

SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE

A meeting of the South Tees Health Scrutiny Joint Committee was held on 17 September 2014.

PRESENT: Councillors Dryden and J A Walker
Middlesbrough Council

Councillors Goddard, Halton and Mrs Wall (Chair)
Middlesbrough Council

ALSO IN ATTENDANCE: M Bewley, North of England Commissioning Support (NECS)
B Clark, Assistant Director, Clinical Strategy, NHS England
J Evans, Partnership Lead, Redcar and Cleveland Council, People Services
L Harding, Assistant to I Swales, MP
M Headland, South Tees Foundation Trust, Managing Director Integrated Medic
Care Centre
T McHale, Healthwatch, Middlesbrough,
A Hume, Chief Officer, South Tees Clinical Commissioning Group
S Metcalfe, Director of Commissioning, NHS England
Dr R Sathyamurihy, Clinical Director of Respiratory Medicine, South Tees NHS
Trust
J Stevens, Commissioning Manager, South Tees Clinical Commissioning Group
I Swales, MP
A Tahmassebi, GP, South Tees Clinical Commissioning Group
J Walker, GP, South Tees Clinical Commissioning Group
D Walsh, (as substitute for T Blenkinsop, MP)
H Waters, GP, South Tees Clinical Commissioning Group

OFFICERS: E Pout, S Harker and E Scollay
Middlesbrough Council

A Pearson
Redcar and Cleveland Council

APOLOGIES FOR ABSENCE were submitted on behalf of Councillors Biswas and Mrs H Pearson, OBE (Middlesbrough Council) and Councillor Jeffries, (Redcar and Cleveland Council).

DECLARATIONS OF INTERESTS

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

14/1 MINUTES - SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE

The minutes of the meeting of the South Tees Health Scrutiny Joint Committee held on 22 July 2014 were submitted and approved as a true record.

14/2 IMPROVE PROGRAMME

The Scrutiny Support Officer presented a report, the purpose of which was to provide an overview of the information received to date and to outline the format of the meeting.

The South Tees Health Scrutiny Joint Committee had met formally between 12 August 2013 and today to discuss and receive evidence relating to the Integrated Management and Proactive Care of the Vulnerable and Elderly (IMProVE) Programme.

Representatives from South Tees Clinical Commissioning Group (CCG) were in attendance at the meeting to present; the results of the consultation process, information about how the CCG had met the four tests recommended within NHS England's Framework for Planning Major Service Change; and details of the decision making process and timetable.

The Governing Body of the South Tees Clinical Commissioning Group (CCG) would meet on

15 October 2014 to take account of the feedback and make a formal decision.

The Head of Communications and Engagement, North of England Commissioning Support (NECS) gave a power point presentation in relation to the outcome of the public consultation for the IMProVE Programme.

NECS commissioned Explain Research, independent specialist consultants, to receive and independently analyse responses from the consultation survey. The proposals were the culmination of two years' work with local GPs, hospital clinicians, nurses, survey managers, local authority representatives, the public, service users and carers and a three month formal consultation had also been undertaken.

The changes proposed in the formal consultation document included:

- Centralise all stroke rehabilitation and supporting services.
- Invest in a community stroke team to help patients return home more quickly following a stroke.
- Provide community beds in two locations.
- Provide a more comprehensive minor injury service at a single location with enhanced medical and diagnostic cover.
- Increase community nursing and support services by reducing the amount spent on maintaining ageing buildings.
- Deliver more care in the community.

Four tests for reconfiguration proposals were applied which included: support from commissioners, strengthened public and patient engagement; clarity on the clinical evidence base and consistency with current and prospective patient choice.

Three stages of consultation were carried out: pre-consultation, consultation dialogue and post-consultation influencing and account was taken of the NHS England Good Practice Guide -Transforming Participation. The Department of Health were requested to provide assurance with regard to the consultation process. A range of stakeholders were involved in the pre-consultation and the themes that emerged were used to scope the consultation.

In January 2014 a stakeholder event attended by voluntary sector organisations, local Councillors and clinicians was held to ensure that the criteria the CCG intended to use to evaluate the proposed model of care was not developed in isolation, but endorsed by a wider group of people. The three main concerns raised at that event included: services for patients with dementia and carers; right community services needed to be in place before reducing beds and; stroke services discharge arrangements.

The formal consultation took place from 1 May to 31 July 2014 and the process included twenty-four events across the south tees area including five market place events. Following the events, 586 survey responses were received and analysed and observations from the events and responses from key stakeholders were included.

Details of the survey results and the key observations from the events were detailed in the power point presentation. In summary, support for the plans appeared largely positive with some mixed responses. The key concerns identified were:

- Transport to Redcar Primary Care Hospital for patients and visitors and ensuring a simple solution to ensure ambulance services were not overstretched.
- How community care would work in practice, including robust care plans with trained professionals and the recruitment and organisation of community staff.
- Service offering, and eligibility for, rapid response and night sitting services and whether they were financially viable.
- Concern over plans for staff stationed at community hospitals including more information about restructuring to tackle uncertainty.

Many of the meetings were attended by people with families in health services, as well as individuals affected, and the fact that they were interested enough to attend a meeting was really positive and important.

