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**HEALTH SCRUTINY PANEL**

A meeting of the Health Scrutiny Panel was held on 27 February 2018.

**PRESENT:** Councillors E Dryden (Chair), Brady, Hellaoui, L McGloin and M Walters.

**APOLOGIES:** Councillor Biswas, McGee and Hobson.

**ALSO IN**

**ATTENDANCE:** Caroline Breheny - Democratic Services Officer  
Judith Brown - Parent / Carer Representative - Bankfields  
Simon Wall – Ongoing Intervention Team Manager  
Kathryn Warnock - South Tees Integration Manager

**1. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**2. MINUTES - HEALTH SCRUTINY PANEL – 30 JANUARY 2018**

The minutes of the Health Scrutiny Panel meeting held on 30 January would be submitted to the panel's March meeting.

**3. SOUTH TEES JOINT HEALTH AND WELL BEING BOARD**

The South Tees Integration Manager was in attendance at the meeting to present to the panel a proposal on the establishment a South Tees Health and Wellbeing Board.

The panel was advised that Health and Wellbeing boards were established in April 2013 as part of the Health and Social Care Act 2012. Since then Health and Well-Being boards had taken on additional responsibilities such as the Better Care Fund (BCF) and the Improved Better Care Fund (iBCF), including the requirement to develop an integrated vision on the integration of health and social care.

In establishing a single Health and Wellbeing Board there were opportunities to build on the joint working between the two local authorities that was already underway. This included the following:

- a. Joint public health service,
- b. Single Point of Access,
- c. Joint arrangement for managing the Better Care Fund,
- d. South Tees Integration Executive and the agreed work streams,
- e. South Tees Transformation Chief Executives,
- f. Sports England Local Delivery Pilot.

It was explained that the vision for the South Tees Health and Wellbeing board was to: Empower the citizens of South Tees to live longer and healthier lives. With a focus on the following key themes:

- a. Inequalities - Addressing the underlying causes of inequalities across the local communities,
- b. Integration and Collaboration - across planning, commissioning and service delivery,
- c. Information and Data – data sharing, shared evidence, community information, and information given to people.

It was proposed that the initial single Health and Wellbeing Board membership would be as follows:

- Leader of Redcar & Cleveland Council,
- Mayor of Middlesbrough Council,

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- Chief Executive Middlesbrough Council,
  - Chief Executive Redcar & Cleveland Council,
  - 3 Executive Members from Middlesbrough Council,
  - 3 Cabinet Members from Redcar & Cleveland Council,
  - Nominated Elected Member from Middlesbrough Council,
  - Nominated Elected Member from Redcar & Cleveland Council,
  - Chair of NHS South Tees Clinical Commissioning Group (STCCG),
  - Chief Officer NHS South Tees Clinical Commissioning Group (STCCG),
  - Director Adult Social Care and Health Integration for Middlesbrough,
  - Corporate Director for Adults and Communities for Redcar & Cleveland,
  - Executive Director of Children's Services for Middlesbrough,
  - Corporate Director of Children's Services for Redcar & Cleveland,
  - Director of Public Health for Middlesbrough and Redcar & Cleveland,
  - Senior representative of the local HealthWatch,
  - Chief Executive of South Tees Hospitals NHS Foundation Trust (STHFT),
  - Chief Executive of Tees, Esk and Wear Valley NHS Foundation Trust (TEWV),
  - Senior representative on behalf of Middlesbrough and Redcar Voluntary Development Agencies,
  - Senior leader on behalf of Coast & Country Housing and Thirteen Housing Group,
  - Chief Constable Cleveland Police,
  - Chief Fire Officer Cleveland Fire Service

The draft terms of reference for the Single Health and Wellbeing Board were attached at Appendix 1.

The panel was informed that in order to support the Board in the delivery of its priorities it was a Joint Health and Well Being Executive was to be established. This would build on the current Redcar and Cleveland Health and Wellbeing Executive and the South Tees Integration Executive Group arrangements.

