**ITEM 4**

# TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

7th January, 2013

**PRESENT:-**

**Representing Darlington Borough Council:**
Councillors Newall (in the Chair) H. Scott and J. Taylor.

**Representing Hartlepool Borough Council:**
Councillors Fisher and Hall.

**Representing Middlesbrough Council:**
Councillor Junier (as substitute for Councillor Dryden).

**Representing Redcar and Cleveland Borough Council:**
Councillors Carling and Kay.

**Representing Stockton-On-Tees Borough Council:**
Councillors Wilburn and Mrs M. Womphrey.

**Present as an observer:** Councillor Skilbeck, Hambleton District Council.

**APOLOGIES** – Councillor S. Akers - Belcher (Hartlepool Borough Council), Councillor Cole, Dryden and Mrs Pearson (Middlesbrough Council), Councillor Mrs Wall (Redcar and Cleveland Borough Council) and Councillor Javed (Stockton-On-Tees Borough Council).

**OFFICERS IN ATTENDANCE** – A. Metcalfe (Darlington Borough Council), L. Stones (Hartlepool Borough Council), J. Ord (Middlesbrough), M. Ameen (Redcar and Cleveland Council) and P. Mennear (Stockton-On-Tees Borough Council).

**EXTERNAL REPRESENTATIVES** –

Darlington Clinical Commissioning Group – Martin Phillips, Chief Officer (Designate);
Hartlepool and Stockton-On-Tees Clinical Commissioning Group – Ali Wilson, Chief Officer (Designate);
South Tees Clinical Commissioning Group – Amanda Hume, Chief Officer (Designate) and
Tees, Esk and Wear Valleys NHS Foundation Trust – David Brown, Director of Operations – Tees.

**28. DECLARATIONS OF INTEREST** – There were no declarations of interest reported at the meeting.

**29. NOTES** – Submitted – The Notes (previously circulated) of the informal meeting of the Tees Valley Health Scrutiny Joint Committee held on 3rd December 2012.

**AGREED** – That the notes of the meetings be approved and the decisions be confirmed.

**30. OVERVIEW OF THE TEES VALLEY CLINICAL COMMISSIOINING GROUPS (CCG)** – Following a request from Members, Chief Officer (Designates) from the three Clinical Commissioning Groups (CCGs) across the Tees Valley were present at the meeting to provide an overview of the status of the individual CCGs and Members were particularly interested to note the outcome of the Authorisation process.

**(A) SOUTH TEES CCG** – The Chief Officer (Designate) submitted a presentation (previously circulated) outlining the South Tees CCG and provided an overview of the CCGs vision. The plan of improving health together was outlined and the successes to date were shared. Members were pleased that the CCG plan to continue with the reform agenda and to focus more on prevention, integration e.g. IMPROVE (Integrated Management and PROactive care for the Vulnerable and Elderly), delivering financial efficiencies to enable investment on priorities against a challenging financial context and welfare reform, continuing to drive up quality and develop the organisation.

Mrs Hume reported that the CCG are building relationships with Hambleton and Richmondshire CCG as well as working particularly closely with Hartlepool and Stockton CCG. Members were pleased to note that the CCG went through the formal authorisation process in October 2012 and have been working towards addressing the only outstanding issue which was the appointment of the Executive Nurse. Copies of the Clear and Credible Plan 2012 -2017 were tabled at the meeting.

**(B) DARLINGTON CCG** – The Chief Officer (Designate) submitted a presentation (tabled at the meeting) which tracked how the CCG intend to work together to improve the health and well-being for the people of Darlington. Mr Phillips reported that the Darlington CCG has focused on building relationships and making health everyone's business to ensure that the CCG are not working in a silo. Darlington has a reputation for working in partnership to deliver services and Darlington has for many years worked as one big GP Practice and would continue to do so. He reported that leading clinicians have developed relationships with secondary care and are in the process of organising a Clinical Summit.

The CCG are keen to ensure that the patient/public voice is well represented and are advocating patients as good assets to the CCG. It was explained that the CCG has recently reduced the number of Governing Body members and that two Primary Groups have been formed to include GP membership considering Quality and Innovation and Finance. It was noted that Darlington CCG were also yet to appoint an Executive Nurse.

