

Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP Joint Health Scrutiny Committee



Meeting on Wednesday 13 September 2017 at 2.00 pm in Committee Room 2, County Hall, Durham

Agenda

1. **Apologies for Absence**
2. **Substitute Members**
3. **To receive any Declarations of Interest by Members**
4. **Minutes (Pages 3 - 10)**

To receive and approve the minutes of the meeting of the Better Health Programme Joint Health Scrutiny Committee held on 10 July 2017.
5. **Better Health Programme - Development of Hurdle and Evaluation Criteria for future service modelling**

To receive an update on feedback from the stakeholder engagement event held in the Xcel Centre, Newton Aycliffe, County Durham on Thursday 27 July 2017
6. **Durham Darlington and Teesside, Hambleton, Richmondshire and Whitby STP - Workstream development updates**

To receive update presentations from STP Workstream leads on the development of plans and early deliverables in relation to:-

 - (i) Prevention – Paul Edmunson – Jones, Director of Public Health, Hartlepool B.C.
 - (ii) Urgent Care – Gary Collier, Urgent Care Network
 - (iii) Mental Health – Sharon Pickering, Tees, Esk and Wear Valleys NHS FT
 - (iv) Learning Disability – Nicola Bailey, Chief Officer, North Durham and DDES CCGs
 - (v) Cancer – Andrew Copeland, Hartlepool and Stockton CCG

Members are advised that North East Ambulance Service will be represented at the meeting by Joanne Baxter, Director of Quality and Safety and Yorkshire Ambulance Service will be represented by Leaf Mobbs, Director of Planning and Performance

7. **Chairman's urgent items**

8. Any Other Business

9. Date and Time of Next Meetings

- Wednesday 8 November 2017 at 2.00 p.m. – Middlebrough B.C.
- Wednesday 17 January 2017 at 2.00 p.m. – Venue TBC

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Contact Officer: Stephen Gwilym, Principal Overview and Scrutiny Officer, Durham County Council

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Membership:

DARLINGTON BC

Councillor Wendy Newall
Councillor Jan Taylor
Councillor Lorraine Tostevin

DURHAM COUNTY COUNCIL

Councillor John Robinson
Councillor Owen Temple
1 Vacancy

HARTLEPOOL BC

Councillor Ray Martin- Wells
Councillor Rob Cook
Councillor Ged Hall

MIDDLESBROUGH BC

Councillor Eddie Dryden
Councillor Bob Brady
Councillor Julie McGee

NORTH YORKSHIRE COUNTY COUNCIL

Councillor Jim Clark
Councillor John Blackie
Councillor Heather Moorhouse

REDCAR AND CLEVELAND BC

Councillor Ray Goddard
Councillor Mary Ovens
Councillor Norah Cooney

STOCKTON BC

Councillor Lisa Grainge
Councillor Allan Mitchell
Councillor Lynn Hall

Better Health Programme Joint Health Scrutiny Committee

At a meeting of **Better Health Programme Joint Health Scrutiny Committee** held in Council Chamber, Civic Centre, Hartlepool on **Monday 10 July 2017 at 2.00p.m.**

Present:

Councillors J Robinson and O Temple (Durham County Council)
Councillors Ray Martin-Wells, R Cook, G Hall (Hartlepool Borough Council)
Councillor E Dryden (Middlesbrough Council)
Councillors J Clark and J Blackie (North Yorkshire County Council)
Councillor R Goddard (Redcar and Cleveland Borough Council)
Councillors L Hall, L Povey and A Mitchell (Stockton-on-Tees Borough Council)

Officers

Peter Mennear (Stockton-on-Tees Borough Council)
Joan Stevens (Hartlepool Borough Council)
Laura Stones (Hartlepool Borough Council)
Alison Pearson (Redcar and Cleveland Council)
Daniel Harry (North Yorkshire County Council)
Stephen Gwilym (Durham County Council)

