

**TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**

A meeting of the Tees Valley Health Scrutiny Joint Committee was held on 23 August 2010.

**PRESENT:**

Representing Darlington Borough Council:  
Councillors Mrs Scott and Mrs Swift

Representing Hartlepool Borough Council:  
Councillors Cook and G Lilley

Representing Middlesbrough Council:  
Councillor Dryden

Representing Redcar & Cleveland Council:  
Councillors Higgins and Mrs Wall (Chair)

Representing Stockton-on-Tees Borough Council:  
Councillor Cains.

**OFFICERS:** A Metcalfe (Darlington Borough Council), J Walsh (Hartlepool Borough Council), J Bennington and J Ord (Middlesbrough Council), M Ahmeen (Redcar & Cleveland Borough Council) and J Trainer (Stockton-on-Tees Borough Council).

**\*\* APOLOGIES FOR ABSENCE** were submitted on behalf of Councillor Newall (Darlington Borough Council), Councillor S Akers-Belcher (Hartlepool Borough Council), Councillors Cole and Davison (Middlesbrough Council), Councillor Carling (Redcar and Cleveland Council) and Councillors Sherris and Mrs Walmsley (Stockton-on-Tees Borough Council).

**\*\* PRESENT BY INVITATION:** Councillor Mrs Skilbeck (Hambleton District Council)

Tees, Esk & Wear Valleys NHS Foundation Trust:  
Les Morgan, Chief Operating Officer  
Levi Buckley, General Manager, Adult Mental Health (South Teesside).

**\*\* DECLARATIONS OF INTEREST**

Name of Member	Type of Interest	Item / Nature of Interest
Councillor Mrs Wall	Personal/Non Prejudicial	Any matters relating to North East Ambulance Service NHS Trust - related to a number of employees.

**\*\* MINUTES**

The minutes of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 19 July 2010 were submitted and approved as a correct record.

**MATTERS ARISING – SCRUTINY WORK PROGRAMME**

The Scrutiny Support Officer advised the Joint Committee that Carole Langrick, the Deputy Chief Executive of the North Tees and Hartlepool NHS Foundation Trust and Momentum Project Lead had confirmed that she would be able to attend the meeting of the Joint Committee scheduled for 13 September 2010.

NOTED

## MENTAL HEALTH SERVICES – CAPACITY OF COMMUNITY SERVICES

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from the Tees, Esk & Wear Valleys NHS Foundation Trust to report on the new Roseberry Park Hospital and the implications of the move for community health services.

The topic had been included in the Joint Committee's work programme agreed at its meeting held on 19 July 2010. The suggested remit for undertaking such a review was reported as follows:-

'To investigate the implications of the Roseberry Park development for the provision of Mental Health Services and specifically, to gain an understanding of its implications for the provision and capacity of Community Mental Health Services. The Joint Scrutiny Committee may then make recommendations felt appropriate, on the strength of the evidence received.'

In order to assist deliberations the Trust had been asked to consider a series of questions a written response to which was circulated at the meeting and focussed on the following aspects.

Roseberry Park had been developed to replace the outdated buildings at the old St Luke's Hospital for Adult Mental Health, MHSOP, Adult Forensic and LD Forensic, as well as replacing the AMH provision at North Tees General Hospital.

Details were provided of the number of inpatient beds at the Roseberry Park site in comparison with the North Tees and Old St Luke's site and that of the original Roseberry plan:-

		North Tees and Old St. Luke's site		Original Roseberry Plan	Final Roseberry Bed Numbers
		St. Luke's	North Tees		
Adult	Mental	62	40	110	74
Health (incl PICU)					
	MHSOP	32	-	32	32
	Forensic MH	93	-	99	135
	Forensic LD	49	-	67	67

The Joint Committee was advised that the main reason for the decrease in the number of beds related to the reduction in the length of stay (LoS) in inpatient wards. This had been achieved primarily through the introduction of the Purposeful Inpatient Admission (PIPA) process, which provided evidence for commissioners that the reduction in adult mental health beds could be supported.

An indication was given of the resources, which had been made available to develop the capacity of community mental health services. As part of the National Service Framework and Commissioning Plans during the early years of the decade PCT's identified investment in a range of specialist services to enhance community services to provide a specific focus on alternatives to admission. As a result, services such as Crisis Resolution, Assertive Outreach, Early Intervention in Psychosis, and Crisis beds had been developed in line with central Policy Implementation Guidance. Such services had had an impact on the reduction of admissions and the management of patients in a safe environment as close to home as possible.

