

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 11 May 2010.

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

OFFICERS: J Bennington, R Hicks and J Ord.

**** ALSO IN ATTENDANCE:** North East Ambulance Service NHS Trust:
Mark Cotton, Assistant Director of Communities and Engagement
Paul Liversidge, Director of Operations

NHS Middlesbrough:
Martin Phillips, Director of Health Systems Development
Celia Weldon, Director of Corporate Development

South Tees Hospitals NHS Foundation Trust:
Simon Pleydell, Chief Executive

Tees, Esk & Wear Valleys NHS Foundation Trust:
Chris Stanbury.

****APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Carter, Cole and Lancaster.

**** 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 13 April 2010 were taken as read and approved as a correct record.

HEALTH SCRUTINY PANEL WORK PROGRAMME

Further to the meeting of the Panel held on 23 March 2010 the Scrutiny Support Officer submitted a report the purpose of which was to introduce representatives from the local health and social care economy to discuss the Panel's Scrutiny Work Programme 2010/2011.

The representatives highlighted some of the major issues facing their organisation in the next twelve to eighteen months with particular regard to any topics, which would benefit from the attention of the overview and scrutiny.

The report outlined the following suggested topics by NHS Middlesbrough for the Panel to examine; -

- a) the meaning of and method of implementing, the Quality, Innovation, Productivity and Prevention (QIPP) programme and what it means for the commissioning and delivery of local health services;
- b) the development of NHS Middlesbrough's Strategy and specifically the progress of the Strategy Delivery Groups, covering areas such as maternity and newborn, child health, staying healthy, planned care, acute care, long term conditions, mental health and end of life care;
- c) A & E attendances;
- d) Out-patient follow ups and how they are offered and managed;

- e) Community Developments such as Patient-centred Clinically Excellent (PACE), essentially the 'care closer to home' agenda.

In addition to the above the NHS Middlesbrough representatives referred to cancer mortality rates in Middlesbrough which remained at a higher level than other areas in the Tees Valley and elsewhere in the UK. Reference was also made to changes, which had been made since the Primary Care Trust had taken over responsibility of NHS dentistry in 2006 and recent changes to access in the Stockton area.

In terms of the impact on secondary care specific reference was made to the underlying problems of alcohol related admissions to hospital the current level of which was the fourth highest in the UK.

Members and the NHS Middlesbrough representatives discussed in general the overall national financial constraints and in particular how it would respond to the need to make significant savings over the next five years as outlined in the QIPP programme. It was acknowledged that extensive work had been undertaken regionally in this regard but there were significant savings to be achieved overall in the UK. Linked to QIPP 30% management cost savings had to be achieved which may be examined on a regional basis.

In terms of the South Tees Hospitals NHS Foundation Trust it was confirmed that there no growth in funding was likely in the next three years balanced against 3.5% to 4% efficiency reductions which had to be achieved. Investment for new projects would have to be from the existing resource base.

The Panel turned their attention to issues around commissioning and if there was scope for any meaningful scrutiny investigation to assist in making improvements. Reference was made to an external assessment the results of which were expected after 20 May 2010 and a suggestion made for the feedback of such an exercise to be reported to the Panel. Members supported a suggestion by the Acting Director of Social Care to look at joint commissioning and if there was scope to improve current processes with particular regard to intermediate care. The NHS Middlesbrough representatives referred to the eight themes in the Strategy as outlined in (b) above and an indication given of the work of the Delivery Groups for each theme. The need to ensure that the services commissioned were targeted on the areas of greatest need was acknowledged.

The Chief Executive of South Tees Hospitals NHS Foundation Trust commented that it was very much about partnership working. There were clear financial challenges for every public sector and it was important how they worked together and tackled the very difficult financial circumstances. The recent winter period with unprecedented weather conditions had resulted in major investment required in emergency admissions. It was considered essential to have successful joint working and more focussing on the delivery of care closer to home where appropriate.

The North East Ambulance Service NHS Trust (NEAS) representatives commented on important priority developments of community provision such as the current discussions on a regional basis and in particular a pilot project in Durham on the roll out of a three digit telephone number which following a common assessment directs patients to the most appropriate care. Following the completion and evaluation of the pilot scheme Members considered that it would be useful to receive an update on such a project.

Over and above the financial climate specific reference was made to major issues facing the SHT as outlined in the report submitted arising from:-

- i) the NHS Next Steps Review and some regional work that had been carried out in terms of service reconfiguration the first effect of which was likely to see changes affecting children's surgery;
- ii) the ramifications of regional discussions about the designation of major trauma centres, which could potentially affect the Trust;

iii) impact of the developments in radiotherapy;

iv) Patient Experience at James Cook University Hospital and the Care of the Dementing Adult.

In addition, an indication was also given to the following important areas:-

- no growth in funding over the next three and possibly five years balanced against efficiency savings of 3.5% to 5% per annum to be achieved;
- work was progressing on how to achieve more efficiency; reduce waste; identifying more effective ways of working;
- continue to focus on patient safety which had included increased investment in looking after patients confused and reduction in the number of falls; and reduction of Healthcare Associated Infections;
- keeping the local authority informed of proposals and developments as part of the QIPP plan;
- ensure James Cook University Hospital had a pivotal role in providing specialised services in Middlesbrough and the Tees Valley;
- importance of sustaining cancer centre and utilising latest technology in treatment for cancer patients.

In terms of patient safety the Panel was advised that the STHT's National Patient Safety Agency, Patient Environment Action Team assessments 2010 results in environment, food, privacy and dignity results had shown that the Trust had scored 'excellent' in all three categories.

The Panel referred to previous scrutiny investigations undertaken such as the impact of developments at District General Hospital services and Dementia Services and commented on the usefulness of receiving updates when appropriate.

Members' attention was drawn to topics suggested by the Department of Social Care for possible consideration which included:-

- a) impact of the role of Community Matrons in reducing unplanned acute hospital admissions;
- b) to explore what the NHS were doing to improve access to community based therapy services such as speech and language; physiotherapy; and occupational therapy.

In addition reference was also made to important issues around Safeguarding Vulnerable Adults with particular regard to the level of commitment and responsibilities of the multi-agencies involved. The Tees, Esk and Wear Valleys NHS Foundation Trust commented on the difficulties of measuring of what would be termed as a good outcome in terms of mental health patients. Reduce hospital stays and re-admissions together with the patient safety programme were important aspects of the Trust's current work programme.

As previously indicated the Panel reaffirmed their approach to undertaking its scrutiny work programme by continuing with detailed investigations requiring a series of meetings; shorter reviews where appropriate; hosting of seminars on prevailing national policy where appropriate; and to receive progress reports on the implementation of the Panel's previous recommendations, and receive updates on topics of interest and developments of national policy.

AGREED that the Chair and Vice Chair work in conjunction with the Scrutiny Support Officer on the compilation of the Panel's 2010/2011 scrutiny work programme taking into account the consideration of the information provided and suggested topics and outcome of subsequent deliberations at this meeting and that of the 23 March 2010.

CHILDHOOD OBESITY

A copy of the Panel's draft final report in relation to its investigation into Childhood Obesity had been circulated.

AGREED that consideration of the draft final report in respect of Childhood Obesity be deferred to a subsequent meeting of the Health Scrutiny Panel.

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 6 April 2010.

NOTED