

SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE

A meeting of the South Tees Health Scrutiny Joint Committee was held on 27 January 2014.

- PRESENT:** Middlesbrough Council:
Councillor Junier (Vice-Chair) (In the Chair) and Councillor Biswas.
- Redcar and Cleveland Council:
Councillors Goddard (as substitute for Councillor Ayre), Hannon, Thomson and Mrs Wall.
- ALSO IN ATTENDANCE:** Amanda Hume, Chief Officer, South Tees Clinical Commissioning Group
Julie Stevens, Commissioning Manager, South Tees Clinical Commissioning Group
Siobhan Jones, Communications Manager, North of England Commissioning Support Unit
- OFFICERS:** M Ameen (Redcar and Cleveland Council), J Bennington and E Pout (Middlesbrough Council)

APOLOGIES FOR ABSENCE were submitted on behalf of the Chair, Councillor Dryden and Councillors Cole and Mrs H Pearson (Middlesbrough Council) and Councillor Wilson (Redcar and Cleveland Council).

DECLARATIONS OF INTERESTS

Name of Member	Type of Interest	Item/Nature of Interest
Councillor Mrs Wall	Non-Pecuniary	Any matters arising in relation to North East Ambulance Services NHS Foundation Trust -relative of a number of employees.

1 **MINUTES - SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE 12 AUGUST 2013**

The minutes of the meeting of the South Tees Health Scrutiny Joint Committee held on 12 August 2013 were submitted and approved as a correct record.

2 **IMPROVE - INTEGRATED MANAGEMENT AND PROACTIVE CARE FOR THE VULNERABLE AND ELDERLY**

Following introductions a report of the Scrutiny Support Officer was submitted the purpose of which was to remind Members of the information received so far and to introduce senior representatives from the South Tees Clinical Commissioning Group (CCG) to provide an update on the IMProVE programme.

One of the aims of the IMProVE programme was to improve the quality of healthcare of the increasing number of elderly and vulnerable and living with long term conditions whilst ensuring that health services remained safe and sustainable now and in the future. In order to achieve this it was considered that there must be a move from a reactive care model, which focussed on treating very poorly patients, to one which was proactive and designed to prevent deterioration into ill health and hospital admission.

To realise such a vision, there was a need to develop integrated services that identified patients who may be at risk at an earlier stage, and work with them and their carers or family, to maintain and support independence for as long as possible.

The CCG had worked closely with local GPs, hospital clinicians, nurses, other health professionals and social care partners to consider the many challenges facing the NHS and social care in South Tees and to look at how to develop a more responsive and joined-up approach to caring for the growing population of older patients with long term conditions and other care needs.

The CCG's representatives thanked Members for the invitation to attend the meeting and initially drew their attention to the comprehensive engagement exercise which had been undertaken over the Autumn 2013 with the public, service users, carers, with elected representatives and other stakeholders and partners. It was confirmed that the input from Members of the Joint Committee had been taken on board as part of the engagement exercise which had been designed to inform the formal consultation stage of the IMProVE programme. Such work involved extensive liaison with local Overview and Scrutiny and Health and Wellbeing Boards, discussion with local MPs, and a range of stakeholder and partner organisations. In the light of the feedback received the questions included within the questionnaire were framed so they were more open ended to allow the opportunity for respondents to give a full answer and provide additional information if desired. Details of the activity undertaken were outlined in Appendix 1 of the report submitted.

It was confirmed that the formal consultation period would run for a 13 week period, beginning the week commencing 10 March 2014 and that North of England Commissioning Support would lead the formal consultation on behalf of NHS South Tees CCG. Key activities included:-

- liaison with Health and Wellbeing Boards and Overview and Scrutiny Committees,
- briefing key partners and stakeholders,
- public events,
- information and questionnaires produced and circulated widely,
- online activity including dedicated consultation web page,
- cascade of information via stakeholders, partners and community and voluntary organisations,
- GP engagement,
- staff and staff side engagement (undertaken by relevant provider organisations),
- media relations.

A copy of the CCG's Communications and Engagement Plan had previously been circulated. Members supported the inclusion of staff and staff side engagements as part of the formal consultation and also referred to the importance of patient's groups. An assurance was given of ongoing work within the CCG regarding patient groups with a view to identifying the current situation and working with them to organise a joint patient participation summit to bring the groups together and strengthen their position in putting forward their comments and information.

The CCG held five public events across South Tees designed to offer interested individuals, stakeholders, service users and carers the opportunity to contribute their views and opinions.

Members reiterated the importance of engaging with the elderly and carers and also pursuing innovative ways for communicating with hard to reach groups such as certain BME organisations. As part of the overall engagement process a document and questionnaire was circulated to a wide range of community and voluntary sector organisations including BME communities, partners and stakeholders. Taking into account advice from Members and Officers other organisations had been added to the list. It was suggested that the full list of organisations be shared with the Joint Committee which would provide an opportunity for adding other suitable groups to the list. The wide diverse population was acknowledged and different cultures which often resulted in patients initially going to hospital rather than seeing a GP as this was regarded as the normal practice.

Information had also been published on the CCG website and local newspapers had been used in an endeavour to raise the profile of the project and public events.

A local voluntary organisation had been commissioned, Carers Together, to carry out an in-depth survey of service users and carers. Specific reference was made to a CCG event to be held on 29 January with community and voluntary groups from across the area to discuss the findings of the survey and to seek views on the conduct of the formal consultation process.

