HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 8 April 2005.

PRESENT: Councillor Dryden (Chair), Councillors Biswas, Lancaster, Mrs H Pearson and K Walker.

OFFICIALS: J Bennington, P Moore and J Ord.

**** PRESENT AS AN OBSERVER:** Councillor Mrs B Thompson (Executive Member Social Care and Health).

****AN APOLOGY FOR ABSENCE** was submitted on behalf of Councillor McIntyre.

**** DECLARATIONS OF INTEREST**

Name of Member	Type of Interest	Item / Nature of Interest
Councillor Mrs B Thompson	Personal/Non Prejudicial	Any matters relating to Middlesbrough PCT – Non Executive Director - Middlesbrough PCT

**** MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 23 February 2005 were submitted and approved.

EMERGENCY ADMISSIONS REVIEW – SOCIAL CARE

In an introductory report of the Scrutiny Support Officer reference was made to the Panel's terms of reference and the intention to establish to what extent a 'revolving door' syndrome existed between secondary care, based in hospitals and primary care, based in the community and provided by the Primary Care Trust and the Local Authority.

The Chair welcomed Peter Moore, Intermediate Care Services Manager jointly appointed by the Council and Middlesbrough PCT who addressed the Panel and responded to a number of questions on the care provision and pathways between secondary and primary care.

The types of support people received on discharge included Home Care; Intermediate Care; Interim Care; Community Hospital; Residential Care, Nursing Care and District Nursing Service.

Middlesbrough and Redcar Intermediate Care Services in accordance with Standard 3 of the National Service Framework for Older People, was a whole system approach designed to; prevent avoidable admission to hospital or long-term care; assist safe and prompt discharge from hospital and promote independent living and rehabilitation. The Middlesbrough Residential Rehabilitation Unit was currently based at Netherfields House and had 10 beds offering intensive rehabilitation.

The range of services included Rapid Response (widely used service to provide intensive domiciliary care service to enable a quicker and earlier discharge from hospital); Community Rehabilitation (widely used service to provide intensive rehabilitation at home to assist the return to independent living); and Reablement Team to promote independence and increase confidence).

Details were given of the South Tees Discharge Partnership, which had developed over 12 months working closely with Discharge Nurses; Social Work Team and Fast Team in the Medical Assessment Unit. The Bed Manager a qualified Senior Nurse, for Intermediate Care and Community Hospital worked alongside such services.

Information was provided on the Referral Pathway as follows:

- once a patient was referred there was a need to identify if the patient was medically fit for transfer into Intermediate/Interim Care, Carter Bequest Hospital or for discharge home;

- a bed manager Intermediate Care would assess patients needs which could entail Middlesbrough Intermediate Care Centre (MICC) Rehabilitation, MICC Interim Care, Carter Bequest Hospital (rehabilitation, continuous care, respite, assessment, interim), Home with (Rapid Response, Mobile Rehabilitation, Re-enablement Voluntary Sector Support) or Residential Nursing or Respite Care.

The Bed Manager Intermediate Care provided:

- a point of contact for advice to all professionals;

- worked collaboratively with the Discharge Partnership;

- helped with signposting and assessing patients to ensure that patients received the most appropriate service to meet their needs.

Statistical information was provided for the period March 2004 to September 2004 which identified referral source; patient gender; age range; and discharge destination in respect of over 200 patients.

An indication was given of possible gaps in service provision in relation to discharge, which included the following:

- limited Occupational Therapy(OT) /Physiotherapy input on Acute Medical wards ;
- OT home visits after discharge;
- patients discharged too early - 'medically fit'
- high dependency level of patients supported in the community;
- patient refusal of home care service due to charging (Intermediate Care Services were free);
- poor access to EMI services.

The Panel was advised of ongoing work to improve discharge and prevent a 'revolving door' syndrome, which included:

- increased use of assistive technology;
- further development of reliable overnight care/toileting service;
- working with PCT for more robust palliative care services;
- recruitment of a community geriatrician;
- increased EMI provision-
  - consultants
  - Community Psychiatric Nurses in place
  - Social Workers
  - Resources.

Ongoing developments included:

- Management of Long Term Conditions -
  - Community Matrons
  - Heart Failure Nurse Specialists;

- First Contact Care -
  - Emergency Care Practitioners;

- Choice -
  - Pre-assessment;

- Joint working of Intermediate Care and Community Hospital.

The main points arising from the subsequent discussion were in the following areas:

- it was considered important to ensure information and advice was appropriately disseminated to patients, carers and family;

- although further information was required, there was a suggestion that not all patients had a care plan on discharge which may have resulted in re-admission to hospital rather than a referral to Intermediate Care.

AGREED as follows: -

1. That the Intermediate Care Services Manager be thanked for the information provided.

2. That in respect of the period of data analysis identified further information be provided including the following aspects:-

   a) number of patients discharged with care plans;

   b) number of re-admissions;

   c) number of patients not referred to support services;

   d) number of patients referred from hospital to rapid response;

   e) extent to which information on support services was made available to patients, carers and family;

   f) co-ordination between discharge from hospital and social workers.

3. That arrangements be made for a visit to Carter Bequest Hospital and the Intermediate Care Centre and information provided on how such facilities co-ordinated with other services.

4. That evidence be sought from a patient advocacy organisation such as Age Concern.

PATIENT AND PUBLIC INVOLVEMENT FORUMS - CONSULTATION EXERCISE RESULTS

Further to the meeting of the Panel held on 21 December 2004 and in a report of the Scrutiny Support Officer details were given of the results of a Department of Health consultation exercise into the support arrangements for Patient and Public Involvement Forums as shown in Appendix 1 of the report submitted.

NOTED

**** OVERVIEW AND SCRUTINY BOARD UPDATE**

In a report of the Chair of the Health Scrutiny Panel, Members were advised of the key matters considered and action taken arising from the meeting of the Overview and Scrutiny Board held on 8 March 2005.

NOTED

HEALTH SCRUTINY REVIEWS - IMPLEMENTATION OF RECOMMENDATIONS

The Senior Scrutiny Officer submitted a report which outlined progress achieved in relation to the implementation of agreed Executive actions resulting from the consideration of Scrutiny reports in respect of the Health Scrutiny Panel.

Since the implementation of the scrutiny monitoring system the Panel had made a total of 41 recommendations of which 32 should have been implemented by March 2005 details of which were outlined in Appendix A submitted. It was noted that a position statement had been requested in respect of 3 of the 5 recommendations, which had not been implemented.

NOTED

ANY OTHER BUSINESS - SOUTH TEES NHS TRUST FINANCIAL SITUATION - SCRUTINY WORK PROGRAMME

With the approval of the Chair the Panel referred to a number of issues relating to the current financial situation of the South Tees NHS Trust and patient care.

During discussions Members referred to a number of experiences relating to patient care and in some cases lack of co-ordination between services. Members discussed the possibility of undertaking a scrutiny topic regarding the current procedures for dealing with such complaints.

AGREED as follows: -

1. That in accordance with the Panel's remit and powers contained within Section 7 of the Health and Social Care Act 2001 a letter be sent to the Chief Executive of the South Tees NHS Trust seeking confirmation that the proposals for their financial recovery plan did not constitute changes on the way services were to be provided.

2. That the complaints procedure for dealing with health related issues as identified be considered as a possible topic for inclusion in the scrutiny work programme of the Health Scrutiny Panel.