

SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE

A meeting of the South Tees Health Scrutiny Joint Committee was held on 16 July 2015.

PRESENT: Councillors Dryden, (Chair), D Rooney, Uddin and J A Walker
Middlesbrough Council

Councillors Goddard, Holyoake, O'Brien and Watts
Redcar and Cleveland Council

PRESENT BY INVITATION: Councillor Sharrocks, Chair of Overview and Scrutiny Board, Middlesbrough Council

ALSO IN ATTENDANCE: J Bailey, Partnerships and Innovations Manager, South Tees Clinical Commissioning Group
J Evans, Partnerships Lead, Redcar and Cleveland Council
M Headland, Managing Director, South Tees Health Foundation Trust
A Hume, Chief Officer, South Tees Clinical Commissioning Group
P Parsons, Communications and Engagement Locality Lead, North of England Commissioning Support
J Stevens, Commissioning and Delivery Manager, South Tees Clinical Commissioning Group
A Tahmassebi, GP, South Tees Clinical Commissioning Group

OFFICERS: E Pout and S Lightwing
Middlesbrough Council

A Pearson
Redcar and Cleveland Council

APOLOGIES FOR ABSENCE were submitted on behalf of Councillors Biswas and Lawton, Middlesbrough Council and Councillor Davies, Redcar and Cleveland Council.

DECLARATIONS OF INTERESTS

There were no Declarations of Interest at this point of the meeting.

15/1 APPOINTMENT OF CHAIR

Nominations were sought for the appointment of Chair of South Tees Health Scrutiny Joint Committee. Councillor Dryden was nominated and seconded and, therefore, appointed as Chair of South Tees Health Scrutiny Joint Committee for the Municipal Year 2015-2016.

ORDERED that Councillor Dryden was appointed as Chair of South Tees Health Scrutiny Joint Committee for the Municipal Year 2015-2016.

15/2 APPOINTMENT OF VICE-CHAIRS

Nominations were sought for the appointment of two Vice Chairs of South Tees Health Scrutiny Joint Committee. Councillors Goddard and J Walker were nominated and seconded and, therefore, appointed as Vice Chairs of South Tees Health Scrutiny Joint Committee for the Municipal Year 2015-2016.

ORDERED that Councillors Goddard and J Walker were appointed as Vice Chairs of South Tees Health Scrutiny Joint Committee for the Municipal Year 2015-2016.

15/3 MINUTES - SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE - 17 SEPTEMBER 2014

The minutes of the meeting of the South Tees Health Scrutiny Joint Committee held on 17

September 2014 were submitted and approved as a true record.

15/4 **DRAFT PROTOCOLS**

The Scrutiny Support Officer presented the draft Protocol for the South Tees Health Scrutiny Joint Committee for approval. The Protocol was in place as a framework for assisting with the Joint Committee arrangements and had been revised in light of the Health and Social Care Act 2012. A copy of the draft Protocol was attached to the submitted report.

AGREED that the Protocol for the South Tees Health Scrutiny Joint Committee was approved.

15/5 **IMPROVE PROGRAMME (INTEGRATED MANAGEMENT AND PROACTIVE CARE FOR THE VULNERABLE AND ELDERLY)**

The Joint Committee had met previously to discuss and receive evidence relating to the Integrated Management and Proactive Care for the Vulnerable and Elderly (IMProVE) Programme. In September 2014 the Committee officially responded to the proposals and as part of the recommendations Members agreed that they should receive a regular update on the implementation of the programme.

Representatives from the South Tees Clinical Commissioning Group and South Tees Hospitals Foundation were present at the meeting to provide an update on the implementation. A copy of the presentation was attached to the submitted report.

Members were reminded that the vulnerable and elderly population were a priority because the services that were commissioned for that particular group needed improving. The vast majority of the Clinical Commissioning Group's (CCG) funding was spent in the acute setting and the purpose of IMProVE was to provide more proactive support to people in their own homes to try and prevent hospital admissions. IMProVE was a partnership programme and the CCG had worked with colleagues in James Cook University Hospital (JCUH) and Social Care.

The IMProVE Programme was being implemented in a phased approach and the following actions had now been completed:

- Centralisation of stroke rehabilitation services to Redcar Primary Care Hospital.
- Closure of two minor injury services at East Cleveland and Guisborough Primary Care Hospitals and consolidation onto one single site at Redcar Primary Care Hospital.
- Closure of Carter Bequest Hospital and transfer of services within the community alongside the progression of improved infrastructure.

By April 2016, the following actions would be implemented:

- Part closure of Guisborough Primary Care Hospital (main building), removal of the bed base subject to implementation of improved community infrastructure.
- Re-development of the Chaloner building in order to house transferred services as well as additional community based services.