**(C) HARTLEPOOL AND STOCKTON CCG** – The Chief Officer (Designate) submitted a presentation (tabled at the meeting) outlining the Hartlepool and Stockton CCG and provided an overview of the CCGs health challenges. The plan of reducing inequalities and improving well-being was also outlined, together with improving quality and safeguarding. Mrs Wilson explained that Hartlepool and Stockton CCG were sharing the appointment of the Executive Nurse with the South Tees CCG with a strong focus on quality and safe guarding. Both CCGs would continue to work extremely closely to together to learn from each other and share services, where possible and appropriate. It was noted that during the shadow year patients/public had submitted their views and feedback to the CCG and a number of open meetings had be held, this would continue

in the future. Relationships with the local LINks had also been positive and it was hoped to continue with Healthwatch in the coming months.

Mrs Wilson reported similar challenges to the other CCGs and discussed how the financial sustainability would be managed up to 2016. It was noted that the Quality Premium Payment would be paid accordingly to achievements against the stretch targets which were yet to be agreed by the Health and Well Being Board. Members were pleased to note that some of the QIPP savings made over the past two years has been invested into carer services to support family and preventing people from being admitted into hospital, however, it was noted that without continued efficiencies through QIPP, significant additional investment in services would not be sustainable.

General discussion ensued about engaging with patients and public and how much awareness they have of the changes in health; prevention services and commissioning practices; funding panels and concerns about flexibility and concerns about finance constraints.

Particular reference was made to how the CCG intend to work differently and how partnerships are key to jointly delivering services. Members were reassured that CCGs would use their budget allocation wisely and not withdraw services but assess the value and look how services can be delivered differently, most efficiently and effectively. The relationship between the CCG and Local Authority is a key one and if services were to change communications must be carried out in partnership with the Local Authority to ensure the general public are kept fully informed.

Members welcomed self-management of conditions but acknowledged that there is a culture change required to enable the public to feel confident to do so and proactively manage their conditions with their GPs. Early intervention was also highlighted to invest in people's well-being to ultimately reduce costs later in life and enable conditions to be managed safely throughout a patient's life.

**AGREED** – (a) That the updates and information be noted.

(b) That all the Officers be thanked for the attendance

**31. OVERVIEW OF TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST** – The Director of Operations – Tees, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) submitted a presentation (previously circulated) which reported on three areas as followed; rehabilitation beds, organic and functional wards for older people and Primary Care Psychological Therapy Services and Any Qualified Provider. The Director outlined the changes to the number of rehabilitation beds across Teesside and explained that there was also the ability to spot purchase packages or beds from other providers as well as TEWV. He reported that a recovery liaison worker role had been developed and was in place on acute wards, that bed management meetings are taking place weekly to co-ordinate all beds in rehabilitation services and waiting times was the next target.

The Director highlighted that there had been a number of service development in respect of mental health services for older people and as a result there has been an impact on the number of organic beds (due to reduced admission numbers and length and feedback from stakeholders.

Specific reference was made to the need for change in Hartlepool and the need for reconfiguration. The principles of proposals were that organic and functional inpatient beds should be separate to ensure absolute focus on differing needs and care requirements; inpatient care should be exceptional rather than the norm, and for as short duration as clinically appropriate and where possible achieve male and female separation within ward areas. The Director explained that those with functional and organic conditions who required inpatient admission should not be expected to share inpatient facilities. There is an underutilisation of specialised services at Westerdale South and Picktree and that clinically the proposal to only have functional patients at Wingfield represented the best solution to improve services for patient in the Hartlepool and South Easington areas. This was agreed by Hartlepool Borough Council's Health Scrutiny Forum on 29th November 2012.

With regards to improving Access to Psychological Therapies (IAPT) and Primary Care Psychological Therapy Services (PCPTS) and the Director explained that TEWV was one of five providers of this service. The service outline was to provide a comprehensive, PCPTS in line with national guidelines and clinical best practice for adults within the Tees area. The specification for access includes referrals, waiting times, location of service delivery and operating times. Outcomes and tariffs were explained and Members were shocked to hear the payments for a successful and unsuccessful treatment.

The outcome of Rapid Process Improvement Workshops has found that referral to treatment should include an assessment offered immediately or at a convenient time, that 95% move to treatment and telephone assessment or face to face if preferred and treatment to discharge. This would make the model of care work but the Trust are aware that they do not have the correct staffing mix and recognise the need for training and promotion in the first year. Proper costing of premise and telephony would need to be carried out as well as management of overheads and timescales for the shifts in modelling would be very ambitious.

**AGREED** – (a) That the updates be noted.

(b) That the Director be thanked for his attendance at the meeting.

(c) That further update be requested in respect of Any Qualified Provider, Payment By Results and Enhanced Liaison in due course.