

## Tees Valley Joint Health Scrutiny Committee

A meeting of Tees Valley Joint Health Scrutiny Committee was held on Monday, 11th March, 2019.

**Present:** Cllr Lisa Grainge (Chair)(SBC),

Cllr John Tennant (HBC), Cllr Evaline Cunningham (SBC), Cllr Lynn Hall (SBC), Cllr Lorraine Tostevin (DBC), Cllr Eddie Heslop (DBC), Cllr Wendy Newall (DBC), Cllr Ian Jeffrey, Cllr Norah Cooney (R&C BC)

**Officers:** Michael Henderson, Peter Mennear (SBC), Joan Stevens (HBC), Caroline Breheny (MBC)

**Also in attendance:** Karen Hawkins (Darlington and Hartlepool and Stockton CCGs), Julie Bailey, Alex Sinclair (South Tees CCG), Graeme Nivern (South Tees, Darlington and Hartlepool and Stockton CCGs) Leanne McCrindle, Chris Lanigan, Dominic Gardner (TEWV)

**Apologies:** Cllr Eddie Dryden (MBC), Cllr McGee, Cllr Jan Taylor

### **TVH 23/18**      **Declarations of Interest**

There were no declarations of interest.

### **TVH 24/18**      **Minutes of the meeting held on 11 December 2018**

The minutes of the meeting held on 11 December 2018 were confirmed as a correct record.

### **TVH 25/18**      **Tees Esk and Wear Valleys NHS Foundation Trust Quality Account**

Members were reminded that NHS Trusts were under a duty to produce yearly Quality Accounts, which set out:

- what an organisation was doing well;
- where improvements in service quality were required;
- what the priorities for improvement were for the coming year;
- how the organisation had involved service users, staff and others, with an interest in that organization, in determining those priorities for improvement.

Each year the Tees Valley Joint Health Committee had the opportunity to review the performance of Tees, Esk and Wear Valleys NHS Foundation Trust. The Committee was provided with a presentation, at the meeting.

TEWV's draft Quality Account would be produced in mid-April, and this would be provided to Members in due course.

It was explained that, if it agreed, the Joint Scrutiny Committee could provide a statement of assurance to be included in the published version of the Quality Account.

Discussion:

In relation to the Performance against the core Quality Metrics, Members requested further details regarding comparative information where appropriate.

It was noted that data from the National Patient Survey existed for some of the

metrics, and this would be circulated to the Committee.

Members would support more follow up with patients, to further understand the reasons behind responses to questions on how safe they felt on wards, and whether they would recommend the Trust to friends and family. It was noted that this varied due to individual circumstances and different sites.

Members queried the performance in relation to the number of incidents of restraint. The Trust noted that this varied between wards, and was more common within CAMHS, on Teesside, which included the Eating Disorder service which was hosted by the Trust and was one of four such wards in the country. Members received assurances that the use of restraint, in Teesside, aside from the Eating Disorders service was in line with the rest of the Trust.

The Trust was not meeting its targets in relation to average length of stay in Mental Health Services for Older People. It was noted the data varies across the Trust, with some care home capacity issues in the Tees area having an impact.

Members did recognise that the Trust had set itself challenging targets; these were to be achieved over three years and were aspirational.

In terms of its Quality Priorities, it was noted that care planning needed to have a greater focus on the voice of the patient, and the intention was for plans to be written in the patient's own words.

Service provision for substance misuse was now more fragmented and often delivered through third sector providers. Although TEWV was no longer the provider of these services, the increase in patients with a dual diagnosis of substance misuse affecting their mental health, has led to the Trust to improve its links with the service providers, and rebuild its expertise on these issues. This was a particular issue in the Tees area, and pathways of care were being reviewed. Substance misuse services were also being recommissioned across Tees.

The most overt issues were linked with drug use rather than alcohol.

The Trust was continuing to review its Urgent Care services and this priority had been suggested by its Local Authority stakeholders. The Crisis Suite at Roseberry Park was seen as innovative practice.

Both ambulance services covered by the Trust were due to have the facility to see whether patients they attend have mental health crisis plans in place. Mental health nurses were located in the police control and there was positive acute liaison relationships in place.

The NHS Long Term Plan committed to looking further at this issue and localities were to take forward more joint working.

RESOLVED that:

1. a statement be produced to reflect Member comments on TEWV's performance.

2. a draft statement be circulated to the Committee, with final agreement delegated to Chair and Vice-Chair..

