

## Health Select Committee

A meeting of Health Select Committee was held on Monday, 25th January, 2010.

**Present:** Cllr Mrs Ann Cains(Chairman), Cllr Kevin Faulks(Vice-Chairman), Cllr Jim Beall, Cllr Julia Cherrett, Cllr Aidan Cockerill, Cllr Andrew Sherris and Cllr Mrs Sylvia Walmsley

**Officers:** Peter Mennear and Michael Henderson

**Also in attendance:** Cllr Maurice Frankland, Cllr Mrs Ann McCoy, David Smith, Carl Bashford (NHS Tees); Les Morgan (Tees, Esk and Wear Valleys NHS Foundation Trust)

**Apologies:**

### **H**      **Declarations of Interest**

**52/09**

Cllr Mrs Cains declared a personal non prejudicial interest in the item relating to Roseberry Park Hospital. as her nephew worked on a forensic ward at a local hospital.

Cllr Mrs McCoy declared a personal non prejudicial interest in the items relating to Transforming Community Services and Roseberry Park Hospital as she served on the Council of Governors for Tees, Esk and Wear Valleys (TEWV) NHS Trust and North Tees and Hartlepool Acute Trust. Additionally she was a Mental Health Act Manager for TEWV.

### **H**      **Draft Minutes - 14th December, 2009**

**53/09**

Members agreed the minutes of the meeting held on 14 December 2009.

During discussion it was noted that, with regard to the Phlebotomy Service, a session had been introduced to Ingleby Barwick and was taking place 1pm - 3pm Tuesdays and Thursdays. The Committee asked that this be monitored to assess the impact on Thornaby Health Centre.

### **H**      **Update on Transforming Community Services**

**54/09**

Members were reminded that, at its meeting held on 26 October 2009, the Committee had received a presentation from the PCT relating to the Transforming Community Services (TCS) programme. The PCT had concentrated on commissioning services rather than providing them since November 2008 and since that time community services had been provided by the North Tees and Hartlepool NHS Foundation Trust on an interim basis. Reviews of services involved had taken place to scope out what would be needed prior to a procurement process that would lead to the appointment of a provider(s).

David Smith from the PCT was present to provide the Committee with an update.

It was explained that services would be going out to tender in June 2010 with new provider(s) in place by April - June 2011. A small number of services (eg minor surgery) would be going out earlier and would be up and running

April/May this year. A timetable from the process was available on the web and the PCT Communications Team was ensuring Scrutiny was kept informed.

During consideration a number of issues were discussed:-

- \* Linkages between any changes to Acute Services North of the Tees and TCS. David Smith indicated that though the processes were separate appropriate linkages were being made.
- \* Noted that the Acute Trust had indicated that the new hospital North of the Tees would not open until necessary community facilities were in place. It was queried how the PCT would ensure this happened. It was explained that the Community facilities contract would be flexible and the provider would have to work to the PCT vision and deal with demand as it occurred. The contract will be able to react to any changes. This concern would be raised with the TCS project group and a fuller answer provided to the Committee.
- \* Noted that the commissioned community services would focus on care pathways and improving the patient's journey.
- \* Members queried the impact on current ISA arrangements. It was indicated that providers would have to continue to work with the Council, via ISAs, if that fitted in with the vision of the PCT. Members pointed out that ISAs were arranged geographically and provided local services. Mr Smith indicated that he would raise this with the TCS Project Board and feedback a response.
- \* It was explained that the procurement process was an invitation to enter into dialogue and followed Department of Health Guidance. It had to be transparent and open to scrutiny. It could not be loaded in favour or against any provider(s).
- \* Noted that indications of what the PCT expected from any provider had been drip fed into the market place for sometime.
- \* The Committee was unsure of the 3rd Sector's ability to compete to become the provider - a response would be provided by the TCS project board.
- \* Noted that the programme's Communication Plan included consultation with public and groups such as LINK.

CONCLUDED that the update be noted and the responses from the TCS Project Board, to issues needing further explanation, be circulated to Committee and other members present at the meeting, when available.

**H**                    **Update on Roseberry Park development**  
**55/09**                **- to receive update from Tees, Esk and Wear Valleys NHS Foundation**  
                          **Trust**

Les Morgan, Chief Operating Officer/Deputy Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust and Carl Bashford from NHS Tees were in attendance for this item. Mr Morgan presented a report to the Committee, which provided an update on the development of the new Roseberry Park Hospital, a mental health and learning disability facility. The hospital would be

completed in March and occupied April/May 2010.

Member noted that the capital costs associated with the hospital were £75 million with revenue costs of £6.6 million.

The original proposals provided 146 Adult and Older Persons beds and 166 Forensic Mental Health and Learning Disability beds.

The Committee noted that forensic beds accommodated people diverted from prison or the courts who required secure and specialist mental health treatment. The new hospital would provide low and medium secure beds.

