



Tees Valley Joint Health Scrutiny Committee

Date: 27 November 2014
Time: 10am
Venue: Committee Room B, Hartlepool Civic Centre, Victoria Road, Hartlepool

Membership

Darlington BC: Councillors W Newall, H Scott and Taylor
Hartlepool BC: Councillors S Akers-Belcher, K Sirs and R Martin-Wells
Middlesbrough BC: Councillors G Cole, E Dryden and H Pearson
Redcar and Cleveland BC: Councillors M Carling, T Learoyd and W Wall
Stockton-on-Tees BC: M Javed, N Wilburn and M Womphrey

Agenda

1. Apologies for Absence
2. Declarations of Interest
3. Draft minutes of the meeting of 3 March 2014
4. Draft minutes of the meeting of 17 July 2014
5. Draft minutes of the meeting of 11 September 2014
6. Protocol for the Tees Valley Joint Health Scrutiny Committee
7. Monitoring of the North East Ambulance Service
8. Winter Planning and Management across the Tees Valley
9. Securing Quality in Health Services (SeQHIS)
10. Baysdale Short Break for Children with Complex Needs Review
11. Any urgent items which in the opinion of the Chair can be considered.

Date of next meeting – 22 January 2015 at 10am, Committee Room B, Hartlepool Civic Centre, Victoria Road, Hartlepool

**TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE
3RD MARCH 2014**

PRESENT :-

Representing Hartlepool Borough Council:

Councillor Fisher and Shields

Representing Redcar & Cleveland Borough Council:

Councillor Mrs Wall

Representing Stockton-On-Tees Borough Council:

Councillors Javed (Chair), Mrs Womphrey and Cunningham (Vice Councillor Wilburn)

APOLOGIES – Councillors Newall, Mrs H Scott, J. Taylor (Darlington Borough Council), Carling (Redcar & Cleveland Borough Council), Wilburn (Stockton-On-Tees Borough Council)

OFFICERS – E Pout (Middlesbrough Borough Council), S Anwar (Redcar & Cleveland Borough Council) P Menear and K Wannop (Stockton Borough Council) Laura Stones (Hartlepool Borough Council)

EXTERNAL REPRESENTATIVES – S. Pickering, A. Kennedy, S Scorer (Tees Esk & Wear Valley NHS Foundation Trust)

DECLARATIONS OF INTEREST –

Cllr Mohammed Javed declared a disclosable pecuniary interest as he was employed by Tees, Esk and Wear Valley NHS Foundation Trust. Cllr Javed had been granted a dispensation in this regard.

MINUTES – 20th January 2014

AGREED – That the Minutes be approved.

Tees Esk & Wear Valley NHS Foundation Trust – Quality Account 2013-14

The Committee considered the outline performance against the Trust's quality priorities for 2013-14. The Quality Account consisted of three domains: patient safety, effectiveness of care and patient experience. It looked back over 2013-14 and forward to 2014-15. It identified the priorities for 2014-15 and how they would be delivered.

The information provided included the following:

- Details around each Quality priority from 2013/14, the aim of the priority and what they had achieved and what they still needed to do in 2014/15.
- Performance figure against quality metric and the projected outturn figures for 2013/14 compared to previous years.
- 'Implementing the recommendations from the Care Programme Approach (CPA) review' would be retained as a priority for 2014-15. This reflected the need for further work on this multi-year improvement plan.

Members discussed improvements in the Crisis Service, and noted that there were now more intensive home treatment options, including preventative and step-down services.

Members sought assurance around the role of the triage of crisis services and were assured that the new night shift co-ordinator had access to clinical support where necessary.

The Trust had undertaken work to streamline communications with GPs and this had been a challenge due to the number of GPs that the Trust works with, and the varying information requirements. Work to introduce a standard process would continue into 2014-15.

Members queried whether the CCGs had improved relationships with GPs, and it was noted that this could be helpful in the longer term but CCGs themselves were still new. Some GPs had a special interest in either learning disability or mental health care, as they may with other conditions such as diabetes, or elderly care. Some GP practice lists may have very few if any people with learning disabilities on them.

The Committee discussed the performance metrics. In terms of the unexpected deaths classed as a serious incident indicator whilst the projection for the year based on Q3 position was over the expected numbers the figures had been low for January and February and therefore the final year end position may be within the expected number. It was noted that these were mainly suicides, which had increased nationally but the North East had seen the fastest increase.

The Trust was forecasting being above target for beds in adult wards used by under 18s. It was reported that none of these cases were under 16 and all had been deemed clinically appropriate, for example a mature 17 years old projected to stay greater than the number of months left until their 18th birthday.

Next year's priorities would include suicide prevention including training. Due to the nature of their work, this would be initially focussed on the Crisis Team.

Embedding the recovery approach would also be a priority for 14-15 including a focus on inclusion in the community. It was noted that some developing countries achieved better results from this approach than was achieved in countries where pharmacological treatments were more common.

The Trust would also focus on managing pressure on acute inpatient beds, including a better management of demand within the Trust.

The Trust would be sending the draft QA to all OSCs around the 19th April 2014. A statement from the Committee would be circulated in April 2014.

AGREED that:

1. A draft statement of assurance from the Committee be circulated in April 2014 with final approval delegated to the Chair and Vice Chair;
2. The information be noted.

Tees, Esk and Wear Valleys NHS Foundation Trust – Update on Services.

The Committee considered information regarding an update on services at Tees, Esk and Wear Valley (TEWV). The main information included:

- The rehabilitation service was previously bed orientated and was not always truly focused on rehabilitation with slow throughput and slow assessment of referrals from acute wards. The Rehabilitation Strategy that has been implemented within the Trust has made a huge improvement in people accessing rehabilitation services and moving into more independent or non hospital accommodation in the community. It was hoped that more rehabilitation activities would take place in home or residencies in the localities rather than TEWV buildings.
- The Any Qualified Provider (AQP) service for Psychological Therapies provided by TEWV was being scaled down as the income being received does not match the

current cost of the service. National data would suggest that more of the population should be taking up the talking therapies service than actually were and anti-depressant prescribing is also high in the Tees area. The Trusts has also experienced a higher level of more complex referrals than forecast. The Committee queried how the service was promoted and whether this could be improved.

- The Young Onset Dementia Service was moving back into the four localities.
- The intensive home Liaison was very successful along with the liaison into acute hospitals. The Memory Assessment Treatment Service referrals were rising, this followed an increase in the percentage identified cases of dementia by GPs and was welcomed.
- Plans for Winterbourne Patients were progressing but there was no specific discharge arrangement in place yet for all patients. This would result in reduced beds provided by TEWV. CCGs had agreed to enhance community teams to recognise the increasing work that will need to take place in the community as people are moved from beds into community provision. It was still to be seen whether there would be additional demands through the movement of forensic patients and new providers bringing patients in from other areas that were not currently managed by TEWV.
- Second year of investment into Children & Young people services was recently agreed and services were expected to meet NICE guidance by 2015. Further funding had been received to deliver Children & Young Peoples Improving Access to Psychological Therapies providing training for staff in advanced skills and parenting.

