

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 5 January 2010.

PRESENT: Councillor Dryden (Chair); Councillors Cole, Junier, Lancaster, Porley, Purvis and P Rogers.

OFFICERS: J Bennington and J Ord.

****PRESENT BY INVITATION:** Middlesbrough, Redcar and Cleveland Community Services:
Jo Dea, Operational Facilities Manager
Paul Thurland, Assistant Director for Urgent Care and Rehabilitation

Jayne Gazi, Clinical Matron, Carter Bequest Primary Care Hospital

Michelle Winship, Director, Resettlement Armed Forces Training (RAFT.UK)

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

**** 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 9 December 2009 were taken as read and approved as a correct record.

CARTER BEQUEST PRIMARY CARE HOSPITAL – TEMPORARY RELOCATION OF SERVICES

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from the local NHS to brief the Panel on the temporary relocation of services from Carter Bequest Primary Care Hospital.

Reference was made to a briefing paper provided by Middlesbrough, Redcar and Cleveland Community Services (MRCCS) as outlined in Appendix 1 of the report submitted.

Carter Bequest Primary Care Hospital was a 43 bedded post acute rehabilitation hospital, located on Cambridge Road, Middlesbrough. In addition to the inpatient service the hospital also accommodated Cambridge Medical Practice, James Cook University Hospital Speech and Language Department, Stroke Association and Paediatric Physiotherapy all of which would be unaffected by the closure of the inpatient areas.

In order to continue to deliver high quality care to all patients in a clean, safe and well maintained environment it had been determined that there was a need to undertake essential and urgent maintenance work. The Panel was advised that such work required the temporary relocation of inpatient services for an eight-week period.

Structural surveys within the main area of the hospital had highlighted the need for essential and urgent works to ensure Health and Safety compliance in terms of patients, staff and visitors. It was noted that in order to prevent future disruption of services it was also intended to undertake recommended upgrades to the doors in respect of the compliance with Infection Prevention and Control recommendations and to the electrics in accordance with Fixed Wire Testing Regulations.

The Panel was advised that rigorous tests were undertaken on an annual basis but it had been an unexpected development of ridges leading to an uneven surface on the floor of the Oxford Ward which had necessitated a thorough investigation. The structural surveys had highlighted

the need for extensive works including the replacement of a floor thus involving much disruption and requiring the closure of Wards. It was noted that although the improvement works had previously been postponed due to Emergency Planning for a pandemic flu the works could no longer be delayed as the condition of the floor continued to deteriorate. Given the nature of the remedial work to be undertaken the possibility of finding additional works was acknowledged which may impact on the overall period of disruption.

In terms of the process the Panel was advised that the essential works as outlined would take a multi-disciplinary team of contractors eight weeks which required full closure of the hospital, including the vacation of both the Cambridge and Oxford Wards for an eight-week period. MRCCS, as the current service provider had secured approval from NHS Middlesbrough for the temporary relocation of services to allow for the essential works to take place.

It was proposed to temporarily close Carter Bequest Primary Care Hospital from Thursday 14 January 2010 until Monday 15 March 2010 and relocate patients to Stead Primary Care Hospital, Redcar which could provide 36 beds. Should it prove necessary a further eight beds were available at the Boulby Unit, East Cleveland Primary Care Hospital, Brotton. It was noted that the opening of a new primary care hospital at West Dyke Road, Redcar had facilitated the availability of 36 beds at the Stead Primary Care Hospital.

In response to clarification sought by Members regarding the choice of alternative accommodation an indication was given of other options which had been examined over a period of three months including James Cook University Hospital. The Panel was advised that JCUH had insufficient beds to cope with an influx of patients especially having regard to the pandemic flu.

An assurance was given that every effort would be made to minimise disruption and ensure that appropriate support was available to current patients and their families and that all staff currently based at Carter Bequest Primary Care Hospital would transfer to the alternative sites to ensure continuity of service. Staff were mindful that even if patients were residents of Middlesbrough or the Eston corridor their families might be travelling from other locations. It was acknowledged that the extent of the support given would be determined on the circumstances of the individual cases.

A copy of the Communication Plan, which had been developed, was attached to the report submitted. The purpose of the Plan was to ensure that patients and their families, staff, local stakeholders and others affected by the service relocation were informed of the reasons for the temporary closure and how services would be provided during this time. It was confirmed that patients, families and appropriate stakeholders had been notified in accordance with the Communication Plan. In discussing the extent of the publicity specific reference was made to information provided to the local media including the Evening Gazette and the Northern Echo. It was confirmed that no adverse comments had been received about the proposals following such publicity.

It was noted that not all of the current patients at Carter Bequest Primary Care Hospital had been discharged from James Cook University Hospital as some patients had been admitted by a GP receiving care from a GP but in a hospital environment. An assurance was given that there would be continuity of service for such patients should they have to be transferred to the Stead Primary Care Hospital.

