

# **Integrated Care and Wellbeing Scrutiny Panel**

**14 September 2017**

**Commenced:** 6.00pm

**Terminated:** 7.25pm

**Present:** Councillors Peet (Chair), Cartey (Deputy Chair), Affleck, Cooper, Fowler, Patrick, T Smith, Sweeton, R Welsh.

**Apologies for absence:** Councillors Bowden, P Fitzpatrick, Kinsey, Middleton, Whitehead, Wills.

The Chair opened the meeting and received apologies.

## **13. MINUTES**

The minutes of the meeting of the Integrated Care and Wellbeing Scrutiny Panel held on 27 July 2017 were approved as a correct record.

## **14. REVIEW OF INTERMEDIATE CARE PROVISION IN TAMESIDE AND GLOSSOP**

The Panel welcomed Alison Lewin, Deputy Director of Commissioning, NHS Tameside & Glossop Clinical Commissioning Group; and Dr Alison Lee, Governing Body GP, to receive an update on the review and consultation process for the delivery of bed based intermediate care.

The Panel received a presentation with details of the review of intermediate care and the public consultation that is currently underway. Ms Lewin advised members that intermediate care is something which can be delivered in people's homes, in a community hospital or in a residential home. A variety of professionals can deliver this type of care, from nurses and therapists to social workers.

Intermediate care aims to avoid unnecessary hospital admission, improve independence following a stay in hospital and ultimately delay residential care until it is really needed. In order to strengthen the way local intermediate care services are delivered a wide range of public and patient consultation and engagement work has taken place during the last 2 years. The information gathered about the way residents would like to receive intermediate care has been an important part of the way that the new proposals have been developed.

The Panel heard that community based beds in Tameside and Glossop are delivered across two locations, with a total of 68 beds. There are 32 intermediate care beds in the Stamford Unit, Ashton-under-Lyne, with 36 beds located at Shire Hill, Glossop. The service is operated by Tameside Hospital (Tameside and Glossop Integrated Care NHS Foundation Trust), with all the beds used as a collective resource for patients to be placed at either location with a vacancy.

Ms Lewin advised members that there are a range of newly developed Home First services in operation to improve the home and community healthcare offer, this includes a digital health offer, IV Therapy team and social prescribing. By creating a single point of contact and building a comprehensive neighbourhood model this will mean that patients are able to have a range of health and social care needs met in their own home and without the need for acute services and hospital admission.

The public consultation exercise opened on 23 August 2017 and will run until 15 November 2017. The proposals for the future delivery of intermediate care have been built around past engagement, with a choice of three options to choose from. The options are:

- **OPTION 1:** Maintain current arrangements.
- **OPTION 2:** All bed-based intermediate care in a single location at the Stamford Unit.
- **OPTION 3:** Develop a scheme of bed based intermediate care within local private homes

The Panel heard that the consultation states Option 2 as the preference, with the benefits of the location of the Stamford Unit and proximity to wider services at Tameside Hospital. The aim will be to reduce transfers to improve the continuity of care and transition as a 'step down' from hospital and allow patients to receive the required support to enable a safe and effective return to their own home.

Research has been undertaken to show that between April 2015 and May 2017; 847 service users stayed at Shire Hill, of which only 40% lived within 5 miles of it, with 84% living within 5 miles of the Stamford Unit. Between the same period 1279 service users stayed at the Stamford Unit and 96% of them lived within 5 miles of it.

The Panel asked about the number of intermediate care beds that will be on offer if Option 2 was to prevail, namely the apparent reduction from current 68 beds to 64 beds at the Stamford Unit. Panel members wanted to know how the local intermediate care offer compares with other areas and the ability of the Stamford Unit to facilitate a rise from 32 to 64 beds in a single location.

Ms Lewin advised members that data from a national audit of intermediate care shows that our local bed based intermediate care offer is sufficient and above other areas. The range of Home First services will continue to be developed, which will ultimately reduce the need for intermediate care beds and avoid unnecessary hospital admission. The number of beds is sufficient and frequent monitoring will be undertaken to identify and address any potential challenges relating to capacity.

The Stamford Unit currently provides 32 intermediate care beds across one floor and with a second floor currently unoccupied and underutilised this will allow the unit to comfortably support 64 beds going forward. It is important to note that intermediate care is part of a journey for patients returning to their own home, with a plan for intermediate care to be needed for a maximum of 6 weeks. Some patients will require services for much less time meaning beds do become available, with an effective hospital discharge plan providing notice to the service.

**RESOLVED:** That Ms Lewin and Dr Lee be thanked for their attendance.

## 15. CHILDREN'S SERVICES IMPROVEMENT

The Chair discussed the Panel's approach to the monitoring of improvement activity and made reference to a report presented to Overview (Audit) Panel on 11 September 2017 which provided clarity around individual roles and responsibilities of a number of monitoring functions, namely Scrutiny and the Voice of the Child Overview Panel.

The Scrutiny Panel will provide support and challenge to the implemented change, whilst remaining outcome focused and a critical friend to the improvement process and plan. The Voice of the Child Overview Panel will undertake specific work to ensure that the voice and lived experience of children is reflected within the improvement activity.

It was agreed that a small cohort of panel members will meet with Team Managers and staff from the Children's Social Care Duty and Safeguarding teams to learn more of day-to-day operations with regards workforce pressures, the impact and pace of change and current challenges. The Chair discussed with members that it is important for findings from this meeting to be documented in a timely fashion with any significant findings to be shared with the Executive Member at the earliest opportunity to support the improvement journey.

**RESOLVED:**

(1) That the report presented to Overview (Audit) Panel on 11 September 2017 be circulated to panel members by email.

(2) That once finalised, details of the meeting with Children's Services be circulated to members by email and as a calendar invitation.

**16. UPDATE ON CURRENT REVIEW**

The Panel received an update on the first working group meeting of the Homecare Provision review which took place on 7 September. The group met with Sandra Whitehead, Assistant Executive Director, Adult Services and Dave Wilson, Team Manager to receive a comprehensive overview of how homecare is delivered and managed locally.

**RESOLVED:** Members of the Homecare Provision working group to be notified of arrangements of future meetings by email and as a calendar invitation.

**17. DATE OF NEXT MEETING**

To note that the next meeting of the Integrated Care and Wellbeing Scrutiny Panel will take place on Thursday 9 November 2017.

**18. URGENT ITEMS**

The Chair reported that there were no urgent items for consideration at this meeting.

**CHAIR**