

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 9 July 2019.

PRESENT: Councillors J McTigue (Chair), D P Coupe (Vice Chair), A Hellaoui, J Platt, D Rooney, M Storey and P Storey.

PRESENT AS OBSERVERS: Councillor T Higgins

ALSO IN ATTENDANCE: Craig Blair, Director of Strategic Planning and Performance, STCCG
Ruth Hill, Chief Operating Officer, TEWV
Michael Houghton, Director of Commissioning, Strategy and Delivery, Southern Collaborative
Dominic Gardener, Director of Operations, TEWV
Elizabeth Moody, Director of Nursing and Governance, TEWV

OFFICERS: Caroline Breheny - Democratic Services Officer
Edward Kunonga - Joint Director of Public Health and Public Protection
Erik Scollay - Executive Director Adult Social Care and Health Integration
Ann Marie Wilson - Principal Solicitor

APOLOGIES FOR ABSENCE Councillor J Rathmell and Councillor R M Sands. .

DECLARATIONS OF INTERESTS

There were no declarations of interest.

1 MINUTES - HEALTH SCRUTINY PANEL - 11 JUNE 2019

The minutes of the Health Scrutiny Panel meeting held on 9 July 2019 were approved as a correct record.

2 WEST LANE HOSPITAL - UPDATE

The Chief Operating Officer, Deputy Chief Executive / Director of Nursing & Director of Operations for Teesside at TEWV NHS FT were in attendance to provide an update to the panel.

The Democratic Services Officer advised that TEWV had been requested to provide an update in respect of the following :-

- An update on the current position;
- An indication of the steps that now needed to be taken by TEWV;
- Statistics in relation to the number of young people in Middlesbrough in receipt of care at West Lane;
- The alternative options available for any young person in Middlesbrough currently requiring an in-patient admission;
- The impact for parent / carers in terms of travel; and
- Anticipated timescales for addressing current issues.

In terms of background, the Chief Operating Officer stated that she was aware that an update had been provided at the panel's March meeting, following staff suspensions earlier in the year. Those staff had since been through the appropriate HR disciplinary procedures and that process had now concluded.

From 20th to 24th June 2019, the CQC had undertaken an unannounced inspection across TEWV's Child, Adolescent and Mental Health Services (CAMHS) inpatient care and the Trust was currently awaiting publication of that inspection. However, during the inspection a number of concerns were raised and the CQC had issued a notice of decision to the Trust. The notice highlighted the need for immediate / urgent action in relation to staffing, risk assessment and

recording of observations. Any further inpatient admissions had also been suspended. The Trust had been given seven days to prepare a plan to address those issues. In the interim, alternative placements would be sought for any young person requiring an inpatient admission.

In terms of the number of young people in receipt of care at West Lane, it was explained that since January 2019 60 young people had been admitted to the unit. 14 of those admissions had been from the Teesside area, 11 children (3 readmission) including 4 young people from Middlesbrough.

The nearest alternative provider was Northumberland Tyne & Wear (NTW) NHS FT with a CAMHS inpatient unit in Prudhoe. It was explained that, currently there was also a specialist eating disorder unit on site at West Lane, which was a very specialist service. Therefore, the TEWV was currently looking at providing support to NTW NHS FT in respect of those admissions, as the nearest alternative provider was in Sheffield.

Members were provided with the opportunity to ask questions of the Trust and the following issues and responses were provided.

It was queried as to whether the Trust had any idea in terms of timescales as to when admissions would resume. It was advised that there was no definitive timescale, but the Trust was working very hard to put the necessary actions in place. In terms of process the CQC would need to lift the conditions if it felt the concerns raised during the unannounced inspection had been addressed. The Trust could also invite the CQC if it felt all of the concerns raised had been resolved. It was confirmed that the Trust was working to as short a timescale as possible.

In terms of education it was questioned whether the Trust provided specialist education provision on site. It was explained that it was certainly an aspect the Trust focused on. The Trust also ensured it retained a connection with the child's normal education provider.

A member of the panel expressed the view that there had been a series of ongoing issues at the unit. A Member enquired whether reassurances could be offered to the panel that the Trust now had a grasp of the whole situation, with the right people working on it. The Trust advised that it needed to be very clear on the model of care it offered. It was not just about the care provided in the unit, but also the community.

In terms of West Lane, additional advice and expertise had been sought. An external review had been undertaken and there was continued oversight of the cases the Trust was delivering.

The panel expressed concerns that, for the families involved, the current circumstances were naturally anxiety provoking. If young people were admitted to units in Sheffield and Prudhoe there would also be financial implications. The Trust advised that it was working with families to assist in any way possible, as maintaining family links was critical.