Members sought clarification on the extent of the works to be undertaken mindful of the layout of current arrangements where it was felt that improvements could be made with particular regard to a lack of privacy for patients. In response, it was confirmed that current arrangements were based on a typical ward setting and although it was acknowledged that they were not ideal the facility could not accommodate any further single bed areas under present circumstances. An assurance was given however that every endeavour was made to provide privacy and dignity for patients.

The Panel thanked the local NHS representatives for the briefing and expressed support for the compilation of a Communication Action Plan. Members requested that they be kept informed of progress and a review of the relocation proposals following completion of the works.

AGREED that the local NHS representatives be thanked for the information provided and the Panel be advised accordingly of progress and outcome of the relocation proposals and programme of works to Carter Bequest Primary Care Hospital.

MIDDLESBROUGH AND REDCAR AND CLEVELAND COMMUNITY SERVICES

The Scrutiny Support Officer submitted a report concerning the application by Middlesbrough, Redcar & Cleveland Community Services (MRCCS) to become a NHS Trust and in particular sought the views of the Panel as to whether or not they wished to make a submission as part of the process.

The Panel was advised that until recently, Primary Care Trusts provided community services, such as Care at Home and Diagnostics under the section referred to as a 'Provider Arm'. As a result of national policy, PCTs had been instructed to separate the service provision and commissioning arms of a PCT.

Following a period of autonomous operation as a provider of community services, MRCCS had now been invited to become a full NHS Trust. As part of that process, MRCCS were required to contact local stakeholders and seek letters of support for the application to become a NHS Trust.

MRCCS had been part of a pilot project and after a year of operating independently they been instructed to take the necessary steps to become a Trust an application for which had to be submitted by 15 January 2010.

Members sought clarification on the services currently provided by MRCCS, which included Care at Home, Rehabilitation, Diagnostic and Treatment, health promotion and physiotherapy.

In terms of accountability reference was made to the Department of Health framework and in particular, MONITOR, an independent regulator of NHS Trusts.

The Panel concluded: -

- a) That the application by Middlesbrough, Redcar and Cleveland Community Services (MRCCS) to become a NHS Trust be supported in principle.
- b) That in terms of the arrangements of Trust Board meetings it was suggested that MRCCS be requested to consider that such meetings be held in public.
- c) It was considered that it would be helpful if further information could be provided on the operation and development of services provided by MRCCS.
- d) That MRCCS be advised that the Panel would like further details as to how they intended to develop joint working arrangements with the Council's Social Care.

AGREED that the response to Middlesbrough, Redcar and Cleveland Community Services be based on the conclusions outlined and a copy be forwarded to Members prior to submission to MRCCS.

OVERVIEW AND SCRUTINY 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 15 December 2009.

ANY OTHER BUSINESS – SCRUTINY WORK PROGRAMME – RESETTLEMENT ARMED FORCES

The Chair agreed that the following item should be considered as a matter of urgency to enable an early response to a request to assist in a regional scrutiny investigation concerning the

promotion of the health needs of veterans following active military service once they had re-entered civilian life.

The Scrutiny Support Officer reported upon the overall health scrutiny function and in particular the role of the Centre for Public Scrutiny, which had been set up initially by the Improvement and Development Agency for Local Government (IDeA). As part of its current Health Inequality Scrutiny Programme the Centre had invited bids for joint scrutiny work looking for an innovative approach to tackle health scrutiny.

Following discussions at a regional level a topic had been identified relating to the health needs of veterans following active military service in particular the extent to which veterans and their families were made aware of the support available to them in terms of physical, mental and broader health needs. An indication was given of the process for which Durham County Council was organising in terms of the bid from local authorities across the North East to support such a regional scrutiny project.

The Panel supported the suggestion of participating in regional scrutiny work and discussed the possible areas upon which to focus for submission into the overall investigation. It was agreed that the Panel should undertake a short scrutiny review focussing on what services were available and the extent to which ex-service personnel and their families were made aware of the support available.

The Chair welcomed Michelle Winship, Director of Raft.UK (Resettlement Armed Forces Training) who gave an introduction into the background and establishment of Raft.UK. Ongoing research indicated that there was an apparent lack of awareness of the support available and sharing of information to assist ex-service personnel.

Members discussed the extent to which the Panel could undertake an investigation and if it could be incorporated into the current scrutiny work programme. It was suggested that the Panel should carry out a short review and focus on mapping what services were available and how such information was promoted to ex-service personnel.

In terms of the Panel's overall scrutiny work programme it was suggested that a start should be made on the process of identifying possible topics for inclusion in the 2010/2011 programme.

AGREED as follows: -

1. That the request for participation in a regional scrutiny project relating to the physical, mental and broader health needs of ex-service personnel be approved.
2. That the Panel undertakes a short review and focuses on mapping what services are available and how such support and information is promoted to ex-service personnel.
3. That representatives of appropriate statutory and voluntary organisations be invited to attend a meeting of the Panel as part of the review.
4. That the outcome of the review be forwarded as part of the regional scrutiny project.
5. That the process of identifying possible topics of investigation for inclusion in the Health Scrutiny Panel's Scrutiny Work programme 2010/2011 be commenced.