AGREED the information be noted.

Any urgent items which in the opinion of the Chair can be considered.

There were no further items to be considered.

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

MINUTES

17 JULY 2014

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Hartlepool Borough Council:

Councillor: Ray Martin-Wells

Stockton-on-Tees Borough Council:

Councillors: M Javed, N Wilburn and M Womphrey.

Also Present: Ben Clark, Assistant Director of Clinical Strategy, NHS England

Officers:

Joan Stevens, Scrutiny Manager, Hartlepool BC

Laura Stones, Scrutiny Support Officer, Hartlepool BC

Mark Adams, Redcar and Cleveland BC

Judith Trainer, Stockton on Tees BC

David Cosgrove, Democratic Services Team, Hartlepool BC

1. Appointment of Chair

Councillor R Martin-Wells was appointed Chair for the ensuing Municipal Year.

In taking the Chair, Councillor Martin-Wells proposed a vote of thanks to the outgoing Chair, Councillor Javed. This was supported by the Members present.

2. Appointment of Vice-Chair

The appointment of a Vice-Chair was deferred to the next meeting of the Committee.

3. Apologies for Absence

Darlington Borough Council: Councillors H Scott, Taylor and Newall

Hartlepool Borough Council: Councillors J Robinson and K Sirs.

Redcar and Cleveland Borough Council: Councillors M Carling, T Learoyd and W Wall.

4. Declarations of Interest

Councillor Javed (Stockton-on-Tees BC) declared a personal interest as an employee of TEWV NHS Foundation Trust.

5. Inquorate Meeting

The Chair noted that the meeting was inquorate as the constitution required at least one elected representative from each of the five local authorities.

6. Minutes of the meeting held on 3 March, 2014

Consideration of the minutes was deferred to the next meeting as the meeting was inquorate.

7. Protocol for the Tees Valley Joint Health Scrutiny Committee

In line with the requirements of the adopted protocol for the Joint Committee, the protocol was considered by the Committee. The Chair proposed that in light of this meeting and past meetings, the requirement for a representative from each local authority should be removed from the quorum requirement but that the number of members for a quorum should remain at six. The Chair also suggested that, in line with the minimum requirements of the agreed terms of reference, meetings should be held on a quarterly basis in future. The intention of this being to make the most effective use of officer and Member time, increasing attendance.

In light of the lack of a quorum at this meeting, both proposals would be referred to the next meeting of the Joint Committee.

Decision

That the proposed amendments to the Protocol for the Tees Valley Health Scrutiny Joint Committee – removing the requirement for a member from each partner authority and reducing meetings to quarterly - be deferred to the next meeting as the meeting was inquorate.

8. Programme of meetings for Municipal Year 2014-15

A programme of proposed meetings for 2014/15 was submitted for the Joint Committee's consideration. The Scrutiny Manager (HBC) referred to the discussion at the previous item on the potential move to quarterly meetings.

The Chair suggested that the meeting in September be held on Thursday 11 September commencing at 10.00 am at the Civic Centre in Hartlepool to allow a decision in relation to outstanding issues from today's meeting, including the proposed reduction in meeting frequency and meeting schedule.

Decision

1. That a decision on the programme of meetings be deferred to the next meeting of the Joint Committee.
2. That the next meeting of the Joint Committee be held on Thursday 11 September 2014 commencing at 10.00 am.

9. Work Programme 2014-15

In light of the previous discussion, consideration of the work programme was deferred to the meeting of the Joint Committee on 11 September, 2014.

Decision

That the matter be deferred to the next meeting of the Committee.

10. NHS England, Area Team Commissioning Review Urgent and Emergency Dental Care Pathway

The Scrutiny Support Officer (HBC) introduced a matter that had been referred to the Joint Committee. A Stakeholder Engagement Plan was submitted with the papers for a Commissioning Review of Emergency and Urgent Dental Pathways across the Durham, Darlington and Tees Valley, Newcastle Tyne and Wear and Cumbria Local Dental Network areas.

The Assistant Director of Clinical Strategy, NHS England indicated that a number of CCGs and the dental professional bodies had expressed concern in relation to the pathways for emergency and urgent dental care. The aim of the review was to respond to these concerns and seek to introduce an improved patient experience. The review would run through to October 2014 and some high level work had already been undertaken by Public Health England in terms of mapping pathways and reviewing the appropriate national regulations and guidance.

A survey of around one hundred patients had also been undertaken and it was intended that some wider public surveys would be undertaken supported by HealthWatch. The support of Members within each of the boroughs was also being sought to progress the issue within local authorities.

Members suggested that as well as assessing the emergency or urgent care provided to people, the need for that intervention should also be assessed to find out why people were not engaging with NHS dentistry. The Assistant Director commented that this was not the aim of this piece of work as that was of a much wider scope more linked to health promotion through the public health functions of local authorities. The Chair indicated that the key issue was at the end of this work, the public had to have greater knowledge of how and where to access emergency or urgent dental care.

Decision

That the report be noted.

**11. Tees, Esk and Wear Valleys NHS Foundation Trust
Quality Account 2013/14 – Response to the
Committee**

The Scrutiny Support Officer (HBC) outlined the contents of a letter received from Tees Esk and Wear Valleys NHS Foundation Trust in response to the Joint Committee's comments on the Trust's Quality Account for 2013/14.

Decision

That the letter be noted.

**12. Any Other Items which the Chairman Considers are
Urgent**

No items.

The meeting concluded at 10.20 am.

CHAIR

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

MINUTES

11 SEPTEMBER 2014

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Councillor Ray Martin-Wells (In the Chair) (Hartlepool Borough Council)

Darlington Borough Council:

Councillors: W Newall and J Taylor.

Redcar and Cleveland Borough Council:

Councillors: M Carling and W Wall.

Stockton-on-Tees Borough Council:

Councillors: M Javed, N Wilburn and M Womphrey.

Also Present: Dr Deepak Dwarakanath, Associate Medical Director, and Peter Tindall, Associate Director of Strategic Planning and Development, North Tees and Hartlepool NHS Foundation Trust

Officers: Alison Pearson and Mark Adams, Redcar and Cleveland BC
Peter Mennear, Stockton-on-Tees BC
Laura Stones, Scrutiny Support Officer, Hartlepool BC
David Cosgrove, Democratic Services Team, Hartlepool BC

13. Apologies for Absence

Councillor H Scott – Darlington Borough Council;
Councillors J Robinson and K Sirs - Hartlepool Borough Council;
Councillors G Cole and H Pearson - Middlesbrough Borough Council;
Councillor T Learoyd - Redcar and Cleveland Borough Council.

14. Declarations of Interest

Councillor Javed (Stockton-on-Tees BC) declared a personal interest as an employee of TEWV NHS Foundation Trust.
Councillor Wall (Redcar and Cleveland BC) declared an personal interest in Minute no. 19.