AGREED that a further update be provided to the panel's September meeting to report on progress to date.

3 **BREAST RADIOLOGY DIAGNOSTIC SERVICES IN SOUTH TEES**

The Director of Commissioning, Strategy and Delivery and the Director of Planning, Performance and Business Strategy at South Tees Clinical Commissioning Group (STCCG) were in attendance to provide an update to the panel.

The Director of Commissioning, Strategy and Delivery advised that the breast diagnostic (symptomatic) services sat within the wider programme of the Integrated Care Partnership (ICP). The aim of the ICP was to develop a clinical strategy with the aim of achieving and sustaining high-quality health care provided across the Darlington, Durham, Dales, Easington, Sedgfield, Tees and Hambleton, Richmondshire and Whitby areas.

Currently the facilities in scope for the ICP (Breast Symptomatic) review included Darlington Hospital, Hartlepool Hospital, James Cook Hospital, North Tees Hospital and University Hospital of North Durham.

The facilities and services out of scope of the ICP review included the national screening programme (commissioned by NHS England) and the screening services at the Friarage Hospital (provided by York Teaching Hospital NHS Foundation Trust).

The ICP's focus was to stabilise and sustain vulnerable services. It was emphasised that the commissioners and providers would be working collaboratively to maintain local access to services as far as possible, deliver out of hospital care and ensure the sustainability of safe clinical services that met the needs of the population.

In terms of the process for change, it was explained that there would be engagement with stakeholders, preparation and undertaking of public consultation, evaluation of consultation and mobilisation. It was stated that the engagement exercise would commence in September and would involve gathering the views of interested parties including patients, the public and scrutiny.

In terms of the work being undertaken by the task and finish group (the group included clinicians from NT NHS FT, ST NHS FT and STCCG), an evaluation was being undertaken to understand the current workforce needs, capacity and demand requirements to help develop possible service options.

Some of the data used in the recent review was now out-of-date and needed to be revisited. The aim of the current work was to define the optimal service configuration of breast symptomatic services to outline potential options for safe care delivery. There was also a need to refine workforce planning opportunities to minimise the difficulties in recruiting to posts e.g. Radiologists.

The panel was provided with the opportunity to ask questions of the representatives in attendance.

During discussion the following points were raised :-

- In addition to groups outside of the statutory framework it was advised that the CCG would pull together a stakeholder map. The map would include local community groups including breast support groups. It was emphasised that there was no definitive list and that would evolve as the process progressed.
- In terms of workforce and the difficulty in recruiting Radiologists, it was emphasised that every conceivable option was being explored. There was also a recognised need to make the area of work more attractive. Currently, from a Radiologists perspective, other areas of work were more attractive than breast radiology given the more interventional, technical nature of the work involved.
- In response to a query, it was advised that financial incentives to attract Radiologists were ineffective and served only to push up the market rate.
- In terms of the current work being undertaken, it was emphasised that the key difference was that a number of different Trusts were now involved. That effectively increased the viable options available as there were more Radiologists employed across the wider patch.

The panel expressed the view that it was very disappointed that the CCG and the Trusts had not already reached a point where a formal consultation could be undertaken, given the length of time the issue had been on scrutiny's agenda.

The Director of Commissioning, Strategy and Delivery acknowledged the panel's concerns and apologised that the engagement and preparation for consultation work had not already been undertaken.

AGREED that the CCG, ST NHS FT and NT NHS FT be invited to attend the panel's next meeting to provide further information on the work undertaken.

4 REGIONAL JOINT HEALTH OSC – UPDATE

The Democratic Services Officer provided an update in respect of the following regional meetings:-

- Durham, Darlington, Teesside, Hambleton, Richmond & Whitby (DDTHRW) STP Joint Scrutiny meeting held in Durham on 12 June 2019.
- Tees Valley Joint Health Scrutiny Committee held in Hartlepool on 17 June 2019.

It was also advised that the South Tees Joint Health Scrutiny Committee would be held in Middlesbrough on 13 September 2019. A full briefing on the proposed CCG merger would be provided at the meeting.

NOTED

5 HEALTH SCRUTINY PANEL 2019-20 WORK PROGRAMME

The panel considered the report presented, and suggestions put forward, in respect of the work programme review topics for 2019-20.

AGREED that the following work programme topics be put forward for approval by OSB:

- Ehlers-Danlos Syndrome / Hypermobility Spectrum Disorders;
- Opioid dependency; and
- Children's Oral Health