

TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

A meeting of the Tees Valley Health Scrutiny Joint Committee was held on 13 December 2010.

PRESENT: Representing Darlington Borough Council:
Councillor Newall

Representing Hartlepool Borough Council:
Councillors Cook and G Lilley

Representing Middlesbrough Council:
Councillors Cole and Davison

Representing Redcar & Cleveland Council:
Councillor Mrs Wall (Chair)

Representing Stockton-on-Tees Borough Council:
Councillors Mrs Cains and Cockerill (as substitute for Councillor Sherris).

OFFICERS: A Metcalfe (Darlington Borough Council), J Walsh (Hartlepool Borough Council), J Bennington and J Ord (Middlesbrough Council), S Anwar (Redcar & Cleveland Council) and P Mennear (Stockton-on-Tees Borough Council).

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillor Mrs Swift (Darlington Borough Council), Councillor S Akers-Belcher (Hartlepool Borough Council), Councillor Dryden (Middlesbrough Council), Councillors Carling and Higgins (Redcar & Cleveland Council) and Councillor Sherris (Stockton-on-Tees Borough Council).

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

North East Ambulance Service NHS Trust:
Mark Cotton, Assistant Director of Communication and Engagement
Lynn George, Electronic Patient Report Form Project Manager
Douglas McDougal, Operational Manager

Tees, Esk & Wear Valleys NHS Foundation Trust:
David Kerr, Senior Operational Support Manager.

**** 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 8 November 2010 were submitted and approved as a correct record.

**** MATTERS ARISING – OUT OF HOURS CARE SERVICES REDESIGN PROPOSALS – CALL HANDLING**

It was confirmed that a detailed response relating to the Out of Hours Care Services with particular regard to the call handling arrangements and associated training would be submitted to the next meeting of the Joint Committee.

NOTED AND APPROVED

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES – LEARNING DISABILITY – SHORT BREAK SERVICES FOR TEES

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from Tees, Esk & Wear Valleys NHS Foundation Trust to discuss Short Break Services for Child and Adolescent Mental Health Services (CAMHS) and Learning Disability (LD).

The Chair welcomed David Kerr, Senior Operational Support Manager who highlighted the main points of a briefing paper, (Appendix 1) of the report submitted which outlined proposals to temporarily relocate services from Piperknowle, Stockton and 179 Normanby Road, South Bank into single site accommodation in early 2011. The Joint Committee was advised that the existing service was compromised by the current accommodation, which did not satisfactorily meet the needs of the complex client group. In order to mitigate the risk, the Trust proposed to relocate the existing services into a temporary but purpose built unit. A business case for the longer term would then be developed in partnership with the Commissioners, NHS Tees.

The report outlined the current short break provision for children and young people with learning disabilities provided at both of these sites. Specific reference was made to young people with the most severe autism and challenging behaviour who were amongst the most stressful for families and professionals to work with although access to short breaks were particularly difficult for a number of reasons as outlined in the report submitted.

It was confirmed that the current facilities were no longer suitable and could no longer accommodate the severity of challenging behaviour presented by the children or the necessary occupancy levels. Members were advised that there was a need to re-provide the service in more suitable and flexible purpose-built single-storey accommodation, more able to meet the needs of the client groups.

The Trust proposed to utilise the currently empty Baysdale Unit on the Roseberry Park site, which was designed specifically to ensure a child and family-centred environment. An invitation was extended for Members to visit the new Unit. With some minor works the Unit would be open seven days a week and provide 6 beds for a mix of Challenging Behaviour and Technologically Dependent children until the longer-term future of the service became clear. It was hoped that the service could be rolled out at the Unit from the end of February 2011.

The Joint Committee was advised that based on the number of children known to services; current activity; and the available budget the Trust anticipated that six beds (2 units of 3 beds) would be able to cope with current demand. It was noted that although the bed numbers were lower than currently provided it was explained that given the greater flexibility, no anticipated closures and the purpose built nature of the proposed Unit not being compromised by client mix, this would allow for an increase to 2190 bed days. It was confirmed that following discussions the Commissioners had indicated support for this model.

Although the Unit was available for a limited period of time (18 months) it was confirmed that it would ensure that the Trust could continue to provide a safe and high quality service and provide suitable mitigation of the potential risks associated with the existing accommodation. The temporary relocation would allow time for NHS Tees to carry out a full review regarding the longer-term provision of CAMHS LD Short Break Services across the Tees.

During the interim period it was acknowledged that the Trust and Commissioners would need to consider the implications for additional travel and associated costs for those young people who would previously have accessed the Piperknowle and Normanby Road Units.

Reference was made to the Communication and Engagement Plan a copy of which had been previously circulated which aimed to: -

- (a) effectively communicate the reasons for the change and the details of future service provision;
- (b) provide an opportunity for questions, concerns and suggestions to be raised and answered;
- (c) ensure that issues raised were appropriately responded to and where possible taken on board.

