

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

A meeting of the Tees Valley Health Scrutiny Joint Committee was held on 16 November 2009.

PRESENT: Representing Darlington Borough Council:
Councillors Newall and Swift.

Representing Hartlepool Borough Council:
Councillor G Lilley.

Representing Middlesbrough Council:
Councillor Dryden.

Representing Redcar and Cleveland Council:
Councillors Higgins and Mrs Wall.

Representing Stockton-on-Tees Borough Council:
Councillor Cains (Chair).

OFFICERS: A Metcalfe (Darlington Borough Council), J Walsh (Hartlepool Borough Council), S Harker and J Ord (Middlesbrough Council), S Ahmed (Redcar and Cleveland Borough Council) and P Menear (Stockton-on-Tees Borough Council).

**** PRESENT AS AN OBSERVER:** Councillor Brunton (Middlesbrough Council).
Councillor Mrs Skilbeck (Hambleton District Council).

**** PRESENT BY INVITATION:** Teesside NHS Primary Care Trusts:
C Willis, Chief Executive.

NHS Tees:
Professor P Kelly, Executive Director of Public Health.
E Jenkinson, Tees PCT Lead for Sexual Health.
S Scott, Communication and Engagement Manager.

NHS County Durham and Darlington:
M Davidson, Director of Public Health.
D Gallagher, Director of Strategy and Partnerships.

North East Ambulance Service NHS Trust:
C Cessford, Director of Strategy and Clinical Standards.
M Cotton, Assistant Director of Communications and Public Involvement.

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillor Mrs Scott (Darlington Borough Council), Councillors Brash and Plant (Hartlepool Borough Council), Councillor Carter (Middlesbrough Council), Councillor Carling (Redcar and Cleveland Council) and Councillors Sherris and Mrs Walmsley (Stockton-on-Tees Borough Council).

**** DECLARATIONS OF INTEREST**

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

**** MINUTES**

The minutes of the meetings of the Tees Valley Health Scrutiny Joint Committee held on 14 September and 12 October 2009 were taken as read and approved as a correct record.

The Chair, on behalf of the Committee, congratulated Chris Willis on her recent appointment as Chief Executive of Tees NHS Primary Care Trusts.

SCRUTINY OF HEALTH OUTCOMES ACROSS THE TEES VALLEY

The Tees Valley Health Scrutiny Joint Committee had previously received substantial amounts of information regarding the amount of investment into local healthcare services and the processes and systems in place to improve the health of local people and manage the workload facing the local NHS. However, the topic of health outcomes of local people had not been studied in detail and representatives from the local Primary Care Trusts (PCTs) were in attendance at the meeting to discuss this issue.

The Executive Director of Public Health gave a PowerPoint presentation based on questions drafted in consultation with the Chair, and presented in the submitted report.

In order to improve health outcomes given the tighter financial climate which was being experienced, NHS Tees was seeking to develop world class commissioning, make better use of contracts to improve outcomes and also make better use of existing evidence, benchmarking and best practice.

Quality, Innovation, Productivity and Prevention (QIPP) was a national initiative that aimed to ensure that the NHS delivered on efficiency savings, minimising waste and providing high quality care for all. This would be achieved by improving system performance, changing business models, and redefining the public's relationship with the NHS and building capacity. NHS Tees aimed to generate efficiencies of up to £200m over the period 2011/12-2013/14 and a great deal of partnership work was taking place within the NHS and local Foundation Trusts.

In relation to monitoring the balance between service outcomes/outputs and levels of investment in services, it was recognised that some services were not effective and needed to be decommissioned. This issue was being addressed through ensuring world class commissioning competency, programme budgets and marginal analysis, benchmarking, the Joint Strategic Needs Assessment (JSNA) and improved contracts that were outcome focussed.

It was acknowledged that health generally in the north-east was poorer than in other parts of the country and there was an over-reliance on acute care. Hospital provision was very good and traditionally the public expected that if they had a health problem it would be resolved in hospital. It was noted that hospital admissions were usually highest from the wards in which they were located. The way forward was to develop more choice and better service through improvements in primary and community care facilities, better walk-in services and initiatives such as MOMENTUM, PACE and Seizing the Future.

