

## HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 20 January 2010.

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

**OFFICERS:** J Bennington, R Hicks, S Joscelyne and J Ord.

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

Tees Primary Care Trust: -  
Carl Bashford (Mental Health Commissioning Lead)  
John Stamp (Strategic Commissioning Manager)

Tees, Esk and Wear Valleys NHS Foundation Trust:  
Les Morgan (Chief Operating Officer)  
Paul Newton (Service Director, Learning Disabilities)  
John Ord (Associate Project Director)

Jessica Ogleby (Student at Macmillan College).

**\*\*APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Cole and Porley.

### **\*\* 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 5 January 2010 were taken as read and approved as a correct record.

## **MENTAL HEALTH AND LEARNING DISABILITY SERVICES IN MIDDLESBROUGH**

The Scrutiny Support Officer submitted a report the purpose of which was to introduce local NHS representation to provide an update on the progress of the Roseberry Park development.

Roseberry Park Hospital was a multi-million pound redevelopment of the current St. Luke's Hospital site, which formed a key component of the Tees, Esk and Wear Valleys NHS Foundation Trust's (TEWV) plans to fundamentally modernise the way mental health and learning disability services were provided.

The Chair welcomed the local NHS representatives who outlined current progress on the development of the new Roseberry Park Hospital and how such Inpatient Services fitted into the wider care system as indicated in the briefing note in Appendix 1 of the report submitted.

The new development would provide 312 inpatient beds complete with activity and recreational space. It was noted that half of the bed numbers were in forensic accommodation designed to medium secure standards.

Building work had commenced in January 2008 and despite recent adverse weather a completion date had been programmed for 22 March 2010 following which services would be incrementally moved into their new accommodation in April and May 2010. The current St. Luke's Hospital would then be demolished and landscaped between June 2010 and March 2011.

Roseberry Park had been developed and was being financed using the Private Finance Initiative. Three consortia had been invited to develop proposals and separate design solutions in response to the Trust brief.

The key features of the £75m development were indicated as follows: -

- all bedrooms single and en-suite;
- all patient accommodation at ground floor;
- ready access to safe and secure external courtyards;
- secure by design;
- extensive landscaping around the site;
- improved accessible vocational and therapy space;
- discreet security;
- supporting arts strategy.

Since the development of the original Business case which had been developed using the best evidence at the time with regard to the service model bed configuration and bed capacity reference was made to some significant changes that had affected the demand for and average length of stay in Adult Mental Health Services.

Major factors in such changes had been the establishment of a number of specialist community based mental health teams that had enabled a greater number of people with mental health problems to be supported to receive treatment in their own homes.

In terms of people requiring inpatient care, procedures had been readjusted to improve the assessment and treatment process thus reducing unnecessary waits for treatment and accelerating and aligning the necessary clinical inputs to dramatically reduce the average length of stay. Such changes had significantly reduced the demand for and number of inpatient beds required across the Trust included within the Roseberry Park development.

Following discussion with and agreement by Commissioners the Trust had reduced the number of Adult Mental Health Beds in the development by 20 thus reducing the total number of Adult and Older Persons Mental Health Beds to 126 from 146.

Taking into account best practice which suggested that a community focussed service supporting mothers in their own homes was preferable than inpatient care wherever possible and given the very low usage in recent years of the inpatient beds at St. George's Hospital, Morpeth, it had been agreed with Commissioners not to open the four bedded Mother and Baby Unit as planned but enhance community resources to meet identified need. It was noted that the current Mother and Baby Unit had not been in operation during the last 10 to 12 months. The Trust was currently examining a number of options for the use of the facility identified within the new development.

Conversely, over recent years, the pressure on Forensic Mental Health Services had increased beyond that envisaged by the Trust and the Regional Commissioners. This had resulted owing to an increase in the number of people diverted out of the Criminal Justice System; a decrease in the high secure bed base; and an increase in individuals requiring long term secure care.

To meet the increased demand the Commissioners had agreed that the Trust utilise the accommodation freed up by the reduction of the 20 adult inpatient beds to provide an additional twenty low secure forensic beds.

In response to clarification sought from Members regarding the proposed reduction of Adult and Older Persons Mental Health Beds reference was made to the NHS LEAN principles which had been adopted in achieving savings. Such an exercise had resulted in a changed model but provision of a better service for a patient being assessed and treated and by the same team.

In discussing the changes with particular regard to the reduction in beds and a shift towards more community based services the Panel was advised that such an approach was in accordance with national guidelines. Community based facilities already existed but were to be expanded over a number of years beyond what had been originally envisaged in the Business case.

Whilst supporting the direction for more community based facilities some concerns were expressed as to the level of investment needed to ensure that such services were sufficiently robust and able to cope with demand. It was indicated that there were likely to be initial

difficulties in achieving the right balance and manage the changes from a more generic approach towards having a greater emphasis on specialist mental health teams within the community.

Although the central drive for efficiency savings had resulted in a changed model it was emphasised that there was a wide range of ongoing work carried out at local, regional and at national level to improve current services. Such areas included significant investment in preventative measures for example, Talking Therapies; other long term strategies; improved treatments; more effective medicines; and technical changes.

During discussion regarding the financial arrangements it was noted that whilst significant changes had been made since the original brief there was no additional finance to deliver the mental health services.

In commenting on the measures to reduce the average length of stay in hospital there was a concern that patients may be discharged too early and it may result in an increase in readmissions. Whilst there was no evidence of this occurring it was confirmed that it nevertheless was an area which was monitored on a regular basis.

**AGREED** that the local NHS representatives be thanked for the update and information provided.

### **SCRUTINY REVIEW – IMPLEMENTATION OF RECOMMENDATIONS**

The Scrutiny Support Officer presented a report, which outlined progress achieved in relation to the implementation of agreed Executive actions resulting from the consideration of Scrutiny reports.

The Panel was advised that of the 79 Executive actions, which should have been implemented by November 2009, 74 had been implemented and one partially completed.

NOTED

### **CANCER SCREENING ACROSS THE TEES VALLEY – TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE FINAL REPORT**

In a report of the Scrutiny Support Officer the Panel was advised of the publication of the Tees Valley Health Scrutiny Joint Committee's Final Report into Cancer Screening Services across the Tees Valley.

With reference to the findings of the Joint Committee it was noted that whilst there were a number of challenges to improving take up of cancer screening services across the Tees Valley, Middlesbrough and Hartlepool had areas of particular concern relating to the take up of cancer screening opportunities.

It was suggested that the Chair and Vice-Chair of the Panel meet with various representatives such as the Mayor, Executive Member for Public Health and Sport, Dr Peter Heywood, Locality Director of Public Health (Middlesbrough Council and NHS Middlesbrough) and Prof. Peter Kelly, Executive Director of Public Health, Tees Primary Care Trust in order to assist in identifying measures to increase the take up of cancer screening opportunities.

Members also considered that it would be useful as part of the background information that data was obtained on the mortality rates for Middlesbrough in respect of the different cancers.

**AGREED** that the Chair and Vice-Chair proceed on the basis as outlined and together with the Scrutiny Support Officer report back to a future meeting of the Panel.