In conclusion, it was evident that there had been extensive discussions about the proposals and CCG welcomed the fact that discussions had been enabled with a wide range of people and organisations. Best practice had been followed to ensure the consultation process had been transparent and open in presenting clinical evidence and views which supported the IMProVE programme proposals.

Panel Members discussed the issues highlighted from the consultation in detail and the following issues were raised:

In relation to the proposal to provide a more comprehensive minor injury service at a single location, concern had been voiced that Brotton Hospital would close. It was confirmed that this was not the case. Current activity at all community hospitals, including Guisborough, had been measured and the reasons why people were attending had been taken into account when making the recommendations. Not all of the smaller units had x-ray facilities for example, and therefore patients might have to be referred to James Cook Hospital. Provision of the minor injury service at Redcar Primary Care Hospital was therefore likely to be more convenient for people living in East Cleveland. It was highlighted that Brotton Hospital was a pleasant setting which could be developed for more community use and the provision of other services, for example for respite care.

Concern was voiced regarding the review of alternative medical provision across the south tees area and the loss of facilities at Skelton and Park End as well as the possible closure of the Hemlington Clinic. It was confirmed that consultation with Middlesbrough and Redcar and Cleveland Councils' Health Scrutiny Panels would be taking place shortly with regard to Alternative Provider Medical Services (AMPS). NHS England's key requirements were that every patient had access to a GP and each practice would be considered on its own merit.

Access to Redcar Primary Care Hospital in terms of the public transport available was a major concern. It was noted that the Link Bus provided by Redcar and Cleveland Council after 6.00 pm at night did not stop near the Hospital and it was likely that people suffering minor injuries would generally find it easier to travel to the Accident and Emergency Department at James Cook Hospital. In addition, people telephoning the NHS' 111 Service for advice would often receive an automated answer and attend Accident and Emergency rather than wait for a response.

In relation to the Equality Statement it was suggested that factors such as low income and deprivation should also be taken into account, given that both Middlesbrough and Redcar and Cleveland had several deprived wards within their boundaries.

Another concern was in relation to consultation with staff. No evidence had been presented of any formal consultation with the Local Medical Committee, Royal College of Nursing or Unison.

In relation to the Better Care Fund (BCF) it was noted that both local authorities had lost 3.5% of this funding. The proposals were intended to ensure that resources were directed away from the acute sector wherever possible, identifying those at risk and providing more support for people to stay in their own homes. The south tees area had the fourth highest level of emergency admissions in the country which was not sustainable. The number of admissions from nursing homes was high and one of the initiatives of the BCF was to provide training to staff in nursing homes to try and reduce hospital admissions. Resources needed to be spread across communities to provide an alternative to patients having to attend the acute hospital for treatment.

From a clinical point of view a key issue in relation to people with chronic conditions was to prevent hospital admission in the first place. An example was given of patients with respiratory

difficulties who could be seen at a clinic and provided with advice on managing their condition at home. Admission to an acute hospital could put such patients at high risk of contracting infection and after a long stay in hospital it could be struggle for them to rehabilitate back home. It was however vital that adequate care was provided at home for such patients. It was confirmed that such decisions were made for purely clinical reasons and not based on financial considerations.

Following the IMProVE consultation it was evident that better use could be made of existing community buildings to provide services. In addition precious resources were being used just to maintain ageing buildings at a basic standard. It was proposed to transfer investment from empty spaces and maintenance costs to put more staff in place. It had been calculated that £2 million could be released by implementing the proposals. One example was to establish a specialist Stroke Rehabilitation Unit at Redcar Hospital. The facilities available were state of the art and included a hydrotherapy pool, gym and x-ray provision. Clinically, this would provide better outcomes for patients who needed to be rehabilitated in a hospital setting. By establishing one Unit, other services not currently available could be provided and the Unit could become a Centre of Excellence.

Reference was made to the fact that Redcar Primary Care Hospital was a Private Financed Initiative (PFI) and it was queried whether this had an impact on the decision to provide a single Stroke Rehabilitation Unit for south tees at that location. It was clarified that the main priority was commissioning high quality services for patients with the resources available and the proposal for a single Unit was to deliver best practice for stroke rehabilitation, which was currently not the case.

The Scrutiny Support Officer explained that the Panel's comments on the proposals had to be submitted to the CCG by 26 September 2014. Panel Members were reminded that if they were not satisfied with the CCG's response to their comments, the matter could be referred to the Secretary of State.

The Panel agreed that the proposals could be supported on the basis of the clinical improvements that would take place. However, concerns that needed to be raised included the issues of accessibility, both patient and public transport and the Equality Statement.

AGREED as follows that:

1. the information provided was received and noted;
2. on behalf of the Panel, the Scrutiny Support Officer would prepare a response to the proposals, to be submitted to the CCG by 26 September 2014;
3. the draft response would be circulated to Panel Members, with any further comments to be made by Tuesday 23 September 2014;
4. the final wording of the response to be agreed by the Chair and Vice Chairs;
5. further updates be provided by the South Tees CCG to the Committee on the implementation of the proposals, on a quarterly basis, until the proposals had been fully executed.

14/3

IMPROVE - EVALUATION AGAINST THE FOUR TESTS

A report on IMProVE - Evaluation against the Four Tests, produced by the South Tees Clinical Commissioning Group was submitted for Members' information.

AGREED that the submitted report was received and noted.