

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 7 November 2013.

PRESENT: Councillors Dryden (Chair), Cole, Junier and P Purvis.

PRESENT BY INVITATION: Councillor Brunton, Chair of Overview and Scrutiny Board.

OFFICERS: J Bennington and E Pout.

APOLOGIES FOR ABSENCE were submitted on behalf of Councillors Biswas, S Khan, McPartland and Mrs H Pearson.

DECLARATIONS OF INTERESTS

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

1 MINUTES- HEALTH SCRUTINY PANEL 17 OCTOBER 2013

The minutes of the meeting of the Health Scrutiny Panel held on 17 October 2013 were submitted and approved as a correct record.

2 INTRODUCTION AND OVERVIEW OF NEW SCRUTINY TOPIC - MENTAL HEALTH SERVICES CAPACITY

The Scrutiny Support Officer submitted an introductory report on the Panel's new scrutiny topic of Mental Health Services Capacity. In recent years there had been a move away from institutionalised care, reducing the stay of patients and preventing people from becoming patients in the first place and a move towards keeping people well in their community. The Panel was keen to establish if the policy had delivered better patient outcomes and efficiency savings, and whether such a policy remained the best way forward for the challenges faced by current Mental Health services.

The Chair welcomed David Brown, Director of Operations from the Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) who gave an overview of current Mental Health Services the key features of which were outlined in a briefing paper circulated to the Panel.

Statistical information was provided which demonstrated bed reductions that had taken place since 2007 for adults of working age and older people in relation to the wards covering Middlesbrough population, shared with Redcar and Cleveland for adults and Stockton and Redcar and Cleveland for older people. As previously reported to the Panel reference was made to the international and national policy to reduce use of beds to a minimum based on the evidence that this provided the best outcomes for patients as well as a better experience. The requirement for all potential admissions to have been assessed by the Crisis Home Treatment services was confirmed.

It was acknowledged that the cost reductions achieved through bed closures had largely, but not entirely, contributed towards the requirement to achieve approximately £10 million savings during the period 2006-2013. Confirmation was given that TEWV's services currently had the lowest reference costs in the UK.

It was confirmed that commissioners in Tees had maintained a ring fenced budget for mental health and learning disability services and there had been investment in children and young people's services, liaison psychiatry and Improved Access to Psychological Therapies (IAPT). Some of the services where there had been investment from the mental health and learning disability budget were not provided by TEWV, for example, the IAPT services were now provided through Any Qualified Provider for which there were six organisations on Teesside.

The Panel was advised that there were no individual outcome measures collected consistently in the past so assessing whether the policy of service reconfiguration had delivered better

patient outcome would be difficult to establish using captured data for Middlesbrough.

It was considered that the costs of the new build at Roseberry Park and the revenue costs associated with the capital investment could not be compared with the costs incurred at the former St. Luke's.

It was stated that adult bed capacity was more of an issue for the services in TEWV than MHSOP and had a higher profile nationally. Statistical information was provided in table 2 of the report submitted which showed that over the last 12 months there had been 226 total admissions and of patients whose length of stay exceeded 90 days was reported as 2 and 24 in the last 12 months.

Unlike other areas in the UK confirmation was given that no patients had been sent outside the TEWV area in the last two years. Thirteen patients had gone to Durham and Darlington in the last 12 months of which four had to go outside Teesside for reasons such as being a staff member or a relative of a staff member or an employee in an organisation working with services at Roseberry Park.

Current arrangements provided wherever a patient was admitted Middlesbrough Community Health teams would liaise with the ward or unit to ensure that discharge arrangements followed TEWV policies and procedures and were effected as quickly and as safely as possible. It was also explained that attempts were made to return patients to the area where they lived if considered appropriate and safe. Similarly patients who were accommodated on wards at Roseberry Park from outside the area had contact from their community teams to maintain adherence to TEWV's Purposeful Inpatient Admission (PIPA) standards.

3 OVERVIEW AND SCRUTINY BOARD 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 15 October 2013.

NOTED

Following clarification sought from Members it was confirmed that the wards at Roseberry Park were divided male and female but that arrangements could be made for beds in the middle area to be used should one area have full capacity.

In commenting on variances to hospital admission it was acknowledged that in some cases thresholds may be different in managing risk especially with regard to cases involving risk of self-harm.

The Panel was keen to seek evidence as to the success of current policies in terms of patient outcomes. Whilst it was recognised that there was still further work to be undertaken with regard to community based services it was considered that in overall terms a much improved situation had been achieved over the last five years. Fewer patients had been admitted to hospital and generally a shorter length of stay experienced by those patients who required to be admitted. As previously reported to the Panel there was improved access to Talking Therapies and Crisis and Home Treatment.

The financial constraints of both the Council and TEWV were acknowledged and concern at the potential impact of efficiency savings which may result in changes to current delivery of services in order to meet required statutory responsibilities.

Reference was made to other areas of concern which included the potential impact of welfare reform and increasing alcohol related problems.

AGREED as follows:-

1. That David Brown be thanked for the information provided which would be incorporated into the overall review.
2. That following consultation with the Chair the draft terms of reference for the review be compiled for the Panel's consideration.
- 3, That as part of its review the Panel seeks further information from the voluntary and community sector from a service user perspective, gain a perspective of the Acute Trust and also information regarding certain services such as Talking Therapies.