

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

10th September, 2012

PRESENT -

Representing Darlington Borough Council:

Councillors Newall (in the Chair), H Scott and J. Taylor.

Representing Hartlepool Borough Council:

Councillors Fisher and Hall.

Representing Redcar and Cleveland Council:

Councillors Carling and Mrs Wall.

Representing Stockton-On-Tees Borough Council:

Councillors Javed, Cunningham (as Substitute for Councillor Wilburn) and Mrs M. Womphrey.

ALSO IN ATTENDANCE – Councillor Todd, Durham County Council.

APOLOGIES – Councillor S. Akers - Belcher (Hartlepool Borough Council), Councillor Dryden (Middlesbrough Council), Councillor Hunt (Redcar and Cleveland Borough Council) and Councillor Wilburn.

OFFICERS IN ATTENDANCE – A. Metcalfe (Darlington Borough Council), S. Gwilym (Durham County Council), J. Stevens (Hartlepool Borough Council), J. Ord (Middlesbrough Council), M. Ameen (Redcar and Cleveland Council) and P. Mennear (Stockton-On-Tees Borough Council).

EXTERNAL REPRESENTATIVES –

Dr. Mike Lavender, Consultant in Public Health and Usmar Bat, NHS County Durham and Darlington;

Jane Humphreys, Corporate Director – Children, Education and Social Care, Stockton on Tees Borough Council;

Chris McEwan, Assistant Director, Matt Graham, Deputy Director of Planning, and Jonathan Maloney, Deputy Director Contracting, Intelligence and Performance, NHS Tees; and

Susan Sheldon, Prosthetics Services Manager and Lucy Tulloch, Deputy Divisional Manager, Neurosciences, South Tees Hospitals NHS Foundation Trust.

Due to there not being a representative present from each of the Tees Valley Local Authorities, the meeting was inquorate and an informal meeting was held.

10. DECLARATIONS OF INTEREST – Councillor Mrs Wall (Redcar and Cleveland Council) declared a Personal and Non-Prejudicial Interest in respect of any matters arising in relation to the North East Ambulance Service NHS Trust as she is related to a number of employees.

Councillor Javed declared a Personal and Non-Prejudicial Interest as he is employed by Tees, Esk and Wear Valleys NHS Foundation Trust.

11. NOTES – Submitted – The Notes (previously circulated) of the informal meeting of the Tees Valley Health Scrutiny Joint Committee held on 2nd July 2012.

AGREED – (a) That the Notes be approved as a correct record.

(b) That a letter be sent from the Chair, to all Chairs of the Local Authority Health Scrutiny Committees/Panels reminding them of their responsibility of sending a Substitute to meetings of the Joint Committee (if protocol allows) or ensure that a colleague is able to attend, to avoid the meeting being inquorate.

12. COUNTY DURHAM AND TEES VALLEY ACUTE SERVICES QUALITY LEGACY PROJECT – PROJECT UPDATE – The Project Director, NHS County Durham and Darlington submitted a report (previously circulated) providing a project update on the County Durham and Tees Valley Acute Services Quality Legacy Project. Members were informed that the overall objective of the project is to reach a consensus on the quality standards in acute services achievable, using levels of national best practice. The project is being jointly led by the Chief Executives of NHS County Durham and Darlington NHS Tees and involves County Durham and Darlington NHS Foundation Trust, North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust.

Opportunities are to be identified for meeting these standards, while assessing the financial environment and workforce constraints in which such improvements may take place. The project is structured around three workstreams with aligned timelines, all contributing to a final report and underpinned by technical support and data and effective communication and engagement throughout. The three workstreams are: Clinical Assessment, Workforce Assessment and Economic Assessment. The Clinical areas covered in the project are Acute Paediatrics and Maternity Care, Acute Care, Long Term Conditions, Planned Care and End of Life Care.

Dr Lavender explained that the project was being undertaken at this time to support the transition of commissioning responsibility to Clinical Commissioning Groups, to inform the commissioning and contracting intentions process for the 2013/14 financial year and in preparation for the publication of the Francis 2 report in October 2012. This project is unique as it has the involvement from both commissioners and providers which means the outcomes will be built directly into strategic planning, contracting and service redesign plans for the future and the quality standards will be discussed and agreed in the context of the resources (both financial and workforce) that are likely to be available to support implementation.

The project is governed by a Project Board chaired jointly by the Chief Executive of NHS Tees and the Chief Executive of NHS County Durham and Darlington. The Project Board membership includes the Chief Executives of the three NHS Foundation Trusts Clinical Commissioning Group (CCG) representatives, and two Local Authority Chief Executives. The outcome of the Acute Services Quality Legacy Project will be, by the end of November 2012, a synthesised set of analysis and clinical recommendations, supported by wider workforce and economic modelling that will help inform CCGs as they develop their commissioning plans and contracting intentions for the 2013/14 financial year and onwards. This will help ensure that the focus on sustainable, high-quality care remains the key driver for all organisations commissioning or providing secondary care for the patients of County Durham, Darlington and

Tees as the next phase of NHS reform begins. The report will also describe the next steps and the process for taking forward the recommendations.

Discussion ensued as to whether the project is a duplication of other events/summits the Foundations Trusts are arranging to consider service reconfiguration; whether the CCGs are obliged to take forward the outcomes of the project; how all the workstreams interlink with on-going work; how workforce issues such as recruitment and retention is considered and the growing expectation that consultants should be available 24 hours, seven days a week and Members sought reassurance that the public would be fully engaged when the outcomes are reported.

AGREED – (a) That the update be noted and Officers be thanked for their attendance; and

(b) That the final report be shared with the Joint Committee.