Trust and CCG Representatives

Ali Wilson, Chief Officer, Hartlepool and Stockton-on-Tees Clinical Commissioning Group
Dr Posmyk, Chair, Hartlepool and Stockton-on-Tees Clinical Commissioning Group
Alan Foster, STP Lead and Chief Executive – North Tees and Hartlepool NHS Foundation Trust
Ann Farrar, STP Programme Director
Edmund Lovell, Communications and Engagement Lead
Sue Jacques, Chief Executive, County Durham and Darlington NHS Foundation Trust
Janet Probert, Chief Officer, Hambleton, Richmondshire and Whitby Clinical Commissioning Group
Adrian Clements, Medical Director, South Tees Hospitals NHS Foundation Trust

Apologies

Councillors W Newall and L Tostevin (Darlington Borough Council)
Councillor Bob Brady (Middlesbrough Council)
Councillors M Ovens and N Cooney (Redcar and Cleveland Borough Council)
Councillor L Grainge (Stockton-on-Tees Borough Council)

Before the meeting commenced a minutes silence was held for the late Councillor Morris Nicholls. Councillor John Robinson paid tribute to Councillor Nicholls time served as a Councillor.

1. Appointment of Chair

Councillor John Robinson (Durham County Council) was appointed as Chair of the Committee.

2. Appointment of Vice Chair

Councillor Ray Martin-Wells (Hartlepool Borough Council) was appointed as Vice Chair

3. Substitute Members

Councillor L Povey, substitute for Councillor L Grainge (Stockton-on-Tees Borough Council)

4. To receive any Declarations of Interest by Members

None recorded.

5. Minutes

Agreed that the minutes of the meeting held on 9 March 2017 be confirmed and signed by the Chair as a correct record.

6. Proposed re-designation of the Better Health programme Joint Health Overview and Scrutiny Committee

Consideration was given to the report of the Principal Overview and Scrutiny Officer, Durham County Council which proposed the re-designation of the Better Health Programme Joint Health Scrutiny Committee.

The Principal Overview and Scrutiny Officer invited the Committee to agree to the extension of the terms of reference/protocol for the Better Health Programme Joint Health Scrutiny Committee to incorporate scrutiny of the Durham, Darlington and Teesside, Hambleton, Richmondshire and Whitby Sustainability and Transformation Plan (STP) and any associated service review proposals.

The Principal Overview and Scrutiny Officer referred to section 8 of the terms of reference and highlighted that the Joint Committee does not have the power of referral to the Secretary of State, the Scrutiny Officer asked for this to be amended to the following, 'The Joint Committee does not have the power of referral to the Secretary of State, this will be retained by each Local Authority'.

In order to agree to the changes, each Local Authority had to be in attendance at the meeting. Given that one authority was not in attendance, it was suggested that as the terms of reference and protocol had informally been agreed, that the Chair would e-mail each Local Authority asking for agreement to the changes.

Agreed that:

1. The Chair of the Committee e-mail each Local Authority to request agreement to the changes outlined above.

7. Better Health Programme – Update

A joint presentation was provided to the Committee by Alan Foster and Ali Wilson, which outlined to the Committee:-

- The story so far;
- Proposals for option appraisal evaluation criteria
- STP/Better Health Programme Engagement activity – update;
- Potential agenda items for forthcoming meetings

Mr Foster informed the Committee that the STP was a clinically led programme and the four principles of the programme were:-

- Preventing ill health and increasing self care
- Health and care in communities and neighbourhoods
- Better health programme – meeting standards and reducing variation in hospital care
- Use of technology in health care

Members were reminded why change was needed which included providing care closer to home, seven day working and the availability of skilled staff, and providing the best use of resources.

The Committee were shown a diagram of the model of care which focused on prevention and self care at the bottom of the spectrum and specialist Hospitals at the top. The model illustrated how people should be directed into services to prevent ill health. Local hospitals offered as much as they could and fewer people needed to access specialist care but when they did, this needed to be right.

Councillor Dryden questioned the use of resources and asked when the Committee would be informed of the amount of resources that would be needed. Alan Foster responded saying that in October 2016, he was asked to forecast over the next 5 years the gap in resources and it was estimated at £280m based on the current STP footprint. This did not include the Local Authority resources. Councillor Dryden questioned the local authority resources and Alan Foster indicated that there had been no assumptions made for Local Authorities because of the changing nature of grant funding. The Committee was informed that resource implications for each Trust were work in progress. Ali Wilson referred to the CCG resource implications and stated that if Commissioners do nothing they will not have enough resource to fund the services they currently provide. It was about looking at providing services in a different way so that all services could still be provided.