It was explained that since the original proposals there had been significant changes that had affected the demand and average length of stay in Adult Mental Health Services. This had led to a decision by the commissioners to reduce the number of Adult Mental Health beds. In addition Forensic Mental Health Services had increased beyond that which had been envisaged. The new hospital would therefore provide 126 Adult and Older Persons beds and 186 Forensic Mental Health and Learning Disability beds. Also, because of predicted low usage a four bedded Mother and Baby Unit would not open at the hospital.

Members considered the report and discussion took place surrounding the facility and the services provided:-

\* Noted that the hospital would provide ground floor single bedrooms en suite accommodation

\* It was explained that wings were single sex however, with regard to Adult Older People there were some same sex communal areas. This was in line with national guidance.

\* 28 beds currently allocated in North Tees would go to Roseberry Park.

\*The Trust considered that transport links would be sufficient.

\*The Committee was informed of the hospital's car parking arrangements and noted that parking would be free. It was not anticipated that individuals using James Cook Hospital would park at Roseberry Park as a wide green belt separated the two sites.

\*Members were concerned that the 4 Mother and Baby beds, previously planned would not now be provided. Such beds were commissioned from St George's Hospital, Morpeth and a regional review was underway to examine the best way in which this provision could be delivered in the future, this review was also considering existing and developing community provision. The Committee considered that this would cause hardship for families affected, as the service was not local. Carl Bashford explained that most mothers were now supported in the community and there had only been one incident reported of a bed being needed in the previous year. Given that it had been felt that resources would be best utilised to enhance community services.

The Committee accepted an invitation for its members, together with Councillors

Frankland and McCoy, to visit the hospital during Spring 2010.

The Committee agreed that some overview training on mental health issues would be beneficial. Les Morgan offered to provide an overview of TEWV and the services it delivered.

CONCLUDED that:-

1. the update be noted.
2. the Committee take up the invitation to visit the Roseberry Park Hospital.
3. consideration be given to overview training relating to mental health and the offer from TEWV in this regard be accepted.

## **H 56/09**      **Tees Valley Joint Health Scrutiny Committee Update**

The Committee considered the minutes of the Tees Valley Health Scrutiny Joint Committee meetings held on 16th November 2009 and 17 December 2009. Particular reference was made to the Cancer Screening Services minute and the fact that around 20% of women eligible did not attend for breast and cervical cancer screening. Also about 50% of men and women eligible for bowel cancer screening did not take up the offer. The Committee agreed that attempts needed to be made to improve these figures and more convenient timings of screening sessions, outside of the normal working day, may assist with this. The Committee also discussed problems some young women may have in accessing breast and cervical cancer screening. It was suggested that there was a reluctance by some GPs to refer younger women, for screening, given that the incidence of such cancers were comparatively low in younger women.

The Committee also discussed the minute relating to Swine Flu and noted the attendance figures at antiviral collection points. Members queried whether any specific data existed relating to actual cases of swine flu.

CONCLUDED that the minutes be noted.

## **H 57/09**      **Work Programme**

Members discussed its work programme:-

1. the Fair Access to Care (FACS) Review and queried the position and when it would have sight of the draft consultation document. The Chair indicated that she would take this up with officers.
2. Tithebarn Update 8 March meeting
3. Primary Care Strategy - 8 March meeting
4. Phlebotomy Service Update - 8 March meeting
5. Training - Mental Health

It was noted that the Mental Health and Learning Disabilities Efficiency,

Improvement and Transformation had been identified as a possible review for 2010/2011 . It was pointed out that individual members could make suggestions regarding any review topics they felt would benefit from a Scrutiny review.

CONCLUDED that the issues discussed be noted.

**H  
58/09**

### **Chair's Update**

The Chair provided an update:-

1. The Chair was unable to attend a seminar at Middlesbrough on 16th February and asked if any member of the Committee was able to go in her place.
2. The Chair reminded the Committee of a recent incident relating to a Primary Care Trust's Out of Hours Service. The incident in Cambridge, in which two patients had died, had exposed serious short comings in terms of how out of hours doctors were sourced by the company operating that service. The Chair indicated that she would be seeking written confirmation of from the PCT that their arrangements ensured patient safety in this regard.
3. Noted that the Committee would be requested to comment on Quality Accounts of local Trusts, when produced. This could be jointly undertaken, with LINKS, if both felt appropriate.
4. Noted that Regionally attempts were being made to form an Overview and Scrutiny Committee using funding available from the Centre of Public Scrutiny.
5. Reference was made to the Overview meeting the Committee had held on 18th January. Members were asked to provide feedback to Peter Mennear.
6. Standards Committee observers had attended the Committee's meeting on 14th December 2009 and had provided generally positive comments, other than reference to library staff entering the rear of the room, at one point during the meeting. The observers suggested that attempts should be made to prevent this happening as it could cause disturbance. Some members who had been present at the meeting in question indicated that they had not been aware of the intrusion. The Chair explained that she would circulate the observers' comments to the Committee.
7. Medication in Care Homes and checks and balances associated with it. The Chair had received a letter from the Department of Health, which she would circulate to the Committee. This issue would be placed on a future Committee agenda, and the Chair would request a report on local arrangements.

CONCLUDED that the update be noted.