

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 23 October 2012.

PRESENT: Councillors Dryden (Chair), Councillors Biswas, Harvey, Mawston, Mrs H Pearson and G Purvis.

ALSO IN ATTENDANCE: South Tees Hospitals NHS Foundation Trust:
G Collinson, Deputy Director, Service Transformation
B Stoker, Director Integrated OT Services
B Walker, Assistant Director of Nursing, Community

NHS Tees:
C McEwan, Assistant Director Health Systems.

OFFICERS: J Bennington, J Catron, E Kunonga, J Ord and N Pocklington.

APOLOGIES FOR ABSENCE were submitted on behalf of Councillors Cole, P Purvis and J A Walker (Chair of Children and Learning Scrutiny Panel).

DECLARATIONS OF INTERESTS

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

1 MINUTES-HEALTH SCRUTINY PANEL 13 SEPTEMBER 2012

The minutes of the meeting of the Health Scrutiny Panel held on 13 September 2012 were submitted and approved as a correct record.

2 INTEGRATED CARE - SOUTH TEES HOSPITALS NHS FOUNDATION TRUST

The Scrutiny Support Officer submitted a report the purpose of which was to introduce senior representatives from the South Tees Hospitals NHS Foundation Trust (STHFT) to provide a briefing on Integrated Care.

In April 2011 the community services across Middlesbrough, Redcar and Cleveland and the Hambleton and Richmondshire districts in North Yorkshire transferred to STHFT as part of the government Transforming Community Services policy.

The Panel was advised that over the past 12 months health and social care agencies across the South Tees had worked together as part of an agreed partnership to support the redesign of services to better able support people within the community. Emergency care and reduction in emergency admissions to hospital, particularly for those over the age of 65 were strategic priorities for each Health and Wellbeing Board.

Details were provided of a number of pieces of analysis which had been undertaken to examine the way in which systems were designed to deliver smooth and efficient patient journey. Such work included:-

(a) The TCS work had been formally launched in September 2011 to examine opportunities for improvement and efficiency across the Tees and North Yorkshire healthcare systems;

(b) A Bed Utilisation Review the purpose of which was to quantify how many patients in acute care and community hospitals required an alternative level of care and identify opportunities to restructure current resources to deliver what was required;

(c) Trust commissioned McKinsey's to examine opportunities to improve patient experience and operational efficiency.

The potential impact of such reviews suggested that there were opportunities to release

between 60-200 acute beds across the two hospitals sites to be achieved by the integration with the community services and, on Teesside, by the whole system redesign work being undertaken with the Clinical Commissioning Group (CCG) and local authorities.

The TCS programme continued to make progress towards the vision of care at home or as close to home as possible; equity of access and outcome; integration of core services with social care and specialist community services with acute services.

The Panel was advised that the TCS programme board which had representatives from across the health and social sector was now meeting monthly to monitor progress of all TCS projects and act as a problem solving forum to support the transformational change process. Such projects included:

Realignment of community nursing teams to support locality team development;
Redesign of community therapy;
Strategic service model for a rapid response team;
Development of the medical model to support virtual ward;
Dementia workstream commenced.

The report detailed other areas of work including an extensive range of work being undertaken as part of the Improving patient pathway work which was very interdependent and together would support the overall objectives of the programme in improving patient flow and reducing/reallocating the bedbase.

Members acknowledged the ongoing work but were keen to seek assurances that the joint working arrangements in place ensured that patients not admitted to hospital received the most appropriate treatment to their needs in the correct manner and in the right place.

It was recognised that the CCG and other agencies were working on a whole system approach in a very difficult challenging time making best use of limited resources but at the same time taking into account demographic changes and increased needs of an ageing population.

RECOMMENDED that the representatives be thanked for the information provided.

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CHILDREN WITH COMPLEX NEEDS-INITIAL BRIEFING

The Scrutiny Support Officer submitted a report the purpose of which was to introduce Officers from the Council and NHS Tees to provide an initial briefing on the topic of Children with Complex Needs by way of introduction to understanding the future pressures in terms of costs and capacity the service was likely to face.

From the outset it was recognised that there were different interpretations of what constituted 'children with complex needs'. The definition provided by the Department of Education was reported as 'such children have a number of discrete needs that require additional support from more than one agency. Their needs are often chronic and may be lifelong. Different needs tend to interact, exacerbating their impact on the child's development and wellbeing.'

In order to assist deliberations a series of questions had been prepared as outlined in the report and circulated to the representatives prior to the meeting.

Officers gave an indication of the legislative background and wider interpretations of what constituted 'children with complex needs' but of overriding importance was the need to ensure that a good service was provided no matter what the definition.

In terms of determining the approximate number of children with complex needs in Middlesbrough it was pointed out that this was a difficult exercise given the different professions involved and various definitions. Of crucial importance was that the various organisations were working well together. Reference was made however to problems around autism and finding the appropriate services and impact of ever reducing resources and grant funding for agencies.

Once again difficulties in terms of the definition impacted on giving precise details of current spending given the various care packages and case mixes. Members considered it beneficial if there was a clearer picture of case numbers, areas of responsibility and respective expenditure.

In discussing potential areas of concern and requiring future attention a range of issues were highlighted which included the following:

Reduced budgets and uncertainty around health funding;
Meeting appropriate housing needs;
Increasing number of children with complex needs and at an earlier age together with a higher level of complexities often requiring 24 hour care;
Advances in medical science;
Low take-up of immunisations
Increasing number of babies born weighing less than 5lbs;
Develop joint working arrangements further and avoid areas of duplication.

In terms of future work for the Panel it was suggested that details of a particular case study could be provided in order for Members to gain a better understanding of the issues involved.

RECOMMENDED as follows:-

1. That the representatives be thanked for the information provided.
2. That the Chair and Vice Chair together with the Scrutiny Support Officer compile draft terms of reference for the scrutiny investigation for consideration by the Panel.