As part of the engagement activity a range of mechanisms for seeking and recording the views of parents/carers/guardians of children and young people using the service and local stakeholders would be used. Depending on the outcome and implications of the review by NHS Tees formal consultation under Section 244 of the NHS Act 2006 would be planned if deemed appropriate.

The proposed development was consistent with national strategy, local commissioner intentions and with the Trust Site Development Control Plan for the Roseberry Park site. The project would enable the implementation of other Trust initiatives (including improved environment, safety, privacy and dignity, single sex accommodation and ensuite bedroom facilities) within this service area.

Although it was anticipated that families would have some concerns about the facility being on a major hospital site an assurance was given that the Trust would work closely with the Commissioners in order to reassure them and emphasise the benefits of being close to other specialist services with the skills and expertise of staff to care for the most challenging children and young people. It was confirmed that existing staff would be transferred to the alternative facilities.

In response to clarification sought from Members it was noted that although the current facilities provided more than 6 beds an assurance was given that current arrangements precluded the use of all available beds and that it was unlikely that all nine beds would be in use at the same time. The new Unit would increase capacity by a third and NHS Tees intended to examine bed provision as part of the overall review of the service.

In response to Members' enquiries as to the extent to which the third sector was involved in current arrangements the Joint Committee was advised of partnership agreements and confirmation given that it would be taken into account in the overall review of the service. Although recognising increased costs such as transport, Members also referred to the possibility of sharing appropriate accommodation across the Tees Valley authorities. Specific reference was made to the additional Unit being provided in Darlington. As part of the overall review Members were advised that NHS Tees would be examining the scope for such joint arrangements. An assurance was given that the Trust had aspirations not only to maintain but also to develop such a service and that the PCT would be encouraged to consider the areas raised as part of the review for future provision for the service.

AGREED as follows: -

1. That the local NHS representatives be thanked for the information provided which was noted.
2. That the Joint Committee be kept informed of progress.

ELECTRONIC PATIENT REPORT FORM PROJECT – NORTH EAST AMBULANCE SERVICE

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from North East Ambulance Service NHS Trust (NEAS) to provide a briefing on

the Electronic Patient Report Form Project (ePRF) which was launched on 12 October 2010 and would be rolled out across the service between 2011 and March 2012.

The Chair welcomed the Trust's representatives who highlighted the main points of a briefing paper provided at Appendix 1 of the report submitted.

The ePRF was part of the NpflT Programme aimed at establishing a National Care Records Service for the NHS being developed as part of the Connecting for Health Programme. Teesside had been the first Division to roll out the project and had been part of the development of the infrastructure required to support the roll out to all divisions. It was noted that there had been full staff involvement, which had been key in supporting the delivery of the project and had contributed to making improvements throughout the process.

The ePRF system allowed paramedics to record key information around the patient's clinical condition and the treatment provided. Such information could be entered real time and allowed clinicians at a receiving location to view the patient's details whilst the patient was en-route. All the recorded data was also available for reporting purposes supporting clinical audit and development.

By way of comparison the Joint Committee was advised of current reporting and recording systems which involved a much lengthier process. The main benefits of the new system were identified as follows: -

- a) it would make it easier and more accurate for ambulance crews to record important patient information;
- b) ambulance crews would be able to capture diagnostic data for example ECG traces from a defibrillator and easily add them to the ePRF;
- c) Ambulance Crews would have access to all of the clinical pathways available to the patient ensuring that they get the most suitable treatment as quickly as possible (Right Care, Right Place, Right Time);
- d) the information collected on the ePRF could be accessed electronically by hospital staff before the ambulance crews arrived providing important information in advance of the patient arriving at hospital;
- e) the information collected would be analysed by the ambulance service to help to make changes and quality improvements in patient care.

It was confirmed that the Business Change had involved close partnership working with hospitals across the Tees Valley.

Members expressed support for the advanced technology but were keen to seek an assurance that appropriate back-up systems were in place should any problems be encountered with the IT. The Joint Committee was advised that in the unlikely event of a breakdown of the system staff would revert to the current Paper Patient Report Form system.

In terms of overall costs and staffing an indication was given of where savings would be achieved on the current Paper Patient Report Forms and that one FTE post which would now be able to focus on analysing and not just processing information.

In commenting on the opportunities to access clinical diagnostic information such as ECG results it was recognised that if such tests were carried out at GP practices such systems would not necessarily be currently compatible with the ePRF system.

Details were given of how information from a variety of sources including from the Call Centre would be entered onto the Toughbook. Such information, which was constantly updated, would then be available for receiving hospitals to view online and assist in preparing for the patient and organising healthcare. In the absence of any information on a patient Members were advised of

the assistance provided by the Police in certain circumstances in identifying a person which in some cases involved a lengthy process.

AGREED that the representatives be thanked for the information provided which was noted.

DATE OF NEXT MEETING

It was confirmed that the next meeting of the Tees Valley Health Scrutiny Joint Committee was scheduled for Monday 17 January 2011 at 10.00 a.m. in the Mandela Room, Town Hall, Middlesbrough.

NOTED AND APPROVED