

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE
4th February, 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 Redcar and Cleveland Borough Council:

Councillors Carling and Kay.

Representing Stockton-On-Tees Borough Council:

Councillor Wilburn.

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

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

EXTERNAL REPRESENTATIVES –

Cameron Ward, Area Team Director, Durham, Darlington and Tees;
Mark Cotton, Assistant Director Communications and Engagement and Claire Mills Business Manager, Patient Transport Services, North East Ambulance Services 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.

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

33. MINUTES – Submitted – The Minutes (previously circulated) of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 7th January 2013

The Chair requested that a reminder be sent to the Local Authorities who have yet to respond to the Joint Committee's request regarding winter pressures in relation to seasonal flu.

The Chair and Councillor Wilburn provided a verbal report on their recent visit to the Prosthetic Unit at James Cook Hospital and suggested that the matter be reconsidered at a future meeting of the Joint Committee to provide Members with assurance that the service is meeting the needs of all its services users.

AGREED – (a) That the Minutes of the meeting be noted as a correct record.

(b) That a reminder letter be sent to Redcar and Cleveland Borough Council and Stockton-On-Tees Borough Council in relation to winter pressures in relation to seasonal flu.

(c) That an update on Prosthetics Services be added to a future meeting of the Joint Committee.

34. OVERVIEW OF AREA TEAM – The Area Team Director, Cameron Ward for Durham, Darlington and Tees submitted a presentation (slides previously circulated) which outlined the role of the NHS Commissioning Board, Area Teams in England, the role and function of the Area Teams and the progress so far within the Durham, Darlington and Tees Team.

The Director provided an overview of the NHS Commissioning Board and reminded Members that the Board is an Executive Non Departmental Public Body with a mandate from the Department of Health to improve outcomes through the total of £80bn commissioning budget, with oversight and development of the commissioning system. It also has direct commissioning responsibility for primary care commissioning, offender and military health, specialised commissioning and some screening programmes. It would set key time frames with outcomes, local accountability, offer a range of choice and have a role in emergency preparedness, but not respond directly but ensure that local NHS organisations actively respond. There will be one national operating model who will buy in support from Commissioning Support Units and also some key bodies including senates.

Mr Ward advised that senates were a new initiative which would bring together multidisciplinary clinical teams considering standards and a view would be taken to advise commissioners. It was noted that local expertise would be fed into the senates and that views of local Health and Well Being Boards, HealthWatch and Overview and Scrutiny Committees would also be taken into account. The intention is to establish the senates before the end of March 2013 and focus discussions around clinical based evidence with involvement of national clinical experts. Membership will allow for members to be co-opted depending on the subject matter and their area of expertise. It was anticipated that the Francis II report would also influence the senate and its operations.

The Director explained the role and functions of the Area Teams in the North of England and how different Teams would take on the lead for different health specialisms. For example; Durham, Darlington and Tees Area Team would be the lead on primary care commissioning and offender health for Cumbria, Northumberland, Tyne and Wear.

Mr Ward reported that one of his Directors would regularly attend each local Health and Well Being Board and that he would attend whenever possible. He believed that as a commissioner of services especially specialised and primary care being a member of the Health and Well Being Board would be essential and also provide a health system oversight role, this would assist and support the local NHS to maximise the local health system to achieving the objectives within the agreed Health and Well Being Strategy.

Members queried the role of the Area Team if a disagreement arose between local Health and Well Being Boards and the Clinical Commissioning Groups (CCG). Mr Ward explained that the CCG would need to take account of the Joint Strategic Need Assessment (JSNA) and need to agree its three local priorities with the Health and Well Being Board. If the CCG wanted to set a priority contrary to the Health and Well Being Board, the Area Team would question the CCG and request evidence for the priority. The plans will be signed off by the Director of the Area Team and if the priorities don't support the plans the plans cannot be agreed. The plans must be in alignment as both the CCG and Health and Well Being Board serve the same local population.

Members were pleased to note that the majority of the Area Team staff have been recruited and robust transition arrangements are in place with NHS County Durham and Darlington and NHS Tees. The aim is to develop a positive working culture for new staff through engagement, staff events and implementation of agreed working behaviours and Members recognised that there would be a huge culture change for a high number of staff.

The long term aim of the Area Team is to support and deliver an ambitious health improvement of health outcomes and reduction in health inequalities in the Durham, Darlington and Tees locality. Assist and implement recommendations from the Francis II report in respect of quality and safety and continue to develop positive working relationships with key stakeholders. The Area Team will also support the development of CCGs, conclude the contracting process for 2013/14 and ensure the financial sustainability of the areas, while acknowledging the budget pressure all organisations are experiencing.

