Raine (Chair)

Councillors S. Bishop, Mrs. E.M. Connor,
Mrs. S. Forster, H. High, A.J. Holmes,
Mrs. B.A. Sloan and C. Walker

Also present: Councillor Mrs. E. Huntington - Executive Member for Health

1. **THE MINUTES OF THE LAST MEETING** held on 8th February, 2008, a copy of which had been circulated to each Member, were agreed.
2. **THE MINUTES OF THE MEETING OF THE EXECUTIVE** held on 26th February, 2008, a copy of which had been circulated to each Member, were submitted.

RESOLVED that the information contained within the Minutes, be noted.

3. **PUBLIC QUESTION AND ANSWER SESSION**

The Chair welcomed Mr. Chambers to the meeting.

4. **FEEDBACK FROM SCRUTINY MANAGEMENT BOARD**

The Chair advised that there were no issues discussed at the Scrutiny Management Board meeting held on 3rd March, 2008 which fell within the remit of the Committee.

RESOLVED that the information given, be noted.

5. **MOMENTUM : PATHWAYS TO HEALTHCARE**

The Chair welcomed Carol Langrick, Director of Strategic Service Development, North Tees and Hartlepool NHS Foundation Trust and Feisal Jassat, Head of Overview and Scrutiny at Durham County Council who were in attendance to advise on changes to the consultation process in respect of the Momentum : Pathways to Healthcare Initiative.

C. Langrick explained that Momentum Pathways to Healthcare was about implementing the recommendations from the Independent Reconfiguration Panel. One recommendation was for a modern hospital to replace the existing out of date hospital buildings to be provided on a new site on a well situated location, accessible to the people of Hartlepool, Stockton, Easington and Sedgefield. All services that did not need to be provided in a hospital setting should be placed in the heart of communities in line with implementing the white paper 'Our Health, Our Care, Our Say - A New Direction for Community Services'.

Momentum's vision was a patient centered and clinically driven local NHS responsive to the needs of local people, delivering the best quality care available in an integrated

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and efficient way in first class facilities as close to home as possible by well trained professionals using state of the art knowledge and equipment.

Momentum's service model objectives were:-

- Care as close to home as possible
- A wide range of acute services, a new hospital replacing University Hospital of North Tees and University Hospital of Hartlepool
- New community based services in Hartlepool and Stockton
- New community facilities in Hartlepool and Stockton

The service model was underpinned by an enhancement of community services and greater integrated hospital and community services. Acute services needed to be concentrated in a high-tec hub and performance of services needed to be improved to upper quartile performance. There also needed to be an increasing emphasis on prevention and health promotion and a standardisation of care pathways as well as flexibility of both facilities and model of care.

Momentum benefits included improved access to a range of services by providing them in a community setting, improved sustainability and safety and quality of care by concentrating acute services on one site, improved efficiency of services streamlining of patient pathways by integrating acute and community services, improved patient care environments in both hospital and community settings.

C. Langrick explained that the Momentum timeline was as follows:-

Phase 1 - Project launch (April 2007 - June 2007)

Phase 2 - Service development and design (July 2007 - May 2008)

Phase 3 - Public consultation (June 2008 - September 2008)

Phase 4 - Capital planning, development and procurement (Spring 2008 - Summer 2011)

Phase 5 - Building and commissioning the new hospital and associated facilities (Spring 2011 - 2014)

The reason for the change in the consultation period was that the hospital was hoping to fund the newbuild through Public Dividend Capital rather than a Public Finance Initiative (PFI). The Government would not make a decision on the funding until the outline business case was submitted. This was an ambitious timescale and very tight and the business plan would be drawn up in a ten month period rather than eighteen months.

Consultation was required under Section 244 of the Health Act. They were consulting on how to implement the IRP recommendations with specifics looking at the location of a new hospital, functional content of the new hospital and any relevant changes to services and facilities in a community setting as a result.

Section 244 consultation timescale and process was as follows:-

Phase 1 - Pre-consultation (January - March 2008)

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Phase 2 - Preparation for consultation (April - May 2008)

Phase 3 - Consultation (June - August 2008)

Phase 4 - Post consultation (September - October 2008)

Feisal Jassat explained that he was Head of Overview and Scrutiny at Durham County Council and he was trying to establish joint scrutiny arrangements. Carole Langrick had attended a meeting in January and Members had agreed to establish joint scrutiny arrangements. They needed to ensure that residents got the best care in their communities.