13. PROSTHETICS SERVICES – A joint report of the Prosthetics Services Manager and Deputy Divisional Manager, Neurosciences was submitted (previously circulated) providing Members of the Joint Committee with a briefing paper on Prosthetics Services at the Disablement Services Centre, at James Cooke University Hospital, Middlesbrough. The Chair reminded the Joint Committee that this item was brought before Members for consideration following the Joint Committee’s January 2012 meeting and a request to explore Prosthetics Services in more details following an informal complaint being reported to a Councillor from Stockton on Tees Borough Council.

The Deputy Director of Planning guided Members through the report and highlighted the salient points. Members were informed that the South Tees Prosthetic Services is based within the Disablement Services Centre, at James Cook University Hospital in Middlesbrough. It has facilities for the manufacture of artificial limbs, consulting and fitting rooms and patient waiting facilities. It also houses Regional and Sub-Regional wheelchair services and an administration section that supports both services. The Prosthetics Service has a caseload of approximately 1,100 patients from across County Durham, Darlington, the Tees Valley, York and North Yorkshire.

It was noted that there is a detailed service specification which describes in detail the need for the service, its aims, referral routes, care pathways, total activity and performance measures. It also included key national guidance relevant to the Prosthetic Service. The service scope and model are up-to-date and in line with National Guidance, although opportunities for improvements are continually sought. The Centre is an accredited Prosthetic Rehabilitation Service as a training facility for the rehabilitation trainees in the Northern Deanery.

The Centre aims to have clinics up to four to six weeks in advance, however, appointments for fitting and delivery of prosthetics are made as close to the advice date as possible. Members were pleased to note that due to a number of staff sicknesses, retirement and concerns raised by patients a review of the appointment system and an audit was carried out. As a result of the audit the appointment system and process is being redesigned to improve performance.

It was reported that given the enormity of the service very few complaints have been received over the years and any complaints received tended to be very specific about individual complex cases. The service has also received a number of compliments and some monetary donations from service users, together with many ‘thank you’ cards.

Members were particularly interested in the service provided to veterans given the North East Health Scrutiny Committee review and pleased that the service is a member of the Tees valley Veterans Forum. The Deputy Director advised that the most of the patients who are veterans are NHS. At the present moment in time there has been no new military veteran referrals received who may be eligible for additional funding. The Department is aware of the process via the Veterans Prosthetic Panel in order to access this additional funding if required.

The Prosthetics Services Manager provided examples of the types of prosthetic limbs available and advised that the service has seen an increase in trauma patients over the years and children. Most patients seen are vascular which are often aggravated by other symptoms or conditions such as diabetes. The number of vascular patient referrals slowed in the initial years following the opening of the Vascular Unit operating at James Cook University Hospital with better intervention and bypass surgery. The number of vascular patients referred after surgery has failed, often presented with co-morbidity issues or extensive scarring thus increasing the complexity of the case. The Prosthetics Service Manager regaled some success stories of service users who have been made good recoveries, achieved their ambitions and even been part of Team GB in the recent Paralympics.

It was explained that specialised sports limbs aren't provided but in many cases the limbs provided to meet the patients' mobility and activity requirements can be used for sporting activity. If individuals have specialist requirements the service tries to ensure that they provide the most appropriate limbs. There is an Exceptional Treatment Policy which enables exceptional cases to be considered and an agreement reached, and in such cases the Department will submit an Exceptional Funding Request to the commissioners. Sometimes individuals have to fund the specialised limbs themselves but the service will offer advice.

Discussion ensued about the fluctuation of referrals each month, the variety of complex cases, the timeliness of fitting limbs, the responsibility of patients to manage their own appointments, waiting times for ambulance transport and the variation of healing times after amputation.

Members expressed their delight at the positive report and were satisfied that since receipt of the complaints steps have been taken to address the issue with the appointment system. Members are pleased that the centre is based within Tees Valley and the number of patients is continuing to rise. They welcomed the high performance against other users of Otto Bock; specifically that James Cook is the best performing Trust and the high achievement of people being fitted with the right sockets the first time. Members bestowed their thanks to the Officers in attendance for a very informative discussion and Officers extended an invitation for Members to visit the facility.

AGREED – (a) That the Officers be thanked for their presentation and attendance at the meeting;

(b) That the briefing be noted and that Members are satisfied that no further scrutiny investigation is required; and

(c) That individual Scrutiny Officers liaise with Members about arranging a visit to the Prosthetics Services, Disabled Services Centre, at James Cook University Hospital.

15. CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) LEARNING DISABILITIES (LD) SHORT BREAK SERVICES FOR TEESSIDE –

The Corporate Director of Children, Education and Social Care, Stockton on Tees Borough Council submitted a report (previously circulated) reminding Members of the report

received by the Joint Committee in April 2012, in respect of proposals for the temporary relocation of short break accommodation on Teesside provided for children and young people in the Stockton and Redcar and Cleveland Local Authority area. The Corporate Director explained that since April, Stockton and Redcar Local Authorities consulted with parents affected by the proposal to cease providing transport to the Baysdale Health Respite Unit from September 2012. Letters were sent to 20 families in Stockton and 10 families in Redcar and eight responses were received in total from both Local Authorities.

The Local Authority has also explored whether transport could be provided for parents if they wished to fund this themselves, however, this required different licences for any vehicles and the drivers would be cost prohibitive. It was noted that the Local Authority and Primary Care Trust intend to cease providing the transport to the Baysdale Unit, but have agreed to fund until Easter, (March 2013), to allow parents sufficient time to make alternative arrangements if needed. Members were aware that it is not a statutory duty to provide transport to the short break services but transport would still be provided to schools.

AGREED – That the report be noted and Officers be thanked for their attendance at the meeting.