Councillor Clark questioned if the STP name was to be changed to partnership not plan? Further to this, Councillor Clark raised concerns regarding financial resource, lack of staff, and how these would be affected by Brexit. Cllr Clark questioned if the STP was changing to Accountable Care Organisations?

The Chair indicated that at a recent conference that he had attended STPs were referred to as Advance Care Pathways. Alan Foster informed the Committee that STPs had morphed into STP Partnerships, which in essence is organisations working in partnership. STP Partnerships have to have a STP Plan. There were many different names being used, such as, Accountable Care

Organisations, Accountable Care Systems, Accountable Care Partnerships, it was about partnership working and how it was moved forward.

At a recent meeting of Durham County Council's Adults, Wellbeing and Health Scrutiny Committee, Councillor Temple indicated that an NHS Officer stated that there was a 99 percent chance that there would be one STP for the North East region. It was confirmed that there was a proposal to bring the northern patch, Durham and North Yorkshire to work together where there was a need for clinicians to jointly work. Some areas/services could help each other, for example heart disease, blood cancers. Councillor Temple was of the view that due to the rapidly changing environment, it was almost impossible to contribute.

Councillor Martin-Wells agreed with Councillor Temple and referred to the various names/projects over the years and stated that what people really wanted to know was where hospital services were going to be located, what services were going to be available and will they have the correct staff.

Ali Wilson presented the Evaluation process and criteria to the Committee. It was explained to members that the Better Health Programme at the start, had to look at all scenarios, there were over 4000 different permutation of services. The programme then identified key interdependencies i.e services that sit together.

Ali Wilson explained to the Committee that 'pre-hurdle' rules were applied to the scenarios, these rules set out the pre-determined decisions that had been made outside the scope of the programme, for example James Cook had national designation as the regional major trauma centre. These details helped the programme create a long list of scenarios. The Committee was shown a long list summary of the service configurations. Councillor Blackie questioned the long list asking why scenario three was included, as this had previously been disregarded. It was confirmed that the presentation was historical and the long list still needed to be distilled down further.

The Committee was provided detail on the decision making criteria, which was originally in seven categories and were the basis of public and stakeholder engagement. The categories were further streamlined to long term clinical sustainability, long term financial sustainability and successful implementation. Hurdle criteria and Evaluation criteria helped the programme create a short list of options. Ali Wilson provided detail on each of the criteria contained within the presentation.

In terms of next steps, the Committee was made aware that the Joint CCG Committee would agree the evaluation criteria. An evaluation of the scenarios, identifying options for consultation would be carried out. A draft pre-consultation business case would be presented to NHS England for approval and assurance. Following this, a public consultation will be conducted. There was no date set for public consultation, as the plan needed to be approved by NHS England.

The Chair asked when the shortlist would be complete, as he was expecting it in September, and asked whether pressure would need to be put on NHS England to move the programme forward. Ali Wilson confirmed that NHS England were

aware of the timeline. However, progress may not be until after the financial statement.

Councillor Cook questioned if all 3 of the STPs covering the North East had to go to NHS England individually or would they be submitted as one? In response to this, Alan Foster, said that there were proposals to look at the 3 STPs working together, where this would be of benefit. There needs to be a degree of co-ordination and working together. Councillor Cook asked if there would be a central STP hub, as there was concern that if all 3 came together it would be unmanageable.

Councillor Blackie stated that the public were very confused and if options that were ruled out were then back on the table it was difficult for people to understand. Dr Posmyk clarified the situation explaining that the advice that had been given regarding one specialist emergency site at James Cook hospital, regarding the size of activity, number of clinicians available etc, this scenario had been ruled out but other scenarios including North Tees or Darlington were still an option.

Councillor Cook questioned who would co-ordinate the STPs if they came together, in response to this; it was clarified that it would be an appointment process and open to applicants.

A debate ensued around how we move forward and Councillor Dryden questioned the plans for the future for Trusts that were currently struggling and the implications. Ali Wilson informed the Committee that the CCGs would continue to work together with Trusts to develop the 'future picture', and how services could be commissioned differently.

