

**SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE**

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

**PRESENT:** Middlesbrough Council:  
Councillors Dryden (Chair) and Biswas.

Redcar and Cleveland Council:  
Councillors Goddard, Thomson and Mrs Wall.

**ALSO IN ATTENDANCE:** Amanda Hume, Chief Officer, South Tees Clinical Commissioning Group  
Julie Stevens, Commissioning and Delivery Manager, South Tees Clinical Commissioning Group  
Siobhan Jones, Commissioning Lead, North of England Commissioning Support Unit.

**OFFICERS:** J Bennington and E Pout (Middlesbrough Council).

**APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Cole, and Junier (Middlesbrough Council) and Councillor Ayre (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**

The minutes of the meeting of the South Tees Health Scrutiny Joint Committee held on 27 January 2014 were submitted and approved as a correct record.

**2 INTEGRATED MANAGEMENT AND PROACTIVE CARE OF THE VULNERABLE AND ELDERLY PROGRAMME**

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.

The CCG representatives outlined a proposed timeline for a 13 week formal public consultation mindful of the proposed purdah period which would commence on 10 April 2014 prior to the European Parliamentary elections to be held on 22 May 2014.

The CCG representatives welcomed the opportunity to be more closely engaged with health scrutiny and advised that for this meeting they would like to focus on the proposed consultation process as they were not yet in a position to share details on options for the IMProVE programme at this stage. The ultimate vision was to develop a new model of care which provided more care for the vulnerable and elderly closer to home and to be less reliant on admission to hospital where in certain circumstances it was considered inappropriate especially with regard to a patient's general health and wellbeing. Members specifically referred to problems currently experienced in East Cleveland which the CCG representatives acknowledged and which demonstrated part of the case for the need for change.

As demonstrated at a recent public engagement exercise there was shown to be considerable support for care closer to home to assist with the patient's recovery process and prolong independence but as long as there was confidence that appropriate good quality community based care services were in place. As part of the engagement with the public it was considered important to demonstrate and give assurances in respect of community based

care and build up the public's confidence in such services.

In terms of the consultation process the CCG representatives indicated that the focus of attention up to April 2014 would be on the pre-consultation stage which included continuing discussions with overview and scrutiny committees.

The Joint Committee's attention was drawn to a recent stakeholder event which had been well attended by many organisations. An indication was given of the areas covered at the event some of which demonstrated the major progress of the NHS over the last 20 years and how it was performing well in comparison with other countries. However, changes to health and social care needs and a rise in the public's expectations showed the need for change and provide consistent good quality care across the UK.

More locally, statistical information had been provided which showed that life expectancy was lower than the England average. Life expectancy was 14.8 years lower for men and 11.3 years lower for women in the most deprived areas of Middlesbrough than in the least deprived areas.

Other local information provided included details of an Independent Survey across South Tees carried out 18 months ago which showed that 49% of patients didn't need to be in community beds and could have been appropriately supported by other services and 33% in an acute trust setting for which there could have been alternative support. It was noted that there had been a reduction in the number of district nurses with more resources in the acute trust rather than the community and as a result of a skill mix change.

In terms of future trends Members acknowledged the demographic changes with particular regard to the increase in the number of vulnerable elderly often with long term complex conditions. The prevalence of such conditions as diabetes, heart disease and chronic obstructive pulmonary disease was higher than the England average. Specific mention was also made to statistical information which showed that in Redcar and Cleveland there were 24% more admissions aged over 65 years to residential care than peer authorities and 59% more than the England average. It was also noted that 28% more people over 65 years received community services and 59% more than the England average.

In commenting on the 49% of patients who had unnecessarily been in community beds and could have received alternative care Members were keen to seek assurances that the necessary services were in place. The CCG representatives confirmed that part of the IMProVE programme was to ensure that such services in place and the opportunities to develop an integrated health and social care model were to be explored. An indication was given of work which was progressing in relation to a Rapid Response Team and use of a predictive risk tool and clinical assessment as to the suitability of patients in respect of a virtual ward.

As part of the discussions there was recognition of the need for further improvements to rehabilitation services. It was noted that NICE guidelines indicated that there should be a dedicated stroke unit with expertise for both acute and rehabilitation services. It was recognised that patients did not receive the same level of rehabilitation in community hospitals as they did in an acute hospital and indicated that more patients should be given the opportunity to receive rehabilitation at home especially with regard to stroke patients. Reference was made to ongoing work which included a Community Stroke Team which as part of such a service provided therapists with patients in their home setting with the aim providing better outcomes for patients.

Reference was also made to ongoing work with local authorities concerning the Better Care Fund with the aim of assisting the vulnerable and elderly by providing an improved and more integrated health and social care system which helped to avoid unnecessary delays in discharges from hospital.

Given the myriad of different community services available the need for a single point of access was reiterated.

Whilst the CCG was responsible for commissioning a range of healthcare services the Joint Committee was reminded of the CCG's reasons for determining that the improvement of the quality of healthcare for the elderly and vulnerable was a priority and needed to be addressed. The development of more integrated services would assist in identifying patients at risk at an earlier stage and work with them to maintain and support independence for as long as possible. It was recognised that the CCG had the power to commission services but an important consideration was the way in which to demonstrate to the public how services would be better and together with clinicians in hospitals and GPs amongst others to have confidence in such services. Whilst utilising resources in the most appropriate way was an important factor the overriding aim of the programme was to provide the most appropriate support and achieve better outcomes for patients.

In commenting on current and future demands on financial resources reference was made to the current establishment review and the extent to which costs had been identified to areas regarded as void space. An indication was given of high maintenance costs of a number of establishments including community hospitals which proved a challenge in an endeavour to seek improvements and for them to meet modern standards. It was also noted that utilisation of beds in community hospitals was considered to be low and varied across hospitals.

As previously indicated the way in which to engage and communicate with the public on reasons for change and how future options for improvement may achieve better outcomes for patients was considered to be crucially important.

The Joint Committee noted the significant work which had been undertaken with the Trust but emphasised that there was a need to demonstrate the sharing of understanding of views between the Trust and the CCG prior to engagement with the public. The need to be clear on the key objectives to be achieved was highlighted and to illustrate the benefits of services already in place and rationale of future services to meet future demands. The CCG confirmed that such areas were being examined as part of the next stage of the consultation process.

In terms of meeting future demands and determining what services needed to be in place reference was made to the influences of the Joint Strategic Needs Assessment and recognition of some differing needs between Redcar and Cleveland, and Middlesbrough.

**AGREED** that all representatives be thanked for their attendance and the information provided be noted and the comments of the Joint Committee be taken into account when determining the process for formal public consultation on the IMProVE programme.