

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

MINUTES

17 JANUARY 2020

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Hartlepool Borough Council: Councillors G Hall (Chair) and B Harrison.
Middlesbrough Borough Council: Councillors A Hellaoui and E Polano.
Redcar and Cleveland Borough Council: Councillor S Smith.
Stockton-On-Tees Borough Council: Councillors E Cunningham, C Gamble and L Hall.

Also Present: Mark Cotton and Victoria Court, North East Ambulance Service NHS Trust (NEAS)
Alastair Monk, North East NHS Commissioning Support
Chris Lanigan, Paul Foxtton, Dominic Gardner and Elizabeth Moody, Tees Esk and Wear Valleys NHS Foundation Trust

Officers: Joan Stevens, HBC Statutory Scrutiny Manager
Angela Armstrong, HBC Scrutiny Support Officer
David Cosgrove, HBC Democratic Services Team

20. Apologies for Absence

Councillor J McTigue (Middlesbrough Borough Council)
Councillor N Cooney (Redcar and Cleveland Borough Council)

21. Declarations of Interest

None.

22. Minutes of the meeting held on 17 January 2020

Confirmed.

23. Presentation: Performance Update (*Director of Operations and Deputy Director of Operations, North East Ambulance Service*)

The NEAS representatives gave a presentation to the Joint Committee outlining the service's performance over the past twelve months. The presentation outlined the following key points: -

- The savings made within the organisation together with the additional funding from Commissioners.
- Vehicle resources and locations.
- Performance against targets.
- Performance of double crew ambulances.
- Recruitment.
- Reducing conveyance and improving system efficiency.
- Improving hospital turnarounds.
- Performance against response targets.
- Long waits performance.
- Increasing incident demand
- Performance of hospital handovers over 1 hour
- Key drivers to increasing demand.
- NEAS performance measured against the national picture.
- Additional innovations in operations and system leadership.
- Additional resources delivered for the Winter Plan.

During the debate and discussions Members sought clarification around abstractions. The NEAS representative stated these were the incidents when a paramedic was not in a vehicle to respond to calls. These included sickness, training, annual leave. It was highlighted that the sickness rate was down 2%. It was explained that the investment from Commissioners of £10.4m was staged over 5 years with some frontloading to support recruitment. The resources to meet the Winter Plan had come from internal NEAS resources.

There was some concern among Members at the handover statistics at hospitals. NEAS commented that rates at North Tees Hospital were very good but James Cook University Hospital were poorer mainly due to the closure of the Friarage A&E. Members did welcome the positives particularly around recruitment and staff retention.

Decision

That the presentation be noted.

24. Presentation: Repeat Prescription Ordering Service (*Medicines Optimisation Pharmacist, North of England Commissioning Support (NECS)*)

The NECS representative gave a presentation to the Joint Committee updating Members on the roll out of the Repeat Prescription Ordering System (RPOS) across the region. The systems was designed to encourage patients to take back control of their repeat prescriptions from third party ordering systems. The presentation outlined the work undertaken with GP practices and the information being issued to patients. GP practices had now identified patients that needed to be contacted to inform them of the changes outlining the methods of ordering repeat medications. Generally, the implementation of the new system had been

successful with the new system now being seen as the norm. The numbers of patients using online ordering was increasing and the number of prescription items issued was decreasing reducing costs.

The Chair indicated that he was aware of issues with patients being issued with medipacks; this was a particular problem for elderly patients. The NECS representative stated that within primary care networks there should be a lead pharmacy identified; the system was still relatively new and while embedded for most medications, there were still some issues. Members reported some patchy implementation of the new system, with much often depending on an individual pharmacist. There was also concern that most elderly patients would not be able to use electronic ordering and the system didn't seem to be universal with GP practices. The NECS representative indicated that there had been a huge amount of work done with pharmacies but acknowledged that it sometimes did depend on an individual pharmacist. The NECS representative undertook to take Members comments back.

Decision

That the update report be noted.

25. Half-yearly Quality Account Progress *(Director of Operations – Tees, Head of Planning and Business Development and a representative of Director of Quality Governance – Tees Esk and Wear Valley NHS Foundation Trust (TEWV))*

Representatives from TEWV outlined the details of the Quality Account Update (Q2) circulated to Members. Most performance indicators were on track although some patient feedback statistics were below expectation, though these were reported to be improving during quarter 3. It was reported that there was also to be a Quality Account Stakeholder event on 4 February to be held at Scotch Corner with Members welcome to attend.