15. Inquorate Meeting

The Chair noted that the meeting was inquorate as the constitution required at least one elected representative from each of the five local authorities. With the agreement of the Members present, the Chair proceeded with the meeting and agreed that a number of business items would be “agreed in principle” at this meeting subject to final ratification when a quorate meeting was held.

16. Minutes of the meeting held on 3 March and 17 July, 2014

Deferred.

17. Update on the Haematology Service at North Tees and Hartlepool NHS Foundation Trust

Dr Dwarakanath, Associate Medical Director and Peter Tindall, Associate Director of Strategic Planning and Development at North Tees and Hartlepool NHS Foundation Trust were present at the meeting and updated Members on the changes to haematology services and North Tees and Hartlepool hospitals. The Associate Medical Director indicated that haematology services in the Trust had been considered a high quality service in the Trust for a number of years. Due to difficulties in recruiting a haematology consultant and one consultant moving to another Trust changes were being made to the service, scaling it back to what was more appropriate to the size of the Trust. The majority of services would be retained and most patients would be unaffected. The main service that was changing was in-patient services which would transfer to South Tees at James Cook University Hospital. This would affect around 40 to 50 patients a year or 4 or 5 patients at any one time.

Councillors expressed their concern at how the changes were being communicated to patients. Some Members had received calls from constituents expressing their concern. The Associate Medical Director indicated that for most patients services would not change. Only those patients that required in-patient services would transfer to James Cook Hospital or Sunderland. The split of patients would be geographical.

The Associate Director of Strategic Planning and Development indicated that the changes in services would be communicated to General Practitioners. There were also already a number of patients that were cared for at James Cook Hospital.

Members considered that communication with all patients of the service should be undertaken and assistance with transport should be considered. The Chair commented that communication with patients was key. Patients hearing of changes to services through rumour rather than formal

communication was an issue that led to confusion. All patients needed to be informed of the changes at the earliest opportunity. The Trust needed to understand that if any changes to services were being implemented, then the patients in receipt of those services should be informed at the earliest stage possible. The Chair also considered that as this was a relatively small group of patients, assistance with transport for those now having to access services at either Sunderland or James Cook Hospitals should be possible.

Decision

That the update be noted.

18. Protocol for the Tees Valley Joint Health Scrutiny Committee

As the meeting was inquorate, the report was deferred to the next meeting.

19. Programme of meetings for Municipal Year 2014-15

The Scrutiny Support Officer (HBC) reported that at the meeting of the Committee held on 17 July 2014 it was suggested that, in line with the minimum meetings requirements outlined in the protocol, meetings should be held on a quarterly basis in the future. In consultation with the chair the following programme of meetings was put forward for 2014/15:

27 November, 2014
22 January, 2015
26 March, 2015

It was proposed that the 9 October, 2014 and 26 February, 2015 meetings were removed from the schedule. All the meetings will start at 10.00 am with the venue being Committee Room B at Hartlepool Civic Centre, Victoria Road, Hartlepool.

Decision

That the programme of meetings be noted and approved in principle.

20. Work Programme 2014/15

The Scrutiny Support Officer reported on potential topics for inclusion into the Committee's Work Programme for the 2014/15 Municipal Year and to share the work programmes of the constituent Local Authorities. A referral from Stockton Borough Council's Adult Services and Health Select Committee had been received in relation to Any Qualified Provider for NHS Services. Therefore, it was proposed that this issue be considered by the Committee.

Stockton Borough Council's Adult Services and Health Select Committee carried out a Review into Access to GP, Urgent and Emergency Care and

produced their Final Report in April 2014. One of the recommendations made by the Select Committee is for the Tees Valley Joint Health Scrutiny Committee / Regional Committee to undertake more regular monitoring of the North East Ambulance Service (NEAS). Hartlepool Borough Council's Audit and Governance Committee had also made a similar referral and it was, therefore, proposed that this issue be considered by the Committee as it affected all partner authorities.

It was highlighted that the referral made by Darlington Borough Council in relation to Digital Health Care Services also affected all areas. The Chair commented that the Joint Committee had to be realistic in terms of the workload it gave itself. The Chair proposed that the more regular monitoring of NEAS should be considered. A watching brief should be maintained on the issues of National Review of PMS contracts and the Baysdale Short Break for children with complex needs Review. A report setting out the impact of the Digital Health Care Services should be brought to the Joint Committee so all partner authorities were updated on these services.

Decision

That the following issues be considered, in principle, as the Joint Committee's workload for the ensuing municipal year as set out in Appendix B to the report –

- Increased Monitoring of the North East Ambulance Service.
- That update reports on the National Review of PMS contracts and the Baysdale Short Break for children with complex needs Review be submitted as appropriate.
- That a report be submitted to a future meeting updating the Joint Committee on Digital Health Care Services.

21. North East Ambulance Service – Monitoring

The Scrutiny Support Officer (HBC) reported that Stockton Borough Council and Hartlepool Borough Council had referred the monitoring of the North East Ambulance Service (NEAS) to the Tees Valley Joint Health Scrutiny Committee. It was proposed that the Committee receive regular reports based around ambulance response times, which would include 'red' life threatening incidents and 'green', non –life threatening but still serious incidents. The response times would be broken down across the Tees valley area and compared to the rest of North East Region. It was proposed that this report would be presented to Members on a 6 monthly basis, with the first report presented to the Committee in November 2014.

Members expressed their concerns at the performance of NEAS. There were many incidents reported in the local press on patients waiting several hours for an ambulance, people involved in an accident having been transported to hospital in a bus due to the length of delay in an ambulance attending and the increasing use of the St. John's Ambulance service in responding to 'red' life threatening incidents.

The Chair indicated that it would be appropriate to invite the new Chief Executive of NEAS to the next meeting of the Joint Committee to update Members and to respond to some of the issues being raised. The Chair considered that the new Chief Executive should be informed of the concerns raised by Members in advance of their attendance so they could respond appropriately.

Members suggested that the Police should also be invited to comment on their experience of the ambulance service. There were also concerns expressed by the representatives from Redcar and Cleveland Borough Council at the removal of ambulances from their area. The Chair requested that officers seek details from NEAS as to the location and numbers of ambulances around the partner authority areas. Members suggested that updates on NEAS performance should be provided quarterly rather than every six months.

The Chair asked that Members inform the Scrutiny Support Officer at Hartlepool BC of any other specific issues that they wished to be raised with NEAS in the next two weeks so that they could be conveyed to the new Chief Executive before their attendance at the Joint Committee.

Decision

That the new Chief Executive of the North East Ambulance Service be invited to attend the meeting of the Joint Committee on 27 November 2014 to respond to Member's concerns and to provide a quarterly update on performance.

22. Any urgent items which in the opinion of the Chair can be considered

No items.

The meeting concluded at 10.40 am.

