

**TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**

A meeting of the Tees Valley Health Scrutiny Joint Committee was held on 11 October 2010.

- PRESENT:** Representing Darlington Borough Council:  
Councillor Swift
- Representing Hartlepool Borough Council:  
Councillor S Akers-Belcher (Vice-Chair) (In the Chair) and Councillor G Lilley
- Representing Middlesbrough Council:  
Councillor Dryden
- Representing Redcar & Cleveland Council:  
Councillors Carling and Higgins
- Representing Stockton-on-Tees Borough Council:  
Councillor Cockerill (as substitute for Councillor Sherris).

**OFFICERS:** A Metcalfe (Darlington Borough Council), J Walsh (Hartlepool Borough Council), J Bennington, R Hicks and J Ord (Middlesbrough Council) and P Mennear (Stockton-on-Tees Borough Council).

**\*\* APOLOGIES FOR ABSENCE** were submitted on behalf of the Chair, Councillor Mrs Wall (Redcar and Cleveland Borough Council), Councillors Newall and Mrs Scott (Darlington Borough Council), Councillor Cook (Hartlepool Borough Council), Councillors Cole and Davison (Middlesbrough Council), and Councillors Mrs Cains, Sherris and Walmsley (Stockton-on-Tees Borough Council).

**\*\* PRESENT BY INVITATION:** NHS Tees:  
P Frank, K Hawkins, M Phillips, J Stamp  
Northern Doctors Urgent Care:  
Dr Harrison and T Surtees.

**\*\* DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

**\*\* MINUTES**

The minutes of the meeting of the Tees Valley Health Scrutiny Joint Committee held on 13 September 2010 were submitted and approved as a correct record.

**MATTERS ARISING – WHITE PAPER – EQUITY AND EXCELLENCE – LIBERATING THE NHS**

The Scrutiny Support Officer confirmed that the comments received from Members on the draft response to the above White Paper had been assimilated into the formal document a copy of which had been circulated to the Joint Committee.

NOTED

**OUT OF HOURS CARE SERVICE REDESIGN PROGRESS**

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from NHS Tees and Northern Doctors Urgent Care to provide an update on the Out of Hours Service across Tees as outlined in the detailed report submitted.

Martin Phillips, Director of Health Systems Development, NHS Tees confirmed that the Out of Hours Contract had been awarded in April 2010 to Northern Doctors Urgent Care (NDUC) which had been a major provider of primary and urgent care services mainly in the North East for almost 14 years. The Joint Committee was advised that NDUC was a social enterprise committed to improving patient care and to working collaboratively with a range of organisations

from the statutory, voluntary and commercial sectors. Central to the specification was the provision of high quality and responsive patient care.

The service to be offered included the following: -

- a) access to advice and information including support for self care through a Call Centre ;
- b) effective high quality screening and assessment;
- c) appropriate referral to a range of out of hours healthcare facilities;
- d) provision of accessible out of hours primary care facilities;
- e) home visits where appropriate;
- f) high quality care management;
- g) Out of Hours Medical Services for those detained within the secure estate across Teesside;
- h) Emergency Dental Services;
- i) co-ordination of a network of providers and stakeholders working together to improve performance and quality across the urgent care supply chain;
- j) effective promotion and marketing of the service to ensure accessibility and 'fit' with community need;
- k) Local Management and Delivery.

The report outlined the proposed locations for the delivery of clinical and telephony services which was based on convenience and access. Reference was also made to the intention to establish a fully integrated service accessible by means of one telephone number, a 0300 number. Members were invited to visit the Teesside Call Centre in early 2011.

An indication was given of the matters being examined to improve access including additional measures to support specific groups such as Black and Ethnic Minorities, people with disability and long term illness and transitory populations.

Members sought assurances regarding call handling with particular regards to the most vulnerable and people with difficulties in articulating their health problems. In response it was confirmed that call handlers received appropriate training to ensure that the initial assessment was accurate and effective and a good rapport was established with a patient. As part of the initial assessment supplementary questions would be asked of the patient in order to determine the urgency/priority of a case. Where a call back was necessary an assurance was given that this would take place within the necessary 20 or 60 minutes as required by the Department of Health and confirmation given that most were carried out well within such times. Should there be any changes to a patient's condition the process provided for an upgraded priority if required. It was agreed that to answer the telephone as quickly as possible, within 60 seconds was a very important aspect of the procedure.

Although it was recognised that many patients especially the elderly still had not moved on from the previous system of calling a doctor out, Dr Harrison gave an indication as to how the current system provided a much-improved service. An assurance was given that the concerns relating to a specific case referred to by a Member would be investigated accordingly.

In response to a question regarding the average number of calls per night which could be 100 per night Members were advised that it varied tremendously although research undertaken North of the Tyne had shown that the winter months tended to be busier than the summer and that between 12.00 a.m. and 2.00 a.m. was usually the busiest hours. Although there was usually a minimum of three doctors it was noted there would be more doctors during busier periods and they moved around to be most effective.

