

MIDDLESBROUGH COUNCIL

SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE

16 JULY 2015

**IMPROVE PROGRAMME
(Integrated Management and Proactive Care
for the Vulnerable and Elderly)**

PURPOSE OF THE REPORT

1. To provide a brief overview of the information received to date and to outline the format of today's meeting.

BACKGROUND

2. The Joint Committee has met previously to discuss/receive evidence relating to the 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.

IN ATTENDANCE

3. The following people have been invited to today's meeting to provide an update to Members:
 - Amanda Hume, Chief Officer, South Tees Clinical Commissioning Group (CCG)
 - Julie Stevens, Commissioning and Delivery Manager, South Tees CCG
 - Dr Tahmassebi – South Tees CCG
 - Mandy Headland, Managing Director, South Tees Hospitals Foundation Trust

NOTE: As part of the update, a presentation will be made and a copy of the slides is enclosed with the papers.

BACKGROUND INFORMATION

4. For the benefit of new Members to the Joint Committee, the IMProVE programme is the Integrated Management and Proactive Care for the Vulnerable and Elderly.
5. The number of people who are elderly, vulnerable and living with a long-term condition in South Tees is increasing and older people experience more ill health than other groups. Over the last two years, South Tees Clinical Commissioning Group has been working with the public and other key partners in Health and Social Care to redesign the way care is delivered.

Treating more people in the community and for those people who require a hospital stay for medical reasons ensuring that they will be given the additional support they need to regain independence.

IMPROVE PROGRAMME

6. Between April and July of 2014, the CCG undertook a formal consultation with those living and working within South Tees. In October, the CCG's Governing Body made a number of proposals based on the results of the consultation:
 - a) The proposals from the consultation to be taken forward in a phased approach are as follows:
 - Centralisation of stroke rehabilitation services to Redcar Primary Care Hospital by April 2015
 - Closure of the two minor injury services in East Cleveland and Guisborough Primary Care Hospitals. Consolidation and enhancement of minor injury services onto one single site (Redcar Primary Care Hospital) by April 2015
 - Closure of Carter Bequest Hospital and transfer of services within the community by April 2015 alongside the progression of improved community infrastructure
 - Part closure of Guisborough Primary Care Hospital (main building), removal of the bed base subject to implementation of improved community infrastructure by April 2016
 - Redevelopment of the Chaloner building in order to house transferred services as well as additional community based services by April 2016
 - b) Work with key partners to monitor and assure phased implementation, providing and receiving regular update reports
 - c) Agree that a system-wide group is established in order to explore the potential to influence travel plans and routes to take into account future patient flows
 - d) Agree a public campaign to raise awareness around eligibility for the Patient Transport Service
 - e) Develop a public communication plan to support understanding of what is urgent care and where to access services
 - f) Agree to pilot a weekend district nursing clinic within East Cleveland Primary Care Hospital to commence by April 2015 in line with consolidation of minor injury services
7. The CCG is implementing these recommendations, working closely with James Cook University Hospital as well as Middlesbrough and Redcar and Cleveland Local Authorities

THE VIEW OF THE SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE

8. Following the extensive consultation from 2013 until September 2014 the committee made a number of recommendations. The Joint Committee were broadly supportive of the proposals on the basis of the clinical improvements

that will take place and the improvements to community services. The recommendations are as follows:

- a) Transport – The Joint Committee were very concerned about how people without access to a car and people on low incomes would be able to access services. Therefore Members would like to know what the CCG will propose to ensure accessibility is fair and equal for all. The committee are particularly interested in what plans will be put in place to help people in areas where car ownership is low and people have limited or low incomes. The Joint Committee understood that such an issue is not for the CCG to solve alone, although the CCG should take every opportunity to influence public transport design to ensure routes are planned which take in to account the predicted patient flows.
 - b) The system for accessing patient transport should be made easier and straight forward and that eligible people's details are held by patient transport so that they don't have to answer all of the questions each time they contact the service.
 - c) Referring to previous scrutiny reviews of Stroke Services, the Joint Committee welcomed the improvements to standards that changes to Stroke Rehabilitation would bring for patients – Members however, wanted a guarantee that the CCG would work with both Councils to ensure that the community stroke provision provides a sufficient level of support and care and ensure that services are in place before closing community beds currently provided for stroke rehabilitation.
 - d) Evidence of investment – The Joint Committee received information, at their meeting on 22 July 2014, about the examples of community development and reinvestment which will take place between April 2014 and March 2016. However Members would like to see specific evidence of how savings have been redistributed in order to provide the best community services for people across the South Tees area.
 - e) That the Joint Committee welcomed the opportunity to be involved in future stages which would involve regular updates to Members any implementation of the phased approach. Therefore the South Tees CCG are invited to future meetings of the Joint Committee on a regular basis in order to update Members on the implementation of the proposals.
9. The following additional information from South Tees CCG is enclosed with this report:
- Presentation slides
 - Update Report – June 2015
 - Summary Report on Transport Projects – May 2015, which was undertaken as part of the Programme
 - Appendices to the Summary Report on Transport Projects: firstly the Survey Questions and, secondly, the Survey Results

RECOMMENDATION

10. That Members note the information received at today's meeting and agree if any further information is required.

BACKGROUND PAPERS

Response to the IMProVE Programme Proposals – 26 September 2014, South Tees Health Scrutiny Joint Committee

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