CHAIR

Protocol for the Tees Valley Health Scrutiny Joint Committee

1. This protocol provides a framework for carrying out scrutiny of regional and specialist health services that impact upon residents of the Tees Valley under powers for local authorities to scrutinise the NHS outlined in the NHS Act 2006, as amended by the Health and Social Care Act 2012, and related regulations.
2. The protocol will be reviewed as soon as is reasonably practicable, at the start of each new Municipal year. Minor amendments to the protocol that do not impact on the constitutions of the constituent Tees Valley Authorities will be determined by the Joint Committee at the first meeting in each Municipal year. An amended protocol, following agreement from the Tees Valley Health Scrutiny Joint Committee will be circulated for information to:-

Tees Valley Local Authorities

3. Darlington; Hartlepool; Middlesbrough; Redcar and Cleveland; Stockton-on-Tees (each referred to as either an “authority” or “Council”).

NHS England Area Teams

4. Durham, Darlington and Tees Area Team

NHS Foundation Trusts

5. County Durham and Darlington Trust; North Tees and Hartlepool Trust; South Tees Hospitals Trust; Tees, Esk & Wear Valleys NHS Trust; North East Ambulance Service.

Clinical Commissioning Groups

6. Darlington; Hartlepool and Stockton-on-Tees; South Tees;

Tees Valley Health Scrutiny Joint Committee

7. A Tees Valley Health Scrutiny Joint Committee (“the Joint Committee”) comprising the five Tees Valley Authorities has been created to act as a forum for the scrutiny of regional and specialist health scrutiny issues which impact upon the residents of the Tees valley and for sharing information and best practice in relation to health scrutiny and health scrutiny issues.

Membership

8. When holding general meetings, the Joint Committee will comprise 3 Councillors from each of the Tees Valley Local Authorities (supported by appropriate Officers as necessary) nominated on the basis of each authority’s political proportionality, unless it is determined by all of the constituent Local Authorities that the political balance requirements should be waived.
9. The terms of office for representatives will be one year from the date of their Authority’s annual council meeting. If a representative ceases to be a Councillor, or wishes to resign from the Joint Committee, the relevant council shall inform the Joint Committee secretariat and a replacement representative will be nominated and shall serve for the remainder of the original representative’s term of office.

10. To ensure that the operation of the Joint Committee is consistent with the Constitutions of all Tees Valley Authorities, those Authorities operating a substitution system shall be entitled to nominate substitutes. Substitutes (when not attending in place of the relevant Joint Committee member, and exercising the voting rights of that member) shall be entitled to attend general or review meetings of the Joint Committee as non-voting observers in order to familiarise themselves with the issues being considered.
11. The Joint Committee may ask individuals to assist it on a review by review basis (in a non-voting capacity) and may ask independent professionals to advise it during a review.
12. The quorum for general meetings of the Joint Committee shall be 6, provided that 3 out of 5 authorities are represented at general meetings. The quorum for Tees-wide review meetings, in cases where some Authorities have chosen not to be involved, shall be one third of those entitled to be present, provided that a majority of remaining participating authorities are represented. Where only 2 authorities are participating both authorities must be represented.
13. The Joint Committee will conduct health reviews which impact upon residents of the whole of the Tees Valley. If however one or more of the Councils decide that they do not wish to take part in such Tees-wide reviews, the Joint Committee will consist of representatives from the remaining Councils, subject to the quorum requirements in paragraph 12.
14. Where a review of a 'substantial development or variation' will only affect the residents of part of the Tees Valley, Councils where residents will not be affected will not take part in any such review. In such cases, the Joint Committee will liaise with the Councils where residents will be affected, in order to assist in establishing a separate joint body (committee) to undertake the review concerned. The composition of the committee concerned may include representatives from other Local Authorities outside the Tees Valley, where the residents of those Authorities will also be affected by the proposed review. The chairmanship, terms of reference, member composition, procedures and any other arrangements which will facilitate the conducting of the review in question will be matters for the joint body itself to determine.
15. It is accepted, however, that in relation to such reviews, the relevant constituent authorities of the committee concerned may also undertake their own health scrutiny reviews and that the outcome of any such reviews will inform the final report and formal consultation response of the committee.

Chair and Vice-Chair

16. The Chair of the Joint Committee will be rotated annually between the Tees Valley Authorities from 2004 as follows:-

Stockton
Redcar & Cleveland
Hartlepool
Darlington
Middlesbrough

17. The Joint Committee shall have a Vice-Chair from the Authority next in rotation for the Chair. At the first meeting of each municipal year, the Joint Committee shall appoint as Chair and Vice-Chair the Councillors nominated by the relevant Councils. If the Chair and Vice-Chair are absent from a meeting, the Joint Committee shall appoint a member to act as Chair for that meeting. The Chair will not have a second or casting vote.
18. Where the Authority holding the Chair or Vice-Chair has chosen not to be involved in a Tees-wide review, the Chair and Vice-Chair of the Joint Committee for the duration of that review will be appointed at a general meeting of the Joint Committee.

Co-option of other local authorities

19. Where the Joint Committee is to conduct a Tees-wide scrutiny review into services which will also directly impact on the residents of another local authority or authorities outside the Tees Valley, that authority or authorities will be invited to participate in the review as full and equal voting Members.

Terms of Reference

20. The Joint Committee shall have general meetings involving all the Tees Valley authorities:-
 - To facilitate the exchange of information about planned health scrutiny work and to share information and outcomes from local health scrutiny reviews;
 - To consider proposals for scrutiny of regional or specialist health services in order to ensure that the value of proposed health scrutiny exercises is not compromised by lack of input from appropriate sources and that the NHS is not over-burdened by similar reviews taking place in a short space of time.
21. The Joint Committee will consider any proposals to review regional or specialist services that impact on the residents of the whole Tees Valley area. The aim will be for the Joint Committee to reach a consensus on the issues to be subject to joint scrutiny, but this may not always be possible. In these circumstances it is recognised that each council can conduct its own health scrutiny reviews when they consider this to be in the best interests of their residents.
22. In respect of Tees Valley-wide reviews (including consideration of substantial developments or variations), the arrangements for carrying out the review (eg whether by the Joint Committee or a Sub-Committee), terms of reference, timescale, outline of how the review will progress and reporting procedures will be agreed at a general meeting of the Joint Committee at which all Tees Valley Authorities are represented.
23. The Joint Committee may also wish to scrutinise services provided for Tees Valley residents outside the Tees Valley. The Joint Committee will liaise with relevant providers to determine the best way of achieving this.
24. The basis of joint health scrutiny will be co-operation and partnership within mutual understanding of the following aims:-
 - to improve the health of local people and to tackle health inequalities;

- ensuring that people's views and wishes about health and health services are identified and integrated into plans and services that achieve local health improvements;
 - scrutinising whether all parts of the community are able to access health services and whether the outcomes of health services are equally good for all sections of the community.
25. Each Local Authority will plan its own programme of health scrutiny reviews to be carried out locally or in conjunction with neighbouring authorities when issues under consideration are relevant only to their residents. This programme will be presented to the Joint Committee for information.
26. Health scrutiny will focus on improving health services and the health of Tees Valley residents. Individual complaints about health services will not be considered. However, the Joint Committee may scrutinise trends in complaints where these are felt to be a cause for concern.