Discussion ensued about the potential difficult decisions that need to be made and whether some areas may be financially neglected; how the focus of commissioning must remain centred around the JSNA and outcomes, and the commissioning process must be transparent and feature public engagement events.

The Chair thanked the Director for his detailed presentation and attendance at the meeting and the Director undertook to report back to a future meeting of the Joint Committee progress of the Area Team and provide assurance those relationships and communications are in place and remain strong and positive.

AGREED – (a) That the presentation be noted.

(b) That the Director be thanked for the attendance; and

(c) The Director be invited to provide a further update at a future meeting of the Joint Committee.

35. PATIENT TRANSPORT SERVICE STRATEGY 2012 – 2017 – The Patient Transport Service Strategy 2012 – 2017 (previously circulated) offered Members the opportunity to comment on and challenge the Patient Transport Service (PTS) Strategy. Claire Mills, Business Manager, PTS, North East Ambulance Services NHS Foundation Trust (NEAS) guided Members through the document explaining that the Strategy sets out the vision for PTS in the North East of England and the changes that would be implemented over the next five years to achieve the vision.

The Business Manager reminded Members that PTS provides vital access to planned appointments and involves approximately one million journeys every year. It was noted that in Tees, the service model operates around patients' appointment times. As this system has been successful, it was planned to implement this across the rest of the North East focusing transport arrangements based around patient appointment times which would benefit the patients. Members acknowledged that the market for PTS has grown sustainably over the recent five years and that commissioners expect ever higher quality standards that represent high value for money.

Mrs Mills explained that the Trust's rationale for change was based upon feedback from patients, carers, commissioners and hospital providers have determined what elements of the PTS service model need to change. The Trust are also exploring new markets - integrated transport models and working in partnerships with other statutory, voluntary and community agencies to deliver services to a wide set of clients. The opportunities include; provision of Special Educational Needs and adult social care transport provision, partnerships approaches to maximise volunteering opportunities to enhance our social capital bringing people into work from unemployment and education and the creation of sustainable community transport partnerships with Local Authorities, voluntary and community and private sector transport providers thus improving access to services for people where transport is a barrier to access.

Mrs Mills highlighted the five projects that would drive forward the Implementation Plan and influence the Business Planning, those being; PTS Business Improvement, Better Fleet, Better Planning, More Mobile Patients and PTS Workforce Re-Design. The aspiration is for the Trust to ensure that 90% of patients spend less than 60 minutes travelling to their appointments and are collected within 60 minutes of their appointed end or when telephoned ready for collection.

Mr Mark Cotton, Assistant Director Communications and Engagement shared Members concerns about future provision of PTS and the potential of other companies winning tenders for PTS for example, Voluntary Sector, Local Authority and/or Private Companies i.e. Arriva. Mr Cotton reported that Arriva have been awarded the contract for PTS in Greater Manchester and advised that NEAS has recognised the potential of competition and are focused on ensuring that the PTS they provide is robust and cost effective to withstand competitors. The benefits of ambulance services providing PTS enables them to treat patients if an emergency situation arises and avoids the need for an additional ambulance and provides flexibility and adaptability to the service. Members expressed further concerns about the possibility of the service becoming defragmented and service specification being weighed towards cost rather than quality of service.

Particular reference was made to Eligibility Criteria for PTS in Tees and whether this would have a huge impact. Mrs Mills commented that would be dependent on how the criteria were applied and whether NEAS would be implementing the criteria on the commissioner's behalf. Members expressed concerns about commissioners preparing the service specification and suggested that consultation was required and hoped that GPs would be involved in the process.

Reference was also made to cancelled or aborted journeys and Members were surprised to note that 18% of journeys are aborted, the reasons for this being varied and the responsibility of a range of organisations. Journeys are also aborted because

patients have already been admitted to hospital, are too ill to travel, patients are still waiting to be discharged or for medications or remaining in hospital. NEAS are keen to work with Acute Hospitals to be part of the Discharge Policy and consideration is being given for electronic communications for when patients are ready for collection.

Discussion ensued about the use of electric cars and ambulances; poor staff morale, when there is good client feedback; hospital providers' forums in early discussions about booking transport and standards that NEAS currently achieve.

AGREED – (a) That the discussion be noted.

(b) That the Officers be thanked for their attendance at the meeting.