Maternity and Paediatric Engagement Activity – Edmund Lovell - Communications and Engagement Lead

The Committee received a presentation from Edmund Lovell regarding the maternity and paediatric engagement activity that had been carried out over recent months. The Committee were informed that the most common comments for maternity services were around transport (particularly emergency/ambulance transport) and the options available if a low risk birth becomes a high risk birth. Those with further to travel were concerned with the needs of expectant mothers, families and siblings. The most common comments for paediatric services were around access (appointment times, rapid response and reassurance), communications (knowing where to go to when children are unwell) and transport and travel times.

Members were informed that following discussions with community groups when asked the question where would you choose to give birth, the majority of people said a consultant led unit (41%).

In relation to what was important to people about paediatric care, the community groups said experience and attitude of staff, being kept informed; ability to stay with your child – not just a chair – shower, food/drink etc, play facilities, access to kitchen facilities, access to separate A&E area for children and speed of response was felt to be important and access from rural areas was a concern.

An on-street survey was carried out and overall the respondents ranked their first preference of delivery setting was alongside a midwife-led unit (52%). A majority (94%) of women interviewed reported that they would be willing to travel further for specialist care should this be required. A question was asked about what factors would be considered if there was a choice between two consultant-led units (in two different towns), the majority of respondents said the distance /closest to home. 59% of the 936 respondents would expect to travel 16-30 minutes to a unit to give birth.

In conclusion, Members were informed that the findings broadly triangulate and in relation to maternity the key issues were around availability of specialist staff and distance from home and in relation to paediatrics the key issues were around experience and attitude of staff and speed of response/access.

Councillor Cook questioned why the on-street survey results differed from the community group survey results, as he was surprised at the difference. Dr Posmyk commented by saying that from his experience of the engagement events the mums to be preferred alongside midwife-led unit and those mums had had already given birth preferred consultant led.

Councillor Cook stated that if a mum from Hartlepool delivers at North Tees hospital that baby is registered as being born in Stockton and not Hartlepool.

Councillor Martin-Wells alluded to the fact that Hartlepool's mid-wife led unit only delivered 9 babies last year and that the bulk of births were at the consultant led unit. When Hartlepool moved to a mid-wife led unit the birth rate at the unit was 1900 per year. Councillor Martin-Wells would be interested in seeing the uptake of other mid-wife led units.

The Chair referred to a press release regarding Darlington's Hospital maternity unit closing. The Chief Executive of County Durham and Darlington NHS Foundation Trust responded and informed Members that senior officers had been acting down to middle grade roles to cover services. Concerns had been expressed by Consultants therefore the Trust looked at its approach to maternity services. They linked in with other Trusts to work collaboratively, recruited further staff, and had dialogue with staff. The Chief Executive explained that the main objective was to keep patients safe at all times and if she thought patient safety was compromised then the Trust would have to resolve the problem, she used an example, whereby Bishop Auckland mid-wife led unit had been temporarily closed as the Trust had been advised that the ambulance service could not give a guarantee that they could transfer patients to a consultant led unit if needed.

Councillor Blackie referred to recent developments, for example the new cancer centre and how these were great news stories. Regarding the maternity survey, Councillor Blackie was concerned that the survey had not captured views from the rural areas. Jan Probert responded by saying that the engagement events that were held had poor attendance by younger women.

The Chair received notification that Alex Cunnigham, MP, had stood up in Parliament and said that North Tees Hospital or Darlington Hospital would close.

Alan Foster concluded by saying that it had been a useful discussion and that services must remain safe and workforce issues need addressing. There had been no final decisions made but it was going to be difficult to sustain all services in the same locations, Alan Foster said he wanted to work with the Committee to move forward.

Alan Foster asked the Committee for feedback on the evaluation criteria. Members agreed to send comments on the criteria, following the meeting, to the Principal Scrutiny Officer at Durham.

The Committee was informed that there is a further engagement event due to be held on 27th July at 5.30 at the Xcel Centre in Newton Aycliffe.

Agreed that:-

- (i) The report and update be received;
- (ii) Members feedback comments on the evaluation criteria to the Principal Scrutiny Officer at Durham County Council.

The meeting ended at 4.10pm.

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