**TVH**      **Task and Finish Group - Roseberry Park**

**26/18**

Members were provided with a draft report, prepared by the Joint Committee's Task and Finish Group, that had examined the impact of works at Roseberry Park, particularly with regard to the affect the works had had on service delivery, patients, their families, carers and staff.

The Chair of the Task and Finish Group, Councillor Ian Jeffrey, introduced the report to the Joint Committee.

It was explained that the Group had spoken with members of staff, carers, and had sought views from interested parties including the Clinical Commissioning Groups (CCGs), Adult Social Care, and Members of Parliament. All concerned had recognised the seriousness of the initial situation, the potential for serious harm to patients and staff, and the need to find a remedy.

In relation to service delivery, Members had found that, through the efforts of the Trust and its staff, the situation had been well managed, with the impact on service users, and their families, minimized, as far as possible.

Members had been particularly impressed by the efforts and approach of staff associated with the affected wards, with all feedback to the Group indicating that the teams had gone above and beyond, in their continued delivery of care.

The Group had agreed that the commitment of staff represented the best of public service. The Group was also clear that this situation should never have arisen in the first place, and would support all efforts to make sure that other services were not affected in this way, both locally and across the country.

It was noted that the Chancellor had announced, as a part of the 2018 Budget, that future public investment projects would no longer be funded via Private Finance Initiatives. Whatever future funding arrangements were agreed, nationally, the Group highlighted the need to ensure that any future building projects, in the NHS, were both safe and high quality, and delivered in a financially sustainable way.

**RESOLVED that:**

1. the Group's appreciation of the commitment of the Trust's staff, at Roseberry Park, be supported by the Joint Committee and forwarded to the relevant Teams, by the Trust;
2. the Tees Valley Joint Health Committee receive updates on the progress of the works at Roseberry Park.
3. the widest possible distribution of the report be undertaken, including

circulation to local Members of Parliament, Local Authorities, the Secretary of State for Health and Shadow Secretary of State for Health.

**TVH  
27/18**

## **Clinical Commissioning Group Updates**

Members were reminded that, at the September meeting of the Joint Committee, an update had been provided on the local GP workforce. A range of work on primary care sustainability was discussed and it was agreed to consider the issues in more detail, at a future meeting. During discussion, reference had been made to additional NHS funding that had been announced, at national level, and Members had requested further details of the local allocations, for this funding, when available.

Given the above, Members were provided with presentations on Primary Care Sustainability and the new funding allocation for the NHS.

### Primary Care Sustainability

Members were provided with details of:

- GP Staffing Levels.
- GPs who were eligible for retirement in the next 10 years.
- Average number of Patients per GP
- GP Vacancies

The Joint Committee was informed of schemes that had been developed to assist with primary care sustainability, including:

- Practice Manager development
- Behavioural health coaching
- GP retention programme
- General Practice Resilience Programme
- on line consultations

The Committee considered details of Primary Care Networks which were a major part of the NHS's long term Plan. The Networks would bring general practices together, to work at scale, and were expected to be established by 1 July 2019.

Discussion/Issues raised by members:

- It was recognized that fewer people were training, with the intention of being GPs . HEE was working to change this trend and work was on going to attract GPs to the North East.
- Primary Care Networks (PCNs) had to make sense in terms of their geography and the population they served. Services had to wrap around the communities within the PCN.
- PCNs would be monitored by the CCG.
- PCN contracts would require them to deliver seven specific national services. Integrated Community based teams and community and mental health services

would configure their services around network boundaries.

## Finance

Members were provided with comprehensive information about the allocation of £20.5 billion to address current financial pressures, demand growth and new priorities.

It was noted that the NHS would receive average financial growth of 3.4% over 5 years but had to return to balances over the same period and create a minimum of 1.1% productivity growth per annum.

Other commitments, associated with receiving the additional money, included reducing growth in demand through better integration and prevention, reduction of unwarranted variation in performance, better use of existing assets and capital investment to drive transformation.

Details of how changes in formula and other factors, such as pace of change, would affect allocation to the local STP and CCGs was provided to the Committee. Members also received details of overall, total place based allocations across CCG core allocations, Primary Care and Specialized Commissioning.

Discussion /areas highlighted by members:

- members queried the weighting placed on allocations and were informed that deprivation was a factor, as was population projections. Population growth in the local area was less than other areas nationally and this was reflected in the allocation.

- the Committee recognized that the NHS had to deliver a number of asks and it could not achieve them in isolation. Strong, local, joint working would be essential to success.

RESOLVED that the update and discussion be noted.

**TVH  
28/18**

## **Committee Work Programme**

Members noted the Committee's Forward Plan for 2018/2019.