It was explained that the joint Health and Wellbeing Executive would oversee and ensure the progress and implementation of the Board's work programme and create opportunities for the single Health and Wellbeing Board to focus on its priorities. The joint Health and Wellbeing Executive would:-

- a. Be responsible for establishing appropriate task and finish groups where necessary to deliver key programmes of work. This would reflect the fluid and changing nature of priorities and ensure that the right people and organisations were involved in relevant pieces of work.
- b. Progress a number of statutory functions on behalf of the Single Health and Wellbeing Board such as:-
  - Refresh of the Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment,
  - Approval of Better Care Fund plans and monitoring returns,
  - Note CCG Operational Plan/ Annual Report,
  - Receipt of Health Protection Assurance Report,
  - Receipt of HealthWatch updates and reports,
  - Liaise with scrutiny on work programmes and progressing scrutiny recommendations,
  - Respond to adhoc requests for health and wellbeing responses

During the discussion that followed Members raised the following issues:

- The point was made that there needed to be wider community engagement to ensure that the authentic voice of local communities was captured, rather than simply using the engagement mechanisms already in place.
- Members questioned where the responsibility lay for reaching a judgment on whether effective engagement had taken place.

- The view was expressed that community safety remained a real issue and further clarification was sought on the terminology 'resilient communities'.

**AGREED** that the establishment of the South Tees Health and Wellbeing Board be noted and issues raised responded to by the South Tees Integration Manager.

#### 4. **DRAFT FINAL REPORT – BREAST RADIOLOGY SERVICES**

The Democratic Services Officer advised that unfortunately the information requested from South Tees CCG in respect of the Breast Radiology Services report had yet to be received.

**AGREED** as follows:-

1. That the item be deferred and the following information be again requested from South Tees CCG for inclusion in the panel's Final Report: -
  - a) *2ww cancer waiting times performance [suspected cancer] April 2016 to present day* showing numbers of South Tees CCG patients (per month i.e. 320/322 alongside the %) attending North Tees and Hartlepool NHS Foundation Trust for diagnosis.
  - b) Number of above patients requiring treatment, how many received their first / subsequent treatment at North Tees University Hospital? How many received their first / subsequent treatment at James Cook University Hospital?
  - c) The number / percentages of the above cohorts receiving treatment in 31, 62 days.
  - d) *2ww cancer waiting times performance [systematic] –\_number of patients requiring treatment*, how many received their first / subsequent treatment at North Tees University Hospital? How many received their first / subsequent treatment at James Cook University Hospital?
  - e) The number / percentages of the above cohorts receiving treatment in 31, 62 days.
2. That the report be resubmitted to the next meeting of the panel with the above data included.

#### 5. **RESPIRE OPPORTUNITIES AND SHORT BREAKS JOINT HEALTH SCRUTINY COMMITTEE**

The Chair made reference to the work undertaken by the Respite Opportunities and Short Breaks Joint Health Scrutiny Committee in respect of South Tees and HaST CCGs' current consultation on the future of respite provision for people with learning disabilities, complex needs and autism.

The panel was reminded that a meeting of the Joint OSC had been held on 5 February in Stockton. At that meeting the CCG's provided an update on the decision taken at the CCG's Governing Body in Common meeting, held on 1 February 2018. The CCG's had taken the decision to progress to implementation Option 2. Other changes to make the service more equitable for people with a learning disability included:

- Changing the assessment and allocations process, making it more needs led;
- Offering more choice and improved focus on the needs of people with a learning disability and their carers and families;
- Buying flexible community-based respite services and clinically-led outreach support services so that people with a learning disability could choose from a range of respite activities with the appropriate support they needed.

In light of the CCG's decision to introduce changes to respite services for adults (18+) with a learning disability, complex needs and autism each local authority now needed to consider its position in respect of next steps in the process.

Following the information discussed at today's meeting the panel would need to determine any outstanding concerns the local authority had in relation to the decision made, whether the local authority would be minded to make a referral if those concerns could not be resolved and

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on what basis a referral would likely be made. During the negotiation period consideration would also need to be given to possible concessions that could be made to help deliver the best possible outcomes for all parties.

In order to assist the panel's discussion and as requested at the last meeting a representative from Adult Social Care, as well as a Parent / Carer Representative from Bankfields was in attendance.