In addition, the Trust had re-invested resources across services to meet changing patient needs and expectations such as Access Posts to act as first line assessment to all new referrals within community teams. Such action provided a faster access to a standardised assessment for all referrals before allocation to the appropriate service.

Commissioners had continued to invest over recent years in both Adult and MHSOP including significant sums into Liaison Psychiatry, Primary Care Mental Health Services and Memory Clinics. The Joint Committee was advised that probably the most significant investment in recent years had been the introduction of Improving Access to Psychological Therapies (IAPT) which in Tees had resulted in an annual investment of around £3 million.

It was stated that although the Trust believed that the Commissioners were satisfied with the service model now in operation and the capacity of community mental health services the Trust regularly met with Commissioners at a local and strategic level to discuss service provision and monitor performance and quality outcomes.

In terms of the future development of community mental health services the Joint Committee was informed that the Commissioners had advised of their intention to undertake a review of such services across the region. The Trust's strategy was to continue to promote appropriate care as close to home as possible and along with Commissioners would continue to re-engineer services to achieve this.

As part of the background information a copy of the document entitled, 'Roseberry Park Introduction' had previously been circulated to the Joint Committee.

The Chair welcomed Les Morgan, Chief Operating Officer and Levi Buckley, General Manager, AHM (South Teesside) from the Tees Esk & Wear Valleys NHS Foundation Trust who clarified the information provided in the briefing report and responded to Members' questions.

Further clarification was provided regarding the increase in Forensic MH beds from 99 to 135 beds mainly as a result of the PIPA process and effectively reducing the length of stay in acute wards by various means as outlined. It was confirmed that there was scope for re-organising spare capacity of forensic beds and that such beds had been utilised by persons outside of the area. Some of the beds had been designated as lower security for an interim period. It was confirmed that although there was some flexibility there was a recognised need for the number of such beds.

Following the closure of the 40 bed capacity at North Tees General Hospital an assurance was sought that there was sufficient capacity in community services to cope with all of the people from such an area and as part of the Advance Programme there would not be any unnecessary delays.

In response an assurance was given that the most important concern was to ensure that the most appropriate level of care was provided in all cases and that assessments were undertaken as soon as possible. In terms of the expansion of community health services in recent years reference was made to the investment made and developments as part of NSF, outreach teams, early intervention and psychosis teams. It was noted that since its opening Roseberry Park had never been fully occupied. It was confirmed that further details could be provided on occupancy rates.

Members commented on experiences relating to the Crisis Team provision. The representatives from TEWV reported upon improvements which had been made to such provision over the last 18 months. Such a service was now provided 24 hours and the number of staff involved was based on population. Clarification was given of the role of the Liaison Service/Crisis Teams when persons attended hospital A & E departments with mental health issues requiring assessment.

In terms of recent developments in community health services reference was made to a number of events arranged with service users and carers with a view to considering identified problems and making services more responsive.

A Member referred to a number of cases involving constituents which illustrated some of the difficulties experienced the details of which would be discussed further with the TEWV representatives.

Reference was made to the level of investment from PCTs which varied across the Tees Valley further information on which could be provided at a future meeting. The Scrutiny Support Officer reported that appropriate PCT representatives had confirmed that they would be attending the meeting of the Joint Committee to be held on 11 October 2010 to provide information on their perspective.

Whilst recent developments were acknowledged the TEWV representatives indicated in response to Members' questions that the matter of specialist affective disorders was an area for

further development in providing a local service. Aspergers syndrome was also referred to as an area which would benefit from developing a more systematic and specialist service.

In commenting on the implications of the recent Government White Paper it was acknowledged that the Trust would need to work with PCTs to ensure that the proposed GP Consortia would be in a position to commission and develop mental health services as required.

**AGREED** that the representatives from the Tees, Esk & Wear Valleys NHS Foundation Trust be thanked for the information provided which would be incorporated into the overall review.

## **WHITE PAPER – EQUITY AND EXCELLENCE – NHS**

In a report of the Scrutiny Support Officer information was provided on the Government White Paper, published on 12 July 2010 outlining major reforms to the National Health Service structure and operation. The document, entitled Equity & Excellence: Liberating the NHS a copy of which was provided at Appendix 1 of the report submitted set out a future vision for the NHS.

Reference was made to a number of associated key documents with particular regard to 'Increasing democratic legitimacy in health' which was regarded as the most relevant to the work of local authorities, elected members and specifically the work of Health Overview and Scrutiny Committees.