Administration

27. The Joint Committee will hold quarterly meetings. Additional meetings may be held in agreement with the Chair and Vice-Chair, or where at least 6 Members request a meeting. Agendas for meetings shall be determined by the secretariat in consultation with the Chair.
28. Notice of meetings of the Joint Committee will be sent to each member of the Joint Committee five clear working days before the date of the meeting and also to the Chair of the constituent authorities' relevant overview and scrutiny committees (for information). Notices of meetings will include the agenda and papers for meetings. Papers "to follow" will not be permitted except in exceptional circumstances and as agreed with the Chair.
29. Minutes of meetings will be supplied to each member of the Joint Committee and to the Chairs of the constituent authorities' relevant overview and scrutiny committees (for information) and shall be confirmed at the next meeting of the Joint Committee.
30. Meetings shall be held at the times, dates and places determined by the Chair.

Final Reports and Recommendations

31. The Joint Committee is independent of its constituent Councils, Executives and political groups and this independence should not be compromised by any member, officer or NHS body. The Joint Committee will send copies of its final reports to the bodies that are able to implement its recommendations (including the constituent authorities). This will include the NHS and local authority Executives.
32. The primary objective is to reach consensus, but where there are any matters as regards which there is no consensus, the Joint Committee's final report and formal consultation response will include, in full, the views of all constituent councils, with the specific reasons for those views, regarding those matters where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus.

33. The Joint Committee will act as a forum for sharing the outcomes and recommendations of reviews with the NHS body being reviewed. NHS bodies will prepare Action Plans that will be used to monitor progress of recommendations.

Substantial Developments or Variations to Health Services

34. The Joint Committee will act as a depository for the views of its constituent authorities when consultation by local NHS bodies has under consideration any proposal for a substantial development of, or variation in, the provision of the health service across the Tees Valley, where that proposal will impact upon residents of each of the Tees Valley Local Authorities.
35. In such cases the Joint Committee will seek the views of its constituent authorities as to whether they consider the proposed change to represent a significant variation to health provision, specifically taking into account:-
 - changes in accessibility of services
 - impact of proposal on the wider community
 - patients affected
 - methods of service delivery
36. Provided that the proposal will impact upon residents of the whole of the Tees Valley, the Joint Committee will undertake the statutory review as required under the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013. Neighbouring authorities not normally part of the Joint Committee, may be included where it is considered appropriate to do so by the Joint Committee. In accordance with paragraph 22, the Joint Committee will agree the arrangements for carrying out the Review.
37. Where a review does not affect the residents of the whole of the Tees Valley the provisions of paragraphs 14 and 15 will apply and the statutory review will be conducted accordingly.
38. In all cases due regard will be taken of the NHS Act 2006 as amended by the Health and Social Care Act 2012, and the Local Authority (Public Health, Health and Wellbeing Boards and Public Health) Regulations 2013.

Principles for Joint Health Scrutiny

39. The health of Tees Valley residents is dependent on a number of factors including the quality of services provided by the NHS, the local authorities and local partnerships. The success of joint health scrutiny is dependent on the members of the Joint Committee as well as the NHS.
40. The local authorities and NHS bodies will be willing to share knowledge, respond to requests for information and carry out their duties in an atmosphere of courtesy and respect in accordance with their codes of conduct. Personal and prejudicial and/or disclosable pecuniary interests will be declared in all cases in accordance with the code of conduct and Localism Act 2011.
41. The scrutiny process will be open and transparent in accordance with the Local Government Act 1972 and the Access to information Act 1985 and meetings will be held in public. Only information that is expressly defined in regulations to be confidential or exempt from publication will be considered in private and only if the

Joint Committee so decide. Papers of the Joints Committee can be posted on the websites of the constituent authorities as determined by each authority.

42. Different approaches to scrutiny reviews may be taken in each case. The Joint Committee will seek to act as inclusively as possible and will take evidence from a wide range of opinion including patients, carers, the voluntary sector, NHS regulatory bodies and staff associations. Attempts will be made to ascertain the views of hard to reach groups, young people and the general public.
43. The Joint Committee will work to continually strengthen links with the other public and patient involvement bodies such as local HealthWatch.
44. The regulations covering health scrutiny require any officer of an NHS body to attend meetings of health scrutiny committees. However, the Joint Committee recognises that Chief Executives and Chairs of NHS bodies may wish to attend with other appropriate officers, depending on the matter under review. Reasonable time will be given for the provision of information by those asked to provide evidence.
45. Evidence and final reports will be written in plain English ensuring that acronyms and technical terms are explained.
46. The Joint Committee will work towards developing an annual work programme in consultation with the NHS and will endeavour to develop an indicative programme for a further 2 years. The NHS will inform the secretariat at an early stage on any likely proposals for substantial variations and developments in services that will impact on the Joint Committee's work programme. Each of the Tees Valley authorities will have regular dialogue with their local NHS bodies. NHS bodies that cover a wide geographic area (eg mental health and ambulance services) will be invited to attend meetings of the Joint Committee on a regular basis.
47. Communication with the media in connection with reviews will be handled in conjunction with each of the constituent local authorities' press officers.

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

27 November 2014

Report of: Scrutiny Manager

Subject: NORTH EAST AMBULANCE SERVICE – MONITORING

1. PURPOSE OF REPORT

- 1.1 To inform the Committee that North East Ambulance Service (NEAS) were invited to attend this meeting to provide the Committee with an update on performance.

2. Background

- 2.1 At the Committee meeting held on 11 September 2014, Members agreed to monitor the performance of NEAS on a quarterly basis. Subsequently, the Head of Emergency Care agreed to attend this meeting to provide the Committee with the following information (as requested by the Committee at the meeting on 11 September 2014):-

- (a) Response times for all call types (i.e red and green calls), trends in calls along with total call volume/demand for each Tees Valley Local Authority area.
- (b) Figures for where people are treated i.e 'hear and treat' and 'see and treat'.
- (c) Workforce and reliance on third party providers, i.e St. John's Ambulance and the British Red Cross. Is there funding and a plan in place to increase NEAS's own core workforce to reduce this reliance? On occasions where third party providers have been sent as a first response, do NEAS ambulances also attend the scene within the target response time?
- (d) The location and numbers of ambulances across each Local Authority area.
- (e) Operational and partnership working with Cleveland Police.

(feedback from the Annual Report of patient experiences commissioned by Ipsos MORI will not be available for today's meeting but will be presented to a future meeting of the Committee)

- 2.2 It has been brought to the Chair's attention that unfortunately, the Head of Emergency Care is unable to attend this meeting due to Industrial Action.

Members also agreed to invite the new Chief Executive of NEAS to attend this meeting, unfortunately, the Chief Executive and/or Directors cannot attend, as there is a NEAS Board meeting scheduled to take place today. An invite will be extended to the Chief Executive to attend the Committee meeting scheduled for 22 January 2015 (as explained in previous correspondence from the Chair).

