

**HEALTH SCRUTINY PANEL**

A meeting of the Health Scrutiny Panel was held on 9 July 2008.

**PRESENT:** Councillor Dryden (Chair), Councillors Carter, Dunne, Lancaster, Purvis and P Rogers.

**OFFICIALS:** J Bennington, S Harker and J Ord.

**\*\* PRESENT BY INVITATION:** Councillor Brunton, Chair of Overview and Scrutiny Board

North East Ambulance Service NHS Trust:  
Allan Grief, Assistant Operational Manager

South Tees Hospitals NHS Trust:  
Ann Anderson, General Manager Operational Services  
Elaine Bennington.

**\*\* APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Cole, Mrs H Pearson and Rehman.

**\*\* DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

**\*\* MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 18 June 2008 were taken as read and approved as a correct record.

**PATIENT TRANSPORT TO AND FROM JAMES COOK UNIVERSITY HOSPITAL – FINAL REPORT**

The Panel considered a draft final report following the Panel's review into Patient Transport to and from James Cook University Hospital.

The General Manager Operational Services (STHT) confirmed that the report was an accurate reflection of the discussions that had taken place. An assurance was also provided that following discussions with Social Care appropriate arrangements had been made to ensure that there was a direct link between such services should any specific issues arise.

In response to a query as to how the service could be improved with particular regard to renal patients and for more vulnerable patients with specialised needs the Assistant Operational Manager confirmed that NEAS was exploring the use of alternative transport providers. Discussions had been held with the Tees Valley Community Transport Group and Future Regeneration of Grangetown with a view to providing further flexibility to the current service.

In commenting on the draft final report the following issues were highlighted: -

- an indication was given that on some occasions requests for taxis for disabled users was not always met and often ordinary taxis were used with drivers who were not trained to assist the disabled person;
- reference was made to problems which had occurred in respect of dialysis patients with late afternoon appointments given that the ambulance service finished at 5.00 p.m. as a general rule.

The STHT representatives referred to ongoing discussions in respect of renal patients and how best to plan appointments taking into account the number of patients who did not rely on the patient transport service but for those who did ensuring that appropriate transport was available.

The Assistant Operational Manager informed the Panel that NEAS was currently undertaking a three staged review of services, which would be completed in September 2008. One of the aims of the review was to offer more flexibility in order to provide a patient transport service daily from 7.00 a.m. to 7.00 p.m. It was noted that a similar system was already in operation in North Tees.

The Panel acknowledged that it would be prudent to await the outcomes of the NEAS review, PCT Commissioning Strategy and the STHT review before agreeing a final report. It was hoped that such reviews would allow patients to be more empowered to make their own transport arrangements.

**AGREED** as follows: -

1. That subject to clarification in respect of paragraph 49 the draft final report be approved and regarded as an interim report pending the outcome of the reviews by NEAS, PCT Commissioning Strategy and STHT.
2. That the draft report include a recommendation for urgent action to be taken to ensure that an appropriate patient transport service is provided for renal patients who received treatment on a regular basis.
3. That the steps being taken to stimulate the local voluntary and community sector be supported.
4. That the views expressed by NEAS and STHT for systems to be streamlined and for one telephone number for all patient transport services be supported.
5. That a further meeting of the Panel be held in January 2009 following the outcome of the reviews identified in recommendation 1 above.
6. That evidence be sought and considered at the meeting of the Panel to be held in January 2009 in relation to private sector providers.

#### **EMOTIONAL WELLBEING AND MENTAL HEALTH IN MIDDLESBROUGH – SCOPING PAPER**

In a report of the Scrutiny Support Officer details were provided of possible issues to explore and sources of evidence to pursue in considering the topic of Emotional Wellbeing and Mental Health in Middlesbrough. It was acknowledged that Emotional Wellbeing and Mental Health was a wide-ranging topic and therefore consideration was given to possible areas upon which to focus.

The Panel suggested that they should focus on the young and the elderly, preventative measures, early intervention and the range of services available. In terms of examining wider societal issues reference was made to the prevalence of problematic debt in the local community and what could be done to alleviate the situation. Other such issues included the prevalence of isolation and community safety related issues affecting Emotional Wellbeing. It was noted that suicide rates in the area were high, particularly among young men.

Other possible sources of evidence included local and national Mental Health charities and advocacy and, regeneration professionals around the themes of worklessness and aspirations.

As part of the investigation the possibility of engaging with the Commissioning element of the Primary Care Trust was suggested in order to examine the extent to which Emotional Wellbeing and Mental Health issues influenced the commissioning plans of the PCT in terms of preventative measures.

The report outlined the possible terms of reference as follows: -

- i) To investigate the extent to which emotional wellbeing is an integral part of the local health and social care economy's planning.
- ii) To investigate the level of services currently available to promote Emotional Wellbeing in the primary and secondary sectors.

- iii) To establish whether gaps in local services exist, in relation to Emotional Wellbeing and Mental Health.
- iv) To investigate whether local services approach the topic of emotional wellbeing in a proactive or reactive manner.
- v) To investigate the wider determination of Emotional Wellbeing.
- vi) To receive advice and gather evidence from sources the Panel deemed appropriate.

**AGREED** as follows: -

1. That the Chair together with Councillor P Rogers and the Children's Participation Officer identify and report further to the Panel on possible issues relating to young people for the Panel to focus upon as part of the overall investigation.
2. That the Vice-Chair, Councillor Carter together with Councillor Dunne in conjunction with the Head of Older People and Physical Disabilities report further to the Panel on identifying specific issues in relation to the elderly upon which to focus.
3. That the Panel identifies issues surrounding the societal issues of mental health for further examination.