Health outcomes were influenced by many factors outside the direct influence of the NHS for example, education, employment, income, learning, mental or physical disability, housing and lifestyle. A combination of these many different factors and the area's industrial heritage had resulted in health inequalities. The NHS was constantly striving to improve services and reduce health inequalities and the main concerns included cardiovascular disease, cancer and respiratory disease, rising harm due to alcohol, obesity, mental health and teenage pregnancy. Much progress had been made with regard to access to services and this needed to be maintained and continued.

It was concluded that QIPP would be an exciting time for the NHS with more agencies working in partnership to be innovative when times were hard. One of the biggest challenges to address was communication and engagement with the public.

In response to a query regarding the mental health of Children Looked After it was acknowledged that this was a joint agenda between the PCT Commissioners and the Children's

Trust to ensure that better and more effective services were commissioned for this vulnerable group of children.

The recent decision of the North East Ambulance Service (NEAS) to relocate its Contact Centre from Middlesbrough to Newcastle had impacted on jobs previously based in Middlesbrough. Assurance was given that the workforce responsibilities of the commissioners were increasingly important to ensure that employment was kept local and organisations did not re-locate. For example, the NHS was the second largest employer in Hartlepool. However, it was also noted that consideration had to be given to ensuring the best services were provided with maximum efficiency. In terms of regeneration of the physical environment, ten new practices had been commissioned during the last year and all associated construction work had gone to local contractors.

With regard to funding, it was noted that locally Middlesbrough and Redcar and Cleveland PCTs were more or less on their target funding with an approximate 1% variation. Hartlepool (4.3%) and Stockton (6.3%) had larger gaps and lobbying continued to address this distance from target. It was emphasised that the efficiencies to be achieved would not be through funding cuts but through assessing current funding, assuming limited growth, and looking at health needs to see how extra services could best be delivered. It was clarified that funding could not be cross-subsidised across the four PCTs.

With regard to GP practices and monitoring their effectiveness there were several mechanisms in place. There was a range of Patient Forum Groups who provided feedback on the service received as well as the Quality Outcomes Framework. Work was ongoing to deliver primary care that was more customer-orientated. The NHS Constitution provided rights to patients to receive certain levels of care and a national consultation was currently underway until February 2010. It was acknowledged that most GP practices offered excellent care and the focus for the future was on delivering care outside of hospitals through integrated care services.

The Chair thanked NHS representatives for the information provided.

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NORTH EAST AMBULANCE SERVICE CONTACT CENTRE UPDATE

Representatives of the North East Ambulance Service (NEAS) were in attendance to provide an update on progress on the implementation of the Contact Centre proposals. A briefing paper prepared by NEAS outlining progress was attached at Appendix 1 to the submitted report. The report provided information in relation to Accident and Emergency Performance 2008/2009, Patient Safety and Resilience.

During 2008/2009 NEAS had exceeded the government's response targets for reaching 75% of all life threatening emergency calls within eight minutes. Trust performance for 2008/2009 was 75.69%, based on the new Call Connect methodology of measurement, which was introduced in April 2008. NEAS also achieved the government's target of responding to 95% of all serious but not life threatening calls within 19 minutes with a performance of 95.57%.

The responsibility for dispatching ambulances to emergencies originating in the Teesside Division was transferred from Ladgate Lane, Middlesbrough, to Bernicia House, Newcastle, on 18 May 2009. Since that time, operational performance on Teesside had been the subject of intense management scrutiny by NEAS staff.

In spite of two waves of swine flu hitting the region in May and September there had been a 4% uplift in performance across the Teesside area during the time ambulances had been despatched from the new Contact Centre. It was highlighted that Darlington PCT area was not referenced in Appendix 1 due to the fact that Darlington's ambulance calls had been handled from Newcastle for a number of years, as opposed to the facility at Ladgate Lane in Middlesbrough. Data relating to ambulance performance in Darlington was tabled at the meeting for information.