- 2.3 Therefore, unfortunately, there will be no representatives from NEAS in attendance at today's meeting, however, the Chair has requested a written response from NEAS in relation to the workforce and reliance on third party providers, as this was raised as a concern at the previous meeting.
- 2.4 The requested information, as outlined in 2.1 of this report will be presented to the Committee at its January meeting.

3. RECOMMENDATIONS

- 3.1 It is recommended that the Committee consider the information presented at this meeting and seek clarification on any relevant issues where required.

BACKGROUND PAPERS

Report of the Scrutiny Manager entitled 'North East Ambulance Service – Monitoring Process' presented to the Tees Valley Joint Health Scrutiny Committee held on 11 September 2014

Contact Officer:- Laura Stones – Scrutiny Support Officer
Chief Executive's Department – Legal Services
Hartlepool Borough Council
Tel: 01429 523087
Email: laura.stones@hartlepool.gov.uk

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

27 November 2014

Report of: Scrutiny Manager

Subject: WINTER PLANNING AND MANAGEMENT IN THE
TEES VALLEY

1. PURPOSE OF REPORT

- 1.1 To inform the Committee that representatives from the Durham, Darlington and Tees Area Team will be in attendance at today's meeting to provide Members with an overview of the preparation, planning and management of seasonal pressures across the Tees Valley, including flu vaccination programmes and publicity.

2. Background

- 2.1 The Committee agreed as part of its work programme to receive an update on the planning and management of winter pressures across the Tees Valley. Representatives will be in attendance at today's meeting to provide information on the below key issues:-

- (a) levels of uptake / trend in flu vaccinations, winter planning, lessons learned from previous years.
- (b) communication with the public, key messages / campaigns relating to winter.
- (c) Winter preparedness – how do we prevent, how do we manage and reduce pressures, how do we cope when pressures increase, is there capacity if a major incident occurs.
- (d) Preparedness of Hospitals (including ambulance handovers at Hospitals /delays) and GP's in the Tees Valley (including impact on social care)
- (e) Local awareness campaigns (stay safe, stay warm).

3. RECOMMENDATIONS

- 3.1 It is recommended that the Committee consider the information presented at this meeting and seek clarification on any relevant issues where required.

BACKGROUND PAPERS

No background papers were used in the preparation of this report.

Contact Officer:- Laura Stones – Scrutiny Support Officer
Chief Executive's Department – Legal Services
Hartlepool Borough Council
Tel: 01429 523087
Email: laura.stones@hartlepool.gov.uk

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

27 November 2014

Report of: Rosemary Granger, Project Director, Dr Boleslaw Posmyk, Clinical Lead and Martin Phillips, CCG Lead

Subject: SECURING QUALITY IN HEALTH SERVICES

1. PURPOSE OF REPORT

- 1.1 To update the Tees Valley Joint Health Scrutiny Committee on the Securing Quality in Health Services Project

2. BACKGROUND

- 2.1 The Tees Valley Joint Health Scrutiny Committee received a report in September 2013 on this project that spans Durham, Darlington and Tees. The **securing quality in health services (SeQIHS) project** was initiated by primary care trusts and has now become the responsibility of the five clinical commissioning groups, working together with the local hospital foundation trusts, in the County Durham, Darlington and Tees region. We are also in discussion with the neighbouring Hambleton, Richmondshire and Whitby CCG.

Over the next ten years, both commissioners and providers of acute services face a range of challenges that threaten their long term sustainability. These include an ageing population, a rise in the number of people with long-term conditions, lifestyle risk factors in the young and greater public expectations of NHS provision. All this must be set against rising costs and constrained financial resources.

There is growing evidence that patient outcomes could be improved by increasing the number of hours that senior doctors are available in hospital wards to make decisions about the assessment and treatment of patients. Taking into account the number of people currently training to work as health professionals in the region and the age profile of existing staff, we are likely to experience staff shortages in the medium to long term unless we take action.

These drivers, along with the requirement to ensure that the delivery of high quality clinical standards remains a priority for commissioners and providers alike, create the rationale and momentum for this project.

2.2 Overview of the project

This project is being delivered in three Phases. Phase one aimed to establish a consensus in relation to the key clinical quality standards that should be commissioned in acute hospitals. Phase two worked with individual organisations to update the assessment of where we are in terms of meeting the clinical quality standards now and where we will be by April 2015. It also included an assessment of the implications of meeting the standards and where there are challenges to this across the system. Phase three will focus on how organisations and services might work together in the future to deliver the standards and identify a model of care across the Durham, Darlington and Tees area that will maximise our ability to meet the standards within the resources available.

2.3 Phase one

- During Phase one, the following were undertaken :
- a clinical quality assessment that considered national best practices, barriers and enablers
 - an economic assessment, taking into account the local financial environment
 - a workforce assessment that identified any constraints in relation to the achievement of agreed quality standards.

2.4 Phase two

During Phase two, clinical and other professional staff helped identify what the best possible care should look like in our hospitals and how we could go about delivering this, given increasing demand for services and the likely financial and workforce challenges ahead.

Between June 2013 and January 2014 an external feasibility study was carried out which considered the implications of implementing the new standards across the Durham, Darlington and Tees region.

The feasibility analysis was designed to provide an independent assessment at each hospital site of the timetable for implementing the clinical standards. This included a review of the workforce implications; an investigation of affordability set against potential future financial allocations; a consideration of the overall achievability of planned milestones; and an assessment of the associated risks.

2.5 The key findings from the feasibility analysis

- both providers and commissioners are committed to achieving the clinical standards agreed in Phase one.

- there is a strong alignment of the proposed clinical quality standards identified by the project and those highlighted by Sir Bruce's Keogh's Forum on NHS Services, Seven Days a Week.
- appropriate monitoring mechanisms will need to be established to ensure confidence in the delivery of agreed clinical quality standards.
- there has been some progress towards the achievement of the agreed clinical quality standards since the completion of Phase one. However Trusts are unlikely to be able to deliver the required quality standards in seven key areas without further resources and / or a more system wide approach (see below)
- the financial challenge for NHS and local authority partners has increased significantly since Phase one of the work was completed.

The analysis concluded that trusts would be unable to deliver the required quality improvements without a significant additional funding or a change of approach in the following areas:

- providing extended access to diagnostic services both out of hours and at weekends
- providing extended access to other support services such as physiotherapy, pharmacy and social services both out of hours and at weekends
- access to interventional radiology is currently extremely limited at all providers. Arrangements for out of hours cover and on-call need to be developed
- workforce to provide 10 WTE on each level of middle grade medical rotas (impacting upon acute paediatrics, maternity and neonatal services, acute surgery and Acute medicine services)
- trusts are close to achieving the 98 hours consultant cover at all maternity units within the region. However they are a long way from achieving the 168 hours best practice and clinical ambition agreed by the clinical advisory group
- the majority of the agreed end of life care standards are not going to be met by two of the trusts.
- the volume of neonatology services across the area means all providers fail to meet occupancy and staffing standards.
- the workforce assessment in Phase one identified that the current configuration of acute neonatal, maternity and paediatrics services was unsustainable in the medium to long-term, and that a reduced number of sites should be considered.

