

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 25 May 2010.

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

OFFICERS: J Bennington, J Douglas, R Hicks and J Ord.

**** ALSO IN ATTENDANCE:**

NHS Middlesbrough:
Martin Phillips, Director of Health Systems Development

Middlesbrough, Redcar & Cleveland Community Services:
Stephen Childs, Managing Director.

****APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Davison, Junier and Purvis.

**** DECLARATIONS OF INTEREST**

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

**** APPOINTMENT – VICE CHAIR – HEALTH SCRUTINY PANEL**

The Chair sought nominations for the appointment of Vice-Chair of the Health Scrutiny Panel for the Municipal Year 2010/2011.

ORDERED that Councillor Junier be appointed Vice-Chair of the Health Scrutiny Panel for the Municipal Year 2010/2011.

**** MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 11 May 2010 were taken as read and approved as a correct record.

TRANSFORMING COMMUNITY SERVICES

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from the local health and social care economy to discuss a recent policy change in respect of community services.

Reference was made to the meeting held on 5 January 2010 when the Panel had considered a report regarding the intention of Middlesbrough Redcar & Cleveland Community Services (MRCCS) to apply for Community Foundation Trust status.

Members were reminded that the NHS Operating Framework for 2007/2008 instructed Primary Care Trusts to divest themselves of community services provision. The purpose of such action was to ensure that PCTs became exclusively commissioners, with the community services section (often referred to as the provider arm) going through a period of autonomous operation, ahead of becoming a standalone NHS Trust.

The Panel was advised that the local NHS had subsequently indicated that MRCCS would no longer seek to become a Community Foundation Trust and instead would be hosted or placed with an existing Foundation Trust.

In order to assist the Panel in considering the current situation papers had previously been provided from NHS Middlesbrough and the Council's Department of Social Care.

In the report of the NHS Middlesbrough it was confirmed that MRCCS had embarked on the Community Foundation Trust (CFT) Programme in April 2007 and had led the way nationally within the CFT pathway and had operated as an autonomous provider since April 2008.

Since that time, specific reference was made in the report to a number of issues raised in discussion, which had included concerns including public sector financial settlement and pressures on management costs. Concerns had been expressed by the Strategic Health Authority that a relatively small organisation might not be financially sustainable in what was seen as an increasingly competitive and lower resourced environment than had existed previously.

In order to ensure the continued provision of Community Services with a NHS Foundation Trust a means of identifying a preferred partner from local Foundation Trusts had been undertaken. Such a process had been carried out in accordance with an assessment based upon the baseline set out by the Department of Health and the tests set out in the Appendix to the report submitted.

Further to the circulation of the report Martin Phillips, Director of Health Systems Development, NHS Middlesbrough advised the Panel that in view of the recent changes in Government confirmation was awaited from the Secretary of State for Health with regard to the CFT policies. Confirmation was given that the Panel would be kept informed of the situation.

In a report of the Executive Director of Social Care it was confirmed that the Department of Social Care and MRCCS had established an extremely effective working relationship predicted on the compatibility of their respective strategic objectives. Such a working relationship was considered to be critical in ensuring a cohesive and comprehensive approach to service delivery and development, based on a common purpose and a common set of aims and objectives.

The report set out the challenges and opportunities of potential hosts identified at the time of writing the report.

The compatibility of the role and function of an acute trust with the primary aim of Community Services to avoid the need for acute admissions was seen as a challenge given that the core business of an acute trust was providing high quality care predominantly in a hospital setting. Their resources, expertise and organisational structure were focussed on hospital based services. It was considered that acute trusts, by the very nature of their core business, had limited experience of integrated working with social care. Integrated working and integrated service delivery was a key feature of the success of the current relationship between MRCCS and Social Care.

It was considered, however, that the selection of an acute trust as the host organisation for MRCCS also presented opportunities. The model of integrated working across Social Care and MRCCS could be extended across a wider section of the health economy. In terms of patient pathway, it could present significant opportunities to reduce the number of 'hand overs' and provide a more seamless service for patients; ensuring greater continuity of care; and responsibility for the whole patient journey would be less fragmented.