It was reported that overall the CCG had received more than 400 responses to the

engagement activity and that Carers Together had spoken to over 300 people aged 65 + who were primarily vulnerable people who were housebound, had limited mobility or living with significant long-term conditions residing in Redcar, Eston, Brotton, Middlesbrough or Guisborough.

An outline of the key findings grouped into themes was outlined in Appendix 2 of the report submitted and included the following:-

(a) Co-ordination of Services - although in overall terms it was considered local services were organised well a significant number of comments had been made about the need for better collaboration and co-ordination across health and social care organisations and between different services;

(b) GP Access - while many were pleased with the support provided by their GP surgery, poor access to appointments had been a recurring theme and concerns regarding the length of time to wait for an appointment; they felt that GPs should spend more time visiting patients in their own home and stressed the importance of continuity of care and being able to see the same GP on a regular basis;

(c) Access to Information - over half of the respondents had indicated that the provision of more information or guidance would be helpful including social care provision, specific conditions such as dementia or arthritis and the need for up to date information available to not only patients but also their carers and families;

(d) Quality of Care - reference made to a range of potential improvements;

(e) Location of Care - the majority of respondents had indicated that the location of care should be determined by the needs of the patient and that there should be a mixture of home, community and hospital-based care available;

(f) Care closer to home - while there had been considerable support shown for care in the home or community setting to assist with the recovery process and prolong independence it was felt however, that community-based care needed to improve significantly and that quality and a safe service was most important;

(g) Quality of Community Provision - the quality and extent of community -based services had been a recurring theme with areas for improvement including more frequent and longer home visits from health professionals and home care providers; more rapid assessment of need and access to services and equipment; more practical support in the home; on-call support available on weekends and in the evenings; and a suggestion made for drop-in or day facilities made available locally;

(h) Hospital Beds - clarification was required regarding the difference between community and acute beds and opinions differed regarding the case for a reduction in beds as some respondents indicated that there was a shortage of beds and people waiting for admission; other suggested that it would take pressure off the hospital system while others suggested that there would be increased demand for acute beds.

In relation to the suggestion from respondents of the need for improved community health and social care services some had questioned whether there was sufficient budget and staff provision to develop such areas in line with the CCG's vision.

Other issues raised included:-

(i) Physiotherapy and Occupational Therapy services - a number of comments had been made about the length of time taken for assessments /access to services which impacted upon recovery and hospital discharge;

(ii) Dementia Services - a request for improved services ranging from better information to the extent of services available locally;

- (iii) Community Hospitals - some support had been expressed for local community hospitals respondents indicating that they valued their proximity to home/relatives/friends and others considered that they took the strain off acute beds;
- (iv) Cost of Travel - some respondents had mentioned the difficulty /cost of travelling to GP appointments and other services using public transport/taxis and the lack of public transport had been raised;
- (v) More Staff, More Money - a number of comments had been made about the need for greater investment in health and social care services;
- (vi) Care Homes - a few respondents had identified the need for good, local care homes and about the lack of staff training and the impact this had on the delivery of care closer to home;
- (vii) Reliance on Elderly Relative for Support/Care - many of the respondents were being cared for by elderly relatives or were elderly carers and felt that this needed to be recognised;
- (viii) Keeping Care/Family Informed - several comments had been made about the need to keep members/carers up to date and informed in general about health conditions and how to deal with them;
- (ix) Listening to Patients - a few comments had been made about the need to listen to patients some making the point that carers needed to be included in discussions.

Although in overall terms Members acknowledged that improvements had been secured with regard to GP access reference was made to personal experiences which indicated the need to ensure consistency across the area especially taking into the account the vulnerable and elderly who were often confused and did not have the same ability for choice as others. Such experiences demonstrated difficulties in some cases of making appointments and also emphasised the importance to which patients considered that they should be able to see the same GP on a regular basis.

The CCG representatives referred to the introduction of the Doctor First approach with the aim of making better and more effective use of patient's and doctor's time. Such a scheme had proved successful in a number of practices and others were being encouraged to take it on board as it increased variability by providing patients the opportunity of speaking to the doctor direct by telephone for advice and making an appointment should it be required. An assurance was given that the overall aim of the IMProVE programme was to provide a whole system approach and team support for the elderly with GPs playing an important part of the process. It was important to provide the right service to an individual based on the patient's needs and commission appropriate services for those circumstances.

Members referred to the potential constraints given the size of GP practices and sought clarification as to the extent of current powers to encourage practices to adopt current initiatives. National guidance provided direction on the number of patients per practice and there was currently a move to encourage a Federation of GPs including single GP practices with the aim of promoting consistency and best practice. Although there were contractual arrangements provided by NHS England and guidance from the Quality Care Commission, CCGs provided a moral and supportive lead rather than direct contractual arrangements with GPs.

In terms of the feedback in relation to hospital beds Members referred to comments made around the lack of understanding of the terminology used in this regard which has often resulted in confusion.

In commenting on the formal consultation period all representatives were mindful of the impact of the period of purdah in view of the impending European Parliamentary Elections in May 2014. The Joint Committee supported the intention for the formal consultation to commence on 10 March 2014. The CCG representatives indicated that during the period of purdah there would be an opportunity to do more work and reflect on the final stages of the formal consultation.

AGREED as follows:-

1. That all representatives be thanked for their attendance and information provided which was noted.
2. That the dates of the next meetings of the Joint Committee on 27 February and 17 March 2014 be reaffirmed.