During discussion the following points were raised:-

- The panel was concerned that a decision had been made even though there were no firm proposals for any alternative respite provision. The CCG's had advised that there was capacity and capability in the market to support varied respite options yet such provision remained untested. Throughout the consultation period no current or potential future providers of flexible community based respite in the region had been identified for the panel / Joint OSC and no visits or detailed information had been presented. The decision provided no certainty in respect of future respite provision. Adult Social Care had also advised that there was a lack of learning disabilities nursing provision within the independent sector locally, which presented a real risk to future service provision.
- The panel was concerned that the decision would have a detrimental impact on the future provision of bed based respite at Bankfields and Aysgarth. It was the panel's view that a reduction in funding for this provision would impact on the NHS and future sustainability of service provision on both sites. Costs to deliver the service over both the short/longer term needed to be met in order to sustain the service.
- The panel remained concerned that although a financial envelope of £1.5m had been identified for future respite provision it was not possible to state that the future needs of those eligible to receive health funded respite would not exceed that financial allocation. Further consideration was needed on this matter given that the new assessment criteria has yet to be developed or approved.
- In terms of the consultation, the panel was of the view that although the CCG had undertaken a consultation the views expressed by parents / carers / the Joint OSC and local politicians in response to that consultation had not been fully taken into account.
- In terms of safeguarding the panel was not satisfied that its concerns had been addressed. The latest CQC inspection (2015) of Bankfields and Aysgarth highlighted that in terms of safety the offer provided at both facilities was outstanding. The CQC defined safe as being protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse and avoidable harm. It was the panel's view that it would not be possible for the CCG's to commission community based respite, which matched the current standard of respite care at Bankfields and Aysgarth. By reducing bed based respite at Bankfields and Aysgarth those currently in receipt of the service would be faced with a choice of either accepting lower quality care or declining the alternative provision.
- Qualified staffing remained a key concern and at present all medication at Bankfields and Aysgarth was administered by a qualified NHS nurse. NHS nurses at these facilities had also undertaken advanced qualifications in, for example, Autism and were experts / specialists in their field. The panel was of the view that this level of specialism would not be replicated in the provision of community based respite, at a time when it was recognised nationally that there had been a 'catastrophic decline' in specialist LD nurses. This had implications for both the health and well-being of people with learning disabilities and the skills, experience and future resilience of the local health service.
- Mencap had highlighted renewed concerns recently (February 2018) that nationally up to 3 people with learning disabilities die from avoidable deaths in hospital every day in the UK. One of the reasons given is the lack of specialist LD knowledge amongst the medical profession. It was clear that the presence of NHS nurses at all times at Bankfields and

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Aysgarth provides carers and family members with the confidence that those caring for their loved ones were appropriately trained and had developed the necessary skills and experience to care for people with severe and profound needs. The panel was concerned that if the provision of care at our specialist respite centres was reduced the risks to those with the most profound and severe needs would be increased.

- The panel had concerns that staff employed in the delivery of community based respite may not be qualified in the administration of medication, epilepsy rescue, challenging behaviour (aggression / psychosis), hoisting, hygiene, nappies and toileting, feeding tubes and fluids and the delivery of severe and profound care. Questions were also raised as to whether providers of community based respite would be required to demonstrate knowledge of and experience in the Mental Capacity Act 2005, Deprivation of Liberty Safeguards, use of ligature risk assessments, observation policies and restraint care plans, as well as other appropriate safeguarding measures.
- It was the panel's understanding that the way individuals would be assessed in the future would mean that there would be less eligibility for health based respite. This could result in increased costs to the local authority and needed to be considered.
- The panel was concerned that the number of bed based respite nights people currently receive at Bankfields and Aysgarth was to be reduced. It was the panel's understanding that there was no option within the proposal for those who wished to use all of their allocated entitlement at Bankfields and Aysgarth. Within the proposals Option 2 stated that choice would be improved and bed based respite at Bankfields and Aysgarth would be retained. However, current service users who wished to continue to solely access bed based respite at Bankfields and Aysgarth appeared unable to exercise that choice.
- The consultation findings highlighted that overnight bed based respite was considered the most important element of respite care by carers from the list of possible flexible community based respite services offered. Parents / carers advised, in response to the consultation, that at home support was not viewed as 'respite'. The panel was of the view that home support should be removed from the menu of options.

**AGREED** that the panel was unanimous in its decision that there were grounds for making a referral to the Secretary of State, if the concerns outlined above could not be resolved with the CCG's. The referral would be submitted on the basis that the Health Scrutiny panel was not satisfied with the adequacy of the content of the consultation and considered that the proposals would not be in the interests of the health service in our area.

## 6. **OVERVIEW AND SCRUTINY BOARD UPDATE**

The panel received a verbal update from the Chair in relation to matters considered by the Overview and Scrutiny Board on 16 January and 20 February 2018.