2.6 Phase Three

The SeQIHS Project Board, which comprises NHS and local authority organisations from across the Durham, Darlington and Tees region, have confirmed their commitment to work together to continue to improve services and identify how the required clinical quality standards can be delivered within the available resources. All parties acknowledge that this could result in significant changes to the provision of services and could require significant engagement and formal consultation in due course.

This next stage of the project must be informed by a range of national and local initiatives including the Keogh report on urgent and emergency care, developments around integrated care, specialised services commissioning, seven day working, and the five-year plans of local CCGs. The following service areas are included in the scope of the project:

- Acute Surgery;
- Acute Medicine;
- Intensive Care;
- Acute Paediatrics, Maternity and Neonatology;
- End of Life Care; and
- Urgent & Emergency Care (added in phase 2 following the publication of the Keogh report on urgent and emergency care)

Following the completion of the feasibility analysis, the basis for moving forward was agreed as four sites [Middlesbrough, Hartlepool\Stockton, Darlington & Durham] across Durham & Tees Valley together with Friarage Hospital, Northallerton, all delivering a range of inpatient, outpatient, diagnostic and urgent care services.

It was also agreed that critical to consideration of any proposals to change the pattern of service delivery will be the need to reach agreement on the balance between quality, access and affordability.

To progress these discussions and to further develop the case for change and a service model for the area, a clinical leadership group has been established. The group is made up of senior clinicians from the three Foundation Trusts and the CCGs and Healthwatch colleagues, and is chaired by the chair of the Northern Clinical Senate who is independent of the organisations involved in the project.

The purpose of the Clinical Leadership Group is to provide clinical leadership, advice and challenge to the project. The group will make recommendations as to the future model of care for Durham, Darlington and Tees, for approval by the project board and it is anticipated that this will be in draft form in the new year.

2.7 Engagement

To date, there has been significant engagement with partners, Health and Wellbeing Boards and Overview and Scrutiny Groups. In the next phase of this work, the Board has acknowledged the need to incorporate wider involvement of the public and patients.

To this end we have commissioned independent research which will be carried out with the public to gain an understanding of what local people feel is important about hospital services, gauge levels of understanding of the balance that has to be achieved between quality, access and affordability

and gauge levels of understanding about the need for change in the NHS generally.

We are also working with Healthwatch colleagues and CCG Lay Members to obtain their advice about the further development of our engagement with local people.

The feasibility analysis report can be accessed via the following link:

<http://www.darlingtonccg.nhs.uk/county-durham-and-tees-valley-acute-services-quality-legacy-project/>

3. **RECOMMENDATIONS**

- 3.1 The Tees Valley Joint Health Scrutiny Committee is recommended to: note and discuss the contents of this report and request a further update from the project team in due course

4. **REASONS FOR RECOMMENDATIONS**

To keep the committee informed about this work

5. **CONTACT OFFICER**

Contact: Rosemary Granger
Project Director, NHS Darlington Clinical Commissioning Group
Dr Piper House, King Street, Darlington. DL3 6JL
rosemary.granger@nhs.net
Tel: 07837893214 or 01325 746 239

Baysdale Short Break Provision Review Briefing - update to Tees Scrutiny November 2014

Baysdale Unit, Roseberry Park, Middlesbrough.

Learning Disabilities (LD) Child and Adolescent Mental Health (CAMHS) Short Break Services

1. INTRODUCTION

The purpose of this briefing is to update Tees Scrutiny on the CCG review of Baysdale Short Break Service completed January 2014 and to note the content of the briefing.

An LD CAMHS Short break/respite service for children with complex health/challenging behaviour needs has been commissioned from TEWV for a number of years. In 2010 it was agreed that following a review of the premises that the provision of the service would be integrated on one site (Tees Joint Scrutiny Committee Report 13th December 2010). This was agreed for an interim period of 18 months in order to allow a review of the service and to feed future commissioning intentions. The NHS restructure meant the review was not initiated until 2013.

2. BACKGROUND

The service has been provided by TEWV via the CCG commissioned NHS block contract for a number of years. As indicated above the service was provided from two sites, 129 Normanby Rd in Middlesbrough and Piper Knowle House in Stockton. In 2010/11 following a review it was agreed that both these sites were no longer fit for purpose to deliver the service from and that the service should be integrated on one site.

The service moved to its current location at the Baysdale Unit, Roseberry Park in March 2011. This move was seen as an interim solution whilst a more suitable long term solution was identified.

Baysdale is a 6 bed unit and provides short break care 7 nights per week to children and young people with a learning disability and either complex physical health needs or challenging behaviour needs up to the age of 18. The unit provides planned respite care but can also provide emergency respite care if required. The Unit also has Registered Nursing cover 24 hours a day. Children continue to attend their school during their stay at Baysdale.

Due to the current funding pressures on Local Authorities those children who attend the service from outside the Middlesbrough locality now have to arrange their own transport to and from the unit. This has meant Hartlepool LA have ceased to make referrals.

3. THE REVIEW

The review considers the short break service provided at Baysdale and aim to:

- Gain an understanding of the suitability of the service currently provided.
- Gain an understanding of the suitability of the premises the services are provided from and their location.

- Gain and understanding of alternative service providers in the community who have the skills, experience and capacity to provide appropriate services for children with complex physical health needs.

The review was led by a task and finish group which a parent and carer focus group. A parent and carer questionnaire was also developed and sent out to gain views of the service.

Usage reported at January 2014

There are 35 children using the service, 13 from Stockton, 12 from Middlesbrough and 11 from Redcar and Cleveland. Children access between 2 and 6 nights per month.

32% of children present with challenging behaviour and 68% present with complex health needs. There is a 10% crossover with children who present with both challenging behaviour and complex health needs

Age ranges are 0-4 years 5%. 5-9 years 30%. 10-14 years 45%. 15-18 years 20%.

Review of the Children using the service – at January 2014

A review of the current children using the service was undertaken.

STOCKTON

13 children attended Baysdale from the Stockton area 9 with Challenging Behaviour. The children attend from between 2 and 6 nights. 9 of the children attend on weekends and school holidays due to transport problems. 2 children have since stopped attending Baysdale because of the transport issue and have been referred to Hartburn Lodge. 2 other children are due to commence at Hartburn Lodge.

Hartburn Lodge is a local Stockton alternative provision below is some comparison costs considered as part of the review.

Costs at Hartburn Lodge 1x13 overnights are

2:1 Support £16,224

1:1 Support £8,112

0.5 Support £4,056

This provides a range of £1200-310 per day.

Stockton LA staff highlighted an on-going need to provide short break/respice care for children with challenging behaviour that do not meet Baysdale criteria and in some circumstances not meet Hartburn Lodge criteria.