In response to concern regarding the local knowledge of dispatch staff, a number of steps had been taken to ensure patient safety was not compromised prior to, and following, the relocation

of the Accident and Emergency control function from Ladgate Lane to Bernicia House. The Tees Desk in Bernicia House had been staffed solely with dedicated dispatch staff and had been managed by a Duty Manager and an Assistant Control Manager Tees, who had monitored overall performance of the desk following relocation. Four Duty Managers and one Dispatch Officer had relocated and feedback suggested they were positive about the move. The main issue about the relocation was the distance staff had to travel from Middlesbrough to Newcastle.

Following Department of Health recommendations, the implementation of a second Contact Centre at Monkton in South Tyneside was underway and was a mirror image of Bernicia House. A copy of the floor plan was attached to the submitted report. The Contact Centre at Monkton would be ready for operations in December 2009. A further plan to bring the Centre into operation would be phased in, with 999 call takers moving from Ladgate Lane and Bernicia House to Monkton. Once the Monkton Centre was fully operational, the site at Ladgate Lane would be decommissioned and it was anticipated that this work would be completed by March 2010.

NEAS's Emergency Planning Department (EPD) had responsibilities for emergency preparedness throughout the whole of the operational area with officers based in Newcastle and Middlesbrough. The Newcastle site would relocate to Monkton, however, the Middlesbrough site based at the joint services Emergency Planning Unit at Middlesbrough fire station would remain in-situ as it was crucial to the management of risk in the area.

It was highlighted that the Tees Valley Health Scrutiny Joint Committee would be establishing a Working Group to monitor the NEAS arrangements and it had been agreed that the Group would undertake a visit to the new Contact Centre in Newcastle.

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IMPROVING SEXUAL HEALTH SERVICES – A PROGRESS UPDATE

Representatives from NHS Tees were in attendance at the meeting to provide a progress update on proposals for the improvement of Sexual Health Services in Teesside as part of a Tees-wide investment. A paper outlining the background, proposals and patient and public involvement activity was presented to the Committee in April 2009, with an update in September 2009.

The paper submitted in September gave an overview of the procurement process with a deadline for submission of tenders by 17 September 2009. Approval was given to the recommended bidder on 14 October 2009. The successful bidder was Assura Stockton LLP and work was underway to finalise the contract. The contract would include a range of plans, measures and incentives to ensure delivery of a responsive, safe, effective and client-focussed service, which met all necessary standards.

The service model integrated both GUM and CASH services so that they were delivered side-by-side within a community setting to provide a much more integrated approach to delivery. The model of the service was described in three different levels based on the Level 1, 2 and 3 CASH/GUM distinction proposed by the Department of Health's National Strategy for Sexual Health and HIV, and details were given in the submitted report.

An online Internet booking module would be introduced and calls for advice and signposting of appointment booking would be handled at a dedicated telephony hub. A centralised booking service would enable management of demand and capacity. A single brand would be developed which would be synonymous with sexual health services on Teesside. Partnership working across primary, secondary and community care would be promoted and new partners involved in the provision of services would include Brook Advisory Services and the Terence Higgins Trust. A social marketing approach would be taken to identify and engage with the local population, particularly those who had traditionally had a low uptake of sexual health services. The service would link into existing health prevention activities to ensure a joined-up approach to health promotion and disease prevention.

A public survey into awareness and perceptions of sexual health services in Teesside had been carried out and the findings supported the completion of the Needs Assessment, which contributed to the service specification and future model of provision. A Service User Panel was

established to ensure that service user views were considered when selecting the new provider. Service users, patients, carers, the public, and all stakeholders would continue to be engaged throughout the development and implementation of integrated sexual health services in Teesside. The Communication and Engagement Team (NHS Tees) was working with Assura Stockton LLP to develop and agree robust communication, engagement and marketing plans. The plans would be shared with the Tees Valley Health Scrutiny Joint Committee when finalised.

NOTED

DATE OF NEXT MEETING

The next meeting of the Tees Valley Health Scrutiny Joint Committee would be held on 17 December 2009 at 10.00 a.m. in the Mandela Room, Town Hall, Middlesbrough.

NOTED

ANY OTHER BUSINESS

The Chair informed the Committee that Personal Health Budgets would be an agenda item for the next meeting.

NOTED