In relation to the centralisation of stroke rehabilitation services and the closure of Carter Bequest Hospital, a Member commented that the care she had received in a community bed had been better than that received in hospital. It was clarified that there had never been any concerns about the individual care that patients received but that older hospitals were not the best environment in which to deliver the care that was needed. In relation to stroke patients, all of the evidence gathered indicated that the outcomes for patients were significantly better if rehabilitation could take place at home. It was stressed that although the CCG was keen to hear about individual cases the Governing Body had to look at the whole of the evidence base in terms of what was best for the population.

A new Early Supported Discharge Stroke Team was implemented in March 2015 consisting of highly trained specialist therapists and general rehabilitation assistants and overseen by a Consultant Stroke Specialist. The service was offered to patients with a new stroke who were safe to be discharged home with therapy at home. Patients received the same level of therapy that they would as an in-patient, usually for six weeks. As more patients received therapy at home, the number of community beds required for stroke patients had reduced from 18 to 12. All new stroke patients requiring in-patient rehabilitation were now centralised onto one site and all staff from Redcar had received the necessary stroke skills via a new training programme. The staff to patient ratio had increased and staff felt they were able to devote more time to patients. Healthwatch had been asked to gain an independent view of the service from a patient perspective.

East Cleveland and Guisborough Minor Injury Services had been transferred to Redcar Primary Care Hospital. X-ray services capacity had been increased and the opening hours extended. A public information leaflet had been delivered to 63,000 households about the new service. A weekend dressing clinic facilitated by district nurses had been introduced in East Cleveland on a trial basis. To date the numbers attending the clinic had been low and the CCG would continue to monitor progress.

Carter Bequest Hospital closed in March 2015 and all new stroke patients were transferred to Redcar Primary Care Hospital. Speech and Language Therapy would transfer to North Ormesby Health Village in October 2015. Cambridge Road GP Surgery would remain in-situ and the rest of the site would be marketed and sold. It was noted that the money from the sale would be claimed by NHS England and not the CCG.

Plans had been drawn up to re-develop the Chaloner Building at Guisborough Primary Care Hospital and current services would be relocated. An option for a new build had been explored but the cost could not be met by the CCG. NHS England had been asked to consider whether this option could be funded and the CCG was awaiting a response. If this was not possible, the CCG would pursue the re-development option. In order to provide a good quality service in Guisborough it was better to fund front line staff to deliver care rather than keep old buildings open.

In response to concerns raised by Members, the Chair suggested that Redcar and Cleveland Council's Health Scrutiny Panel might wish to examine future planning and services for Guisborough.

Previous bed modelling exercises had estimated that the community bed base could be reduced from 132 to 62 although it had been agreed that the CCG would not progress to close beds at Guisborough if numbers did not reduce at a steady pace. South Tees was currently functioning successfully with 68 community beds. Community bed numbers and their usage was currently being monitored and reviewed by the South Tees Integration Executive Group to assess any impact on reablement and intermediate care.

A number of key initiatives had been implemented to continue to improve community infrastructures alongside delivery of the key milestones already outlined. In January 2015, Community Matrons began working within Rapid Response Teams providing additional skills to assess and manage more complex patients. The service had generated positive feedback from patients and night sitting services for rapid response and closer links with care homes were now being explored and funded through the Better Care Fund. A project was also underway to align health and social care rapid response teams to avoid duplication and provide a better service for patients.

A further £300,000 had been invested into pulmonary rehabilitation services to be delivered into the community. The service had previously only been able to accommodate 150 patients per year but could now benefit as many as 1,200. Staff numbers had increased from 4 to 10 enabling sessions to take place at One Life, James Cook University, Redcar, East Cleveland and Guisborough Primary Care Hospitals. Patients could also learn more about different lung conditions and how to manage them at home and hopefully avoid hospital admission.

The IMProVE Implementation Group was working with South Tees Trust to identify additional therapy resource required to support the delivery of more rehabilitation at home, reduce current community therapy waiting times and increase therapy support in community hospitals to 7 days per week.

A specification for piloting a community assessment unit within Redcar had been completed and would commence at Redcar Primary Care Hospital in November 2015. The new service would ensure that sub-acute patients could make an appointment within 48 hours to be assessed and an effective management plan put in place.

South Tees had also undertaken a scoping exercise to identify services that could be delivered in community premises. The potential to deliver non-complex chemotherapies at Redcar Primary Care Hospital was being explored.

The CCG continued to invest £30.67 million in community services and the implementation of IMProVE was a fluid process where the CCG supported the in-patient community ward services as they scaled down; at the same time as funding the start-up costs for new services. Transformation of community services in 2015-2016 had released £3.6 million for re-investment into new services.

Since the CCG and local authorities first met in December 2014 to discuss transport issues, meetings had taken place with public transport providers and a survey had been carried out. A detailed summary was attached to the submitted report. The bus company providers were keen to work with health and local authorities to inform and plan future bus routes although there was recognition that companies would only change routes if it was commercially viable. Arriva were monitoring passenger trends to Redcar Primary Care Hospital and also trying to find a solution to the bus stop problem at East Cleveland Primary Care Hospital. The Community Agents Transport Scheme (funded jointly by local authorities and the CCG) played an important part in supporting patients to get to hospital appointments and the scheme had been publicised to all GP practices. It was noted that for people living on the outskirts of Guisborough it was difficult to get into the centre to use the service to Redcar. It was also highlighted that people were not accessing the Patient Transport Service despite changes to the eligibility criteria and promotion of the service. It was suggested that the Panel should explore the transport issues further and ask Healthwatch to investigate.

