

SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE

A meeting of the South Tees Health Scrutiny Joint Committee was held on 19 January 2011.

PRESENT: Middlesbrough Council:
Councillors Cole, Dryden, Elder, Lancaster and P Rogers.

Redcar & Cleveland Council:
Councillors Hensby and Mrs Wall (Chair).

OFFICERS: J Bennington and J Ord (Middlesbrough Council) and M Ameen (Redcar & Cleveland Council).

****PRESENT BY INVITATION:** Jill Moulton, Director of Planning, South Tees Hospitals NHS Foundation Trust
Jackie White, Assistant Director Corporate Affairs, TCS Project Lead, NHS Tees
Tanya Newton, Compliance Inspector, Care Quality Commission
Cathy Winn, Compliance Inspector, Care Quality Commission.

****AN APOLOGY FOR ABSENCE** was submitted on behalf of Councillor Cooney (Redcar & Cleveland Council).

** DECLARATIONS OF INTEREST

Name of Member	Type of Interest	Item / Nature of Interest
Councillor Mrs Wall	Personal/Non Prejudicial	Any matters arising relating to North East Ambulance Service NHS Trust – relative of a number of employees.
Councillor Elder	Personal/Non Prejudicial	Agenda Item 4 – Transforming Community Services and Agenda Item 5 - Care Quality Commission – Member of the South Tees Hospitals NHS Foundation Trust.

** MINUTES

The minutes of the meeting of the South Tees Health Scrutiny Joint Committee held on 20 October 2010 were submitted and approved as a correct record.

TRANSFORMING OF COMMUNITY SERVICES

Further to the meeting of the Joint Committee held on 20 October 2010 the Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from NHS Tees and South Tees Hospitals NHS Foundation Trust to provide a briefing on the progress of the Transforming Community Services agenda.

Jackie White, Assistant Director Corporate Affairs, TCS Project Lead, NHS Tees amplified the main areas of progress details of which were also outlined in a briefing paper previously circulated.

It was confirmed that a joint in-committee meeting of the Board of NHS Middlesbrough and NHS Redcar & Cleveland in September 2010, it had been agreed to transfer MRCCS to South Tees

Hospitals NHS Foundation Trust for a hosting period of three years. The Strategic Health Authority and the Department of Health had subsequently approved the decision.

A Steering Group the membership of which included a wide range of stakeholders had overseen such a project. One of the main aims of the Group was to ensure that decisions were taken which moved forward the development of community services and that MRCCS remained a successful and highly performing organisation.

The Steering Group was supported by a Project Oversight Group the membership of which included the lead directors and senior managers from STHFT, MRCCS and the PCTs, supported by the following eight workstreams: -

- Service Definition and Operational requirements;
- Contract Group;
- Clinical Governance and Risk Management;
- Finance;
- Estates;
- IM & T;
- Communications;
- Human Resources.

It was noted that the transfer of MRCCS must be referred to the Co-operation and Competition Panel to ensure that the proposed merge met the principles and rules, which the Panel had established. A separate submission for the transfer of primary medical services (PMS and APMS contract) had been made to the CCP.

The Joint Committee was advised that Due Diligence was well underway within South Tees NHS Foundation Trust, enabling them to highlight any specific issues or risks and how to mitigate them with the Board And Monitor.

The Business Transfer Agreement had been drafted taking into account the requirements of the PCT as set out in the Provider Information Portfolio and the subsequent Strategic Outline Case from STHFT.

A Communication and Engagement Plan had also been drafted and work was well underway with engagement activities including employment consultation for TUPE.

The Trust had developed a management and governance structure for community services, which would be the subject of further discussion by the Committee.

Work on scoping the use of premises and developing licences for use of the Estate, which would be retained by the PCTs, was ongoing.

It was confirmed that the project was in line with the timetable previously outlined and would be completed by 31 March 2011 although it was noted that one element might be delayed in respect of the transfer of the primary medical services owing to the CCP assessment and timescales.

In response to a question from a Member regarding consultation with staff it was confirmed that the staff had shown they were very supportive to the proposals and no adverse comments had been received.

Jill Moulton, Director of Planning, South Tees Hospitals NHS Foundation Trust gave an indication of the proposed management and governance arrangements. It was confirmed that the management of Community Services would be an integral part of the Trust's management structure a diagram of which was circulated at the meeting. Reference was made to the formal management groups comprising of clinical leads and corporate leads divided into Divisions and Directorates. It was intended to keep community services together and managed within a Division in the overall management structure. The corporate functions of the service would form part of the Trust's corporate mechanisms.