Members raised some concerns around the patient feedback with only two wards being described as 'safe' and particularly high use of physical restraint. The TEWV representatives commented that there were issues across North Yorkshire with bed numbers and availability which were reflected in some of the figures which covered the whole Trust area. There were fewer beds now, so the people that did come into hospital tended to be more unwell. It had raised questions around whether more beds were needed so people could be brought in earlier.

Members also expressed concern that many patients were often confused by the different teams that were involved in their care often leading to confusion. The TEWV representatives acknowledged this stating that over time teams had become more specialised leading to an increased number of teams and this did need to be simplified both from a management and patient perspective.

In relation to the ‘feeling safe’ statistics, the TEWV representatives did state that across Teesside there was a reduction in adult beds due to the ongoing building work with higher occupancy rates and higher turnover of patients. In response to the concerns around restraint it was indicated that the figures included West Lane Hospital which was one of the few centres where feeding under restraint was permitted, though all these occasions were properly recorded. There had also been some closures of private facilities that had led to a number of patients coming into TEWV. Members asked if there was any analysis of the figures without the feeding under restraint statistics. The TEWV representative stated that there was and they did make a significant difference.

Members also expressed concerns around the transition of young people from children’s care to adult care and how some had described the services as ‘dropping off a cliff’ at this transition point. The TEWV representatives stated that this was a concern for the organisation as well and they were looking to the introduction of a 6 month transition period leading up to a young person’s 18th birthday to assist them through this change.

Decision

That the report be noted.

26. Roseberry Park – Update on Ongoing Remedial

Works (*Director of Operations – Tees and Director of Estates, Capital Planning and Facilities Management – Tees Esk and Wear Valley NHS Foundation Trust (TEWV)*)

The TEWV representatives gave an update presentation outlining the construction and remedial work underway at the Roseberry Park site. The presentation outlined the phasing of the works and the complexity of managing all the various elements of the projects and why they would take until 2024 to complete. The safety and security of patients and the site were being given high priority and the organisation was happy with the quality of the work being undertaken by the contractor.

The impact on patients had been a major issue with the decant of patients to other venues and the arrangements around those moves. The patients currently at Sandwell Park in Hartlepool would move back to Roseberry Park in the early summer with some further works to be undertaken at Sandwell Park before the next patients were moved there to allow further works at Roseberry Park. A further impact of the current high occupancy rates was an increase in staff sickness. Staff turnover was, however, still lower than other regions.

Decision

That the progress report be noted.

27. Presentation: Right Care Right Place Programme

(Director of Operations – Tees, Tees Esk and Wear Valley NHS Foundation Trust (TEWV))

The TEWV representatives outlined the background to the Right Care, Right Place Programme (RCRP) and the aims around improving pathways for patients and improving case management. There was a concern that there were often too many teams involved with patients and services and finances needed to be focussed on those in most need. There had been stakeholder involvement in the process.

The main aims of the programme were to: -

- Improve the Access model to reduce the number of multiple re-referrals and the number of referrals signposted with limited involvement;
- Enhance the community rehabilitation services;
- Improve the home treatment services and create genuine alternative options to admissions by enhancing the crisis model for all ages;
- Ensure provision of coordinated care planning with key partners, including IAPT and substance misuse services within Tees Valley
- Develop a service which supports in identifying and effectively supporting patients who regularly present at multiple providers which lead to organisations providing care within silos?
- Ensure timely advice and Support was available for referrers / partners;
- Ensure care for individuals within care homes is coordinated between community matrons, social services, GPs and mental health services;
- Improve support for patients with a suspected delirium which includes detecting, diagnosis and supporting patients within the community;
- Improve support for dementia patients who were presenting with complex behaviours within the community;
- Improve access and care for patients with ADHD and Autism across Tees (Adults);
- Improve access to psychological therapies.

The Chair referred to the specialist nurses for patients with delirium in hospital wards at North Tees hospital who were receiving very positive feedback. The TEWV representative stated that these nurses were one of the success stories. The challenge was to make such nurses available further 'upstream' to GP practices. The Chair also questioned the large scale of the area served by the Trust and whether there was any question of reducing the size. It was acknowledged that with 2 million people, the TEWV area was one of the biggest in the country but it did have the benefits of economies of scale which a reduced area would not. The main questions around areas were linked to the development of the Integrated

Care Systems and how these would integrate with mental health service areas.

Decision

That the report be noted.

28. Any Other Items which the Chairman Considers are Urgent

None.

The Hartlepool Statutory Scrutiny Manager indicated that copies of the presentations would be shared with lead officers in each authority.

The Joint Committee noted that the next meeting date would be on Friday 13 March 2020 at the Civic Centre, Hartlepool.

The meeting concluded at 12.15 pm.

CHAIR