The Panel was advised that the best outcome from a Social Care perspective, would be the selection of a host organisation which had experience and a sound track record in the delivery of integrated, community based services in Middlesbrough, coupled with the motivation and strategic visions to further develop community services in partnership with local people and local organisations. Governance arrangements would clearly and explicitly enable the appropriate level of priority being given to community services.

The action taken by the PCT in actively involving and seeking the views of Social Care at each step of the process was acknowledged.

Members indicated the importance of safeguarding the developments, which had been achieved for a more integrated service and better patient experience. Reference was also made to the importance of sustaining the existing excellent working relationships, which had been developed.

Although it was noted that a decision was awaited from the Secretary of State of Health the Panel considered it beneficial to submit comments to NHS Middlesbrough at this stage on the future organisation of community services in order to inform the decision-making process of the local NHS at the earliest opportunity. Whilst all of the potential hosts were considered to be equally capable the benefits of the South Tees Hospitals NHS Foundation Trust in becoming the host organisation were acknowledged in terms of local knowledge and involvement; very good existing working relationships at Board and Officer level; ability to provide a seamless service; and assisting in preventing admission to hospitals; and better discharge arrangements.

It was noted that given current indications about the role of GPs in terms of commissioning it was considered important that their views be sought on the future direction of community services.

AGREED as follows:-

1. That the information provided be noted.
2. That the Panel receives regular updates from NHS Middlesbrough on the progress of the future organisation of community services.
3. That in consultation with the Chair a letter be forwarded to NHS Middlesbrough outlining the views of the Panel as outlined on the future of community services in Middlesbrough based on the current information available.

REGIONAL HEALTH SCRUTINY

The Scrutiny Support Officer submitted a progress report of a Regional Health Scrutiny project in relation to 'the health of the ex-service community' which included the wellbeing of ex-service families as well as ex-service personnel.

Following significant work on how to adopt the best approach to the topic it was confirmed that three work streams had been identified namely, Physical Health; Mental Health; and Social Wellbeing. It was anticipated that each workstream would act like a Panel with representatives from four local authorities from the North East. The three workstreams would have a lead authority, which would act as Chair for the work and provide the scrutiny officer support to those workstreams.

Middlesbrough Council's Health Scrutiny function had been asked to lead the Physical Health workstream, along with representatives of three other local authorities. Following its investigation a Final Report would be produced which would essentially form a chapter of an overall report into the health needs of the ex-service community, covering all workstreams.

As a first step, scrutiny officers from around the North East had arranged an event on 28 June 2010, where Members would receive initial introductory evidence regarding the health needs of the ex-service community and current activity on the topic. It was noted that Support Officers had been successful in securing a number of high profile national speakers.

AGREED as follows:-

1. That the information provided be noted.
2. That approval in principle be given to the Middlesbrough Health Scrutiny function being involved in the regional health scrutiny project as outlined.
3. That further consideration be given to nominating three Councillors to become involved in the regional work in particular the Physical Health workstream.

ANY OTHER BUSINESS – CHILDREN'S CENTRES

With the approval of the Chair and the Panel reference was made to a response, which had been received to an issue raised by Members at a meeting of the Panel held on 23 March 2010 relating to the extent of responsibility of various organisations in terms of registering births at

Children's Centres. Members had expressed concerns about ensuring that families most in need were able to access services such as Sure Start.

Reference was made to current arrangements whereby health visitors advised parents of newborn children of the range of Children's Centres services and to encourage the family to register with their local Children's Centre.

It was confirmed, however, that there was currently no system or process in place, which would notify Children's Centres of all newborns within the Town.

As part of the emotional well-being and mental health of children and young people within Middlesbrough with particular regard to the pathways to Children's Centre services it had been suggested that a more comprehensive process for notifying Children's Centres of newborns be developed.

Members supported such a course of action and suggested that a letter on behalf of the Panel be forwarded to the Deputy Director, Safeguarding with a view to ascertaining the merits of the Panel seeking information on current practices around notification of birth statistics and the means by which such information could be provided on a more formal basis.

AGREED that in consultation with the Chair and Panel Members a letter be forwarded to the Deputy Director, Safeguarding as outlined.