Reference was made to the existing management board of MRCCS and proposals to continue the involvement of such representatives such as the Council's Social Care representatives and non-executive director representation throughout the transitional period. It was intended to have both existing representation from the organisation and from within the Trust in order to assist with the transition.

Reference was made to the current services of MRCCS, which included many allied health professionals. The Panel was advised of ongoing discussions with staff and the intention that the management of such staff could be alongside staff in the Trust who were undertaking similar work.

In response to Members' clarification sought on issues of resources the Joint Committee was advised of ongoing negotiations with two Primary Care Trusts to ensure that there would be adequate resources to be used effectively to deliver a quality service which met the specification. Members specifically referred to additional investment, which had been made in relation to speech and language services. It was confirmed that resources would be pooled in order to manage community services on a consistent basis at the right quality and in the right place. As with any other service there were monitoring and scrutiny procedures in place to ensure that services were being delivered to an acceptable standard and on a consistent basis.

In terms of asset management the Trust was currently examining as to how services were being delivered and if resources were being used most effectively. It was indicated that the premises from which such services were being delivered was a possible area of the overall examination. It was noted that the current equipment and premises of MRCCS were currently been used under licence arrangements with the respective Primary Care Trust.

AGREED as follows: -

1. That the representatives be thanked for the information provided.
2. That a further progress report be submitted in due course.

CARE QUALITY COMMISSION – JOINT COMMITTEE'S VIEWS

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from the Care Quality Commission (CQC) who were keen to seek the Joint Committee's views in advance of the proposed planned review of the essential safety and quality standards pertaining to the South Tees Hospitals NHS Foundation Trust.

The Joint Committee was advised of 16 key standards as outlined in the report submitted.

The Compliance Inspectors from the Care Quality Commission gave an indication of the regulatory and inspection responsibilities relating to health and social care and the various sources from which information would be compiled which included NHS Choice, LINKs and service users. A quality and risk profile on each organisation would be formulated and any potential risk of non-compliance with regulations identified. If an issue was raised it would be validated against a framework and risk rated of minor, moderate or major. Subsequent reports would be published on the CQC website. Should there be any issues around compliance an organisation would be required to compile and implement an Action Plan to address any issues. If there were any serious concerns and essential quality standards were not being met the CQC had a range of enforcement powers if required.

The opportunity existed for service users and others to submit information and/or comment at any time which would assist in identifying any areas of concern and non-compliance with the regulations.

Reference was made to a number of reviews undertaken by the Health Scrutiny Panel, positive engagement with the Trust and subsequent improvements achieved in relation to such issues as Dementia Services, Healthcare Associated Infections; Audiology Services; car parking at James

Cook University Hospital; and Patient Transport. It was suggested that such reports could help inform the overall process.

It was suggested that the reports from the CQC would assist in formulating the work programme of the Joint Committee.

Members outlined a number of observations relating to James Cook University Hospital which had been brought to their attention in relation to the following: -

- (a) the need for a separate room or waiting area to avoid the use of the main foyer area for those patients recovering after day surgery;
- (b) difficulties associated with the need to book transport in advance from the hospital;
- (c) careful consideration to be given when making appointments to take account of the personal circumstances of patients especially if they are reliant upon public transport to travel to hospital;
- (d) careful consideration to be given to a patient's home circumstances in terms of hospital discharge arrangements especially with regard to elderly persons who may have been admitted as an emergency but subsequently released the next day;
- (e) under the regulation of meeting nutritional needs examples were given of problems which had occurred with elderly and disabled persons requiring assistance with eating although an indication was given of measures which were being pursued in order to identify more easily patients requiring such help;
- (f) appropriateness of visiting hours.

The Joint Committee sought clarification on the ways in which members of the public were able to submit comments. Although reference was made to the CQC's website and Contact Centre number the Joint Committee felt that further consideration could be given to extending ways of submitting comments and raising awareness locally to such a process. The CQC representatives confirmed that this aspect would be considered further.

AGREED as follows: -

1. That the representatives be thanked for the information provided.
2. That as part of the Joint Committee's work programme consideration be given to an examination in relation to the Care Quality Commission's Regulation 14 in respect of 'meeting nutritional needs.'