F. Jassat explained that Stockton, Hartlepool, Middlesbrough, Redcar and Cleveland and Darlington had agreed to establish the joint health scrutiny with County Durham and North Yorkshire as observers. The four local authorities who were affected, Stockton, Hartlepool, North Yorkshire and Durham County Council would come together to respond to the consultation document as well as Officers continuing to liaise.

With regard to responding to the implementation of the IRP recommendations there would be a joint response from the Tees Health Scrutiny Committee and it was proposed that Durham County Council be offered two places. One would be the Chair of the Scrutiny Committee at Durham County Council and a representative from East Durham.

A Member asked what Public Dividend Capital funding was. Carole Langrick explained that this was block allocation of capital monies that the Treasury either made directly or via the Department of Health. Government departments had capital allocations but tended to reduce or be used for other types of schemes. An interest payment would still be required but it was lower than a PFI and would be paid direct to the Government or the Treasury.

The Executive Member for Health explained that she was concerned about community services and how these would be developed before the new hospital was built. She explained that travelling and accessing services to hospital was very difficult and she was aware that the number of patients visiting the University Hospital of Durham had increased since they had moved maternity services to North Tees. She was worried that this type of move would affect the size of the new hospital.

C. Langrick explained that it was not in the interests to plan a hospital that would not be big enough or too big and they wanted patients to choose to access services from their hospital. As a hospital trust they wanted to make sure services were as attractive as possible to patients that were accessible, safe and the journey seamless. Transport was a major issue and there needed to be a sustainable transport solution. A hospital would not be built where there was not good transport links.

With regard to community services, she explained that there was a project ongoing that was looking at how to get the transition to the community before a new hospital was opened.

Barry Chambers explained that he was a member of Hartlepool Save Our Hospital Group. He was very wary of consultation if once consultation was carried out, that reconfiguration kept turning up and throwing it on its head. Lord Darzi made recommendations that was in favour of Hartlepool Hospital then the IRP was

commissioned and turned these recommendations on its head. He only hoped that consultation was not there as a charade. There had been five locations identified for the new hospital, two in Hartlepool, two in Stockton and one at Wynyard. Wynyard did not have any public transport routes although it was probably the geographical centre. The demographic centre was Hartlepool and patients had travelled there for years. When a patient died in North Tees Hospital, family had to go to Middlesbrough for the coroners court and Stockton to obtain a death certificate. This was all extra travel for patients and families.

C. Langrick explained that she was not there to defend or justify consultation requirements. They were trying to look forward to get something the area could be proud of. Transport was one of the main issues but a hospital must be built where there were transport links.

A Member commented that there were rumours that a new hospital could be built in Ryhope. If there was to be a hospital built in Ryhope then it would have a huge effect on what was happening in Teesside.

A Member referred to problems with parking if more services were provided in communities. C. Langrick explained that they knew that parking problems existed and links to transport was also just as important in community facilities.

F.Jassat commented that it was imperative that the people of East Durham had a voice in the consultation exercise and that Durham County Council and Easington District Council via their respective officers would work together to ensure this occurred. In view of the representations made it was considered that the following issues needed to be raised in the Terms of Reference for the Joint Scrutiny Committee:-

- Regional implications when planning the location of the new build facility
- Ensuring a community based infrastructure is in place to support health service provision local communities
- Accessibility planning for health provision including transport to health services
- Environmental and health impact assessments of the new build site.

The Chair thanked C. Langrick and Feisal Jassat for their attendance.

RESOLVED that the information given, be noted.

6 ANY ADDITIONAL URGENT ITEMS OF BUSINESS

In accordance with the Local Government Act, 1972, as amended by the Local Government (Access to Information) Act 1985, Section 100B(4)(b) the Chair, following consultation with the Proper Officer, agreed that following items of business, not shown on the Agenda, be considered as a matter of urgency.

7 OLD CO-OP BUILDING, VANE TERRACE

A Member referred to the old Co-op building in Vane Terrace and explained that the building was in a state of disrepair. Some scaffolding had been removed but the rest remained. At the rear of the building a tarpaulin was flapping in the wind and the elderly neighbours could not sleep. This was an eyesore on the main road leading into Seaham.

RESOLVED that the Scrutiny Support Manager refer this complaint to the correct Officers.

JC/PH/com rssc/080301
12 March 2008