The CCG had carried out a number of publicity campaigns related to accessing appropriate urgent care services and a list was included in the submitted report.

AGREED as follows that:

1. The information provided was received and noted.
2. Redcar and Cleveland Council's Health Scrutiny Panel should examine future planning and services for Guisborough.
3. The Joint Committee would examine patient transport issues and contact Healthwatch for assistance with a survey.
4. That an item on the sale of NHS sites and how that money is redistributed be brought back to the Joint Committee at an appropriate time.
5. Further updates in relation to the implementation of the proposals would be provided by the South Tees CCG as appropriate.

15/6

LIFESTORE BRIEFING

A presentation was given to provide the Committee with details of the South Tees Clinical Commissioning Group's (CCG) plan to reduce health inequalities within the local population via a review of the Life Store Service. The contract with the current provider, Pioneering Care Partnership (PCP), was due to expire in March 2016 and there was also the opportunity of a break in the clause of the premises lease.

The Life Store was currently located in the Cleveland Centre shopping mall in Middlesbrough. Prevention and early intervention were key to supporting the local population to lead healthy lifestyles and avoid needing acute services. The Life Store was a means to providing patient

education and prevention.

The service currently provided included a health signposting service, interventions such as BMI and blood pressure checks; weight management and some sexual health services. The Life Store also hosted a number of services delivered by independent and health service providers such as Foundation Trusts including improving access to psychological therapies (IAPT), smoking cessation, stress management and a carers group. More recently the service had offered weight management in Redcar and Cleveland as part of an outreach programme.

Some statistics were provided as part of the presentation and it was highlighted that 82% of people visiting the Life Store were from Middlesbrough, with only 3% from Redcar and 8.5% from Stockton. It was highlighted that low numbers of people from Redcar and Cleveland accessed the Life Store and the CCG was currently unable to commission a similar service or provision in Redcar.

A well-established steering group was in place to develop and direct current service provision and take outreach forward into Redcar and Cleveland. The steering group comprised local GPs, public health representatives, the Life Store Manager and Commissioning Managers. A small project team had been established to oversee and shape the service review and engagement. As part of the process to develop the options for the future model and commissioned services, a robust engagement process had been developed.

Several different options would be explored including a health bus that visited different areas, a pop-up model, or services based within existing community venues and community hubs or libraries. The focus was to ensure that there was an equitable offer right across the south tees area. There were a number of ways in which health inequalities could be tackled and prevention and self-management increased which would be fully explored as part of the programme of engagement delivered within the community and with partners.

The Committee sought reassurance that the groups using the Life Store as a meeting venue would be re-located. It was noted that there was only a nominal charge for this usage.

AGREED that:

1. The information provided in relation to the details of the review and engagement activity planned was noted.
2. The South Tees Health Scrutiny Joint Committee was generally supportive of the review in terms of making the service more equitable and better value for money, although the Panel felt that they required more in-depth information on user numbers.

15/7

URGENT CARE

Representatives from the South Tees CCG were present at the meeting to provide the Committee with introductory information in relation the CCG's review of Urgent Care.

South Tees had some of the highest areas of urgent care activity in the country. The urgent care system was very complex and the CCG wanted to streamline and simplify it. The aim was to support people in their own homes and ensure the services were of the best quality and easily accessible.

The CCG wanted to have more detailed discussion with the public. Within the current services there was some duplication and high spending and the CCG wanted be more effective. It was noted that there was one of the lowest patient satisfaction rates for out of hours care.

The Communications and Engagement Locality Lead explained that his role was to support the CCG to meet duties as set out in various Health Acts. The process included seven steps which were: the Case for Change, Discussion and Feedback, Options Development, Consultation, Post Consultation Engagement, Decision and Implementation. There would be continuous consultation with staff, patients, the public and joint scrutiny throughout the Review.

The first step in the process was to outline the case for change, which would describe every service that was currently commissioned, how much each service cost and how much it was used. It was noted that it was often difficult to engage and educate people unless they were actually using or involved with a service. The CCG would also work closely with the voluntary sector to target those groups that were hard to reach. It was anticipated that over one thousand people would be consulted through planned work, which would include an online survey.

By September the CCG would be at a point to propose some options development to the Joint Committee for a decision as to whether there would be a substantial change to Urgent Care services. Depending on the options, and whether or not there was a substantial reconfiguration, the CCG would advise of the level of public consultation required.

AGREED that:

1. The information provided in relation to the CCG's review of Urgent Care was received and noted.
2. Further information in relation to Options Development would be presented to the Joint Committee at its next meeting.