The key provisions included the following:-

- a) the creation of GP consortia to commission local primary health services;
- b) transferring responsibilities for local public health improvement from PCTs to local authorities;
- c) the abolition of Strategic Health Authorities in 2012/2013 and Primary Care Trusts by the end of March 2013;
- d) the creation of a new national NHS Commissioning Board to lead on the achievement of health outcomes, allocate and account for NHS resources and support GP consortia further details of which were outlined in the report;
- e) the creation of Health Watch England, a new national independent consumer champion within the Care Quality Commission, Local Involvement Networks (LINKs) to become the local Health Watch ensuring that the views and feedback from patients and carers were an integral part of local commissioning across health and social care further details of which were given in Appendix 2.

Despite their approaching abolition, it was noted that the White Paper made it clear that PCTs and SHAs would be expected to play a full role in the transitional arrangements the precise nature of which required further work. It was suggested that this might be a topic for the Joint Scrutiny Committee to examine.

The report set out the local authorities' new functions which included the responsibility for: -

- promoting integration and partnership working between the NHS, social care, public health and other local services and strategies;
- leading joint strategic needs assessments and promoting collaboration on local commissioning plans;
- building partnership for service changes and priorities.

It was noted that the above functions would replace the current statutory functions of Health and Overview and Scrutiny Committees. It was also pointed out that it was proposed that the LHWB would take on the statutory responsibility to address statutory consultations on major reconfigurations or service design.

It was intended that Healthwatch would have more powers and areas of responsibility than LINKs currently had and were intended to become a kind of 'citizens advice bureau' for health providing a 'sign-posting function'. It was also proposed that LINKs would receive additional support and funding for NHS complaints advocacy services and supporting individuals to exercise choice.

Specific reference was made to the function of the proposed Local Health & Wellbeing Boards the primary aim of which would be to promote integration and partnership working between the NHS, social care, public health and other local services and improve democratic accountability. The LHWB were also envisaged to have a lead role in determining the strategy and allocation of any local application of place based budgets for health.

It was proposed that the four main functions of LHWB would be to: -

- a) to assess the needs of the local population and lead the statutory joint strategic need assessment;
- b) to promote integration and partnership across areas, including by means of promoting joined up commissioning plans across the NHS, social care and public health;
- c) to support joint commissioning and pooled budget arrangements where all parties agreed this would make sense;
- d) to undertake a scrutiny role in relation to major service redesign.

It was proposed that the LHWB would adopt a scrutiny role, when it was necessary to consider service reconfigurations or substantial variations. The Department of Health had published a letter on 29 July 2010 a copy of which was provided at Appendix 3 which described four important principles to be satisfied when considering a service reconfiguration as follows:-

- support from GP commissioners;
- strengthened public and patient engagement;
- clarity on the clinical evidence base;
- consistency with current and prospective patient choice.

It was noted that further clarification was required as to the future role of overview and scrutiny in this regard.

Given the anticipated central role of General Practice in the commissioning of services it was considered beneficial to establish links to help clarify their new role and to identify the role of PCTs during the transition phase.

Despite its status as a White Paper, Equity & Excellence: Liberating the NHS was open to consultation and comments invited to be received by 5 October 2010 and Local Democratic Legitimacy in Health, a deadline for comments of 11 October 2010.

In commenting on the likely implications of the White Paper Members expressed a number of concerns with particular regard to the future role of overview and scrutiny committees and extended role of the voluntary based LINKs organisations. The ability, capacity and willingness of GPs to commission local primary health services was considered to be a major consideration.

As well as any formal response on the White Paper from the Joint Committee reference was made to the responses being formulated by the individual local authorities.

**AGREED** as follows: -

1. That the information provided be noted.
2. That following the compilation of formal responses by the constituent local authorities the Joint Committee considers the submission of a general formal response to the consultation on the White Paper.

**DATE OF NEXT MEETING**

It was confirmed that the next meeting of the Tees Valley Health Scrutiny Joint Committee was scheduled for Monday 13 September 2010 at 10.00 a.m. in the Mandela Room, Town Hall, Middlesbrough.

NOTED

**ANY OTHER BUSINESS – MIDDLESBROUGH HEALTH SCRUTINY PANEL – WHITE PAPER**

Reference was made to a seminar to be hosted by the Middlesbrough Health Scrutiny Panel to be held on 11 September 2010 focussing on the recent White Paper to which Members were invited to attend.

NOTED