

Adults Wellbeing and Health Overview and Scrutiny Committee

3 October 2016



Better Health Programme Joint Health Scrutiny Committee - Update

Report of Lorraine O'Donnell, Director of Transformation and Partnerships

Purpose of the Report

- 1 This report provides members with further information regarding the Better Health Programme which includes details of the Joint Health Scrutiny Committee's agreed terms of reference and the minutes of the Joint Committee's meetings held of 7th and 21st July 2016.

Background

- 2 The Adults Wellbeing and Health Overview and Scrutiny Committee have received a series of updates in respect of the Better Health Programme under its former guises of the Quality Legacy Project and Securing Quality in Health Services (SeQHHS), the last being received at the Committee's meeting held on 1 March 2016.

Better Health Programme

- 3 The Better Health programme is about meeting patient needs now and in the future with constantly improving health and social care delivered in the best place. Commissioners want to make sure that:
 - We improve results for patients;
 - Care is of the same high standard wherever, and whenever it is provided;
 - Services have the resources to be sustainable for the next 10 -15 years;
 - We can provide services across 7 days a week where necessary;
 - We make services easier for patients to understand and use;
 - We improve life expectancy and quality of life for everyone in Darlington, Durham and Tees.
- 4 The programme aims to continue improving the services available in Darlington, Durham and Tees but in doing so, key challenges have been identified including:
 - The changing health needs of local people;
 - Meeting recommended clinical standards;
 - Availability of highly trained and skilled staff;

- High quality seven-day services;
 - Providing care closer to home;
 - Making the best use of our money.
- 5 Commissioners have worked with over 100 clinicians over several months, asking them to consider what the best possible care would look like for patients across Darlington, Durham and Tees. Specifically they were asked to look at the following hospital services:
- Acute Medicine
 - Acute Surgery
 - Accident and Emergency
 - Critical Care
 - Acute Paediatrics, Maternity and Neonatology (services for very small babies)
 - Interventional radiology.
- 6 They are also looking at care outside of hospital (“not in hospital care”) including services and support which will help reduce the number of people who require hospital care, and help people maintain independent lives in their homes or normal places of residence.
- 7 Clinicians are agreeing a set of clinical standards for these services. These include standards recommended by national experts, for example:
- London Quality Standards
 - Royal College of Obstetricians and Gynaecologists
 - Royal College of Physicians
 - Royal College of Paediatrics and Child Health
 - Royal College of Emergency Medicine
 - National Confidential Enquiry into Patient Outcome and Death
 - The National Institute for Health and Care Excellence (NICE).
- 8 Clinical standards cover issues like:
- Availability of consultant staff
 - Staffing levels and availability during the day and at night or weekends
 - Numbers of patients who should be seen and treated by a service to make sure skill levels are maintained
 - Use of best practice and recommended treatments
 - Access to diagnostic tests, where required
 - Timescales for assessment by a senior clinician.

Provisions for consultation and engagement with Overview and Scrutiny Committees

- 9 The Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013 require the formation of a joint scrutiny

arrangement, where an NHS body or relevant health service provider consults more than one local authority on proposals to make substantial variations or developments to services. They provide that all the local authorities whose residents receive such services must participate in the joint scrutiny arrangement for the purpose of responding to the consultation, using the method most appropriate to the areas and issues being considered.

- 10 A local authority can opt-out if, having considered the information provided by the NHS body or relevant health service provider proposing the service change, they determine that the proposal is not “substantial” for their residents. Where a local authority opts out in this way, they will relinquish the power to refer the proposed change to the Secretary of State for the purposes of that particular consultation.
- 11 Only the joint scrutiny committee can require the organisation proposing the change to provide information to them, or attend before them to answer questions. That organisation is under a duty to comply with these requirements. If a local authority has opted out of the joint arrangement, they may not request information or attendance from the NHS body or relevant health service provider proposing the change.
- 12 In scrutinising the proposals, the joint committee should aim to consider the proposal from the perspectives of all those affected or potentially affected by that proposal. Only the joint scrutiny arrangement can then make a report and recommendations back to the organisation proposing the change.

Establishment of a Joint Health Scrutiny Committee

- 13 The establishment of a joint Health Scrutiny Committee was agreed consisting of representatives from Darlington Borough Council, Durham County Council, Hartlepool Borough Council, Middlesbrough Borough Council, North Yorkshire County Council, Redcar and Cleveland Borough Council and Stockton-upon-Tees Borough Council.
- 14 In accordance with the regulations detailed above, the Joint Committee will be the vehicle through which the respective Local Authorities will respond to the consultation.
- 15 A protocol and terms of reference were agreed by the Joint Health Scrutiny Committee at its meeting held on 7 July 2016, setting out the role and function of the joint Committee as well as the proposed representation from each Council. A copy of these are appended to this report. (Appendix 2 and 3).
- 16 The Better Health Programme Joint Health OSC has met on three occasions on 7th and 21st July and 8th September 2016. The minutes of the meetings held in July are attached to this report for members’ information. (Appendices 4 and 5). The minutes of the meeting held on 8th September will be brought to this Committee when approved by the Better Health Programme Joint Health OSC.

Better Health Programme Joint Health OSC – Key issues

17 During the course of the Better Health Programme Joint Health OSC meetings held to date, key issues considered and raised by the Committee members include :-

- Feedback reports from Phases 1 and 2 of the BHP Stakeholder Engagement activity undertaken earlier this year;
- The identification and examination of the specialist services being examined as part of the BHP together with the potential implications for “not in hospital” services including NHS Community based services and local authority led social care services;
- The identification of key lines of enquiry and information regarding performance at acute hospital sites across the BHP “footprint” including average waiting times at A&E; Handover times for NEAS/Yorkshire Ambulance service to acute hospital sites; elective surgery procedures across the BHP “footprint” including cancellations and reasons for cancellations;
- The need to identify and clarify the relationships between the Sustainability and Transformation Plans and the BHP programme and any potential interdependencies;
- The identifications of any BHP “givens” such as whether James Cook Hospital would remain the identified Major Trauma Centre for the Durham, Darlington and Tees BHP area?
- The potential development of a longlist of options/scenarios for service reconfiguration and the consideration of suitable options evaluation criteria to be used in developing both longlist and shortlist options;
- The membership and governance arrangements for the BHP;
- The risks associated with the potential absence of mechanisms for ensuring democratic accountability in respect of the Sustainability and Transformation Plan process;
- The emphasis stated by the BHP Joint OSC that statutory public consultation should only commence once the Committee has received the necessary assurances in respect of the process for devising the service options to be consulted upon and the proposed communication, consultation and engagement plans.

18 The Better Health Programme Joint Health OSC will next meet on 13 October 2016.

Recommendations and reasons

19 The Adults Wellbeing and Health Overview and Scrutiny Committee are recommended to receive and note the information detailed within this report in respect of the Better Health Programme Joint Health Overview and Scrutiny Committee.

Background papers

Agenda and reports to the Adults Wellbeing and Health OSC – 1 March 2016

Agenda and Reports to the Better Health Programme Joint Health OSC – 7 July 2016 and 21 July 2016

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Appendix 1: Implications

Finance - None

Staffing - None

Risk - None

Equality and Diversity / Public Sector Equality Duty - None

Accommodation - None

Crime and Disorder - None

Human Rights - None

Consultation – This report details the Council’s statutory responsibilities in respect of any proposed consultation and engagement activity in respect of the Better Health Programme.

Procurement - None

Disability Issues - None

Legal Implications – This report has been produced in response to the Council’s statutory responsibilities to engage in health scrutiny consultations as detailed in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013 and associated Department of Health Guidance.