In terms of patients' records it was noted that although NDUC was working closely with GPs with particular regard to those patients with complex needs for which special records were kept it was noted that were awaiting access to the national centralised record system.

**AGREED** as follows: -

1. That the local NHS representatives be thanked for the information provided which was noted.

2. That a progress report be submitted to the Joint Committee in March 2011 and that further details be provided in relation to response times including information on times to initially answer calls and call backs.

## **CAPACITY OF MENTAL HEALTH SERVICES ACROSS TEES**

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from Middlesbrough Council and NHS Tees to provide a perspective on Mental Health Services across Tees.

The Joint Scrutiny Committee was reminded that at the start of the Municipal Year Members had expressed an interest in exploring the impact that the development of Roseberry Park and its associated capacity had had on community services and in particular whether it had sufficient capacity to cope with the reduction in inpatient capacity.

John Stamp, Strategic Commissioning Manager, NHS Tees highlighted the key issues outlined in Appendix 1 of the report submitted in response to a series of questions sent prior to the meeting.

In terms of the reduction of inpatient beds it was reported that the direction for reduced dependence on bed based services in mental health had been part of a national strategy which commissioners had been supporting over many years with significant investment in community and home based treatment approaches. Whilst the number of beds had reduced which reflected current demand the local provision of more specialised facilities had increased.

The Joint Committee was advised that the main reasons for the reduction included the development of a range of community based services; improved detection and earlier intervention; more effective treatment; and more recently the Tees Esk and Wear Valleys NHS Foundation Trust's review of their processes resulting in reduced length of stay for people by removing unnecessary waiting.

Reference was made to a new facility built at Sandwell Park, Hartlepool to provide general adult in-patient care and treatment with fewer beds than the previous facility which reflected the community based treatment model fully supported by Commissioners.

It was confirmed that during the period of development of Roseberry Park and Sandwell Park, Tees PCTs had invested many millions of pounds in community services which included the development of specialist teams for crisis resolution and home treatment; early intervention in psychosis; assertive outreach; liaison psychiatry; primary care mental health; specialist CAMHS and older persons mental health teams.

Since the opening of Roseberry Park the Trust had started the roll out of an Access service to ensure that all referrals to secondary mental health services were assessed by the most appropriate mental health professional supported by a psychiatrist. In addition, reference was also made to the commissioning by NHS Tees of an Improved Access to Psychological Therapies (IAPT) service effectively trebling the capacity of Primary Care Mental Health services to ensure that people got timely access to evidence based psychological therapy for treatment of Depression and Anxiety disorder before their conditions became entrenched.

By changing the bed configuration and developing the low secure rehabilitation service there were fewer people from out of the area being supported which reduced the financial risk to the Tees PCTs.

It was confirmed that assurances had been given by the TEWV that bed capacity was not an issue and that the monitoring of waiting times, access to services and any pressure in the system to ensure that services were able to meet the required health needs would continue to be monitored.

The Joint Committee was advised that since the beds had been reconfigured no requests had been received for out of area treatment. As a result of the new reconfiguration patients requiring low secure rehabilitation or Psychiatric Intensive Care services could be treated in Teesside.

It was noted that recent data had shown a reduction in referrals to local community mental health teams, which was currently being investigated. Although it was acknowledged that it was too early to make a definitive judgement there was a possibility that such a reduction may be as a result of the IAPT service.

An assurance was given that the capacity of community health services would continue to be reviewed to ensure that the needs of the population were met.

Members highlighted a number of individual cases which demonstrated the wide range and very complex needs of individuals and sought assurances that appropriate measures were in place to cope with such demands.

Reference was made to a wide range of organisations which included MIND and local authorities to meet individuals' needs and specific mention made of the benefits of the IAPT service. An indication was also given of the main changes arising from the Mental Health Act 2007 which included:-

- a) definition of mental disorder;
- b) supervised community treatment which ensured that certain patients living in the community continued to receive appropriate medical treatment.

In response to Members' questions regarding the high rate of suicide amongst young males in the area reference was made to a number of strategies and measures in place to raise awareness to the availability of various means of support mechanisms.

The reduced length of stay in hospitals was welcomed but it was acknowledged that in overall terms the level of provision and impact on community services was likely to differ in each area.

The interface between secondary mental health services and the IAPT service was suggested to be a useful scrutiny topic of investigation for future consideration by the Joint Committee.

Given the increasing demands an indication was given of the challenges and pressures facing the current management structure in terms of providing an integrated service of social care and health.

**AGREED** as follows:-

1. That the representatives be thanked for the information provided which was noted.
2. That further information be provided regarding the issues raised including community treatment orders; reduced length of stay in hospitals; management structure of integrated services; and any changes to funding arrangements following the Government's impending Spending Review.
3. That further information be sought from NHS Tees in relation to changes to access to mental health services in relation to the Black and Ethnic Minorities.

#### **DATE OF NEXT MEETING**

It was confirmed that the next meeting of the Tees Valley Health Scrutiny Joint Committee was scheduled for Monday 8 November 2010 at 10.00 a.m. in the Mandela Room, Town Hall, Middlesbrough.

NOTED