

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 19 April 2012.

PRESENT: Councillors Junier (Vice-Chair) (In the Chair), Cole, Dryden (part of the meeting), Harvey, Lancaster and Mrs H Pearson and P Purvis.

ALSO IN ATTENDANCE: Councillor Brunton, Chair of Overview and Scrutiny Board

NHS Tees:
J Stamp, Strategic Commissioning Manager for Mental Health

Sanctuary Carr-Gomm:
W Collins, Local Services Manager

South of Tees Clinical Commissioning Group
Dr H J Waters, Interim Chair

South Tees Hospitals NHS Foundation Trust:
Dr D L Broughton, Consultant Medicine for the Elderly
L Carr, Directorate Manager Elderly Care
G Collinson, Deputy Director Service Transformation
J Powers-Jepson, Clinical Matron

Tees, Esk & Wear Valleys NHS Foundation Trust:
D Brown, Director of Operations Tees
S Mayo, Locality Manager.

OFFICERS: J Bennington, J Ord and T Parkinson.

APOLOGIES FOR ABSENCE was submitted on behalf of the Chair, Councillor Dryden who was unavoidably delayed at the commencement of the meeting.

DECLARATIONS OF INTERESTS

There were no declarations of interest made at this point of the meeting.

11/935 **MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 28 March 2012 were submitted and approved as a correct record.

11/936 **CARE OF VULNERABLE PEOPLE IN JAMES COOK UNIVERSITY HOSPITAL**

The Scrutiny Support Officer submitted a report the purpose of which was to introduce a number of senior representatives from various organisations to participate in a roundtable debate about the care of vulnerable older people in James Cook University Hospital (JCUH). The report gave an indication of the different perspectives gained in respect of the scrutiny investigation so far focussing on how the interests of vulnerable older people were protected within the acute hospital environment as well as how services should develop in the future.

In order to assist deliberations the report outlined a number of questions which had previously been circulated to the representatives covering the areas identified by Members.

The Chair referred to evidence previously presented with regard to further developments in relation to service redesign involving commissioners, local authority, mental health, staff from acute and community care to develop pathways of care that would focus on preventing admission, supporting early discharge with rehabilitation and ongoing therapy provided in either a community setting or the patient at home.

The Panel's attention was drawn to the first few questions previously provided which focussed on what an acute hospital such as JCUH needed to do to meet the demands of an ageing population with multiple health requirements especially with regard to current financial constraints.

Whilst the geographical circumstances differed across the areas covered by the STHFT Community Services which included Middlesbrough, Hambleton and Richmondshire, and Redcar and Cleveland the guiding principles of equality of access and outcome remained the same. Locality Teams were being developed together with a Rapid Response Team which was hoped would be in place by October 2012. Work was progressing on a more integrated approach with the health aspects aligned to social care.

The aim of current developments was to ensure that the most suitable use was made of acute and community hospital beds and appropriate and effective support services were in place. Should the direction of demographic changes continue it was considered that such services would need to be more flexible which might result in the need for more staff rather than community hospital beds. In discussing the whole system approach it was pointed out that in terms of the area covered by the North of Tees Clinical Commissioning Group there were no community hospitals.

Specific reference was made to the extra investment provided in relation to training at JCUH with particular regard to the development of a specialised vulnerable older people mental health liaison service.

In response to Members' clarification regarding any concerns about coping with the increasing number of older vulnerable people with complex needs the Panel was advised of systems which were in place and/or being developed further which included specialised officers and screening for mental health issues at the point of admission to JCUH. The focus of systems being developed based on measures put in place at Darlington and Birmingham was on a whole system approach as to how people were treated. A priority for commissioning was to ensure equality of access and choice of support in community services for all.

In discussing changes which had previously been made and those being developed it was acknowledged that any change would be influenced by the political process, organisation and policy changes at a national or local level. It was considered that recent changes to processes had provided more of an opportunity for a wide range of representatives to discuss overall issues but importantly consider the impact on each other and safeguarding against the dismantling of valued services. The local NHS representatives indicated that whilst there always had been partnership working current arrangements provided this to be at a much higher level.

It was indicated that given the financial pressures the STHFT was continuing to focus on joint working and looking at making radical changes in the ways of working in order to increase efficiency, be more creative and increase amount of productivity.

In pursuing improvements with particular regard to community services one of the initial actions for the Trust had been to undertake a mapping exercise of what was available and to measure effectiveness of such services. The sharing of information across relevant organisations and impact on each other was considered to be an important aspect of future working.

In response to Members' concerns regarding the dissemination of important information the STHFT representatives gave an indication of the various means by which information was cascaded amongst sub groups, nursing staff, training programmes and made specific reference to the importance of considering 'patient's stories' at a ward and Board level on a regular basis.

Members' attention was drawn to the closure of wards at JCUH. It was confirmed that three wards would be closing at JCUH in the next financial year for the purpose of refurbishment. Other local representatives referred to the opportunity of assessing people over a shorter

period of time, reducing the number of beds and utilising saved resources into community services.

It was anticipated that improvements which had been made to the dementia service would result in reducing the length of stay in hospital for such patients but only if appropriate and effective support mechanisms were in place to meet the demand of increasing complex needs of vulnerable older people.

AGREED as follows:-

1. That all the representatives be thanked for the information provided and contribution to the deliberations which would be incorporated into the overall review.
2. That a draft Final Report based on the evidence received so far including the issues outlined above be compiled and considered at the next meeting of the Panel.

11/937

ANY QUALIFIED PROVIDER POLICY BRIEFING

In a report of the Scrutiny Support Officer the Panel was advised of a Policy briefing provided by NHS Tees in relation to the Any Qualified Provider (AQP) agenda.

Following a request by the Department of Health to identify three community or mental health services in which to implement patient choice of Any Qualified Provider in 2012 /2013 NHS Tees had identified, Adult Hearing Services, Primary Care Psychological Therapies, and Wheelchair Services.

Following further scoping work and discussions it had been decided not to pursue Wheelchair Services under AQP based on the good service already operating regionally and that a separation of the service would be detrimental to patients.

After examination Lymphoedema Services had been selected by clinical colleagues as the third area for initial implementation of AQP in view of a need for a consistent service for patients, available market, and a revised and improved service specification was already in development for Tees which could be built on to ensure quality and outcomes were strengthened.

AGREED that the information provided be noted.

11/938

ANY OTHER BUSINESS - PRIVATE PATIENTS UNIT

With the agreement of all concerned the Chair and Vice-Chair referred to the potential for acute trusts to develop Private Patients Units.

AGREED that the South Tees Hospitals NHS Foundation Trust be requested to provide a briefing on the Trust's intentions with regard to Private Patients Units.