MIDDLESBROUGH

There are 12 children accessing Baysdale from the Middlesbrough area. A client review was undertaken recently it was agreed that all but 2 of the children clearly meet the criteria for Baysdale. Those 2 children would need some additional consideration. The review meeting considered why those who no longer access Baysdale stopped. It appears that some

parents do not use the service as they have concerns about the building. It was felt that more young people would have been referred to the service if it provided support for children with very challenging behaviour.

Middlesbrough remains concerned that a local service has not been provided historically for children with challenging behaviour unlike areas such as Stockton that have access to Hartburn Lodge.

Primarily, the alternative to Baysdale for short overnight breaks is Gleneagles. It is difficult for the LA to extrapolate short break overnight costs, as these costs are bundled in a funding budget for Gleneagles which includes overnight support day care and group work, the review was unable to make a comparison unit cost.

REDCAR AND CLEVELAND

There are currently 11 children accessing Baysdale from the Redcar and Cleveland locality.

Transport is an issue as 9 of the children only access the service on weekends and school holidays due to transport problems.

Issues considered by the review task and finish group

Delegation of tasks

In relation to children and young people with complex health needs, procedures and interventions which required a Registered Nurse would have indicated that a young person's needs would be best met by health short break service. Over time procedures and interventions once seen as requiring a Registered Nurse are now able to be carried out by appropriately skilled and competent people in accordance with RCN Guidance (https://www.rcn.org.uk/_data/assets/pdf_file/0013/254200/RCN_Managing_children_with_health_care_needs_delegation_of_clinical_procedures_training_accountability_and_governance_issues_2012_v2.pdf). This change in practice has increased the opportunity for children and young people to access a range of provision other than specialised health provision. The availability of short break care for children and young people with learning disabilities has increased over time and the skills of providers in delivery across the range of assessed need has developed. However the review found that there were cases where specialised health support was required.

Personalisation

There has been an increase in individual packages of care for children and young people with complex health needs to support them in their own home and provide support and respite to parents and carers.

The local LDCAMHS teams have spent considerable time providing both general and individualised training to social care short break services to allow them to provide support and care to children with challenging behaviour. There are a group of young people who have accessed short break care through social care providers who present with severe challenging behaviour to such an extent that their needs cannot be met and a more specialised short break care is required.

The group also considered the impact of local SEND reforms on joint commissioning and the impact of personal budgets and personal health budgets. The group concluded that at this time impact on this service could not be predicted but consideration of usage should be monitored as personal budget offers expand locally.

4. PARENT/CARER CONSULTATION

Focus Group

The purpose of the focus group was to explore the parent's current view of short break care currently provided by Baysdale:

The parents felt strongly that it was important that the service was not taken away from them. They explained that their children loved attending Baysdale and they themselves felt happy when their children had a short break. They discussed how they could relax and not worry about their children, as the staff have a good knowledge of their child's needs. The parents felt that their children were safe and well cared for when they were at Baysdale. Parents also commented that the break not only helped their child as the child looked forward to going, but it also provided respite for themselves but just as importantly other siblings at home. They were aware of support being available in the home overnight, but preferred their child to have a break away from the home.

The parents' main concern with Baysdale was regarding transport not being provided between Baysdale and school/home and for some this has meant they are unable to use the facilities provided by Baysdale and for others as often as they would like. Transport is only provided for Middlesbrough children following its withdrawal by Redcar and Cleveland and Stockton Borough Councils.

There were a number of other process issues identified that could improve experience and have been raised with TEWW.

Parents were also asked what the provision would look like if the service was delivered differently 'in an ideal world':

- Local separate provision for children with complex needs and children with challenging behaviour would be good, but they are happy with it being 2 units together and covering 3 localities as long as transport was arranged to and from the unit, including school.
- Parents liked it being near to the acute hospital with their children all having complex medical needs
- It would be a building that could keep their children safe
- It would be homely and staff could be a "standing Mum".
- Staff would be consistent and would be friendly and approachable
- Facilities would be open plan so children could play and do different activities
- Children would all have their own bedrooms
- There would be a bathroom with a bath suitable for all children to access
- Dates of short breaks would be given in advanced and there would be flexibility.
- It would have a garden with a lawned area, a wheelchair swing and a sensory garden.
- Children would be cuddled and involved in activities such as trips out.

- It would have ceiling hoists
- Children would spend whole days there at weekends or drop off and pickups be closer together
- Children spend time with other children and staff interacting.
- The building would offer parents a place to get together and offer support to each other when the children were at school.
- Medication would be arranged differently so it wasn't so difficult for parents to arrange
- Parent would meet staff regularly so they know new starters and could form relationships. Knowing staff help families to feel their children are safe.
- It would be accessible in school holidays.

Parents felt that the facilities were too clinical and there were some concerns regarding the segregation between children with physical health needs and those with challenging behaviour. Parents would prefer an open plan facility separate between the two groups.

Survey

A survey of parents and carers was undertaken. Most of the responses to the questions were very positive. However, when asked "is it easy to get to Baysdale", 49% responded true, 37% partly true and 20% not true. This could relate to the transport issues as there were a number of comments about transport which were recorded.

5. UNIT COST COMPARISON

Supporting Information provided by NECS Provider Management

This is part of the block contract value approx. 800k annual value.

Based on 12/13 activity (6 Beds):

Total OBDs = 1853 split assuming 85% occupancy:

Stockton = 871 OBDs

Middlesbrough = 552 OBDs

Redcar & Cleveland = 430 OBDs

Costs around £430 per day

6 beds give an absolute maximum of 2190 available bed days annually (100% occupancy is highly unlikely).

Using this formula the comparative unit cost is on average less than that of Hartburn Lodge.

Summary of parental feedback

Ideally parents would like a specific service not a combined service and delivered within their locality.

Generally, parents/carers were happy with the service provided at Baysdale. A number of issues and concerns raised by the parents could quite possibly be resolved by Baysdale management.

Other issues could possibly be resolved between the Commissioner and Baysdale and some issues may not be issues if they were communicated to parents/carers better.

Transport to and from home to Baysdale and to and from Baysdale to school is a major concern since Stockton and Redcar and Cleveland LA withdrew funding support for transport outside of their areas. This clearly impacts on the children's access to Baysdale. Some parents do not have their own transport and now have to rely on friends or taxis. Other problems parents from outside of Middlesbrough have relates to the difficulty they have dropping their child off at Baysdale after school for overnight respite, then picking them up the next day to take them to school. This is particularly difficult if they have another child to take to school or work commitments. The review concluded that this should continue to be monitored through parent feedback and against impact on referrals.

6. HARTLEPOOL AND STOCKTON CCG and SOUTH TEES CCG RESPONSE:

Both CCG's received a report and were asked to consider a response.

They concluded at this time to keep the service as it is with no change and to work with TEWV to resolve the operational/management issues raised above by parents in order to improve experience. In addition to this for Hartlepool and Stockton CCG to further explore access issues for Hartlepool children.

Co-Authors –

- David Linsley – Senior Commissioning Officer NECS
- Emma Thomas – Children's Joint Commissioning Manager NECS